

Estimated number of people needing antiretroviral therapy (0-49 years), 2005: <200
 Antiretroviral therapy target declared by country: not declared

Estimated number of adults and children living with HIV/AIDS - 2003



1. Demographic and socioeconomic data

	Date	Estimate	Source
Total population (millions)	2004	6.3	United Nations
Population in urban areas (%)	2005	24.1	United Nations
Life expectancy at birth (years)	2003	61	WHO
Gross domestic product per capita (US\$)	2003	236	United Nations
Government budget spent on health care (%)	2002	5.7	WHO
Per capita expenditure on health (US\$)	2003	12	WHO
Human Development Index	2004	0.671	UNDP

*= Percentage of young people 15-24 years who correctly identify two major ways of preventing the sexual transmission of HIV (using condoms and limiting sex to one faithful, uninfected partner), who reject the two most common local misconceptions about HIV transmission, and who know that a healthy looking person can transmit HIV.

**=Percentage of young people 15-24 years reporting the use of a condom during sex with a non-regular partner in the last 12 months.

* National estimates from 2005 indicate that <6 800 people were living with HIV/AIDS in Tajikistan. HIV/AIDS estimates are currently under review. WHO/UNAIDS will provide updated HIV/AIDS estimates in May 2006.

** Multiple Indicator Cluster Surveys

2. HIV indicators

	Date	Estimate	Source
Adult prevalence of HIV/AIDS (15-49 years)	2003	<0.2%	WHO/UNAIDS
Estimated number of people living with HIV/AIDS (0-49 years)	2003	<400*	WHO/UNAIDS
Reported number of people receiving antiretroviral therapy (0-49 years), 2005	Dec 2005	5	WHO/UNAIDS
Estimated number of people needing antiretroviral therapy (0-49 years), 2005	Dec 2005	<200	WHO/UNAIDS
HIV testing and counselling sites: number of sites	2005	130	National AIDS Council
HIV testing and counselling sites: number of people tested at all sites	2005	53 423	National AIDS Council
Knowledge of HIV prevention methods (15-24 years)% - female*	2000	1	MICS**
Knowledge of HIV prevention methods (15-24 years)% - male*		NA	
Reported condom use at last higher risk sex (15-24 years)% - female**		NA	
Reported condom use at last higher risk sex (15-24 years)% - male**		NA	

3. Situation analysis

Epidemic level and trend and gender data

In the aftermath of a five-year civil war following its secession from the Soviet Union in 1991, Tajikistan is making the transition from a centralized to a market economy. Its economic situation remains fragile, however, and Tajikistan continues to be one of the world's poorest countries due to the uneven implementation of structural reforms, widespread unemployment and a high external debt burden. The true HIV/AIDS prevalence in Tajikistan is unknown, mainly due to the lack of testing facilities in most areas. According to official national statistics, authorities had recorded a cumulative total of 506 people living with HIV/AIDS as of November 2005. Of these, 431 were male and 75 female; 357 were injecting drug users and 70 were infected through unsafe sex; 3 were pregnant women and 4 were younger than five years of age. In 2005, 189 new HIV cases were recorded. Improved diagnostics may have played a role in the sharp recorded increase. The epidemic, which is still at an early stage, appears to be concentrated, primarily spreading among injecting drug users. A high prevalence of sexually transmitted infections, in addition to commercial sex work and migration, could facilitate transmission to other population groups. In addition, the transit of drugs through Tajikistan has intensified since 1996, and the number of injecting drug users has increased considerably.

Major vulnerable and affected groups

Major vulnerable groups include injecting drug users, prisoners, sex workers, migrants, young adults (especially unemployed people) and street children.

Policy on HIV testing and treatment

A 1993 resolution of the Supreme Council (parliament) of Tajikistan put into effect a National Law on AIDS Prevention, which entitled every individual to confidential HIV testing. This law was revised in accordance with international best practices in 2002 and again in 2005. The National Strategic Plan to Prevent HIV/AIDS Epidemics in Tajikistan for 2002-2005 stipulates the provision of suitable treatment and care of people living with HIV/AIDS. The Ministry of Health is working to develop a new strategy for the coming years.

Antiretroviral therapy: first-line drug regimen, cost per person per year

Antiretroviral therapy is planned to be provided with support from a Global Fund to Fight AIDS, Tuberculosis and Malaria grant by early 2006. Local physicians have been trained through the independent, nongovernmental Knowledge Hub for the Care and Treatment of HIV/AIDS in Eurasia in Kiev as well as locally with experts invited by the Global Fund. The relatively small market for the drugs hinders the price reductions that bulk purchasing arrangements would enable.

Assessment of overall health sector response and capacity



Tajikistan's political leadership has demonstrated strong commitment to preventing HIV/AIDS. A presidential decree in 1997 approved the first National Programme on HIV/AIDS and established the National Coordination Committee for HIV/AIDS Prevention, chaired by the Deputy Prime Minister. The second National Programme on HIV/AIDS and Sexually Transmitted Infection Prevention 2001-2007 was adopted in December 2000. AIDS centres have been established in Dushanbe and all regional centres. The government has adopted a widely accepted multisectoral National Strategic Plan to Prevent HIV/AIDS Epidemics in Tajikistan for 2002-2005. This will be renewed in early 2006 with support from UNAIDS and WHO. The main interventions include education and information; improved access to voluntary and testing; condom promotion and improved supply; disinfectants, syringes and needles for injecting drug users; and suitable treatment and care of HIV/AIDS. WHO HIV/AIDS treatment protocols were adopted and published in August 2004. A draft plan for scaling up antiretroviral therapy has been developed, and Tajikistan's Ministry of Health has appealed to WHO for support in implementation.

Critical issues and major challenges

The cost of antiretroviral therapy is a major barrier to treatment as is the pervasive shortage of trained health care providers. Preventive activities among vulnerable groups are in the early stages. The supply of medicines is inadequate and irregular, and limited laboratory services create even more difficulty in collecting sentinel surveillance data from vulnerable groups. A UNAIDS rapid assessment showed that 60% of the population are not aware of HIV/AIDS transmission routes and prevention measures, especially in rural areas, where 75% of the population live. Officially, diagnosis and treatment are free of charge, but, in reality, users must pay for most of these health care services, including drugs. Underreporting is likely due to the limited capacity of health professionals to diagnose HIV. Further development of the local capacity to treat HIV is required.

4. Resource requirements and funds committed for scaling up treatment and prevention in 2004-2005

- WHO estimates that about US\$ 500 000 was required to support scaling up antiretroviral therapy in Tajikistan during 2004-2005, based on the use of existing human resources to support scaling up.
- The government provides some funding for the National Programme on HIV/AIDS from the national budget, mainly for infrastructure and laboratories, but faces serious constraints in funding health care in general. Most of the financial assistance has been provided by member organizations of the United Nations Theme Group on HIV/AIDS in Tajikistan, including the United Nations Population Fund, UNDP, UNICEF, the Soros Foundation/Open Society Institute and other organizations.
- Tajikistan submitted a successful Round 1 proposal to the Global Fund for total funding of US\$ 2.4 million, focusing on prevention activities among vulnerable populations, capacity-building and improved intersectoral coordination. Activities are being implemented. Tajikistan also submitted a successful Round 4 proposal to the Global Fund, which focuses on expanding prevention activities among vulnerable populations and the provision of care (including antiretroviral therapy) for people living with HIV/AIDS. The total funding requested over five years was US\$ 8.1 million, and total two-year approved funding is US\$ 2.5 million. Implementation of activities under the Round 4 grant began in January 2005, and as of December 2005, US\$ 2.2 million had been disbursed for activities in support of scaling up antiretroviral treatment, treating opportunistic infections and providing care and support for people living with HIV/AIDS. During 2005, the programme target was to support antiretroviral therapy for 50 people.
- The World Bank awarded a recent grant of US\$ 26 million for a regional project in central Asia that aims to minimize the human and economic impact of HIV/AIDS in Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan.
- UNICEF has been implementing a US\$ 6 million programme that includes prevention activities for youth. Additional funding is necessary to improve the health infrastructure, laboratories, blood safety and work with other vulnerable groups.
- The United States Agency for International Development undertakes the CAPACITY project in central Asia, currently focusing on development of protocols and other documentation related to HIV/TB coinfection and training of health professionals on this subject.

5. Treatment and prevention coverage

Despite low prevalence rates, Tajikistan poses a potential risk to contribute to the rapidly spreading epidemic in the central Asian subregion. Central Asia is at the crossroads of the main drug-trafficking routes between east and west, and Tajikistan's neighbouring countries - notably Kazakhstan, Kyrgyzstan and Uzbekistan - have reported growing numbers of people diagnosed with HIV, most of whom are injecting drug users. Availability of antiretroviral therapy in Tajikistan is limited. Under the Global Fund grant, 50 people were expected to begin receiving antiretroviral therapy by the end of 2005.

6. Implementation partners involved in scaling up treatment and prevention

Leadership and management

The National AIDS Centre provides overall coordination, management and leadership. Multisectoral involvement is apparent, with key partnerships established with representatives of the Ministries of Health, Education and the Interior, the National Youth Committee, United Nations agencies and nongovernmental organizations. UNAIDS also provides leadership, advocacy and coordination and mobilization of nongovernmental organizations and resource mobilization. The United States Centers for Disease Control and Prevention finance treatment and prevention programmes.

Service delivery

Republican and provincial centres for AIDS prevention and control play a central role in clinical and laboratory diagnosis, treatment, support, testing, counselling and general guidance. With the support of UNAIDS, international nongovernmental organizations and bilateral donors (including the Soros Foundation/Open Society Institute and the United States Agency for International Development) and local municipalities, 15 trust points for injecting drug users and a pilot project for sex workers have been established to work with vulnerable groups. The World Bank, WHO and the United Nations Population Fund support technical capacity-building activities. Academic organizations, including Tajik Medical University and the Tajik Institute of Postgraduate Education, play a leading role in training students, physicians and nurses. International nongovernmental organizations, including the International Federation of Red Cross and Red Crescent Societies and AIDS Foundation East-West, support the training of volunteers for prevention.

Community mobilization

Government organizations, including the republican and provincial centres for reproductive health and promoting healthy lifestyles, provide leadership in information and education activities. Local nongovernmental organizations, such as Guli Umed (Flower of Hope), Dina and RAN, play an active role in mobilizing community support for people living with HIV/AIDS. International agencies, including UNDP and Population Services International, also support community mobilization efforts. The republican and provincial centres for HIV/AIDS prevention and control provide leadership in prevention activities. Several national nongovernmental organizations and faith-based organizations actively support preventive activities targeting vulnerable populations, including: Aurora, Avesto, Chaika, Mekhrubon, RCVC (Refugees, Children, Vulnerable Citizens), the Tajikistan Red Crescent Society and the Spiritual Board of Muslims. Several United Nations agencies, including UNDP, UNICEF and the United Nations Office on Drugs and Crime, support prevention activities as well as international nongovernmental organizations such as the Aga-Khan Foundation and Open Society Institute (Soros Foundation), which supports harm reduction activities.

Strategic information

The republican and provincial centres for HIV/AIDS prevention and control provide leadership in surveillance activities. The United Nations Theme Group for Tajikistan on HIV/AIDS has supported the National AIDS Centre in conducting rapid assessments of the HIV situation among key vulnerable groups such as injecting drug users and sex workers. The United States Centers for Disease Control and Prevention and the International Organization for Migration support surveillance activities, and UNAIDS provides support for the identification and implementation of best practices, tracking and monitoring and evaluation. The National AIDS Centre has started the national surveillance programme to assess the prevalence of HIV among risk groups and pregnant women. The results of this work are expected to be available in early 2006.

7. Staffing input for scaling up HIV treatment and prevention

WHO's response so far

- Supporting the development of national antiretroviral therapy and care protocols as well as setting national targets for scaling up treatment, including sponsoring a workshop covering the development of national guidelines on antiretroviral therapy and treatment and care protocols in August 2004, supported by the United Kingdom Department for International Development and the German Gesellschaft für Technische Zusammenarbeit (GTZ)
- Providing support for accessing high-quality antiretroviral drugs at minimum prices and facilitating participation in a meeting on reducing the prices of antiretroviral drugs for the Commonwealth of Independent States countries in Baku, Azerbaijan in February 2005
- Providing support for HIV surveillance, including participation in a WHO/UNAIDS workshop on HIV/AIDS estimates for central Asia and the other Commonwealth of Independent States countries in June 2005
- Supporting capacity-building efforts in Tajikistan through the Knowledge Hub for the Care and Treatment of HIV/AIDS in Eurasia established in 2004 and supported by the German Gesellschaft für Technische Zusammenarbeit (GTZ) and WHO in conjunction with the American International Health Alliance
- Distributing condoms on a large scale among military personnel, police, youth and other groups

Key areas for WHO support in the future

- Providing support, including for human resources, to begin delivery of antiretroviral therapy services
- Providing ongoing support for surveillance and monitoring and evaluation
- Advocacy for harm reduction and opioid substitution treatment

Staffing input for scaling up HIV treatment and prevention

WHO staff providing support for HIV/AIDS activities include a Technical Officer for the central Asian republics based in Uzbekistan and a National Programme Officer based in Tajikistan.

