# HIV/AIDS & STI National Strategic Plan for Afghanistan 2003-2007

27 September 2003

Ministry of Public Health,
Transitional Islamic Government of Afghanistan

HIV/AIDS & STI National Strategic Plan

# TABLE OF CONTENTS

# Acknowledgements

Afghanistan is an HIV/AIDS low prevalence country. However, there is no accurate data to confirm or dismiss this statement. Based on the information available from other countries of the region, HIV infection is increasing among the population, specifically among the high risk behaviour groups.

Ministry of Health and its other stakeholders based on the global and regional experiences identified the potential risk of HIV infection spread in Afghanistan. Certain groups of the population are at higher risk of HIV infection than others, due to the low level of awareness, mobility of population, widespread of drug abuse, internal and external displacements and immigration. Therefore, MoH jointly with HIV/AIDS technical working group decided to develop a National Strategic Plan in order to address the increasing concern of HIV infection spread.

In response to the HIV/AIDS epidemics, a preliminary rapid assessment was conducted by Dr. Naqibullah Safi, NACP manager, on HIV/AIDS situation analysis and potential programmatic partners' identification. This has been used as one of the main background document for developing NSP.

The National HIV/AIDS & STI Strategic Plan has been developed with contributions from different partners and stakeholders. Particular thanks are conveyed to staff from the UNAIDS cosponsor agencies particularly UNICEF, international and national NGOs for their contributions and for frank discussions during the brief strategic plan development mission 23-30 June 2003 supported by UNFPA Kabul. The document has benefited from different Afghanistan reports and assessments including the recent preliminary HIV/AIDS assessment, the global fund proposal, and others. The document also draws on experiences of development of national HIV/AIDS strategies and the plan document from countries in south and West Asia.

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I hope that this document will be a useful guide for future planning.

Yours sincerely

Professor Dr. Sohailla Seddiq
Minister of Health

## List of Abbreviations

| | | |
|---|---|---|
| 1. | IDUs | Injecting Drug Users |
| 2. | FGD | Focus Group Discussion |
| 3. | CCM | Country Coordination Mechanism |
| 4. | RL | Religious Leaders |
| 5. | CBO | Community Based Organisation |
| 6. | FBO | Faith Based Organisation |
| 7. | BTS | Blood Transfusion Services |
| 8. | NAC | National Aids Control |
| 9. | TB | Tuberculosis |
| 10. | TOT | Training of Trainers |
| 11. | MIS | Management Information System |
| 12. | NSP | National Strategic Plan |
| 13. | UNICEF | United Nation's Children's Fund |
| 14. | WHO | World Health Organisation |
| 15. | ICRC | International Crescent of Red Cross |
| 16. | AMI | Aid Medical International |
| 17. | CSWs | Commercial Sex Workers |
| 18. | SCUK | Save the Children United Kingdom |
| 19. | MCH | Mother and Child Health |
| 20. | VCT | Voluntary Counselling and Testing |
| 21. | FGD | Focus Group Discussion |
| 22. | UNDP HDI | United Nation Development Programme Human Development Index |
| 23. | IRIN | UN News agency |
| 24. | UNAIDS | United Nations AIDS Programme |
| 25. | UNODC | United Nation Office on Drugs and Crimes |
| 26. | HIV/AIDS | Human Immune-Deficiency Virus/ Acquired Immune Deficiency Syndrome |
| 27. | UNDCP | United Nations Drug Control Program |
| 28. | NGO | Non Government Organisation |
| 29. | INGO | International Non Government Organisation |
| 30. | ARCS | Afghan Red Crescent Society |
| 31. | IFRC | International Federation of Red Cross |
| 32. | IRC | International Refugees Committee |
| 33. | STI | Sexually Transmitted Infections |
| 34. | MICS | Multi Indicators Cluster Survey |
| 35. | NSP | National Strategy Plan HIV/AIDS |
| 36. | BBD | Blood Borne Diseases |
| 37. | CBB | Central Blood Bank |
| 38. | UN | United Nations |
| 39. | TV | Television |
| 40. | IEC | Information Education Communication |

# HIV/AIDS & STI National Strategic Plan

*While Afghanistan does not yet have a large number of reported HIV/AIDS cases, a number of vulnerabilities and patterns of risky behaviours signal the need to take action now, before it is too late to make a difference to the course of the epidemic. Towards that end the Ministry of Health in collaboration with the HIV/AIDS Technical Working Group in the Country has undertaken the development of the National HIV/AIDS & STI Strategic Plan for the period 2003-2007. The current document provides a National Strategic Framework. Following consensus on the prioritised strategies and interventions for fostering a concerted truly national response, the document would need to be followed by a detailed yearly multi- sectoral action plan with a clear timelines, responsibilities, defined budget and set of core activities.*

## 1. Introduction

### 1.1 Situation of HIV/AIDS in Afghanistan

No data on the prevalence of HIV/AIDS or other sexually transmitted infections (STI) are available due to absence of surveillance in Afghanistan. The estimated number of adults (15-49 years old) living with HIV is below 0.01% at the end of 1999[1]. The Central Blood Bank in Kabul reports that there are 15 HIV sero-positive cases to date[2]. While this a relatively low number the statistics are unreliable and do not present a realistic figure[3]. Of these 7 HIV sero-positive cases were reported during the current year [2003]. Six of these cases were among local residents who had not travelled out of the country. The earlier cases were detected among persons who had lived outside the country. The route of infection reported in these cases was heterosexual transmission. The infection pattern of STIs in Afghanistan is also unclear due to lack of relevant research. Table 1 below provides data on HIV/AIDS testing from the ICRC selected hospitals in the country.

Table 1. HIV testing data from hospitals supported by ICRC:

| Year | Total Hospitals | Number of tests performed | HIV positive |
|---|---|---|---|
| 1996 | 5 | 7,563 | 0 |
| 1997 | 5 | 8,980 | 0 |
| 1998 | 6 | 12,168 | 0 |
| 1999 | 6 | 13,081 | 1 |
| 2000 | 6 | 13,123 | 2 |
| 2001 | 11 | 16,896 | 0 |
| 2002 | 12 | 11,719 | 0 |
| 2003 (JAN-MAR) | 11 | 2,495 | 0 |
| Total | | **86,025** | **3** |

[Source: ICRC]

[1] UNAIDS & WHO epidemic update. July 2002, Geneva.
[2] Verbal information provided by Dr. Nauman Hekmat during mission meeting
[3] IRIN HIV/AIDS Plus news Service. Health Workers fear HIV/AIDS epidemic in Afghanistan 17 April 2002.

## 1.2 Risk Factors & Vulnerabilities

Afghanistan is considered to be a country of low HIV prevalence but at high-risk for spread of HIV infection. The reasons behind this are several: over two decades of protracted armed conflicts, the extremely low socio-political and economic status of women, huge numbers of people displaced internally and externally, the extremely poor social and public health infrastructure, drug trafficking, use of injecting drugs and lack of blood safety practices. These risk factors lead officials to warn of the urgent need for early interventions to prevent a potentially rapid spread of HIV in Afghanistan.

**(i) Drug abuse:** Afghanistan is one of the world's largest producers of opium. Opium and heroin abuse appear to be more severe in areas where those drugs are produced. There is currently no data on the number of Afghans who inject drugs, although indicators suggest there is an increase in injecting drug users in areas such as Kabul, Gardez, Farah and Herat. Recent reliable reports from Gardez town in Paktia province suggest that there are well over 100 drug injectors, injecting heroin, morphine and sosegon (pentazocine). Research conducted by the John Hopkins Bloomberg School of Public Health on Pakistani and Afghan drug users at high HIV risk[4] indicates that only 16 percent of the study participants had heard of HIV/AIDS. Significantly higher proportions of Afghan drug users when compared to the Pakistani research participants were more likely to have used an opiate as the first illicit drug, to have other drug users in the family, to inject drugs and share needles. Furthermore, they were also less likely to know that sharing needles could spread disease. All of the Afghan drug users who had sex had never used a condom. In a UNDCP report[5] on Afghan street heroin addicts in Peshawar and Quetta, most heroin addicts reported smoking or inhaling as the main method of ingesting heroin. Still the report warns that there are intravenous users in Afghanistan who risk spreading HIV/AIDS[6]. Besides, although only 6.3 percent of the respondents had reported drug injection, 43 percent of this group had shared injecting equipment, on average with 4 to 6 users at one time. A very recently published study conducted by UNODC on Kabul heroin users indicates that heroin abuse is spreading in the city. This study found out that there are at least a minimum of more than 7015 heroine addicts in Kabul city, out of which around more than 400 are injecting drug users. Though several NGOs are working with drug users, there is no information on HIV/AIDS among drug users in Afghanistan. Neighbouring Iran, Tajikistan and China have each reported outbreaks of HIV among injecting drugs users. This is an area of concern in Afghanistan.

**(ii) Blood safety:** The poor state of blood transfusion facilities throughout the country is of primary concern in the control of the spread of AIDS. An estimated half of the country's 44 hospitals that perform surgery do not systematically test the blood for HIV before transfusions. According to information obtained from the Central Blood Bank and WHO, less than 30 percent of transfused blood is screened. A WHO brief[7] states that neither the number of transfusions carried out in

[4] Strathdee Steffanie et al. (2003*), "HIV Knowlege and Risk Behaviors among Pakistani and Afghani Drugs Users in Quetta, Pakistan"*. Journal of Acquired Immune Deficiency Syndromes. April 2003

[5] UNDCP (2000), Community Drug Profile #3. "*A comparative study of Afghan street heroin addicts in Peshawar and Quetta".*

[6] AIDS Statistics unknown due to social repression. Ron Synovitz. 11 July 2002. www.reliefweb.int

[7] Blood transfusion service in Afghanistan.WHO Kabul note given during mission meeting. 23 June 03.

Afghanistan nor the number screened for transmissible agents is well documented. The figures usually quoted are around 60,000 transfusions per year with 12000-16,000 in Kabul alone, of which no more than 30 percent have been tested for transmissible agents including HIV/AIDS. There are 19 centres testing for HIV by the government but the supplies are limited, particularly HIV/AIDS testing kits, which as of now are only available for the next two weeks. Some NGOs are also supporting blood screening for HIV/AIDS. Consequently blood transfusion is a major concern-not only for the spread of HIV/AIDS but also for Hepatitis.

**(iii) Refugees and Internally Displaced Persons:** Refugees and internally displaced persons are particularly vulnerable to HIV for various reasons, including exposure to sexual abuse, violence, and lack of access to information and education. Over 5 million Afghans have been living as refugees or displaced persons in the past decade, with over two million of those refugees living in Pakistan. Although there is a risk of refugees bringing in the disease there was also a danger of them being stigmatised for this. According to an IOM brief, there are currently an estimated 440,000 people displaced by conflict and natural disasters in camps and cities across Afghanistan[8]. The Ministry of Refugees and Repatriation with partners facilitates a program for voluntary, safe and gradual return of estimated 1.2 million refugees and 300,000 internally displaced persons [IDPs]. Though UNHCR informs of a health component in some of the IDP camps in the country, this program currently does not include a component on HIV/AIDS prevention.

**(iv) Sexually transmitted Infections:** As mentioned earlier there are no confirmed data on STI prevalence in the country. However, information from clinical records particularly from private clinics in large towns suggests that there is perhaps high prevalence of sexually transmitted infections. Private clinics in Kabul report regularly/daily managing STI clients. Interviews during the mission informed of gonorrhoea being the most common STI. Though syphilis-testing facilities are available at the Maiwand Hospital in Kabul, there is no report on any case of syphilis since many years from the hospital. In 2000 IRC performed 1000 RPR tests for Syphilis among Afghan refugees and all were negative. However ARCS/IFRC clinic information as well as from the MoH Central Laboratory revealed syphilis chancre clients during recent months.

**(v) Condom use & Knowledge on HIV/AIDS:** The 2000 MICS[5] reports a current use of contraception by 2 percent of married women in South Eastern region and 8 percent of married women in the Eastern region of Afghanistan. Injectables appear to be the most common contraceptive and condom use is reported to be low. Condoms are available through MCH clinics, pharmacies as well as in the shops, even on streets on the street-side sellers. Some NGOs such as Marie Stopes International are initiating social marketing in the country. There are no statistical data on heterosexual multi-partner activities in Afghanistan nor on knowledge on HIV/AIDS, though the later is very likely to be quite low as was also mentioned in the presentation by the Afghanistan delegation at the recent HIV/AIDS South Asia High level meeting.

[8] IOM Press briefing notes 9 July 02. www.reliefweb.int

**(vi) Gender and Socio-Economic aspects:** Two decades of conflict and human displacement, compounded by 3 years of drought, together with a history of discrimination against women from policies of controlling authorities, have had a severe impact on Afghanistan's health sector with women being hardest hit. The 1996 UNDP Human Development Report placed Afghanistan 169th out of 175 countries in the Human Development Index. Due to lack of data, Afghanistan's status has not appeared in subsequent reports. However, though there is little confirmed data on national health indicators, there is clear evidence of very high rates of maternal morbidity and mortality. Women's health is extremely poor due to malnutrition, frequent pregnancies without basic care or trained delivery assistance, and lack of access to information or services. The March 2002 Afghanistan ECOSOC report[9] paragraph 21 on violence against women and girls, its consequences and causes discusses instances of rape, sexual assault, forced prostitution and forced marriage. The civil war and militarisation of society led to an increase in number of abductions of young girls and women by the fighters. It is difficult to obtain exact numbers as families have been reluctant to come forward and report cases of abductions due to the social stigma attached to a daughter or sister kidnapped or sold for sex. 54 percent of girls under the age of 18 were reported to be married.

## 2. Response to HIV/AIDS/STIs in Afghanistan

HIV/AIDS though currently not among the most pressing public health priorities in Afghanistan is being given attention by the Ministry of Health as a potential danger. The Ministry has also recently submitted a proposal to the Global Fund for HIV/AIDS focussing on vulnerable populations, information education on HIV/AIDS including for young people and safe blood. An HIV/AIDS Technical Working Group was established last year by the Ministry of Health and has convened about five meetings. The Minister of Health of Afghanistan as well as a delegation including young people participated at the recent South Asia High-level meeting on HIV/AIDS in Kathmandu in February 2003 where the Afghanistan delegation presentation identified the risk factors of HIV/AIDS including injecting drug use and mentioned that there is little awareness of HIV/AIDS and myths about HIV/AIDS in the country and chalked out priority areas.

Current HIV/AIDS activities in Afghanistan are focused on efforts to increase blood safety in major health facilities. The central blood bank receives reports from 11 provinces where it has functioning branches. In the remaining 22 provinces in the country, CBB branches are partially functioning or not functioning at all. In these areas therefore, blood transfusions are undertaken without any screening for HIV and other Blood Borne Diseases (BBDs). A training program has been recently initiated on safe blood by the Central Blood Bank, which includes a two-day training on HIV/AIDS for health staff including from provinces.

Some NGOs have been implementing small initiatives in HIV/AIDS prevention. Some examples are: Nejat, which has developed IEC materials for HIV prevention [flip chart, pamphlets] for the drug programmes and is providing some information on

[9] Discrimination against women and girls in Afghanistan. Economic and Social Council 4-15 March 2002. Report of the Secretary General.

the same. Since 1995, an international NGO (Orphan Refugees International) has implemented health education and awareness campaigns specifically targeted towards Afghan students living in Peshawar, a city close to Afghanistan where many Afghans reside. This activity has reached about 10, 000 Afghans students per year for the last 5 years and important lessons have been learned as to culturally sensitive interventions. HIV prevention material has been adapted to the local languages. IFRC has a program on STI prevention and is providing syndromic treatment in their clinics as well as training service providers on the same. Another NGO, AMI is providing HIV testing kits at Maiwand hospital and conducting training of laboratory technicians. The reproductive health programmes include condom programming but this is primarily for family planning than for disease prevention. The NGO APWC in Kabul is implementing a small project for HIV prevention in young people and developed some leaflets and posters for raising awareness of the public on HIV/AIDS**.** World AIDS Day 2002 the United Nations urged swift action by the international community to support Afghanistan's AIDS awareness campaign**.**

Based on the situation analysis and a preliminary assessment conducted prior to the developing the NSP, the following priority intervention areas have been identified:

1. Surveillance and research
2. Prevention of HIV/AIDS (Information Education Communication and Behaviour Change Communication) targeting:
    - Vulnerable groups (young people, women, IDUs, Internally displaced people and refugees, mobile labour force, commercial sex workers).
    - Workers (at different industries e.g. mine industry).
    - General population.
3. Prevention and effective management of Sexually Transmitted Infections.
4. Blood Safety.
5. Voluntary counselling and testing, care, treatment and support.

The aforementioned priorities are addressed through eight objectives and specific intervention strategies.

# 3. National HIV/AIDS & STI Strategic Plan

## 3.1 Need for a National Strategic Plan

The recent South Asia Human Development Report on HIV/AIDS and Development[10] warns that the countries in the region cannot afford to be complacent over the current low levels of prevalence of HIV/AIDS. The report draws a link between the epidemic and poverty in the region and the need to adopt preventive strategies. It stressed that any delay in implementing preventive strategies would have a serious consequence for nations with adverse consequences for human development. The national HIV/AIDS Strategic Plan is also mapped out with reference to Afghanistan's National Development Framework[11] which articulates that the 'first set of nationally

[10] UNDP Human Development Report on South Asia. 2003.
[11] National Development Framework. Page 6. Draft April 2002

owned policies, strategies, required institutional structures and implementation mechanisms in each sector' are needed and that "the country should have the capacity to design programs and projects that are part of a coherent developmental strategy". A Five-Year Strategic Plan is needed to:

- Outline the key priority areas and overall objectives to address the risk of HIV/AIDS prevention in the country.
- Provide a rough estimation of financial resources required for HIV/AIDS prevention and control in Afghanistan 2003-2007.
- Guide international partners in channelling their financial and technical assistance to support national objectives.
- Identify the institutional mechanism, human resource development and management plan for operationalizing the objectives.
- Provide direction and basis for preparation of annual operational plans

### 3.2 Strategic Plan Development Process

The development of the National Strategic Plan was initiated by the HIV/AIDS Technical working group in Afghanistan. Technical Working Group on HIV/AIDS in Afghanistan was established in May 2002 and has had about five meetings that discussed key issues. A rapid situational assessment was conducted by the National AIDS program manager of the Ministry of Health in April 2003. Additionally during the development of the recent Global Fund proposal by Afghanistan, which also includes HIV/AIDS, the Country Coordination Mechanism [CCM] was established. The CCM discussed the areas for HIV/AIDS prevention for the proposal development and agreed on the three areas of (i) Blood safety (ii) Reduce vulnerability to HIV/AIDS in high risk populations (iii) To enhance awareness on HIV/AIDS, its mode of transmission and prevention among the Afghan population, especially among the youth.

A consultative mission between 23-30 June 2003 further met with partners and stakeholders including UNAIDS cosponsor agencies in Afghanistan to develop the draft strategic plan document. An important area of lack of data on HIV/AIDS in the country was pointed out as a priority for the strategy. Because of the need to bring all key players into partnership for HIV/AIDS prevention, it is essential that they have actively participated in the review/formulation of the National Strategic Plan. The participation of a wide range of partners will lead to enhanced feelings of ownership, will facilitate the development of an expanded response and will help in resource mobilisation. Thus the draft framework document has been further shared with all partners and stakeholders, this consultation took around three months. A variety of comments have been received and until a possible extent received comments have been incorporate to the document.

### 3.3 Purpose and Guiding Principles

The document is a broad strategic plan designed to guide the country's response as a whole to preventing HIV/AIDS. It is envisioned as a guide for a wide range of stakeholders who are involved in or want to be involved in the response to HIV/AIDS prevention in the country to develop their own strategic plans so that all our initiatives as a country can be harmonised to maximise efficiency and effectiveness. It is based on the limited available data and analysis on situation and response, and takes into account the countries resource constraints in both human

and financial terms. It establishes fundamental principles and identified clear priority areas where increased attention is likely to have the greatest impact on prevention spread of HIV/AIDS in Afghanistan. Finally, it recognises that HIV/AIDS is a development issue, and requires a broad multi-sectoral response that addresses the complex web of underlying causal factors as well as its equally complex consequences.

The HIV/AIDS and STI National Strategic Plan of Afghanistan is underpinned by a number of basic guiding principles which support and provide guidance for the framework's more specific goals, objectives, strategies and interventions. These guiding principles are based on moral and ethical values which are held important throughout Afghanistan, in combination with best professional practice in preventing HIV/AIDS. They are also firmly rooted in the Country's National Development Framework and the Mission, Values and Principles Statement of the Transitional Islamic Administration of Afghanistan which states, in the working principles, equity, dignity and respect for all people, capacity building, setting priorities. To translate these in the context of HIV/AIDS prevention the following statements of principle are articulated:

- All persons have the right to protection from HIV infection and other STIs. Education, counselling and health care shall be sensitive to the culture, language and social circumstances of all people at all times
- The vulnerable position of women in society shall be addressed to ensure that they do not suffer from any form of discrimination, nor remain unable to take effective measures to prevent infection
- Confidentiality and informed consent with regard to HIV testing and test results shall be protected. All HIV tests should be voluntary with guaranteed confidentiality and adequate pre and post-test counselling, except in those cases where testing occurs under unlinked and anonymous conditions for screening of donated blood [where blood is discarded on initial reactivity and results are not communicated to the donor].
- Full community participation in prevention as well as care shall be developed and fostered.
- All interventions shall be subjected to critical evaluation and assessment. Continued efforts should be made to constantly improve HIV programmes, taking into account lessons learned at national, regional and/or global level.
- Afghan capacity building will be emphasised to accelerate HIV/AIDS prevention and control measures.
- People with HIV/AIDS shall be involved in all prevention, intervention and care strategies.
- People with HIV and AIDS, their families and friends shall not suffer from any form of discrimination.
- The formulation of socio-economic development policies and programmes should include consideration of the impact of HIV/AIDS.
- All efforts to combat HIV/AIDS should be considered of, and sensitive to the socio-economic and cultural context of Afghanistan.

## 4. Goal & Specific Objectives

The National Strategic Plan is a summary of the strategies and interventions identified through a consultative planning process and forms the basis of the national response to HIV/AIDS.

### 4.1 Goal

The primary goal is to prevent a potentially rapid spread of HIV in Afghanistan**.**

### 4.2 Objectives

The eight specific objectives include:

1. To expand the knowledge base in order to facilitate planning, implementation and evaluation of STI/HIV/AIDS programmes.
2. To ensure an effective, well-coordinated and sustainable multi-sectoral response to HIV/AIDS in Afghanistan.
3. To reduce risk of HIV infection among vulnerable, specifically youth and high risk groups.
4. To reduce individual and societies vulnerability and susceptibility to HIV/AIDS through the creation of an enabling environment for the implementation of the multi-sectoral response.
5. To reduce the risk of infection amongst the general population through an increase in awareness levels.
6. To reduce prevalence and prevent transmission of sexually transmitted infections [STIs] both as an important public health issue in its own right and as part of the effort to reduce HIV transmission.
7. To reduce the risk of transmission of HIV and other blood borne infections through blood transfusion.
8. To improve quality of life for people living with HIV/AIDS through the provision of quality care and support.

## 5. Objectives, Outputs and Key Strategies

The priority areas identified in the situation and response analysis developed through meetings with stakeholders are elaborated in the eight objectives of the strategic plan. The key outputs and strategies envisaged contributing towards the broad objectives are discussed in this section.

The approach has been taken here, focuses on the key priority areas and examines models, based on international best practice, that will be useful to address the needs in Afghanistan. We recognise that this does not provide an exhaustive list of the issues that Afghanistan faces. Instead our approach is to identify priorities and continue to work through problems on an ongoing basis.

### 5.1 Objective 1: To expand the knowledge base in order to facilitate planning, implementation and evaluation of STI/HIV/AIDS programmes.

*Output 1: Established a system of national HIV/AIDS surveillance in Afghanistan*

As is evident from the situation analysis in the previous section there is a paucity of data on HIV/AIDS/STIs in Afghanistan. The main objective of surveillance is to monitor HIV and risk behaviour trends over time in order to provide essential data needed for the development of interventions and the evaluation of their impact. In low-level epidemics where relatively low HIV prevalence is measured in any group, surveillance systems focus largely on behaviours and HIV infection in groups at high risk.[12]

*Key Strategies/Interventions:*

- Constitute a national surveillance committee for HIV/AIDS to oversee the surveillance system and monitoring and evaluation component [*A multidisciplinary reference group for HIV/AIDS and STI surveillance has been found to be very useful in some countries enhancing the overall acceptability and credibility of surveillance results at national and international level*[11]]
- Develop a surveillance plan [HIV and STI] including the surveillance framework, AIDS/ HIV infection/ case reporting, sentinel surveillance for HIV, surveillance for STI, laboratory practices and quality assessment, management of the system including resources, behavioural studies as appropriate. UNAIDS and other guidelines can be utilised for the same [see box 1 below].
- Establish a surveillance management unit.
- A final step in the implementation of the HIV surveillance systems is preparing specific surveillance protocols that contain the main elements of the system. Protocols ensure that the surveillance system is consistent over time regardless of changes in the personnel.
- Develop network of sentinel surveillance sites and conduct training and periodic sero-prevalence and behaviour surveys in identified groups (e.g. IDUs, CSWs) as recommended by the plan.

Box 1 Main elements of a national surveillance plan

- Identification of the structure of the surveillance unit, coordination, resource mobilisation and dissemination
- Priority areas under the national strategic plan, including the link between the surveillance plan and the strategic plan
- General strategy for HIV surveillance
- Main objectives, activities and expected results
- Identification of populations, locations, time frames
- Surveillance among the programme areas:
- Schedule of activities
- Resources needed
- Monitoring and evaluation of the surveillance system

Source: Initiating second generation HIV surveillance systems: practical guidelines. UNAIDS & WHO.2002

*<u>Output 2:</u> Strengthened capacity on deeper understanding of HIV/AIDS, particularly monitoring and evaluation in Afghanistan*

Capacity building is an important guiding principle of the strategic plan. The k*ey s*trategies/interventions contributing to the above would include:

[12] Initiating second generation HIV surveillance systems: practical guidelines. UNAIDS & WHO.2002

- Provision of support for international short courses and for attendance in international forums and AIDS conferences;
- Establishment of a short-term training course in such areas as HIV/AIDS monitoring and evaluation, epidemiology and guidelines[13] as feasible.

## 5.2 Objective 2: To develop an effective and well-coordinated multi-sectoral response to HIV/AIDS in Afghanistan

It is crucial in the Afghanistan context to advocate for a response to HIV/AIDS particularly since there are very few reported cases. Global experience documents the critical importance of leadership in HIV/AIDS prevention. The UNGASS Declaration of Commitment on HIV/AIDS signed by Global leaders in June 2001[14] articulates the need for strong leadership at all levels of society for an effective response to the epidemic. It states that "*Leadership by Governments in combating HIV/AIDS is essential and their efforts should be complemented by the full and active participation of civil society, the business community and the private sector*".

*Output 1: Enhanced awareness and commitment on HIV/AIDS issues among key leaders in different sectors.*

The recent Kathmandu Declaration at the South Asia High level Conference where the Minister of Health of Afghanistan also participated yet again articulated the need for strong leadership for effective HIV/AIDS action. This priority component would seek to advocate with various levels of leadership in Afghanistan including Religious Affairs, Ministry of Education, Women's Affairs, Contra Narcotics Department, others.

*Key Strategies/Interventions*

- Mobilize commitment to the National Strategic Plan through its wide distribution to Government Ministries and departments at national and provincial level following translation in *Pashtu/ Dari*.
- Provide frequent and institutionalised sensitisation and briefing sessions for high officials in the federal and provincial governments and for officials of the new political structures as appropriate in the cultural context.
- Organise national and provincial conferences/seminars on HIV/AIDS supported by sensitisation and respected speakers from Ministries of Religious Affairs, Women's Affairs and others.
- Initiate steps to develop a policy statement/national statement on HIV/AIDS, which is promoted through highest levels.
- Support selected Government of Afghanistan officials and other leaders for study visits to countries with expanded national responses to HIV/AIDS.

[13] Such as Guidelines for using HIV testing technologies in surveillance [WHO/CDS/CSR/EDC2001.16 UNAIDS/01.22E]

[14] United National General Assembly Special Session on HIV/AIDS 25-27 June 2001.

*Output 2: Strengthened management and multi-sectoral coordination at national and decentralized levels*

*Key Strategies/Interventions*

- Establish a multi-sectoral high level national committee on HIV/AIDS/STI including participation of various Ministries and departments, members of NGO community, provincial partners others and develop Terms of Reference for the same [see section on institutional mechanisms].
- Develop organogram and staffing arrangements for the National HIV/AIDS Program at national and provincial levels including job responsibilities that would include strengthening multi-sectoral linkages.
- Identify HIV/AIDS integration possibilities as a multi-sectoral issue [such as in existing programmes of the MCH/Reproductive Health Department, school education, vocational training, Contra Narcotics department, others]. Review national priority programmes as such as refugee repatriation, others and integrate and/or strengthen their HIV/AIDS components.

### 5.3 Objective 3: *To reduce risk of HIV infection among vulnerable and high risk groups*

The objective is to keep infection rates stable among the high-risk behaviour groups. The most vulnerable groups are the primary targets of this component and the component will develop comprehensive targeted interventions for selected sub-population groups as identified in the situational analysis based on regional/global best practices available.

*Output 1: Enabled members of vulnerable and high risk groups to protect themselves and their peers from HIV infection*

*Key Strategies/Interventions*

- Identify partners already engaged in working with vulnerable groups [NGOs working with IDUs, women's NGOs working with vulnerable women, sex workers, internally displaced persons, others] and build their capacity for integrating HIV/AIDS prevention in their work. This can be through training of trainers activities to provide training to their target populations in the areas of negotiation and communication for safer practices [with a special focus on skills development for increased condom use] and in advocacy for increased support.
- Initiate innovative harm reduction initiatives [for example, comprehensive harm reduction programmes for IDUs and STI/HIV/AIDS prevention initiatives for sex workers including alternative income generation initiatives] through outreach/peer education/VCT and other models with particular emphasis on operations research to assess the impact of these initiatives.

- Development of communication tools, methods and materials targeting specific vulnerable and high risk groups, adapt available material as appropriate in the local context, and develop new ones as necessary.
- Increase targeted condom promotion and distribution as appropriate to the local context, including social marketing through NGOs to vulnerable population groups [some NGOs have initiated work in social marketing in the country].
- Support the design and implementation of specific targeted research projects related to high risk and vulnerable groups to increase understanding about vulnerable and high-risk groups to reduce HIV/AIDS vulnerability and risk.

*Output 2: Provided effective, needs based, and user- friendly STI/HIV/AIDS-related services for vulnerable and high-risk groups.*

*Key Strategies/Interventions:*

- Conduct local level assessments of the existing MCH/reproductive and sexual health services in key locations, including mapping and assessment of the extent to which these services are accessible [physically, culturally, and financially] to members of specific vulnerable and high risk groups in Afghanistan.
- Provide support for the strengthening of existing reproductive and health services to integrate STI/HIV/AIDS prevention [including training, infrastructure support and reinforcement for referral systems and linkages] in both public sector and NGOs taking into consideration the specific reproductive and sexual needs of the vulnerable and high risk population they serve.
- Enhance the availability of condoms through increased support for condom programming/social marketing among vulnerable and high-risk groups.

*Output 3: Created a supportive environment for the implementation of effective risk reduction interventions through advocacy with policy makers and other influential leaders*

*Key Strategies/Interventions*

- Advocacy with policy makers, authorities and service providers at all levels and in multiple sectors for the purposes of a) increasing their knowledge about the special HIV/AIDS- related needs of vulnerable and high-risk groups; b) gaining their support for initiatives designed to meet those needs and c) ensuring appropriate attention to those needs in national and provincial plans.
- Advocacy with religious leaders to encourage their support for and participation in HIV/AIDS prevention and care and support initiatives for vulnerable and high risk groups.
- Advocacy with local communities to encourage their support for and participation in HIV/AIDS prevention and care and support initiatives for vulnerable and high risk groups.
- Advocacy with local communities to encourage their support for and participation in HIV/AIDS prevention and care and support initiatives for vulnerable and high risk groups, and to decrease stigmatisation and discrimination against these groups.

## 5.4 Objective 4: To reduce vulnerability of young people to HIV/AIDS

In Afghanistan there is very little documentation about the extent to which these young people engage in behaviors which may put them at risk of HIV infection or about young people's STI/HIV/AIDS awareness levels. However, available evidence indicates that while some young Afghans may possess limited knowledge about reproductive sexual health/HIV/AIDS, the majority of young people do not have even the most basic knowledge. When they do possess some knowledge it is inaccurate or incomplete. In addition myths and misconceptions about sexuality, STIs and reproductive health are in general common place.

Young people are the 'window of hope' in changing the course of the HIV/AIDS pandemic. Preventing HIV infections among them is vital. Of the 40 million people living with HIV/AIDS worldwide, one third are aged 15-24 years and roughly half were infected during their youth. This makes it imperative that young people be at the center of prevention actions, both in focus and in involvement, to ultimately halt the pandemic. As many behavioral lifestyles are formed during the early adolescent years, and as acquisition of HIV in young people is predominantly through sexual activities, this period in life provides the opportune time to positively influence behaviors, choices and lifestyles that will hopefully last into adulthood.

*Output 1: Created a supportive environment for the implementation of effective vulnerability and risk reduction interventions for youth*

*Key Strategies and Interventions*

- Conduct studies/research to increase understanding about young people's particular STI/HIV/AIDS vulnerabilities and risk behaviours for the purposes of enhancing the effectiveness of interventions designed to reduce their vulnerability and risk and disseminate the same to key audiences.
- Conduct advocacy workshops with policy makers and other decision makers at all levels and in multiple sectors for the purpose of reviewing the overall HIV/AIDS situation and the specific HIV/AIDS prevention needs of young people, and for gaining their support for initiatives designed to meet those needs, in addition develop and demonstrate practical and effective approached to youth participation in these advocacy efforts.
- Develop and disseminate advocacy materials for decision makers, authorities and service providers at all levels in multiples sectors to promote reproductive health needs and rights of youth.
- Develop and implement an advocacy agenda for educators at all levels within Ministry of Education to raise awareness about the need to provide HIV/AIDS prevention information and skills building opportunities to young people.
- Implement targeted, culturally sensitive and specific communication strategies for the general public regarding the importance of enabling young people to protect themselves and their peers.

*Output 2: Introduced life skills and HIV/AIDS prevention education in the formal school curriculum*

*Key Strategies/Interventions*

- Develop a graduated and culturally-sensitive life skills curriculum for primary and secondary levels [including vocational training] designed to enhance young people's confidence, communication skills and health decision making.
- Develop a curriculum for teacher training institutions which corresponds with the life skills curriculum in order to enhance the capacity of primary and secondary school teachers to provide effective life skills training for young people.
- Provide in-service training on the new life skills curriculum to those primary and secondary teachers who are already in service, in order to enhance their capacity to provide effective life skills training for young people.
- Promote STI/HIV/AIDS education in extra-curricular activities for school-based youth including such activities as debate clubs, theatre groups or peer education initiatives.

*Output 3: Strengthened participation of informal support structures and institutions in efforts to reduce the HIV/AIDS vulnerability and risk of young people.*

*Key Strategies/Interventions*

- Support the comprehensive mapping of key players, structures and institutions that could support young people protecting themselves and their peers at the community level, including institutions such as families, communities, unions and employer groups, vocational training, NGOs/CBOs, and *madrassas.*
- Identify sensitisation and training needs of these community groups, caretakers and service providers and provide support for their training needs.
- Develop need based and specific messages for each support structure identified and explore integration in existing programmes for these groups.
- Support exchange visits to countries with successful peer education programmes.
- Collect, review existing materials and messages for youth on family life education, link with HIV/AIDS and develop/adapt as appropriate to the Afghan context.
- Support the production and wide dissemination of IEC materials and messages targeting youth.

### 5.5 Objective 5. To reduce the risk of infection amongst the general population through an increase in awareness levels.

In order to maintain Afghanistan's current situation of "low prevalence/low risk" it is vital that the nations citizens are provided with information, skills and tools that they need to protect themselves from becoming infected with HIV/AIDS. First the public needs to be informed about the risks posed by HIV/AIDS about all of the ways that HIV can be transmitted, and about how HIV transmission can be prevented. The

public also needs to be aware of other STIs [including the role of STIs in the spread of HIV] and of the need to create a supportive environment for people living with HIV/AIDS. Next the public needs to be empowered through skills development in communication and decision making to enable utilisation of their new knowledge.

It is also crucially important to raise awareness among the community of health care providers in both formal and informal sectors about HIV/AIDS; health care providers are often a 'front line' resource in awareness raising campaigns. To do this effectively, they need an enabling environment, it is thus important that community and religious leaders understand the issues and support their efforts. Likewise the media can play an important role in raising public awareness about HIV/AIDS but in order to do so they must be provided with accurate information about prevention and about status and trends of HIV/AIDS in the country. Official authorization of broadcast of such information will be crucial. Finally a high level sensitisation of policy makers is also necessary in order to gain their support for and participation in HIV prevention efforts.

It is not necessary that new organisation and networks be developed to meet the challenges related to raising general public awareness about HIV/AIDS. It is far more efficient to build HIV/AIDS prevention and awareness-raising components into already existing initiatives of the health sector as well as of other sectors as appropriate. In this way optimal use will be made of the limited human and financial resources currently available for HIV/AIDS prevention in Afghanistan.

*Output 1: Increased utilisation of already established networks for the dissemination of HIV/AIDS information and prevention materials at community level*

*Key Strategies/Interventions*

- Develop STI/HIV/AIDS components for the training curricula of the networks of grass root health workers [community workers, communicable disease workers, others] with a view toward enhancing their skills or the provision of HIV/AIDS prevention information. Participation of NGOs with community based field workers to be included. [Other health workers- nurses, doctors to be included phase wise in the training].

- Other community based workers in development programmes of other ministries to be examined for possible provision of HIV/AIDS and STI information and dissemination of communication materials [developed in the other components of young people, high risk vulnerable groups]. These could include community workers from Ministry of refugee and repatriation, food workers, village development committees others as appropriate.

*Output 2: Increased general public access to appropriate information related to HIV/AIDS prevention through different channels*

*Key Strategies/Interventions*

- Conduct a review of existing media programmes for other developmental objectives in the Afghan context [with radio Afghanistan, BBC, others] and other research as appropriate to develop a communication plan for HIV/AIDS in the local context including a monitoring and evaluation plan for the same.

- Support the utilisation of appropriate electronic media [radio, clips at movie theatres in Kabul, others] in the Afghan context for the delivery of awareness and prevention messages in local languages.
- Support as appropriate the development of street theatre as a means of dissemination of HIV/AIDS prevention information, with a focus on development of appropriate scripts and training of community theatre groups as available.
- Provide support for peer education initiatives for various general public target groups [including out of school youth, labourers, enrolees at vocational training, women's community groups] with a focus on the provision of basic HIV/AIDS information and the development of communication and decision making skills.
- Facilitate the sharing of best practices and lessons learnt through supporting selected partners for study visits to awareness-raising projects that have a demonstrated positive impact on raising awareness levels in their target population.
- Conduct a series of focus group discussions in various regions of the country and with various general public target groups in order to design language and culturally specific IEC messages and materials.
- Using the information gained from the focus group discussions, develop, pre-test produce and widely disseminate standardized IEC messages and materials on various topics such as basic information about HIV/AIDS, condom use, myths and misconceptions about HIV/AIDS.

*Output 3. Enhanced efforts to promote condoms for STI/HIV/AIDS prevention*
*Key Strategies/Interventions*

- Assure the availability of affordable and high quality condoms with packaging that includes written and visual instructions for use and disposal and the expiry date preferable in local language.
- Conduct a situational analysis of service providers and NGOs involved in condom promotion and distribution for the component of disease prevention [and dual protection] in order to be best informed as to how to enhance the role in both areas.
- Conduct TOTs for NGOs and service providers involved in condom promotion for disease prevention with a focus on preparing them to train selected general public target groups in the development of communication and decision making skills related to condom use and provide support for these training activities.

### 5.6 To reduce prevalence and prevent transmission of sexually transmitted infections [STIs] both as an important public health issue in its own right and as part of the effort to reduce HIV transmission.

STIs are important to consider for two reasons: first, they can be seen as indicators of unsafe sexual practices and second, some of these infections make the infected person more susceptible to HIV due to the presence of genital ulcers and other

lesions. In addition, if left untreated these infections can result in a wide variety of serious diseases, conditions and outcomes [including but not limited to pelvic inflammatory diseases, ectopic pregnancies and infertility problems].

The general lack of research and information regarding the extent and nature of infections that are sexually transmitted among Afghan population makes it impossible to accurately assess the impact of STIs or their relative increase or decrease over time.

*Output 1: Developed better understanding about the extent and nature of STIs and about sexual behaviours, attitudes and care seeking related to STIs*

*Key Strategies/Interventions*

- As part of surveillance in objective one STI surveillance and behavioural surveillance in order to identify existing behavioural patterns an attitudes as well as towards health seeking for sexual and reproductive health is envisaged. This would be for use in developing methodologies for addressing unsafe behaviours and attitudes as identified.
- Based on above data/studies, develop information campaigns targeting high risk groups, youth, health care providers [including those in informal sector] and general population through development of IEC materials for the provision of general information about STIs, the promotion of condoms for disease prevention, and the promotion of health care seeking behaviour for STIs.

*Output 2: Easily accessible, affordable and acceptable quality STI services available*

*Key Strategies/Interventions*

- Conduct a rapid assessment of existing STI service provision through public sector[communicable disease department] as well as private sector and provide support for strengthening of existing services according to the results of the review.
- Develop guidelines for the management of STIs in the country context adapting global guidelines and protocols as appropriate which provide guidance on STI syndromic approach management in the Afghanistan cultural context.
- Train selected health care providers [including family physicians and primary health care providers] at all levels in management of STIs as per the national guidelines above through development of a training package for the same.
- Establish networks of public and private STI service providers and effective referral mechanisms at provincial level.
- Review and modify as necessary the essential drugs list, and assure that adequate supplies of essential drugs required for the treatment of STIs are available throughout the country.

## 5.7 Objective 7: To reduce the risk of transmission of HIV and other blood borne infections through blood transfusion.

The situational analysis in section 1 above on safe blood indicates this area for strengthening in the country since only 30 percent of the blood currently is screened for HIV/AIDS in the country.

*Output 1: Improved the screening of blood products for HIV and other blood borne diseases*.

*Key Strategies/Interventions*

- Conduct a review of the blood transfusion services [BTS] in the country, including attention to both private and public sectors to identify needs for improvement and expansion of these services. Further develop and expand blood bank facilities according to needs and demand identified in the review.
- Establish a regular and sustained supply of quality screening kits for HIV and other blood borne infections at public and voluntary sectors blood banks, including development of facilities for transportation and storage of screening kits at distant blood transfusion centres, and assure availability of these kits at affordable prices in the private sector. The type of rapid tests and other confirmatory tests, will be presented in the relevant guideline.
- Conduct training events, workshops, seminars and refresher courses for blood bank personnel in public and private sectors on HIV/AIDS testing and quality assurance.
- Establish and maintain a monitoring system of the mandatory testing requirement of all donated blood for HIV and other blood born infections in both the public and private sectors

*Output 2: To organise safe blood transfusion at national and provincial levels*

*Key Strategies/Interventions*

- Strength the Central Blood Bank in Kabul as organisational structure for national and provincial blood transfusion services including the establishment of a) a technical body at the national level to develop guidelines and protocols, and provide overall guidance on quality assurance efforts and b) blood transfusion authorities in all provinces which will oversee provincial implementation and implement quality assurance measures.
- Support networking of public private, NGO sector blood transfusion services for the purposes of the sharing of methods, practices and experiences.

## 5.8 To improve quality of life for people living with HIV/AIDS through the provision of quality care and support.

Though prevention must be the mainstay of our response and the number of cases in Afghanistan is very low, care support and treatment are the fundamental elements of an effective response[15]. It is not worthwhile in the current Afghan

[15] UNASS Declaration on HIV/AIDS, June 2001

context to develop new service facilities, rather it is important to take advantage of already existing health and social services and strengthen them in selected areas. However, new efforts [in terms of home care and support services] should be initiated in response to PLWA needs.

Counselling is critical to HIV/AIDS prevention efforts, and additionally provides an entry point for access to individuals who are in need of assistance. At this time there is very little of any formal counselling of any kind being offered in the Afghanistan health system. However, because of risk factors perhaps increasing number of cases may be diagnosed, it is important that confidential counselling services be established at selected sites. In addition it is imperative that stigma and discrimination toward PLWA be challenged at every level and at every opportunity right from the beginning.

It is well recognised that a small proportion of transmission of HIV, for those HIV+ women, occurs through breastfeeding. On a population level, even where prevalence of HIV is extremely high (i.e. 20%), the risk or related mortality is lower than that associated with the risks of artificial feeding among poor socio-economic families. Therefore, the existing Interim Policy for supporting and promoting exclusive breastfeeding for six months is important and relevant. However on an individual basis, for those mothers who know their HIV status, it is necessary to put in place the mechanisms to allow mother who are HIV + to make an informed choice of whether or not to exclusively breastfeed their infants. If a mother chooses not to breastfeed, alternative appropriate support system in order to ensure that the risks of artificial feeding are minimized should be in place (e.g. support for procurement of sufficient breastmilk substitutes for the infant up until six months, demonstration on how to prepare milk, support and monitoring of the health of the child etc).

*Output 1:To establish for provision of counselling, quality care and support through the formal health care system for PLWA*.

*Key Strategies/Interventions*

- Designate at least one hospital in the capital as a start as the reference centre for Voluntary counselling and testing [VCT] and care of PLWA, and equip it with the necessary equipment and supplies and staff trained to provide appropriate and comprehensive services. Phase wise expansion of VCT to be considered in provinces based experience from the pilot centre and on HIV data and information as it becomes available.
- Formalise a referral system from the community to the referral centre, provide skills building training to the health providers at each level with reference to their roles and responsibilities within that referral system
- Establish national HIV/AIDS treatment and care tools, guidelines and standards. Wide distribution to the medical community throughout the country of the guidelines on clinical management, which include identification of HIV-related illness and opportunistic infections, rational treatment using essential drugs and palliative care.
- Adaptation and wide distribution of a voluntary counselling and testing protocol and the provision of training to health professionals [at all levels] involved in

testing, in order that they are equipped to provide testing services and information regarding sero status in a way that is respectful, confidential and optimally supportive.

- Evaluation and lessons learnt from the pilot experience of setting up VCT centre and hospital services to inform developing this component in the Afghan context.

# 6. Institutional Mechanisms

## 6.1 National Coordination

**(i) National AIDS Committee [NAC]:** The national strategic plan recommends adapting the broader multi-sectoral approach to HIV/AIDS in all policy and programming. For this an HIV/AIDS/STI high-level Committee will be established and would be the apex body that coordinates national level activities for prevention and control of HIV/AIDS/STI in the country. The Terms of Reference of this committee for coordinating the multi-sectoral response involving different ministries will be developed and composition defined. NAC will meet once every three months. It will be responsible for executing, implementing and reviewing the National HIV/AIDS & STI Strategic Plan which will be the guiding document for all partners in this sector. The NAC will concentrate on policy matters leaving operational details to the technical working group. To make the NAC effective, it will be chaired at a high level and the members will also be of high-level authority to make decisions and commitments. The committee should be chaired by the most senior level possible, if it is in the MoH, so it is recommended that the Minister of Health chair the committee.

**(ii) Technical Working Group:** The existing technical working group [TWG] is suggested to be properly functionalised and terms of reference re-visited to include more partners. This will be chaired by the Ministry of Health. The TWG may consider later formation of sub-groups to work on different thematic areas/objectives of the strategic plan. Linkages with related activities in the Ministry of Health such as Human Resources development plan, community based health care as well as the health management information systems work will be ensured for synergy and coordination of efforts.

## 6.2 Management structure of the National STI and AIDS Control Program

**(i) Central level:** An HIV/AIDS/STI Department is established at the Ministry of Health, which would provide policy direction and guidance in all components of HIV/AIDS/STI. The Department headed by a HIV/AIDS/STI Program Manager is responsible for the coordination, planning, monitoring and evaluation of the HIV/AIDS & STI Strategic Plan. The NACP Manager is responsible to the Director General Health Care and Promotion, Ministry of Health.

The staffing of the HIV/AIDS/STI Department in MoH is suggested to include the National HIV/AIDS/STI Program Manager and three co-ordinators in the initial phase. Each coordinator will be responsible for selected thematic areas of the national strategic plan such as: (i) Surveillance and Blood Safety Coordinator; (ii) IEC/Awareness, Vulnerable Population & Advocacy, Young people Co-ordinator (iii), STI and Condom programming VCT, Treatment and Care Co-ordinator. The technical

advisers dealing with the components in different bilateral and multilateral organisations would provide technical backstopping in the thematic area. Project-funded technical and support staff would additionally be recruited as required. The Unit will be responsible to facilitate multi sectoral integration as well as within the health sector with other programmes such as reproductive health and TB.

**(ii) Decentralisation:** At provincial and district levels, the job description of existing staff is recommended to include the component of reporting /coordination of HIV/AIDS/STI related activities in their respective area of operation. Roles related to STI/HIV/AIDS will be clarified and nodal officers designated as appropriate and available. It is suggested that at Regional and Provincial level the Deputy PHC Preventive Affairs takes the HIV/AIDS/STI component. This component at the district level is suggested to be included in the job description of the District Health Officer.

# 7. Monitoring and Evaluation

## 7.1 Programme Targets

Targets in the detailed operational plan would be set for each intervention. However, for the sake of convenience in evaluation, targets have been set for major interventions and their outcomes. Once targets are agreed appropriate indicators will be developed and incorporated in the yearly action plan matrix in the second stage.

By 2007

- Sentinel surveillance system will be established and functioning.
- Knowledge of methods of preventing HIV/AIDS transmission will be at least 50%.
- 100% of donated blood will be screening for HIV, syphilis, hepatitis B and C.
- Coverage of vulnerable populations 70 %.
- Condom use will be 60% of sexual intercourse with non regular partners.
- 50% of patients with STI will be treated.
- VCT and care and support services will be available in the country.
- 50% of young people will have information and skills for HIV/AIDS prevention.

## 7.2 Management Information System (MIS) and reports

The management information system that is developed will be updated to meet the growing information demands of the programme. The information collected will be consolidated and distributed to all relevant sectors. The MIS of the NACP will be linked with other health information systems of the government. The NACP will develop appropriate monitoring forms covering all aspects of the programme. All organisations in the public sector, private sector and NGOs carrying out HIV/AIDS activities will submit a quarterly report of activities to Program Manager NACP on a prescribed format. The NACP staff through regular visits to provinces and districts will carry out program monitoring.

## 7.3 Internal and External Review

An annual internal review will be carried out by the programme with the participation of the concerned organisation in the public sector, private sector and NGOs to

review the program implementation and coverage, collaboration and other aspects and would suggest mid course correction and recommendations.

An external review would be carried out in 2007 with inputs from stakeholders including multilateral and bilateral agencies. The external review will assess the adequacy and effectiveness of various components of the programme. The findings and recommendations of the review will be used in formulating in 2007 a new national plan which will commence in 2008.

### 7.4 Evaluation

Internal and external reviews will give information about the programme adequacy and coverage. The effectiveness of the programme will be evaluated using the indicators agreed above. A survey of the final agreed indicators will be carried out in 2007 in selected districts as part of the evaluation.

## 8. Resources

### 8.1 Budget

The summary of the budget required for implementing the interventions of the strategic plan by year is given below. The budget included various components such as salary of the staff of NACP besides the activities of supplies, training, assessment and studies, promotional campaigns, others.

**Table. Budget summary by intervention for 2003-2007 in US$ (000)**

| Component | 2003 | 2004 | 2005 | 2006 | 2007 | Total |
|---|---|---|---|---|---|---|
| Objective 1 Surveillance | | 250 | 300 | 500 | 600 | 1650 |
| Objective 2 Advocacy | | 50 | 80 | 100 | 120 | 350 |
| Objective 3 Vulnerable populations | | 1200 | 1400 | 2000 | 2200 | 6800 |
| Objective 4 Young people | | 1936 | 2424 | 2945 | 3501 | 10806 |
| Objective 5 Awareness/IEC | | 250 | 320 | 410 | 500 | 1480 |
| Objective 6 STI Management | | 500 | 600 | 700 | 800 | 2600 |
| Objective 7 Safe Blood | | 250 | 300 | 340 | 400 | 1290 |
| Objective 8 Treatment Care Support | | 182 | 241 | 358 | 543 | 1324 |
| Total | | **4618** | **5665** | **7353** | **8664** | **26300** |

### 8.2 Sources of Funds

National resources including those from government, private sector and NGOs will be mobilised to provide the funds. The government contribution will be in kind- existing staff from the Central Blood bank Kabul, existing institutions and health staff, etc. The Global Fund proposal from Afghanistan including HIV/AIDS has been approved initially subject to some clarifications. If this is available it would be able to fund a proportion of activities under the strategic plan. The global fund proposal is suggested to synergize with the specific objectives of the final strategic plan.

### 8.3 Resource Mobilisation

The rest of the required funds would be mobilised from external sources. The NAC and the UNAIDS co-sponsor agencies [UNDP, World Bank, WHO, UNICEF, UNFPA, ILO, UNODC and UNESCO] will play a crucial role in mobilising external resources from among UNAIDS, its co-sponsors and other bilateral and multilateral agencies.

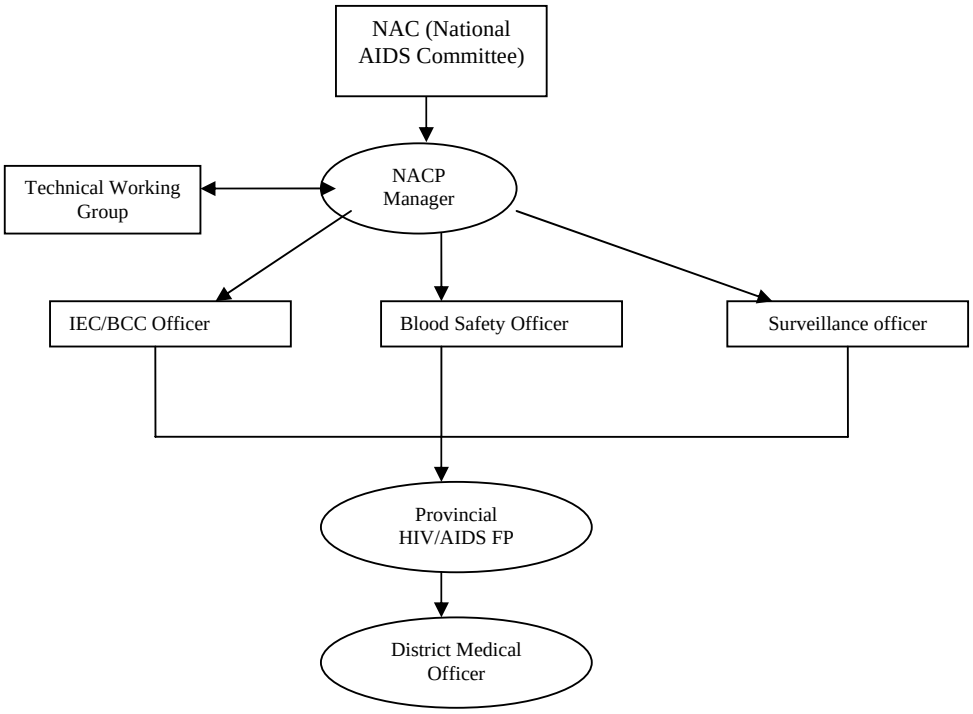
## 9. The Next Steps

The next step is to translate this NSP in Pashto and Dari; and also develop an annual operational plan of action, jointly with all partners and stakeholders. This plan of action will pave the way for proper preventive intervention of HIV/AIDS control in Afghanistan.

Other step will be to mobilize required resources according to the plan of action.

## 10. Annexes

Annex 1.Organogram for the HIV/AIDS & STI Unit



Annex 2: Map of IDPs in Afghanistan