

Tajikistan

Snapshot

Executive Summary

Overview

The National AIDS Program for the period 2021-2025 (NAP-2025) is closely linked to the Political Declaration on HIV and AIDS adopted by the UN General Assembly in 2016: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030.

Key Populations

Key Populations are people who inject drugs (PWID); female sex workers (FSW); men having sex with men (MSM); prisoners.

HIV Epidemic and Behavioural Data

There are an estimated 14,565 people living with HIV (PLHIV) in Tajikistan. 8,756 are registered with the health system as living with HIV as of January 2020. HIV transmission is increasing in Tajikistan.

Key populations and especially people who inject drugs (PWID) are disproportionately affected by HIV. PWID have an HIV prevalence rate at 12%, followed by female sex workers (FSW) at 2.9% and men having sex with men (MSM) at 2.3%. No data is provided for transgender populations.

The adoption of safe sex behaviour among MSM (78.5% used a condom the last time they had sex with their male partners) and FSW (76.5% used a condom with their most recent client) is relatively high compared to PWID. 52.7% of PWID used sterile injecting equipment the last time they injected.

Program Coverage

It is estimated that 60.2% of PLHIV are aware of their status, 48.5% are on Anti-Retroviral Treatment (ART) and 35.8% of all PLHIV have viral suppression. Self-testing is being introduced. PrEP was scheduled to be introduced for 100 people a year over the period 2020-2022.

Prevention program coverage of key populations in 2019 ranged from 49.9% of MSM to 61.5% of PWID. Based on availability of anticipated funding service availability will be increased by approximately 25% for each group by 2023.

National Strategy Funding

External donors fund approximately 57.7% of the costs to implement the national HIV program.

Policy Environment in relation to HIV, SOGIE and Sexual Behaviour

Both male and female same-sex sexual activity are legal in Tajikistan.

Under Tajik law, transgender people may change their legal gender on their passport if they provide a medical statement that they have undergone sex reassignment surgery.

There are criminal sanctions regarding sex work and drug use.

Criminal code article 125 on intentional HIV transmission is used to persecute persons with HIV with very limited evidence of virus transmission. Stigma and discrimination are reportedly high against key populations and PLHIV.

Meaningful involvement of the Community

Non-governmental organisations (NGOs) are the implementers of HIV programs for all key populations (KPs); many of them are community-led. Additionally, they respond to human rights violations through street lawyers and monitoring human rights violations.



Overview of the National Strategic Plan

The National AIDS Program for the period 2021-2025 (NAP-2025) is closely linked to the Political Declaration on HIV and AIDS adopted by the UN General Assembly in 2016: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030. ¹

Key Populations

Key Populations are:

- people who inject drugs (PWID)
- female sex workers (FSW)
- men having sex with men (MSM)
- prisoners

The estimated number of MSM appears to be unrealistically low (13,400) – approximately 0.5% of the adult male population. The estimated number of MSM is significantly lower than the proportion of MSM estimated by most countries (usually at least 2 % of the adult population).

HIV Epidemic and Behavioural Data

As of January 2020, there are an estimated 14,565 people living with HIV (PLHIV) in Tajikistan, out of them 8,756 registered with the health system as living with HIV. The HIV epidemic is on the rise in Tajikistan. In 2019 the reported HIV prevalence per 100,000 population reached 96. ²

Key populations and especially people who inject drugs (PWID) are disproportionately affected by HIV. HIV prevalence rate for PWID stands at 12%, followed by female sex workers (FSW) at 2.9% and men having sex with men (MSM) at 2.3%. No data is provided for transgender populations.

Key Population Size Estimates and HIV Prevalence		
	2018 Population Size Estimate	HIV Prevalence %
PWID	22,200	12
FSW	17,500	2.9
MSM	13,400	2.3

The adoption of safe sex behaviour among MSM (78.5% used a condom the last time they had sex with their male partners) and FSW (76.5% used a condom with their most recent client) is relatively high compared to PWID. 52.7% of PWID used sterile injecting equipment the last time they injected.

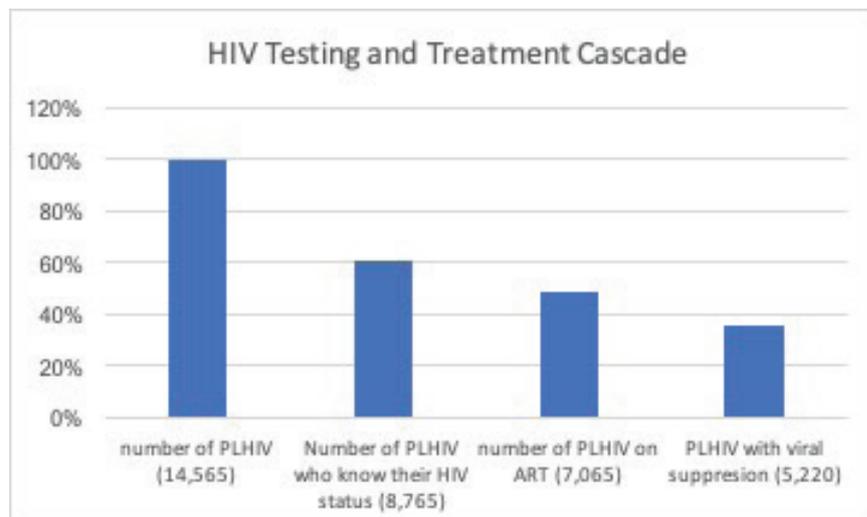
Key Population Risk Behaviours		
	Safe sex	Safe injecting
PWID	37.6%	52.7%
FSW	76.5%	
MSM	78.5%	



Program Coverage

It is estimated that 60.2% of PLHIV are aware of their status, 48.5% are on anti-retroviral treatment (ART) and 35.8% of all PLHIV have viral suppression.⁴

It is anticipated that funding will be available to provide ART to 78% of PLHIV in 2023.⁵



Self-testing is being introduced.⁶ Pre exposure prophylaxis (PrEP) was scheduled to be introduced for 100 people a year over the period 2020-2022.⁷

Prevention program coverage of key populations in 2019 ranged from 49.9% of MSM to 61.5% of PWID. Based on anticipated funding being available service availability will be increased by approximately 25% for each group by 2023.⁸

Percentage of Key Populations reached with prevention programs- defined package of service

Key Population	2019	2023 (projected)
PWID	61.5%	77%
FSW	60.6%	75%
MSM	49.9%	61%



National Strategy Funding

External donors fund approximately 57.7% of the costs to implement the national HIV program.

National Strategy Funding		
Funding Source	2021	
Funds required to implement national HIV Program	15,469,989	42.3%
Domestic Funding	6,543,729	21.6%
External Funding (non-Global Fund)	3,349,073	34.2%
Global Fund	5,294,303	1.8%
Funding Gap	282,884	

ART is fully funded by the Global Fund program.⁹ However the government will be taking over funding of diagnostics and treatment.¹⁰ Until 2023 the government has the following financing targets¹¹:

- procurement of ARV drugs, CD4 and VL diagnostics – 5% of total amount for each in 2022 and 10% in 2023;
- HIV rapid tests for KPs – 5% in 2022 and 10% in 2023;
- Condoms for KPs – 10% in 2022 and 15% in 2023;
- Services for PWID to reach to 1,500 with package of services – 1,500 PWID in 2023;
- Infection control for HIV

Policy Environment in relation to HIV, SOGI and Sexual Behaviour

In relation to drug use Tajikistan follows Russia's legislative norms and politics; this in turn leads to a discriminatory and oppressive approach of law enforcement agencies.¹²

The provision of commercial sexual services is considered an administrative offense.¹³

Both male and female same-sex sexual activity are legal in Tajikistan.¹⁴ Under Tajik law, transgender people may change their legal gender on their passport if they provide a medical statement that they have undergone [sex reassignment surgery](#). In practice, however, the lack of awareness, coupled with corruption and bureaucracy, means that the process can be far more difficult. As of 2014, there have only been two gender change operations in Tajikistan, the first in 2001 and the second in January 2014.¹⁵

The Criminal Code, article 125 on intentional HIV transmission is used to persecute persons with HIV with very limited evidence of virus transmission. In 2019, 67 sentences were issued using this article, mainly against women engaged into sex work.¹⁶



Stigma and discrimination against PLHIV, especially women and KP, persist in Tajik society. The discrimination that these populations experience from society and law enforcement agencies prevents them from accessing adequate preventive and treatment services. In 2016 in Sughd region, the CSO working with MSM was forced to stop its activities due to pressure from society and the media.¹⁷

A 'Stigma Index' study conducted in 2015 identified the existence of stigma in the healthcare system as well as self-stigma among PLHIV.¹⁸

Meaningful involvement of the Community

NGOs are the implementers of HIV programs for all KPs; many of them are community-led. Additionally, they support response to human rights violations through street lawyers and monitoring human rights violations.¹⁹

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1. Tajikistan CCM. Funding Request Form Allocation Period 2020-2022. P2
 2. Ibid p3
 3. Ibid p4
 4. Ibid p7
 5. Tajikistan CCM. Funding Request Form Allocation Period 2020-2022. Programmatic Gap Annex
 6. Tajikistan CCM. Funding Request Form Allocation Period 2020-2022. P18
 7. Ibid. p18
 8. Tajikistan CCM. Funding Request Form Allocation Period 2020-2022. Programmatic Gap Annex
 9. Ibid p7
 10. Ibid p 35
 11. Ibid p43
 12. Tajikistan CCM. Funding Request Form Allocation Period 2020-2022. P6
 13. Ibid p8
 14. State-sponsored Homophobia A world survey of laws prohibiting same sex activity between consenting adults Archived 11 June 2012 at the Wayback Machine
 15. Institute for War and Peace Reporting. Transgender in Tajikistan. Gender reassignment surgery is a rarity, and social prejudice deters transgender people from going public. May 2014. <https://iwpr.net/global-voices/transgender-tajikistan> accessed July 2021.
 16. Ibid p8
 17. Ibid p8
 18. Ibid p8
 19. Ibid p39