HUMAN RIGHTS COUNCIL
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Introduction

1. This submission describes several key human rights priorities and provides recommendations for the Kyrgyz Republic to better respect, protect and fulfill human rights, consistent with its international legal obligations, in areas of particular relevance to effective response to HIV. In addition to the specific rights mentioned below, the recommendations herein all contribute to realizing enjoyment in the Kyrgyz Republic of the highest attainable standard of health, pursuant to the *International Covenant on Economic, Social and Cultural Rights* ratified by Kyrgyzstan.

HIV and drug use in the Kyrgyz Republic: a health and human rights challenge

2. Currently, HIV prevalence in Kyrgyzstan is estimated to be under 1 percent (26.1 cases per 100,000 people), but UNODC has warned that conditions are such that there is a significant potential for the epidemic to grow quickly.[1] As of 1 January 2008, according to government estimates there were an estimated 4200 people in Kyrgyzstan living with HIV. The majority of such people are undiagnosed: the Ministry of Health reported a cumulative total of 1479 *documented* cases of HIV infection as of the end of 2008. The percentage of cumulative HIV infections to date attributable to sexual transmission has risen steadily in recent years, from 3% in 2001 to 23.6% in 2007. In addition, the percentage of total cumulative HIV infection that are among women is also increasing: in 2001, 9.5% of people living with HIV were women, while in 2007 women represented 22% of the total.[2]

3. Injection drug use plays a significant role in Kyrgyzstan's epidemic, requiring urgent attention as a matter of public health and human rights. According to government estimates, 72% of all HIV infections happen among people who inject drugs. In 2007, HIV prevalence among people who inject drugs was 7.4%. But the coverage of HIV prevention services among people injecting drugs is low: at the end of 2007, harm reduction programs only covered about half of the total estimated number of people who need them.[3] The prevalence of hepatitis C (HCV) among people who inject drugs is very high (50.6% in 2005 and 48.4% in 2006), as is prevalence of syphilis (13.6% in 2005 and 11.6% in 2006). A high prevalence of HIV (1.4%), HCV (4.5%) and syphilis (34.8%) has also been registered among sex workers (2006).[4]

The right to health: general access to health care services

4. The *Constitution of the Kyrgyz Republic* obliges the government to take measures aimed at realizing the right to health, but free health care services and medications are provided only within

the context of emergency medical care or under obligatory medical insurance.[5] Persons who are not covered by the insurance must pay privately for health care services, thus often homeless or unemployed people can count only on receiving emergency and urgent health care assistance free of charge. Certain health care services are provided on the basis of co-payment by patient (e.g., drug dependence treatment), further limiting the economic availability of health care to poor and marginalised groups of people. According to the UN Committee on Economic, Social and Cultural Rights, one of the core obligations of the right to health is the obligation"[t]o ensure the right of access to health facilities, goods and services on a non-discriminatory basis, especially for vulnerable or marginalized groups."[6]

5. We are concerned that there have been reports of poor hygiene standards and inadequate qualifications of health care staff in relation to HIV. In July 2007, 22 people were infected with HIV in southern Kyrgyzstan, 17 of them children, mainly as a result of unsanitary conditions during blood transfusion.[7] The *International Guidelines on HIV/AIDS and Human Rights*, issued by the Office of the UN High Commissioner for Human Rights and UNAIDS, recommend that "public health law should require the implementation of universal infection control precautions in health-care… Persons working in these settings must be provided with the appropriate equipment and training to implement such precautions." The Ministry of Health must act on this front.

Availability of anti-retroviral (ARV) treatment for HIV

6. According to the Government of Kyrgyzstan, by the end of 2007, only 22.6% of people in need of antiretroviral (ARV) treatment received it (78 out of 345 people who could benefit from ARV treatment).[8] According to a 2007 survey, in Kyrgyzstan there was insufficient access to testing to determine viral load, a key indicator that helps to determine whether ARV therapy is indicated and to monitor whether a given ARV regime is succeeding in controlling the level of virus circulating in a person's system.[9]

Testing and treatment for hepatitis C virus (HCV)

7. Like HIV, HCV infection is also strongly correlated with injection drug use and access to testing and treatment is inadequate. In Kyrgyzstan, patients must pay up to US$100 for an HCV antibody test, and because testing supplies are often out of stock, some people have been forced to travel to Kazakhstan to be tested. A course of treatment can cost more than US$20,000. We endorse previous recommendations that the government of Kyrgyzstan ensure that all health care facilities provide HCV diagnostics free of charge to all who want or need a test and that all in need have access to HCV medicines. People who inject drugs, a marginalized population particularly affected by HCV, must be guaranteed equal and full access to all HCV-related services, including treatment.[10]

The right to privacy and access to health care services

8. By Kyrgyz law, the fact of seeking health services, the state of health of a patient, a diagnosis and other information received from a patient through examination and treatment are "medical secrets" which must be kept confidential by health professionals.[11] However, under current Kyrgyz law, disclosing medical secrets without a patient's consent is allowed in the following circumstances, which represent very broad exceptions to confidentiality: (i) if there is a risk of transmission of infectious diseases and harm to others; (ii) upon request by investigative bodies, a public prosecutor or a court; (iii) in order to inform the parents or lawful representatives of a minor receiving medical assistance; and (iv) if there are grounds to believe that harm to the health of a person resulted from

illegal actions.[12] In their explicit wording, or potential to be interpreted broadly, these provisions currently exceed legitimate limitations on the right to privacy recognized in the *Universal Declaration of Human Rights* and in the *International Covenant on Civil and Political Rights*. Such exceptions should be eliminated or narrowed, as appropriate, to better respect and protect the right to privacy, including with respect to health information.

Mandatory HIV testing: human rights concerns

9. Foreign citizens and stateless persons are required to get an HIV test after arrival in the country and during annual preventive medical examinations, if they are nationals of states with whom Kyrgyzstan has a treaty requiring this. Foreigners are subject to administrative deportation from Kyrgyzstan in the case of refusing or failing to undergo testing.[13] However, the *International Guidelines on HIV/AIDS and Human Rights* explicitly recommend against mandatory HIV testing of foreigners, as "there is no public health rationale for restricting liberty of movement or choice of residence on the grounds of HIV status… any restrictions on these rights based on suspected or real HIV status alone, including HIV screening of international travelers, are discriminatory and cannot be justified by public health concerns."

10. In addition, the Government of Kyrgyzstan has itself given approval to mandatory HIV testing as a condition of employment, by adopting a list that restricts people from working in certain trades or occupations based on HIV-positive status, which restrictions are unjustifiable discrimination.[14]

11. The *Law "On HIV/AIDS"* should be amended to prohibit mandatory HIV testing except in the legitimate case of donors of blood or other bodily substances. Furthermore, this law should be amended to explicitly prohibit mandatory testing as a residence/entry requirement for foreigners or stateless persons or as an employment requirement (and related instruments such as the government-approved list of employment positions in which HIV testing may be required should be abolished).

Protecting people living with HIV/AIDS (PLHIV) against discrimination

12. The *Constitution of Kyrgyzstan* stipulates a right to equality, and the *Law "On HIV/AIDS"* also addresses equality rights of PLHIV, by prohibiting the following: stigmatizing and discriminating against people living with HIV and people affected by HIV; refusing to hire someone or terminating a person's employment based on HIV status; and refusing to enrol someone in an educational institution or accept a person as a patient in a health care facility based on HIV status. Yet other aspects of current law of Kyrgyzstan violate this prohibition on discrimination, such as the official government list, noted above, of the trades or occupations which an HIV-positive person is prohibited from performing; such discrimination cannot be justified and violates not only Kyrgyzstan's international legal obligations but its domestic law.[15]

Human rights and health of people who use drugs

Depenalizing drug use and offences involving small quantities of drugs

13. In 2007, Kyrgyzstan implemented reforms aimed at "humanizing" its drug laws, and mitigating penalties on people who use drugs or are drug-dependent. It "partially decriminalized" certain activities involving drugs *without an intention to sell*.[16] While these steps are welcome, further reforms are needed to move away from penalizing people who use drugs and instead focus on

implementing evidence-based programs to (i) prevent drug dependence, (ii) treat people with drug dependence, and (iii) prevent or reduce harms associated with drug use, including HIV and HCV.

14. Article 366 of the *Administrative Code* prohibits even the mere "*use of narcotics or psychotropic substances, drinking of alcohol or appearance in the public in the condition of intoxication offending human dignity*".[17] Such a provision creates opportunities for police to target people for detention, and for extortion through threatening charges merely for using drugs or for being under the influence of drugs in a public place. This article should be repealed.

15. In addition, the *Criminal Code* still prohibits acquiring, possessing or transporting narcotic drugs or psychotropic substances even in a "small quantity" [небольшие размеры], even without an intention to sell, if committed within a year after receiving an administrative fine for the same offence and by a person who earlier committed *any* offence connected with drugs.[18] Given the nature of drug dependence as a chronic condition that often involves relapse into the use (and hence possession) of drugs, Kyrgyz law therefore still effectively criminalizes many people with drug dependence. Furthermore, aside from the case of repeat offenders caught up by this law, more generally a concern remains with the restrictive approach to defining a "small quantity" of drugs. Under the current definition, *any* quantity, however minimal, constitutes a "small" quantity; furthermore, the upper limit of the "small" quantity category is set very low (for example, ≤1 gram of heroin or ≤0,03 gram of cocaine), meaning many people who possess drugs for personal consumption will easily exceed this limit, thereby being exposed to harsher penalties for possessing more than a "small" quantity. Such an approach undermines the effectiveness of harm reduction services such as needle and syringe programs, as well as the safe return and disposal of used injection equipment carrying residual amounts of prohibited drugs, since being found in possession of such an item can then become the basis for a charge. The Government should define legislatively the concept of a quantity of a drug for "personal consumption". It should provide legislative alternatives to punishment for cases of acquiring, possessing or transporting controlled substances in a quantity intended for personal consumption — such as education and, where clinically indicated, drug dependence treatment and medical and social rehabilitation. In defining various quantity ranges of different drugs, the law should (i) reflect the reality of what people with dependence on a drug regularly use for personal consumption, and (ii) make clear that the law refers to a quantity of the pure drug itself, not the quantity that includes other fillers or additives that may be mixed with it.

Involuntary drug testing by law enforcement authorities

16. Kyrgyz law authorizes police to request a person undergo drug testing involuntarily[19] in various circumstances, including consumption of drugs in public or in connection with suspicion of the commission of a criminal offence. Granting police broad powers to compel people to undergo drug testing simply based on police suspicion of a crime opens the door to police abuses, including extortion. Such involuntary drug testing violates privacy and security of the person, without justification in almost all circumstances — drug testing merely shows past use of drugs and does not prove there is a serious risk of harm to self or others, which should be the only basis in law for possibly justifying the infringement of such rights.

Registration of people who use drugs and people with drug dependence

17. Under Kyrgyz law, people who use drugs and/or are dependent on them are inscribed on a narcological registry[20] for considerable time periods (e.g., 1 to 3 years). Health care workers must

share confidential information about patients receiving drug dependence treatment upon official request by the police, investigative bodies, the public prosecutor or a court.[21] Failing to protect fully the confidentiality of patients receiving treatment for drug dependence creates a disincentive for people to seek health services if this may result in investigation and possible prosecution by law enforcement authorities. While registration of narcological patients may be legitimate for some limited purposes (e.g., evaluating the effectiveness of treatment, which is in the patient's own interest), any such system of registration is justifiable only under conditions that strictly protect the confidentiality of those registered and preclude improper sharing and use of such information; this is not always the situation in Kyrgyzstan. To limit these violations, the Government should review the efficacy and cost-effectiveness of the current approach, with a view to either eliminating such registries or, at the very least, significantly improving the confidentiality of patient information on such registries. This should including a prohibition on the disclosure of such patient information without a patient's consent to anyone other than health care staff.

Compulsory drug dependence treatment

18. Under Article 40 of the *Law "On narcotic drugs, psychotropic substances and precursors"*, a court may order compulsory drug dependence treatment for: (i) people recognized as having drug dependence, but who evade treatment, or people who have continued to use drugs after treatment; and (ii) people in relation to whom police have received an application from relatives based on the person's "dangerous behaviour." However, international organizations underline the principle that drug dependence treatment should generally be voluntary. The *International Covenant on Civil and Political Rights* guarantees the rights to liberty and security of the person (Article 9) and to privacy (Article 17). Given that compulsory medical treatment, including for drug dependence, inherently involves infringements of these rights, it is only potentially justifiable in exceptional, clearly defined circumstances (e.g., in order to prevent a person from causing or risking imminent, serious harm to himself/herself or to others) and in compliance with the UN's *Siracusa Principles on the Limitation and Derogation of Provisions in the International Covenant on Civil and Political Rights*. WHO recommends that any instances of compulsory treatment be strictly regulated and their effectiveness assessed. Kyrgyzstan should: (i) review the use of compulsory drug dependence treatment with a view to limiting its use at most to circumstances that comply with the *Siracusa Principles*; and (ii) should evaluate the methods currently used for compulsory drug dependence treatment to ensure they are evidence-based and comply with widely-recognized professional norms and human rights standards.

19. Furthermore, to the extent that Kyrgyz law permits a court, in some circumstances, to order the use of compulsory drug dependence treatment as a penalty following conviction for an administrative or criminal offence, the law should be amended to provide explicitly that treatment may be ordered as an *alternative* to imprisonment, rather than *in addition to* imprisonment. Currently, this is not the case, even though this is permissible under international drug control treaties ratified by Kyrgyzstan, which explicitly allow States Parties to those treaties to include, in their domestic legislation, *alternatives* to conviction and incarceration for drug offences, including providing treatment and rehabilitation services, instead of adding these on top of criminal sentences.

Discrimination against drug-dependent persons in educational and employment contexts

20. Currently, Kyrgyz law does not contain any provisions protecting people who use or are dependent on drugs from discrimination; it has only general provisions on protection against

discrimination, which provisions are insufficient in the light of identified patterns of discrimination, including against vulnerable groups such as people who use drugs, whose stigmatization and marginalization only impedes effective responses to HIV. For example, upon enrolment in certain courses of higher educational institutions, a general physical examination, which usually includes narcological testing, is mandatory. In high schools, involuntary drug testing is done according to official Government guidelines for detecting drug use by minors.[22] However, requiring such testing, and denying enrolment based on a positive drug test (and presumed drug dependence), is unjustifiable discrimination, as well as a violation of privacy rights. Similarly, people who use drugs are prohibited from certain kinds of employment, in which mandatory drug testing is also imposed as part of the recruitment process. Denying employment or access to education based solely on a person's perceived or actual health condition of drug dependence is unjustifiable discrimination; Kyrgyz law should treat it as such.

Discrimination in family relations

21. Under current law of Kyrgyzstan, *chronic drug dependence* is the basis for depriving parents of custody of a child, along with such other grounds as abuse of parental rights, cruel treatment and committing a deliberate crime against the life or health of children.[23] However, it is unjustifiable to automatically equate drug and alcohol dependence with ill-treatment of children. Deprivation of parental rights should not be carried out automatically, but rather on an individual basis, with reasonable grounds to believe children have been neglected or abused, or are at real risk of such treatment. While the law must be concerned with protecting the best interests of children, it is of concern if this provision amounts to depriving people of parental rights simply on the basis of drug use or dependence. Fear of losing one's children if diagnosed as drug-dependent creates yet another incentive for people in need of treatment to avoid seeking such assistance, which is in neither their interest nor that of their children. This unjustifiably discriminates against people solely on the basis of their health condition, and is at odds with Kyrgyzstan's obligation to provide protection and assistance to families in keeping with the *Universal Declaration of Human Rights* (Article 16) and the *International Covenant on Economic, Social and Cultural Rights* (Article 10), and to refrain from arbitrary interference with family relations pursuant to the *International Covenant on Civil and Political Rights* (Article 16).

Human rights of prisoners

22. As of 1 October 2007, there were roughly 13,000 people in prison in Kyrgyzstan. Of this total, 1901 persons (approximately 15%) were in prison for drug-related offences. As of 1 January 2007, 940 prisoners in custody were under court orders to undergo compulsory drug dependence treatment; of these, 191 were people with alcohol dependence and the other 739 were people with dependence on narcotics or psychotropic substances. According to the results of surveys conducted by non-governmental, international organizations and independent experts in Kyrgyzstan's correctional system, about 35% of prisoners actually use drugs while in prisons (about 50% of whom use drugs by injection).[24]

23. HIV, tuberculosis and viral hepatitis are grave concerns in prisons in Kyrgyzstan. In 2006, documented prevalence of HIV among prisoners was 3.5% (obviously several times higher than among the population as a whole); a high prevalence of both HCV (46.6%) and syphilis (15.9%) were also documented.[25] In the first half of 2006, mortality among TB patients rose by 35%.[26]

Prison conditions and level of medical care

24. The provision of personal care items is inadequate; generally, people in prison must buy both toiletries and other items of everyday use (including clothes and footwear). The quality and nutritional value of meals do not meet national standards. The majority of people in custody must buy food or rely on parcels from family or friends outside.[27] Reports also show substandard health care, manifested in such things as inadequate access to medical equipment (e.g., first aid materials, surgical equipment) and medicines, as well as hot water, bedding or pillows. There is also lack of specialists, such as TB and dental specialists, gynaecologists, STI specialists and dermatologists. Prisoners often must arrange medical treatment at their own expense. In pre-trial detention facilities, access to health care workers is even more inadequate. Under international law, persons in detention retain all rights except insofar as these are necessarily limited by the fact of incarceration; this includes the right to the highest attainable standard of health. Therefore, people in prisons have a right to access to equivalent health services and care as persons outside prisons. Yet this right appears to be routinely violated in Kyrgyzstan.

25. Rather than being connected with the overall health care system, health care workers providing care to people in prisons are under the authority of the penitentiary administration, whether as direct officers of that system or contracted civilian employees. As recognized by OSCE et al, this relationship with the penitentiary system can negatively affect their professional independence.[28] In the interests of ensuring adequacy and equivalence of care with health care outside prisons, it is recommended that responsibility for health care in the penitentiary system be transferred to the Ministry of Health.

Compulsory medical treatment in prisons

26. According to the *Penal Code*, people with drug dependence, people with HIV or active TB, and patients who have not completed the full course of STI treatment, based on the decision of a medical committee of the penitentiary institution, may be ordered by the penitentiary to undergo compulsory treatment. However, any involuntary medical treatment inherently infringes rights such as liberty, security of the person and privacy (*International Covenant on Civil and Political Rights*, Articles 9 and 17), and is only potentially justifiable in exceptional circumstances and in compliance with the UN's *Siracusa Principles on the Limitation and Derogation of Provisions in the International Covenant on Civil and Political Rights*. In order to better protect human rights, Kyrgyzstan should narrow its provisions on compulsory treatment in prisons to conform strictly with the *Siracusa Principles*.

Discrimination based on HIV status or drug dependence in prisons

27. Current Kyrgyz law includes a number of provisions that unjustifiably discriminate against prisoners based on HIV-positive status and/or drug dependence. Certain categories of prisoners are prohibited from being transferred without an escort or from being temporarily outside prison with authorization. This includes prisoners sentenced to compulsory treatment of alcohol and drug dependence, tuberculosis, venereal disease and HIV-infection. In addition, these same categories of prisoners are not allowed to take short-term leave from prison in emergency personal circumstances.[29] Such restrictions are also contrary to international best practice: for example, the *International Guidelines* recommend that States should not deny access to privileges and release programmes to prisoners based on HIV status.

Rights of sex workers

28. Sex work *per se* is not prohibited in Kyrgyzstan, but police abuse and harassment of sex workers remain a serious concern.[30] It is common for police to arrest and charge sex workers for such things as "debauchery", violation of public order, disobeying police officers or the absence of identification documents. There is evidence of forced testing for sexually transmitted infections (STIs), which could then lead to administrative charges for avoiding STI treatment.[31] Harassment of sex workers contributes to their further stigmatization and marginalization, putting them at greater risk of human rights abuses and exacerbating vulnerability to HIV. It is recommended that the Government, in collaboration with NGOs, conduct educational sessions with law enforcement personnel aimed at ceasing this practice. The Government must also ensure effective measures to impose discipline in cases of such abuse.

Rights of lesbian, gay, bisexual and transgender people (LGBT)

29. Discrimination based on sexual orientation or gender identity is pervasive and perpetrated with impunity. According to a recent report, 78% of men who have sex with men (MSM) interviewed by a Kyrgyz LGBT organisation said they had suffered persecution based on their sexual orientation: of these, 44% had been verbally insulted and 30% had suffered other types of discrimination, such as refusal of services in shops and restaurants, while 16% reported suffering physical violence because of their sexual orientation. Another 14% percent reported being the victims of forced sex, and 10% said they had suffered some type of sexual violence. Distrust of police and judicial authorities leads to the underreporting of criminal acts: only 12% of MSM who had experienced persecution indicated they had informed anyone about these incidents. LGBT people report both direct and indirect discrimination in their interactions with health care professionals in Kyrgyzstan; this includes not only intolerant and stigmatizing behaviour, but also denial of medical care, particularly experienced by transgender people.[32]

30. According to Human Rights Watch, lesbians and other women have sex with women (WSW), as well as transgender men, face even more harassment, are subjected to violence, rape, psychological abuse, and confinement and stigmatisation. They are singled out because of their sexual orientation or gender identity. There are cases of stranger violence on the streets, family and police abuse, and refusal to protect by the government.[33] In a survey conducted by the Kyrgyz non-governmental organisation Labrys, 23% of respondents have experienced sexual assault during their lives. There are reports of psychological abuse, forced marriage, punitive and "curative" rape (aimed at supposedly "curing" the victim of a "deviant" sexual orientation or gender identity), harassment by government bodies and police misconduct and violence (including rape by off-duty officers). The shortage of shelters in Kyrgyzstan for women facing violence hurts lesbians and bisexual women as it hurts all victims. We reiterate recommendations made previously by Human Rights Watch regarding the need to educate law enforcement and the judiciary about LGBT people and respect for their human rights. The Ministry of Health should work with other agencies to ensure the training of health care providers, social workers, educators, and medical students about sexual orientation and gender identity. There is also a need to improve direct services (including crisis centres) for lesbians and transgender men.

Rights of women

31. In 2008, the Committee on the Elimination of Discrimination against Women (CEDAW) expressed concerns regarding the health situation of women in general and in particular the

inequalities in access between the urban and rural areas. The requirement that individuals contribute to health cost may disproportionately disadvantage women. The Committee noted the increased rates of maternal and infant mortality, the persistent high number of abortions (including among those under 18) and the large incidence of tuberculosis and sexually transmitted diseases among women.[34] Kyrgyzstan should act upon CEDAW's recommendations to ensure accessible, affordable, and adequate health care to all parts of the population and to rural women in particular.

32. Domestic violence is a problem for many women, but goes under-reported because of both a culture of silence and the failure of officials and society alike to acknowledge its gravity.[35] In 2003, the government adopted a *Law "On Social-Legal Protection from Domestic Violence"*[36], but it has not been accompanied by adequate concrete measures to ensure it is effectively implemented. Among the problems are: the absence of national mechanisms to ensure follow-up; insufficient resources allocated for implementation; insufficient and inconsistent statistics; poor knowledge and training of law enforcement bodies on domestic violence; and the frequent failure to enforce protective orders. As a result, women are often not protected from domestic violence and bride-kidnapping; each year, thousands of women continue to be locked in their homes and isolated, humiliated, physically and sexually assaulted, and sometimes killed. The Government must strengthen investigations of abductions and domestic violence cases, enforce existing criminal laws against assault and abduction, educate the public, and improve direct services for women (including shelters).

Rights of persons with disabilities

33. We urge Kyrgyzstan to ratify the *Convention on the Rights of Persons with Disabilities* and its *Optional Protocol* at the earliest opportunity, to include HIV and drug dependence as conditions recognized as disabilities under domestic law, and to ensure that people with these conditions receive protection from discrimination on the basis of their health status.

Impact assessment and evaluation

34. The government of Kyrgyzstan is recommended to conduct assessment of its initiatives in light of achieving targets and goals, and evaluate the impact of these initiatives on public health (including HIV prevention and care) and human rights. The assessment should be transparent and conducted with participation of civil society representatives.

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[1] UNODC (Regional Office for Central Asia), *Compendium of Drug-related Statistics 1997-2008* (June 2008), p. 32

[2] Kyrgyzstan: Country Progress Report on the implementation of the Declaration of Commitment on HIV/AIDS (June 2008) Online: www.unaids.org/en/CountryResponses/Countries/kyrgyzstan.asp.

[3] Information received during the project "*Effective HIV/AIDS prevention and care for vulnerable populations in Central Asia and Azerbaijan (2006-2010*)", UNODC, Regional Office for Central Asia.

[4] Kyrgyzstan: Country Progress Report.

[5] *Law "On medical insurance of citizens in the Kyrgyz Republic"*, Law No. 112 (18 October 1999); Statute on the Policy of Obligatory Medical Insurance, Ministry of Health, Order No. 196 (15 June 2000); Statute on the policy of obligatory medical insurance for the citizens the Kyrgyz Republic who make payments to the obligatory medical insurance, Government of the Kyrgyz Republic, Order No. 675 (31 October 2001).

[6] UN Committee on Economic, Social, and Cultural Rights, *General Comment 14: The right to the highest attainable standard of health*, UN Doc E/C.12/2000/4 (2000).

[7] L. Utyasheva, "Central Asia: Several HIV outbreaks linked to transfusion of tainted blood and poor sanitary conditions in hospitals, *HIV/AIDS Policy and Law Review* 2007; 12(2/3), p. 57, online via www.aidslaw.ca/review.

[8] Kyrgyzstan: National Progress Report.
[9] European AIDS Treatment Group, East European and Central Asian Union of PLWH Organisations & Eurasian Harm Reduction Network, *Access to ARV treatment in seven countries of the former Soviet Union in 2007* (2007).
[10] J. Hoover, *Shining a Light on Hidden Epidemic: Why and How Civil Society Advocates Can Support the expansion of Hepatitis C Treatment* (Access to Essential Medicines Initiative, Open Society Institute/Public Health Program, August 2009).
[11] Law "On health protection in the Kyrgyz Republic", Law No. 6 (9 January 2005), Article 72.
[12] Ibid, Article 91.
[13] Law "*On HIV/AIDS in the Kyrgyz Republic"* [О ВИЧ/СПИДе в Кыргызской Республике], Law No. 149 (13 August 2005), Article 8.
[14] "List of workers of manufactures, works, trades and posts which are subject to obligatory physical examination", approved by Government Resolution No. 296, Government Resolution No. 296 (25 April 2006).
[15] "List of workers of manufactures, works, trades and posts which are subject to obligatory physical examination", approved by Government Resolution No. 296, Government Resolution No. 296 (25 April 2006).
[16] Law "On amending the Criminal Code of the Kyrgyz Republic", Law No. 91 (25 June 2007).
[17] *Code of the Kyrgyz Republic on Administrative Responsibility*, Law No. 114 (4 August 1998).
[18] *Criminal Code of the Kyrgyz Republic*, Law No. 68 (1 October 1997), Article 246.
[19] *"On narcotic drugs, psychotropic substances and precursor*s", Law No. 66 (22 May 1998), and by Government Regulation "On the procedure of physical examination to determine intoxication or the fact of using psychoactive substances in the Kyrgyz Republic", Regulation No. 137 (2 May 2001); Regulation "On the conduct of the expert judicial narcological assessment in the Kyrgyz Republic", Regulation No. 137 (2 May 2001).
[20] *Law "On narcotic drugs, psychotropic substances and precursors*", Law No. 66 (22 May 1998), Article 36(3).
[21] *Law "On health protection in the Kyrgyz Republic*", Article 91.
[22] Regulation "On rules and procedure for registration and account of narcological disorder in the official bodies of public health services of the Kyrgyz Republic", No. 16 (21 January 2002); "Instruction on the order for the preventive medical examination in educational institutions of the Kyrgyz Republic to detect minors consuming narcotic and psychotropic substances", No. 468/662/1 (15 November 2002); "Regulation for examinations, issuance to citizens of driver's licenses and the admission of drivers to driving vehicles", No. 420 (4 August 1999).
[23] *Family Code of the Kyrgyz Republic*, Law No. 201 (30 August 2003), Article 147.
[24] Information received during the project "*Effective HIV/AIDS prevention and care for vulnerable populations in Central Asia and Azerbaijan (2006-2010*)", UNODC, Regional Office for Central Asia.
[25] Kyrgyzstan: National Progress Report.
[26] Ministry of Justice of the Kyrgyz Republic, OSCE Centre in Bishkek, OSCE Office for Democratic Institutions and Human Rights & Penal Reform International, E*valuation of the State of the Penitentiary System of the Kyrgyz Republic* (Bishkek, 2006).
[27] Ibid.
[28] Ibid.
[29] *Penal Code of Kyrgyz Republic,* (11 November 1999, last amended by Law No. 91, 25 June 2007) Article 69(3).
[30] Committee on the Elimination of Discrimination against Women, Concluding observations of the Committee on the Elimination of Discrimination against Women: Kyrgyzstan, 7 November 2008.
[31] Information received during the project "*Effective HIV/AIDS prevention and care for vulnerable populations in Central Asia and Azerbaijan (2006-2010*)", UNODC, Regional Office for Central Asia.
[32] Open Society Institute (Public Health Program), *Access to health care for LGBT people in Kyrgyzstan*, A Sexual Health and Rights Project/Soros Foundation, July 2007.
[33] Human Rights Watch, These Everyday Humiliations: Violence against Lesbians, Bisexual Women, and Transgender Men in Kyrgyzstan, October 2008.
[34] Committee on the Elimination of Discrimination against Women, *Concluding observations of the Committee on the Elimination of Discrimination against Women: Kyrgyzstan*, 7 November 2008.
[35] Human Rights Watch, *Reconciled to Violence: State Failure to Stop Domestic Abuse and Abduction of Women in Kyrgyzstan*, September 2006, Vol. 18, No. 9 (D).
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