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Programme

on the response to the epidemic of HIV in the Republic of Tajikistan for the period 2007-2010

Душанбе -2007

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Programme

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LIST OF ACRONYMS

ARVs	Antiretroviral (drugs)
ARVT	Antiretroviral therapy
GDP	Gross Domestic Product
HIV	Human Immunodeficiency Virus
WHO	World Health Organization
GFATM	Global Fund for AIDS, malaria and tuberculosis
VCT	Voluntary Counselling and Testing
SS	Sentinel Surveillance
HLS	Helthy Life Stile
IEC (materials, campaigns)	Information, Education and Communications (materials, campaigns)
STI	Sexually Transmitted Infections
PLWH	People Living With HIV
HCFs	Health Care Facilities
IOM	International Organization of Migration
MSM	Men Having Sex With Men
NCC	National Coordination Committee on HIV/AIDS, tuberculosis and malaria
NGO	Non-govermental organization
UN	United Nations organization
UNDP	United Nations Development Programme
IDU	Injection Drug User
RT	Republic of Tajikistan
CDC	Centre for Disease Control (USA)
MM	Mass Media
UNGASS	Special Session of the UN General Assembly
AIDS	Acquired Immune Deficiency Syndrome
SWs	Sex Workers
TSMU	Tajik State Medical University
YFS	Youth Friendly Services
UNODC	United Nations Office for Drugs and Crime
UNICEF	United Nations Children Emergency Fund
UNAIDS	Joint United Nations Programme on HIV/AIDS
USAID	US Agency for international development

TABLE OF CONTENTS

Introduction

Recent years have seen the HIV epidemics to have stronger impact on the Republic of Tajikistan. Though AIDS currently is not a key factor driving/affecting national development, Tajik government and society do recognize that situation might rapidly evolve for the worst.

In 2001 Tajikistan joined the Declaration of Commitment on HIV/AIDS (Resolution S-26/2) adopted at the Special Session of United Nations General Assembly dedicated to HIV/AIDS, that identifies among key areas of commitment on HIV/AIDS epidemics the following: political leadership, coordination, multi-sectoral participatory approach involving non-governmental sector, prevention, access to treatment, care and support, full realization of human rights and fundamental freedoms, reducing vulnerability, alleviating social and economic impact of the epidemic.

Government of Tajikistan's Resolution dated 01.10.2002 approved Strategic plan on the prevention of HIV virus (AIDS) spreading in the Republic of Tajikistan for 2002-2005. Key priority areas in this plan were reduced vulnerability of youth; reduced vulnerability of injection drug users, reduced vulnerability of commercial sex workers.

Activities on strengthening relevant preventive measures were implemented with assistance of the international community. They included establishment of Country Coordination Committee with permanently operating Secretariat, Ministry of Health, Defense and Education, Committee on Youth Affairs under Government of Tajikistan launched sectoral HIV/AIDS programmes. In order to implement these sub-programmes Global Fund for AIDS, malaria and tuberculosis provided USD10,6 million, some funding was made available by other donors. In line with decisions by international community were developed criteria based on the well-known "three-one" principles for streamlining and harmonization of country's actions on the AIDS control.

In 2005 in Tajikistan was drafted National Development Strategy for 2006-2015 designed to achieve Millennium Development Goals by 2015 including measures on harnessing the HIV prevalence and reversing the morbidity.

National regulatory framework was revised. In 2005 was adopted new Law of the Republic of Tajikistan on response to HIV/AIDS governing the guaranteed observation of rights for people living with HIV, free health care services and social support, implementation of comprehensive activities on the prevention of HIV transmission.

Never the less, epidemic is rapidly evolving and this development was included in the agenda of National consultation in January 2006 on scaling up towards Universal Access to prevention, treatment, care and support on HIV/AIDS in Tajikistan.
The National Consultation has identified the following key constraints to achieve universal access that also impeded the performance of strategic plan and resulted in further epidemic developments:

- Limited financial resources.
- Stigma and discrimination of PLWH and high risk groups is still in place resulting from existing legislation as well as social pressure;
- Poor involvement and insufficient technical capacity of non-governmental sector;
- Interim indicators based project management, but not outcome-based PM, neglecting consistency in project implementation activities that is a necessary prerequisite in achieving project objectives,
- Lack of clearly measurable monitoring indicators for response activities, national indicators to measure process, outcomes, output and impact were designed and approved only in 2006 after national strategic plan was disseminated;
- Insufficient institutional and human capacityincluding for treatment delivery

- Lack of comprehensive approaches on the realization of intervention of prevention, treatment, care and support.
- Insufficient material capacity disabling to comply with universal safety measures related to nosocomial HIV transmission;
- Use of outdated and inefficient approach to the management of communicable and sexually transmitted infections;
- Strong cultural traditions impeding discussion of sex issues and sexual transmission of HIV/AIDS, paternal nature of society that results women to be most susceptible to HIV.

The goals and objectives of further strategy for expansion up to 2010 were agreed taking into account recommendations of country meeting in January 2006 on expansion of actions enabling universal access to prophylaxis, treatment, care and support in the area of HIV/AIDS,

Goal of this Programme is to slow down the pace of prevalence of HIV infection through ensuring universal access to prophylaxis, treatment, care and support

Goal will be achieved provided HIV prevalence rate among highly vulnerable groups (IDUs, CSWs and MSMs) in Tajikistan will be maintained under 20%, among pregnant women under 1%, AIDS mortality rate should be under 20% and quality of life for PLWH will improved through expanding access to treatment and social services.

Achieving objectives of this Programme will be integrated with implementation of the Tajik National Development Strategy for 2006 – 2015 directed to achieve Millennium Development Goals and Poverty Reduction Strategy 2006-2008. Also approach to achieving these objectives will be based on the expansion of actions to achieve universal access to prophylaxis, treatment, care and support, and harmonized with implementation of national programmes on development of youth health, control of illicit drug turnover, labour migration and other programmes. Coordination of respective operations by different sectors will carried out by CCC [CCM] with the Republican AIDS centre as national expert body.

Every line ministry and agency as well as local governments and town/rayon administrations develop, agree and approve as per existing policy their sectoral and regional programs on response to the epidemic of HIV or integrate issues of the HIV/AIDS prevention in sectoral

programs and action plans with designation of officers in charge for the implementation with inclusion of respective function in their TORs.

1. General overview of situation with prevalence of HIV epidemics in Tajikistan

Twenty five years later after being discovered the AIDS epidemic has spread to every corner of the world. According to Joint United Nations Programme on AIDS (UNAIDS) and World Health Organization (WHO) around 40 million people are today living with HIV with 90% are in the low- or middle-income countries and over 25 million have died of AIDS. Data from population-based HIV surveys in recent years conducted in countries in sub–Saharan Africa show that HIV prevalence rate among adults of reproductive age in 20 years can increase from less than 1% to 20% and more, followed by heavy crisis development.

1.1 HIV prevalence and structure in the Republic of Tajikistan according to notification data

Tajikistan notified and reported its first HIV case in 1991. As reported by the Registry system on 01.05.2006 the cumulative number of registered cases is 545 included 460 men and 84 women with 33 have died. HIV prevalence rate in Tajikistan was 14, 3 per 100.000 adults (15-49). Number of notified PLWHA varies for different regions of Tajikistan.

Highest HIV prevalence rate on late 2005 was reported for Dushanbe City (50, 5 per 100.000 adults of 15-49) and in Gory Badakhshan (48, 7 per 100.000 adults of 15-49), and in Khorog town (administrative center of GBAO) HIV notification cases are reported for 0, 35% adults of 15-49. Along with it the HIV cases were not notified in majority of rural rayons in Tajikistan indicating rather poor diagnostics/notification performance than absence of HIV. Number of PLWH in recent five years was growing from year to year in 1,5-3 times that indicates the rapidly growing epidemic (Fig 1)

Among PLWHs in Tajikistan 70% are IDUs, 40% are shuttling labour migrants to other countries, 85% are men, 42% are young people under 29 and 21% are prisoners.

Among registered PLWH 70% are injection drug users (IDUs) 40% are labour migrants travelling overseas, 42% are adults under 29, and 21% are people in the prisons. Country reported 6 cases of nosocomial HIV transmission through blood transfusion. Recent years reported steady growth in sexual transmission of HIV. Proportion of established drug injecting and sexual transmission of HIV in the structure of newly notified cases in 2005 was 4,5:1 (against 7, 3:1 in 2001). In 10 HIV cases from 16 among women newly notified in 2005 HIV was transmitted through sex. Recent two years reported pregnant HIV-positive women, contributing to the HIV trend of mother-to-child transmission.

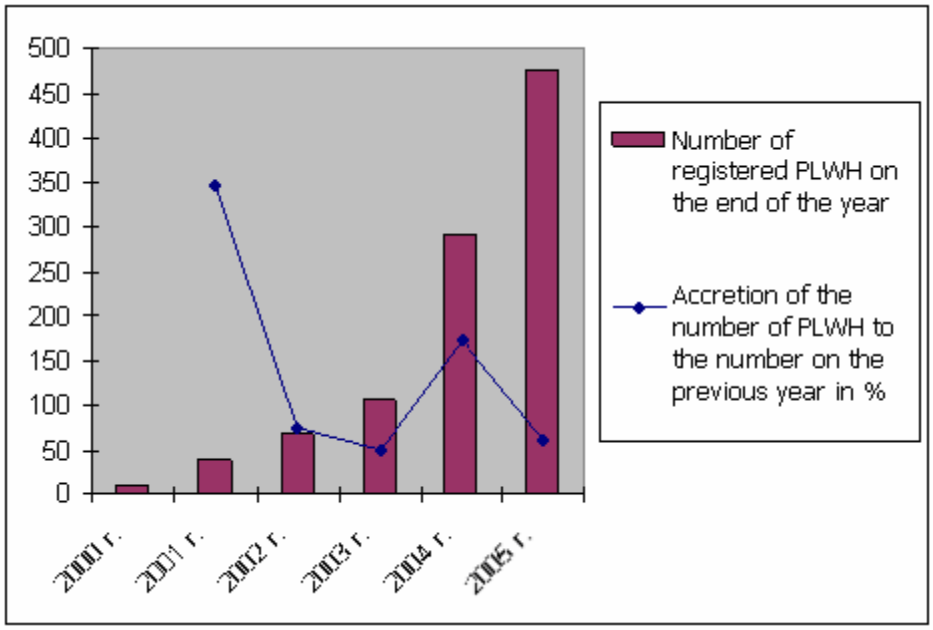

Fig. 1 Growth rate in HIV notified cases and PLWHA in the Republic of Tajikistan

Since until very Tajikistan had not introduced more or less reliable system of HIV voluntary counselling and testing (VCT) due to persisting financial challenges. As a result notification data might only be used with reservations [very carefully] for description of health and social processes. It must be taken into account that HIV infection at its initial stage produces no clinical signs that would drive people to refer to health care services. Along with it there is great number of socially disoriented people among PLWH that are reluctant to contact any health care services. Therefore, number of registered PLWH is always admittedly lower than their actual number. True number of PLWH can be more reliably identified if assisted with sentinel surveillance data and followed up with extrapolation of outputs on the general population.

2. Overview of the scope of HIV/AIDS response activities

Tajikistan completed implementation of Strategic plan for prevention of prevalence of human immunodeficiency virus (AIDS) for 2002-2005 that was approved during the time when country reported only few notified cases of HIV infection. In this connection SP-2005 had rather preventive focus. At this in 2004 it was updated [expanded] on the account of programme of response to HIV in the system of the Ministry of Health for 2004-2010. Its priorities included: prophylaxis of the HIV transmission among young people, uniformed services, neglected [street] children, migrants, prisoners, MSMs, CSWs, IDUs, Mother-To-Child Transmission, ensuring safety of donor blood and transplants, providing treatment, care and support to PLWHs, improving surveillance for HIV infection and legislation.

Simultaneously implementation of the harm reduction strategy for injection drug use, providing preventive services to CSWs and prisoners, uniformed services, introducing healthy life style to curriculum of national educational institutions became the state policy components. Implementation of sectoral and operational activities was carried out on the

basis of expanded partnership, participation and involvement of public sector structures, civic society organizations, including PLWHs, and international organizations.

2.1 Public health services

2.1.1. AIDS services

Recent years embarked on remarkable strengthening of the national AIDS control and prevention services. Tajikistan has 1 Republican, 4 oblast, 3 town AIDS centres, and 24 laboratories. AIDS centres play a key role on providing its expertise in implementation of national programs on HIV/AIDS prevention and control and making relevant laws and regulations. Recent five years report sound strengthening of laboratory services on the diagnostics of HIV infection, In particular Tajikistan secured its non-stop HIV ELISA tests, introduced rapid HIV diagnostic tests for difficult-to-access areas, enabled public access to VCT services. Certain number of experts was trained in the laboratory diagnostics of the HIV infection. Since 2005 country introduced routine sentinel surveillance.

2.1.2. Narcological services

Medical treatment of drug abuse is delivered by the Republican and network of 4 regional narcological centres.Presently the capacity of beds in narcology services is 0, 4 for 10 000 people, capacity of narcological services remains underused. Availability of drug doctors in 2004 was 0,096 that is extremely low figure. Country lacks the rehabilitation centres for drug users. Issues of comprehensive approach to treatment and rehabilitation of drug addicts are yet to be addressed. In the development of the national regulatory framework on the prevention of HIV/AIDS among drug users one of the key roles was played by adoption of Law of the Republic of Tajikistan “On narcological services” and «Programme on prevention of drug use prevalence and improvement of narcological services in the Republic of Tajikistan for 2005-2010”.

The narcological facilities started introduction of system of voluntary and anonymous testing and counselling for HIV.

2.1.3. Republican Healthy Life Style Centre

National Health Life Style Development Programme up to 2010 was designed and approved, it includes the following key priorities: reduction of drug use and prevention of possible HIV transmission to general population. Key implementation activity is carrying out the information and education programs among different groups of population involving mahalla boards [local community]. In pilot rayons was conducted survey on assessment of knowledge and attitude of public on HLS, including the HIV/AIDS issues, based on survey outcomes was developed strategy of gender communications «HIV/AIDS prevention and tolerance to PLWH», and launched community mobilisation programme.

2.1.4. STI services

Despite the ramified network of STI services (81 health care facilities, including republican, Dushanbe City, 3 oblast and several dozens of rayon derma-venereal dispensaries that deploys 235 physicians), obviously it is management is substandard on the situation with STI prevalence in Tajikistan. Notification of syphilisis in 2005 was 620 cases, including 150 in Dushanbe City and at the same time according to sentinel surveillance syphylisis prevalnce rate in Dushanbe City was somewhere in between 0,2 – 2,2%, thus the actual number of syphylisis is estimated to be somewhat higher. It is caused by undereporting of cases due to the low refererral rate in the STI services.

2.1.5. Blood services

Material and technical base of the blood services remains weak. In particular every facility reports to have only one set of equipment for ELISA test with no back-up and if the ELISA test equipment is out of order, the tests are assessed in a visual manner. There is no environment for processing and storing blood for later transfusion. If a blood donor is infected and in the serological window period, a blood recipient will get HIV infected that was already reported numerous times. In 2005 3% of prepared blood was not tested for HIVavailable.

Cash-for-blood donorship is commonplace and it often renders blood donors with high risk of Hiv infection, including IDUs.

In the current environment of lacking pharmaceuticals and possibility to implement alternative approaches to the treatment, in the opinion of experts, transfusion of blood and its components in Tajikistan is unjustifiably commonplace, creating high risk of nosocomial transmission of HIV.

2.1.6. MTCT prevention

Recently proposal of VCT became common practice for all pregnant women. Once they are tested as HIV-positive they are offered preventive treatment, according to national protocol based on the WHO recommendations. However if a maternal facility checks in a woman expected to deliver with no antenatal history or records in that maternal facility that often occurs to the members of the vulnerable groups of population, such woman cannot undergo the rapid HIV tests due to their unavailability as well as lack of trained and quailified health care providers. Newborns are sibjects to ARV, however there is pending issue on their feeding.

2.1.7 Tuberculosis services

Development ofAIDS among PLWH is facilitated by the epidemic of tubersulosis, according to WHO, Tajikistan is among countries with the highest prevalence of tubercuslosis in the region. The annual notification rate for newly registered and relapsed TB cases is 5000. TB mortality remains very high and in 2005 was 6.8 per 100000. Severe TB situation developed in prisons where the mortality is in 35 times higher than outside.

Despite the high prevalence rate of tuberculosis, notification rate of HIV/TB co-infection remains low, that possibly related to the lack of introduction of approaches to the diagnostics and case management of HIV/TB co-infection. At the same time in 31 lethal cases among PLWHs 9 were caused by tuberculosis. Despite certain efforts focused on the delivery of effective health care services to the HIV/TB co-infected patients issues of VCT for HIV to all TB patients, integrated management of HIV/TB co-infection cases, TB prophylaxis among PLWHs remain pending.

2.1.8 Implementation of programs on the HIV/AIDS treatment

Republic of Tajikistan has approved its national HIV/AIDS guildelines, trained certain number of physicians on the HIV/AIDS case management, procured necessary ARV phrmaceuticals and equipment for diagnostics of HIV infection. Currently there are 56 patients under treatment that is 90% from the number of officially registered HIV-infected and ARV eligible patients, and it is not an indicator of coverage by ARV for all HIV patients in need for ARV. It is suggested that majority of them were not HIV tested and are unaware of their status. Low level of ARV coverage among HIV-infected is explained by high level of stigma they are exposed to in the society. Majority of HIV-infected people prefer to undisclose their status. There are cases of stigma and discrimantion emerging among law reinforcement and health care providers towards PLWHs and representatives of highly vulnerable groups. Despite the existing system of registartion of PLWHs, there is no quality follow ups. Only started the integration of specific treatment and case management into the genarl public health system.

Low coverage by the treatment programs also caused from the low adherence to treatment among patients where majority are IDUs. Adherence can be improved through collaboration with NGOs, as well as introduction of support substitutional therapy for drug users on ARV. However until now issue on introduction of substitutional therapy for ARV is yet to be addressed.

2.1.9 Universal safety practice in health care facilities and post-contact prophylaxis.

Activities ensuring safety measures and practice with objective to prevent infecting with HIV, hepatitis B and C are under way. However there are problems in continuous supply and lack of individual supplies and consumables: gloves, face screens, gogles and protective outerwear. Postcontact antiretroviral prophylaxis in health care facilities is still unavailable.

2.2. Public awareness and education sector

Majority of young people are students and represent over 1/4 (25,7%) of country`s population. over 1/2 of all students are children and adolescents (5 – 11 grades) of 11 – 17 years that are most vulnerable group with increased interests to sexual behaviour. Ministry of

Education developed and approved curriculum on healthy life style including topics of HIV/AIDS prophylaxis. Teacher`s reference guidelines manual was developed, teachers trained in interactive learning methods. However, according to National report on introduction of Declaration by SSUNGA, HLS curiculum were introduced only to 0,7% of secondary schools throughout the country. Issue of introducing HLS to the curriculums of pre-service and in-service teacher training is yet to decided, text books and learning materials fro school students are not developed.

Introduction of learning programme on prevention of STIs, HIV/AIDS, drug abuse and reduction of behavioural risk based on `peer-to-peer` principle was launched in 45 youth clubs established under secondary schools in Dushanbe City and Sogdia oblast, however these activities remain on the pilot project level.

In recent two years the issues of HIV/AIDS were numerously highlighted in different mass media and issues of sexual behaviour and use of condoms were discussed more openly than before. However the process of presenting information in the mass media is rather irregular and covers mainly urban populations.. Practically all campaigns are carried out within selected projects under support of international organizations. Social promotion of the HIV/AIDS prevention does not exist. Some journalists were trained in presentation of the HIV/AIDS problems in mass media, however acquired skills are little used in practice and there is no sustainability mechanism developed for the journalist training. According to National report 2003 on the performance in implementing Declaration of UNGASS the level of public awareness, in particular youth was 34,4%. However there was no comprehensive national assessment of knowledge, practice and behaviour among young people in terms of HIV/AIDS. There is no information and communications strategy on the HIV/AIDS prevention.

2.3 Penitentiary system

Prisoners represent over 21% from PLWH registered in Tajikistan. Programme on prophylaxis of HIV/AIDS was launched practically in all penitentiary facilities throughout the country. Prisons enabled access for prisoners to information on the prophylaxis of HIV/AIDS, to condoms and desinfectants. Some penitentiary staff were trained in HIV/AIDS, peer-to-peer learning programme for prisoners was launched. They were enabled access to STIs treatment and VCT for HIV. There are pending issues of introduction of syringes and needles exchange programme.

2.4 Uniformed services

First activities on theprophylaxis of HIV/AIDS among uniformed services were launched in 2003 by initiative of Ministry of Defence of the RT under its designed sectoral programme of the HIV/AIDS control and prevention in Armed Forces for 2005-2007. Under frameworks of this programme was established and trained core group on peer-to-peer education in uniformed services. Uniformed services were enabled access to VCT, STI treatment, condoms and information materials. Prevention of HIV/AIDS was integrated in the pre-service training curiculum of the Defence Tertiary Institution. Since 2005 similar program

was launched in the uniformed services of the National Border Guard Committee under President and National Guards. According to the Ministry of Interior preventive activities among MOI staff and its uniformed services presently is substandard due to the lack of financial and human capacity. However need to run preventive activities on HIV/AIDS among uniformed services is recognised by all force structures, including Ministry if Defence, National Border Guard Commitee under President and National Guards, Committee of Homeland Security, Ministry of Interior and Ministry on Emergency Situations.

Special importance in the development of preventive programs among uniformed services and force structures staff will play consistance and coordination of efforts and development of singlepolicy in programme implementation, in particular in part of testing, where the policy in uniformed services should be firstly based on the principles of prevention of any discrimination by HIV status.

2.5 Other sectors

Strengthening multisectoral approach to the problems of the prophylaxis of HIV/AIDS, restructurization of CCC enabled expansion of relevant activities in other sectors as well.

Significant input in enabling access for young people to the HIV/AIDS preventive services was provided by the Committee on Youth Affairs under Tajik Government through participation in the drafting of National programme of youth health development in the Republic of Tajikistan for 2006-2010 that once implementation begins will facilitate improved access to youth-friendly services.

Drug Control Agency under President of the Republic of Tajikistan carries out coordination of efforts by line ministries and agencies in the area of the drug abuse prevention. In order to coordinate such efforts Presidential Decree established Steering Board on the Drug Abuse Prevention and promoted Plan of Activities on the Drug Abuse Prevention for 2004-2008 that includes components of the HIV/AIDS prevention.

Specific phenomena of Tajikistan is the [labour] migration of population. Currently Ministry of Labour and Social Protection jointly with other line ministries and under support of international organizations carries out special programmes among migrants and their family members on the prophylaxis of HIV/AIDS focused on the rising awareness of migrants on the HIV/AIDS issues, access for mogrants to condoms, VCT and STI treatment. However, according to selected surveys access for migrants to preventive services and goods remains limited. It is necessary to strengthen cooperation and collaboration among all sectors including National Migration Services in carrying out these efforts.

Ministry of Labour and Social Protection should be focused on the development of the HIV/AIDS prevention policy in a working place that is one of the key indicator in implementation of UNGASS Declaration.

Private sector is only emerging in the Republic of Tajikistan and mainly represented by small businesses involved in he import of first necessities. None from the counted number of large businesses is until now not a stackeholder in the national response to HIV/AIDS.

2.6 Integration of gender and socially-cultural aspects in the HIV/AIDS strategy

In country the gender aspect of HIV is very important and Tajikistan is a country with rich and sound cultural traditions impeding open discussion of sex issues between members of various gender and age groups. That constrains dissemination of knowledge on the transmission and prevention of HIV, in particular among young people.

Social standards disable women and girls to share and enrich knowledge in the area of sexual and reproductive health. For women in Tajikistan, especially in rural area, it is still very difficult, and at times almost impossible to discuss sexual issues with their partners, as well as applying preventive measures. This is especially significant at present time, when such new phenomenon as "labour migration" affects practically every Tajik family.

According to IOM approximately 600.000,00 labour migrants, mainly male, every year leave Tajikistan seeking for job in other countries with worse situation of the HIV/AIDS prevalence. Being away from families many of labour migrants render services of commercial sex workers and upon return back to the family in Tajikistan may transmit infection to their wives.

Presently there are several registered cases of HIV infection among pregnant women – woves of migrants. Now Tajik women just like Tajik men become participants of the labour migration that results in infringements of their rights outside of Tajikistan. Women are exposed to commercial sex, violence, STI infections and it produces sound affect on genetic state of ethnicity [genetic fund of a nation].

In connection with this it is uregntly required to develop intersectoral programmes focused on the reduction of vulnerability and exposure of women to HIV/AIDS and achieving gender equity in access to preventive goods and services. These efforts should be coordinated by Committee on Women and Family Affairs involving women NGOs in the program implementation.

In given conditions either insufficient or are not used at all the interventions focused on dealing with challenges that disable promotion of campaigns on HIV protection on the local community level. Insufficiently working mechanisms of involving the informal leaders, in particularly religious and use of Islamic standards and its ethical principles in preventive work with public.

Taking into account high level of being religious among people the participation of religious leaders in the support of national response to the HIV/AIDS epidemics in Tajikistan is extremely important. Starting from 2001 under support of the United Nations Fund for Population Activities for the first time were launched information sessions for religious leaders on the issues of reproductive health, including issues of the prophylaxis of

HIV/AIDS. Presently issues of reproductive health, prophylaxis of HIV/AIDS are included in the pre-service curiculum of Islamic University. However very important is expansion of this efforts and training of local religious leaders and their participation in the process of promotion of safe behaviour among population.

2.7 Involvement of non-governmental organizations, including PLWH

International experience shows that with the purpose of effective implementation of preventive and care programs an access to most vulnerable groups is best channelled through NGOs. In Tajikistan AIDS services NGO provide sound support in the implementation of preventive programs on HIV/AIDS, particularly among vulnerable x groups of population. Meanwhile, the number of AIDS NGOs remains insufficient. At the end of 2004 in the Republic of Tajikistan there are not more than 30 HIV/AIDS NGOs. All of them are international donor funded and dependant.

Human and recourse capacity of AIDS services NGO is still sub-sufficient. Majority of the AIDS services NGO consist of 2-5 members that have no adequate training for successful and effective HIV/AIDS control and as indicated still cannot be considered as professional counterpart/partner organizations sharing responsibility for disease control situation in the country and regions of their operations. Amongst the AIDS services organizations there is only one organization working with PLWH that involves PLWH in its operations.

Social workers that work with people living with HIV/AIDS, and vulnerable groups, as NGO staff can be classified are not included in the list of professions in Tajikistan. There are not being trained by any educational organizations recognised in the country.

Just like other NGOs in Tajikistan, the AIDS services NGOs are continuously struggling confronted with difficulties to achieve their objectives. In many instances it caused by the lack of comprehensive and targeted public support of non-governmental sector. Besides it as it has been discussed earlier there are low-efficiency mechanisms of coordination and cooperation among public sector and NGOs.

2.8 Access for public to the HIV services and goods and treatment

As an outcome of the program implementation on the HIV/AIDS control in Tajikistan recently was launched partial access for public, including highly vulnerable groups to services and goods on the HIV\AIDS prophylaxis and treatment. For injection drug users were opened 23 trust points carrying out exchange of needles and syringes, and providing information materials and condoms, VCT and STI treatment. There friendly services set-ups: 8 for commercial sex workers and 30 for migrants and their family members. There are 134 VCT set-ups throughout the country with some trained staff and several health care facilities are under training on providing and administering ARVT. However access for public to services and goods remains limited. So only under 16% of IDUs and under 40% of CSWs from the total estimated number of them are covered by preventive programs.

Access to condoms, syringes, desinfectants, pharmaceuticals for STI treatment for vulnerable population, as well as to ARV drugs is carried out mainly on the account of international donor funds. There is no country policy on ensuring access for youth and representatives of vulnerable groups of population to quality condoms since those available on the market are costly. Access for public to information is limited by insufficient access to communication systems, lack of targeted materials, insufficient community mobilisation.

Remains low access to and suitability of STI treatment. Until now the possibility to be provided with STI services is mainly related to the referral to the derma-venereal dispensary implying registartion and follow-up that contributes to stignatization of these facilities and low public referral rate. Application of syndrom case management for STI patients is ultimately limited.

For IDUs, including HIV-infected ones, the treatment in the narcological dispensary remains of a low appeal and such treatment is available only for pay and not affordable for this group.

Coverage of Tajikistan population by VCT for HIV in 2004 was only 3,0% of population 15-49 years. Coverage by ARVT of HIV-infected in need for such treatment is rather low and not supported by the delivery of comprehensive set of services for ARV administration.

2.9 Deployment of resources for prevention, interaction with international organizations

According to needs assessment conducted by national and UNDP experts the cost of programmes focused on achieving Millennium Development Goals in the area of stabilizing the situation with HIV-infection prevalence by 2015 will be US$86,3 million.

HIV/AIDS Intervention Cost Estimates
Republic of Tajikistan up to 2015
(in US$ million)

Interventions / Years	**2004**	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**Все**
Prophylaxis	0.5	1.3	2.1	2.9	3.7	4.6	5.5	6.3	6.5	6.8	7.1	7.5	54
Treatment /care	0.1	0.2	0.5	0.9	1.4	2.0	2.6	3.1	3.6	4.0	4.3	4.5	27
Management / Advocacy	0.0	0.1	0.1	0.2	0.3	0.3	0.4	0.5	0.5	0.5	0.6	0.6	4
TOTAL	**0.6**	**1.6**	**2.7**	**4.0**	**5.4**	**7.0**	**8.6**	**9.9**	**10.7**	**11.4**	**12.**	**12.6**	**80**

Hence all planned interventions to stabilize the situation by 2010 will require about US$40 012 420, including perevntive, care and treatment activities.

With objectives to implement control and prevention activities, Tajikistan mobilized additional resources through two large grants of Global Fund to Fight AIDS, Tuberculosis and Malaria in amount of US$10, 5 million over period of 7 years.

Sound support in development of preventive programs is provided by international donors implementing national and regional projects (World bank, USAID, UN agencies, DFID, East-West AIDS Foundation, OSI Soros Foundation and others), however taking into account above estimate of programme costs with focus on stabilization of situation all available resources would not be enough.

Tajikistan is a low-income country and constrained in own resources to secure the response to HIV/AIDS epidemic. Main activities in this area are international donor-funded. However, donor inputs to greater extent are tailored to donor interests. It causes gaps in funding the priority interventions. Country donor-dependence puts under question mark the sustainability of on-going interventions.

3. Review of outcomes of preventive activities implemented among most vulnerable groups

As reported by sentinel surveillance the high coverage of IDUs and CSWs with preventive programs was not accompanied by adequate access to preventive commodities and VCT on HIV (Fig. 2). Though over 60% of interviewed have reported to receive selected services only less than 20% of them undergone the VCT for HIV, notably majority of respondents never were proposed any. Despite the formal 100% coverage of prisoners with preventive programs, they were never enabled necessary access neither to voluntary counselling and testing or condoms and disinfectants.

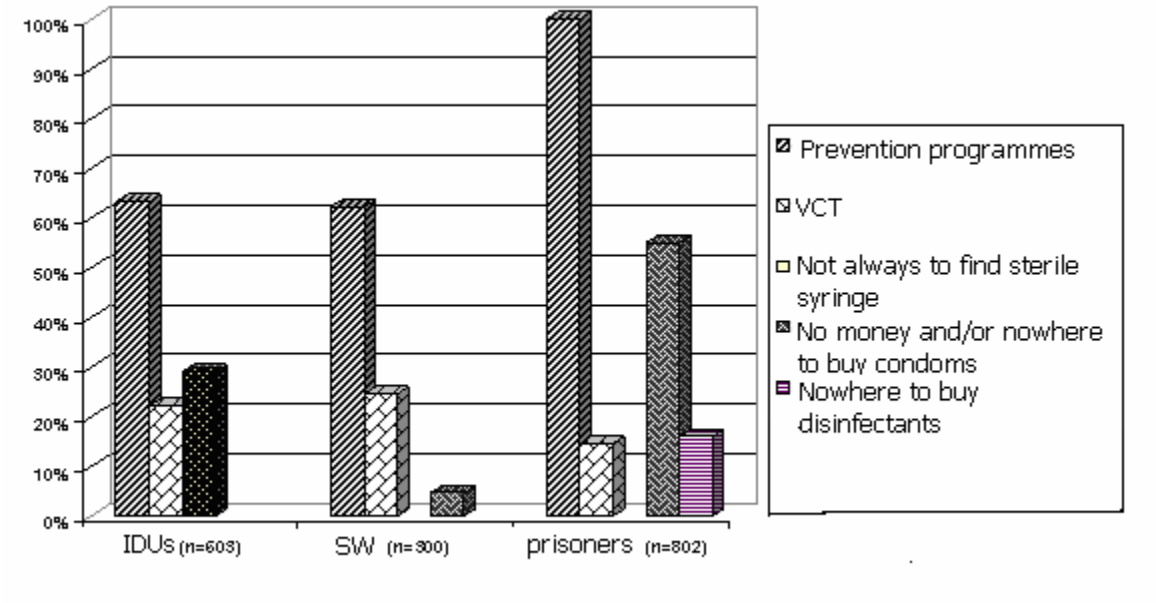

Fig 3. Coverage of targeted groups with VCT and their access to prophylaxis commodities (survey data in Dushanbe and Khujand, 2005)

Poor quality coverage with preventive programs has not provided required level of knowledge of HIV-related information on transmission prevention (Fig. 3). Right answers to all questions on prevention of the HIV transmission in intravenous drug injection were able to give only 0, 3% of IDUs, and on prevention of sexual transmission only 4, 3% of CSWs. To answer all questions on the possible HIV transmissions and its prevention were able to answer less than 50% of prisoners.

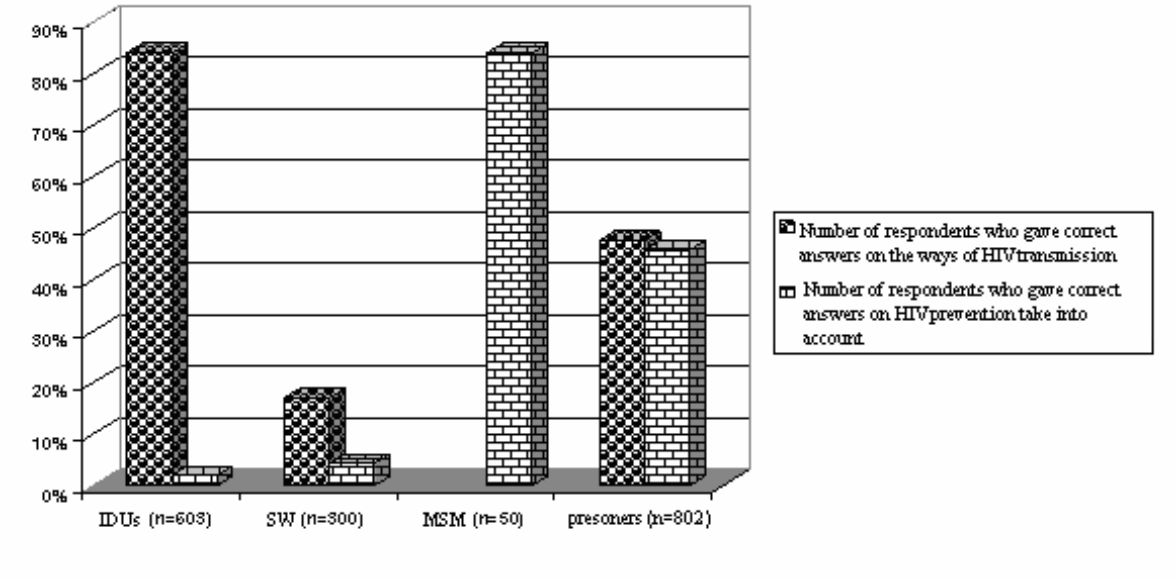

Fig.4. Proportion of people in targeted groups that provided right answers in the questionnaire on transmission of HIV and modes of its prevention (survey data in Dushanbe and Khujand, 2005)

With the lack of knowledge on the transmission of HIV/AIDS, its prevention and limited provision of preventive commodities, the representatives of highest risk groups continue to practice dangerous behaviour (Fig. 4)

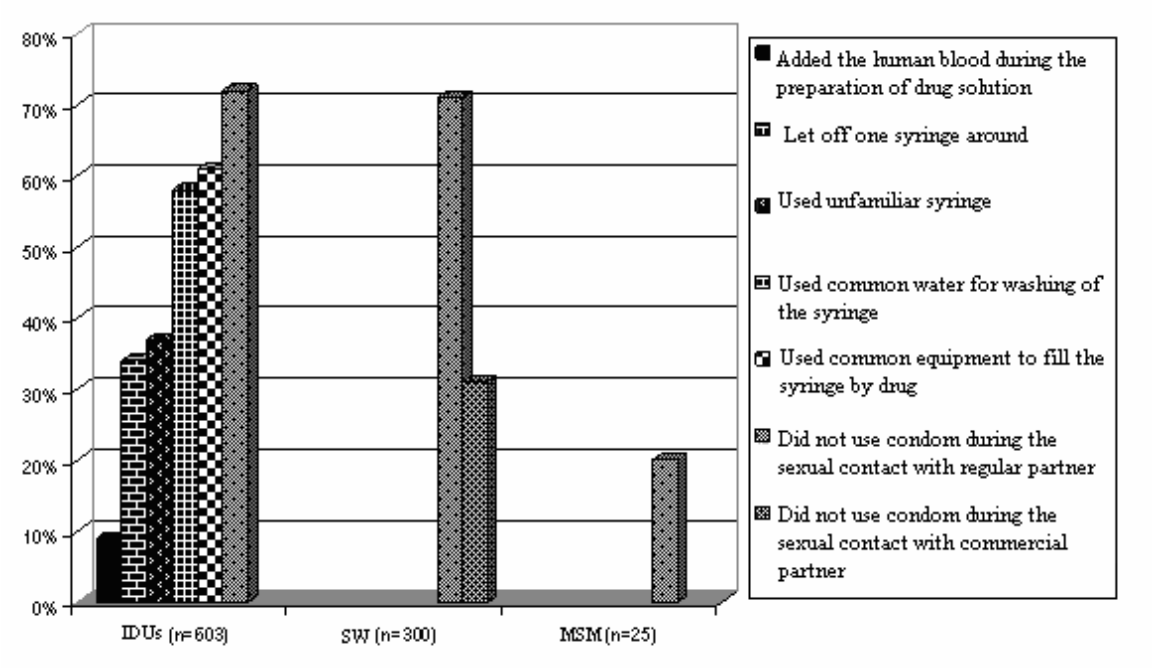

Fig. 5. Prevalence of risk injecting and sexual behaviour in targeted groups (survey data in Dushanbe and Khujand, 2005)

More than 60% of IDUs covered by prevention programmes reported that they have a dangerous behaviour. More than 65% SW have not used condoms for casual sex intercourse with commercial partner. 25% of MSM have not used condoms in the anal sex with a casual sex partner.

Preventive activities were also focused on other priority groups such as youth, including street [neglected] children, and also uniformed services, migrants and women

Especially, majority of young people are knowledgeable on such modes of HIV transmission as injecting and sex (Fig.7). However young people are rather tolerant to drug abuse. 2% of interviewed reported that they would like to try drugs. Taking into account that drug abuse is a socially reprehensible phenomena it must be thought that in reality this figure is higher. Majority of interviewed were aware that the HIV is transmitted through sex, that risk of HIV transmission is reduced in continence and with use of condoms. However only slightly more than half of respondents find it comfortable to discuss with partners issues of postponed sex life and use of condoms and only 27% from the number of sexually experienced respondents used condom during last sexual intercourse with casual partner. 85% of young people do not believe that they have an adequate access to condoms. Majority noted the issue of affordability

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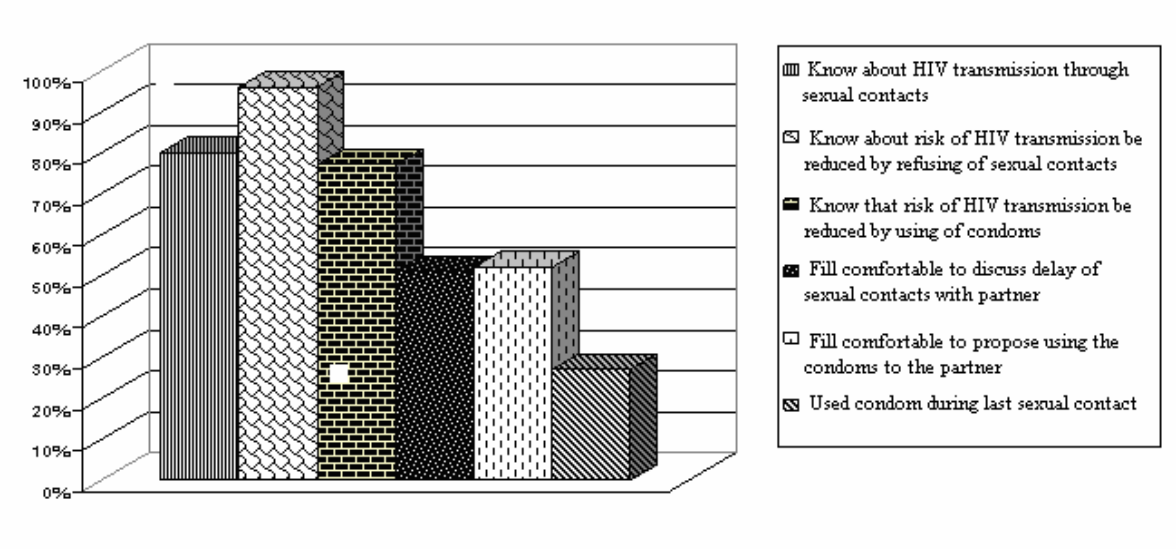

Fig. 7 Awareness and behaviour of young people in Tajikistan on HIV transmission[1]

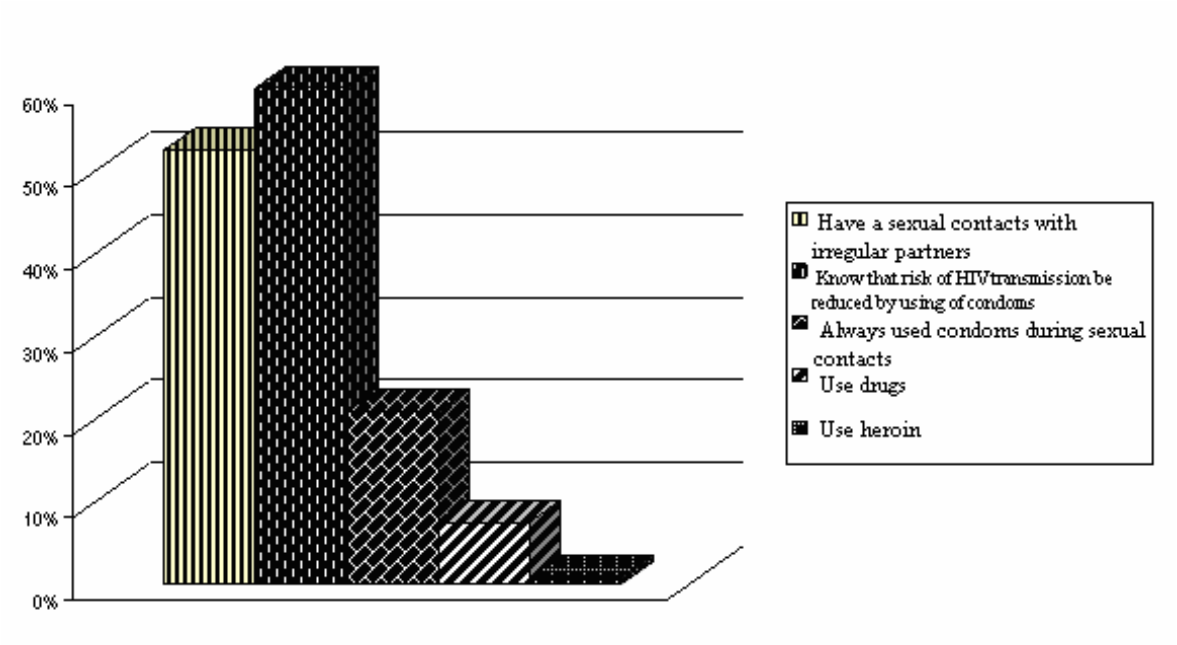

Fig. 8 Awareness and behaviour of street [neglected] children that are dangerous in the aspect of HIV transmission

Street children are not adequately knowledgeable and naturally practice dangerous behaviour. There are no grounds to assume that health education materials circulated in hundreds of copies among such children indeed played substantially positive role. Obviously those only behavioural changes-oriented interventions can be fruitful.

[1] "Knowledge, attitudes and practices of at-risk youth relating to intravenous drug use and sexual behavior in four countries of Central Asia" by Population Service International (PSI)/Central Asia, 2004

According to survey 40% among army forcers in the Ministry of Defense, they not aware that protection from sexual transmission of HIV is the condom, under 50% reported to have an access to condoms and only ¼ of interviewed that practice sex with casual partners use condoms.

Moreover, despite all the efforts objective to achieve acceptable changes in behaviour of the labour migrants has failed

According to data of survey conducted with support by IOM and GFATM over 1/3 of seasonal male labour migrants interviewed in Tajikistan, reported casual sex with CSWs and/or casual partner, but about 1/3 from them did not use condom.

Taking into account above data saying that seasonal male migrants widely practice unprotected sex with causal partners, women, their wives also become vulnerable in terms of HIV transmission.

Thus despite the accomplishment of certain outcomes resulted from implementtaion of preventive programs among different groups of population, level of awareness remains low accompanied by the high level of use of dangerous behaviour practice.

3.1 HIV prevalence and assessment of HIV transmission factors among sentinel groups

According to data of sentinel surveillance in Dushanbe and Khujand HIV antibodies were identified in 15, 8% of randomly sampled blood among IDU. Corresponding with such data of high HIV prevalence among IDU was obtained when examining prisoners. HIV antibodies were identified in 6, 2% of randomly sampled blood among prisoners. Rate of Hepatitis C antibodies (marker of high risk injecting behaviour) and HIV antibodies in sampled populations of IDUs and prisoners, i.e. actually in all IDU groups (outside and inside prisons) were rather similar (3:1 and 4:1 respectively) that confirms the reality of obtained data. Beside it HIV was diagnosed among 0, 7% of randomly sampled CSWs and among 0, 5% of pregnant women. Last indicator reflects the HIV prevalence rate in general population of adults 15-49.

Rapid assessment conducted with UNODC technical assistance reported that in 2002 the number of systematic drug users in Tajikistan was from 45000 to 55000, including 70% (about 34.000) of injecting drug users (heroin). Today number of IDUs, seemingly, increased. If in late 2000 narcological services maintained record of 4,6 thousand drug addicts in late 2005 this number was 7,6 thousand, including 6,3 heroin addicts.
58% of interviewed female IDUs during sentinel surveillance exercise reported their commercial sex activities.

Population of CSWs in Tajikistan as estimated by local experts is 5 thousand. In average every CSW provides services to 7 clients every week. More than 20% CSW was diagnosed with syphilis and 2/3 noted in themselves different STIs symptoms in last six months. Dangerous injecting practice among substantial part of CSWs proves the comparatively high prevalence rate of hepatitis C (6%) among SWs. These injecting and sexual behaviour will be

reflected on wide spreading of HIV among SWs, and HIV transmission to general population.

Dangerous sexual behaviour is practiced by men having sex with men (MSM). Access to this vulnerable group is rather limited. However answer of 30% of 25 interviewed MSMs were negative when asked about use of condom during last sexual intercourse. Important role of sexual transmission among highest risk groups is highlighted by the apparent wide prevalence of common STIs. More than 10% of prisoners, and also male IDUs, over 1/3 of female IDUs and over ½ CSWs reported STI symptoms observed during recent 6 months preceding the survey.

Besides especially vulnerable groups serious attention should be paid to the members of other groups that most often recruited to especially vulnerable groups or most broadly contacting with vulnerable groups (young people, street children, migrants, uniformed services). Surveys among young people show that their sexual behaviour remains dangerous. It is corresponding with the broad syphilis prevalence among general population, . In 2005 serological survey of 852 pregnant women in Dushanbe City and Khujand town 0, 5% reported to have syphilis.

The data of sentinel surveillance conducted only in two cities (Dushanbe and Khodjent) alone is not extrapolatable on other regions due to the significant differences in population, socialo-economic and cultural features. However it shows that Tajikistan is already confronted with the serious HIV epidemic with its scale yet to be estimated.

Outcomes discussed above indicated that despite achieved outcomes in coverage by preventive programs, their implementation produced insufficient impact on the changes in risk behaviours among selected groups of population.

4 **Review of the causes of low efficiency in delivery of prevention and treatment programs**

Insufficient coordination and management of implementation of preventive programme. However, many efforts were duplicated and overlapped. This did not provide the foundation for consistent process development. Implementation activities were to great extent focused on the trainings, distribution of the protective means, design, production and dissemination of information and education materials. Often such activities were not system, with no continuity ensured within and not outcome-based.

Programme implementation being limited in relation to PLWH strenghtens stigma, facilitating the spread of HIV, making to have no benefit to be aware of own HIV status that is important for life plans and safety measures to prevent further transmission of HIV.

Until now the only measure to help to withdraw from injecting drugs is provision of treatment to IDUs. Hard core drug addicts that cannot withdraw on their own and at the same have no access to substitution drugs are forced to buy illicit drugs. Despite that authorized

dose of drug eligible to be possessed was increased up to one average dose; law reinforcement practitioners still expose IDUs to sanctions from the side of militia. It results in IDUs discouraged to participate in the HIV/AIDS control and prevention programs.

On the other hand, the lack of access to substitution therapy does not ensure adherence to treatment by addicted PLWH who cannot give up drugs.

Majority of NGOs cannot be considered as professsional organizations in terms if the staff involved in HIV prevention, there are no professioanl qualifications standards.

Still persists problems of ensuring coverage by preventive programs for priority groups of population and treatment of people living with HIV.

Key national indicators of monitoring the response to HIV/AIDS were approved only in 2006. Before 2005 there was no notion of epidemiological monitoring and was carried out based on the HIV case notification data and structure of PLWHA. Only in 2005 in two largest national urban setups: Dushanbe City and Khujand town was conducted sentinel serological and behavioural surveillance highlighting the true state of HIV prevalence and its causes. However, the common approach to develop project level indicators was not defined and many interventions are delivered without taking into account information on their impact [efficiency]. No systematic evaluation of impact of on-going activities and interventions on achieving the final outcome.

Thus asan outcome of implementation of the National Strategic plan of prevention of the treat of the HIV/AIDS prevalnce, the country was able to achieve certain outcomes in improving national policy and implementation of activities to provide response to HIV epidemic.

Along with it many objectives were not achieved and regretfully the HIV epidemic continues to progress. Strategic plan implemented during 2002-2005 did not identify the value of many important indicators related to the safe human behaviour.

5.Programme of the response to the epidemic

5.1 Programme goals, objectives and outputs

Review of driving forces of the epidemics shows that targeted key priority groups with objective to control growing epidemic of HIV/AIDS should include:

- PLWH,
- IDUs,
- CSWs,
- MSM,
- Prisoners,
- Youth, including street children and adolescents under 17,
- Uniformed services,
- Migrants and their families,
- Women

5.2 GOAL of the Programme: To slow down the pace of the spreading of HIV infection through ensuring universal access of population to prevention, treatment, care and support

Main strategic areas of necessary interventions will include:

- Improving the policy of legal relationships, creating such legal and social environment that would facilitate universal access to prevention, treatment care and support;
- Implementation of prevention programs, ensuring access for all groups to HIV prevention services with use of all available powers and means,
- Implementation of programme of antiretroviral treatment, treatment of opportunistic diseases, palliative treatment and care for PLWH,
- Implementation of programme of social support for PLWH and people affected by HIV with the purpose of mitigating burden of the epidemics,
- Improving surveillance, monitoring and evaluation of control and prevention activities

Implementation of plan is focused on the strengthening and development of interventions, deployement of newly introduced mechanisms, including on overcoming main challenges to ensure universal access to prevention, treatment, care and support.

Objectives and priorities of the Programme

Objective 1. Groups with high risk of exposure to HIV (IDUs, CSWs, MSMs, prisoners) have accepted preventive behaviour

Indicators and targets:
By 2010 to have achieved that members of groups highest risk of exposure to HIV (at least 50% of IDUs and at least 60% of CSWs, MSMs and prisoners) adopted behaviour reducing the risk of HIV transmission.
By 2010 to have achieved that 100% of prisoners, 70% of estimated number of IDUs, UDU's, 70% of estimated number of SW and 10% of estimated number of MSM covered by prevention programmes
By 2010 to have achived that 60% of IDUs and 70% of SW covered by VCT
By 2010 at least 70% of most at risk populations both correctly identify ways of preventing the sexual transmission and reject major misconptions about HIV transmission correctly identify ways of HIV prevention

- **Activities in the area of policy of legal relationships, enabling legal and social environment, facilitating provision of universal access to HIV prophylaxis among most at risk groups of population**

  Before 2008:
  - to review issue-specific regulatory framework in terms of ensuring a right for drug users to receive substitution treatment and on its basis to develop regulatory guidelines for line ministries and agencies for further implementation and follow-ups;

- to review issue-specific regulatory framework with the purpose of considering possibility and introduction of programme for exchange of syringes and needles in penitentiary system;
- to review and draft proposals on update of law reinforcement practices by force structures in terms of vulnerable groups so to redirect them towards assistance in the HIV control;
- to review issue-specific regulatory framework, situation and risks and based on such review to develop Regulations on involvement of NGOs and public sector organizations in delivery of health care services related to the component of syringes and needles exchange and medical waste management, including the rules foe licensing such services;
- to address issue of staff training for those involved in the implementation of harm reduction strategy, to identify qualification requirements for level of expertise and skills, to address issue on public institute for staff training and award of relevant qualifications and certificate as per established policy. To introduce to the list of professions of the Republic of Tajikistan the specialist on the HIV prevention among very vulnerable groups;
- To develop and approve Regulations on implementation of HIV prevention strategy among IDUs with defined amount of interventions and linkage with the harm and drug demand reduction strategy, and also surveillance of implemented high risk interventions, in particular the blood infections prevention: hepatitis B and C, HIV and etc.
- to address an issue of establishing centre for development of health education materials on the HIV/AIDS prevention for particularly vulnerable groups with participation of health care providers and representatives of NGOs. To develop Regulations on centre and recommendations on screening health information and education materials with the purpose of their printing and circulations;

During 2007-2010:

- To run national and regional IEC campaigns on the reduction of stigma and discrimination of PLWH, as well as representatives of groups with high risk of the HIV transmission;
- to adopt measures on state support in the establishment of AIDS services NGOs focused particularly on vulnerable groups of population;
- to introduce measures on broader involvement of the AIDS services NGO, working with particularly vulnerable population in the process pf planning, implementation, monitoring and evaluation of on-going program effectiveness;
- Through health care facilities to train NGO staff, informal leaders, PLWH on legal and policy issues of response to HIV infection in the Republic of Tajikistan.

- **Preventive programme implementation arrangements, ensuring access to most at risk groups of population (IDUs, CSWs, MSM, prisoners) to prevention of HIV transmission**

  - During 2007-2010 to consistently expand supply of information, education and communication services, condoms, health care services and medicines for the

managements of STIs in vulnerable groups and also sterile disposable syringes, needles, disinfectants, TB prevention services, narcological services focused on the drugs abstinence for IDUs. To consider issue on introduction of substitution supportive therapy for drug users.

- By 2008: to update, approve in line with the established policy and start printing and distribution of IEC materials for IDUs, CSWs, MSM, prisoners taking into account the needs.

- To continue development of outreach work among IDUs, but gradually progress from outreach work to its concentration in the stationed trust points. To open trust points for IDUs in all oblast and majority rayon centres;
  - To continue development of friendly STI clinic services for population with focus on particularly vulnerable groups. To ensure broad dissemination of information on availability of these clinics among most at risk groups.
  - by 2010 to introduce system of social support for provision of coordinated services in the area of HIV\AIDS prevention, treatment and support for members of highly vulnerable groups (IDUs, CSWs and ex-prisoners)
  - By 2010 coverage with preventive programs (i.e., at least one preventive service provided during one year by contacting its provider) of 100% prisoners, at least 70% estimated number of CSWs, at least 60% of estimated number of IDUs and at least 10% of estimated number of MSM.
  - by 2010 to expand access for most at risdk groups of population to VCT with coverage at least 60% of IDUs and at least 70% CSWs from their estimated number;
  - To facilitate access for AIDS services NGO providing preventive services to vulnerable groups to the donor assistance resources;
  - to ensure participation of non-governmental organizations representing interests of the most at risk groups (IDUs, CSWs, PLWHAs) in oblast coordination commitees on HIV prevention and control;
  - To promote expansion of the network integrating AIDS services NGO, with members from most at risk groups (IDUs, CSWs, MSMs and etc.);
  - To expand the participation of informal leaders in local communities, religious organizations in the delivery of preventive activities among most at risk groups and general public.

Objective 2. Other vulnerable groups (youth, including street children, uniformed services, migrants, women) have changed behaviour towards significant reduction of HIV transmission risk - withdrawal from drug abuse, delayed sexual activity/loyalty to one - withdrawal from drug abuse, delayed sexual activity/loyalty to one partner/use of condoms in sexual intercourse

Indicators and targets:

- By 2008 and by 2010 respectively 80% and 90% of young people 15-24 should be capable to identify the right ways of prevention of HIV-infection;
- % of schools where teachers were trained in the area of HIV/AIDS based on life skills and have their classes delivered during last academic year,

- % of organizations, enterprises /companies implementing programmes and policy on the HIV/AIDS control in working places,
- By 2010 the syphylis prevalence in every group of population is under 0,1%,
- By 2010 at least 50% of adult people aged 15-49 should indicate that they used condoms during last sexual intercourse with casual partner;
- % of young men and women confirming their sexual life in the age under 15;
- Number of condoms distributed annually by the public sector and the private sector

- **Activities in the area of policy of legal relationships, enabling legal and social environment, facilitating provision of universal access to prophylaxis of HIV in vulnerable groups**

Before 2008:

- to review issue-specific regulatory framework and integrate issues of response to HIV in legislative acts in area of defence, education, migration, familiar affairs, labour and social protection, legislatively envisaging implementation of preventive activities by relevant services, organizations and entities, regardless of their legal status and ownership,
- to develop and adopt regulatory document ensuring and regulating training on the issues of HIV infection and its prophylaxis in educational institutions;
- To develop national information and communications program focused on mass media,
- to revise, update, complement and adopt sub-sectoral legislative acts in the sector of Homeland Security, Defence, Internal Affairs, Migration, Family and Women Affairs to ensure information, education and communications for uniformed services, migrants, street children taking into account secured universal access to prophylaxis, envisaging mechanisms control over execution in coordination with non-governmental sector.
- to have regulations setting rules for participation of NGOs in teaching adolescents with the purpose of information, education and communications on the issues of HIV infection deploying peer-to-peer techniques, including opportunity to use summer camps and off-class activities
- Sector of labour and social protection to develop, approve in line with the established policy and issue a regulatory document on training and awareness rising on the issues of HIV prevention in a working place.
- When developing National, sectoral and joint programs by separate ministries and agencies in the area of HIV/AIDS to make mandatory to integrate the issues of reduction of special vulnerability of women to HIV/AIDS, achieving gender balance in access to preventive goods and services;
- To improve and expand the system of VCT, to develop regulations on testsing, including among uniformed services guaranteeing the observation of confidentialiaty and anonimity;
- to develop provisions on friendly health care facilities with particular features of providing services to the vulnerable groups, including adolescents, giving to trained structures, including NGO-based after their legitimate certification of eligibility an opportunity to conduct STI testing, counceling and treatment;
- to develop regulatory documents on prophylaxis, counceling, diagnostics, treatment of STIs, including specifics of their administration for adolescents;

- **Implementation arrangements for preventive programs, ensuring access for vulnerable groups (youth, street [neglected] children, uniformed services, migrants, women) to prevention of HIV transmission with use of all available powers and means**
- In 2007 to conduct a national survey of learning performance on knowledge, attitude, practice and behaviour among young people 15-24;

By 2008:

- To review and revise the existing curiculum, learning materials, to develop and make recommendations on the mechanism of introduction of learning programme on life skills in the area of health in line with international standards to the general secondary schools, secondary vocational educational institutions, colleges, in-service training institutes and non-governmental organizations as strengthening of National programme on education development 2003-2010;
- to revise in-service teacher's training methods focusing on the development in students life skills necessary for the prevention of HIV
- to develop mechanism of introduction for peer-to-peer learning techniques to the curiculum of general secondary schools, secondary vocational educational institutions, colleges, in-service training institutes:
- to develop mechanisms of interaction with on-governmental sector and with informal community leaders, religious organizations, private sector, mass media and to expand their participation in the public health promotion;
- to expand implementation of preventive programs for youth in the off-class setups, clubs, summer camps with use of different methods of presenting the informations, including production of educational movies on the healthy life style, including prophylaxis of HIV/AIDS and expansion of respective promotion among students of pre-service teacher training institutes;
- to develop, approve as per established order and publish trainer guidelines manual on the HIV prevention in a working place, with dissemination of reference book through local governments to the enterprises and organizations;
- When designing curiculum and learning materials on all levels of educational structures to include aspects focused on the reduction of specific vulnerability and high exposure of women and girls to HIV/AIDS.

By 2010:

- to develop, approve and produce learning materials for teachers and secondary school students, in-service training students, students of secondary and tertiary institutions of uniformed services on life skills in the area of health on all levels of educational structures;
- To develop national capacity from teachers, adolscent physicians, young people for introduction of the life skills programm in the area of health,
- to develop mechanism of certification for trainers from formal and informal educational structures and volunteers from young people on LS and peer-to-peer education;
- Over 2007-2010 to publish with circulation at least 1 million copies the tailored IEMs on the prevention of HIV transmission in Tajik, Russian and minorities languages taking into account their needs;

- to update and publish during 2007-2010 with the total circulation at least 1 million copies the IEC materials for prevention of HIV transmission addressed to vulnerable groups in Tajik, Russian and other relevant languages of ethnicities residing in particular geography, taking into account their needs.
- Over 2007-2010 to expand the STI testing and treatment, availability of preventive goods through the system of youth-friendly services through broad integration of latter in the existing structures based on the public health and non-governemntal sector on the national level;
- To promote and facilitate social marketing of condoms in Tajikistan and to expand social promotion to rise public awareness on safe sex and use of condoms;

Objective 3. To reduce susceptibility of people to HIV infection through enabling access to effective STIs treatment

Indicators and targets:

- By 2010 the STI services are provided by all public health care facilities based on the WHO recommendations;

- **Activities in the area of policy of legal relationships, enabling legal and social environment, facilitating provision of universal access to STIs treatment**

  - By 2008: to revise, update and approve in line with the established policy regulatory acts of the Ministry of health on providing STI services to people shifting away from outdated stereotypes and being guided by WHO position.

  - **Programme implementation arrangements, ensuring access to of population к treatment STI**

Before 2008:

- update national guidelines on STI treatment based on the WHO recommendations and taking into account outcomes of monitoring the public attitude to the conditions of STI services provision,
- to develop curiculum on the techniques of the STI diagnostics and treatment, including issues of developemnt of communication skills with members of different groups, introduction to the in-service doctor training for physicians with different majoring;
- to introduce in qualification requirements for physicians of relevant specializations the basic knowledge and skills in the area of STI diagnostics and management.
- to develop and publish tutorial for general practitioner and students of pre-service doctor training institute [TGMU named afetr Aby Ali Ibn Sino] on the STI diagnostics and treatments;
- Over 2007-2010 to prepare necessary number of experts on the syndrom management of STI case to introduce it countrywide.

Objective 4 To ensure access for people to the comprehensive services reducing MTC transmission

Indicators and targets:

By 2010:

- at least 80% of pregnant women with HIV and produced a newborn will receive the full course of antiretroviral therapy in line with the national treatment guidelines;
- Annual number of HIV-infected children from HIV-infected mothers is under 8%;
- at least 90 % of pregnant women are monitored by a gynecologist;
- at least 99% of pregnant women (monitored/registered by a gynecologist) should be offered the voluntary counceling and testing for HIV

- **Activities in the area of policy of legal relationships, enabling legal and social environment, facilitating provision of universal access to prophylaxis of MTCT of HIV**

  By 2008: update national guidelines on prophylaxis of MTCT of HIV based on the recommendations of UNAIDS, WHO, UNICEF

- **Programme implementation arrangements ensuring access for public to prophylaxis of MTCT of HIV**

- Starting from 2007 to offer to all pregnant women willing to keep pregnancy, voluntary counselling and testing for HIV in all antenatal care and identifying optimal ways of delivering blood and for examination.

- By 2007: to mobilise donor resources and procure rapid test systems for HIV diagnostics HIV in women referred to antenatal care during delivery.

Before 2008:

- To develop education programs on prevention of MTCT of HIV the central in-service training institute and its branches. To center the physicians' training programs providing STI services towards development of interpersonal and communication skills, envisaging their skills to communicate with pregnant women from different groups convincing them to get voluntary counselling and testing for HIV;
- to introduce in qualification requirements fro general practitioners, family doctors, gynaecologists, urologists, infectionists and theurapists the basic knowledge and skills in the area of MTCT prophylaxis.
- To develop, approve and issue text books for general practitioners and medical students on the MTCT prophylaxis and treatment, distributing it among physicians and medical students.
- To establish the package of medicines for prevention MTCT of HIV and rapid HIV tests, in line with the national protocol mapping their locations.
- Before 2008: to mobilise donor resources and establish targeted stock of supplementary feeding for newborns from HIV-positive mothers by commercially available baby food. Emergency stock of such foods must be available in all AIDS centres. To design mechanism for free delivery of supplementary feeding as needs for that will emerge.

- In 2007-2010 to ensure the interaction between reproductive health services with mahalla councils and non-governmental organizations with objective of possible early registration in health care facility for all pregnant women in antenatal period, their timely counceling and promotion of HIV tests.

Objective 5. To ensure safety of medical manipulations, including safety of blood transfusion and other transplantations, ensuring access for people to HIV post-contact preventive treatment with drugs

Indicators and targets:

By 2010

- All blood for transfusion should be 100% tested, blood components and products should be on carantine after collection for the period equal the maximum possible serological `window` of donor depending on the sensitivity of applied test systems;
- Suspend the cash-for-blood practice.

- **Activities in the area of policy of legal relationships, enabling legal and social environment, facilitating provision of universal safety measures and post-contact prevention**

  - By 2008: to revise, agree and approve by the regulatory act a national project on ensuring safety of blood and envisaging the upgrade of equipment in the blood centres, stock of supplies and consumables and human capacity.
  - Before 2008: to develop, agree and approve sectoral regulatory document on implementation of universal safety rules including safety standards, means and tools of individual protection with the purpose to prevent nosocomial transmission of HIV, including transmission on HIV from health care providers and also in line with the WHO recommendations delivery of post-contact prevention and in case of high exposure risk.
  - In 2007-2010 free donorship will be promoted, signs for transfusion of blood and its products will be limited, mandatory HIV testing of donors and blood samples within every collection of blood, flesh and organs for transplantation, delayed transplantation; screening blood samples for positive result on HIV and other communicable diseases, outfitting blood station laboratories with highly sensitive blood testing systems.

- **Programme implementation activities ensuring access to protective means and post-contact prevention**

  - To publish and disseminate regulatory document by the Ministry of Health on universal safety measures in all health care facilities and assure staff awareness on them,
  - To mobilize resources for procurement of necessary tools and facilities by every health care setup.

- Before 2008: General manager of every health care facility officially appoints a staff member in charge for post-contact prevention,
- To ensure training for all doctors of AIDS services, emergency aid services, laboratory services, obstetricians-gynecologists, forensic services engaged in the check-up of live bodies; to prepare the sets of ARV in line with WHO guidelines, concentrate them for emergency cases in emergency aid services and large HCFs with the follow-up use of ARV reserves available in the republican and oblast AIDS centres and inform all health care providers and other staff maintaining contact with blood on availability of post-contact treatment.

Objective 6. To ensure comprehensive prevention and opportunistic diseases among PLWH, including TB drug treatment

Indicators and targets:

- By 2010 the TB drug treatment covers 100% of PLWH contacted TB patients, including in prisons;
- At least 90% of PLWH should be protected from secondary diseases (toxoplasmosis, bacterial intestinal infection, protosoic invaisions and etc.).

- **Activities in the area of policy of legal relationships, enabling legal and social environment, facilitating universal access to prevention and prophylaxis of opportunistic diseases**

  - By 2008: to develop, agree and approve regulatory document on prophylaxis and early diagnostics of secondary diseases in PLWH, determining basic standards of relevant health care services guaranteed by the state.

- **Implementation arrangements access to the prophylaxis of opportunistic infections**

From 2007

- to introduce TB drug treatment for PLWH contacted active TB patients including prisoners

  - To ensure the biannual gynaecological check up for all HIV infected women with cytological test of vaginal smear in order to identify atypical cells for early diagnostics of cervical cancer.

  - In 2007-2010 to provide training and awareness rising activities among PLWH on principles of the HIV management. To develop, issue and disseminate corresponding memos and leaflets so every man/women living with HIV/AIDS would receive it in the course of referral or follow up.

  - In 2007-2010 AIDS centres should train non-governmental organizations initially those that work with PLWH in the area of prevention and control of secondary diseases.

Objective 7. To guarantee ARVT to PLWH in need for such therapy

Indicators and targets:

- By 2010 the proportion of PLWH on ARVT in line with national guidelines should be at least 50% from the number of patients in need for treatment;
- at least 70% of HIV infected adults and children remain alive in 12 months after the start of ARVT;
- at least 90% of officislly registered HIV infected people once a year undergo a medical check up;
- at least 90% of AIDS patients are covered with palliative support and care;
- at least 100% of patients in the process of being treated with ARV receive social and psychological support with pbjective to ensure their adherence to the treatment;
- at least 90% of patients with HIV/TB co-infection should received ARV;

- **Activities in the area of policy of legal relationships, enabling legal and social environment, facilitating access for PLWH to the ARVT treatment**

Before 2008:

- Update and approve by a regulatory document issued by the Ministry of Health the protocol of management of PLWH with the purpose of timely identification of signs for ARVT.
- to review a possibility to ensure access to substitution supportive therapy for PLWH on ARVT taking into account recommendations by WHO, UNAIDS, UNODC and if approved to include methadone in the list of essential drugs and issue relevant paper regulating its use.
- to ensure access for prisoners to the modern laboratory diagnostics of HIV- infection, including CD4 tests with provision of comprehensive ARVT as well as psychological assistance to HIV-infected prisoners;
- To develop strategy for procurement of antiretroviral drugs with the purpose of keeping their necessary stock and variety, taking into account requirements of the international and national law.

- **Implementation arrangements for access to ARVT**

  - Starting from 2007 to introduce training on antiretroviral treatment of students in medical institutions, in-service trainees, including TB doctors, infectionists, oncologists, STI doctors, psychiatrists-narcologists, obstetrician-gynaecologists, neuropathologists, theurapists, paediatricians and family doctors and in order to achieve this objective to introduce them to the relevant national protocol in the course of AIDS management in line with the current curriculum.

  - To continue practice of prescribing and management of ARVT by all physicians depending on dominating syndrome

- Eo include in all programs of in-service training of physicians of all categories to manage ARVT.
- to ensure on-going training for NGOs and PLWH on antiretroviral treatment.
- With assistance from NGOs to continuously develop adherence to ARVT in PLWHA with special focus on IDUs

Objective 8 To guarantee treatment of opportunistic diseases, provision of palliative help and care to PLWH in need

Indicators and targets:

- In 2010 the outcomes of rapid assessment show that health and social services to PLWH are carried out in the same amount as to other people whose health is in the same category of disease.

- **Activities in the area of policy of legal relationships, enabling legal and social environment, facilitating access for PLWHA to the treatment of opportunistic infections**

By 2008:

- to revise regulatory framework of the Ministry of Health relevant to the treatment of HIV associated diseases
- To make a manadatory a unconditional reception and treatment of PLWHs, suffering from secondary diseases in respective HCFs and wards of diversified hospitals;
- Based on the recommendations of WHO to develop health formular to ensure syndrome case management of most often countered opportunistic diseases in PLWH.

- **Implementation arrangements for access to ARVT**

- Starting from 2007 to deliver training to NGO staff and also PLWH family members on specifics of care. To develop and issue literature on specifics of care for PLWH and disseminate this book among NGOs.
- to ensure coordination of efforts taken by governmental, international governmental and non-governmental organizations and all other concerned NGOs, including National Red Crescent Society, local and religious communities in the development of programs on care and support for PLWH
- Before 2008 to establish the stock of medicines for treatment of opportunistic, rarely used in Republic of Tajikistan for treatment of opportunistic diseases (paromomycin, albendazol, pirimetamin and etc.)
- Starting from 2008 to include in the curiculum of pre-service doctor training institute [TGMU named after Abu Ali Ibn Sino] and other health training institutions courses on palliative care for PLWHs with use of respective national protocol including update of text books and learning materials with corresponding section;

- By 2007: to consider the rationale for introduction of additional position of psychologist, social worker, infectionist, gynaecologist and lawyer with AIDS centres to word with PLWH.
- During 2007-2010 to broaden the range and coverage with preventive services for PLWH with objective to prevent the HIV transmission and repetitive infection;
- To ensure continuous psychological work with PLWH by coordination of efforts of psychologists working in the public health care facilities.

Objective 9. To guarantee social support to PLWH, their family and circle members

Indicators and targets:

- % of PLWH maintaining livelihood on the level corresponding with the official livelihood minimum;
- % of families with HIV infected child receiving child care welfare.

- **Activities in the area of legal relations, enabling friendly legal and social environment guaranteeing social support for PLWH, their family members and relatives.**
  - By 2008 to develop subordinate legislation facilitating the comprehensive implementation of the Tajik Law on response to HIV/AIDS.

- **Activities to ensure access for PLWH and people affected by HIV to social assistance**

Starting from 2008

- to involve PLWH in the implementation on the household development projects, (for example through microlending in combination with provision or training and support to start up their own business based on the regional specifics, including for family that moved to rural area for settlement with possibility of farming and live stock breeding),
- to develop and launch project implementation on professional training and re-training of PLWH ensuring their employment;
- to develop and launch project implementation on social rehabilitation of PLWHA, including ex-prisoners;
- to develop and carry out implementation of program on social support for orphan children or on institutional care due to HIV-infection;
- By 2008 to create a system of independent national monitoring over observation of PLWHs rights in line with existing legislation and promote use of existing mechanisms of legal protection for observation of rights of PLWH.
- To facilitate awareness among PLWH and members of vulnerable groups of population on their rights, effective involvement of PLWH and other vulnerable groups in decision-making on all levels;
- When developing and introducing learning programmes in the area of HIV/AIDS, focused on the professional training of experts (health care providers, lawyers, law reinforcement staff, social and education workers, force structures [uniformed services], including interior and penitentiary staff,

- To include in the educational and sectoral programmes the development of tolerance towards PLWH and other most at risk groups of population and observation of their rights as stipulated in the existing legislation.

6.1 Key approaches for achieving priority objectives of the Programme

Most important milestone to ensure efficiency of preventive and treatment programmes, as well as programmes of care and support is the introduction of universal access. in this connection it is necessary for Tajikistan by 2008 to develop, get endorsed by donor organizations and approvey as per established policy the least guaranteed standards of HIV prevention, treatment, care and support.

Least national standards of prevention should include education, information, communications, including in educational institutions in line with national curiculum regardless of their ownership status [legal status] and sectoral subordination, in state-owned mass media, as well as in health care organizations. Special importance is represented by integration of information and educational component in the primary health care services, that should be included in the provisions on the activity of respective organizations and their staff [terms of reference].

Content of information and education program for all populations should imperatively include data on the modes and factors of HIV and STI transmission and ways to reduce risk, including use of condom for sexual intercourse. Training and information for groups of population with high exposure risk to HIV should take into account all these risks and produce sound recommendations focused on risk mitigation among highly vulnerable groups with risk practice.

With the purpose to implement the Programme it is necessary to develop and adopt a policy to ensure access for population to preventive goods (condoms), in particular, in terms of their retail at the affordable\reasonable prices, providing guidelines on their use.

It is necessary to have people guaranteed possibility to receive STI health care services on those conditions as people are ready to accept, including to ensure the drug administration in line with the minimal standard of health services in out-patient care. Before 2008 this standards should be developed in line with the WHO recommendations and mobilise the international donor resources to secure the availability of STI drugs.

It is necessary to ensure such access for public to VCT when blood for HIV test would be collectable in all HCFs. Health care providers should inform patients about availability of such set-ups, it is also necessary to have external promotion, including channeled through mass media.

Information on possibility to receive access to preventive, treatment programs, as well as to the programs of care and support should be communicated to people with use of all avaialable information channels.

6.2 Monitoring of the implementation of the Programme

- In 2007-2010 in Tajikistan the monitoiring system will be developing based on the expansion and improvement of sentinel surveiliance as well as on the notofication of cases with HIV infection. At this the reliability of data should be improved through improved access and analytical technologies;
- Monitoring of response activities under this programme will be carried out in line with national guidelines on monitoring and evaluation and designed indicators[2], approved by the NCC with integration in sentinel surveillance among vulnerable groups of population and participation of all key interested partners.
- It is necessary once in two years to revise the set of national indicators and where required to update with additional ones and (or) withdraw non-performing indicators. Monitoring will use rapid assessments with objective to identofy the number of hard-to-access groups (IDUs, CSWs, MSMs, migrants and neglected [street] children). Besides in parallel will be conducted programme monitoring including coverage of different groups of population and treatment of PLWH as well as availability of resources.
- Programme monitoring plan will be agreed will all concerned stakeholders and approved once a year on the NCC meeting. Reports on the implementation and evaluation of outcomes will be discussed during country conferences with participation of all concerned stackeholders.
- Capacity of central and regional AIDS centres will be strengthened as focal points of monitoring, evaluation, projecting, outlook and current planning on the country and regional levels;
- Single data base will be established on HIV infection, accessible for all partners on the basis of one system of indicators;

6.3 Programme financing

- Government will steadily generate resources to ensure implementation of activities under this Programme, including government support addressed to the AIDS service NGOs.
-Along with it the mobilisation of the international donor resources

6.4 Programme management

NCC will be in charge for the programme management with the Secretariat as a working body. Secretariat will deal with coordination among different sectors represented in the NCC. National expert body is the Republican AIDS centre.

With the purpose to implement this Programme after its being approved to develop and approve by CCM the detailed plan of implementation jointly with monitoring plan year by year.

[2] Monitoring and evaluation guidelines for HIV/AIDS response, Dushanbe 2006

Based on this programme every concerned structure of the public sector, including Ministries of Internal Affairs, Health, Defence, Education and Science, Labour and Social Protection, Justice, Committee on Homeland Security, Committee on women and children affairs as well as regional executive bodies, Dushanbe City and country rayons will design, agree and approve in line with approved policy their sectoral and regional programs of response to AIDS epidemics. High level official of every concerned central executive body and local executive authority will issue the resolution [PRIKAZ] identifying subordinated officers in charge for implementation of programme on response to HIV epidemics and describing their updated terms of reference.

Annex

Calculation of the financial needs for implementation of the Programme on the response to the epidemic of HIV in the Republic of Tajikistan for the period 2007-2010 (in US$ million)

Objectives	Activities	Amount in US$ mln 2007-2008	Involved resources 2007-2008	*Deficit 2007-2008*	Amount in US$ mln 2009-2010	Involved resources 2009-2010	*Deficit 2009-2010*
1.	Groups with high risk of exposure to HIV (IDUs, CSWs, MSMs, prisoners) have accepted preventive behaviour	16.4	3.26	*13.2*	16.6	5.0	*11.6*
2.	Other vulnerable groups (youth, including street children, uniformed services, migrants, women) have changed behaviour towards significant reduction of HIV transmission risk	4.0	1.5	*2.5*	0.8	0.1	*0.7*
3.	To reduce susceptibility of people to HIV infection through enabling access to effective STIs treatment	0.25	0.06	*0.2*	0.7	0.01	*0.69*
4.	To ensure access for people to the comprehensive services reducing MTC transmission	0.6	0.1	*0.5*	0.5	0.1	*0.4*
5.	To ensure safety of medical manipulations, including safety of blood transfusion and other transplantations, ensuring access for people to HIV post-contact preventive treatment with drugs	0.1	0.05	*0.05*	0	0	*0*
6.	To ensure comprehensive prevention and opportunistic diseases among PLWH, including TB drug treatment	0.3	0.05	*0.25*	0.2	0.02	*0.18*
7.	To guarantee ARVT to PLWH in need for such therapy	3.8	1.2	*2.4*	4.8	0.3	*4.5*
8.	To guarantee treatment of opportunistic diseases, provision of palliative help and care to PLWH in need	0.6	0.0	*0.6*	0.4	0.0	*0.4*
9.	To guarantee social support to PLWH, their family and circle members	0.1	0.0	*0.1*	0.07	-	*0.07*
	TOTAL:	**26.15**	**6.22**	***19.8***	**24.07**	**5.53**	***18.54***

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