HIV/AIDS: Security Threat in Central Asia?

Svetlana Ancker*

Dedicated to the real heroes living with HIV/AIDS and fighting this horrible disease around the world.

ABSTRACT
Today, Central Asian states are facing a number of security threats, including HIV/AIDS and related infections. International experience demonstrates that HIV/AIDS presents a clear danger to states, their citizens and institutions. With its proximity to drug-trafficking routes, poverty and deteriorated healthcare systems, Central Asia is at risk of the HIV/AIDS epidemic. The potential consequences are so devastating that the Central Asian states should have no doubt as to the need to take adequate actions before the situation spin out of control and the epidemic explodes. The article, divided into three sections, provides an overview of the history and current trends in HIV/AIDS and related infections in the region; showcases worst-case scenario, witnessed in Sub-Saharan Africa and Caribbean nations, to demonstrate the negative impact of HIV/AIDS; and provides key findings and general recommendations on actions that would benefit the efforts of averting the epidemic in Central Asia.

Keywords • Central Asia • HIV/AIDS • Epidemic • Security • Prevention • Treatment • Injecting Drug Use • Sexually Transmitted Infections • Tuberculosis

Introduction
The end of the Cold War and the fall of the Soviet Union have introduced a variety of new threats and challenges to the international community. But it was not until the 1980s, when scholars started looking into other than Cold War security threats. These include, but are not limited to, terrorist activities, proliferation of bio-chemical weapons, and outbreaks of epidemic diseases like human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) and avian flu.1

* Svetlana Ancker manages targeted initiative on HIV/AIDS and related infections at the U.S. Civilian Research & Development Foundation.

Today, the nature of the security environment is changing from the traditional meaning of state defense security to non-traditional threats, or so-called “gray area phenomena,” revealing states’ vulnerability to the potential for turmoil and disorder these threats introduce. Stepping beyond traditional security frameworks, which are focused on state priorities, analysts recognize the transnational character of the infectious diseases, such as HIV/AIDS, and the impact they have both on the individual welfare and on societies as a whole. No longer treated just as a medical or healthcare topic, HIV/AIDS, with over 40 million people infected and 20 million killed worldwide, shares the spotlight with traditional military threats. As James Wolfensohn, former president of the World Bank, noted in 2000, “Many of us used to think of AIDS as a health issue. We were wrong... Nothing we have seen is a greater challenge to peace and stability in African societies than the epidemic of AIDS... We face a major development crisis, and more than that, a security crisis.” That year, the United Nations (UN) for the first time in history declared a public health problem, HIV/AIDS, a security threat.

HIV/AIDS poses a direct threat to human life and well-being, which are at the heart of the modern concept of “human security.” Coined by the United Nations Development Program (UNDP), the term encompasses an individual’s physical safety, rights, and quality of life. According to a UNDP’s Human Development Report 1994, “Human security is not a concern with weapons- it is a concern with human life and dignity.” In combination with opportunistic diseases (infections, such as tuberculosis and hepatitis, that are more likely to affect persons with weak immune systems), it has claimed more people than any of the major wars of the twentieth century and has become one of the top four

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6 Hentz and Beås, New and Critical Security and Regionalism, p. 93.

7 Price-Smith and Daly, Downward Spiral, p. 14.


leading causes of death. By 2020, as a 2000 Central Intelligence Agency’s report predicts HIV/AIDS will claim more people than any other infectious disease in the world.

HIV/AIDS threatens human security on several levels. By damaging health and shortening individual life expectancy, it introduces material, physical and emotional burdens on families and communities. It also causes violence and discrimination against the infected and their families, resulting in social tensions and human rights violations. With the family structures breaking down and placing additional burden on already politically and economically fragile states, HIV/AIDS directly threatens the security, viability and prosperity of a nation. The 2000 UN Security Council resolution states, “...the HIV/AIDS pandemic, if unchecked, may pose a risk to stability and security.”

Under the effect of HIV/AIDS, economic production and state revenues decline, while needs for healthcare and social benefits increase, leading to further impoverishment of the citizens. Along with depleting economic resources, HIV/AIDS claims the human potential of a country (e.g. political, business, educational and artistic elites), leaving an army of uneducated and socially- abandoned orphans, who are likely to turn to risky behavior and criminal activities. With HIV-infected police and military forces, states lose their ability to defend themselves against both internal and external threats. Sick troops are incapable of protecting state territory or participating in a conflict resolution. The perception of one state’s weakened defense may trigger another state to invade it or take hostile actions. Thus, weak militaries contribute to the national instability and create potential turbulence between states, which may have a destabilizing effect on the rest of the international system. Peter Piot, the executive director of the Joint United Nations Program on HIV/AIDS (UNAIDS), argues:

AIDS and global insecurity coexist in a vicious cycle. Civil and international conflicts help spread HIV, as populations are destabilized and armies move across new territories. And AIDS contributes to national and international insecurity, from high levels of HIV infection experienced among military and peacekeeping personnel, to the instability of societies whose future has been thrown into doubt.
Thus, HIV/AIDS poses unparalleled challenges to human development, security and prosperity of nations. Spreading rapidly across the post-Soviet space, HIV/AIDS is gaining momentum in Central Asia, a region with a unique geo-political location, as well as ethnic and religious composition. Today, Central Asia is facing a myriad of security threats from militant Islam to environmental degradation. Growing drug use, sexually transmitted infections (STIs), tuberculosis (TB) and HIV/AIDS all are taking their toll on crumbling healthcare systems. The Central Asian states, located at the intersection of trafficking routes, are flooded with cheap drugs. Trafficking in human beings and the commercial sex trade are on the rise. In conditions of overburdened and failing healthcare systems, as well as widespread poverty and ignorance, HIV/AIDS, the “plague of 21st century,” may potentially turn into the major problem for the region, affecting both the young and the most productive populations. By reducing human capital, reversing economic gains and developmental achievements, HIV/AIDS may hinder the viability and security of Central Asia. Its transnational nature has region-wide implications, and the possibility of failing state/s in this strategically important region should be a concern, not only for the local governments, but also for the international community. As Mark Schneider and Michael Moodie argue, “The devastation of HIV/AIDS is one more ingredient in a potent mix of poverty, disease, and misery, which is already helping weaken legitimate governments and provide recruits for guerillas and terror organizations.”

Although the majority of the Central Asian states have acknowledged the presence of HIV/AIDS, few have been treating it as more than just a healthcare issue. As some of the states choose to overlook growing HIV/AIDS problem, it may eventually reach the scale of epidemic in Sub-Saharan Africa and Caribbean region, where HIV/AIDS rates have gained critical proportions. While there is an obvious direct threat of HIV/AIDS to the human capital and state’s defense capability, the indirect effects will undermine the structures responsible for economic growth, social development, and political stability. Unlike Brazil or Thailand, where timely and progressive campaigns against HIV/AIDS reversed prevalence rates, and thus offset the negative effects of the epidemic in a long run, lack of action and political commitment in Sub-Saharan Africa has led to serious consequences for many African communities and states. By adopting some of the best international


practices and molding them to local settings, the Central Asian countries will be able to avoid what could become a humanitarian and developmental crisis in the region.

A regional pioneer, Kyrgyzstan has already started some of the prevention efforts, many of which have proven successful. Unlike some of its neighbors, Kyrgyzstan boasts a relatively liberal government and a vibrant civil society with a number of non-governmental organizations (NGOs), committed to the issues of HIV/AIDS. Meanwhile, heads of the other Central Asian states are more preoccupied with sustaining their authoritarian regimes through suppression of political and religious opposition, restraining public discontent, and resisting pressures of the international community. However, ignoring HIV/AIDS may only exacerbate the problem in a long run. HIV virus is slowly claiming Central Asia’s most precious asset- its human potential- which may leave states even with abundant natural resources in despair. A major epidemiological outbreak in Central Asia could potentially become an impetus for civil disobedience, leading to state failure and mass violence within and across the state borders.

Central Asia is at a crossroads right now in terms of dealing with HIV/AIDS problem. The region still does not have the pandemic growth rates comparable to its neighbors such as Russia. But it is obvious that tackling the emerging threat of HIV/AIDS will require the joint efforts of the Central Asian governments, private businesses, international and local NGOs, the scientific and medical community. There is also significant international investment in HIV/AIDS prevention and treatment programs in some of the Central Asian republics (CARs). How they manage these funds, their level of determination, and openness to suggestions of the international AIDS agencies, will determine whether the region becomes a success or a failure story. In conclusion, this article is not intended to paint a catastrophic picture for the region, but rather bring necessary awareness and sense of urgency to address one of the deadliest pandemics in the history of humankind.

Regional Overview: HIV/AIDS in Central Asia

Following the collapse of the Soviet Union, Central Asian societies had to deal with a number of issues. Major structural, societal, behavioral and moral changes associated with a new political reality and market economy, are among the factors that drive HIV/AIDS further in the region. Lifting travel restrictions, which have led to the increased mobility of the local population, as well trafficking of drugs and humans, all play a part in its spread. The HIV/AIDS problem is relatively new to Central Asia, and may seem insignificant when compared to other
regions of the world. However, these “low” HIV/AIDS prevalence rates are no reason for optimism: struggling healthcare systems and outdated testing, as well as inaccurate evaluation and reporting mechanisms, indicate that the numbers of infected could be much higher (see Table 1).

Table 1. Individual-country data on HIV/AIDS rates

<table>
<thead>
<tr>
<th>Country</th>
<th>Population (total)</th>
<th>Registered HIV cases</th>
<th>HIV acquired through IDU mode (total), June 2005</th>
<th>HIV acquired through heterosexual mode (total), June 2005</th>
<th>Estimated HIV prevalence rates (total), 2006</th>
<th>Estimated HIV cases (total), 2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kazakhstan</td>
<td>14,825,000</td>
<td>5,092</td>
<td>3,875</td>
<td>786</td>
<td>0.1- 3.2%</td>
<td>11,000-77,000</td>
</tr>
<tr>
<td>Kyrgyzstan</td>
<td>5,264,000</td>
<td>731</td>
<td>580</td>
<td>141</td>
<td>0.1- 1.7%</td>
<td>1,900-13,000</td>
</tr>
<tr>
<td>Tajikistan</td>
<td>6,507,000</td>
<td>317</td>
<td>191</td>
<td>25</td>
<td>0.1- 1.7%</td>
<td>2,300-16,000</td>
</tr>
<tr>
<td>Turkmenistan</td>
<td>4,833,000</td>
<td>2</td>
<td>N/A*</td>
<td>N/A*</td>
<td>&lt;0.2%</td>
<td>&lt;1,000</td>
</tr>
<tr>
<td>Uzbekistan</td>
<td>26,593,000</td>
<td>5,612</td>
<td>2,997</td>
<td>628</td>
<td>0.1- 0.7%</td>
<td>15,000-99,000</td>
</tr>
</tbody>
</table>

*N/A-Not Available

For the smaller Central Asian states, which have modest populations and limited financial, technical and human resources, even 1.0 percent HIV/AIDS prevalence rate will have an enormous impact on their human capital, economic, political and military security, as well as the well-being of their populations in general. With this thought in mind, it is important to analyze current HIV/AIDS rates and major transmission trends in the region.

Eastern Europe and Central Asia have the fastest HIV/AIDS growth rates in the world\(^{23}\) (see Chart 1).

**Chart 1. HIV/AIDS infections newly diagnosed and rates per million population by country and year of report.**

These alarming statistics, which caught many by surprise, show that the majority of the infected (80 percent) are adults of the most productive age—under 30 years old.\(^{25}\) With a prevailing attitude of complete denial, or treating the virus primarily as a healthcare issue, the danger of HIV/AIDS is in its quiet growth: without antiretroviral therapy (ART), it starts showing its deadly effects on the human body on average between eight to ten years after the infection was contracted.\(^{26}\) Half of the infected cases involve people of approximately 25 years of age, who die before reaching 35 years old.\(^{27}\) And this group, which constitutes more

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\(^{25}\) Ibid.


than half of the Central Asian population, is responsible for the future development and stability of their countries.

In Central Asia, intravenous drug use and heterosexual contacts are the dominant means of HIV transmission. Situated on the major drug routes from Afghanistan, the world’s biggest opium producer,28 Central Asia is being flooded with cheap drugs. In 2000, 75 percent of the world’s opium supply came from Afghanistan, with half of it transported through Central Asia.29 Opium production increased to 4,500 metric ton in 1999, and despite a brief decline during the Afghanistan’s civil war, it climbed back up again in 2002.30 In 2001, one could buy a kilogram of Afghan opium in Tajikistan for only US$1,200.31 In Osh, Kyrgyzstan, one dose of heroin is US$1-2, less than the cost of a pack of good-quality cigarettes.32 A whole new market has emerged, with young men and women becoming both the users and sellers of illicit drugs. The number of female narco-couriers is increasing: in Tajikistan- they are 35 percent of all drug transporters, and in Kyrgyzstan- almost 13 percent.33

Drug use rates have increased by five fold in Kyrgyzstan and Kazakhstan from 1990 to 2003, and eight in Uzbekistan since 1991.34 At present, Central Asia is estimated to have more than 500,000 drug users, with the sharing of syringes and preparation equipment widespread.35 Injecting drug users (IDUs) account for approximately 60-80 percent of all new HIV/AIDS cases in the region.36 However, treating HIV-positive drug users with antiretrovirals, which do not cure AIDS but prolong the patient’s life, is quiet challenging. It should be implemented together with a substance-replacement therapy, but the use of methadone and other drug replacements is legal only in Kyrgyzstan. There are may be several explanations for resistance to treat IDUs, ranging from social attitudes towards drug users (seeing their addiction as an individual choice rather than a medical problem) to financial profits certain elites

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29 Godinho et al., Reversing the Tide, p. 15.
31 Ibid.
33 Ibid.
34 Godinho et al., Reversing the Tide, p. 15.
gain from thriving drug trade (e.g. estimates show that illicit drug trade constitutes 30-50 percent of Tajikistan’s economy\textsuperscript{37}). Thus, it becomes a vicious cycle: to slow down HIV/AIDS progression, one should be treated with ART, but drug users can get it only if they undergo substance-replacement program, which in most CARs is prohibited.\textsuperscript{38} There is a direct correlation between drug use and unprotected sex. Most of the IDUs are sexually active young men and women, many of whom occasionally offer sexual services in exchange for drugs. The same risk factors also apply to commercial sex workers (CSWs), who might be spending parts of their earnings on drugs. In both cases, unprotected sex and sharing contaminated syringes increase the chances of contracting HIV/AIDS.

With spreading poverty, growing mobility, changes in moral values and ignorance in sexual health, these traditionally conservative societies are facing a booming commercial sex trade and the rise of STIs. For example, an estimated 20,000-50,000 women are involved in the commercial sex trade in Kazakhstan.\textsuperscript{39} One third of them use drugs, and two thirds have one or more STIs.\textsuperscript{40} In Uzbekistan, one forth of the estimated 20,000 CSWs work in Tashkent,\textsuperscript{41} however, a larger number are concentrated on main highways, where truck-drivers from the region commute.\textsuperscript{42} The commercial sex trade promotes human trafficking, abuse, and violence against women. In some Central Asian states, CSWs are legally helpless since prostitution is culturally forbidden and criminally punished. Yet, even in the states where it is legal, it is commercial sex workers who are discriminated against and harassed, and not their “managers” or clients.

Groups such as CSWs, drug users and men who have sex with men (MSM) are often held responsible for the fall of the “moral principles.” This kind of stereotyping and thinking about AIDS as “someone else’s, not my” disease, builds a barrier between healthy and infected people, and pushes conservative groups to ostracize and punish the so-called “dregs of society,” which in their eyes deserve to die anyway. Even some medical personnel refuse to assist IDUs or CSWs, due to their personal

\textsuperscript{37} UNDP, 
\textsuperscript{39} Godinho et al., \textit{Reversing the Tide}, p. 27.
\textsuperscript{40} \textit{Ibid}.
\textsuperscript{41} \textit{Ibid}., p. 92.
beliefs, enforced by societal standards and the legal system, rather than medical norms. But the old belief that HIV/AIDS can be contained within the highly vulnerable groups is proving wrong. International experience demonstrates that HIV/AIDS is no longer a disease of poor people, gay men, drug addicts or foreigners. These vulnerable populations interact with the general public, and may pass the infection to their friends and partners.

In such a conservative, homophobic and macho-oriented environment, sexual minorities and women usually become victims of prejudice and violence. Stigma has a dual effect: some people not only refuse to accept and treat the HIV-infected equally, but they also reject using safe practices themselves. Such developments hinder HIV/AIDS cases surveillance, counting and reporting, and prevention and treatment efforts, but perpetuate the further spread of the disease. This discrimination creates a vicious cycle of marginalization and hatred towards these groups in society. Thus, these groups are driven underground: they are afraid of legal punishment, they avoid coming forward for information, testing or treatment. As Jonathan Cohen, representative of the HIV/AIDS program under Human Rights Watch, notes:

When people are nervous about engaging with the health-care system, when they fear that outing themselves as an injecting drug user or a sex worker will result in arrest and possible incarceration, when they face routine stigma and discrimination on the basis of the fact that they might be addicted to narcotic substances or work in the sex trade, then they are much less likely to come forward and get an HIV test. And that contributes to lower statistics than might otherwise exist, which in turn contributes to less political will to address the epidemic, because one develops a false sense of how serious the crisis really is.

In such a pre-disposed to HIV/AIDS environment, other infectious diseases start spreading rapidly. International experience testifies that the overlap between drug abuse and increasing rates of TB and STIs is a deadly combination. TB, one of the major opportunistic infections and

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43 Konstantin Lezhentsev, “The Obstacles to HIV Treatment for Drug Users,” Harm Reduction News 5, no. 2 (Summer 2004), p. 4.
45 Adeyi, Adverting AIDS Crises in Eastern Europe and Central Asia, p. 18.
one of the leading causes of death in Central Asia, makes treatment of HIV/AIDS far more difficult. Both infections drive and complicate each other: TB takes advantage of the immune system weakened by HIV, while HIV exacerbates development of active TB. The largest TB epidemic in Central Asia is in Kazakhstan—50,000 cases of active TB were registered there in 2001, and 25,000 new TB cases and 3,000 TB deaths every year. In Kyrgyzstan, according to the World Bank, each year about 6,000 new TB cases and 7,000 “chronic” TB cases are registered. By the end of 2001, 15,420 people had active TB, and TB death rates doubled. The majority of those who are TB-infected (about 95%) start at the latent stage, when the disease remains unnoticed. Without timely and proper treatment, they may enter the active stage, which leads to eventual death. Yet, when discovered early, TB can be cured for US$10-20 a person.

Treatment of opportunistic infections in the early stages of HIV/AIDS can actually prolong individual’s life and make treatment of AIDS easier. When curing TB with two first-line drugs isoniazid and rifampicin fails, it usually indicates that a patient has developed a multi-drug resistant TB (MDR-TB). In the old Soviet healthcare system, misdiagnosis of TB cases and mismanagement of treatment therapies was widespread. Uzbekistan, for example, has one of the highest numbers of MDR-TB cases in the world. Directly Observed Therapy Short Course (DOTS) is a well-known method, which, according to the WHO, includes five key components crucial to eradication of MDR-TB: “sustained political commitment, access to quality-assured TB sputum microscopy, standardized short-course chemotherapy to all cases of TB under proper case-management conditions, uninterrupted supply of quality-assured drugs, recording and reporting system enabling outcome assessment,” as well as use of second-line of drugs. However, it is

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49 Godinho et al., HIV/AIDS and Tuberculosis in Central Asia, p. 6.
50 Adeyi, Adverting AIDS Crises in Eastern Europe and Central Asia, p. 19.
51 Godinho et al., HIV/AIDS and Tuberculosis in Central Asia, p. 5.
52 Godinho et al., Stopping Tuberculosis in Central Asia. Priorities for Action, p. 70.
53 Godinho et al., HIV/AIDS and Tuberculosis in Central Asia, p. 46.
54 Ibid.
55 Adeyi, Adverting AIDS Crises in Eastern Europe and Central Asia, p. 52-53.
57 Adeyi, Adverting AIDS Crises in Eastern Europe and Central Asia, p. 20.
58 Ibid., p. 57.
60 Ibid., p. 21.
expected that the new strains of MDR-TB will emerge before new vaccines are developed, and even those will be out of reach for poor populations. According to the WHO, no treatment will work for about 50 percent of people with MDR-TB, and by 2020, TB may become the second leading cause of death after HIV/AIDS in the world.

This quick overview of HIV/AIDS situation shows alarming trends in its transmission throughout the region. Although currently Uzbekistan has the highest HIV/AIDS rates, other Central Asian states are catching up. Mounting drug use and commercial sex trade, along with high STI and TB rates, reveal deeper political, social, and economic problems in the region. With current levels of knowledge (or lack of thereof) about the infection, high unemployment rates, and no social support system, the young population is in danger of participating in high-risk and criminal activities.

However, the situation is not completely hopeless. Central Asian states have been trying to implement local programs to ensure protection and treatment for HIV/AIDS patients, and to prevent the spread of HIV among the general population. For example, in 1993 Tajikistan passed a law that protects HIV/AIDS infected persons from discrimination and violence against them. Six years later, Uzbekistan followed by adopting a law on HIV/AIDS prevention, stipulating the rights of those HIV/AIDS infected, and guaranteeing them free medical care. Also, a number of Central Asian NGOs work with HIV-positive individuals to offer them medical, emotional, and legal advice. Recognizing the potential threat of HIV/AIDS to its human resources, most of the Central Asian states have applied for and secured funding from major international donor organizations, such as the World Bank, United Nations agencies, United States Agency for International Development (USAID) and others, to initiate prevention programs and control drug use, STIs, TB and HIV/AIDS. Kyrgyzstan, compared to other CARs, has achieved a certain level of success, but is still dealing with issues of stigma and ignorance, as well as inefficiency of intervention and treatment mechanisms. Kazakhstan, like Kyrgyzstan, has done a lot in the sphere of HIV/AIDS prevention, from creating multi-sectoral response mechanisms and launching methadone substitution therapy pilot programs, to opening “trust points”- support sites for highly vulnerable populations.

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63 Godinho et al., HIV/AIDS and Tuberculosis in Central Asia, p. 81.
65 Saidazimova, “HIV Infections Build in Uzbekistan as Prostitution Rises.”
66 Godinho et al., Reversing the Tide, p. 51, 60.
Potential Security Implications of HIV/AIDS

While the author does not intend to compare HIV/AIDS situation in Central Asia to other regions of the world, due to political, economic, social and cultural differences, it is worth to note that the individual behavior and health choices that lead to the HIV transmission are universal and are part of basic human nature. In this sense, it is important to analyze the experiences of the Sub-Saharan Africa, which reveal the detrimental impact the HIV/AIDS epidemic can have on the various aspects of state, regional and international security. HIV/AIDS’ effect has a complex and multi-dimensional character, involving every layer of society: not only individuals and families, but also the social, political, economic and military establishments.

While the Central Asian states have relatively low numbers of HIV cases, and are still far from full-grown epidemic, the following scenario serves as a vivid example of consequences if measures are not taken to prevent the further spread of the virus in the region. Andrew Price-Smith, assistant professor at the University of South Florida, underlines that “diseases like HIV/AIDS are conducive of declining national prosperity, promote social inequality, drain human capital and facilitate inter-elite conflict.” 67 In a region with high levels of denial and socio-cultural misunderstanding towards HIV/AIDS, lack of political initiative, and deteriorating healthcare, this scenario has the potential to become more than just a scary thought.

Human Security

As mentioned in the introduction, HIV/AIDS and other non-traditional threats have challenged the traditional understanding of the term “security”. It no longer focuses exclusively on state interests and priorities, but also takes into account the well-being of the smallest but principal unit of society- the individual. HIV/AIDS impacts the infected individuals, their families, communities and societies at large.

HIV/AIDS hits the young and most productive groups, threatening the economic development of the country. In conditions of growing poverty and fewer life opportunities, young people are more likely to join criminal and high-risk activities for survival and recreation purposes. In both cases, they put their own and their families’ lives in danger of physical and emotional violence. For example, socially disadvantaged women, who seek job opportunities outside of their home countries, often become victims of human trafficking and sex slavery. Not only do they have no power to demand safe sex from their clients, these women become objects of exploitation, abuse and emotional pressure, which

67 Hentz and Bøås, New and Critical Security and Regionalism, p. 94.
sometimes can be more painful than physical.\textsuperscript{68} All of these factors, in turn, may lead to the increased risk of HIV infection and its further transmission to others, contributing to the transnational nature of the epidemic.

This phenomenon becomes even more aggravated during times of conflict, with large numbers of displaced populations and the breakdown of the social fabric. Women left alone without their families and husbands, who might be killed, in combat or in pursuit of work, often have minimal or no protection against sexual abuse and domestic violence. Even those, who escape sexual violence, may be pressured to offer sexual favors in return for food, money or physical protection. As Mohga Kamal Smith states in “Gender, Poverty, and Intergenerational Vulnerability to HIV/AIDS” article, “Rates of coercive sex, sexual violence, and HIV and STI infections are magnified and accelerated by conflict.”\textsuperscript{69}

HIV/AIDS depletes human capital and prevents it from replenishing itself.\textsuperscript{70} One of the most significant long-term impacts of HIV/AIDS on human development is on children. Those, who lose their parents to HIV/AIDS, are especially vulnerable to poverty and discrimination. Sometimes, they are sent to live with their grandparents or distant relatives. In other cases, they take care of themselves, or a state or international social agency provides some support.\textsuperscript{71} In all of the above, funding is often stretched to the limit, and children miss out on opportunity for a happy childhood. Girls suffer even more; due to their traditional status as caregivers- they have to drop from schools to either get a job or look after a sick parent/ family member.\textsuperscript{72} Many children leave school because they simply can no longer afford school fees. It is estimated that enrollment in primary schools in Africa may decrease by 20-40 percent as result of widening HIV/AIDS epidemic.\textsuperscript{73} Even those, who stay in school, often do not receive adequate education, as funding for educational programs is diverted to healthcare.\textsuperscript{74} Children, who end up with distant relatives or homeless, may become objects of abuse. Surviving the death of a parent, caring for a sick relative, starting to work at early age, the stigma of possible abuse- all leave a deep emotional scar on the young and frail. Those, who end up on the streets, often get

\textsuperscript{68} Nsameng, \textit{Cultures of Human Development and Education: Challenge to Growing up African}, p. 142.
\textsuperscript{69} Sweetman, \textit{Gender, Development and Poverty}, p. 64.
\textsuperscript{70} Price-Smith and Daly, \textit{Downward Spiral}, p. 19.
\textsuperscript{72} Sweetman, \textit{Gender, Development and Poverty}, p. 53.
\textsuperscript{74} Price-Smith and Daly, \textit{Downward Spiral}, p. 19.
involved in criminal activities and exploitation practices, such as prostitution, becoming victims of harassment, physical and mental abuse. In general, AIDS orphans are deprived of emotional and financial support, adequate education and job opportunities, life knowledge and skills that their parents would have taught them.

Thus, HIV/AIDS’ negative effect on an individual level leads to the disintegration of families and communities, which are fundamental to a strong society.

Societal Security
The relationship between human security and HIV/AIDS becomes crucial in understanding of the overall danger HIV/AIDS epidemic presents to states and regions. HIV/AIDS’ impact on economic and political systems directly affects every strata of the society and causes a breakdown of its fabric. As discussed earlier, HIV/AIDS challenges both individual and family welfare. It causes sharp declines in the life expectancy of the population to only 45 years, and female fertility by 25-40 percent, in many African nations. The number of infected women of the childbearing age and child mortality increases dramatically as well. The premature death of adults and children means that local, regional and national development goals may not be reached. In Central Asia, with relatively high birth rates and short life expectancies in Tajikistan, Uzbekistan and Turkmenistan, the potential epidemic could create an army of orphans. In Kazakhstan and Kyrgyzstan, on the other hand, lower birth rates would translate into a larger older population.

The depletion of elites, teachers and healthcare staff, will have a long-term effect on the future of any state. Not only are these highly educated and skilled experts lost to society, but their disappearance leaves a growing pool of abandoned and uneducated orphans without strong leadership. As the epidemic claims more people, the demand for medical staff will increase tremendously. However, medical personnel are not immune to the epidemic, and are also in danger of contracting a deadly virus. Teachers, despite their educational role in the society, are usually poorly informed about the disease, and can become its easy victims. This

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75 Sweetman, Gender, Development and Poverty, p. 56.
76 Ibid., p. 67.
77 Brower and Chalk, The Global Threat of New and Reemerging Infectious Diseases, p. 48.
78 Mbaku and Ihonvbere, ed., The Transition to Democratic Governance in Africa, p. 328.
80 Mbaku and Ihonvbere, (Ed.), The Transition to Democratic Governance in Africa, p. 329.
becomes a self-perpetuating phenomenon: as teachers die, there is no one to teach children; as medical staff die, there is no one to take care of the sick; as workers die, there is no one to put bread on the table; as politicians die, there is no one to lead the country.

Once HIV/AIDS spreads out and costs increase, social programs such as healthcare benefits, education subsidies and pensions, suffer tremendously. As productive adults, who generate income become sick and die, the elderly and children are left to look after themselves. As governments put more efforts into dealing with HIV/AIDS, shifting financial, material and human resources to fighting the pandemic, communities may turn against the infected and their families, as though it is solely their fault. Human rights violations and the stigma of being infected may take a violent spin.

Poverty and disparity lead to further breakdowns in society’s structure. Since the majority of the HIV/AIDS-infected in Central Asia are IDUs, their daily survival depends on a steady supply of drugs. Those, who can no longer afford them, may join criminal activities such as stealing, drug trafficking or prostitution, in exchange for money or drugs. With no prospects of a better life, HIV-positive individuals are more likely to commit crimes or choose violence. The same applies to prisons, where infections rates of HIV/AIDS and TB are much higher, and violent outbreaks happen much more often.

HIV/AIDS claims its victims and places a burden on weakened government’s capabilities. It also creates and furthers socio-economic inequality, since poor populations have fewer opportunities and resources to deal with effects of HIV/AIDS. Therefore, the widening gap between the social classes in this situation only adds to already growing social dissatisfaction and instability, which can result in violence against the state and its elites.

Economic Security

While destroying the households and social structure of society, HIV/AIDS threatens the pillars of state economies, such as the development of human and natural resources, economic production and growth, and internal and external business investment. It has a substantial direct impact on the core of the labor force, and the most valuable commodity - human health. Workers demonstrate increasing absenteeism: those with HIV/AIDS have to take sick leave or retire; while healthy staff may need to take time off to care for a sick family member. Caring for the infected comes with a hefty price. In Central

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86 Mbaku and Ihonvbere, The Transition to Democratic Governance in Africa, p. 332.
Asia, the cost of ART is about US$9,000 a year/ per patient. Kyrgyzstan, for example, in 2015 would need to spend about US$4.5 billion, equal to its annual gross domestic product (GDP), just on ART. In terms of human resources, both state and private enterprises suffer. The public sector may lose the skilled high and mid-level managers responsible for decision-making and policy implementation, which will impede the economic planning process. In smaller private companies, loss of key personnel may lead to their bankruptcy and eventual collapse.88

With ailing employees, productivity falls dramatically. Companies will have to increase their spending on benefit packages (e.g. health insurance, severance, trainings, pensions), thus inducing pay cuts among employees and passing product price increases on to consumers. Social and healthcare benefits will hit businesses hard. With falling output and increasing benefit expenses, businesses' competitiveness in the international market will suffer tremendously. When workers become ill and/ or die, both state enterprises and private businesses will face labor shortages of skilled employees, which are hard to replace. Despite the belief that HIV/AIDS is a disease of only highly vulnerable groups, it actually spreads among all levels of society, including groups such as middle and senior management and educated professionals. These are the people who have stable incomes, and can afford drugs or commercial sex services.

The declining supply of workers and increasing costs of training their replacements will become very expensive. In many cases, people will die faster that their replacements can be trained, particularly in specialized fields with highly skilled experts. Frequent staff replacements will disrupt the production process, its continuity and long-term stability. Under such conditions, business executives may choose to impose stricter HIV/AIDS screening requirements, which promote further discrimination. Overall, declining production numbers and workers' productivity will translate into lower salaries and higher prices for goods, as well as reduced revenues and investments among local businesses. According to the International Crisis Group report, “AIDS can effectively destroy a national economy by decimating the food supply, decreasing the productivity of the workforce and increasing the cost of doing business.” As for foreign investments, international companies are wary of spending their funds in a country with low health indicators

87 Joana Godinho et al., Reversing the Tide, p. 23.
89 Brower and Chalk, The Global Threat of New and Reemerging Infectious Diseases, p. 46.
92 Ibid., p. 12.
and inadequate healthcare systems.\textsuperscript{93} When the HIV/AIDS prevalence rates reach 10 percent, GDP growth falls by 0.8 percent a year.\textsuperscript{94} In Kazakhstan and Kyrgyzstan, as World Bank predicts, the spread of HIV/AIDS will decrease economic growth rates by about 10 percent, and in Uzbekistan by approximately 21 percent, by 2015.\textsuperscript{95}

HIV/AIDS will also weaken the labor force in strategically important regional industries and agriculture (see Figure 1). Many sectors, such as oil/gas production and coal/gold mining, where men have to work long periods of time away from home and can afford commercial sex services, will be among the first to be affected.\textsuperscript{96} Since Kazakhstan, Uzbekistan and Turkmenistan depend on these profitable industries for substantial portions of their state revenues, there will be fewer funds available to ensure future economic growth, and provide for state-sponsored social programs.

In agricultural societies, HIV/AIDS threatens the productivity of the fields; as workers become ill, the planting process is disrupted and harvests are endangered.\textsuperscript{97} In such situations, many farmers may decide to shift from cash crops (e.g. cotton) to less resource and labor-intensive subsistence farming (e.g. fruits and vegetables). This “implies shifting from export crops to food crops, which will reduce national export earnings over the long term.”\textsuperscript{98} For the agro-states, such as Uzbekistan and Tajikistan, which rely on cotton for hard-currency profits, such impacts will be extremely detrimental. In today’s interconnected world economy, decreasing productivity due to HIV/AIDS in states that are major suppliers of natural resources and agricultural crops, will impact international trade and consumption rates. Since Central Asian economies depend on each other and their close neighbors, the fall of one of the regional economies will cause a “domino effect,” putting other countries with fragile political and economic systems in danger.

\textsuperscript{94} Kauffman and Lindauer, (Ed.), \textit{AIDS and South Africa}, p. 114.
\textsuperscript{97} The Development Fund of Norway, \textit{The Impact of HIV/AIDS on Agriculture and Strategies for Coping with Less Labor} (Oslo, 2005?), p. 1-2.
\textsuperscript{98} Price-Smith and Daly, \textit{Downward Spiral}, p. 20.
Figure 1. Interrelation between industries and agriculture under the impact of HIV/AIDS in Central Asia

Poverty and HIV/AIDS exist in a vicious cycle. Poor people, infected with HIV, develop AIDS much faster due to malnutrition.\(^99\) They also cannot afford expensive treatment drugs, and often have to go into debt to buy them. Overall poverty and unemployment lead to labor migration from small towns and villages. In Tajikistan, for instance, about 1 million people are estimated to travel to Russia and other neighboring countries in search of work.\(^100\) Not only does this exacerbate the struggle for


\(^{100}\) Blua, “A Silent Killer Threatens Central Asia.”
limited resources, leading to higher rates of crime and promoting high-risk behavior, but it also creates tensions in the society. It also limits employment choices, and pushes people to join activities that increase their exposure to virus.  

The HIV/AIDS’ effect, according to Jeffrey D. Lewis of the World Bank, “on human capital, on productivity, and on government finances, could impose a macroeconomic cost which would run as high as 1 percent or more of the growth in GDP per capita, which is already too low to create enough jobs and alleviate widespread poverty.” Thus, HIV/AIDS threatens national economic growth by undermining the labor supply, productivity and investment, and promotes further impoverishment of local populations.

Political Security
HIV/AIDS disintegrates political institutions that govern society and address public needs. With states’ decreasing ability to respond effectively to the growing pandemic, public discontent will undermine and call into question governments’ legitimacy. Illness and death of political leaders disrupts continuity of decision-making, threatens policy implementation, and introduces anarchy and chaos. As the political leadership turns dysfunctional, due to the loss of prominent figures and growing public anger, the process of building and sustaining civil society becomes endangered. Already weakened state and civil institutions, instead of ensuring the stability and unity of society, will have to devote most of their physical and financial resources to dealing with the growing epidemic. Social services such as education and healthcare, which governments provide, suffer first, as “the continuity and quality of public services and governance” become affected. In many developing countries, up to 50 percent of the healthcare budget is spent on tackling AIDS. Treating one patient may be equal to educating 10 children of primary school age.

As governments pick up the costs associated with medical treatment of the unemployed, elderly and other vulnerable populations, less funding from the state budget will be available for state development and other programs. The majority of state health funding will be spent on curtailing HIV infection and treating AIDS, with less money available

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102 Kauffman and Lindauer, (Ed.), *AIDS and South Africa*, p. 117.
for fighting other diseases and other healthcare priorities. With state revenues declining, individual and business taxes increasing, and crucial foreign investment decreasing, economic frustrations will build upon political discontent, and may lead to internal and external conflicts. Frustrated populations will blame their leadership for resource redistribution decisions and the lack of strong response mechanisms, and may resort to violence. Other consequences of the HIV/AIDS epidemic on political participation may include “declining involvement in voluntary organizations and local politics..., absenteeism and death of elected representatives, and shift from debating long-term issues of democracy and human rights, to focusing on more narrow and immediate issues of service provision.”

Everywhere in the developing world, HIV/AIDS has already demonstrated its detrimental effects on democracy building and the civil society processes. Instead of focusing their efforts on political and economic reforms, states will have to deal with the growing epidemic, and may resort to repression against disgruntled citizens. In times of infectious disease outbreak, governments are expected to step up and provide social and medical services to the victims and their families. They are also expected to take care of the elderly and numerous AIDS orphans. However, declining production and economic growth will place even greater burdens on government’s decision-making abilities and already thinly-stretched budget. These governments may also face increasing internal deficits and foreign debt, that will place development efforts and economic growth in jeopardy. Foreign investors will be wary of investing in unstable states. Therefore, there would be a significant decline of direct investment from international donor organizations and private businesses.

In Central Asia, with persistent problems of building democratic regimes and fighting widespread corruption, already fragile governments will be challenged to exert their authority over failing socio-economic systems, settling potential tribal and ethnic conflicts, and fighting criminal and terrorist activities. As one World Bank report notes, “In countries where the state is weak or has ceased to exist, the long history of militarization has brought about a gradual diffusion of violence.

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111 Mbaku and Ihonvbere, The Transition to Democratic Governance in Africa, p. 325.
112 Price-Smith and Daly, Downward Spiral, p. 24.
through the splintering of official militaries and the emergence of guerrillas and warlords. In the region, countries with authoritarian tendencies will be more inclined to use violence if popular uprisings, over uneven distribution of resources and government ineffectiveness in dealing with HIV/AIDS epidemic, take place. Other possible scenarios for HIV/AIDS-driven conflicts include inter-ethnic tensions within states, power struggles between political factions, and disputes over the flow of refugees (who may also act as carriers of various infectious diseases) from other countries. The threat of citizens rebelling against the state’s inability to control epidemic situations, and states responding in a violent way will increase the chance of state failure.

Military Security

HIV/AIDS in the military and police forces is a sensitive issue for many states. Since it deals with national security, many states refuse to share information on HIV/AIDS rates in the armed forces. HIV/AIDS in the military, one of the most vulnerable groups, affects the core of state and regional defense capabilities. In many cases, the prevalence rates in the armed forces are higher than the general population, and they increase even more during the times of war. There are several explanations for this phenomenon. Armed forces are comprised of young, sexually active men, who are away from home for long periods of time. In Kyrgyzstan, for example, the majority of armed forces are under 45 years old, and 80 percent are between the ages of 18 and 20 years old. Many recruits come from rural areas, and often lack basic knowledge about HIV/AIDS. In conditions of peer-pressure, homesickness and stress, many soldiers turn to unprotected sex and drug injecting, thus increasing their chance of becoming infected with STIs and HIV. With weakened immunity, they are also more likely to contract the HIV virus through exposure to infected blood through wounds and blood transfusions. As every layer of the military forces, from upper commanding staff to soldiers, becomes affected, the state and its defense mechanisms become vulnerable to internal and external security threats.

115 Price-Smith and Daly, Downward Spiral, p. 28-31.
116 Ibid., p. 29.
118 Hentz and Bøås, New and Critical Security and Regionalism, p. 102.
120 Hentz and Bøås, New and Critical Security and Regionalism, p. 102.
Infected troops are not only incapable of participating in combat operations, but also develop low moral. Sick soldiers will have to retire or accept logistical support positions, due to their inability to meet physical requirements. Preparing new recruits will be a time and cost-consuming process, and disrupt the forces’ response capacity. The overall spread of HIV/AIDS among young men will place enormous limits on the state’s ability to replenish decreasing military forces, adding to the already existing problem of recruiting healthy and fit soldiers.\(^{121}\) As the International Crisis Group report states, “A military force that is sick and dying will not be as effective—or as disciplined—as one that is healthy.”\(^{122}\) Treating infected soldiers with ART will also be costly, forcing governments to reallocate even more public funds from other strategic and priority areas.\(^{123}\)

HIV/AIDS also precludes troops from regional and international peacekeeping operations, since sexually-active young men are at risk of getting HIV/AIDS during their service abroad, and spreading it in the host or their own country. Many countries refuse to send their troops to the regions with high HIV/AIDS rates, or demand screening of foreign soldiers entering the host state territory.\(^{124}\) As Stefan Elbe puts, “If peacekeeping operations cannot be staged due to the political problems related to HIV/AIDS, or if governments become reluctant to volunteer them, conflicts that might be averted or diminished with their presence may take on larger dimensions that, in turn, will translate into serious human security threats.”\(^{125}\) Under such restrictions, each state will have limited ability to quickly and effectively dispatch troops for conflict prevention and resolution purposes.\(^{126}\) This fact is especially important for the Central Asian states with smaller armed forces, like Kyrgyzstan, which accounts of about 9,000 active-duty personnel in army and 3,000 in air force.\(^{127}\)

As a region with multi-ethnic groups, various tribal, regional and criminal factions, Central Asia faces the danger of conflicts that cannot be resolved simply by police forces. This means that if the Central Asian troops become infected, there will be serious limitations to their conflict resolution capacity, with grave consequences for regional stability.

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Civil Law and Order

In a situation of growing HIV/AIDS infection and death rates, the general sense of hopelessness and anguish can lead to increasing violence against individuals and the state, reckless behavior, and acts of cruelty such as murders or sexual harassments. Often HIV-positive individuals and their families become objects of emotional pressure and physical violence. Even healthy individuals in highly vulnerable groups, such as IDUs and gays, may be blamed for spreading the virus.

With most of the state’s efforts dedicated to healthcare needs, law enforcements may be underfunded and understaffed. In such conditions, people may feel helpless, while criminals feel empowered. On the other end of the spectrum, public servants in law enforcement and judicial branches’ are also at risk of getting infected and eventually leaving their positions. Early retirements/replacements of law enforcement officers will endanger the peace and safety of both citizens and communities. Thus, the state may face outbreaks of anarchy and civil disorder.

Conclusion and Recommendations

The foregoing analysis shows that a potential HIV/AIDS epidemic would pose a serious security threat to Central Asia. Current HIV/AIDS transmission trends indicate that the problem continues to escalate, due to local and regional factors, such as growing intravenous drug use, commercial sex trade and human trafficking, socio-economic hardships, widespread ignorance, failing healthcare systems, and the lack of political commitment. Poverty and lack of social support from state governments force unemployed and restless youth to resort to easily accessible drugs, casual sex, and illegal activities. While HIV is quietly spreading along the drug and human trafficking routes and into the general population, many Central Asian governments, blindsided by their own power struggles, choose to ignore the issue of rising rates of HIV/AIDS and related infections. However, while the numbers of people living with HIV/AIDS (PLWHA) are still relatively low, there is hope that the situation can be reversed, if a number of timely and sustained actions are taken. Otherwise the region, with its unique socio-cultural traits and geopolitical location, may follow the fate of deteriorating states as those in Sub-Saharan Africa.

To halt the HIV spread among the general population and vulnerable groups, such as IDUs, CSWs, MSM, prisoners, migrants, and youth, Central Asian states have to address and overcome a number of behavioral, cultural, socio-economic, and legal challenges. Problems of cultural conservatism, ignorance, poverty, and human rights violations

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128 Price-Smith and Daly, *Downward Spiral*, 25.
130 Price-Smith and Daly, *Downward Spiral*, 26.
stand out as the most acute of these. However, countries with vigorous civil societies, such as Kyrgyzstan, can turn many of these challenges into an opportunity to carry out an effective HIV/AIDS prevention and care program. For example, by establishing policy and implementation frameworks for all stakeholders involved, the Kyrgyz government has laid a foundation for programs related to sex education and HIV/AIDS/STIs information, risk and harm reduction efforts, and treatment of drug use, STIs and TB. While these endeavors need continuous work and commitment, Kyrgyzstan’s openness to suggestions of both local and international HIV/AIDS communities has helped it to pioneer some controversial yet effective initiatives (e.g. substitution therapy), and to secure international assistance funding.

As seen in many international examples, the HIV/AIDS epidemic can be prevented, slowed down and even reversed, but such efforts entail more than just human and financial resources; it requires a major political commitment. Success in Brazil and Thailand’s examples of prevention and treatment programs shows that these achievements were possible because of a strong political commitment from the respective governments, as well as civil society’s active participation. These serve as indicators of the democratic process, and also demonstrate how good governance and the protection of human rights influence public satisfaction with governmental actions. Political will usually translates into financial allocations and the development of comprehensive response programs. It also requires local and regional cooperation among the various sectors of political, economic and social life, as well as all levels of government. Increased participation of civil society, and PLWHA alliances, are crucial for these programs’ successful implementation.

Governments also have the ability to mobilize the business community, which can play a key part in the equal and just treatment of HIV-positive employees. Enterprises may also divert some of their profits towards HIV/AIDS prevention measures in the workplace, and contribute to state efforts to revive healthcare and pharmaceutical systems, fund HIV/AIDS-related research, and the purchase of antiretrovirals. While relying on donor contributions, the Central Asian states also need to develop contingency plans for how to tackle the HIV/AIDS problem in a both short and long run.

HIV/AIDS is clearly a threat to the well-being, security and stability of Central Asia. But in the region, where there are already tensions between the CARs over political dominance and natural resources, sustainable cooperation on HIV/AIDS, commonly-seen by politicians as a healthcare issue, may become difficult. Persecuting political and

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religious opposition in the name of fighting crime and terrorism, these regimes contribute further to the dissatisfaction of the general public, and hinder the efforts of the existing civil society. Constant human rights violations may drive sexual minorities and highly vulnerable populations underground, making it difficult for NGOs and healthcare institutions to reach these groups. Meanwhile, in liberal and democratically inclined states coordinated efforts between the governments and other key players, produce far better HIV/AIDS response mechanisms.

Prevention is considered the most cost-effective response to HIV/AIDS, which results in saving human lives and averting future financial expenses. Such programs include, but are not limited to, education on sexual and reproductive health; information on HIV/AIDS and STIs transmission; harm reduction efforts, such as needle exchange, condom distribution, and substitution therapy; treatment of STIs and opportunistic infections, such as TB; voluntary counseling and testing for HIV/AIDS; blood screening; and prevention of vertical transmission. Treatment is essential to saving the lives of people already suffering from HIV/AIDS and related infections. Since ART is still limited in the region, universal access should become a humanitarian and legal obligation of the Central Asian governments. These governments need to understand that state security begins with human security, and that it is the abundance or lack of human potential that will guide these states to either prosperity or misery.

International experience testifies that until a cure for the “plague of 21 century” is found, countries need a holistic approach to make the fight against HIV/AIDS effective. This means that prevention and treatment programs, as well as research, will have to be coordinated to complement each other (see Figure 2).

**Figure 2. Interdependence between HIV/AIDS prevention and treatment measures**
Efforts in one area, without the other, become worthless. However, overcoming the many issues of prevention and treatment cannot be achieved without addressing the economic and social causes of drug use and the sex trade, or problems in the healthcare and legal systems. Some of the solutions should include creation of local economic opportunities that will prevent financially weak individuals from joining human and drug trafficking, as well as increased efforts against drug trade on all levels, from officials to individual drug barons. State efforts to slow down the HIV/AIDS epidemic and to take care of those already infected require good governance and the willingness of authorities to take blame and responsibility, which, in turn, would lead to greater public confidence and the strengthening of civil society.

Funds saved from successful prevention efforts not only can be redistributed to treatment, but also channeled into social programs such as alleviating poverty, which is one of the biggest problems in Central Asia. In many countries, prevention activities go beyond distributing information and condoms. They often focus on community building, which promotes social acceptance, cultural tolerance and, through understanding and respect of individual/ community welfare, overall better health. The successful stories highlight the crucial connection between effective response mechanisms and democratic processes, open dialog between the governments and civil society, and progressive changes in cultural norms and behavioral patterns. Even faith-based organizations can make a meaningful contribution to HIV/AIDS prevention and care efforts.132

Few of the Central Asian states are on the right track toward implementing these various programs, applying for and receiving grants

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from the Global Fund and other major international donors. Either civil society-driven Kyrgyzstan, or wealthy Kazakhstan, could become a leader in regional efforts against the epidemic, as did Brazil in project Frontiers, uniting eleven countries in Latin America. Kazakhstan is already enjoying price breaks (up to 50 percent) for ART, specially negotiated through the Clinton Foundation. Four out of five Central Asian states are members of the World Bank’s Regional AIDS Control Project. According to its director, Tilek Meimanaliev, as the “first-ever multi-country AIDS project for the Europe and Central Asia region,” it is designed to strengthen collaborative endeavors and establish financial mechanisms to fight HIV/AIDS in Central Asia.

The virus, which is so unique in its transmission and mutation, will need multi-dimensional and creative approaches. As UN Secretary General’s Report on the Declaration of Commitment on HIV/AIDS Five Years Later states:

A quarter century into the epidemic, the global AIDS response stands at a crossroads. For the first time ever the world possesses the means to begin to reverse the epidemic. But success will require unprecedented willingness on the part of all actors in the global response to fulfill their potential, to embrace new ways of working with each other, and to sustain response over the long term.

It is now up to the Central Asian states to choose what path they will take. They have the chance to reverse the epidemic in their region, and avert the high human and socio-economic costs such an outbreak would involve. Otherwise, an HIV/AIDS epidemic in Central Asia, which is already vulnerable to a number of internal and external threats, could display a similar effect to that which HIV has on a human body. The virus destroys all defensive mechanisms, leaving the human organism vulnerable to outside infections, while deteriorating its operating functions, and slowly culminating in death. One can only hope that by learning from others’ mistakes, and by taking advantage of the resources already available, the CARs will put their differences aside and fight HIV/AIDS jointly, for the greater good and future prosperity of all.

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