Development of social work in prevention and treatment of HIV/AIDS and HCV in Central Asia

Heino Stöver and Ingo Ilja Michels

Abstract

Purpose – *This study aims to report on the findings of a pilot study of the prevalence and treatment of infectious diseases among people who inject drugs in Kazakhstan and Kyrgyzstan.*

Design/methodology/approach – *This study reports on study results based on two data collection methods: quantitative surveys and complimentary qualitative interviews.*

Findings – *The findings show that the role of social work in the region is crucial for establishing trust between non-governmental and civil society organizations and the state as exemplified by so-called "trust points" and "friendly cabinets."*

Originality/value – *Firstly, this study provides an overview of injecting drug use and the prevalence statistics on infectious diseases. Following this, this study focuses on the treatment and prevention of the spread of HIV/AIDS and HCV. Both areas are under-researched and address the gap in the literature on drug policy in Central Asia.*

Keywords *Central Asia, Infectious diseases, Injecting drug use, Opioid substitution treatment, Social work, HIV/AIDS, Drug treatment*

Paper type *Research paper*

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1. Introduction

Central Asia (CA) has long been a hotspot for high prevalence rates of HIV/AIDS often associated with injecting drug use and incarceration (LaMonaca *et al.*, 2019; Gilbert *et al.*, 2013; Thorne *et al.*, 2010). However, as of recently, the numbers have begun to stabilize (CADAP, 2019). In recent years, under the influence of various factors, the HIV epidemic in the countries of CA has undergone a number of changes, in particular, in the structure of HIV transmission, new infections in groups of various age, sex and social identity. The epidemiological situation in each CA country remains complex and has specific distribution characteristics. A wide range of factors contribute to the region's still high HIV/AIDS epidemic include poverty, unemployment, development of the number of injecting drug users and sex workers, labour migration and lack of public awareness about transmission routes and preventive measures. The latest statistics show a decrease in injecting drug use in all Central Asian countries and a decrease in the use of opiates and opioids. Recent developments suggest that unlike Russian Federation and Ukraine, where 70% of HIV infections are registered among injecting drug users, in CA, sexual transmission is now the leading cause of the new infections (Zabransky *et al.*, 2014; UNAIDS, 2018; LaMonaca *et al.*, 2019). In Kyrgyzstan, for example, the numbers of sexual transmissions of HIV went from 787 people in 2011 to 3,156 people in 2018. This increase has also affected women whose partners are injecting drug users (Deryabina, Patnaik and El-Sadr, 2019) and women engaged in drug use and sex work, especially if dependent on the latter to secure minimum

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financial gains (Vélez-Grau *et al.*, 2020). Similar statistics from Kazakhstan and Tajikistan show a steady decrease, as well. However, the reason for this stabilization is not yet clear. It is also unclear whether a decline in new HIV cases and an increase in heterosexual transmission rates can be because of underreporting among people who inject drugs, as well as among their partners (Deryabina, Patnaik and El-Sadr, 2019). The rise of HIV infections beyond the vulnerable populations is a sign of a maturing epidemic, which can be observed in other country settings as well.

Previous studies from CA (e.g. CADAP project [1]) showed that the number of new HIV infections is increasing, especially in Kazakhstan, while at the same time, the proportion of injecting drug users is decreasing. This trend can also be observed in other CA countries; however, there is no evidence-based causal explanation as to why this is the case. Notably, the number of officially registered opioid users in CA has been steadily declining over the past years, e.g. in 2013, 35,150 drug users (mostly opioid users) were registered in Kazakhstan, but in 2017, this number went down to 23,020 (−35%); in Kyrgyzstan, it decreased from 9.024 in 2013 to 8.485 in 2017 (−6%), while in Tajikistan, the numbers have changed only slightly, from 7.176 in 2013 to 6.947 (−3%) in 2017, nonetheless, representing the regional trend (Azbel *et al.*, 2017; Michels *et al.*, 2017; Zabransky *et al.*, 2014). Moreover, the number of opioid users treated in narcological clinics has been declining, whereas the number of patients in opioid substitution treatment (OST) has been slowly increasing, even though this increase is minimal, given the overall number of registered opioid users (Michels *et al.*, 2020). Whether OST affects HIV prevalence rates is difficult to assess, but their overall range and the retention rates are either too low or too high to produce generalizable epidemiological effects.

The recent history of the post-Soviet era dominates the explanatory narrative of public health policies and drug policy strategies in CA with researchers, suggesting a need to understand Russia's socio-political and economic environment first, to then examine how the Soviet regime informs the policies of today in the neighbouring region (Ancker and Rechel, 2015; Golichenko, 2020; Pape, 2013). This perspective can potentially overlook culture-specific nuances of the CA countries and their rich individual cultural histories before the forced modernization and ethnic dilution (Murphy, 2011). The lack of research studies and initiatives on a local level leaves many gaps in our current understanding of the regional development and prospects of human-centred drug policies. Consideration of specific socio-cultural contexts are important in getting sustainable results with better tailored drug policy measures. This especially highlights the necessity of social work education and practice for locally-oriented, culturally-sensitive and trustworthy services (Ganieva and Kim, 2010). Apart from reports by the international monitoring organizations, review of grey literature suggests that there is a visible gap in the information about the population living with HIV/AIDS, treatment for this population and injecting drug users in CA. The literature on drug policy and related public health in CA often focuses on regional assessments rather than individual countries of the region. There are increasingly more country profile reports provided by various international organizations. In contrast to the government-issued general statistical reports that often lack knowledge about local practices and the limitations in the implementation strategies, studies orienting at local practices and the work of non-governemental organisations (NGOs), as well as civil society organisations (CSOs) can offer better overview of the development progress in the region. Older sources indicate that in Kyrgyzstan alone there are up to 12,000 active NGOs operating on a variety of social, economic and political fields (Asian Development Bank, 2011), although grey literature suggests this number has reached 26,000 in 2020 [2]. The majority of these NGOs participate in human rights movement (43%), others cover health care (25%), civic education (22%), gender (17%) and environmental issues (15%) in the country (Asian Development Bank, 2011). About 70 NGOs in the country work specifically in the field of HIV/AIDS [Committee on HIV/AIDS and Tuberculosis (TB) CSOS, 2018]. Their impact has become increasingly influential over the past decade affecting social and

political changes on a state level, which also has had impact in the development of harm reduction and drug treatment services.

In this article, we present the results of the research study on "prevention of infectious diseases and treatment of HIV/AIDS and hepatitis C virus (HCV) among injecting drug users in CA and the contribution of social work to the services for drug using people" (hereafter InBeAIDS)[3]. The InBeAIDS study was conducted between February 2018 and December 2019 in the Kyrgyz Republic (Bishkek, Karakol, Chui Oblast), the Republic of Kazakhstan (Shymkent, Taldy Korgan, Ust-Kamenogorsk, Nur-Sultan, Petropavlovsk and Pavlodar). This article has three parts in accordance with the original stages of the InBeAIDS study. The first part provides an overview of injecting drug use and the prevalence statistics on infectious diseases. The second part focuses on treatment, control and prevention of the spread of HIV/AIDS and HCV. Finally, in the third part, this article explores the role of social work and NGOs in doing the prevention work. The descriptive analysis is provided to cover the current situation, assess the developments of international collaboration and NGO work, track the direct impact of voluntary work in the region and offer a number of recommendations and further research implications as a result.

1.1 Social policy and service provision in Central Asia

There is a strong link between the lack of harm reduction services and the region's conservative legislature that together, negatively affect key populations living with HIV/AIDS and injecting drugs. To further improve the effectiveness of harm reduction efforts in CA, the following concerns have to be incorporated in future studies: local specialists note that first of all, there is a lack of structural preventive measures (e.g. no outpatient counselling and assistance services, hardly any outreach work, only few being provided by NGOs of former drug users). Secondly, social work is still in its infancy, and it is not geared to working with drug dependent people. Over the recent decade, the involvement of international donors in the region's overall development has become positively influential for drug policy, treatment and prevention of the spread of associated infectious diseases (Michels *et al.*, 2017). As a result of this international investment, modern and effective harm reduction approaches have been adapted by local NGOs and have generated social and professional initiatives aiming to engage the local governments to strive for more humane drug policies (Michels *et al.*, 2017, 2020). In its "Bishkek Resolution," the CADAP project concluded that a "consolidated work of non-commercial organizations, community based organizations, governmental agencies, international organizations and donors" have made a significant impact on the development of social work with people who use drugs (CADAP, 2018, p. 1). Finally, in this debate, HCV is often overlooked, which has significantly bigger infection rates compared to HIV/AIDS. The prevalence of HCV is especially high among injecting drugs users with 51.3% of the cohort being positive (Botheju *et al.*, 2019). The prevalence in the CA region is between 60% and 80% with hardly any treatment available for HCV patients (CADAP, 2019), while the treatment remains unaffordable.

All this suggests that as far as harm reduction measures are concerned, the state drug policies in CA are contradictory. Patients seeking treatment for drug use problems have to privately pay for the drug treatment, with the exception of Kazakhstan, where the state covers the Antiretroviral Therapy (ART) costs since 2009 (Ministry of Health of the Republic of Kazakhstan, 2017). The basic detoxification treatment is paid by the governments and is provided in state-owned narcological centres in all CA countries. However, despite successful reports from international experiences, local authorities in Kazakhstan continues to block the harm reduction programs, such as syringe and needle exchange and medication-assisted treatment. At the same time, the state recognizes the importance of prevention work and the need to conduct information and educational activities especially among convicted persons on a peer-to-peer basis and providing access to condoms and regular testing.

The annual numbers of newly reported HIV diagnoses are rising in Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan, which now has the largest epidemic in CA (ECDC and WHO, 2019). Today, the HIV epidemics in Kazakhstan and Kyrgyzstan are best characterized as concentrated epidemics with HIV prevalence exceeding 5% among intravenous drug users in certain cities but remaining below 1% in the general population according to official data. In Tajikistan and Uzbekistan, no increase has been reported as recent available data indicate (CADAP, 2019). When describing the HIV and HCV epidemics in CA, there is data missing on the effect of labour migration between CA and Russia. Labour migration can contribute to a rise of infection rates.

Interventions focused on the most vulnerable groups in the sub-region can still prevent a general epidemic, provided sufficient coverage can be achieved. Short of this, the number of people living with HIV/AIDS in the sub-region is expected to grow exponentially as it did in Ukraine, the Russian Federation and other newly independent states and ultimately find its way into the general, non-drug using population, if structural HIV and HCV prevention programs – according to UNAIDS standards – are not scaled up and continued.

1.2 Key populations and general trends

Still often referred as transitional states, given the challenges in health-care reforms following the collapse of the USSR (Habibov, 2016), countries of CA have gone different ways, with vulnerable populations staying as the most disadvantaged (Scheil-Adlung and Kuhl, 2011). This particularly relates to public health concerns such as HIV epidemic, which remains concentrated in all three countries. This means that HIV has spread rapidly in one or more defined subpopulation but is not well established in the general population. The data from national and international surveys suggest that poverty, unemployment and an increase in the number of people who inject drugs and people engaged in sex work are the main contributing factors to the HIV/AIDS epidemic in CA. The situation is exacerbated by the lack of public awareness about HIV transmission ways and prevention methods. The development of the epidemiological monitoring mainly undertaken by international prevention programs reveals higher rates of HIV prevalence in CA. Data from local AIDS centres and reports from the CADAP project show that prevalence is recorded to be high among so-called key populations, including people who inject drugs with 29.8% in Kazakhstan and 23% in Kyrgyzstan. The HIV epidemic remains concentrated in all three countries with HCV being mostly prevalent in Kyrgyzstan, where the numbers show an increase in 2017 to previous years (60.9%) and Kazakhstan (68.7%). However, recent increase in the mother-to-child transmission cases show that the epidemic is spreading beyond the key population groups towards general population.

Since 2010, new HIV infections in *Kazakhstan* have increased by 39%, and AIDS-related deaths have increased by 32% (UNAIDS, 2019). From a demographic point of view, Kazakhstan is a relatively young country. Young people (under the age of 25) from unstable socio-economic background, including labour migrants, disabled people and groups vulnerable to HIV transmission [e.g. men whio have sex with men (MSM), people who inject drugs and their sexual partners] are highly affected by the epidemic mainly because of high cost of contraceptives, lack of social services and social exclusion if tested positive.

In *Kyrgyzstan*, according to data from February 2018, the main share of new HIV cases is among able-bodied people within the reproductive age of 20–39 years, which makes up 66% of the total population. The overall proportion of HIV-positive children under the age of 15 years is 8% (622 people); at the age of 15–19 years old, 142 people; at the age of 40–49 years old, 1,409 people; and 50 years old and older, 432 people. According to a survey of sentinel epidemiological surveillance, in three of the four populations at risk, HIV prevalence exceeds 5% [people who inject drugs (PWID) – 12.4%; prisoners – 7.6%; MSM – 6.3%]. The study is carried out every three years by the Republican AIDS Center as part of the implementation of the national system for monitoring and assessing the situation of HIV

infection, with the support of the UNDP project "Effective tuberculosis and HIV control in the Kyrgyz Republic" (The Global Fund, 2021).

2. Methods

The original InBeAIDS study was funded by the German Ministry of Education and Research (BMBF) [4] with the aim of establishing a research collaboration between social work faculties in CA Universities and Germany. The project was designed, synchronized and conducted by coordinators from partner Universities including Bishkek State University, Tajik National University, Eurasian National Gumilyov University and Frankfurt University of Applied Sciences. This pilot study attempted to gather a first impression of a potential comparative analysis and to test the limitations preventing a more comprehensive and balanced data collection. The empirical data were analysed together with the national data on drug use related incarcerations and infectious diseases across three countries. Expert interviews were carried out with people living with HIV, as well as professionals who provided social, medical and legal services for them. Mindful of the initial exploratory nature of this study, the overall data was generated through two types of data sets: the data analysed individually and in a cross-comparative fashion, rather than in a blended mixed-methods approach. The survey results were generalized for a descriptive review. The survey included two steps:

1. on-site survey questionnaires with HIV positive people who also inject drugs to assess their social, psychological, legal, economic and medical needs; and
2. expert interviews with specialists to study the social protection system and types of social services and algorithms for social work with people living with HIV have been carried out with experts from state and non-governmental institutions, with both trained social workers and staff members of organizations without social work background.

These were then used to identify possible sample sizes for each country and the following recruitment strategies. People living with HIV and specialists providing social and medical services for them were in the first group of study participants. The study involved 73 persons living with HIV; out of which, 22 were from Kyrgyzstan and 51 from Kazakhstan. The survey questionnaire contained 33 items mainly asking for demographic data, socio-economic status and access to ART treatment. The survey was geography comprised: in the Kyrgyz Republic – Bishkek, Karakol, Chui Oblast; in the Republic of Kazakhstan – Shymkent, Taldy Korgan, Ust-Kamenogorsk, Nur-Sultan, Petropavlovsk and Pavlodar; in the Republic of Tajikistan – Dushanbe city. Survey data was then analysed using the SPSS program. The country statistical data reproduced in this article has been obtained from government agencies and local AIDS centres and have not been previously published in such detailed form.

2.1 Study limitations

The data that this study presented are not differentiated or representative enough to develop a more accurate picture of the situation in CA. In this section, we outline what can be learned from the complexities of doing this work in a social context of high stigma.

The local NGOs helped to recruit people living with HIV and people who use drugs in their regions, which is possible only through establishing trustworthiness. But it was difficult to reach people living with HIV in rural areas, living with stigma and victimization. As a result, the first part of the data collection involving survey questionnaires did not provide sufficiently informative and reliable data. While this justified in-depth interviews, also because people avoided responding to some questions, it also may have remained only a partially effective method, given the sensitivity of the questions asked. There had been some other problems with the survey. These include some NGOs from several regions

rejecting to participate in the survey questionnaire; similar situations were observed in attempting to organize face-to-face interviews with experts; there were less experts from AIDS centres directly and more participants from NGOs and outreach workers; the data is not representative of the entire states, and there are large gaps in data from Aktau, Atyrau, Uralsk, Taraz, Kostanay and Kyzylorda; finally, questions about educational background of experts were only answered partially. In addition, there were limits to the number of social support opportunities for patients, namely, housing, education, training, social support and empowerment. We observed a lack of services for both children and their parents living with HIV.

The lack of social support structures is primarily explained by strong stigmatization from the public and professionals (e.g. general doctors and physicians) and existing laws, which oftentimes contradict each other in the implementation strategies. Moreover, NGOs are not involved in preparing applications for ART, which is often a strenuous process for some patients, and there are no job positions for social workers in inpatient facilities (hospitals) or AIDS centres. This is exacerbated by the fact that most NGO workers in the HIV sector do not have professional social work education and training. Furthermore, if employed, social workers are paid low wages, which is unattractive for the majority of young graduates. For example, in AIDS centres and hospitals, the position of medical workers predominates social workers, as does the general prevalence of basic medical assistance instead of social assistance when it comes to "social diseases" such as HIV/AIDS (Sultan and Mažeikienė, 2021). In spite of these limitations, a key strength of the InBeAIDS study is the identification of key factors emerging from close collaboration between local NGOs and project coordinators in each partnering country. The InBeAIDS study report provides previously unpublished detailed description of the social work, harm reduction and drug treatment components in the region. This includes an overview of key populations, people living in detention facilities, MSM and transgender people, sex workers, medical examination mechanisms for HIV and HCV, HIV and TB comorbidity cases, treatment and prevention of HIV, collaboration between public health authorities and social partners, implementation strategies of anti-retroviral therapy, HIV prevention in penitentiary system and finally the benefits of social work for people living with HIV/AIDS. However, the pilot study, as mentioned before, was a preliminary attempt to check a potential comparative analysis. Thus, many upcoming questions could not be answered, such as: What has been the training of social workers? How do clients perceive the services that they can access (through state institutions or through non-profit organizations)? How exactly do different organizations address the needs of injecting drug users? How exactly do social workers create trust among their clients?
Are there differences between social workers at state institutions and those working for non-profit organizations? How do these social workers evaluate the development of social work as a professional discipline?

3. Findings: coping with HIV, treatment and prevention

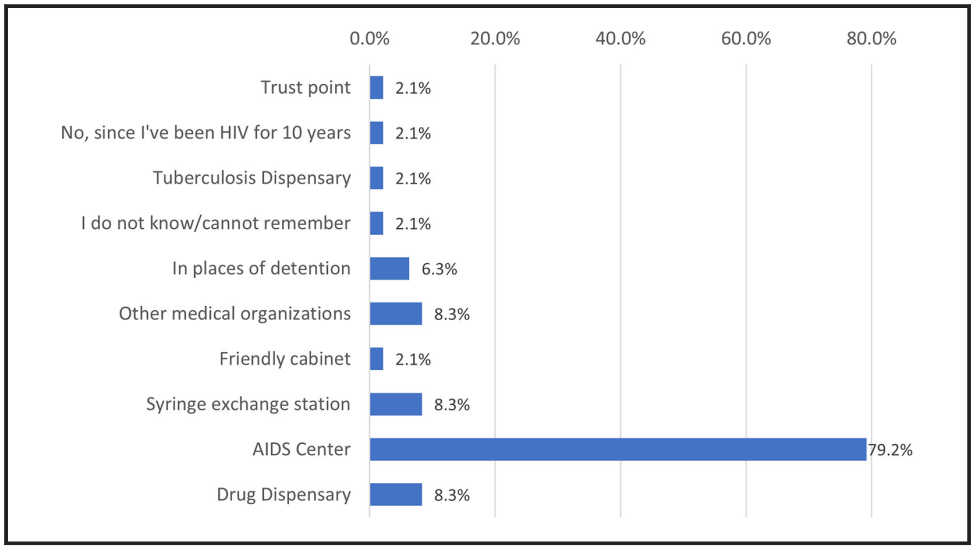
The InBeAIDS study produced a range of findings both in the form of interviews from local experts and volunteers, as well as complementary data to the national statistics. In this study, quantitative surveys carried out in three CA countries show detailed and at times contradictory results. In *Kazakhstan*, 51 respondents took the survey; of whom, 30 people also participated in qualitative interviews. About 51% of the total respondents from Kazakhstan were female, with majority of the overall respondents holding Russian ethnicity (64%), followed by Kazakhi (22%), German (4%), Ukrainian (4%), Israeli (2%), Tatar (2%) and Greek (2%). Most of the respondents (63.3%) completed secondary special education, were single (30.6%) and employed (58.3%). In total, 93.9% of participants were HIV positive and registered at local AIDS centres; the remaining were either negative (2%) or were not

sure (4%). Among the 93.9% of registered respondents, the vast majority were registered at the urban AIDS centres. About 2.1% answered that they were registered at the AIDS centre of another city, whereas another 2.1% did not remember. This might be interpreted that the majority of participated patients rarely visited or did not attend the AIDS centre for treatment after becoming acquainted with their status. About 76.6% of HIV positive patients were receiving ART at the time of the interviews. Respondents from Kazakhstan used services of ten different testing places as showed in Figure 1 below.

The AIDS centres are the primary place for testing for the majority with other medical organizations, such as narcological centres or general practitioners and other inpatient facilities, where patients can be hospitalized for different diagnoses. Respondents also mentioned that sometimes a status is detected in a local drug dispensary, and there is a tendency for rapid testing in syringe exchange services. The respondents were also asked to describe the quality of service and friendliness of the personnel. About 31% said they have been treated in an unfriendly manner once their status was diagnosed as positive, 32% said it was often, with the remaining respondents reporting no unfriendly attitude of specialists who knew about their positive status. Among those who were treated unfriendly, 55.6% said they felt the doctors were trying to disperse with their treatment and consultation as quickly as possible and describe the overall attitude towards them as rude and irritating. The following questions on the survey clarified whether the positive/negative attitude of the doctors had any impact on patients' desire and motivation of getting treatment. While 34.8% said they felt a positive attitude helped to maintain a strict regimen of taking the medications, 37% said the doctors' attitude did not affect their motivation for attending professional treatment. The majority (59%) also felt comfortable talking to doctors about their HIV positive, in contrast to the initial negative experiences after testing.

In *Kyrgyzstan*, the results of the quantitative questionnaire revealed a different situation. Similar to Kazakhstan, Russians (33%) were the most represented nationality among the people who inject drugs, followed by Kyrgyz (21%). However, the majority of interviewed respondents in Kyrgyzstan had only vocational training (71%) and were married (37%). The average age of people who inject drugs in the country is 40 and older. The number of specialists who participated in qualitative interviews was only 12 people in Kyrgyzstan. They worked across 14 different organizations that provide social support and counselling for people living with HIV.

Figure 1 Places for HIV testing in Kazakhstan



The findings, especially from the expert interviews, suggest a need for further exploration of relations between local and international NGOs and the government. Provision of state-funded health care, harm reduction and awareness raising programs depends on direct communication, building of trust and the role of effective and knowledgeable mediators. The results of the study show that the prevalence of HIV/AIDS and other infectious diseases associated with injecting drug use and incarceration should be addressed as structural, social and individual levels. These levels also allow identifying the work strategies necessary, with key populations based on indicators such as participation in labour market, access to social protection, social and economic stratification and individual biographies (Scheil-Adlung and Kuhl, 2011). In what follows, we map out the central findings beginning with the analysis of structural barriers in the way of more effective treatment and prevention, followed by the analysis of social cooperation between the public, NGOs and the state health-care administration offices and concluding with the lived experiences of individuals affected by the former two. These dimensions are juxtaposed with the role of social work enacted through non-governmental and civil society organizations, as well as individual volunteers and social activists. By setting social work as the connecting point of structural, social and individual dimensions, we aim to show how the international donorship has changed the landscape of social work in the region.

In the past, studies on drug treatment and HIV/AIDS services in CA have raised the lack of local human and capital resources for implementation of internationally funded social services (Bobrova *et al.*, 2007). Today, this gap has been significantly narrowed. Even though social protection coverage in Europe and CA is higher than in any other region of the world (UN Department of Economic and Social Affairs, 2020), this does not provide an accurate vision of the local contexts and day-to-day practices in specific locations and organizations. This is highlighted amidst the COVID-19 pandemic threatening global HIV/AIDS rates. The government falls short in providing for the key populations in need of shelter, social services and protection as NGOs strive to address this deficiency within their capacities (UNAIDS, 2020). In the absence of sustainable policies and practice, many local intervention strategies may not be able to quickly adapt to the changes, risking termination of service provision – as was evidenced by a recent report earlier this year (Eurasian Harm Reduction Association, 2020). Such emergency situations make the role of peer consultants and personal communication strategies especially vital in accordance with the region's specific context (UNAIDS, 2020).

3.1 Importance of volunteering work through NGOs

The role of social work in mediating harm reduction and other social services is crucial (Henrickson and Chipanta, 2017). A major tool in the prevention practice in CA are the low threshold needle-exchange initiative called "trust point," also referred as "friendly cabinets." These trust points provide voluntary, confidential and anonymous services and mainly distribute clean needles, condoms and provide initial counselling for people who inject drugs. But their functions extend beyond such preventive work, as they play a major role in building trust among affected communities and those in need of help. In addition, this model is also practiced facilitating treatment for sexually transmitted infections to vulnerable groups of the population anonymously and free of charge (people who inject drugs, sex workers, men who have sex with men). The friendly cabinet provides patients with information about HIV, sexually transmitted infections, behaviours that reduce the risk of infection, contraceptive methods, HIV prevention and testing and the need for confidential notification of contact persons. Applicants are provided with condoms and information materials. Psychosocial, pre- and post-test counselling on HIV/AIDS is conducted. If necessary, the applicants are sent to dermato-venereological and other medical organizations to receive specialized, qualified medical care. There are "friendly cabinets" in all CA countries and most are located within AIDS centres and other medical organizations

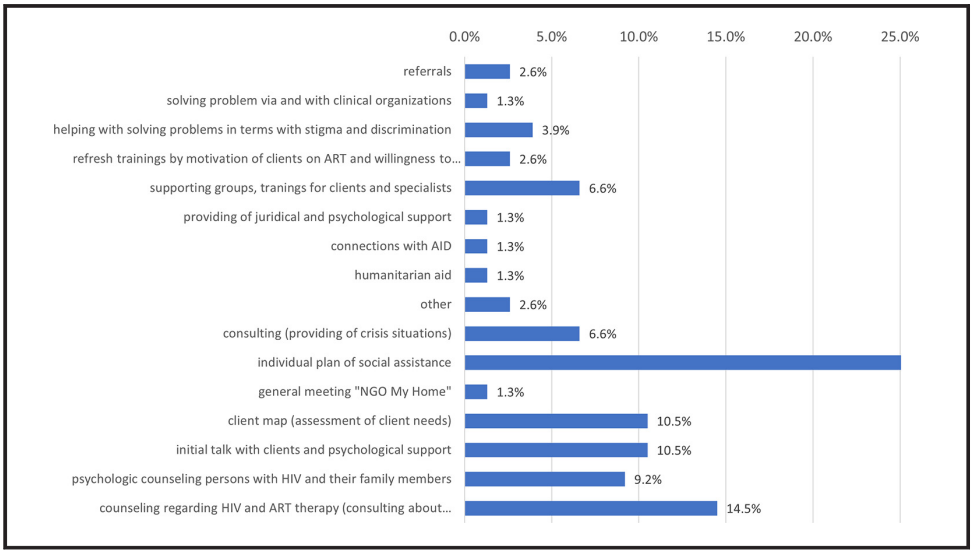
(dermato-venereological dispensaries, antenatal clinics, polyclinics). However, results of the InBeAIDS study indicate that clients would oftentimes prefer relying on the help of NGOs rather that trust points, given the latter is said to compromise confidentiality via undisclosed cooperation with the local police administrations. In fact, the people living with HIV do not know where else to get the necessary treatment and care, while also being a place that will also respect one's right to privacy and confidentiality. One of the main activities carried out by NGOs in Kazakhstan and Kyrgyzstan is the outreach work on a "peer-to-peer" basis among the key population groups, including people who inject drugs. It is an outreach worker, on HIV infection routes and HIV prevention methods, safe behaviour, harm reduction programs, as well as on naloxone use, overdose prevention (Gilbert *et al.*, 2018), "myths" and the reality of OST, etc. not an AIDS Center specialist, who has access to key groups, provides syringes, condoms and information.

3.2 Developments in social work practice

The introduction of addiction/drug treatment social work has been possible in Eastern Europe and Central Asia mainly through international funding and collaboration with western professionals (Klein, 2008; Michels and Stöver, 2012; Stöver, 2009). However, a professional implementation of addiction/drug treatment by social work remains very scarce because of lack of funding in education, training and professionalism of social workers, as well as sustainable development of local harm reduction initiatives. One of the barriers standing in the way of this improvement is stigma. Stigmatization of people who use drugs and their treatment as "undeserving citizens" is a major issue standing in the way of funding better health care and low threshold services for people struggling with addiction (Bernays, *et al.*, 2010). In all Central Asian countries, social work services are struggling to meet the needs of key populations affected by negative consequences of the HIV epidemic and injecting drug use. As mentioned earlier, social work in HIV/AIDS and HCV is slowly emerging in the region; however, to this day it is mostly carried out by local NGOs. These are usually training outreach workers who sign up on a voluntary basis or despite the limited funding capacities. In April 2019, the Republic of Kazakhstan officially registered a national alliance of professional social workers, which is the first association of social work specialists at the national level and which will gradually include nine branches in the Republic of Kazakhstan (Turaeva and Engmann, 2014)[5]. The alliance's priority areas of specialization mostly focus on creating public awareness on the importance of social work and public respect for the profession. The alliance also works to ensure that basic global standards such as the development and approval of the National Code of Ethics for Social Workers is integrated in the country. Further aims of the alliance in Kazakhstan focus on improving the quality of social work education both at the undergraduate and postgraduate levels, including a research qualification degree such as PhD and equivalents; strengthening the capacity of practical services; ensuring the needs of relevant ministries (e.g. health, social protection, education and internal affairs), universities and local executive bodies in the rural regions of the country are considered; retraining and advanced training of social workers at all levels at the request of these bodies; and certification of social workers and accreditation of other related social service specialists.

One of the most important areas, where the services of social workers are in demand in all three countries, is social support (see Figure 2 below) – meaning facilitation of open conversations, awareness raising, personal counselling and organization of access to social and medical institutions. This is linked to the activities of local and internationally funded NGOs. For instance, the Kyrgyz Republic and Kazakhstan has a well-developed sector for NGO services and employs qualified staff with relevant specialization, as well as a functional network of well-trained advocacy and social mobilization of NGOs that are involved in the national HIV policy and decision-making process permanently (InBeAIDS (2020) technical report, 2020, p. 66).

Figure 2 "What can a social worker do in an NGO?"



Interviewed experts noted that NGOs play a central role in the protection of rights and provision of social support for treatment needs of people living with HIV. This function is normally carried out by trained social workers. However, the practice of involving social workers in the preventive work with people who inject drugs is still new and especially, lacks practice – despite the available evidence showing that injecting drug use, HIV and HCV pose clear public health and social service concerns that warrant additional research and programming. Preventive work has been introduced in the past 20 years mainly driven by international donors and often without sustainable funding.

3.3 Collaboration between public health authorities and social partners

In *Kazakhstan,* a cooperation has been established between medical and non-medical care centres, as well as collaboration between drug and infectious health-care centres (AIDS and drug treatment centres). For PWID, in the centres controlled by AIDS, they carry out preventive measures for the harm reduction program and cooperate on Opiate Substitution Therapy (OST) with methadone. Cooperation between medical and non-medical personnel is carried out by the outreach workers of public organizations. Motivational interviewing is conducted with clients from vulnerable groups at their visits to the AIDS centre laboratory for pre-test counselling and testing for HIV – real situations that happen to migrants.

In providing services related to HIV/AIDS, *Kyrgyzstan* has a comprehensive client-centric approach, which is crucial for effectiveness. Clients who turn to AIDS service organizations, aside from health problems, as a rule, have a whole range of social and legal problems that cannot be solved within one organization. Customer redirection is still one of the most common forms of cooperation between organizations, as respondents from all surveyed organizations reported sending their patients to receive additional services. Most often, patients are given referrals for medical services including drug treatment (ten out of 15 organizations), tuberculosis centres (eight organizations), dermato-venereological clinics (seven organizations) and other public medical institutions (seven organizations), such as laboratories, family medical centres and maternity and emergency hospitals.

4. Conclusion

The quality of life of HIV/HCV-positive people is significantly influenced by a number of factors, including general well-being, family status, emotional sphere, social contacts, environment, access to education, stigma and discrimination, as well as the availability of both medical and social services (Jolley *et al.*, 2012). In light of these factors and according to expert opinion, people living with HIV/AIDS in CA require a better system of immediately available professional help of social workers and other social and medical service professionals (Pape, 2019). Given that the role of social workers in CA has been described by our interviewees as mainly oriented at changing public opinion, building tolerance towards HIV-positive people in society and mobilizing and activating people involved in the problem, outreach work and the use of peer-to-peer methods has proven especially effective in the region. Currently, social work is mostly carried out by outreach workers in places with priority target groups (prisons, street drug scenes, other marginal social spaces). For social work on the streets, with people who inject drugs, women involved in sex work and mobile points (specially equipped vehicles for harm reduction services such as needle exchange) are most often used, which provide primary medical care, testing, psychological and other preventive counselling. CA is in the process of developing partnerships between government agencies and non-governmental organizations, support of non-profit projects by the executive bodies of state power, as well as purchasing services for NGOs in the framework of the state order.

Our findings suggest that there is a growing trust and partnership between people living with HIV/AIDS and HCV and social service providers. This has been explained by experts in the countries as the result of continuous and systematic training of medical and social workers, the development of more humanistic approaches and better compliance with the basic principles of international social work standards and ethics. Nonetheless, interviewees identified gaps in the provision of outreach social work and social services to the target groups. At the state level, social work is not being carried out with vulnerable cohorts of the population. Instead, this gap is partially addressed by the work of NGOs and mutual aid groups created by the initiative of affected individuals themselves. Such form of social activism on HIV/AIDS and harm reduction has been the most prominent method of social work in post-Soviet states (Sultan and Mažeikienė, 2021). However, because of its irregular and fragmentary existence, this form of social activism cannot fully substitute a full-fledged professional social work structure. Our research study suggests that social work with affected populations requires well-organized management, a comprehensive approach to problem-solving strategies, systematic training of local social workers, increased engagement in social support of vulnerable populations on a state level and as a result, overall strengthening of interaction between all bodies responsible for HIV/AIDS and HCV prevention. Active involvement of international organizations in the region and a pressure to reform the countries' health and drug policies might have caused some adverse effects. This could be speculated on the basis of the changing statistics over the recent few years, signalling a potential control over official data and international representation (Deryabina and El-Sadr, 2019; Deryabina *et al.*, 2019).

Notes

1. Final Report on CADAP VI phase; Bishkek March 2020.
2. https://eurasianet.org/kyrgyzstan-draft-bill-threatens-to-drive-ngos-against-the-wall
3. The pilot study of InBeAIDS was conducted in Kazakhstan, the Kyrgyz Republic and Tajikistan, in cooperation with the Frankfurt University of Applied Sciences. In this article, we focus on the information from Kazakhstan and the Kyrgyz Republic only.
4. Federal Ministry of Education and Research, Germany, Funding No 01DK17050.

5. See here www.socialserviceworkforce.org/geographic-locations/kazakhstan for more information on the work of Global Social Service Workforce Alliance.

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