

# HIV/AIDS

## Global Fund grants in Tajikistan

### Situation analysis

Tajikistan is at the earliest stages of an HIV/AIDS epidemic.

As of 1 January 2007, 710 cases of HIV infection have been official reported in the country. Nevertheless, there is cause for serious concern. UNAIDS experts estimate that (taking into account the factors conducive to the spread of HIV infection an increasing number of injecting drug users, sex workers, unemployment, poverty and migration), the real number of HIV-infected people in the country is 10000 by end 2005. Despite gaps in data, available evidence indicates that HIV is spreading rapidly. For instance, 393 new HIV positive cases were registered during 2005-2006 only. It is driven largely by the dramatic increase of intravenous drug users (IDUs) in Central Asia, which is a nexus for the transit of heroin. IDUs account for 70 percent of new HIV infections. More than two third of the HIV cases are less than 29 years old.

In 2005, Tajikistan conducted the first sentinel surveillance in two cities (Dushanbe and Khudjand). The surveillance included five vulnerable group categories: IDUs, sex workers, labour migrants, pregnant, and prisoners. The highest rates of HIV infection were registered among IDUs and prisoners - 16% and 6 % respectively.<sup>1</sup>

Another concern is a dramatic increase in the number of SWs in the country. According to the UNAIDS survey in 2003 the approximate number of SWs in the country was 8,000. The sentinel surveillance data

showed a 0.7% HIV infection rate and a 20% of syphilis<sup>2</sup>. Only half of the sex workers reported that they use condoms.

Among other factors inductive the spread of the epidemic is a huge seasonal labor migration to Russia and other CIS countries with high HIV/AIDS and STIs infection rate. According to the latest estimates, about 450 to 600 thousand labor migrants, predominantly young men (18-49 years old), leave the country annually for seasonal work. There is a high incidence of unprotected sexual contacts among this group, and as a consequence, a high risk for HIV infection. This means that the spouses of labor migrants are also at a high risk. The 2005 sentinel surveillance data showed a 2.2 % HIV infection rate among the labour migrants.

There is also alarming evidence that HIV is spreading among the general population. For example, 0.5% of the pregnant women living in Dushanbe and Khudjand are found to be HIV positive. Compared with the sentinel surveillance data in other Central Asian countries, Tajikistan has a higher HIV infection rate among pregnant women.

In general, there is still insufficient reliable data available on the knowl-



National Forum devoted to World AIDS day

edge, attitudes and behavior of the general population and vulnerable groups. However, from the few studies available, there is still a low-level of HIV/AIDS awareness among these groups. For instance, there are many misconceptions on the transmission routes of the HIV virus leading often to a strong stigmatization and discrimination towards PLWHA. Moreover, due to inadequate knowledge, health care professionals often do not feel at ease to provide care and support to PLWHA.

Evidently, there is a need to continue strengthening a well-coordinated and pro-active HIV/AIDS programme in Tajikistan. The grants of the GFATM are now playing a considerable role in leading the prevention efforts among IDUs, SWs, young people, street children, general population and the health professionals.

<sup>1</sup> National AIDS centre, Tajikistan PPT presentation 2006

<sup>2</sup> Sentinel Surveillance report, 2005 Tajikistan

# UNDP Tajikistan is a Principal Recipient of the GFATM grants

In 2002, Tajikistan was awarded a three-year US\$ 2.4 million allocation from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) directed at HIV/AIDS prevention. In addition, in 2004, Tajikistan received a second grant for five-year USD 8.1 million allocation from the GFATM. The grants support the national response to the HIV/AIDS epidemic by providing funds for building a system of blood safety control, improving capacity for testing and monitoring, providing treatment



and care for HIV+ people and expanding preventive programmes among intravenous drug users, commercial sex workers, migrants, street children, youth, prisoners and other vulnerable groups. By decision of the National Coordination Committee of Tajikistan on HIV/AIDS, TB and malaria, the UNDP Country Office was assigned as Principal Recipient for both grants.

## Overview of the GFATM grants in Tajikistan: HIV/AIDS Grants

### Round 1 (completed)

**PURPOSE:** Support to the implementation of the Strategic Plan to Prevent HIV/AIDS Epidemics in Tajikistan

**DURATION:** 25 April 2003 - 25 April 2006

**PROPOSAL AMOUNT:** USD 2,425,245.00

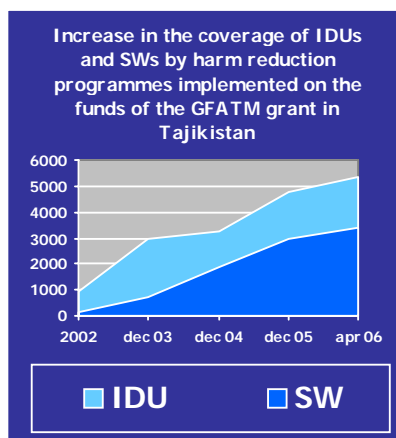
**APPROVED AMOUNT:** USD 2,425,245.00

**BENEFICIARIES:** General population, injecting drug users, commercial sex workers, youth and other groups considered high risk because of unsafe behavior or inappropriate social environment.

**OBJECTIVES:**

- Reduction of risk behavior of vulnerable groups of population in terms of promotion of safe sexual and injecting practices.
- Building capacities of the national laboratory service for diagnostics, blood safety control and HIV surveillance.
- Building capacities to provide stronger leadership of the government on HIV/AIDS prevention, better cross-sectoral coordination, and continued dialogue between the government and NGOs on central and local levels.

### Main accomplishments



#### *HIV/AIDS/STI prevention activities among Injecting Drug Users and Sex Workers*

11 trust points for intravenous drug users (IDUs) and 8 friendly cabinets for sex workers (SWs) and one unique friendly cabinet for men having sex with men (MSM) have been established with the grant funds. In total, 8,773 beneficiaries have been reached by the activities of the harm reduction program. This includes 5,359 IDU's (representing 36% of the estimated total number of IDUs in the country) and 3,414 sex workers

(68% of the total).

The beneficiaries of the program have been provided with sterile syringes and needles, condoms, disinfectants and information materials. Moreover, the programme provided access to consultations with various specialists, voluntary counseling and testing, and STI treatment services. Syringes, needles and condoms have been provided by six organizations implementing harm reduction activities among IDUs and SWs under the auspices of the Open Society Institute (OSI).

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As a result of the conducted activities, the number of IDUs following safe injecting practices has increased from 2 to 40%. Likewise, the number of SWs following safe sexual practices has increased from 5 to 40%.

**Youth Education and Prevention**  
Awareness raising campaigns aimed at improving knowledge of street kids about HIV and STI prevention has been carried out throughout the country together with six local NGOs. More than 6000 street children and out-of-school youth were reached under the both GFATM grants.

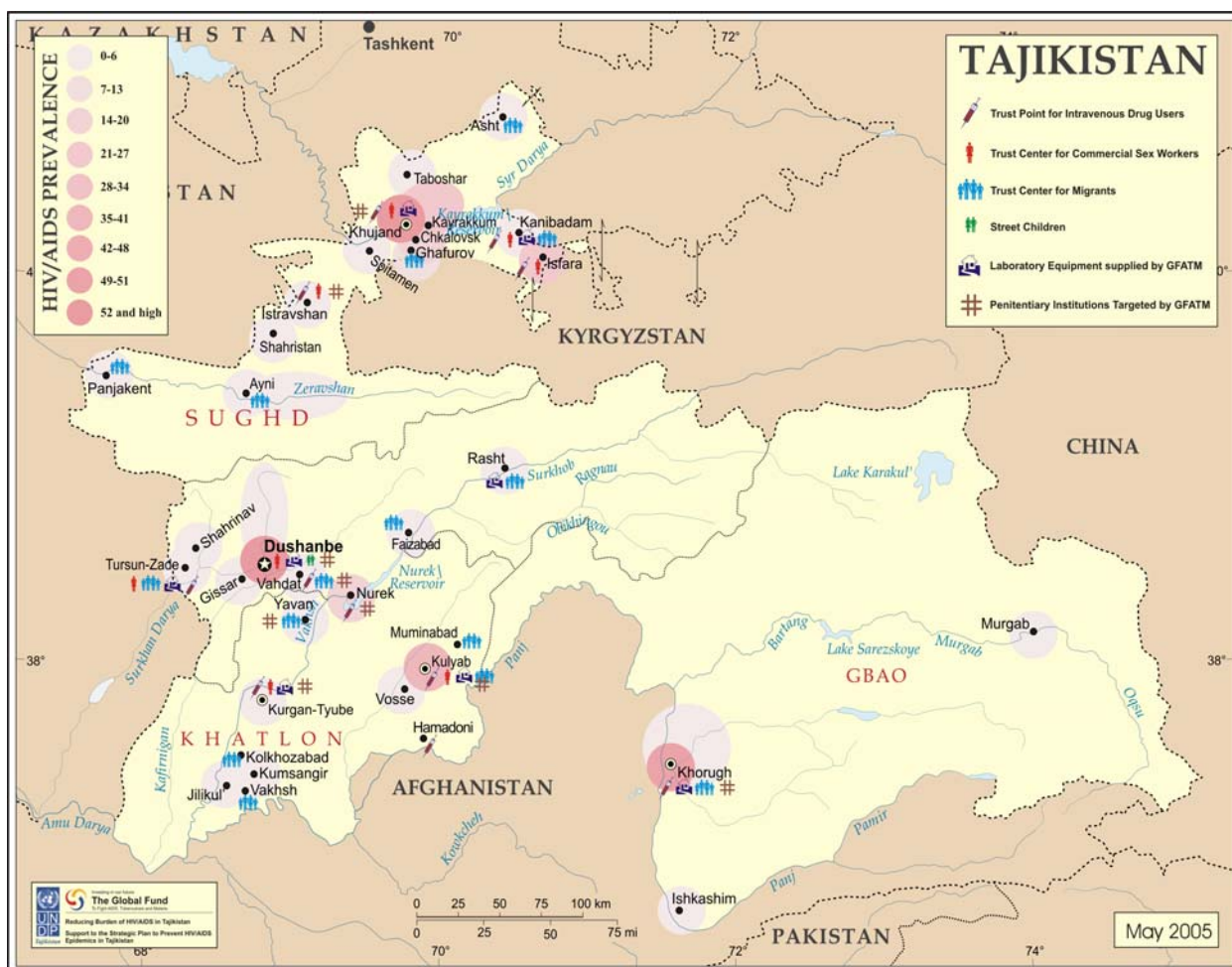
**Access to STI comprehensive case management**

The access of vulnerable groups to STI syndrome treatment and care services has significantly improved. Through the funds of the grant, sufficient quantities of STI medicines was procured, and specialists trained. More than 1,700 IDUs, SWs and MSM have received treatment during three years. In addition, 483 youth living in districts with limited capacities for STI management were provided with required treatment.

**Development of national capacities to improve blood safety surveillance for HIV and diagnosis making**

**veillance for HIV and diagnosis making**

Capacities for HIV diagnostics and blood surveillance in the country have been significantly improved. 13 national laboratories were provided with required equipment for HIV diagnostics. Thereby, the country's needs for testing materials have been met by 100% through the supply of high quality ELISA and Western Blot test systems, as well as rapid tests for HIV diagnostics. More than 177,000 HIV tests have been performed with the procured tests during three years.



## Round 4 (ongoing)

**PURPOSE:** Reducing burden of HIV/AIDS in Tajikistan

**TOTAL PROPOSAL AMOUNT:** USD 8,128,972.00

**PHASE 1 DURATION:** 1 January 2005 - 31 December 2006

**AMOUNT APPROVED FOR PHASE 1:** USD 2,508,720.00

**BENEFICIARIES:** People living with HIV/AIDS, migrants, street children, prisoners, and traditional community based organizations and community leaders.

**OBJECTIVES:**

- Reduction of vulnerability and provision of access to HIV/AIDS and STI prevention for labor migrant and their family members, street children and prisoners.
- Provision of access for the people living with HIV/AIDS to effective treatment, care and support.
- Capacity building for the National AIDS services on monitoring and evaluation of HIV/AIDS epidemics in the country.

## Main accomplishments

### *Expansion of the prevention programme on raising awareness among labour migrants and their families about HIV/AIDS.*

30 districts with high migration out-flow rate were covered and about 791 people from the target group reached with information and behavioural change communication activities.

30 friendly cabinets in the country are providing STI prevention and treatment services to the labour migrants and their families. Overall, more than 2,5 thousand labour migrants and their spouses received required treatment.

### *Successful implementation of awareness raising activities among street children and unorganized youth.*



youth.

Overall, from the beginning of the program under both GFATM grants, 400 volunteers were trained to pro-

vide peer education for street children. Approximately 12 thousand street children and out-of-school youth have been covered with IEC materials and behavioural change education and communication activities.

### *Acceleration of antiretroviral treatment of people living with HIV/AIDS.*

In Tajikistan, the ARVT programme started in early 2006. As of today 67 patients started ARV, 4 died, 2 lost follow up and 1 stopped to take the drugs.

It is necessary integrate ARV clinics in the PHC facilities as most patient will be treated in out patient services. Also, there is a need for reduction of stigma and discrimination towards to the PLWHA by the community, family and health workers.

### *Awareness raising activities and STI treatment services implemented in penitentiary institutions.*

HIV/AIDS and STI prevention activities among prisoners are carried out in 18 penitentiary institutions of Tajikistan. More than 37 thousand copies of IEC materials on HIV/AIDS and STI prevention were distributed among the prisoners from the beginning of the programme. 2,1

thousand prisoners have received STI syndrome treatment.



Informational billboard located in the prison

### *Improvement of capacities for HIV counseling and testing services in the country.*

More than 131 thousand people received counseling and testing (VCT) on HIV with the tests provided on the funds of the GFATM grant from the beginning of the programme. Capacities of VCT service providers were improved on pre- and post-test counseling and testing, counseling for HIV positive pregnant women and care for their newborns through a series of seminars.

**UNDP Tajikistan will continue applying efforts to strengthen partnership within the framework of the Global Fund grants, improve monitoring of activities of the sub-recipients and further develop coordination of activities to fight AIDS, Tuberculosis and Malaria in the Republic of Tajikistan.**

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