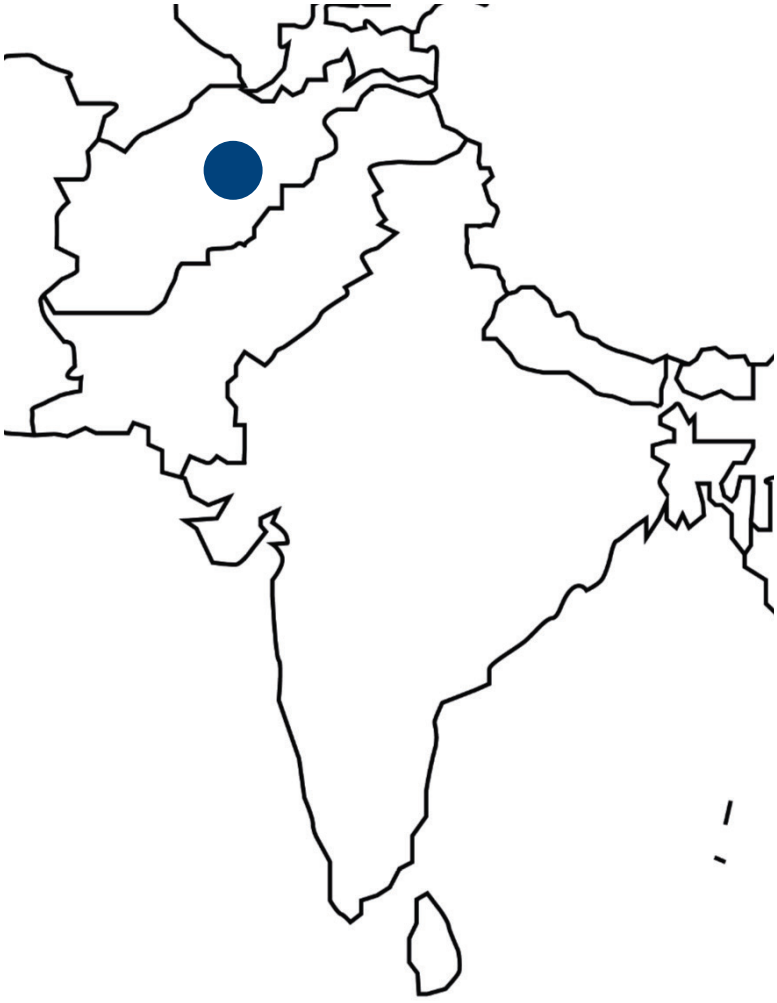
apcom.org

COUNTRY SNAPSHOTS:

AFGHANISTAN



BACKGROUND

Afghanistan is at the western most fringe of the South Asia. Nestled between Iran, Turkmenistan, Tajikistan, Uzbekistan and Pakistan, it has experienced major war and conflicts for three decades. It is currently undergoing major development efforts at several levels. There has been no national level census since the last census in 1979, however as per projections of Central Statistical Organization, the population of Afghanistan for year 2017-18 is estimated to be 29.7 million persons, with 51% males and 49% females. One fourth of the Afghanistan populations live in the rural area.

Afghanistan is at the low and concentrated stage of the HIV epidemic[1]. As per the national plan, the drivers of the epidemic are understood to be injecting drug users, partially intersecting with multiple and concurrent sexual partnerships, gender inequalities and violence, and stigma and discrimination. Determinants of vulnerability include high level of tuberculosis and sexually transmitted infections; drug cultivation, trade and use; low literacy level and poverty; poor HIV-related knowledge; and limited access to sexual and reproductive education. As per the IBBS survey of year 2012, three groups were found to be at high risk viz IDUs, men with high-risk behaviors (MHRB), women with high-risk behaviors and prisoners. There is no known Transgender or Hijra category however in some parts of Afghanistan, well off and powerful men are known to keep a very young boy as a consort and engage in sexual activities with them (Bachhabazi).

Culturally there is a stigma about same sex behavior and legally it is criminalised hence the HIV interventions are aimed at MHRB, which may include men who have sex with men (MSM). MHRB populations are served by the `Male Health Clinics'. Through these clinics, services such as syndromic case management of STIs, promotion of knowledge and consistent condom use and HIV related awareness is created. In addition, BBDs tests, HBV vaccines and general primary health care are made available.

COUNTRY PRIORITIES

The National Strategic Plan under[1] "Investing in the response to HIV - 2016-2020" identifies following priorities that need to be met by 2020:

Priority Area 1:

Enhancing accessibility, coverage, quality, efficiency and effectiveness of HIV prevention interventions among key populations at high risk, vulnerable populations and the general population

Priority Area 2:

Expanding accessibility and coverage of comprehensive and integrated HIV treatment, care, and support for people living with HIV and their families

Priority Area 3:

Documentation and utilisation of strategic information for informed and evidence based decision-making

Priority Area 4:

Creating supportive and enabling environment for a sustained and effective national response to HIV and AIDS

Priority area 5:

Strengthening the governance and programme management at national and provincial levels

DATA SUMMARY

Epidemiology	Estimate	Year
MSM Estimate no. Of MSM[2]	10,700	2012
HIV Prevalence[3] IBBS	0.4%	2012
GARPR[4]	0.5%	2014
Syphilis prevalence among MSM[3]	10.2% (95% CI 3.1-19.5)	2012
HBV[3]	1.6% (95% CI 0.2-4.8)	2012
HCV[3]	5.3% (95% CI 0.2-13.0)	2012
Behavioural	**Estimate**	**Year**
Average number of partners[4]	≥ 1	2012
Condom use during last encounter[4] (anal sex)	17.4%	2012
HIV test in last 12 months[4]	11.3%	2012
Prevention knowledge[4]	4.7%	2012
Reported vaginal sex in last one month[4]	49.5%	2012
IDUse[4] (injected in last 12 months)	3.7%	2012

Crosscutting MSM Risk Behavior[3]

Cities	Ever bought sex from a woman	Ever had sex with men	Ever had sex with a boy	Year
Jalalabad	55.8%	1.1%	28.5%	2012
Charikar	35.4%	1.3%	18.9%	2012
Mazar-i-Sharif	44.5%	1%	18.5%	2012
Herat	73.4%	0.7	10.4%	2012
Kabul	29.3%	0	1.9%	2012
Programmatic	**Estimate**			**Year**
HIV Testing Coverage[5]	17%			2016
People on ART[5] (All)	8%			2016
Legal				
Male to male sex[6]	Illegal			2017
Sex work in private[7]	Illegal			2017
Soliciting for sex[8]	Illegal			2017
Sections criminalising same sex activities[8]	Yes			2017
HIV Policy[1]	National Strategic Plan 2016-2017 provides guidance for the same			2017

FAST TRACK RESPONSE

HIV TESTING STATUS

Both national and international NGOs are present in Afghanistan playing a critical role in delivering health care in Afghanistan. Eighty percent of existing health facilities are either operated or supported by NGOs. NGOs play a key role in reaching most at-risk and vulnerable groups. At present, NGOs are involved in delivering targeted interventions to prevent HIV among high-risk groups, though not on a large scale. The support of NGOs by the health care system is critical, including drug supplies, supervision, training, and incentives[9].

The country has successfully established 10 VCTs, of which two are run by Basic Package of Health Services[10] (BPHS) implementers and another eight are run by NGOs under the NACP. The National Guidelines for HTC services were updated in 2013. There are three ways in which the referral takes place. First, official referral from VCT centres and non-governmental organisation. Second, unofficial referral which takes place from private sectors and third, Individual referral which takes place by the patients themselves[1].

HIV TREATMENT DELIVERY

HIV care and ART are provided in two main sites (Kabul and Herat) and six extension sites in Balkh, Badakshan, Kandahar, Nangarhar, Kunduz and Ghanzi (in existing VCTCs)[11].

INTENSIFIED COMBINATION PREVENTION

Under the national plan priority area 1, the country aimed to scale up and improve the quality of HIV prevention programmes and services for key populations. The activities which support this priority area with regards MHRB are, Community outreach (and peer education) to reinforce accurate knowledge on HIV and increase demand for VTC for HIV and STI, condom promotion, reinforce partner reduction, establish support groups and strengthen networking. PEP also was prioritised under this. Plan envisaged expansion of coverage of PEP services from selected urban centers to provincial health Services (PEP kits procurement and distribution) and partnering NGOs.

Significant communication initiatives to intensify prevention approach under National Strategic Plan III[1]

- National and local behaviour change communication campaigns for general population to re-enforce accurate knowledge on HIV
- Implement mass-media HIV-communication strategy for the general population, using audio-visual communication approaches through TV, radio and internet
- Awareness-raising and sensitisation on HIV and AIDS among key opinion leaders and policy makers – with special attention for PLHIV rights and HIV-related stigma & discrimination and active involvement of PLHIV Associations
- Though activities under intensified combination prevention were planned under the national plan, the status of the same is unknown.

FAST TRACK RESPONSE

OWNERSHIP

At the time of preparation of national strategic plan, a large number of local and international non- governmental organisations such as Afghan Family Guidance Association (AFGA), YHDO, SHDP, HSDO, Shahamat Health and Rehabilitation Organisation (SHRO), Solidarity for Afghan Family (SAF), and Organisation of Technical Cooperation for Technical Development (OTCD) were part of the series of discussions for the purposes of strategy design. People representing the key affected populations also participated in the process giving testimony to the commitment of the national programme to be inclusive[1].

BEST PRACTICE

The national plan[1] has identified following best practices, which may indirectly cover MHRB:

- Harm reduction package to PWID include the distribution of safe injecting kits, collection of used needles and syringes, syndromic management of STIs, counseling for Blood Borne Diseases (BBDs) including VCT for HIV, HCV and HBV testing, condom promotion, primary health care and abscess management, overdose management, referral for TB services, referral to ART, as well as social services like hygiene kits and nutrition in the community as well as in the prisons including male and female in the nine provinces (Kabul, Herat, Balkh, Nangarhar, Badakhshan, Kunduz, Kandahar, Ghazni and Parwan).
- Advocacy project on integration of HIV and reproductive health services through BPHS setting and approach funded by European Commission implemented during the reported period Jan, 2011 to end of 2013. The project is also addresses the unmet need and rights of women and men living with HIV/AIDS to reproductive health services which improved access to RH and HIV services especially for women, young people, people living with HIV and marginalised groups.

ZERO DISCRIMINATION

HIV policy and strategy are both addressing the elimination of stigma and discrimination associated with HIV, PLHIV, and KAPs. NACP is applying a number of interventions that aim at increase awareness of HIV and enable the environment to challenge the high level of social stigma and discrimination. The HIV/AIDS Coordinating Committee of Afghanistan (HACCA) has been a key link in engaging policy makers, community (women, religious) leaders, civil society, and official from line ministries in addressing this target. IEC materials, media spots, and regular awareness raising workshops are channels used to reach different sectors of the Afghan community with sound information on HIV and AIDS[4]. Training with the NGO staff has been conducted on [11]

FAST TRACK RESPONSE

MONITORING AND EVALUATION

The NACP envisaged restructuring the existing surveillance and M&E team to a Strategic Information Management Unit (SIMU). An effective information system will be established that enables the SIMU to effectively manage and coordinate all HIV-related information flows in one national system, which is integrated into the HMIS. Further, the SIMU to integrate with HMIS to share comprehensive HIV/AIDS related information. HMIS implemented by the ministry of public health and is well linked with the NGO sector that is delivering healthcare on the ground. NGOs provide monthly electronic copies of the database to the Provincial Public Health Office (PPHO), which then forwards quarterly copies to the MoPH. When that capacity is not available at the PPHO, NGOs send their replica (Soft copy of data set) to the MoPH, where it gets synchronised into the master file.

All PPHO send their own replica, which in some cases contains the synchronised data of the NGOs, to the MoPH. Anybody contributing data to the system receives quarterly analysis copies of the complete HMIS database. NGOs report to MoPH monthly on basic package of health services (BPHS) implementation for each component. In addition, MOPH reports to cabinet and parliament – helped keep health as a priority within the government. Also HMIS data feeds into annual results conference and strategic planning for MoPH and keep provincial public health offices updated and focused on BPHS. Besides, HMIS data allows NGOs to monitor activities of each facility[12].

PROGRAMMATIC ALLOCATIONS

In the year 2014, Afghanistan received its funding from various sources[5]., 5% from domestic/public resource and 95% from International donors. The biggest donor was Global fund (43%), Bi-lateral Aid by World Bank (42%), UN agencies (9%), and other international agencies (1%).

Investments in The National Plan[1] 2016-2020

Priority Areas	Amount in USD million	% of total of NSP III planned resource	% of total resource in Priority area (Select Items)
Priority area 1 Enhance accessibility, coverage, quality, efficiency and effectiveness of HIV prevention interventions among key population at high risk, vulnerable and general population	37.39	68.06	VCT (10.19%), MHRB (2.42%), Safe Space (1.59%), Condom (1.50%)
Priority area 2 Expand accessibility, coverage of comprehensive and integrated HIV treatment, care, and support for PLHIV and their families.	3.83	6.97	ARV Drugs (30.76%), ART Centers (15.02%) HIV/TB (8.22%), PLHA support (4.74%), PLHA Network (2.56%)
Priority area 3 Documentation and utilisation of strategic information for informed and evidence based decision-making	3.63	6.60	Surveillance (41.19%), SIMU (19.91%), Evaluation studies (0.55%)
Priority area 4 Create supportive and enabling environment for a sustained and effective national response to HIV and AIDS	1.63	2.98	Capacity building (48.83%), Mainstreaming (2.03%), Policy and Advocacy Working Group (0.07%)
Priority area 5 Strengthening governance and programme management at national and provincial levels	8.45	15.38	Provincial Project Management Unit (60.86%)
Total	54.93	100	

TREATMENT CASCADE

There is low coverage and utilisation of HIV testing and treatment leading to delay in treatment and loss of life[1]. This also has an impact on the treatment cascade. Data on the ART cascade is a combined data of all the categories of people therefore not analysed by key population. Two reviews conducted in the 2014 viz External NSP Review and the GARPR Country Progress Report mentioned challenges of retention, particularly for PLHIV who inject drug and/or people who are homeless. As per the onsite data verification (OSDV, 2013), there were challenges with patient level information data collection and management by a single physician at the Kabul ART center. This physician had to send data outputs to multiple organisations in non-standardised reporting formats and timeframes. Also the data were collected and processed in Excel spreadsheet with limited design and use for analysis. The national guideline was revised with the technical cooperation of WHO and UNICEF to provides for initiation of ART for PLHIV with CD4 count of <500 cells/mm3 and Option B+ for pregnant women[1].

ADDITIONAL RESPONSE

PUBLIC-PRIVATE PARTNERSHIP

The national plan envisaged seeking coordination and collaboration with the private sector. This strategy will ensure that the private sector's role in HIV response is strengthened in terms of capacity and technical aspects. The private sector should be updated with the HIV testing algorithm and their input in the HIV reporting system should be established, while monitoring and supportive supervision will be conducted by NACP.

UNIQUE IDENTIFIER CODE

The **Afghan identity card** [13] *(Tazkira)* is a national identity document issued to citizens of Afghanistan. It is proof of identity, citizenship and residence. Currently, neither does it linked with HIV programmes nor any specific UIC for availing HIV services.

ADVOCACY

HIV communication Strategy in 2009 guides communication and advocacy strategy of NACP. The approach focuses on increasing awareness and commitment towards HIV among key stakeholders such as religious leaders, communities, mass media and service providers. Competition among medical students, TV and Radio spots and IEC materials and observation of World AIDS Day since 2003, HIV and AIDS Media Award Programme are some of the key advocacy efforts so far[1].

CAPACITY BUILDING

WHO supports the Ministry of Public Health in Afghanistan through continuous technical support to NACP in programme implementation, monitoring and resource mobilisation, Capacity building of health staff, Facilitating implementation of the harm reduction programme, Coordinating and providing technical assistance to develop a policy to address stigma and discrimination in healthcare settings.

Afghanistan is a part of Project DIVA-MSA, a Global Fund Round 9 South Asia HIV programmer for Community system strengthening grant and implementing in 7 countries[14].

NETWORKS

Three male health centres established (Kabul, Kunduz and Mazar) for MHRB[15]. These have been established by a local NGO YHDO which offers STIs diagnosis and treatment services, peer education programme and outreach services, HIV counselling and testing services, Drop in centre (DIC) services, referral services, HIV treatment, care and support services to youths and marginalised populations.

VIRTUAL NETWORKS

Not known.

GENDER BASED VIOLENCE

Focuses on women

SOCIAL ENTITLEMENT SCHEMES

Social entitlement schemes[16] cover (1) martyr's families, (2) disabled with war-related disability, (3) orphans and children enrolled in kindergartens, (4) victims of natural disasters, (5) pensioners, and (6) unemployed, no coverage for HIV positive people unless they fall in any of the above categories.

CHALLENGES

- National Security issue will always be a concern for any health programme in Afghanistan and will impact health indicators including HIV/AIDS.
- The Government finance and procurement procedures are lengthy hence; access to much needed supplies takes longer than expected[4].
- There is a lack of anti-discriminatory laws hence protection to PWID and PLHIV is weaker[4]. There is a wide spread stigma and discrimination against PLHIVs.
- The MHRB population groups in the country require increased attention and context specific, result based interventions.
- Health systems are yet to be strengthened especially to provide services in a non-stigmatising way.
- Generating awareness regarding HIV/AIDS especially transmission through anal sex is a huge challenge in the existing social cultural context.
- Wives and female partners of MHRB are at risk and require intervention.
- Motivating people for HIV testing and counseling and getting linked to ART is a major area of concern.
- There is a huge gap in the overall treatment cascade. Lack of adequate viral load monitoring facilities is a challenge[4].
- Due to certain social practices, men are putting young boys are at risk of STIs and HIV.

RECOMMENDA-TIONS

- Continuous health system strengthening at different levels, especially pertaining to human resources.
- Creating and testing culturally appropriate IEC for HIV/AIDS awareness for a range of risk behaviors.
- Aligning with national and regional level media to give coverage to HIV testing and treatment related news and articles.
- Exploring possibility of aligning with community forums for awareness and male health.
- Aligning with a partner organisation to refer female partners of MHRB.
- PLHIV support groups must be encouraged for enhanced support.
- Recognising and working on the intersectionality of PWID, MHRB and women as well as young boys for prevention purposes.
- Policy dialogue for test and treat, HIV self test.
- More advocacy and policy measures to deal with `Bacchabazi'.

REFERENCES

1. The National Strategic Plan under "Investing in the response to HIV - 2016-2020" www.nacp-moph.gov.af/wp-content/.../08/NSP-III_NACP_MTAG_24-May_2016.doc
2. http://www.aidsinfoonline.org/kpatlas/#/home
3. Integrated Biological & Behavioral Surveillance (IBBS) in Selected Cities of Afghanistan – NACP , Ministry of Public Health Afghanistan November 2012 http://www.aidsinfoonline.org/kpatlas/document/AFG/AFG_2012_IBBS_PSE_FSW_MSM_PWID.pdf
4. Country Progress Report 2014, Afghanistan National AIDS Control Program http://www.aidsdatahub.org/sites/default/files/publication/Afghanistan_narrative_report_2014.pdf
5. http://www.aidsdatahub.org/Country-Profiles/Afghanistan
6. Afghanistan Implementing Alternatives to Imprisonment, in line with International Standards and National Legislation , Assessment Report UNODC Project, UN, New York 2008 https://www.unodc.org/pdf/criminal_justice/Afghanistan_Implementing_Alternatives_to_Imprisonment.pdf
7. http://spl.ids.ac.uk/sexworklaw/countries
8. The Rights of LGBTI Persons in Afghanistan, SIDA November 2014 http://www.sida.se/globalassets/sida/eng/partners/human-rights-based-approach/lgbti/rights-of-lgbt-persons-afghanistan.pdf
9. http://www.worldbank.org/en/news/feature/2012/07/10/hiv-aids-afghanistan
10. http://apps.who.int/medicinedocs/documents/s21746en/s21746en.pdf
11. http://www.nacp-moph.gov.af/
12. http://www.aehin.org/AboutUs/NewsUpdates/16November2015.aspx
13. https://www.justice.gov/sites/default/files/eoir/legacy/2014/01/16/AFG102680.pdf
14. www.apcom.org
15. http://yhdo.org/162/reducing-impact-hiv
16. Islamic Republic of Afghanistan, Afghanistan National Development of Strategy (ANDS) Social Protection Sector Strategy 2008-2013, January 2008 http://extwprlegs1.fao.org/docs/pdf/afg152314.pdf

We are united in advocating for issues around HIV and those that advance the rights, health and well being of people of diverse sexual orientation, gender identity, gender expression and sex characteristics.

Equity. Dignity. Social Justice.

apcom.org

Equiy. Dignity. Social Justice.

APCOM Secretariat | 66/1 Sukhumvit 2
Klongtoey Bangkok 10110 Thailand
+66 2255 4410 | www.apcom.org | apcom@apcom.org

/apcom.org @APCOM /APCOMorg /APCOMorg /apcom