

# TAJIKISTAN

*Report prepared by the Joint UN Team on AIDS*

## JOINT TEAM

UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN WOMEN, ILO, UNESCO, WHO, WORLD BANK, UNAIDS SECRETARIAT, IOM

## JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020-2021

*To overcome the impacts of the COVID-19 pandemic and ensure the continuity of HIV services in Tajikistan, the Joint Team supported the implementation of differentiated service delivery approaches, including multimonth dispensing and rapid refill of antiretroviral treatment services; streamlining of HIV-related supply distribution systems; provision of personal protective equipment for healthcare providers; and distribution of food and nutrition supplies and capacity building among people living with HIV to establish income generating activities and boost treatment adherence. The Joint Team also helped strengthen integrated HIV testing and treatment, including paediatric HIV services in primary health care to eliminate vertical transmission of HIV and keep mothers and children living with HIV healthy. HIV prevention and harm reduction services as well as socioeconomic support were expanded to key populations, in particular people who inject drugs and female sex workers. Women and girls living with HIV were prioritized in the national HIV/AIDS strategy and vulnerable women living with HIV were sensitized on laws related to gender-based violence, government advocacy, financial literacy, and social entrepreneurship.*

## HIV TESTING, TREATMENT AND CARE

The Joint Team supported the transition to Dolutegravir-based treatment under the national treatment optimization plan, which was developed and aligned with the World Health Organization's recommendations. In partnership with the Government and nongovernmental organizations, the Joint Team also made significant contributions to scaling up HIV counselling and testing services among people who are at high risk of acquiring HIV. For example, through Global Fund grants, the Joint Team provided HIV testing services to 19 988 people who use drugs, 13 719 sex workers and 3626 men who have sex with men. Also with the Joint Team's assistance, under the Regional Cooperation Program supported by the Russian Federation, more than 26 000 labor migrants were tested for HIV in 2021.

The Joint Team provided technical assistance to the Ministry of Health and Social Protection of the Population to assess the capacity of the 45 HIV testing laboratories in the country using the World Health Organization's HIV Laboratory Assessment Tool (LAT). The main findings of the assessment highlighted inadequate management of the quality assurance system in HIV laboratory services, including lack of human resources and trained personnel, infrastructure, modern equipment, financing sustainability (high donor dependency), and gaps in the accuracy of documentation. To mitigate these findings, the assessment proposed the need to provide

intensive technical support to improve the quality management system in accordance with international standards. The outcome of the assessment also informed the revision and updating of the National Patient Monitoring Guideline for HIV Care and Antiretroviral Therapy; National Manual for Post-exposure Prophylaxis of HIV Infection; and National HIV Testing Algorithm.

The Government was supported in the development of the national HIV response in the context of the COVID-19 pandemic to ensure the continuity of HIV services in Tajikistan. For example, the Joint Team made significant contributions to streamline continuous stock redistribution systems to avoid stockouts due to pandemic-related lockdown and border transportation delays. Multimonth dispensing and fast-track refills of antiretroviral treatment were implemented to ensure access to treatment services among people living with HIV during the pandemic. The Joint Team also provided support to strengthen the COVID-19 infection prevention and control measures in health facilities. This included the provision of personal protection equipment (PPE) for healthcare providers, including more than 750 staff at AIDS Centres, 158 staff of civil society organizations, 40 staff of the Centre of Narcology that works with key populations throughout the country, and 20 staff members of the Ministry of Justice.

During the COVID-19 pandemic, the Joint Team provided COVID-19 prevention kits and nutrition supplies, including food parcels to 200 pregnant and breastfeeding women living with HIV in Tajikistan. Moreover, 170 women and girls living with HIV received legal assistance, and 160 women and girls living with HIV benefitted from psychological support and HIV counselling services in Bokhtar, Dushanbe, and Kulyab cities, and the Districts of the Republic subordination (DRS).

### **PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF HIV AND PAEDIATRIC HIV SERVICES**

Under the leadership of the Ministry of Health and Social Protection of the Population and with technical support provided by the Joint Team, a comprehensive approach to maternal and child health, including the prevention of mother-to-child transmission of HIV (PMTCT) and the provision of quality paediatric HIV services, was established. Advocacy meetings were conducted with the local government and relevant health services in four districts to prioritize PMTCT, paediatric HIV, and provision of health and social services for women and children living with HIV. District local committees were also established to manage and monitor the progress on active case finding, service provision, laboratory diagnostic, data collection, community involvement for these services.

The Joint Team provided technical assistance for the revision of the national protocols for HIV care, treatment and support service delivery for children living with HIV and PMTCT services in line with the latest World Health Organization's recommendations.

Extensive capacity building driven by the Joint Team among healthcare providers at different levels contributed to the integration of PMTCT and paediatric HIV services into the primary health care, including reproductive health centres, maternity hospitals polyclinics and family medicine centres. This effort included 80 primary health care nurses and 60 gynaecologists and family doctors from primary health care and maternity hospitals in Rudaki district who were trained to improve their skills on delivery of PMTCT and antenatal care for pregnant and breastfeeding women, including women living with HIV. Additionally, 76 primary health care specialists were trained to enhance their knowledge and skills on provision of quality treatment services among children living with HIV; 11 laboratory specialists from maternity units in Faizobod, Rasht, Rudaki, and Shamsiddin Shohin regions were able to enhance their skills on early infant diagnostic. In these four regions, 108 primary health care nurses, 50 gynaecologists, and 49 paediatrician, family doctors, and infectious diseases doctors were also trained on the integration of PMTCT and paediatric HIV services into primary health care. These trained specialists were further supported with regular monitoring and supportive supervision visits.

## HIV PREVENTION AMONG KEY POPULATIONS

The Joint Team continued its advocacy to urge the Ministry of Justice to increase the number of Opioid Agonist Treatment (OAT) sites in prisons. This led to the head of the prison system in Tajikistan signing an order on implementation of OAT in two more colonies and pretrial detention facilities. Financial support was further provided for the establishment of an OAT site in a pretrial detention facility.

In 2020-2021, more than 4680 people who inject drugs received basic services, such as shelter, food, laundry, and hygiene facilities in five Joint Team-supported drop-in centres. Additionally, 1250 people who inject drugs received OAT services in 15 Joint Team-supported OAT sites during the same period.

Through Global Fund grants, the Joint Team implemented HIV prevention and care packages targeting key populations. In 2020-2021, these services reached 30 481 people who inject drugs, 18 055 sex workers, and 12 343 men who have sex with men, and 16 882 prisoners in the country. The package of services included mandatory counselling, information, education, and communication materials, HIV prevention commodities, and referrals to HIV counselling and testing and antiretroviral services.

The Joint Team conducted awareness raising sessions for 50 sex workers with disabilities to improve their knowledge on prevention of HIV and other sexually transmitted infections in Dushanbe, Khorog, Khujand, and Kulayb cities. The pre- and post-test results showed increased knowledge among the trainees.

## HUMAN RIGHTS, GENDER INEQUALITY AND GENDER-BASED VIOLENCE

Technical assistance was provided by the Joint Team for the prioritization of the rights of women and girls living with HIV in the National HIV/AIDS Programme. Gender inequalities, high levels of stigma and discrimination, the existence of discriminatory laws and policies, and lack of information about HIV laws, the rights and obligations of people living with HIV have also been identified in the national programme as key barriers of women's access to HIV treatment.

The Joint Team conducted a training for 60 vulnerable women living with HIV to improve their knowledge of national and international regulations and laws related to gender-based violence, financial literacy, and the basics of social entrepreneurship. They were also sensitised on available gender-based violence, sexual and reproductive health and rights, and family planning services.

The Joint Team also trained 30 female rights advocates who are living with HIV to enhance their knowledge and capacities in engaging with Government authorities; lobbying for the protection of their human rights and elimination of HIV-related stigma and discrimination; and influencing policy and legislative processes at national and local levels.

As part of the *Start and Improve Your Business* initiative, the Joint Team conducted a six-day business skills training for 35 women living with HIV to empower them to start their own business and overcome the economic impact of the COVID-19 pandemic. Participants gained knowledge on how to follow simple and systematic processes in the design of small business projects or initiatives, from women entrepreneurs, awardees of previous business initiatives, and peer educators.

## CONTRIBUTION TO THE INTEGRATED SDG AGENDA

In 2020, the Joint Team developed an Integrated Socioeconomic Response Framework to COVID-19 (ISEF) with short- and medium-term activities for implementation over 18 months. These activities were incorporated into the United Nations Development Assistance Framework (UNDAF) 2020-2022.

Under the UNDAF outcome indicator 3.17, the Joint Team recorded notable results in increasing coverage of HIV prevention and treatment services among key populations and people with disabilities, in line with Sustainable Development Goals (SDGs) 3 and 10.

Several activities related to the empowerment of women living with HIV, such as building their knowledge and capacities for advocacy, leadership, policy formulation, protection of their rights, income generation directly contributed to the achievement of the SDGs 3 and 5.

### CHALLENGES AND LESSONS LEARNED

The COVID-19 pandemic affected the HIV response in Tajikistan by delaying programme implementation and disrupting HIV services and the delivery of goods in the country. The pandemic also negatively impacted women and girls living with HIV and sex workers as they lack vocational education and income-generation skills linked to multiple barriers, including encountering violence, and societal stigma and discrimination.

Furthermore, stigma and discrimination towards women living with HIV, inadequate access to HIV information and services, poor self-esteem, and gender-based violence remain key barriers to their meaningful participation and transformative leadership in the design and implementation of HIV programmes and policies. The health and social needs of people with disabilities, including among sex workers, need to be identified and addressed through implementation of a broader support programme for women and girls living with HIV and key populations with disabilities in the country.

High staff turnover continued to impede the availability and accessibility of services for pregnant and breastfeeding women, children born to mothers living with HIV, and women living with HIV. While HIV testing coverage among pregnant women at primary health care level in Rudaki district reached about 98-99%, the treatment, care, and support services for pregnant women living with HIV were mainly provided through the AIDS Centre.

Lessons learned underscore the need to strengthen collaboration between main services delivery centres for the early detection of pregnant women living with HIV and provision of treatment, care, support services. They also underline the need to develop a detailed district plan for the integration of HIV programmes into primary health care services.

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