

TAJIKISTAN

Report prepared by the Joint UN Team on AIDS

PROGRESS TOWARDS THE FAST-TRACK TARGETS

COUNTRY PRIORITIES/ TARGETS BY END OF 2021	STATUS	RESULTS, END OF 2020
By the end of 2021, new HIV infections among newborns and children reduced by 70%.	ON TRACK	Of 179 new-born babies who received PMTCT at maternity wards in 2020, 1.1% were confirmed with HIV positive status. However, there are new registered HIV cases with unknown mode of virus transmission among children with HIV-negative parents (60% of all HIV registered cases among children ages 0-14 years old) (MoHSP 2020 Report). New HIV infections among children 0-14 were below 200 in 2020. (GAM 2021).
By the end of 2021, coverage of HIV comprehensive prevention programmes among key populations increased by 20% compared to 2018 (Baselines: people who inject drugs, 62%; sex workers, 78.7%; men who have sex with men, 55%).	WITHIN REACH	5 235 360 male condoms were distributed among key populations (about 100 condoms per person per national estimated number). Through the harm reduction programme, every drug user received 166 disposal syringes annually (2020 MoHSP indicators).
By the end of 2021, the capacity of networks of people living with HIV and key populations has been built to address and prevent all forms of HIV stigma and discrimination; relevant stakeholders have been mobilised to remove punitive laws.	ON TRACK	Over ten NGOs, including the network of Tajik people living with HIV have been engaged in capacity building activities to address stigma and discrimination through developing legal documentation or advocacy forums at national and regional levels.

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

Areas of focus of the Joint Team in 2020 included decriminalizing HIV, improving prevention of vertical HIV transmission, maternal health services, and overcoming existing barriers—particularly for women in accessing health services—and strengthening the supportive environment for an effective national response to the HIV epidemic. Ensuring the rights of women and girls living with HIV has been identified as a priority in Tajikistan, in the new National Programme for HIV/AIDS Prevention for 2021-2025. This priority has led to significant joint work on capacity building in the prevention of mother-to-child transmission (PMTCT) and maternal health care, and considerable effort in addressing legal and structural barriers to women and girls accessing HIV treatment through outreach, training, dialogue and consultation with stakeholders, and community engagement.

**TESTING AND TREATMENT
TECHNICAL ASSISTANCE**

An innovative protocol on HIV Recency Testing is being integrated into the routine epidemiological surveillance of HIV cases in the country. In preparation for this integration, the protocol was initially tested, revealing that infection was acquired within the last 12 months for 16.88% out of all newly registered HIV cases in 2019 and 2020. Findings were presented at the regional workshop in Armenia early 2020.

Improved collaboration between NGOs and AIDS centres in 2020 resulted in better coverage of HIV counselling and testing services of key populations; a total of 21 946 people were tested for HIV, and 7960 people living with HIV are receiving ART (GAM 2021).

As the result of the coordinated, well planned, and immediate reaction of the Joint Team, the National AIDS centre and its branches at sub-regional levels engaged volunteers from NGOs to reach out to people living with HIV and prevent a gap in ART adherence during COVID-19. Through distribution of ART medicines (6-months dispensing) for people living with HIV, including members of key populations, women and children, and prisoners, a disruption to access was prevented, and the continuous provision of ARV therapy and other HIV services was ensured during the pandemic.

**PREVENTION OF HIV VERTICAL TRANSMISSION
CAPACITY BUILDING; TECHNICAL ASSISTANCE**

Two clinical protocols on paediatric AIDS and PMTCT have been revised and updated by groups of national experts, in line with WHO recommendations; after endorsement from the Ministry of Health and Social Protection, these will be disseminated among health specialists to further prevent vertical transmission of HIV.

Through the Joint Team's support, PMTCT and paediatric AIDS health professionals received capacity building training provided by the experts of the National AIDS Centre, to integrate their expertise into primary health care (PHC) and antenatal care services. In the city of Rudaki, 40 PHC nurses, and 40 gynaecologists and family doctors from PHC and maternity hospitals enhanced their knowledge on PMTCT; 40 PHC specialists including paediatricians, family doctors and infectious diseases doctors have been trained to treat HIV positive children; and

11 laboratory specialists from four maternity wards have enhanced skills on early infant diagnosis. Experts from the Republican AIDS Centre made monitoring visits to 20 PHC facilities in Rudaki to support this training. Results revealed that of 7638 women tested for HIV in antenatal care, 6917 (90.5%) were tested within 12 weeks (6917), 607 (7.9%) between 13-27 weeks, 113 (1.5%) between 28-40 weeks, and one woman during childbirth. Three women (0.03%) in Rudaki district received a positive test result; all received a package of preventive services.

PREVENTION AND ACCESS TO SERVICES FOR KEY POPULATIONS **ADVOCACY; TECHNICAL ASSISTANCE; CAPACITY BUILDING**

Using a module on comprehensive HIV/STI programmes for sex workers, 32 sex workers in Bokhtar and Khujand received education on STI prevention management through technical training conducted by the CSO Apon, seeking to improve health-seeking behaviour among key populations, especially around sexual and reproductive health (SRH). Pre- and post-training analysis showed an overall increase of 59% in knowledge amongst participants (from 23.4% to 68.2% in Khujand, and from 25.8% to 85.1% in Bokhtar).

Fifteen opioid substitution therapy (OST) sites provided OST to 627 people who inject drugs. With technical and advocacy support from the Joint Team, implementation of a take-home methadone programme has been agreed by the Ministry of Health and launched to ensure continuation of services during the COVID-19 pandemic. In addition, 2300 people who inject drugs received juridical support, including for human rights related issues, at five supported drop-in centres.

Advocacy on behalf of people living with HIV/HCV in prison has enabled regular weekly visits by health specialists, to monitor the quality of treatment and prevention services provided in closed settings.

A bio-behavioural sentinel surveillance study was implemented in 2020, revealing that the prevalence of HIV (0.4%) and hepatitis C virus (0.8%) among migrants is much higher in comparison to the general population. Findings highlighted a lack of resources to reach this target group, in particular in relation to the distribution of information and education communication materials and the procurement of HIV tests and condoms. As a result, the expansion of HIV prevention activities for migrants was included in the new National Programme 2021-2025.

GENDER INEQUALITY, HUMAN RIGHTS, STIGMA AND DISCRIMINATION **ADVOCACY; POLICY DIALOGUE; TECHNICAL SUPPORT; CAPACITY BUILDING**

Through significant advocacy work from the Joint Team, the rights of women and girls living with HIV have been identified as a priority in the new National Programme for HIV/AIDS Prevention for 2021-2025, and the director of the Tajikistan Network of Women Living with HIV was invited to chair the working group on ART.

Over 60 participants, including activists, representatives of different CSOs working on HIV and/or human rights, representatives of the Ministry of Health and Social Protection, HIV/AIDS Centres, members of the established cross-sectoral Gender Thematic Group (GTG), where UN agencies discussed and validated strategic summary and recommendations on lifting discriminatory articles and statements from the Draft Law on Protection from Discrimination. The comprehensive analysis of existing legislation and draft Law on Protection from Discrimination was conducted by the Joint Team to identify statements and clauses discriminatory from the perspective of gender and women living with HIV. Women living with HIV actively participated in the discussion and provided useful recommendations related to employment and adoption, and elaborated on challenges they were facing, i.e. collecting statistical data on discriminatory practices against people living with HIV, HIV criminalization, and refusal of treatment.

The second meeting of the EECA Regional Judges' Forum on HIV, Human Rights and the Law—bringing together over 50 judges from seven countries—was hosted by Tajikistan. Supported by the Joint Team and partners, the Supreme Court of Tajikistan focused primarily on issues related to preventive measures of HIV transmission, exposure and non-disclosure. Legal support was also provided in the context of seven criminal cases and three civil cases related to Article 125 (relating to punishment both for intentional transmission of HIV and causing the risk of contracting HIV), and 274 legal consultations were provided to representatives from key populations.

Thirty-five women living with HIV were supported to contribute and directly participate in the ongoing national assessment to identify key barriers to women's access to HIV treatment in Tajikistan. The key findings of the review will be provided in December 2021 to policymakers, national authorities, programme specialists and experts, donors and CSO and community representatives, to significantly improving access for women and girls to HIV treatment at national scale.

Thirty women living with HIV enhanced their leadership skills by participating in the 'Transformative leadership for HIV response' training organized by the Joint Team, focused on gender-inclusive transformative leadership in HIV programming, including effective communication, networking partnerships, advocacy mentoring, action planning and personal experience sharing about living with HIV. The main purpose of the training was to build the women's leadership skills to address stigma and discrimination and improve their legal literacy, giving them the opportunity to actively participate in decision making processes. Training feedback demonstrated a significant increase (45%) in their knowledge of key principles of transformative leadership and gender equality.

Under the umbrella of the 16-Day against violence campaign, the Joint Team supported the social media campaign 'Together to end stigma and discrimination against women living with HIV', sensitising local communities during the World AIDS Day celebration in selected districts under Central Government Jurisdiction. This activity raised awareness among the general population, and especially among young people, and labour migrants and their families, on benefits of early HIV/STI testing, as well as COVID-19 prevention measures.

A mobile app designed to expand access to confidential, stigma-free services for those exposed to violence and HIV has been developed and tested, ready for 2021 launch, with an expected reach of over 1000 women.

CONTRIBUTION TO THE COVID-19 RESPONSE **TECHNICAL ASSISTANCE; POLICY DIALOGUE; ADVOCACY**

The COVID-19 crisis prompted an urgent and strong mobilisation from the Joint Team to protect the HIV response and ensure the inclusion of people living with HIV and key populations. Technical and financial assistance was provided to accelerate the roll-out of six-month multi-month dispensing (MMD) of ARVs and adherence to treatment. Seven NGOs with approximately 50-60 staff members in total, provided services to over 400 people from key populations; PPE was procured by the Joint Team.

With support from the Joint Team, a hotline service was set up for one month, to ensure the delivery of accurate information to key populations on HIV and COVID-19 prevention, and continuous access to HIV/STI services. Over 300 calls were received during that month; 44.6% of calls were from sex workers, and 55.4% calls were from men who have sex with men; queries related to COVID-19 (66%) and STI/HIV prevention (26%). Callers were referred to health services where appropriate. In addition to this service, over 486 online consultations in the context of COVID-19 and gender-based violence were provided by a virtual network of peer counsellors, for counselling, reliable COVID-19 information and uninterrupted HIV-related services.

Over 500 women living with HIV were equipped with COVID-19 prevention information and hygiene kits. Additionally, nutritional support including food parcels were provided to over 200 pregnant women living with HIV, and women caring for new-born babies.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA

Joint Team efforts to respond to the AIDS epidemic were linked to several SDGs, in particular to SDGs 3 and 5. The Joint Team in Tajikistan - through the United Nations Development Assistance Framework (UNDAF) 2016-2022 - addressed specific developmental needs jointly identified with the national partners. UNDAF has been effectively guiding the UN work, also reflecting international norms and standards and agreed upon goals and commitments for Tajikistan, reflecting the principle of 'leave no one behind' and addressing national development priorities and the needs of the people in Tajikistan. The Joint Team continued to address the capacity needs of individuals to enable access to HIV-services (demand side) and enhance the quality of these services (supply side).

The UN Joint Team has supported capacity building of national institutions to provide client-tailored, integrated SRH services for women, youth and key populations, including building capacities of networks and organisations managed by women, youth, key populations and other specific groups to meaningfully participate in planning and implementing programmes that address their needs and vulnerabilities.

PERSISTING AND EMERGING CHALLENGES AND BOTTLENECKS	KEY FUTURE ACTIONS TO RESPOND TO CHALLENGES AND UNBLOCK BOTTLENECKS
<p>Optimization of resources is still a persisting challenge, especially to achieve the first 90: HIV testing policy is mainly focused on general population and requires a focused strategy for better efficiency.</p>	<p>Sustain and strengthen infection control at national scale, through expansion of the study led by the Ministry of Health; the Joint Team will expand it and conduct a comprehensive study on infection control in selected regions of the country.</p> <p>Advocate with the government to sustain delivery of HIV-related comprehensive services at primary healthcare level, engage communities and leaders, increase coverage of ART services, as well as to continue increasing domestic investment to effectively implement the national HIV response and to close gaps to end AIDS epidemic.</p>
<p>Gaps have been noted in the quality of HIV testing and counselling services provided to pregnant women and particularly to those living in remote areas.</p>	<p>Support the gradual scaling up of capacity building for midwives at primary health care services in remote areas.</p>
<p>OST programme remains at 3% of the estimated number of people who inject drugs in the country. The take-home dosage of methadone approach to stable clients; the lack of qualified narcologists/psychologists; negative attitudes of health professionals, policymakers and communities towards people who inject drugs; and limited integration of OST with tuberculosis and HIV services at some sites remain major challenges to the national OST programme.</p>	<p>Analyses of the programme's effectiveness will be used as basis for advocacy work on revising the national protocol for OST. The Joint Team will continue to work closely with the Ministry of Health authorities, existing OST sites and NGOs on the expansion of the programme.</p>
<p>Despite significant progress in advancing leadership and advocacy skills, women living with HIV continue to face discrimination and violence in communities.</p>	<p>Support the use of country case studies as illustrative examples to inform future planning and programming.</p> <p>Support the mapping of the response to HIV/violence against women and girls (VAWG), and support a gender, HIV and VAWG assessment to strengthen the response. This will include an enhanced integration of VAWG and HIV programmes, in particular around the migration issue, key populations, and towards a more intersectional approach.</p> <p>Use the new National AIDS Strategy as an excellent entry point for in-depth discussions on streamlining the strategy with the Domestic Violence policy.</p>

Stigma and discrimination and criminalisation are resulting in a growing epidemic (particularly affecting women and children), and a failure to reach those in need.

Continue to provide objective evidence of the impact of punitive laws, policies and practices on HIV and health outcomes, and advocate for reform of punitive laws and improving human rights protections for people living with HIV and vulnerable populations.

As part of the development process of the draft National HIV/AIDS Programme for 2021-2025, continue advocating for the decriminalisation of HIV transmission, and the revision of rules on mandatory testing for employment, admission to study, and access to justice.

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