

DRUG POLICY AND HEALTH IN UZBEKISTAN

A Profile Prepared by the Drug Law and Health Policy Resource Network

*Revised
12 February 2002*

Policy Indicators

**HIV EPIDEMIC STATUS:
MAIN TRANSMISSION MODE:
DRUG POLICY CONDITIONS:
LAW ENFORCEMENT PRACTICES:
INTERVENTION LEVEL:**

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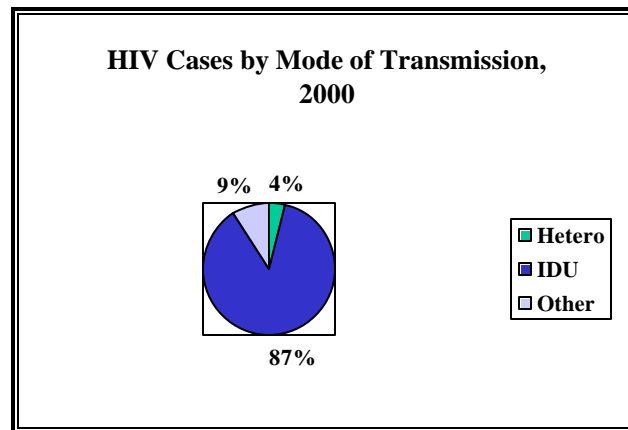
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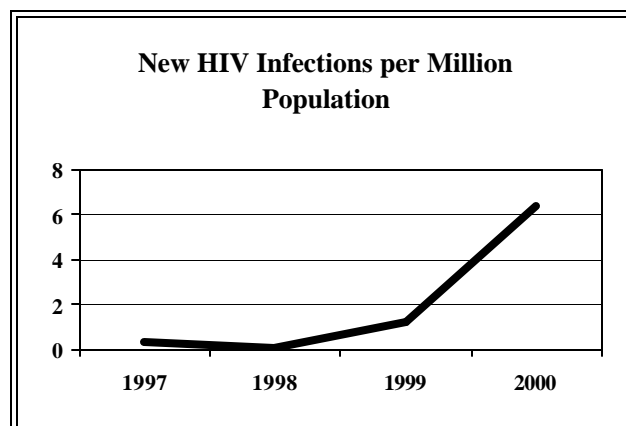
Summary

I. HIV/AIDS

Although data are incomplete, Uzbekistan is apparently experiencing a dramatic but locally concentrated increase in HIV cases. The epicenters of the epidemic are the capital city of Tashkent and the city of Yangiyol. The actual number of HIV cases reported in Uzbekistan is small. However, experts fear that those numbers will increase. Uzbekistan sits on major drug trafficking route, placing it at risk of a growing IDU population. Also, the annual rate of newly diagnosed HIV infections increased from 0.1 per million population in 1998 to 6.4 per 1 per million in 2000, a 5.5 fold increase over 1999. UNAIDS personnel have estimated an 80% HIV prevalence rate among injection drug users. (6)(17)

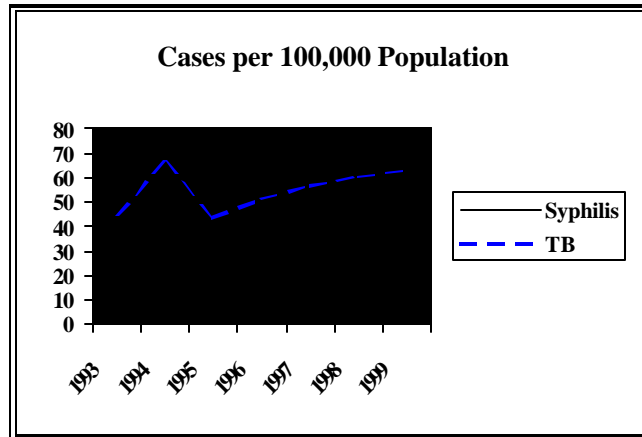


Source: (11)



Source: (11)

II. OTHER INFECTIOUS DISEASES



Sources: (12) (13)

III. INJECTION DRUG USE

Drug Use. Drug use and addiction are increasing, thanks to increased opium production in Afghanistan. During 2000, new epidemics in drug injectors emerged in Uzbekistan. Most experts say there are about 20,000 drug-dependent people in Uzbekistan. (3) However, some sources place that number as high as 44,000. (23)

Risk Behavior. There are particularly problems in the prison and sex worker population. Drugs are available in prison and reuse of contaminated injection equipment is common. (13)

IV. LAW AND LAW ENFORCEMENT PRACTICES

Law Enforcement in Uzbekistan considers the drug trade to be a top concern. However, they place their focus on stopping drug trafficking rather than on helping those addicted to drugs. There are harsh penalties for dealing drugs, such as the possibility of receiving the death penalty. Human Rights Groups report that law enforcement in Uzbekistan often plants drugs on people of certain ethnic and religious groups. Authorities often force people to pay bribes under the pretext of policing narcotics. The United Nation's Office of Drug Control and Crime Prevention sponsors Uzbekistan's main narcotics control program. It focuses on the development of a fungus capable of destroying the opium crop at its root. (7) (17) (24)

Law on the Books

No law prohibits syringe purchase or possession, or the operation of syringe exchange programs.

A new law took effect on January 1, 2002. It sets a framework for regulating production, use and transport of narcotics. Critics say the law lacks details. Registered addicts are subject to compulsory treatment.

The accused has a right to counsel. They may hire counsel or use one appointed to them. They have the right to attend proceedings, confront witnesses and present evidence. There is no bail. If the accused is deemed not to be violent they are released, but must sign a pledge not to leave the city. Search warrants are required.

Actual practice

Possession of a syringe exposes an IDU to potential police intervention by indicating drug possession. This practice is likely to discourage drug users from carrying or possessing sterile injection equipment. Anti-drug efforts are believed to target particular ethnic and religious groups. Also, many officials force people to pay enormous bribes, under the pretext of stopping narcotics trafficking.

Many defense lawyers are not skilled. Also, courts do not often allow all defense witnesses to be heard. In some political cases, the defendants have not had counsel.

V. PUBLIC HEALTH INTERVENTIONS

The government of Uzbekistan has recognized that narcotics are important security concern. However, the government's efforts are focused on stopping the narcotics trade, not on harm reduction. The Ministry of Health has set up seven substance abuse rehabilitation clinics in the country. Also, the Open Society Institute funds one harm reduction program, The Tashkent City Women's and Children's Center, which works primarily with commercial sex users. It works to reduce drug use among this group. It also distributes condoms and is setting up a hotline. (22) (23)

Drug Treatment. Registered addicts are subject to compulsory treatment. Syringe exchange programs are not illegal. However, possession of syringes may expose a person to the police by indicating drug possession. We were unable to determine the legality of opium substitution therapy. (6) (7)

VI. ECONOMIC AND SOCIAL INDICATORS

The Transparency Corruption Perceptions Index (CPI) ranks countries in terms of the degree to which corruption is perceived to exist among public officials and politicians. In 2001, Uzbekistan was ranked 71 of 91 countries, with a score of 2.7 of a possible 10.

The Human Development Index value is a composite index measuring average achievement in three basic dimensions of human development—a long and healthy life, knowledge and a decent standard of living. In 1999, Uzbekistan ranked 99 of the 174 countries measured.

The GINI index measures the extent to which the distribution of income (or in some cases consumption expenditures) among individuals or households within an economy deviates from a perfectly equal distribution. The GINI index of zero equals perfect equality, while an index of 100 implies perfect inequality. The GINI index for the most recent reported year for Uzbekistan was 33.3 in 1996.

Unemployment refers to the share of the labor force without work but available for and seeking employment. Definitions of labor force and unemployment differ by country. Uzbekistan's unemployment rate saw a sharp rise from 1995 at 0.4% to 5% in 1998.

The Gross Domestic Product (GDP) is the total of all economic activity in one country, regardless of who owns the productive assets. There has been a precipitous decline in GDP in Uzbekistan during the past decade. In 1990, the GDP was \$40,304 Million (US) and in 1999 it declined to \$15,842. The average annual growth of the economy from 1990 to 1999 was -3.1%.

DRUG POLICY AND HEALTH IN UZBEKISTAN

A Profile Prepared by the Drug Law and Health Policy Resource Network

Full Report

I. INTRODUCTION

The Drug Law and Health Policy Resource Network is an international research collaboration designed to improve data collection and policy analysis on drug policy and health in the countries of Eastern Europe and the Former Soviet Union. The information in this report was gathered by staff at Temple University's Beasley School of Law and the University of Connecticut Health Sciences Center. It will be augmented by further research in 2002 by network collaborators in the study region.

This Report presents available information in six domains: HIV/AIDS, other infectious diseases, injection drug use, law and law enforcement practices, public health interventions, and economic and social indicators. It concludes that Uzbekistan is in the early stages of a serious HIV epidemic driven by injection drug use. With sufficient external support and dramatic internal changes in drug policy and law enforcement practice, a public health effort against HIV and other blood-borne diseases could be successful.

II. HIV/AIDS

Accurate and complete data on HIV in Uzbekistan are not available. The data presented here are from a variety of sources and may not entirely agree. These data generally do not represent HIV incidence, and depend heavily upon patterns of HIV testing and reporting that remain very incomplete in the most severely affected countries. HIV infection is defined as an individual with HIV infection confirmed by a laboratory according to country definitions and requirements. AIDS cases are reported according to a uniform AIDS case definition originally published in 1982 and revised in 1985, 1987 and for adults and adolescents (age >13) in 1993. The 1993 European AIDS surveillance case definition differs from that used in the United States in that it does not include CD4 lymphocyte criteria.

Overall Data. The annual rate of newly diagnosed HIV infections increased from 0.1 per million population in 1998 to 6.4 per 1 per million in 2000, a 5.5 fold increase over 1999. (1) There is an estimated prevalence of < 100 cases in the adult population (age 15-49) and < 100 among children. **(11) (13)**

Data from The European Center for the Epidemiological Monitoring of AIDS (11)

Year	Reported AIDS cases		Reported New HIV infections		Homo/bi Contact #		Injection Drug Use #		Heterosexual Contact #		Perinatal Transmission #	
	#	Rate/ Million	#	Rate/ Million	HIV	AIDS	HIV	AIDS	HIV	AIDS	HIV	AIDS
1993	1	0.0	-	-	-	-	-	-	-	-	-	-
1994	0	0.0	-	-	-	-	-	-	-	-	-	-
1995	0	0.0	-	-	-	-	-	-	-	-	-	-
1996	2	0.1	-	-	0	0	0	0	0	2	0	0
1997	1	0.0	7	0.3	0	1	0	0	3	0	0	0
1998	2	0.1	3	0.1	0	0	1	0	2	2	0	0
1999	1	0.0	28	1.2	1	0	15	1	5	0	0	0
2000	3	0.1	154	6.4	0	0	134	1	6	1	0	0

Additional demographics. The overall population of the country is 24,755,519. The population breaks down among many ethnicities. Uzbeks take up 71%, Russians 8%, Tajiks 5%, Kazakhs 4% and Tartars 3%. Also mixed in are Ukrainians, Armenians, Azerbaijani, Turkmen, Kyrgyzstani, Jews and Germans. The predominant religion is Sunni Muslim. (4) The HIV/AIDS adult (age 15-49) prevalence rate at the end of 1999 was less than .01 per 100,000 population. There were virtually no cases of HIV reported among homosexuals. The rate of AIDS cases diagnosed among IDU's for 2000 per 1 million population was 0.04. The rate of HIV cases diagnosed among IDU's for 1 million population was 6.0. For heterosexuals, the rate of AIDS cases diagnosed for 2000 per 1 million population was 0.04. The number of HIV diagnosed cases for this population was 0.3 (11)

Regional distribution. The majority of HIV/AIDS cases have occurred in the capital city of Tashkent and the city of Yangiyol. According to Intercountry programme advisor for UNAIDS Rudick Adamian, there is an eighty percent prevalence of HIV among injection drug users. (6) Tashkent sits along a major drug trafficking route. The BBC has referred it to as "heroin country". (17)

Risk Behavior. According to International Harm Reduction Development Program (IHRD), ignorance of the risks of HIV and other STIs is relatively high in Uzbekistan. Those at greatest risk—commercial sex workers—are not necessarily better informed than the general public. Many commercial sex workers engage in high-risk behavior, such as drug use and having unprotected sex. (22)

Stigma and Social Attitudes toward HIV/AIDS and Risk Behavior. There appears to be considerable reluctance throughout the society to deal with the threat of HIV. Surveys indicate that few of the estimated 5,000 sex workers in Tashkent have ever had an HIV test even after other STIs have been confirmed. (22) Also, many religious leaders remain sensitive over HIV/AIDS harm reduction projects. Most ordinary citizens share their sentiments. Many media campaigns have met significant resistance from the public, especially those with explicit references to sex. "In most towns of the Ferghana Valley, sensitivity about practices connected with sex is traditionally high," said Yusup

Tavakilov, a journalist based in the Uzbek city of Andijan. "In many families, while watching the TV, if there is a porno scene, or anything that implies sex, they will switch to another channel. Otherwise, it creates embarrassment for family members." (9) It is especially hard to reach the homosexual population. "I constantly am very afraid for my life because my community hates homosexuals, and police persecution is very brutal here," said Tolibjon, a homosexual who lives in Margelan, a small town in the Uzbek sector of the Ferghana Valley. (18) The Feghana Valley stretches across parts of Tajikistan, Kyrgyzstan and Uzbekistan. Uzbekistan controls most of the valley. The valley, especially the Uzbek part, is one of the major centers of Islam in central Asia. So much so that it led the Islamic resistance to Soviet Power. There has been a huge revival of Islamic fundamentalism in this valley. (5)

III. OTHER INFECTIOUS DISEASES

The spread of HIV is related in important ways to the incidence of other infectious diseases. Use of injection drugs and non-sterile injection equipment are risk factors not only for HIV, but also Hepatitis. Incarceration in many countries in this region is a risk factor for tuberculosis. Sexually transmitted diseases may increase the likelihood of HIV transmission during sex.

Summary of Situation. Uzbekistan appears to be in the midst of growing epidemics of TB and syphilis.

Data from (12) (13)

Year	TB		Syphilis (?)	Hepatitis A	Hepatitis B	Hepatitis C
	#	Rate/ 100,000	Rate/ 100,000	#	#	#
1993	9774	44.7	8	-	-	-
1994	14,890	66.7	12	-	-	-
1995	9866	43.3	25	-	-	-
1996	11,919	51.4	23	-	-	-
1997	13,352	56.4	44	-	-	-
1998	14,558	60.4	-	49,345	-	135
1999	15,080	63	-	-	-	-
2000	-	-	-	-	-	-

IV. INJECTION DRUG USE

This section reports available information about drug use levels, trends and risk behaviors, as well as social attitudes about drug use and information about the problem of drug overdose. Drug treatment and other interventions to reduce the morbidity and mortality of drug use are discussed in section V, below. Data about drug use come primarily from unofficial sources, including more or less rigorous rapid assessments, consultant reports and the news media.

Summary of Situation. Drug abuse and addiction is increasing. There is a dramatic increase in the use of heroin, opium and hashish. Explosive growth of heroin and opium production in Afghanistan has led to a dramatic increase in the amount of heroin and opium available in the country. (6) Most experts say there are approximately 20,000 people addicted to drugs in Uzbekistan. In 1998 the government, with UNDCP assistance, commissioned a study to get a more precise picture of demand in the country. Despite awareness of the problem, however, the government has instituted no demand reduction programs. The 15,000 registered addicts are, however, subject to compulsory treatment. (7) Some experts believe that the actual number of addicts could be 44,000. (23)

Drug Traffic. Effective government eradication programs have eliminated nearly all illicit production of opium poppies in Uzbekistan. However, the amount of drugs crossing Uzbekistan is growing, because of its location on a major drug route and because Uzbekistan's roads and air service are in relatively good shape. Opium and cannabis products originating in southwest Asia and bound for Russia and Europe take several routes across Uzbek territory. The only Afghan-Uzbek border crossing is closed, so most drugs come into Uzbekistan via Tajikistan. One major route--via the Gorno-Badakshan region of Tajikistan, through Osh in Kyrgyzstan, and into Uzbekistan's Ferghana Valley—has been seeing less traffic. Instead, smugglers are crossing the Tajik-Uzbek border near Khojand into the Syrdarya Oblast, and further south into the Surkhandarya Oblast. Drug smugglers are regularly caught on the Dushanbe-Moscow train. Some cannabis and opium poppies are cultivated in the mountainous areas of Uzbekistan, particularly in the regions of Samarkand and Syrhandarya. However, the amount growing there has been decreasing, due to Uzbek eradication efforts. (7)

V. LAWS AND LAW ENFORCEMENT PRACTICES

A. Drug Use Related - Law

This section describes what is known about both the drug-related laws on the books and the way these laws are enforced. The section covers syringe access, drug possession, drug treatment, drug trafficking, and the handling of drug arrestees and prisoners within the criminal justice system. It also lists the international drug-related instruments to which the country is a signatory.

Syringe Access/Needle Exchange – Law. No law prohibits syringe purchase or possession, or the operation of syringe exchange programs. (6)

Syringe Access/ Needle Exchange – Practices. Possession of a syringe exposes an IDU to potential police intervention by indicating drug possession. This practice is likely to discourage drug users from carrying or possessing sterile injection equipment. (6)

Drug Possession – Law. According to the U.S. State Department, Uzbekistan has enacted a new comprehensive drug control law:

The law sets out a legal framework for the regulation of production, use and transport of narcotics and precursors. Licensing is now required for all legitimate activities, including medical use, of these substances. In addition, import and export activities require explicit permission of the State Commission on Drug Control. The law also contains a section on combating illegal trafficking in narcotics, directing the State Commission on Drug Control to coordinate counternarcotics efforts and authorizing law enforcement agencies to take such measures as conducting searches, confiscating contraband and compelling blood testing for suspected criminal drug use. The law's final section guarantees medical treatment for addicts. Although the law's scope is comprehensive, it is not detailed. Officials are currently drafting the regulations necessary to implement the law. (7)

Drug Possession – Practices. As reported by Eurasianet, Anti-drug efforts are believed by human rights groups to target particular ethnic and religious groups. Also, many officials force people to pay enormous bribes, under the pretext of stopping narcotics trafficking. As a rice trader from Batken put it, "The Uzbek police start searching us... They say they are looking for drugs... I know several Kyrgyz businessmen who have been relieved of their goods as well as large sums of money. Of course they didn't try to complain because everyone knows that if you end up in an Uzbek prison, you'll probably never get out." Uzbekistan's main counter-narcotic efforts centers around destroying the illicit crop cultivation. The efforts are sponsored by the UN's Office of Drug Control and Crime Prevention (UN ODCCP). The UN ODCCP is supporting research at Uzbekistan's Institute of Genetics on the development of a fungus capable of destroying the opium crop at its root. The fungus was first discovered at a former Soviet biological warfare plant in Uzbekistan, originally designed to destroy NATO's food supplies. (7) (17)

Compulsory Treatment Practices. Registered addicts are subject to compulsory treatment. (7)

Drug Trafficking – Practices. Criminal penalties for dealing drugs are quite severe. In 1995, a new criminal code was implemented. It includes the possibility of the death penalty for drug dealers and tougher penalties for drug-related crimes all around. (23)

Drug Treatment – Regulation. The legality of opium substitution therapy, such as methadone and Buprenorphine, is unknown.

Criminal Justice System – Law. Uzbekistan uses the Soviet judicial system. This involves a trial by a panel of three judges. One of the judges is a professional judge and the other two are chosen by the workers' collectives to serve for 2 ½ years. The

accused has a right to counsel. They may hire counsel or use one appointed to them. Those accused have the right to attend proceedings, confront witnesses and present evidence. There is no bail. If the accused is deemed not to be violent they are released, but must sign a pledge not to leave the city. Search warrants are required. (16)

Criminal Justice System – Practices. In practice many defense lawyers are not skilled. Also, courts do not often allow all defense witnesses to be heard. In some political cases, the defendants have not had counsel. Written documents such as confessions are given more weight than witnesses. There is not judicial review of search warrants issued by a procurator. There are not warrants for phone tapping, so security agencies often use phone and wire-tapping. The death penalty is subject to much criticism, partly because its implementation is secret. Uzbekistan refuses to release statistics on the death penalty. (16) Drugs are available in prison and needle and syringe sharing tends to be common. Clean needles, syringes and disinfectants are rarely available. However, known HIV-infected prisoners are isolated from other inmates. (13) Prisons are overcrowded. The 73 penal institutions are designed to hold between 1,500 and 2,000 prisoners, but currently hold about 4,000. According to Human Rights Society of Uzbekistan, several concentration camps have been built to hold those sentenced for religious activities. One such facility, near Zhaslyk holds 15,000. This group says the official “prison” population is somewhere around 63,000. (19)

International Drug Conventions or agreements to which Uzbekistan is a signatory

- ? 1988 UN Drug Convention
- ? Commonwealth of Independent States Multilateral Extradition and Mutual Legal Assistance Agreements
- ? UN Six Plus Two Counternarcotics Initiative Regional Action Plan
- ? UN Convention Against Transnational Organized Crime (December 2000) (7)

B. Public Health and Human Rights Law

This section describes what is known about public health and human rights law on the books, as well as the way these laws are enforced. The section covers the right to health care and HIV treatment, HIV testing provisions and anti-discrimination provisions. It also lists the international human rights instruments to which the country is a signatory.

Right to Health Care/HIV Treatment – Law. People with HIV have a right to treatment and social assistance. They are given free travel to the place of treatment and free medicines. (20)

[Right to health care generally/ Right to HIV Treatment –practice]

[Reportability of HIV, AIDS, HCV, HBV – law and practice]

HIV Testing Provisions – Law and Practice. Anyone arrested or under criminal investigation is tested for HIV. Prison inmates are tested regularly. Prisoners with HIV are reportedly segregated. **(13)**

Anti-Discrimination – Law and Practices. People with HIV may not be fired from work or have restrictions placed on their job or their schooling. Anyone who does not respect the rights of those with HIV is subject to liability. **(20)**

Privacy generally and HIV in particular –law. Under a 1991 law, medical workers may face criminal charges if they violate medical confidentiality. **(20)**

[Privacy generally and HIV in particular -practice]

Criminal Penalties for Exposing/Transmitting HIV Law and Practices. A person is held criminally liable for infecting another person if they are aware of the possibility that they may pass this condition. **(20)**

[Criminalization of prostitution –law and practice]

[Criminalization of homosexuality –law and practice]

International human right conventions to which Uzbekistan is a signatory:

- ? International Covenant on Economic, Social & Cultural (ICESCR) – **signed September 28, 1995**
- ? International Covenant on Civil & Political Rights (ICCPR) – **signed September 28, 1995**
- ? International Covenant on Civil & Political Rights, Optional protocol (ICCPR-OP1) – **signed September 28, 1995**
- ? Convention on the Elimination of Discrimination Against Women (CEDAW) – **signed July 19, 1995**
- ? Convention Against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (CAT) – **signed August 26, 1998**
- ? Convention on the Rights of the Child (CRC) – **signed August 12, 1994**
- ? International Convention on the Elimination of all Forms of Racial Discrimination (CERD) – **signed August 26, 1998** (2)

V. PUBLIC HEALTH INTERVENTIONS

This section provides information on interventions to reduce HIV transmission and other health problems among drug users, the availability of drug treatment, and HIV prevention programs.

A. Interventions to Reduce Disease and Other Injuries Associated With Drug Use

Summary of Government Position and Activities. Uzbekistan considers the trafficking of narcotics to be an important security concern. (23) Uzbek authorities have mainly focused on stopping the narcotic trade rather than on harm reduction. Many Uzbeks don't trust the government's operations aimed against narcotics. (7) (17)

IHRD supports one harm reduction program, the Tashkent City Women's and Children's Center (SABO). The project is increasing AIDS education efforts, in particular among sex workers who use drugs, with the help of new volunteers and specialized prevention information. It is setting up a hotline and new condom-distribution centers throughout the city." (22)

B. Drug Treatment Programs/Availability

The Ministry of Health has recognized that Uzbekistan has a serious drug problem. There are seven substance abuse rehabilitation clinics in Uzbekistan. They treat both drug and alcohol abuse. (23)

Substitution Therapies. Substitution therapies are generally not available.

C. Public Health Measures to Prevent HIV and other Significant Diseases

Government Efforts/Attitudes. In Uzbekistan, IDU was linked to 80 percent of new HIV cases. Awareness and prevention programs, if implemented quickly, could significantly reduce the chances of an AIDS epidemic in the region, experts say. But the implementation of effective awareness and prevention programs is hampered by a severe lack of government resources. Also, many religious leaders remain sensitive over HIV/AIDS harm reduction projects. Most ordinary citizens share their sentiments. Many media campaigns have met significant resistance from the public, especially those with explicit references to sex. (9)

Programmatic Details. As of December 31, 2000, the rate of testing per 1,000 population was 12.2. The total number of HIV tests performed, excluding unlinked anonymous testing and testing of blood donations, was:

1996: **733,812**

1997: **598,258**
1998: **408,100**
1999: **315,287**
2000: **296,385**

Rate of testing/1000 population: 12.2 (11)

VI. SOCIOPOLITICAL ENVIRONMENT

A variety of data and data indices are commonly used to characterize social, political and economic factors in a country. The following are several of these for Uzbekistan.

Perceived corruption in government is measured by the Transparency Corruption Perceptions Index (CPI) ranked countries in terms of the degree to which corruption is perceived to exist among public officials and politicians. The most recent measure was in 2001.

? Country Rank: **71 of 91 Countries**
? 2001 CPI Score: **2.7 of a possible 10**
? Surveys Used: **3**
? Standard Deviation: **1.1**
? High-Low Range: **2.0- 4.0**
(14)

The GINI index measures the extent to which the distribution of income (or in some cases consumption expenditures) among individuals or households within an economy deviates from a perfectly equal distribution. A Lorenz curve plots the cumulative percentages of total income received against the cumulative number of recipients, starting with the poorest individual or household. The GINI index measures the area between the Lorenz curve and the hypothetical line of absolute equality, expressed as a percentage of the maximum area under the line. This the GINI index of zero equals perfect equality, while an index of 100 implies perfect inequality

? GINI Index, 1996: **33.3** (21)

The Human Development Index is a composite index measuring average achievement in three basic dimensions of human development—a long and healthy life, knowledge and a decent standard of living.

? Human Development Index Rank (HDI) in 1999 – **99/174** (8)

Unemployment rates refer to the share of the labor force without work but available for and seeking employment. Definitions of labor force and unemployment differ by country.

- ? Unemployment rate (1995) - **0.4%** (1)
- ? Unemployment rate (1998) - 5%, plus another 10% underemployed (8)

Standard & Poor's Insurer Financial Enhancement Rating is a current opinion of the creditworthiness of an insurer with respect to insurance policies or other financial obligations that are predominantly used as credit enhancement and/or financial guarantees. The ratings range from 'CC' which is defined as "currently highly-vulnerable" to a rating of 'AAA' which is defined as "extremely strong" capacity to meet its financial commitments.

(This information is currently unavailable)

The Social Indicators of Poverty represents the health status of individuals in different socioeconomic groups within countries for the last survey year (1996).

- ? Infant Mortality Rate:
 - Poorest Quintile: **50/ per 1,000 live births**
 - Richest Quintile: **47/ per 1,000 live births**
- ? Child Immunization Rate:
 - Poorest Quintile: **83% of children 12-23 mo.**
 - Richest Quintile: **77% of children 12-23 mo.**
- ? Prevalence of Child Malnutrition:
 - Poorest Quintile: **25% of children under 5**
 - Richest Quintile: **12% of children under 5**
- ? Low Mother's Body Mass Index:
 - Poorest Quintile: **11.4% of women**
 - Richest Quintile: **5.7% of women**
- ? Total Fertility Rate:
 - Poorest Quintile: **4.4 births per women**
 - Richest Quintile: **2.1 births per woman**

(15)

The National Poverty Line is the measurement of the percentage of the population below the defined income level of poverty. This information is currently unavailable.

- ? Population Below the Poverty Line, (BPL), 1996: **This information is currently unavailable.**

The Gross Domestic Product (GDP) is the total of all economic activity in one country, regardless of who owns the productive assets. The GDP per capita is the total output divided by the population. This value is then adjusted to convert to a common

currency, which adjusts for national variations in the process paid for goods and services. There has been a precipitous decline in GDP in Uzbekistan during the last decade with an average annual growth rate in the economy of -3.1%.

Gross Domestic Product per Capita (PPP US\$): Kazakhstan **\$ 2,251** (1999)] **(21)**

Gross Domestic Product - Average Annual Growth:

1975-1990: **-.30%**

1990-1999: **-3.1%**

Gross Domestic Product in \$ USD Millions:

1990: **40,304**

1999: **15,842**

(21)

VII. RESOURCES

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