

**National program to combat human immunodeficiency virus
and acquired immunodeficiency syndrome in the Republic of
Tajikistan for 2021-2025 YEARS**

DUSHANBE - 2020

ABBREVIATIONS

ART / ART	antiretroviral therapy
HIV	AIDS virus
WHO	World Health Organization
HCV	Hepatitis C virus
HBV	Hepatitis B virus
GBAO	GBAO FIELD
DCT	Pre-exposure prophylaxis
DAN	Sentinel surveillance
STI	Sexually transmitted infections by
CEDAW	Committee on the Elimination of Discrimination against Women
HRC	The Human Rights Committee
Luini	People who inject drugs
PLHIV	People living with HIV
MDI	Demographic and Health Survey
MZ RT YEN	The Ministry of Health and Social Protection of Population of the Republic of Tajikistan
MN MO RT	Majlisi Namoyandagon of the Majlisi Oli of the Republic of Tajikistan
IOM	International Organization for Migration
MSM	men having a same-sex relationship
NCC	The National Coordinating Committee for the Prevention and Control of AIDS, Tuberculosis and Malaria in the Republic of Tajikistan
NGO	Non-profit organization
OST	Opioid - replacement therapy
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
GS	Social organization
OPTIMA	Optimization of resources to maximize the response to the HIV epidemic in Tajikistan
PHC	Primary health care
UNDP	United Nations Development Program
PMTCT	Prevention of HIV transmission from mother to child
RRP	Districts of Republican Subordination
RAC	State Institution "National Center for the Prevention and Control of AIDS," the Ministry of Health and Social Protection of Population of the Republic of Tajikistan
RS	sex workers
RT	The Republic of Tajikistan
mass media	Mass media

AIDS	acquired immunodeficiency syndrome
SOP	Standard Operating Procedure
TB	Tuberculosis
TLD	Tenofovir / lamivudine / dolutegravir
Criminal Code	The Criminal Code of the Republic of Tajikistan
UNAIDS	Joint United Nations Program on HIV / AIDS
USAID	United States Agency for International Development
GF	The Global Fund to Fight AIDS, Tuberculosis and Malaria
PEPFAR	US President's Emergency Plan for AIDS Relief

Foreword

The national program to combat human immunodeficiency virus and acquired immunodeficiency syndrome in the Republic of Tajikistan for the period 2021-2025 (hereinafter - the Program) was developed on the basis of the provisions of the Constitution, the Law "On state forecasts, concepts, strategies and programs of socio- economic development of the Republic of Tajikistan" ¹. The program is guided by the main priorities of the Republic of Tajikistan, as reflected in the National Development Strategy of the Republic of Tajikistan until 2030 ², The message of the President of the Republic of Tajikistan, as well as the current legislative and regulatory acts and international obligations of the Republic of Tajikistan.

The program is closely linked with the global objectives of sustainable development and the Political Declaration adopted by the UN General Assembly in 2016 "at an accelerated rate to intensify the fight against HIV and to end the AIDS epidemic by 2030." ³.

The program was developed taking into account the current epidemiological situation related to the human immunodeficiency virus and acquired immunodeficiency syndrome, assess its results of operations undertaken in the framework of a similar program in the 2017-2020 years, the analysis of lessons learned and current challenges existing in the country for an effective response to the epidemic immunodeficiency virus (HIV) in the Republic of Tajikistan. The program defines the main priorities for the period 2021-2025 years in the field of diagnosis, prevention, treatment and care of HIV infection in order to ensure wide public access to services related to HIV / AIDS, and in general, improve health and enhance the quality of life of the population of the Republic of Tajikistan.

CHAPTER 1: SITUATION ANALYSIS

§ 1. THE STATE OF HIV EPIDEMIC IN TAJIKISTAN

1. The epidemic of human immunodeficiency virus in the country, according to sentinel surveillance conducted in 2018 among key populations at higher risk and routine surveillance, there is a concentrated epidemic (HIV prevalence among people who inject drugs 11,9% and HIV prevalence among all tested for HIV is less than 0.12%) in 2019.

2. At the same time, according to Joint United Nations Program on HIV / AIDS (UNAIDS) ⁴ As in all countries of Eastern Europe and Central Asia, Tajikistan

¹ Republic of Tajikistan law on state forecasts, concepts, policies and programs of socio-economic development of the Republic of Tajikistan, adopted Resolution MD Morten from June 8, 2018, №1111, Approved by Resolution Morten MM of 2 August 2018, №568

² The National Development Strategy of the Republic of Tajikistan for the period till 2030 Dushanbe, 2016
URL: https://medt.tj/documents/main/strategic_national_programm/strategic_national_prog_ru.pdf

³ Resolution adopted by the General Assembly of 8 June 2016, 70/266 Political Declaration on HIV and AIDS: an accelerated pace to intensify the fight against HIV and to end the AIDS epidemic by 2030,

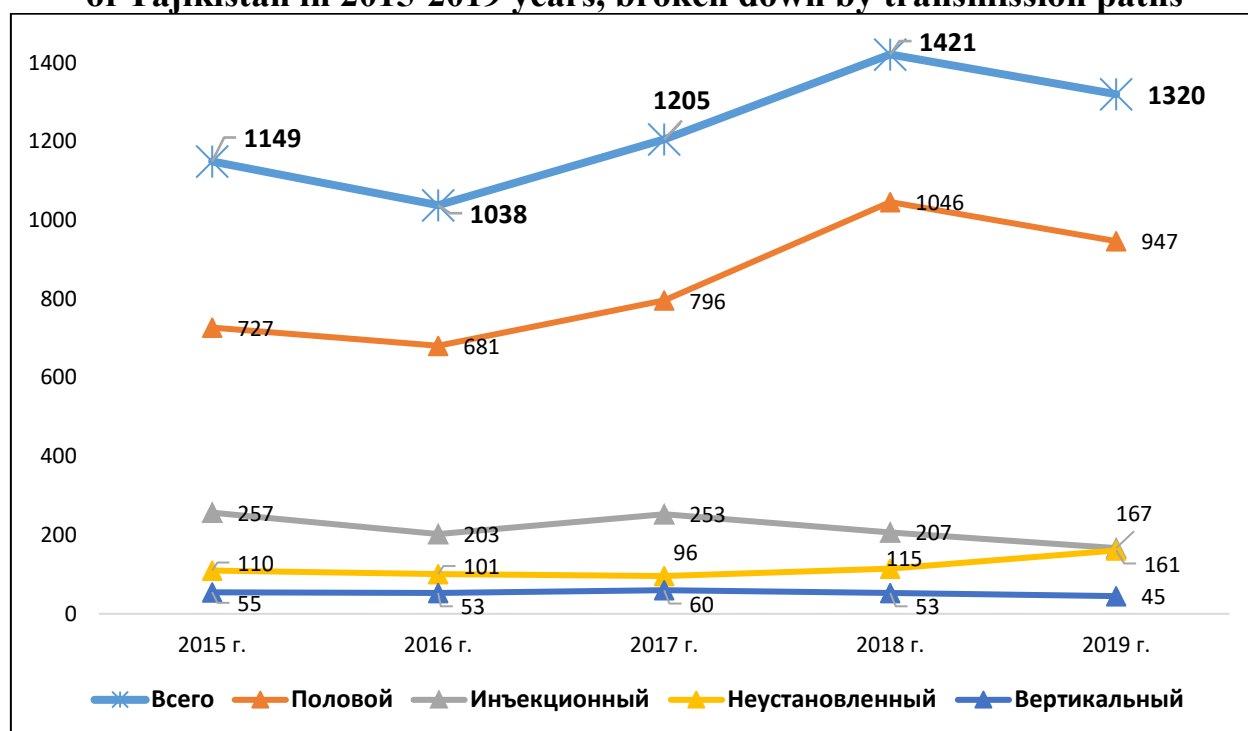
⁴ Global HIV & AIDS statistics - 2019 fact sheet, UNAIDS web-site, URL: <https://www.unaids.org/en/resources/fact-sheet>

continues to increase in HIV cases in recent years and estimated that by 2018 the number of new cases has increased by 20% since 2010, while the number of deaths related to HIV decreased by 5%.

3. According to the State institution "National Center for Prevention and Control of Acquired Immune Deficiency Syndrome" (2019), in the last five years there has been a trend increase in the number of new cases of HIV sexual transmission mechanism, while the number of cases of HIV transmission through parenteral decreased markedly. Attention is drawn to a certain percentage of cases with an unidentified by transmission (Figure 1).

Picture 1

Registration of new cases of human immunodeficiency virus in the Republic of Tajikistan in 2015-2019 years, broken down by transmission paths



4. According to official statistics, as of December 31, 2019 the total number (since 1991) officially registered HIV cases in the country was 11986, of which 7698 (64.1%) were men and 4288 people (35.8%) - women. An estimated number of people living with HIV, may be 13,000, so the actual number of people living with HIV (8756), 67.4% of the estimated number of people living with HIV in the country.

5. During the period from 1991 to December 2019 the number of registered people living with HIV have died for various reasons, 3,230 people (26.9%). The number of people living with HIV at the beginning of January 2020 amounted to 8756 people in the country, 87.7% (7678 persons) of which are on the dispensary and 80.6% (7055 people) receive appropriate antiretroviral therapy.

6. In 2019 1320 new cases of HIV infection were registered in Tajikistan (adults and children), which roughly corresponds to these indicators in 2018 and 2017

(decreasing by 101 cases than in 2018 and 115 cases more than in 2017.) . In 2019, new cases of HIV were reported in 772 men (58.5%) and 548 women (41.5%). In recent years, in general, there is a tendency to increase the proportion of women among all new cases of HIV, with 30.9% in 2011 to 41.5% in 2019.

7. In 2019, new cases of HIV infection have been detected in the majority of cases in adults (18 years and over) - 84.7%, particularly in the age group of 30-39 years - 32.9% (of all new cases infection). Young people aged 15-17 account for 1.4% of new cases of HIV - infection. Along with this, the fact is particularly worrying is the increase in the last year the registration of new HIV infections among children under 14 years - 14.0% (Table 5).

eight. According to official statistics of all new HIV cases detected in 2019, 388 cases (29.3%) were detected in the later stages of the disease with the development of HIV - associated or AIDS-defining illnesses (diseases associated with the Acquired Immune Deficiency Syndrome). In 2019, of the number of newly diagnosed patients with HIV, 87 (6.6%) died from diseases associated with AIDS and other reasons. These data show a fairly high level of late treatment of people being tested for HIV.

9. At the end of 2019 registered in the Center for Prevention and Control of AIDS of the Republic of Tajikistan consisted of 8756 people living with HIV (adults and children), including in the regions: the city of Dushanbe - 1991 people, Gorno-Badakhshan. autonomous region - 381 people, cities and districts of the republican subordination -. 1955 people, Sughd province -. 1963 people, Khatlon -. 2466 human. Prevalence of HIV infection (. Per 100 thousand population) in these regions amounted to 235; 168; 92; 74; 75. The prevalence of HIV in the whole country in 2019 amounted to 96.0 per 100 thousand. Population (Table 1).

10. In 2019 1320 new cases of HIV (adults and children) have been identified in Tajikistan, including in the regions: the city of Dushanbe - 248 people. (Incidence per 100 000 population - 29.3), GBAO - 37 people. (16.3), cities and districts of the republican subordination - 286 people. (13.5), Sughd province - 372 people. (14.0), Khatlon oblast - 377 people. (11.5). HIV incidence in the country in 2019 was 14.5 per 100 000 population (Table 1).

Table 1

Prevalence and incidence of human immunodeficiency virus in Tajikistan and regions of the country on December 31, 2019
(100 thousand people)

	morbidity	Prevalence
Dushanbe	29.3	235.2
Sughd province	14.0	73.8
Khatlon	11.5	75.3
GBAO	16.3	167.9
RRP	13.5	92.2
the republic	14.5	96.0

11. The main modes of transmission of HIV in 2019 year is: sexual way - 71.7% and injectable - 12.7% of the cases (the latter - mainly in non-medical injection drug use);

- sexual way of HIV transmission by region was as follows: Dushanbe - 49.6%, in GBAO - 75.7%, cities and districts of the republican subordination - 67.8%, Sogd oblast - 88.2%, and Khatlon - 72.7 %;

- injection mode of transmission is set in the city of Dushanbe in 28.2%, in GBAO - 18.9%, in cities and districts of the republican subordination - 12.2%, in Sogd oblast - 7.8% and in the Khatlon region - 6, nine%.

12. Since 2014, the number of cases of HIV transmission from mother to child ("vertical" way) has almost doubled compared to the previous years and reached a peak of 5.6%, from 2015 there has been a downward trend in the incidence of vertical transmission in 2019, the "vertical" transmission path 4% of the total number of newly registered.

13. As provided statistical reports noted a certain percentage of cases with "an unidentified by transmission" of HIV. In 2019 the country registered 161 such incident or 12.2% of the total number of new HIV cases. In Khatlon new cases of HIV with the "unidentified by transmitting" amounted to 15%, in Dushanbe for more than 20% in the cities and districts of republican subordination of about 18% of all new cases.

14. The detailed data on the sex and age composition of the people living with HIV, indicate that men living with HIV are women-59% and 41%. The proportion of women living with HIV at the end of 2019 increased by 17% compared to 2015.

The largest number of people living with HIV are between the ages of 30-39 years - 36.8%. Among men living with HIV, the greatest number and the ages of 30-39 years and among women living with HIV, the greatest number of the ages 19-29 years.

People living with HIV are of childbearing age (15-49 years old) make up 83.8% of the total number of women living with HIV.

In the age group of 0-14 years, the number of children living with HIV is 1,022 people or 11.7% of the total number of people living with HIV.

All in the age group 0-18 years (children) account for 12.5% of the total number of people living with HIV in the country. The proportion of people living with HIV at the age of 50 years and older is 5.7%. (Table 2).

table 2

Sex and age structure of people living with the human immunodeficiency virus in Tajikistan at the end of 2019
(Age specified at the time of detection)

nu m	Age group	Total	% Of the total number of people living with HIV	men	Women
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be r					
1	0-4 years	437	5.0%	267	170
2	5-14 years	585	6.7%	360	225
3	15-18 years	72	0.8%	31	41
4	19-29 years	2400	27,4%	1125	1275
5	30-39 years	3219	36,8%	2001	1218
6	40-49	1545	17,6%	1068	477
7	50-59	433	5.0%	270	163
ei gh t	60 years and older	65	0.7%	40	25
TOTAL		8756	100%	5162 (59%)	3594 (41%)

15. Since 2011, in the country there is a trend increase in the number of new HIV infections among children under the age of 14 years. In the last five years (2015-2019 years), the specific weight among children of all new infections ranged from 11.4% to 14.0%.

At the end of December 2019 the cumulative number of officially registered children under 15 years with HIV in the country amounted to 1179 people, or 9.8% of the cumulative number of registered cases of HIV infection. In 2019 among the 139 of the 184 newly registered children up to 14 years with HIV mother had HIV. Similar cases have been observed in previous years (Table 3). Route of transmission of HIV infection in these cases was recorded as "unspecified."

Cumulatively, from 1991 to 2019, 695 children were registered with unknown mode of HIV transmission, or 58.9% of the cumulative number of reported HIV cases in children under 14 years. Despite the fact that it was not possible to establish in these cases, the reasons for child transmission (695), but this does not exclude the factors of nosocomial transmission of HIV.

TABLE 3

Dynamics of cases of human immunodeficiency virus among children under 14 years in the Republic of Tajikistan at the end of 2019

	1991- 2014	2015	2016	2017	2018	2019	Total (cumulative)
The total number of reported HIV country	5853	1149	1038	1205	1421	1320	11986
Of them children under the age of 14	496	129	117	124	129	184	1179
% Of children under 14 years of age with HIV infection	8.5	11.4	11.3	10.3	9.1	14.0	9.8
Including "Vertical Road"	208	55	53	60	53	45	474

Including "unspecified way"	278	74	64	64	76	139	695
Including "through a blood transfusion"	ten	0	0	0	0	0	ten

16. Key populations or high-risk groups that influence the course of the epidemic in Tajikistan include people who inject drugs, sex workers, men who have sex with men and people convicted. So far, in Tajikistan there are no official data on transgender people, as recognized at the global level key group for HIV.

17. According to the results of sentinel surveillance (SS)⁵ among key populations, conducted in 2018 by the State Institution "National Center for Prevention and Control of AIDS" (RAC), the prevalence of HIV among people who inject drugs has decreased by 8%, and among sex workers - by 9% compared with 2014, and in 2018 was equal among people who inject drugs 11.9%, and among sex workers - 3.2% (Table 4).

TABLE 4

The prevalence of HIV among key populations in Tajikistan

Key group	HIV prevalence, 2014	HIV prevalence, 2018
People who inject drugs	12,9%	11,9%
sex workers	3,5%	3,2%

18. The non-medical use of drugs injection contributed greatly to the development of initially HIV in Tajikistan. Starting in 2011, there has been a tendency to reduce the number of new cases of HIV in injecting transmission through injecting drug use - with 246 cases in 2015 to 133 cases in 2019. Injection of HIV transmission through injecting drugs into the structure of all paths of transmission was 21.4% and 10.1% for those years, respectively, which means twice (more than 50%) reducing the level of HIV among people who inject drugs. At the same time, according to a study OPTIMA⁶ Conducted by UNAIDS in partnership with the Global Fund, Burnet Institute and the National AIDS Center, estimated to 2018 the percentage of new cases among drug users was 20%.

19. HIV prevalence among sex workers as a result of the dynamics of recent years DAN 2018 decreased slightly from 3.5% in 2014 to 3.2% in 2018. At the same time, according to the OPTIMA study conducted by UNAIDS, an estimated 2018 in the percentage of new cases among sex workers was 4%.

These sentinel on reducing HIV prevalence among people who inject drugs and sex workers also are confirmed by routine surveillance. So, in 2019 the proportion of people who inject drugs and sex workers among all newly reported cases of HIV is 10.1% and 2.9%, respectively.

⁵Integrated biobehavioral research and evaluation in population of female sex workers and people who inject drugs in Tajikistan, 2018, Dushanbe, 160c.

⁶Resource optimization to maximize the HIV response in Tajikistan, 2018 (not published)

20. According to the SS (2017)⁷ Conducted among the following key high-risk group for HIV - men having gay sex with men, HIV prevalence was 2.3%. At the same time, due to the high level of existing social stigma against this group, it is possible, HIV prevalence remains undervalued, and the spread of HIV infection has a hidden character in the group.

21. According to the SS (2013)⁸, HIV prevalence among people who are in prison, was 8.4%, and hepatitis C - 11%. The high prevalence of HIV and hepatitis C among prisoners suggests that the majority of respondents who participated in the research are the people who have ever injected drugs.

22. Thus, the epidemiological situation of HIV prevalence in the country remains tense. At the same time over the past three years the number of new cases remains about the same level and not seen high growth in the number of new cases. There is a trend decline in HIV prevalence among people who inject drugs. At the same time, by comparing the number of people from different groups were tested for HIV, the following results were obtained:

In 2019 the results of a single test pregnant women in the amount of 63 199 602 new cases of HIV have been identified, which accounted for 0.03%.

The number 30777 tested (including repeated) people who inject drugs were detected 87 new cases of HIV.

Among the 14011 tested (including repeated) sex workers were identified 38 new cases of HIV.

In 2019 just 18,253 migrants were tested for HIV, including 225 new cases of HIV were identified, accounting for 1.23%.

Thanks to the epidemic control and preventive measures, the country remains concentrated epidemics.

§ 2. Testing and counseling for HIV

23. At present, voluntary counseling and testing is carried out in the laboratories of the centers for the prevention and control of AIDS and other authorized health care public and private institutions in the country, as well as on the basis of HIV-service public organizations. In 2017, in order to maximize the coverage of key populations of HIV testing in the country it was introduced HIV testing using swabs around the gums (research saliva sample). Also, in 2019 the Ministry of Health and Social Protection of Population of the Republic of Tajikistan for the first time introduced a self-test for HIV among key populations with about gum swab.

24. In 2019 increased significantly (2.1 times compared to 2016 year) coverage of the country's HIV testing, which is mainly due to the expansion of public procurement systems test for screening of pregnant women and Suite, increased

⁷Kasyanchuk M., et al. Analytical report on the results of sentinel surveillance of the second generation of "Men who have sex with men in the Republic of Tajikistan", 2018, Dushanbe, p. 40 (unpublished)

⁸Integrated biobehavioral research among people who are in prison in the Republic of Tajikistan, 2013, Dushanbe, (unpublished)

testing high-risk groups through HIV-service NGOs, as well as with the introduction of paid services on HIV testing for other segments of the population in line with the Resolution of the Government of the Republic of Tajikistan №600 from 2008 "on the procedure for granting health services to citizens of the Republic of Tajikistan in the public health institutions "(Table 5).

Table 5

Coverage testing and counseling on human immunodeficiency virus in the Republic of Tajikistan, 2015-2019

	2015		2016		2017		2018		2019	
The number of people tested for HIV	597426		509092		612123		780688		1062508	
The number and proportion of men and women among the total number of examinees	wive s	Husb and	wive s	Husb and	wive s	Husb and	wive s	Husb and	wive s	Husb and
	457211	140215	365316	143776	419673	192450	515095	265593	667824	394684
	76,5%	23,5%	71.8%	28,2%	68.6%	31,4%	66%	34%	62.9%	37,1%
The number of diagnosed cases of HIV	470	679	417	621	469	736	543	878	548	772

The structure tested for HIV by sex female-dominated year: an average of 63-77% of the surveyed women against 23-37% of the surveyed men. The predominance of coverage of HIV testing among women is likely related to the test during pregnancy and antenatal care. At the same time, the share of the male population covered by HIV testing, gradually increasing to age dynamics. At the same time, the proportion of women tested for HIV in the total mass of the female population of the country is about 14%, and the proportion of men surveyed in the total male population of the country is only about 8%. In this regard, there is a need to increase the coverage of HIV testing of migrant workers from Tajikistan, most of whom are men.

25. With regard to the issue of HIV testing of pregnant women should be noted that in Tajikistan in recent years actively promoted the practice of procurement of test systems for screening of pregnant women for HIV at the expense of the state budget. In this regard, according to forecasts, in 2020, covering the testing of pregnant women for HIV at the expense of the state budget will amount to 100%.

26. In general, coverage of the Republic of Tajikistan testing and counseling for HIV is 11.6% (Table 6). At the same time, despite the large amount of annual testing, the number of new cases detected is 0.1%, which indicates the need for a new strategic approach to testing.

TABLE 6

Coverage testing and counseling on human immunodeficiency virus in the regions of Tajikistan (2019)

	The number of people tested for HIV	As a percentage of population
Dushanbe	273054	32,3%
Gorno-Badakhshan Autonomous Region	27968	12,3%
Cities and Districts of Republican Subordination	170191	8.0%
Khatlon	319782	9.8%
Sughd province	271513	10,2%
Republic	1062508	11,6%

27. Low levels of coverage of HIV testing are found in some regions of the country, especially in cities and districts of the republican subordination - 8.0% (ratio of the number tested for HIV in the population); Sughd - 9.8%; in Khatlon region - 10.2%.

28. In 2015, an order was issued the Ministry of Health and Social Protection of Population of the Republic of Tajikistan, of which permitted conducting testing for HIV on the basis of HIV-service public organizations. This initiative allowed the timely and large-scale reach high-risk groups of HIV testing.

CHAPTER 2. ANALYSIS countermeasures

§ 1. ANALYSIS OF PREVENTIVE MEASURES IN THE CONTEXT OF HIV epidemic counteraction

29. In Tajikistan, according to official statistics the number of patients with drug dependence, consisting on the account in narcological hospitals was in 2019 5375 people, including 5260 males (97.9%) and 115 women (2.1%), more than 54% of which inject drugs through.

30. At the same time, according to the results of SS (2018) estimated the number of people who inject drugs, accounting for 22 200 people, which is 900 less

than in 2014 - 23 100 (Table 7). According to the same study, only 36.8% of people who inject drugs reported that they are registered in narcological clinic.

TABLE 7

Estimated number of people who inject drugs and sex workers in the Republic of Tajikistan, SS, 2018

Key group	The estimated number of 2014	Estimated number, 2018	Difference
People who inject drugs	23 100	22200	-900
sex workers	14 100	17500	3400

31. As noted above, the prevalence of HIV among people who inject drugs has declined markedly in recent years. In 2018 according to SS HIV prevalence among people who inject drugs was 11.9%, and syphilis - 0.7%. Similar rates of sentinel surveillance - in 2014 amounted to 12.9% and 4.5%, respectively.

Also there is a significant reduction in the cases of the injection path of HIV transmission during non-medical use of intravenous drugs in the structure of new HIV cases with 21.4% (2015) to 10.1% in 2019 year.

32. This positive trend has formed against the background of increasing yearly enrollment of people who inject drugs prevention services within the framework of harm reduction programs, including such as needle and syringe exchange, opioid substitution therapy, condom distribution and HIV testing.

33. In 2019 the services of trust points or sharing of needles and syringes points covered 14715 people who inject drugs, one-time voluntary counseling and testing for HIV rapid method have been 19609 people who inject drugs, accounting for 88.3% of the estimated number of members of this group. The average number of syringes distributed per injecting drug user per year was 275 pcs., which is significantly higher compared to other years.

34. Higher values of the indicators in 2019 compared with previous years show an improvement in the access of people who inject drugs to prevention services, including opioid-substitution therapy.

35. However, according to SS 2018, is a high level of risk behavior among people who inject drugs:

- For example, using someone else's syringe ever through injecting drug use is 18.5%, and over the past 30 days - 1.7%.
- Only 52% of respondents reported using sterile injecting equipment during the last injection and condom use at last sexual intercourse - 38%.
- Only 37.6% of people who inject drugs, use of a condom during their last sexual intercourse in the last 30 days;
- The proportion of people who had at least one of the symptoms of sexually transmitted infections (STIs) is 8.6%, of which only 43.3% sought medical help.

- Reach out to people who inject drugs, preventive programs for 2018 is 55.7%, while the coverage of HIV testing - 57.3%, of which only 61.5% received their results.

36. The program for the provision of opioid substitution therapy (OST) is carried out in 13 sites, operating on the principle of a "window" to the provision of a combined package of services for HIV and TB treatment. At the same time coverage of people who use drugs, OST programs is about 3%. Thus, in the whole country of all 638 people who inject drugs, have been receiving services within the OST, including 607 men and 31 women at the end of 2019.

37. Osoboe attention should be given access to sexual partners of people to prevention programs, injecting drug users. Among people who inject drugs are 5% of sexual partners, and injecting drug users, however, one-third of them are aware of the HIV status of their sexual partner.

38. At the same time, it is necessary to conduct a deeper analysis of the current drug situation in the country in order to make strategic decisions for the choice of effective prevention programs for people who inject drugs and their partners.

39. The estimated number of sex workers now stands at 17,500 people, which is 3,400 more than in 2014 (Table 7).

40. HIV prevalence in this group remained at the same level in the dynamics of the last years: 3.5% in the 2014 Year and 3.2% - in 2018. The incidence of syphilis is significantly decreased 10% in 2014 and 0.7% in 2018 godu .

41. It remains significantly higher levels of risk behavior among sex workers:

- Only 47.5% of sex workers used condoms consistently with clients in the last thirty days.
- In 30.5% of sex workers have met various STI symptoms, and only 68.4% seek treatment for STIs.
- About 8.4% of sex workers have ever had sexual partners of people who inject drugs, and among them HIV was detected in 11.4% of cases, which is significantly higher than among sex workers who did not have sex with people who use injecting (2.5%).
- Among sex workers also meet people who inject drugs, including the HIV prevalence of 9.1%, when among sex workers do not inject drugs, HIV prevalence of 3.1%.
- Only 41% of sex workers are covered by prevention programs, 47.3% of sex workers tested for HIV in the past year, and only 48.5% of them were the result of this test.

42. The high vulnerability of sex workers to HIV is caused by several factors: the limited access of sex workers to medical, social and legal services, sexual exploitation and human trafficking; limited access to information and prevention; the criminalization, marginalization and stigmatization; drug and alcohol abuse, exposure to violence.

43. The provision of sexual services in the country is related to the category of administrative offenses. The Code of the Republic of Tajikistan "On

Administrative Offenses" provides for fines and administrative arrests in connection with the (parts 1 and 2 of Article 130). Administrative responsibility for the provision of sexual services was strengthened in 2019, which is in the aspect of HIV prevention does not contribute to the cessation of the epidemic in the country, and further exacerbates the situation of sex workers in the country and contributes to the growth of the epidemic. sex workers, for fear of bringing to administrative responsibility on the part of law enforcement agencies refuse to undergo voluntary HIV testing and, if it refused to identify, and on the appropriate treatment. They try to become latent for official law enforcement agencies,

44. In spite of the low level of HIV prevalence among sex workers remains fairly high level of risk-taking behavior, and therefore the need to strengthen and improve the quality of comprehensive prevention interventions among this group.

45. According conducted SS (2017) among the next key at high risk for HIV - men having same-sex, HIV prevalence was 2.3%. The level of this group of test coverage is 39%, the coverage of prevention programs is about 89%. More than 70% of this group indicate the use of condoms during sexual intercourse.

46. At the same time, due to the high level of existing social stigma against this group, it is possible, HIV prevalence remains undervalued, and the spread of HIV infection has a hidden character in the group.

47. Official data on HIV prevalence among transgender people, as in the whole of this group, are not currently available.

48. Provide any and all key groups combined package of HIV prevention services is the main key to an effective response to the HIV epidemic.

49. One of the most effective methods of preventing HIV infection globally recognized designation PrEP (DCT). The World Health Organization (WHO) recommends offering DCT people at increased risk of HIV infection: men who have sex with men, discordant couples, people who inject drugs, and others.⁹

50. The first attempts are made possible the introduction of the DCT 2018 g.-conducted several focus groups with representatives of key groups about the possibility of the introduction of the DCT. At the same time, to date the introduction of the DCT is not started. It is necessary to consider whether and ensure the implementation of, and access to the OST, as an integral part of the combined package of services related to HIV infection.

51. According to the SS (2013), HIV prevalence among people who are in prison, was 8.4% of hepatitis C - 11%. The high prevalence of HIV and hepatitis C among prisoners suggests that the majority of respondents who participated in the research are the people who have ever injected drugs.

52. According to official statistical data on January 1, 2020 the number of people living with HIV in the penitentiary system, was 161 persons (158 men and 3 women). Reducing the number of people living with HIV in prisons related to the October 2019 general amnesty in Tajikistan.

⁹Recommendations for pre-exposure prophylaxis of HIV infection. Analytical Review, WHO, 2015
URL:http://www.euro.who.int/data/assets/pdf_file/0011/302987/Policy-brief-pre-exposure-prophylaxis-HIV-PrEP-ru.pdf?ua=1

53. During the 2017-2019 biennium. in prison passed the test and find out your score 14760 people, and identified 122 new cases of HIV infection¹⁰.

54. The prison system is currently operating 3 needle and syringe exchange points, and 2 sites of opioid substitution therapy. Only in 2019 convicts were granted 23,500 condoms, 3,500 copies of informational materials, condoms are available, and regularly hosts information sessions on the prevention of HIV infection.

55. Due to the ongoing activities in recent years within the framework of the implementation of harm reduction programs in the penitentiary system, including needle and syringe exchange programs, voluntary counseling and HIV testing, antiretroviral and opioid substitution therapy achieved stabilization of HIV prevalence and hepatitis C among prisoners.

56. However, according to SS prevalence of HIV and hepatitis C among prisoners continue to be high enough that it requires to intensify efforts and interventions for prevention, treatment, care and support for HIV as part of the institutions of the penitentiary system and support referral system to deliver people to receive services under normal social conditions.

57. In 2018, according to official data 484 176¹¹(About 5% of the total population) Tajik citizens have left the country abroad for earnings, including 463 252 people left in the Russian Federation and 13586 people in Kazakhstan. Russian migration authorities, as of March 2019 recorded 1,111,479 Tajik citizens in the Russian Federation (12% of the total population). According to the World Bank¹² one in four households in Tajikistan have at least one migrant, traveling abroad with a view to increasing earnings and family income.

58. Of the total number of people registered with HIV at the end of 2019, the proportion of people with experience in international migration for earnings is about 12%. The number of new cases of HIV among people who have experience in labor migration, increased from 12.4% to 17% in 2013 to 2019

59. The main mode of HIV transmission among people who were newly diagnosed with HIV in labor migration in 2019, is the sexual - 210 cases (93.4%). Official statistics of recent years also show that almost every pregnant woman newly diagnosed with HIV, her husband was in the previous years, international labor migration, which also has been found to be HIV-infected.

60. According to the SS (2013)¹³ amongst migrant, HIV prevalence was 0.4%, which exceeds the prevalence of HIV in the general population that according to WHO estimates, 0.3% in the general population (15-49 years).

- syphilis - 1.2%, and hepatitis C virus (HCV) - 3.0%
- The prevalence of HIV among migrants infected with HCV, was significantly higher (13.2%) than among those with HIV and the lack of HCV (0.4%).

¹⁰Progress Report on the implementation of the National HIV programs in the Republic of Tajikistan for 2017-2020 years in the prisons of the Main Department for Execution of Criminal Sanctions, the Ministry of Justice of the Republic of Tajikistan, 2019

¹¹Report of the Ministry of Labor, Migration and Employment of Republic of Tajikistan on the implementation of the response by the human immunodeficiency virus of the National Program of the Republic of Tajikistan for 2017-2020 years, 2019

¹²Framework Partnership Strategy between the World Bank Group and the Republic of Tajikistan for 2019-2023 fiscal years, April 12, 2019 URL: <https://www.vsemirnyjbank.org/ru/country/tajikistan/publication/cpf-2019-2023>

¹³Integrated biobehavioral research among migrant workers in the Republic of Tajikistan, 2013, Dushanbe, (unpublished)

- 7% of migrants had a history of drug use, of which 23.4% have ever used intravenous drugs, and 1.2% had injected drugs in the migration.
- 45% of men and 10% of women had a non-regular partners in the migration.
- 24% of men and 14.4% of women had business partners in the migration.
- The number of women with non-regular partners has increased by 5 times, and commercial partners by 3.6 times from 2008 to 2013
- Only 25.1% of women and 51.2% of men reported using a condom during their last sexual contact.
- Migrants in most countries receive no access to programs of needle and syringe exchange and post-exposure prophylaxis. STI treatment can be provided to migrants charge. Moreover, migrant workers there is no information about the NGOs in the country of destination, which in its projects could provide prevention services for HIV and provide treatment for STIs.

61. Research shows that personal health issues for migrant workers have a secondary character. Adherence to ART migrants is low. The reasons for this - the stigma and discrimination against people living with HIV in Tajik society, as well as a double stigma in host countries due to migration and HIV-positive status, lack of access to antiretroviral treatment for migrant workers and the lack of services for the identification of viral load. Key issues to be addressed are the availability and quality of services in the context of HIV, psychosocial support, stigma and discrimination, and the lack of cross-border cooperation with the host countries in promoting the rights of migrants to health.

62. The above facts demonstrate the existence of certain links between international labor migration of citizens of the country and the growth of the identification of new HIV cases in the country of origin. This dictates the need for inclusion of migrant workers from Tajikistan to vulnerable populations and the urgent holding of them and their sexual partners the whole spectrum of complex measures to prevent HIV and other infections, sexually transmitted infections, including in the host countries of migrants.

63. It should be noted that every year in the budget of the Migration Service of the Ministry of Labor, Migration and Employment provides the necessary tools for information work among migrant workers, in particular, and for the prevention of infectious diseases, for these purposes in 2019. 130000 TJS been allocated.

64. Implemented a joint action plan for the prevention of tuberculosis and HIV among migrants in the 2017-2020 years, the Ministry of Labor, Migration and Employment of the Republic of Tajikistan and the Ministry of Health and Social Protection of Population of the Republic of Tajikistan.

65. The work on Pre-departure preparation of migrants. Coverage of migrant workers outreach activities is increasing annually. For example, in 2017 information activities 235 000 people people in the country were covered, and in 2018 coverage increased to 328 thousand inhabitants.

66. At the expense of budget funds and international organizations (the project "HOPE", USAID, IOM, "AIDS Foundation East-West") prepared and distributed

163,000 information booklets on HIV prevention among migrant workers, the importance of testing and treatment, etc. .d.

67. With the support of the Russian Government, UNAIDS, in collaboration with the NGO "AIF"¹⁴ implemented technical assistance program, under which countries in the field of prevention, control and surveillance of HIV / AIDS and other communicable diseases, in which there are 15 friendly clinics for migrant workers. Four mobile clinics set to Tajikistan to carry out medical examinations of the population, HIV testing, counseling, and information and educational work among migrants and their families.

68. to develop bilateral cooperation between Tajikistan and Russia, Tajikistan and Kazakhstan in the field of cross-border control and treatment of TB and HIV among migrants. Diaspora also involved in the prevention of HIV and TB among migrants with the support of IOM Tajikistan (high-level meetings, training for representatives of Tajik diaspora, information materials and campaigns).

69. The cooperation with the Russian HIV-service NGOs for the provision of services for HIV and Aids Tajik migrants.

70. A network of "peer to peer" migrants on HIV and TB in areas Dangara, Baljuvon, Temurmaliq and Farhor: 7635 Workers covered by the info-sessions on HIV and TB equals trained mentors.

71. At the same time, there are difficulties in the provision of HIV services for migrant workers:

- The cost of the test for HIV for migrants in Tajikistan is 22 somoni;
- Migrants who know their HIV status, in no hurry to return home because of the stigma and discrimination in society. Also, many workers do not know that the treatment of HIV in Tajikistan is provided free of charge;
- In the Russian Federation, the presence of HIV among foreign nationals is the reason for deportation and listing of the ban on entry into the Russian Federation¹⁵;
- Medical services in the countries of destination, as a rule, are paid.

72. More than one-third of all new HIV infections are occurring among young people in the world aged 15-24 become infected with HIV every day, and about 2,000 young people, and AIDS mortality rates among teenagers are still growing.

In Tajikistan, the number of the younger generation of 15-24 year reached 1.76 million people in 2019, accounting for 19.3% of the total population of the country - 9,126,600,000 people (2019). Of the total number of young people aged 15-24 years the female population of 835.300 men - 870.700 people¹⁶. According to the State institution "National Center for the Prevention and Control of AIDS," all recorded in 1095 people living with HIV at the age of 15-24 years. In recent years, a trend increase of new cases in this age group.

¹⁴Technical Assistance Program for Eastern Europe and Central Asia in the field of prevention, control and surveillance of HIV / AIDS and other communicable diseases (2016-2018 gg.) - Phase II -Report (UNAIDS data)

¹⁵Federal law from 15.08.1996 N 114-FZ (ed. Of 16.12.2019) "On the order of departure from the Russian Federation and entry into the Russian Federation"

¹⁶The population of the Republic of Tajikistan on January 1, 2019, the Agency for Statistics under the President of the Republic of Tajikistan URL: http://stat.wv.tj/publications/July2019/macmuai_sumorai_aholi_to_1_anvari_soli_2019.pdf

73. According to the national survey of awareness, practice, behavior and HIV response among the population aged 15-49 years in the Republic of Tajikistan (2012), only 50% of respondents in the 15-24 age group correctly answered a question about the preventive methods of HIV sexually and rejected by the imaginary transmission of HIV¹⁷. Percentage of young people (15-24) who have had sex before the age of 15 years was 1.1%. Respondents aged 15-19 reported having sexual intercourse in 38% of cases; 20-24 years - 71% (more than one partner -16.1% in women and 25.4% - for men). Young people's condom during sexual intercourse with an increased risk (multiple sexual partners), less than 70%.

74. According to official data, the RAC and the results of studies of Tajikistan proportion of women among newly diagnosed HIV cases is increasing every year among the population:

- The proportion of women among people living with HIV in Tajikistan increased by 5% and about 40% in recent years.
- The number of new cases among women aged 19-29 years is greater than the rate among men.
- More than 80% of women infected with HIV through sexual contact.
- Among HIV-infected migrants - 11.6% - women.
- According to the Demographic and Health Survey (MDI, 2017)¹⁸ Only 12% of young women aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV.
- When comparing the data of a similar study conducted in 2012 the percentage of young women who have comprehensive knowledge of HIV increased slightly from 9% (2012) to 12% (2017).
- In Tajikistan, less than 1% of women aged 15-24 have had sexual intercourse before the age of 15 years. 7% of young women aged 18-24 have had sexual intercourse before the age of 18 years, at the same time, these figures have decreased by 3% compared to 2012
- According to the DHS (2017) two per cent of women aged 15-49 who have ever been sexually abused, and 1% experienced sexual violence in the 12 months prior to the study.
- Women often experience physical (25%) or emotional (16%) of violence, sexual abuse than marital (2%) (MDI, 2017).
- According to a report on gender assessment, response to HIV (2013)¹⁹In general, Tajik society is characterized by strictly patriarchal, where the husband's role in any decision-making in the family, including on access to reproductive health services, family planning, condom use is paramount.
- According to a study stigma index (2015)²⁰, Are more likely (95%) in Tajikistan, women living with HIV than men (82%) experienced stigma.

¹⁷awareness study, practice behavior and HIV response among the population aged 15-49 years in the Republic of Tajikistan, Dushanbe, 2012

¹⁸Tajikistan Demographic and Health Survey, 2017, Main results Dushanbe Agency for Statistics under the President of the Republic of Tajikistan URL: <https://www.stat.tj/ru/news/publications/new-survey-shows-improvement-in-maternal-and-child-health-in-tajikistan>

¹⁹Gender assessment of the response to HIV in Tajikistan, a pilot project. These UNAIDS Office in Tajikistan, 2013, Dushanbe

²⁰Indicator of the level of stigma of people living with HIV. Analytical report. Dushanbe, 2015 URL: <http://www.stigmaindex.org/sites/default/files/reports/Tajikistan%20Stigma%20Index%20Russian%20Final.pdf>

75. These data show the high vulnerability of young people, especially young women and girls to HIV infection. Events held in the country for the prevention of HIV infection among young people aimed at raising awareness and comprehensive knowledge about HIV prevention among young people and increase young people's access to services related to HIV.

76. Thus, according to the Youth and Sports Committee under the Government of the Republic of Tajikistan²¹ in 2019 were regularly conducted large-scale information events, promotions, round tables and consultations on formation of a healthy lifestyle, the prevention of HIV infection, the need for HIV testing, training of peer educators, and only in January 2019 615 392 young people were involved, 66,795 distribution information materials.

77. According to the order of the President of the Republic of Tajikistan, the Ministry of Education and Science of the Republic of Tajikistan²² in all educational institutions of the country within 5 hours of educational and training supervisors to March 2018 introduced HIV / AIDS issues in accordance with the approved program of prevention separately.

78. The program to improve teacher training included 5:00 on a healthy lifestyle, including information about HIV transmission and HIV prevention measures. Issues related to HIV / AIDS prevention are also included in the National Concept of Education in the Republic of Tajikistan.

79. It is necessary to take more effective measures to reduce the vulnerability of young people and adolescents, especially young women and girls, improve access to quality education, voluntary confidential HIV testing, the combined package of HIV-related services, programs for sexual and reproductive health, which allows youth receive funds, skills, knowledge and ability to protect themselves from HIV.

80. Tajikistan is among the 30 countries with the highest birth rate, which is defined as 2,1-3,9 (MDI, 2017) children per woman. In 2019 the number of pregnant women was 237313. Since 2011, the country has begun for universal HIV screening of pregnant women with HIV testing strategy, proposed and carried out for all pregnant women. Since 2013, a screening test for HIV are held once in the antenatal period and repeated HIV testing is carried out in cases where there is risk of HIV infection among pregnant women.

81. In recent years, more than 85% of pregnant women in the country are tested for HIV, and about 15% of pregnant women are not covered testing for HIV in the antenatal period (Table 8). The main reasons for the incomplete coverage of pregnant women tested for HIV are lack of funds for the purchase of test and untimely registration with some pregnant women, especially in remote rural areas.

Table 8

Coverage of pregnant women testing and counseling for HIV at antenatal care and the presence of HIV among them

²¹Report on Youth and Sports Committee under the Government of the Republic of Tajikistan on the implementation of the National Program on HIV response in the Republic of Tajikistan for 2017-2020 years

²²Report of the Ministry of Education and Science The Republic of Tajikistan on the implementation of the National Program on HIV response in the Republic of Tajikistan for 2017-2020 years.

	2015	2016	2017	2018	2019
Number of pregnant women taken at antenatal records	268250	263893	240763	241123	237313
Number of pregnant women covered by primary HIV testing	178625	200487	204460	216357	199602
The percentage of coverage of pregnant women tested for HIV primary	66,6%	76,0%	85.0%	89,7%	84,0%
Identification of new cases of HIV among pregnant women	96	84	63	85	63
All pregnant women with HIV infection (the number of new and PLHIV)	174	185	170	226	194
Newly diagnosed cases of HIV infection among children born to HIV-infected mothers	55	53	60	53	45

82. In 2019, the number of pregnant women with HIV in the country was 194 persons (63 new cases), of which 189 (97.4%) was obtained antiretroviral therapy (mostly) and antiviral prophylaxis. Prevention of HIV transmission from mother to child (PMTCT) are not covered by 5 pregnant women, among which 3 were identified during childbirth.

83. At the same time, a significant amount of concern the number of detected HIV infections among children born to HIV-infected mothers ("vertical" way of infection), as well as cases of vertical transmission from mothers who were covered all the activities of HIV prevention programs on mother to kid. So, since the implementation of the PMTCT program and to date (2006-2019) 23 such cases were reported, accounting for 2.7% of the total (23 of 841) of children born from HIV-positive mothers covered by the program.

84.Despite the gradual reduction of "vertical" transmission of HIV from 5.6% (2015) to 4.0% in 2019 of all registered cases of HIV, the figure remains high.

85. Thus, there are several factors that affect the implementation of PMTCT services, such as:

- Large annual number of births and the under-coverage of pregnant women tested for HIV.
- Cases of late registration with pregnant women and early prenatal care.
- The lack of test systems and imperfect monitoring and management of supply and distribution tests.
- The level of home births in 2017 was 6.6%, which is significantly lower compared to previous years, at the same time, home birth continue to limit women's coverage of PMTCT and children.
- Deficiency of laboratory capacity for early diagnosis of infants.

Thus, Tajikistan is not yet celebrated the achievement of objectives for the elimination of HIV transmission from mother to child, and requires careful elucidation of the causes of HIV transmission from mother to child in each case.

86. Provide adequate supplies of safe blood should be an integral part of the national health policy and infrastructure in any country. According to the State

Institution "Republican Scientific Center of Blood" in 2019 it has been tested for HIV 49000 samples of blood, of which 8 samples were found to have HIV. Cases of transmission of HIV through transfusions of donated blood have been reported until 2008, after which there were no cases of infection through transfusion of blood and its components.

87. In recent years, in the Republic of Tajikistan²³ to ensure the safety and quality of transfusion therapy introduced computerization of system of blood service organizations. The country has a National Register of donors of blood and its components. Infection control of blood products is provided by the laboratory diagnosis of transmissible infections (HIV, hepatitis, syphilis). In the practice of the implanted blood analysis by polymerase chain reaction for the early detection of viruses - causative agents of transmissible infections, including HIV. At the same time, the country has not established a system of regular blood donation, virus inactivation, quarantine blood, not implemented automatic methods of investigation of donated blood for infections.

88. Of great importance in the process of blood safety is a question of rational and efficient use of it in hospitals. In practice, can still meet cases of blood transfusion in the absence of appropriate medical evidence and the use of unsafe transfusion practices, patients, in turn, may be at risk of severe transfusion reactions and infection with bloodborne. Introduction of modern technologies in the blood service, increase profitability and cost-effectiveness of institutions, will strengthen the control over performance targets, expenditure of funds, use of equipment, timely process of procurement of reagents and consumables, as the most important to ensure the quality and safety of products.

89. As described above, according to the statistical reports It notes a certain percentage of cases with "an unidentified by transmission" of HIV. So, in 2015, 110 cases in 2016 - in the case of 101, in 2017 - in 96 cases in 2018. g.- in 115 cases and in 2019 in 161 cases of HIV transmission was not set that in 2019 it amounted to 12.2% of the total number of new cases of HIV (Figure 1).

90. provide statistical reports noted a certain percentage of cases with "an unidentified by transmission" of HIV. In 2019, the most high percentage of HIV "unidentified by transmitting" marked in Dushanbe (20%) in areas of the national subordination (about 18%) and in Khatlon 15%.

91. Attention is drawn to a fairly high percentage of cases with unknown HIV by transmission among children under the age of 15 years. For example, in 2019 out of 161 cases of HIV transmission from an unidentified by 139 cases were among children under the age of 15 years (86.3%). These figures may be indirectly related to data on the increase in the number of HIV infections among children under the age of 15 years, in recent years. Thus, the total number of HIV infections among children under the age of 15 years, registered at the end of December 2019 (1179), 474 (40.2%) were born to HIV-infected mothers. The parents of the remaining 695 children (59%) HIV infection has not been identified.

²³Report of the State Institutions "Republican Scientific Blood Center" of the Republic of Tajikistan on the implementation of the National Program on HIV response in the Republic of Tajikistan for 2017-2020 years

92. A retrospective analysis of the 2018 State Institution "National Center for the Prevention and Control of AIDS" in most cases, it was noted the existence of cases of hospitalization and intravenous treatments. Despite the fact that in these cases the true causes of the infection could not be established, but it does not exclude the factors of nosocomial transmission of HIV.

93. In view of the above, particular attention in the near future should be given for improvement of infection control nosocomial infections, including HIV, in the medical institutions of the country.

§ 2. ANALYSIS OF THE SITUATION ON THE PROVISION CARE AND TREATMENT

94. As at 31 December 2019 the cumulative number of deaths among people living with HIV (for various reasons) for the entire period of observations was 3230 people, or 26.9% of the cumulative number of HIV cases for the 1991-2019 years.

95. The cumulative number of deaths among people living with HIV was in the regions: the city of Dushanbe - 612 people. (23.5% of the cumulative number of HIV cases in the period 1991-2019 gg.), GBAO - 303 people. (44.3%), cities and districts of the republican subordination - 602 people. (23.5%), Sughd province - 800 people. (29.0%), Khatlon oblast - 913 people. (27.0%).

96. The number of cases of death among people living with HIV (for various reasons) in the country over the last five years (2015-2019) amounted to 1834 people, the number of deaths related to AIDS 842 people (45.9%) (Table 9).

Table 9

The number of deaths among HIV-infected persons in the Republic of Tajikistan for the period 2015-2019 years,

	2015	2016	2017	2018	2019
Number of deaths among HIV-infected	301	324	463	446	300
Including deaths among HIV-positive people, AIDS-related diseases associated	138	159	196	190	159

97. It should be noted that the observed reduction in mortality among people living with HIV, as the overall mortality and mortality due to diseases associated with AIDS (in relative terms, in relation to each year an increasing number of people living with HIV). The basis of this, of course, is antiretroviral therapy given in a timely manner to people living with HIV annually increasing coverage of people living with HIV, this treatment, as well as carried out in the complex activities for people living with HIV prevention, care and support services with HIV. It should also be noted that, since 2018, according to WHO recommendations, in the country in recent years, antiretroviral treatment for people newly diagnosed with HIV infection is appointed immediately after the detection of HIV infection regardless of CD4 cell count and viral load.

98. According to the State institution "National Center for the Prevention and Control of AIDS" on 31 December 2019 the level of coverage of people living with HIV, medical observation is generally 87.7%. High levels of clinical examination found among children where clinical observation coverage is 98.6% (Table 10).

Table 10

Coverage dispensary observation among people living with HIV in the Republic of Tajikistan at the end of 2019
(Age is as of 2019)

Age	The total number of people living with HIV			Number of people living with HIV in the dispensary			% Coverage dispensary observation
	Total	Husb and	wives	Total	Husb and	wives	
0-4 years	82	42	40	82	42	40	100.0%
5-14 years	832	522	310	819	512	307	98.4%
15-17 years	106	59	47	105	58	47	99,1%
18 years and older	7736	4539	3197	6672	3693	2979	86.2%
Total	8756	5162	3594	7678	4305	3373	87.7%

99. As of 31 December 2019 the total number of people living with HIV (8756) receiving antiretroviral therapy 7055 people, accounting for 80.6% (Table 11). Coverage of people living with HIV who are under medical supervision (7678) and antiretroviral therapy (7055) now stands at 91.9%.

Table 11

Coverage of antiretroviral therapy for people living with the human immunodeficiency virus in Tajikistan at the end of 2019
(Age specified at the time of detection)

Age	Number of people living with HIV	Number of people living with HIV who are under medical supervision	Number of people living with HIV receiving ART	The percentage of ART coverage among people living with HIV
0-4 years	82	82	82	100.0%
5-14 years	832	819	803	96.5%
15-17 years	106	105	105	99,1%
18 years and older	7736	6672	6065	78.4%
Total	8756	7678	7055	80.6%

100. The majority of children living with HIV to 18 years of age and under medical supervision, of antiretroviral therapy (97.1%), when the rate among adults is only 78.4% (Table 11).

101. Analysis of the data shows that about 14% of the number of people living with HIV at the age of 15 years and older in a timely manner does not go to medical institutions for suitably qualified and specialized medical care. At the same time, compared with 2015. When after treatment was 25.5% the situation has improved, which positively affected the timely appointment and receiving antiretroviral therapy.

The reasons for late diagnosis of HIV -infektsii and treatment of people living with HIV, appropriate care may include:

- existing fears and concerns among the population about HIV infection continues to be a barrier for testing;
- stigma in society and a manifestation of discrimination against people living with HIV, and fear of people living with HIV publicity in any way, their HIV-positive status and in this regard, the possible negative consequences for their social life in society, the family, the workplace is also the barriers to timely treatment. The most difficult stigma perceived by parents of children living with HIV, and fear the publicity of HIV-positive status of their child can become a reason for the late treatment of parents for proper treatment of the child;
- lack of awareness of people living with HIV on treatment and more benefits for human health and life;
- internal psychological factors that prevent some people living with HIV, to take a decision on the treatment of treatment (mainly before the clinical manifestations of the disease) and possible biases in terms of efficacy of treatment;
- expressed enough level migration (external, internal) of the population in the country, which can affect the use and access of people living with HIV to medical care;
- evidence of low activity on the part of medical workers of some local centers for the prevention and control of human immunodeficiency virus to provide coverage for people living with HIV, medical observation, as well as evidence of poor quality services.

§ 3. CASCADE PERFORMANCE INTERNATIONAL STRATEGY IN TAJIKISTAN 90-90-90 THE END OF 2019

102. Observing the commitment towards achieving the goals of sustainable development 3.3., In particular, "in 2030 put an end to the AIDS epidemic"²⁴The Republic of Tajikistan the following obligations in accordance with the rapid response UNAIDS Strategy "90-90-90"²⁵namely by 2020, 90% of people living with HIV are unaware of their status, 90% of them receive treatment and 90% of people on treatment have suppressed viral load.

²⁴The goal of sustainable development in the field of health, URL: <https://www.who.int/topics/sustainable-development-goals/targets/ru/>

²⁵Acceleration of measures to stop the AIDS epidemic, UNAIDS Strategy 2016-2021gg.
URL: https://www.unaids.org/ru/resources/documents/2015/UNAIDS_PCB37_15-18

103. According to the State Institution "National Center for the Prevention and Control of AIDS" at the end of 2019, 67.4% of people living with HIV are unaware of their HIV-positive status; 80.6% of them are receiving antiretroviral therapy, and 74.0% of all people on treatment have suppressed viral load, and among those who are receiving treatment for more than six months, the figure is 81.5%.

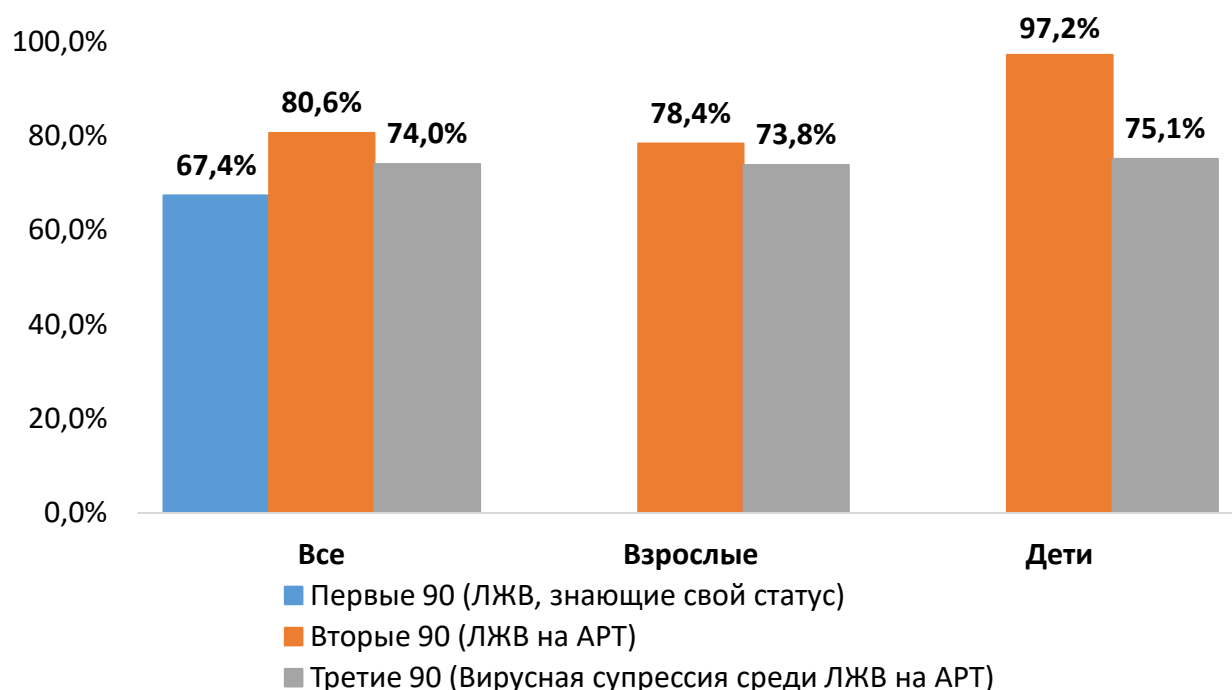
104. The same indicators in 2016 at the start of the implementation of 90-90-90 strategy were as follows: the first 90 (percentage of people who know their status) - 33.1%; the second 90 (the percentage of people receiving treatment) - 31.5%; and the third 90 (the percentage of people with suppressed viral load) - 30.1%.

105. At the same time coverage of ARV treatment of patients on the basis of the estimated number of people living with HIV is 54% and to achieve the first goal of "90" before the end of 2020 must be diagnosed even more than 4000 new cases, and thus increase the treatment coverage and provide treatment in addition to 3,500 patients, as well as to decrease the viral load in an additional 4,200 patients.

106. The percentage of coverage of treatment of children under the age of 15 years is higher with viral load suppression (75.1%) (97.2%) than in adults (73.8%), as well as the percentage of children in comparison with these indicators in adults (73.8%) (Figure 2).

Figure 2

Cascade achievements on 90-90-90 Strategy in the Republic of Tajikistan at the end of 2019



107. This is due to higher levels of adherence to treatment in children, and formed over a long period and is constantly supported by parents of children living with HIV.

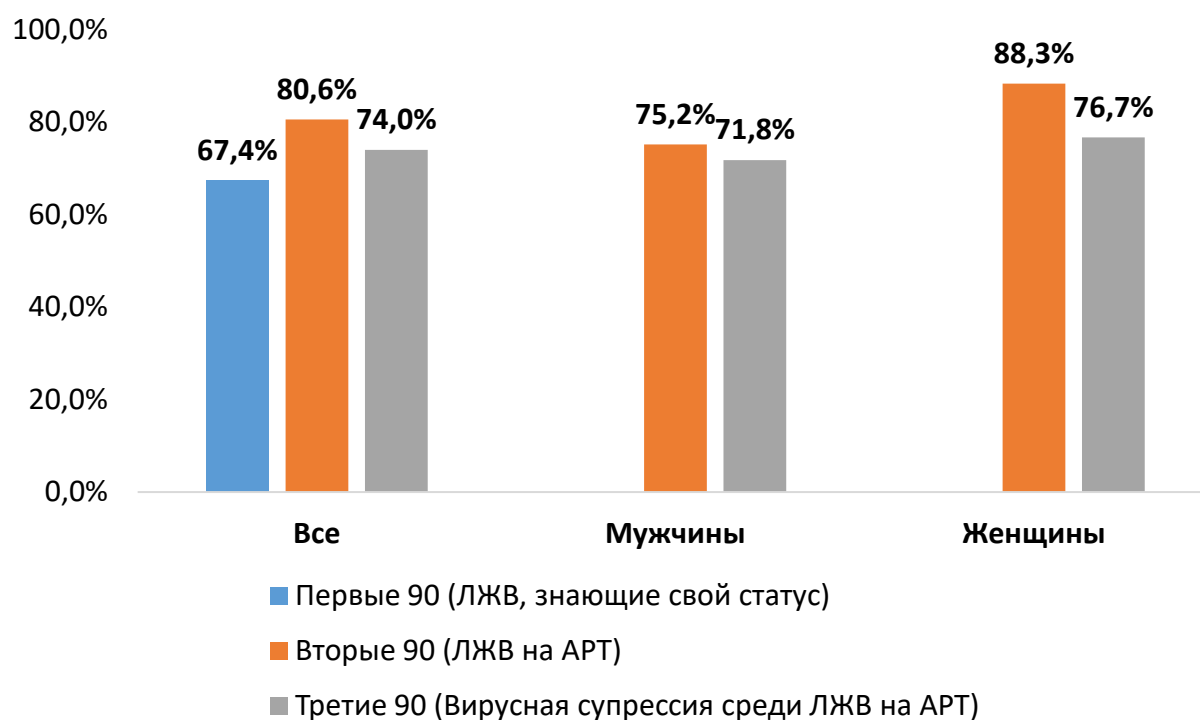
108. In connection with the increase in the number of new HIV cases among women, separately monitored state stage of treatment with the disaggregation of data by sex. (Figure 3). Thus, coverage of antiretroviral therapy women higher (88.3%)

than among men (75.2%), as the level of suppression of viral load (among women - 76.7% of men - 71.8%).

109. This may be explained by a significant predominance of men among migrant workers, later their testing and treatment for HIV services relating to the stay in the migration, and lack of access to HIV services in the country of residence.

Figure 3

Cascade Implementation 90-90-90 Strategy in the Republic of Tajikistan at the end of 2019, by gender



110. In 2019 the country's total 1,062,508 people have been tested, including 1320 new cases of HIV have been identified. Among the 1320 newly identified at year-end 1271 were on dispensary observation for 1199 people (90.8%) has been assigned a qualifying antiretroviral therapy.

111. Over the past 3 years (2017-2019 gg.) In all 1321 patients receiving antiretroviral therapy, this treatment was interrupted for various reasons. Among the most common reasons that people living with HIV, interrupt their treatment are: labor migration, side effects, lack of confidence in treatment, denial of their HIV-positive status and others. To return patients and restore their treatment by health professionals and peer educators conducted psychosocial counseling, prevention and relief of side effects, home nursing, optimization of treatment regimens, as well as the selection of antiretroviral drugs for a period of 6 months or more.

112. During the period 2015-2019, antiretroviral therapy was first appointed in 1320 for people living with HIV who inject drugs.

Cascade reach people who inject drugs, medical supervision and antiretroviral therapy, based on data from sentinel surveillance conducted in 2018, is as follows:

- 93% of people who inject drugs who know their HIV positive status, are under medical observation,
- 91% of those receiving antiretroviral therapy
- and 62% of them during the recent research was the level of viral load below 1000 copies / ml.

113. Cascade coverage sex workers medical observation and antiretroviral therapy based on the survey data (SS, 2018) is 95.6%. Among sex workers, aware of their HIV positive status, 87.2% receive antiretroviral therapy and 74.6% of them during the recent research was the level of viral load below 1000 copies / ml.

114. In 2019 in prison was 161 people with HIV, 154 of whom continue to receive antiretroviral therapy. The remaining 7 patients with HIV who are not receiving antiretroviral therapy were found at the end of 2019 and begin therapy at the beginning of 2020. The proportion of patients with suppressed viral load is 59.4% among prisoners living with HIV receiving treatment.

115. Prevention and Lechenie opportunistic infections, tuberculosis, hepatitis, and also among women and the human papilloma virus (HPV) is a relevant problem areas and among people living with HIV.

116. Tuberculosis still remains one of the major causes of death among people living with HIV. In 2019 died 87 patients co-infected with HIV / TB. This represented 29% of all deaths (for various reasons) among people living with HIV in 2019.

117. In recent years, the country annually revealed a relatively high number of cases of co-infection of HIV and TB: 132 cases in 2015 and 129 cases in 2019. Perhaps it is also due to the active introduction of testing TB patients for HIV in TB services, the extent of which have a tendency to annual growth. In 2019 10 556 TB patients for HIV testing was conducted, among which HIV was detected in 37 cases.

118. In 2019 tuberculosis was diagnosed in 92 people living with HIV. However, screening for people living with HIV, TB is performed in the whole country is not enough. Due to the fact that the X-ray examination is a common way to detect tuberculosis in people living with HIV, there is a risk that the latency is not diagnosed in time for tuberculosis. At the same time, it has been actively expanding the coverage of people living with HIV screened for TB TB molecular diagnostics by means of sputum examination in the GeneXpert machines, installed in the protection of the population from tuberculosis centers.

119. In view of the above, it is very important to ensure the timely and professional screening for TB among people living with HIV, including children who are most susceptible to tuberculosis, and more than adult patients at risk of infection with multidrug-resistant tuberculosis.

120. As is known, the wide spread of TB occur among those who are in prison. In 2019 140 convicted people living with HIV were counseled tuberculothapist and screened for tuberculosis, 52 people living with HIV received isoniazid preventive therapy, and 34 people were treated for TB detection among them.

121. However, the prevalence of HIV and hepatitis C among prisoners continue to be high enough that it requires to intensify efforts and interventions as

part of the penitentiary system in the work of prevention, treatment, care and support related to HIV.

122. Total of all the people identified with HIV infection at the end of 2019 from 1433 were identified parenteral viral hepatitis, among which 270 have hepatitis B, in 1070 - hepatitis C and 93 patients with HIV-Associated viral hepatitis B and C. Only in 2019 among the 1320 new HIV cases in all 75 patients were detected viral hepatitis B and C (HBV - 18 GHS - 57).

123. In 2017, for the first time at the State Institution "Republican Scientific Center of Oncology" was held screening of women living with HIV, cervical cancer. Of the 1160 women living with HIV in the study, 47% were identified oncologic pathology considered precancerous diseases: cervical dysplasia (6.7%), breast mammary gland (19.5%), endometriosis, fibroadenomas, and so on. d.²⁶.

124. At the same time, regular surveys of women living with HIV to detect cervical cancer and other cancers is not available, vaccination for the prevention of human papilloma virus (HPV) is not carried out in the country.

125. In Tajikistan, in accordance with applicable law, the State guarantees the free provision of antiretroviral therapy to people living with HIV. To date, providing antiretroviral drugs in the country is carried out entirely at the expense of funding from international organizations, mainly from the Global Fund to Fight AIDS, Tuberculosis and Malaria. Disruptions in providing antiretroviral drugs, in general, is not marked. In accordance with the plan of transition from the donor to the public funding of measures to prevent and combat HIV / AIDS, the country gradually will allocate funds for the purchase of antiretroviral drugs since 2022.

126. The provision of free medical services set order delivery of health services to the citizens of the Republic of Tajikistan, institutions of the state health care system, approved by the Government of the Republic of Tajikistan №600 from 02.12.2008²⁷. This regulation is implemented more in the part of paid services, and on the basis of normative documents of the Ministry of Health and Social Welfare. At the same time, not all regions of the country from the state budget sufficient funds are allocated for the purchase of drugs for the prevention and treatment of opportunistic and other diseases occurring in people living with HIV.

127. Since 2011, the country at the state level to families in which there are children living with HIV (up to 16 years inclusive), started providing a monthly social allowance in the amount of seven indicators for the calculations (Resolution of the Government of the Republic of Tajikistan from May 3, 2010, №232). So far, since 2011, the State Institution "National Center for the Prevention and Control of AIDS," issued by the relevant medical certificate to obtain such benefits 997 children living with HIV, including 799 at the end of the year regularly receive this allowance.

²⁶Sattorov, Sh The risk of cancer in women with HIV infection, presentation at the National Conference on HIV / AIDS in the Republic of Tajikistan on 25-26 June 2018

²⁷The Republic of Tajikistan Government Resolution dated December 2, 2008 №600 On the Procedure of providing health services to the citizens of the Republic of Tajikistan, institutions of the state health care system

128. In recent years, for infants born to HIV-positive mothers in the country started providing these families address the appropriate baby food in the required range at the expense of the state budget.

129. At the same time, in the opinion of people living with HIV, the parents of children with HIV infection do not always receive information from public health services and local authorities the right to benefits and other social benefits, which leads to the fact that children do not get need healthy meals.

130. The mechanism providing formula milk for families with infants born to HIV - positive mothers is not enough to work, making it difficult to timely provide such families with formula milk and increases the risk of HIV transmission from mother to child.

The situation is related to infection of the child with human immunodeficiency virus, is the strongest stress for parents and other family members. Children and their parents - this is the target group that needs the proper psychological assistance and support. In the country there is a shortage of clinical psychologists practicing psychotherapists and counselors. Professionals working with people affected by HIV / AIDS, do not have sufficient knowledge and skills in individual and group counseling, support groups and mutual support of the group.

131. The country has actively introduced testing for HIV among the population in primary health care, primary health care: health centers and family medicine centers, reproductive health centers. Order of the Ministry of Health and Social Protection of Population of the Republic of Tajikistan in 2018 approved the provision of antiretroviral therapy in the primary health care system. To date, 10 of the 15 clinics in the city of Dushanbe has full access for ART, where more than 400 patients are receiving care and treatment of HIV.

CHAPTER 3. ANALYSIS OF FACTORS, facilitate and impede an enabling environment

To implement the program

132. There is a growing threat to human immunodeficiency virus is emphasized at all levels of government and civil society of Tajikistan. Countering HIV is one of the priorities of the Government in the country's public health system.

133. The Republic of Tajikistan expresses its firm commitment to the principles of the Political Declaration on AIDS, adopted by the Special Session of the UN General Assembly in 2016. Aimed at halting the AIDS epidemic by 2030. in accordance with sustainable development.

134. Priorities of the National Program to combat the human immunodeficiency virus and acquired immunodeficiency syndrome in the Republic of Tajikistan for the period 2021-2025gg. closely linked to the National Development Strategy of the Republic of Tajikistan until 2030, the National Program of Strategic Health Development and Social Protection of Population of the Republic of Tajikistan for the period 2021-2030 years, which is given due attention to the growing burden of communicable diseases and slowing the spread of HIV and AIDS is defined as a major priority areas.

135. The legal framework for the implementation of measures to combat the HIV epidemic is determined by the relevant laws, and regulations. The main provisions of the provision of prevention, treatment and care in the field of HIV, as well as the realization of citizens' constitutional rights and health, are governed by the Republic of Tajikistan Health Code, adopted by the Parliament of the Republic of Tajikistan (MN MO RT) in 2017 and other normative-legal acts²⁸.

136. Under the current legislation, the State guarantees the observance of all the rights and freedoms of people living with HIV and their families; provision of services in the field of diagnostics, prevention and treatment of HIV infection on the basis of priority of rights and the provision of certain benefits to people living with HIV, including, and the free provision of antiretroviral therapy.

137. The legislation of the Republic of Tajikistan prohibits discrimination on the grounds of HIV and commit any public act for the purpose of incitement to hatred and contempt spread person or groups on the basis of actual or perceived status of a person infected with HIV.

138. In 2017 the NGO "Human Rights Center" with the support of UNDP and the Global Fund assessed the legal environment in the context of HIV, which resulted in the identified barriers in existing legislation and legal practice that restrict access of people living with HIV and key populations to the prevention and treatment of HIV infection, and lead to discrimination in the public sphere and in private life.

139. Soglasno alternative report²⁹ on the implementation of the Convention on the Elimination of All Forms of Discrimination against Women Committee on the Elimination of Discrimination against Women (CEDAW) in October 2018, alternative report on the implementation of the International Covenant on Civil and Political Rights to the Human Rights Committee (HRC) in July 2019, produced by non-governmental organizations, including organizations representing people living with HIV in the Republic of Tajikistan, recently in country, cases of criminal punishments for HIV infection. Most often this article has been applied in respect of women.

140. Article 125 of the Criminal Code of the Republic of Tajikistan (Criminal Code) provides for the composition not only for intentional transmission of HIV, but also endangering HIV. Thus, almost all people living with HIV who come into sexual contact can be brought to criminal responsibility, thus people living with HIV are denied the right to sexual health. This does not include the informed consent of the other partner, the use of condoms as a means of protection during sexual intercourse and having an undetectable viral load is the use of antiretroviral therapy, when, according to the latest international research, HIV is not transmitted.

²⁸ Health Code of the Republic of Tajikistan adopted the Decree of MH Mort from March 15, 2017, was approved by Resolution # 712 MM Mort from May 18, 2017, №374, URL: <https://moh.tj/?lang=ru>

²⁹ Tajik network of women living with HIV, Alternative thematic report on the implementation of the Convention on the Elimination of All Forms of Discrimination against Women in relation to women living with HIV and women from affected groups (women, ex-prisoners, women, injecting drug users, female - female sex) URL: http://www.ewna.org/wp-content/uploads/2018/10/CEDAW_HIV-Rep.pdf

141. In recent years, the practice of decision-laws in matters of mandatory HIV testing for employment and admission to study³⁰ That is contrary to the Labor Code and the Code of Health of the Republic of Tajikistan, as well as international standards in the field of human rights, limiting the rights of people living with HIV to work and education. It is important to carry out an additional analysis of existing legislation and its impact on the rights of people living with HIV and key populations.

142. To enhance the effectiveness of preventive measures among key populations is necessary to improve legislation in the field of criminal and administrative penalties: the decriminalization of HIV issues; possession of drugs for personal use; the application of administrative papers to the female sex; the use of alternative measures instead of compulsory treatment of drug users, drug treatment as an alternative to measures of criminal punishment in accordance with international standards.

143. For a successful response to the HIV epidemic requires that all, without exception, the key and vulnerable groups have access to testing, prevention programs, treatment, and other services for HIV: injecting drug users and their partners, sex workers, men who have same-sex relations, migrant workers, young people, women and girls, etc. on the basis of respect for human rights.

144. For the first time in Tajikistan conducted a study of stigma (stigma index) in relation to people living with HIV (2015) showed that stigma continues to be one of the main barriers to a successful response to the HIV epidemic. For example, people living with HIV who participated in the survey indicated that they had experienced stigma in obtaining medical services, employment, access to education, in public life and also high turned percentage internalized stigma, including a sense of guilt and a desire to end included (table 12). Women living with HIV are more likely (95%) than men faced with stigma and discrimination.

Table 12

Indicators stigma against people living with HIV in Tajikistan (Stigma Index 2015)

Indicators	the stigma (N150)
Denial of medical care, including dental care in the past 12 months (Before testing)	17,0%
Denial of family planning services in the last 12 months	10,8%
mandatory testing	2.7%
Disclosure of medical professionals HIV-positive status of a person without his consent	9.1%
Medical professionals advised not to have children after being diagnosed with HIV	22,1%
Failure to find a job	14,8%

³⁰The Republic of Tajikistan Government Resolution dated September 25, 2018, # 475 "On the list of diseases that do not entitle persons ill with them, to study in educational hospitals"

Problems associated with education	2.3%
Manifestations of self-stigma (shame / desire to commit suicide)	71,1% / 28.2%
Exclusion from public life and manifestations of intolerance and aggression	8.7%

145. A variety of information, advocacy and educational activities aimed at reducing stigma and discrimination against people living with HIV are regularly held in the Republic of Tajikistan. Advocacy and training sessions are held for different categories of employees of state organizations, service providers, media representatives, etc. Of particular importance are the educational activities carried out by law enforcement officials, in order to reduce stigma and discrimination against people living with HIV and key populations. These events are aimed at raising awareness of law enforcement officers on HIV / AIDS in general, raising legal awareness on HIV issues, the rights of people living with HIV prevention programs

146. To date, several seminars for judicial personnel and lawyers, it is necessary to ensure access for people living with HIV, to justice and to provide high-quality legal assistance.

147. Questions reduce stigma and discrimination against people living with HIV, are included in training programs for training and retraining of medical personnel and the educational system.

148. The significant role in HIV prevention and formation of a tolerant attitude towards people living with HIV, religious leaders play. Thus, according to the Committee of religion, ordering the national traditions, celebrations and ceremonies of the Government of the Republic of Tajikistan³¹ Only in 2019, the Committee organized training courses for 1017 imamhatibov central and Friday mosques on HIV.

149. The formation of public opinion, including on HIV issues, contribute significantly to the media. It is important that the media have the ability to pay attention to the real problems in the field of HIV / AIDS and contribute to their solution. At the same time, there are cases of incorrect information in the media, distorting, the actual state of the situation and contributes to the stigmatization of people living with HIV. So far, the country has not developed information and advocacy strategy on HIV / AIDS that would provide guidance and direction of the key messages to create favorable communication field.

150. Monitoring the observance of the rights of people living with HIV, mostly carried out by human rights organizations and the public is not always possible to get feedback on the actions being taken and their results, in connection with which the existing realities of the role of the Human Rights Commissioner (Ombudsman) in the Republic of Tajikistan.

³¹Report of the Committee on Religious Affairs, streamline national traditions, celebrations and ceremonies of the Government of the Republic of Tajikistan on the implementation of the National Program on HIV response in the Republic of Tajikistan for 2017-2020 years

151. In 2019 the part of the state, public and international organizations working in the field of fight against HIV / AIDS in Tajikistan, organized and held a number of meetings to discuss the situation on the violation of the rights of people living with HIV, in particular by law enforcement agencies and have developed a set of measures for further action. List of events were presented by the community of people living with HIV and key populations, and included in the plan of implementation of this program, the successful implementation of which, undoubtedly, should contribute to an enabling environment for the development of anti-HIV / AIDS programs.

152. Public organizations and community play an important role in combating the HIV epidemic, actively participating in the implementation of programs to provide access to key and vulnerable groups, the protection of human rights and the guarantee of a transparent planning process, implementation, monitoring and resource mobilization. More than 30 non-governmental organizations point out its activities in the field of HIV and most of them are actually involved in the implementation of anti-HIV programs.

153. Currently, public HIV service organizations contribute to the expansion of testing with key and vulnerable groups, as well as referral of patients with pre-positive HIV test result in territorial centers for the prevention and control of AIDS for further testing for HIV.

154. In 2017, the country became possible tested for HIV at the community level with the use of tests for saliva samples, which is considered to be significant progress in the expansion of testing. At present, on the basis of 10 non-governmental organizations conducted similar tests.

155. In 2019 signed an order of Health and Social Protection Ministry of the Republic of Tajikistan on the implementation of self-testing for HIV, and civil society organizations play a significant role in the promotion of this testing method in the country.

156. Financing of the activities of public organizations working in the field of HIV, fully implemented by international donors (mainly the Global Fund and PEPFAR). During the years 2018-2020 program funding from the Global Fund has been reduced by approximately 40%, which has affected the financing of non-governmental organizations, in particular on reducing the number of outreach workers while maintaining or increasing the amount of load.

157. As part of the current program has been planned government funding 20 community organizations to provide services for HIV prevention among key populations, but so far the public organizations working in HIV programs do not receive public funding. Contracting mechanisms of social non-governmental organizations developed. Currently there is a lack of funding community, as international sources of funding for non-governmental organizations are narrowed, and internal funding mechanisms is not enough. It is expected that 2021 will begin funding non-governmental organizations from the state budget.

158. Since 2009, Tajikistan introduced a comprehensive assessment of national expenditure in connection with the acquired immunodeficiency syndrome, analyzing the priorities of the country the cost of human immunodeficiency virus.

Assessment report of national expenditure in connection with the acquired immunodeficiency syndrome is formed every two years. At the same time, the latest estimate of national expenditure carried out in 2014.

159. The Government of the Republic of Tajikistan provides support for national responses to HIV epidemic, mainly in the form of human resources, staff salaries, buildings and running costs, as well as a partial purchase of diagnostic test kits and drugs to treat opportunistic infections. At the same time, in recent years gradually increased spending on prevention and control of HIV infection from the state budget, including local authorities, in particular for the purchase of diagnostic tests, primarily for the testing of pregnant women, means for artificial feeding infants born to HIV-positive mothers, as well as for the payment of social benefits for children with HIV to 16 years of age. According to the SE "RAC" at the end of 2019 799 children received this benefit.

160. Despite the gradual increase in funding from the state for the past five years, investment in the national response to the HIV epidemic characterized by a high dependence on foreign aid - more than 80% of the program funded by international donors, in particular the purchase of drugs and prevention programs for key populations. The main donors for HIV programs are the Global Fund to Fight AIDS, Tuberculosis and Malaria and the US President's Emergency Plan for AIDS Relief (PEPFAR), also made "technical assistance program to countries in Eastern Europe and Central Asia in the field of prevention, control and surveillance of HIV / AIDS and other infectious diseases" funded by the Russian government, the programs supported by UN agencies and others.

161. At the same time there is a decrease in donor funding dynamics, both in quantitative terms, allocation of funds and the number of donors, and the transition from the donor to the domestic financing, which is gradually increasing in recent years, it creates a significant burden on the state budget and procurement system to ensure the sustainability of services for prevention, care and treatment of HIV.

162. The plan of transition from the donor to the domestic financing of HIV / AIDS national program developed in 2019 is included in this Program and its gradual implementation will start from 2022.

163. Private sector investment in HIV programs are very small, and limited support for information campaigns and selected NGOs for start-up projects.

164. In order to mobilize domestic resources and associations, in 2008 the Parliament of the Republic of Tajikistan adopted the Law "On medical insurance in the Republic of Tajikistan"³². In accordance with this law, planned creation of the Health Insurance Fund, which will act as a single-payer health care system in the country. The country's parliament has postponed the implementation of the law until 2022.

165. In 2018 an analysis of the distribution of HIV resources to optimize the impact of programs - OPTIMA³³. On the basis of data on the distribution of resources 2015-2017gg, where it was estimated that:

³²Resolution of the Majlisi Milli and the Majlisi Oli of the Republic of Tajikistan "About the project of the Law" On Amendments to the Law of the Republic of Tajikistan "On Health Insurance in the Republic of Tajikistan", ", number 504 of 05.06.2008.

³³Resource optimization to maximize the HIV response in Tajikistan, 2018 (not published)

- At 100% optimization of the annual budget for the period from 2019. by 2030. it will be possible to prevent 40% of possible new cases of HIV infection (approximately 5,900 cases) and 45% of HIV-related deaths (2700). Also in 2030 it can be prevented loss of 67,000 potential years of productive life due to premature mortality and disability (indicator DALY).
- If the budget allocation is optimized for 200%, it is estimated that by 2030 the number of new cases can be prevented by 60% (or 9,000 cases, more), the number of deaths by 60% (or 3,500 cases more) can also be added to prevent DALY 60% (or 89000 DALY).

166. As a result, the data OPTIMA study from researchers recommended that:

- Expand antiretroviral therapy (ART) and prevention of HIV transmission from mother to child (PMTCT).
- Investments in testing programs and HIV prevention among sex workers must be maintained at 100% of the budget, and with the appearance of additional resources, the investment in programs for sex workers should be increased.
- Taking into account that according to estimates, more than 20% of new HIV infections in 2018. found among injecting drug users, with the appearance of additional resources to testing programs and HIV prevention among this group of consumers need to be expanded.
- Despite the low prevalence among workers (0.4%, 2013), but considering the large number of the population, become migrant target group for Tajikistan in the HIV epidemic. Investing in preventive measures to cover the program, testing and treatment for migrants should be increased.

CHAPTER 4. MAIN RESULTS

167. Tajikistan remains in concentrated epidemics among key populations where the prevalence of HIV is reduced gradually and no more than 20% barrier.

- From 2010 to 2018. the mortality rate associated with HIV decreased by 5% (OPTIMA, 2018).
- HIV prevalence among people who inject drugs has decreased by 8%, and among sex workers is 9% compared to 2014
- The incidence of injection modes of HIV transmission during non-medical use of intravenous drugs in the structure of new HIV decreased from 21.4% (2015) to 10.1% in 2019godu.
- Coverage of HIV testing in 2019 increased 2.1 times compared to 2016 year, and 11.6% of the total population.
- Revised algorithm testing, and actively introducing innovative approaches to testing: the use of rapid tests, testing, community-based, self-tests, test code.
- Introduced the practice of procurement of tests for pregnant women for HIV through public funding.

- Antiretroviral therapy for newly diagnosed people with HIV is appointed immediately after the detection of HIV infection regardless of CD4 cell count.
- Started to implement HIV testing and antiretroviral therapy in the activities of primary health care.
- in recent years, indicators of achievement 90-90-90 objectives have increased: in 2019. 67.4% of people living with HIV are unaware of their HIV-positive status, 80.6% of them are receiving antiretroviral therapy, and 74.0% of people on treatment have suppressed viral load. These figures are in 2016 accounted for only 33.1%, 31.5% and 30.1%, respectively.
- Reach a high percentage of treatment coverage of key groups that are on the dispensary: 91.0% of injecting drug users and 87.2% of sex workers are receiving antiretroviral therapy.

CHAPTER 5 KEY CHALLENGES

168. It is estimated that in Tajikistan at the beginning of 2019 the number of new HIV infections has risen by more than 20% compared with 2010. In addition, major challenges currently in the field of HIV / AIDS in the country are:

- According to the annual data on the number of new cases is not currently marked stabilization of the epidemiological situation of HIV.
- In recent years, sexual HIV transmission predominates in the structure of new cases, which is a risk for a wide spread of HIV infection.
- The proportion of women among people living with HIV in Tajikistan increased by 5% and about 40% in recent years.
- A high level of risk behaviors among key groups play an important role in the further spread of HIV infection:
 - Only 52% of injecting drug users reported using sterile injecting equipment during the last injection; 38% on the use of condoms during sexual intercourse latter.
 - Only 47.5% of sex workers used condoms consistently with clients in the last thirty days.
- Insufficient coverage of prevention programs, people who inject drugs - 55.7%; sex workers - 41.0%.
- Increasing the number of new cases among migrant workers on the background of large-scale migration makes migrant target group for preventive programs.

- Tajikistan currently has not yet reached the objectives of elimination of HIV transmission from mother to child - a "vertical" route of transmission was 2.7% (end of 2019).
- Insufficient level of detection of new cases of HIV with significant coverage testing.
- Tajikistan has not yet reached the objectives 90-90-90: Only 67.4% of people living with HIV are unaware of their HIV - status; 80.6% of them are receiving antiretroviral therapy, and 74.0% of people on treatment have suppressed viral load.
- In 29.3% of people living with HIV were diagnosed in the later stages of the disease.
- There is a trend increase in the number of new HIV infections among children under the age of 14 years.
- The mortality rate of people living with HIV, for various reasons, is 26.9% of the total, in the last 5 years, deaths related to AIDS-related illnesses accounted for 45.9%.
- TB mortality is 29% of all deaths of people living with HIV.
- The existence of barriers to the creation of an enabling environment that supports the development of the response programs, including legislation, needs to be improved, the high level of stigma and discrimination against people living with HIV and key populations.
- High level of dependence on funding for HIV programs of foreign investments.

CHAPTER 6. PURPOSE, PRINCIPLES AND STRATEGIC DIRECTION OF THE NATIONAL PROGRAM

169. The main objective of the Program - the acceleration of a process aimed at further curbing the HIV epidemic in the Republic of Tajikistan, reduced mortality from AIDS and achieving universal access to high-quality prevention, treatment and HIV care for each person and, in general, improve the health and improve the quality of life of the population.

170. The Guidelines Program:

- Compliance with the main priorities of the National Development Strategy until 2030 and the National Program for Strategic Development of Health and Social Protection of Population of the Republic of Tajikistan for the period 2021-2030.
- Respect for human rights, the principle of non-discrimination and gender equality.

- Meaningful involvement of civil society, people living with HIV and members of key populations in decision-making, planning, implementation, monitoring, mobilization and allocation of resources.
- Using the best available scientific data, technical knowledge and best practices of other countries.
- Promotion of a comprehensive response to AIDS, including prevention, treatment, care and support, ensuring that no one will be left without attention.
- The principle of the formation of partnerships at the local, regional and global levels.
- The principle of multi-sector approach to planning, implementation, program management, resource allocation and reporting.
- Distribution and optimization of resources in accordance with the priority areas of the Program.
- The principle of coherence and coordination, approaches and positions of all stakeholders.

171. Shared Vision Program:

- Reducing new HIV infections and accelerate the start of the stabilization of the epidemiological situation in the country.
- Reducing mortality from AIDS and to improve the quality of life of people living with HIV.
- Stigma reduction and the elimination of discrimination for the realization of the rights of people living with HIV and key populations and vulnerable groups, and people affected by the epidemic

172. The strategic direction of the Program:

- HIV prevention among key populations and vulnerable groups, the provision of a combined package of services and the use of innovative approaches to reduce new HIV infections.
- Ensuring universal access to treatment for HIV infection in adults and children, in accordance with international standards for the reduction of mortality associated with AIDS, and improve the quality of life of people living with HIV.
- Reducing the transmission of HIV from mother to child and to create conditions for the elimination of "vertical" transmission of HIV infection.
- Blood safety and improve infection control in health care settings.
- Raising awareness and prevention of HIV among young people, teenagers, young women and girls.
- Overcoming the barriers and strengthen the supportive environment for effective national response to the HIV epidemic.

§ 1. Measures to implement the National Program to Combat HIV / AIDS in 2021-2025 GG.

173. Strategic direction 1: HIV prevention among key populations and vulnerable groups, the provision of a combined package of services and the use of innovative approaches.

Objective 1.1. Ensure timely detection of HIV and communicate with the system of assistance among key populations (people who inject drugs, sex workers, men who have sex with men, prisoners) and vulnerable populations (migrant workers).

Key result 1.1. By the end of 2025 95% of people living with the human immunodeficiency virus, from among key populations aware of their status.

174. Measures aimed at the implementation of the task 1.1 .:

- Increase coverage of voluntary counseling and testing for key populations and their sexual partners in order to improve the detection of cases, using more effective and innovative approaches to outreach work and testing strategies, including community-based tests, self-tests, test code, voluntary testing partners, expansion test, initiated by health care providers, etc.
- Increase the number of "points of access" to the test in the health system, including primary care, and community-based.
- Provide a link people with newly diagnosed HIV cases, with clinical examination and treatment assignment, using social support and obtain feedback.
- Contribute to strengthening the role of communities in the identification of undiagnosed cases of HIV rapid testing through community-based.
- Expand the introduction of the index test in accordance with the WHO guidelines as good practice to identify cases of HIV involving community resources.
- Ensure the supply of tests, including rapid tests using saliva samples in an appropriate volume.
- Promote the rational use of resources and approaches used to address test groups.
- Improve the comprehensive regulatory framework for the expansion of testing and subsequent treatment of HIV infection.
- Widely used mobile clinics to expand the population of testing, especially among migrant workers and their families.

Objective 1.2 Ensure high coverage of key populations at higher risk (people who inject drugs, sex workers, men who have sex with men, and prisoners) and vulnerable groups (migrant workers) combined with prevention services of high quality.

Key Outcome 1.2: Reducing the number of new cases of HIV among key populations (people who inject drugs, sex workers, men who have sex with men, prisoners) and vulnerable populations (migrant workers), at least 20% by the end of 2025.

175. Measures aimed at the implementation of the task 1.2 .:

- Continue to implement and increase the reach of people who inject drugs, harm reduction and prevention programs, including programs for needle and syringe programs, opioid substitution therapy, the use of condoms and lubricants, information materials, appointment and provision of antiretroviral therapy, clinical services for tuberculosis, hepatitis C and B infections, sexually transmitted diseases, outreach, communication, empowerment.
- Provide appropriate preventive services to sexual partners of people who inject drugs.
- Harnessing the power and increase the number of OST sites to services in the format of "one window".
- Seek opportunities for the study of the situation of the current state of the drug scene in the country to analyze the rapid response capabilities of software to change the situation.
- Consider the possibility of improving the regulatory framework for the provision of harm reduction, in particular methadone patients with good adherence "in hand", etc.
- Ensure the supply of the appropriate amount of needles and syringes, drug substitution therapy, naloxone, condoms, lubricants, the development of information materials, etc.
- Continue to implement and increase the coverage of sex workers programs use condoms and lubricants, information and communication materials, the provision of antiretroviral therapy, on health care (sexual and reproductive health, family planning, sexually transmitted infections by), empowerment and community opportunities, prevention of violence and assistance to victims of violence, the provision of outreach services provided by the community and peer educators. For sex workers, injecting drug users to provide access to needle and syringe programs and substitution therapy. Increase and enhance preventive work with clients of sex workers.
- Pay close attention to particularly vulnerable women, including members of key populations, sexual partners of people who inject drugs, sex workers, women living in discordant couples, women living with HIV, women migrants and women migrants, women with disabilities, to develop and the implementation of targeted actions for the prevention and treatment of HIV in a particular group.
- Continue to implement and increase the coverage of men who have sex with men in condom use programs and lubricants, information and communication materials, the provision of antiretroviral therapy, STI services, empowering the community's ability to receive preventive services, the provision of outreach services provided by the community and peer educators.
- Carry out analysis of the situation of transgender people and their need for services to prevent HIV infection.
- Accelerate the implementation of pre-exposure prophylaxis among key populations in order to prevent the risk of infection of key groups and their discordant sexual partners.

- Continue to implement and increase the coverage of migrant workers and their families, prevention programs, the provision of condoms, information materials and services to raise awareness about the modes of transmission and methods of prevention of HIV and sexually transmitted infections by, prevention of risky behavior, organization Pre-departure training of migrant workers, the use of mobile clinics to cover migrant workers and their families, prevention programs in remote and inaccessible areas of the country.
- Consider the possibilities for prevention work among migrant workers at any stage of the migration process: before departure, on arrival and during migration, and on the return from migration.
- Biobehavioral to conduct a survey among migrants in order to analyze the situation of HIV prevalence among migrants, including representatives of key groups with the migration experience.
- Examine the specific needs for HIV prevention and STI different groups of migrant population, including key populations at each stage of the migration process and to provide prevention materials and services, taking into account cultural, gender, and social characteristics of each group, including the provision of information in their native language.
- Promote the integration of HIV prevention issues in the activities aimed at the training of migrant workers to use social networking platforms, mobile service operators and application, to strengthen work with the Tajik diaspora, etc.
- Continue bilateral, regional and inter-state dialogue and purposeful cooperation with the countries of the Commonwealth of Independent States and the Shanghai Cooperation Organization and on labor migration and HIV, and to provide services for the prevention of HIV and STI prevention for migrant workers in the receiving country.
- To provide maximum support to women, wives of migrant workers, particularly women living with HIV, to mitigate the effects of migration on their economic and social status and health status.

176. Strategic direction 2. Ensuring universal access to treatment for HIV infection in adults and children, in accordance with international standards for the reduction of mortality associated with AIDS, and improve the quality of life of people living with HIV.

Objective 2.1. Immediately to ensure the provision of antiretroviral therapy to all adults and children after being diagnosed with HIV, and help to keep patients in the health care system.

Key Outcome 2.1 By the end of 2025 95% of people living with HIV are under medical supervision in order to provide treatment and care for HIV.

Key result 2.2. By the end of 2025 95% of people who know their HIV-positive status of antiretroviral therapy

Key performance indicator 2.3. By the end of 2025 the mortality rate has decreased by 50% associated with AIDS.

177. Measures aimed at implementing the objectives 2.1 .:

- To ensure that all patients with newly diagnosed cases of HIV infection to a permanent dispensary observation.
- Contribute towards the full implementation of the strategy of "test and treat strategy" in all relevant health care facilities.
- Improve the regulatory framework for the optimization of antiretroviral therapy regime of fixed dose combination (TLD) - tenofovir / lamivudine / dolutegravir.
- Timely update national clinical guidelines for the diagnosis, treatment and care in accordance with the latest WHO recommendations.
- Accelerate the integration of services related to HIV infection in primary care, providing training human resources and logistics to provide antiretroviral therapy in primary care facilities.
- Facilitate the introduction of advanced international practices in accordance with the model to reduce barriers for key populations through the provision of ARV drugs, peer counseling services and support community-based commitment.
- Foster adherence to antiretroviral therapy and to strengthen the mechanism for retaining patients in treatment, as well as a search engine and return of patients who discontinued treatment for HIV infection with the involvement of communities.
- Improve the knowledge and skills of professionals providing services to children and adults living with HIV and their families, to provide psychological support.
- Provide the necessary volume of supply of high-quality anti-retroviral drugs to provide free treatment for adults and children, in accordance with existing modes of treatment in the country.
- Facilitate the activities of social workers, peer counselors and community organizations in attracting and retaining people living with HIV, in particular representatives of the key groups in the system to assist by providing technical and social support.
- Contribute to the achievement of significant progress in the provision of treatment and care for patients co-infected with HIV and tuberculosis, mutual integration of services, including in prisons.
- To provide the necessary volume of supply of quality products to provide free treatment for opportunistic infections in adults and children living with HIV.
- Contribute to the prevention, detection and treatment of cancer in people living with HIV, particularly among women living with HIV, as well as facilitate the implementation of the annual free screening for women living with HIV, the presence of cancer, most notably cervical cancer.
- Advocate for the introduction of vaccination against human papilloma virus at the national level.
- Improve access to preventive measures to reduce new HIV infections among pregnant and lactating women and their partners.

- To find the resources to conduct a comprehensive study of the situation of hepatitis C among key populations, particularly among people who inject drugs and are living with HIV, an analysis of regulatory documents for the provision of services in connection with the co-infected with HIV and hepatitis C, determining the needs for effective treatment programs HIV / Hepatitis C, and a monitoring system for the development of infection of HIV / Hepatitis C.
- Promote the development of programs for the care and support and strengthen the system of palliative care in HIV.

178. Strategic direction 3. Reducing the transmission of HIV from mother to child and to create conditions for the elimination of "vertical" transmission of HIV infection.

Objective 3.1. To increase the coverage and improve the quality of services for prevention of HIV transmission from mother to child Pregnant women and early diagnosis of HIV in infants.

Key result 3.1. Reducing HIV transmission from mother to child to less than 2% by the end of 2025.

179. Measures aimed at implementing the objectives 3.1.

- Ensure procurement of tests for HIV testing at least once testing 95% of pregnant women at the first visit antenatal care institutions and re-testing of women at risk for pregnancy.
- Ensure the availability of tests for HIV testing in maternity homes for pregnant women who have not passed on any reasons testing during antenatal care.
- Help to increase the allocation of public resources for the purchase of tests to ensure the appropriate level of testing of all pregnant women.
- Improve the management of procurement and distribution of HIV tests for pregnant women to avoid situations with a lack of tests, the presence of the tests that have expired, etc.
- Ensure the supply of antiretroviral drugs for the treatment of HIV infection in pregnant women, according to Strategy B +.
- Increase the level of knowledge and skills of doctors, midwives and nurses of primary health care system, antenatal services and maternity services to provide prevention of HIV transmission from mother to child (PMTCT).
- Provide information to HIV-positive women on the PMTCT program, a high possibility of having a healthy baby, the need for adherence to antiretroviral therapy, especially management of pregnancy and childbirth.
- Improve the provision of early diagnosis of HIV in infants and improve the diagnostic laboratory facilities.
- And implement a mechanism to increase the allocation of public funds for the purchase of infant formula for complete security of all infants born to mothers infected with HIV, artificial feeding to prevent HIV transmission during breastfeeding.

- Conduct training mechanism issue of infant formula of all employees involved in the process of registration of rights to receive infant formula and their issuance (responsible physicians of AIDS centers, social workers and senior staff of local authorities).
- Regular monitoring dispensing infant formula local government or other authorized body side MZSZN RT.
- Support group peer counselors to work with pregnant women with HIV for psychological support of women and adherence to antiretroviral therapy.
- Improve mechanism harmonization of data collection and analysis between services antenatal care, obstetrics and AIDS centers.
- Improve the database for monitoring of children born to HIV-positive mothers and to educate specialists of the Administration database.

180. Strategic direction 4. Ensuring the safety of blood and improvement of infection control in health care settings.

Objective 4.1. To introduce modern technology in the blood service, increase profitability and cost-effectiveness of institutions to strengthen the monitoring of blood safety.

Key Outcome 4.1. 100% of the units of stored blood and its products tested for HIV according to WHO recommendations.

181. Measures aimed at implementing the objectives 4.1.

- To carry out effective management of procurement of reagents and consumables, tests for blood-transfusion infection, hardware upgrades, the distribution of finished products, to ensure internal and external quality control and monitoring of the supply of blood components.
- Conduct systematic training of health workers to modern standards and evidence-based recommendations on the use of donated blood and blood products in practice.
- Ensure the implementation of advanced technologies on the basis of modernization of material and technical base.
- Promote the development of blood donation and its components through the introduction of international experience.
- Create a system of quality assurance of blood components.
- Widely and consistently inform the public that blood transfusion should be carried out strictly for specific indications.
- Improve and strengthen the centralization of the blood service.
- Contribute to the creation of a single computer and information space at the national level.
- To develop common standards and requirements for equipment and consumables, and maintenance of quality control laboratories at the State Institution "Republican Scientific Center of Blood."

Objective 4.2. Provide effective infection control and prevent cases of nosocomial transmission of HIV.

Key Outcome 4.2. Assessing the situation as infection control carried out, and infection control procedures are observed regularly.

182. Measures for the implementation of tasks 4.2.

- To raise funds and seek technical external assistance for rapid assessment of the situation in health care settings.
- Develop an emergency plan to improve infection control in hospitals of the country.
- Update the regulatory framework of standard operating procedures (SOPs) in the area of infection control.
- Increase knowledge and improve the SOP compliance specialist skills for the prevention of nosocomial infections through the training of specialists.
- Strengthen the enforcement of SOPs in medical institutions of the country.
- Perform calculations needs to raise funds and promote the availability of disposable medical instruments in hospitals.
- Regularly monitor the situation in the area of infection control.

183. Strategic direction 5. Raising awareness and prevention of HIV infection among young people, teenagers, young women and girls.

Task 5.1. To promote awareness and knowledge and the development of prevention programs among young people, teenagers, particularly among young women and girls.

The key indicator 5.1. The level of knowledge of young women and girls aged 15-24 years about the proper ways of HIV transmission and methods of prevention of HIV increased by 20% by 2025.

184. Measures for the implementation of tasks 5.1.

- Improve measures of control and containment of the HIV epidemic, with particular emphasis on increasing the number of new cases among women and girls.
- Improve the quality of data collection, disaggregated by sex and age, as well as to expand the use of international instruments for the monitoring of HIV infection, including gender indicators.
- Determine best practices of prevention programs in the field of HIV among women and girls, available in the country, and contribute to their enhanced implementation at the national level.
- To ensure raising awareness on HIV and AIDS among the general population, especially among young people, young women and girls.
- Strengthen efforts to raise public awareness of HIV, providing targeted information for young people, teenagers, women and girls, changes in attitudes, messages and channels for the provision of relevant, high-grade and high-quality information.

- Promote healthy lifestyles as the basis for the formation of behavior of the population, reducing the risk of HIV infection and sexually transmitted infections.
- Continue training young people and adolescents on healthy lifestyles, including HIV prevention as part of a comprehensive training system.
- Ensure the continuity and continuation of the training of teachers on teaching issues of healthy lifestyle, including prevention of HIV infection.
- Facilitate access by young people, particularly young women, to reproductive and sexual health, strengthen the leadership potential of young people in the promotion of gender equality, sexual and reproductive rights.

185. Strategic direction 6. Overcoming the barriers and strengthen the supportive environment for effective national response to the HIV epidemic.

Task 6.1. Overcome existing barriers to an effective response to the HIV epidemic in the realization of the rights of people living with HIV, key populations and other people affected by the epidemic, and ensure access to justice.

Key result 6.1. Legislation and policies improved to overcome existing barriers to the effective implementation of programs on HIV / AIDS, and the full exercise of the rights of people living with HIV, key populations and other people affected by the epidemic.

186. Measures aimed at the implementation of the task 6.1.

- Ensure the improvement of the existing legislation defining and regulating activities in response to HIV, including aspects of the decriminalization of HIV transmission, criminal and administrative penalties, regulations impeding the effective implementation of HIV, based on current scientific evidence and the principles of public health programs.
- Ensure the improvement of the existing legislation, including sectoral legal regulations, to ensure the smooth implementation of the rights of people living with HIV, key populations and other people affected by the epidemic, including the right to privacy, the right to work, right to health, the right to for education, and others.
- Ensure the improvement of the legislation preventing violence in the family, taking into account the interests of people living with HIV and key populations, including by-laws adopted at the level of public entities to prevent violence in the family.
- Promote the development and adoption of Resolution of the Plenum of the Supreme Court of the Republic of Tajikistan on the application of Art. 125 of the Criminal Code by the courts of the Republic of Tajikistan.
- Ensure full access of people living with HIV, key populations and other people affected by the epidemic, to justice and protection of their rights and interests through the provision of qualified legal assistance and the fight against discrimination and stigma in the course of the investigation and in court proceedings.

- Increase awareness and knowledge among law enforcement officers, prosecutors and judges on the ways and means of transmission of HIV, the modern aspects of prevention and treatment, including loss of sexual transmission of HIV when receiving antiretroviral therapy and suppression of viral load.
- Expand the group of experts from the lawyers and to increase their level of knowledge on HIV issues for the protection of the rights of people living with HIV, key populations and other people affected by the epidemic.
- Facilitate the implementation of training programs on HIV issues for law enforcement officials, prosecutors, the Ministry of Justice, the judiciary and lawyers on an ongoing basis with the development of educational materials.
- To promote the training of specialists to conduct training programs on HIV prevention for law enforcement officials, prosecutors, the Ministry of Justice, judges and lawyers on a regular basis.
- Promote awareness of people living with HIV about their rights and responsibilities, as well as the implementation of access to justice in the case of human rights violations.
- To provide conditions and a safe environment for all access to testing, prevention programs, treatment, care and support, without exception, the key population groups (injecting drug users, sex workers, men who have same-sex sexual relations) on the basis of respect for human rights.

Task 6.2. Reduce stigma and eliminate discrimination and violence against people living with HIV and key vulnerable populations and other people affected by the epidemic.

Key result 6.2. Index data show a decrease in the stigma stigma and discrimination in relation to 2015.

187. Measures aimed at the implementation of the task 6.2.

Develop and implement effective programs to reduce stigma and discrimination among service providers on the basis of international best practices, including:

- Training of health care providers on a regular basis (doctors, nurses, paramedics, midwives in the system of primary health care and hospital services) on human rights and medical ethics in relation to HIV, using existing international modules.
- Strengthen and increase the coverage of programs to inform and improve the knowledge of legislators, law enforcement officials, prosecutors, judges at all levels and on an ongoing basis for prevention programs, including harm reduction, condom use, reduce stigma against people living with HIV, key populations population and protect them from discrimination and violence.
- Ensure the continuation and strengthening of programs to inform employees of the penitentiary system on HIV prevention for key populations, including harm reduction programs, the protection of people living with HIV and key populations from discrimination and violence.

- Ensure continuous monitoring is not less than once a year, in closed RT institutions for the health of prisoners living with HIV / AIDS, tuberculosis and other co-infected with HIV / AIDS, their rights leadership of the Ministry of Justice of the Republic of Tajikistan, the Ministry of Health and Social protection of the Republic of Tajikistan with mandatory involvement in the process of public organizations working with communities of people living with HIV and key populations, human rights organizations, relevant personnel office of the Commissioner for Human Rights (Ombudsman) of the Republic of Tajikistan.
- To promote the opening of shelters for victims of domestic violence, taking into account the needs and requirements of people living with HIV and key populations, with a special focus on women and girls.
- Contribute to the improvement of the emergency intervention of specialists in cases of violence against women living with HIV, and women from key populations of primary legal and medical assistance and referral of victims of domestic violence among women living with HIV and women from key populations crisis centers, shelters and other services running on the issues of domestic violence.
- Strengthen programs to improve legal literacy "know your rights" for people living with HIV and members of key populations.
- Expand the work of "street legal" to raise awareness on the rights of people living with HIV and key populations.
- Strengthen programs aimed at reducing stigma and discrimination against people living with HIV and key populations in the world of work and education.
- Develop an effective monitoring mechanism for the violation of the rights of people living with HIV and members of key populations, including rapid feedback procedures with involvement in the process of civil society organizations working with communities of people living with HIV and key populations, human rights, the relevant office staff General Prosecutor's office, office of the human Rights Commissioner (Ombudsman), the Coalition civil society against torture and impunity.
- To provide comprehensive support to non-governmental organizations implementing programs to combat HIV among key populations.
- Reinforce measures to eradicate all forms of violence against women, including women living with HIV and representatives of key and vulnerable groups (women, injecting drug users and sex partners of injecting drug users, sex workers, etc.), As well as stigma and discrimination against people living with HIV and key populations.
- Contribute to the strengthening of civil society, in particular organizations representing the community of people living with HIV and key populations, promote the expansion of networks of women living with HIV. Ensure the full participation of communities of women living with HIV in decision-making in the prevention, treatment, care and support in the field of HIV, programs and monitoring their implementation.

- To promote public awareness about HIV transmission and how to prevent HIV infection and the formation of tolerant attitudes in society towards people living with HIV and members of key populations.
- Develop information and advocacy strategy on HIV / AIDS with the recommendations on the development trends of key messages for various target groups, standards of information and communication materials, and create a favorable ICT field.
- Expand the program to improve the level of knowledge on HIV infection among members of the media for the correct lighting of the current situation, of programs for the prevention and treatment of problems associated with HIV infection and creating a tolerant attitude and support in the community for people living with HIV and key populations.
- Promote activities of religious leaders, representatives of the local mahalla councils, women's organizations and communities on the ground to raise awareness about HIV infection and the formation of tolerant attitudes in society towards people living with HIV and key populations.
- To support and mobilize resources to undertake regular campaigns aimed at reducing stigma and discrimination in society against people living with HIV and key populations, such as "Chase the virus - not the people!", "Zero discrimination", "H = H - = undetectable incommunicable '(i.e., HIV is not sexually transmitted with undetectable viral load during treatment) and other campaigns.
- Seek opportunities and carry out another study to determine the levels of stigma that exists against people living with HIV and key populations.

task 6.3. To improve the material and technical base and increasing human capacity services to HIV / AIDS.

Key result 6.3: To combat the HIV / AIDS epidemic is strengthened to adequately service a timely response to the HIV epidemic at the current stage.

188. Measures aimed at the implementation of the task 6.3.

- To find the resources for regularly updating laboratory and other AIDS service equipment.
- Expand the types and improve the quality of services provided by the State Institution "National Center for Prevention and Control of AIDS", and its units at the provincial and district levels.
- To improve the human capacity and infrastructure to strengthen the system of epidemiological surveillance of the epidemic and strategic information, and improve the level of training of epidemiologists and infectious disease specialists of all departments Republican AIDS Center at the provincial and district levels.
- Contribute to the improvement of epidemiological surveillance of HIV infection through the introduction of modern methods, in particular the identification of recent HIV infections, etc.

- Ensure operation of the electronic surveillance system of HIV cases in all AIDS centers of the country.
- Create a sustainable framework of professional cooperation between regional and international partners working in the field of HIV / AIDS and civil society organizations.
- Strengthen the role of PI "RAC" as a methodical and scientific center for all MZ RT SPP services of other ministries and departments in the field of prevention and fight against HIV / AIDS.
- Support SI "RAC" for regular partnership forum with the participation of all stakeholders to discuss the current problems and barriers for the implementation of the program and the development of action plans to address them.
- Provide leadership GU "RAC" in the implementation of the National Program based on best practices and internationally recognized recommendations in the field of prevention, diagnosis, care and treatment of HIV.
- Contribute GU "RAC" later received the status of the scientific and methodological center by organizing and conducting scientific work on the basis of SI "RAC".

Task 6.4. Help to mobilize resources and increase the funding, including internal funding for effective national response to HIV.

Key result 6.4. Ensure mobilization of resources for implementation of the National Program on HIV / AIDS for the period 2021-2025 gg., And promote the rational use of resources and an increase in domestic funding.

189. Measures aimed at the implementation of the task 6.4.

- Approve and begin a phased implementation of the Plan of the country's transition to domestic financing, since 2022
- Increase the share of public funding for the purchase of diagnostic tests and drugs for the treatment of HIV infection.
- Provide a legal framework for the procurement by public funding.
- Ensure rational allocation and use of the budget of the National Program, taking into account the epidemiological situation and maximize the impact of the epidemic on the basis of evidence-based approaches.
- Promote the planning and development of local budgets, taking into account the needs and rights of people living with HIV, especially women and children at the level of local authorities, in close cooperation with the Center for Prevention and Control of AIDS in the field.
- To mobilize additional resources from external donors, international and bilateral organizations in the response to HIV in the RT program.
- Provide a regulatory framework and introduce social contracting non-governmental organizations to provide services to people living with HIV and key vulnerable to HIV groups at the expense of public funding.

- Attract and use of private sector investment opportunities in response to the epidemic of HIV programs
- Ensure that support for gender-specific activities in the field of prevention, treatment and care in resource mobilization processes on an ongoing basis.

190. The total cost of the program for five years is 486 688 281 somoni (equivalent to 50 174 050 United States dollars American). The annual demand of the Program is from 95,253,866 somoni in 2021 to 102,339,556 somoni for 2025. budget increase is due to the gradual expansion of the provision of preventive and curative interventions. The necessary financial resources associated with the strategic aims of the program are shown below in Tables 13 and 14.

Table 13

**Total budget
National program to counter the epidemic of human immunodeficiency virus
and acquired immunodeficiency syndrome in the Republic of Tajikistan for
the period 2021-2025 years,
(TJS)**

strategic directions	2021	2022	2023	2024	2025	Total	%
HIV prevention among key populations and vulnerable groups	40801140	45233145	44390408	45708916	48621366	224754975	46,2%
Ensuring universal access to HIV treatment	26171976	26339928	28617920	29593112	30529000	141251936	29,0%
Reducing HIV transmission from mother to child	6027250	6387760	6590000	6937750	7044150	32986910	6.8%
Ensuring the safety of donated blood and improve infection control	6718900	5485780	4450040	3936200	4249040	24839960	5,1%
Raising awareness and prevention of HIV infection among young people, teenagers, young women and girls	2045600	1880000	2225000	2660000	2145000	10955600	2.3%
Overcoming the barriers and strengthen the supportive environment	13489000	9631400	10701200	8326300	9751000	51898900	10,7%
Total	95253866	94958013	96974568	97162278	102339556	486688281	

Table 14

**Sources of financing
and lack of financial resources for the implementation of the National
Program for the epidemic of human immunodeficiency virus and acquired
immunodeficiency syndrome in the Republic of Tajikistan for the period
2021-2025 years (in Somoni)**

	2021	2022	2023	2024	2025	Total	%
necessary resources	95253866	94958013	96974568	97162278	102339556	486688281	100
The availability of resources, including	83801722	83493433	85207351	37643444	39525616	329671565	
<i>public</i>	30158897	31666842	33250184	34912693	36658328	166646944	50,5%
<i>private</i>	2358925	2476871	2600715	2730751	2867288	13034550	4,0%
<i>The Global Fund</i>	44493900	45469720	49356452	0	0	139320072	42,3%
<i>United Nations</i>	2910000	0	0	0	0	2910000	0,9%
<i>Other international sources of funding</i>	3880000	3880000	0	0	0	7760000	2,4%
Budget deficit	11452144	11464580	11767217	59518834	62813940	157016716	
The budget deficit in %	12,0%	12,1%	12,1%	61,3%	61,4%	32,3%	

CHAPTER 7. COORDINATION AND PARTNERSHIP

191. The Government of the Republic of Tajikistan shall manage the HIV epidemic, based on the concept of the three principles:

- A common framework for action on HIV national response to uniting all the actors and activities within and outside the health sector.
- One national coordinating body activities to the HIV epidemic under the leadership of the Government of Tajikistan, recognizing the involvement of non-governmental organizations.
- Unified system of monitoring and evaluation of HIV epidemic counteraction programs to ensure accountability for the implementation of the program.

192. The coordination of all anti-human immunodeficiency virus activity and Acquired Immunodeficiency Syndrome in the country by the National Coordinating Committee for combating acquired immune deficiency syndrome, tuberculosis and malaria in the Republic of Tajikistan. This body monitors the implementation of the Program and defines the appropriate external support.

193. The National Coordinating Committee for combating acquired immune deficiency syndrome, tuberculosis and malaria in the Republic of Tajikistan headed by the Deputy Prime Minister. Along with representatives of the fight against acquired immunodeficiency syndrome, Tuberculosis and Malaria, the Ministry of Health and Social Protection of Population of the Republic of Tajikistan, the National Coordinating Committee includes representatives of several ministries and departments, international organizations and non-governmental organizations, including associations of people living with HIV.

194.V Currently, the National Coordinating Committee for combating acquired immune deficiency syndrome, tuberculosis and malaria in the Republic of Tajikistan consists of 26 members: the sixteen - representatives of the public sector,

seven - the representatives of public organizations, three - representatives of international organizations.

195. As part of the National Coordinating Committee for combating acquired immune deficiency syndrome, tuberculosis and malaria in the Republic of Tajikistan acts of supervision and five technical working groups of the Commission with a specific composition and approved functional responsibilities:

- 1) HIV / AIDS;
- 2) TB;
- 3) malaria;
- 4) Monitoring and evaluation;
- 5) harm reduction.

The working groups are open to all interested parties and ensure broad participation, and provide information and recommendations to the National Coordinating Committee for combating acquired immune deficiency syndrome, tuberculosis and malaria to decision-making.

196. The structure of the national management and coordination reflects the representation and participation of the public sector on the basis of the multisectoral and civil society organizations at the national and decentralized levels. For the implementation and management of the program will require a number of mechanisms and instruments, including sectoral and cross-sectoral activities, develop / update sectoral programs of relevant ministries, the annual operational plans with a more detailed presentation of the activities, partners, targets and budget. Management and coordination at the regional level will be based on the functioning of the Regional Coordinating Committees.

197. The National Coordination Committee for the Fight against AIDS, Tuberculosis and Malaria, has worked closely with various governmental, international and public organizations.

198. Public organizations cover a wide range of activities carried out directly to the beneficiaries of the National Program: people living with HIV, key vulnerable and other groups, giving their human resources, expertise and practices.

199. The Republic of Tajikistan in its efforts to combat HIV is working closely with the international community. In this activity, a lot of support (financial, technical), the country is on a bilateral basis: the Russian Federation Government, Ambassador Extraordinary of the United States President's Plan for America to assist in AIDS (PEPFAR), and others, and multilateral: Global Fund to Fight AIDS, tuberculosis and malaria, the Agency and the United Nations agencies.

200. The United Nations is assisting in resource mobilization and donor funding, providing technical support and expertise in the implementation of programs, as well as providing the best international practices to adapt to the conditions of the country. International organizations and donors will continue to provide financial and technical assistance in the implementation of activities at all levels, including strengthening human resources, research, planning, coordination, monitoring and procurement.

CHAPTER 8: MONITORING AND EVALUATION

201. The system of monitoring and evaluation of national programs designed to monitor progress towards the objectives of the Program, the identification of good practices and challenges in the implementation of the Program, and to provide feedback between the decisions taken and the results of their implementation, based on transparency and accountability in activities related to the goals and objectives Programs.

202. Monitoring and Assessment Program includes an analysis of the information gathered in the course of monitoring, designed to assess the effectiveness of the program and the system of disseminating information about the results of the monitoring and implementation of the program and to obtain feedback from all stakeholders.

203. The monitoring and evaluation will be conducted on a regular basis to track progress of tasks on the basis of three categories of indicators:

- Indicators expended resources that track the involvement and the distribution of internal and external financial and other resources;
- Outcome indicators that show how the program have been carried out tasks as the situation has changed with the scope and quality of prevention programs providing treatment, care and support, the changes in behavior of target groups, etc.
- Impact indicators, based on which will be monitored to achieve the main goals and objectives of the Program: reducing new HIV infections, a reduction in mortality, improving the quality of life of people living with HIV, key populations and other people affected by the epidemic.

204. Data will be collected on the basis of the collection of routine data, program data, and the data obtained in the course of special investigations.

205. The monitoring of newly diagnosed cases of HIV, their connection to the timely appointment and course of treatment, as well as the commitment will be implemented on the basis of approved and implemented by the country's electronic monitoring systems and data management, including the development, proposed by civil society organizations.

206. To reduce the load on the monitoring and evaluation system will be used mainly indicators developed for the general evaluation of HIV globally and adapt to the conditions of the country programs.

207. Data collection and analysis of routine monitoring cycle coincides with the quarterly and annual reports, and collecting information on indicators for the evaluation of the program will be conducted in preparation for the annual National Report on the Global AIDS Monitoring.