

Country progress report - Afghanistan

Global AIDS Monitoring 2020



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- XI. AIDS out of isolation - Commit to taking AIDS out of isolation through people-centred systems to improve universal health coverage, including treatment for tuberculosis, cervical cancer and hepatitis B and C

Overall

Fast-track targets

Progress summary

Overview:

The epidemic is low level with HIV prevalence in general population estimated at 0.04%;

The coverage for services has been low, with limited availability of epidemiological data, compounded with stigma and low level of awareness of HIV;

It is estimated that total number of PLHIV is 7794 (UNAIDS, 2019). By end of December 2019, there were 2923 (41%) new HIV diagnosis reported since the start of the epidemic, and 1044 (35% of those identified) provided ART. There was 190-250 new HIV diagnosis reported during the last 8 years. The number of New HIV diagnoses has increased from 162 in 2012 (rate per 100.000 increasing 0.51) to 259 (0.71/100.000) in 2017 and was leveling off to 169* (0.44/100.000) in 2019;

Based on the Afghanistan National drug use survey (2015) approximately 13% of adults tested positive for one or more drugs. The rate for rural adults is almost two times higher: 15% rural compared to 8% urban; about 16% of men and 10% of women tested positive. Drug use among rural men is almost two times higher i.e. 18% for rural men compared to 11% for urban men. Drug use among rural women is almost three times higher: 11% of rural women compared to 4% of urban women. Approximately 2.9 to 3.6 million Afghans could test positive for one or more drugs and 1.0 to 1.2 million of them are children. Of this total, approximately 1.9 to 2.4 million adults and 90,000 to 110,000 children could be drug users;

Based on the Mapping and Population Size Estimation in Afghanistan Short Report (July 2019) for PWID done in the eight cities, MHRB in six cities, WHRB in four cities estimated the total number of PWID in 31 cities to be 25,736 (95%CI 19,364 to 32,877) persons, including 1,079 women. Estimated number for MHRB in 31 cities was estimated to be 10,108 (95%CI 7,916 to 12618) persons, which corresponds to 0.53% of the adult male population. The estimated number of WHRB in 31 cities was estimated to be 11,237 (95%CI 9,481 to 13,191) persons, which corresponds to 0.61% of the adult female population;

Availability of data on HIV prevalence in key populations is limited to the IBBS done in 2012, an overall 4.4% of HIV prevalence among people who inject drugs. HIV prevalence among WHRB was 0.61%, MHRB 0.53% and prisoners 0.5%;

Overall HIV testing in outpatient clinics and community has increased more than twice from 26,000 HIV tests to 59,705. Although mainly the increase was due to scale up of testing in DIC, while testing in VCT has decreased by 12%;

Provider initiated HIV testing in hospitals has also has increased almost four times from 143,000 HIV tests to 540,000;

Access to HIV testing and linkages to treatment, care and support for KPs are very limited;

The ART coverage of PLHIV is low, there were 1,044 people on ART (13%) at the end of 2019 and the proportion of KPs, especially PWID, receiving ART, is even lower;

Limited information on HIV testing was done among pregnant women. There were between 1400 and 2500 HIV pregnant women reported to be tested between 2014 and 2019. The highest number of 8 positive pregnant women was found in 2017 (0.3%);

Increasing number of TB patients, who were screened for HIV increased from 16,221 in 2016 to 30,771 in 2019, with the HIV testing yield ranged from 0.01% to 0.04%. Among the PLHIV, 676 were screened for tuberculosis, 39 (5.8%) tested positive, and all of them received anti tuberculosis treatment;

In a community based study done in Afghanistan by Abbas et al, Out of 492 samples, 31 (6.3%), 136 (27.6%) and 149 (30.3%) were found to be positive for HBsAg, anti-HBs and anti-HBc, respectively. Only eight out of 492 (1.6%) subjects were positive for anti-HCV antibodies. Seven out of 489 (1.4%) were positive for anti-HIV-1 antibodies .

Blood transfusion and safety was not a priority in the NSP III. The 2014 HIV-NSF Program Review noted that an estimated 250,000 units of blood were transfused across the country annually while reported data indicate only a total of 3,802 HIV tests were conducted in 2013. There was an increase in screening of blood donations of 69% from 128,167 in 2016 to 216,571 in 2018.

In order to maximize the impact over the next five years, the following priority areas must be the focus of the national response:

- Priority area 1: Enhancing accessibility, coverage, quality, efficiency and effectiveness of HIV prevention interventions among key populations at high risk, vulnerable populations and the general population
 - o Objective 1.1: Maintain and scale up prevention interventions among key population at high risk, vulnerable groups and general population by end of 2020.
 - o Objective 1.2: Enhance HIV Testing and Counseling Services, sexually transmitted infections management and Condom Promotion, HIV-tuberculosis collaboration, community based prevention of mother to child transmission and safe blood transfusion until end of 2020
- Priority area 2: Expanding accessibility and coverage of comprehensive and integrated HIV treatment, care, and support for people living with HIV and their families
 - o Objective 2.1: Implement revised Anti-retro Viral Therapy Guideline, expand Anti-Retro Viral centers, laboratory facilities and strengthen community based care and support services by end of 2020
- Priority area 3: Documentation and utilization of strategic information for informed and evidence based decision-making
 - o Objective 3.1: Develop and establish a program work-plan and national monitoring and evaluation framework by end of 2016
 - o Objective 3.2: Develop and establish national surveillance and research program to support informed decision making with regard to HIV and AIDS interventions by end of 2020.
- Priority area 4: Create supportive and enabling environment for a sustained and effective national response to HIV and AIDS

- o Objective 4.1: Strengthen the advocacy unit of the National AIDS Control Program with focus on HIV and AIDS and gender and human rights issues pertinent to HIV by 2016 and effective mainstream HIV response and partnership with relevant sectors by end 2020
- o Objective 4.2: Strengthen enabling environment and meaningful involvement of people living with HIV and key population at high risk to reduce stigma and discrimination by end of 2020.
- Priority area 5: Strengthening the governance and program management at national and provincial levels
 - o Objective 5.1: Enhance the political commitment, leadership and strengthen governance with regard to national HIV response by end of 2020
 - o Objective 5.2: Improve existing capacity of human resources at all levels for effective implementation of the program by end of 2017.

Cutting across the five strategies will be a primary focus on key affected population groups and a secondary focus on vulnerable populations in order to directly address existing epidemiological evidence and the sources of new HIV infections.

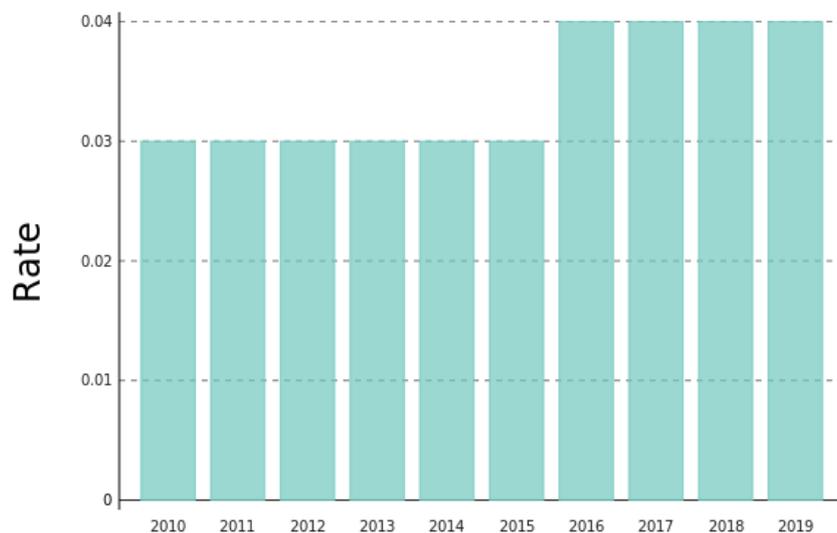
The National Strategic Plan for 2016-2020, has been organized around three main channels to support the implementation of the strategies: health sector service delivery, sectoral HIV mainstreaming, and community system strengthening, with more clarity on institutional roles and responsibilities towards greater accountability for the achievement of results from implementing partners.

An extensive costing exercise has been carried out, using spreadsheets prepared based on the broader framework of data requirements from various costing models, customized to country specific needs to create an understanding of the resource requirements for this strategic plan. The total resource requirement of the National Strategic Plan for the five year period is USD 53.25 million, with resource requirement of USD 6.98 million in 2016 increasing to USD 14.53 million in 2020 with an average rising annual requirement of USD 1.89 million. The annual increases are mostly due to a proposed scale-up of interventions targeting communities and linked programs such as voluntary testing and counseling, harm reduction, anti-retroviral therapy, management of sexually transmitted infections, treatment of opportunistic infections, street children and HIV program monitoring and management.

The achievements will be tracked through a robust national HIV and AIDS Monitoring, Evaluation and Research framework. The framework is guided by the “three ones” principle, one agreed AIDS action framework, one national HIV coordinating authority, and one agreed country level monitoring and evaluation system. The purpose of the national monitoring framework is to guide collection, analysis, use and dissemination of information to track progress and to inform decision making processes in all HIV interventions.

3.1 HIV incidence rate per 1000, Afghanistan (2010-2019)

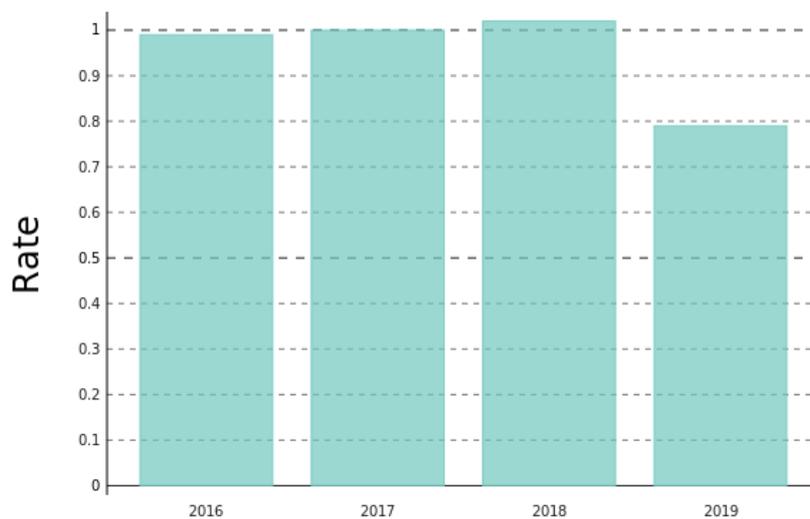
Number of people newly infected with HIV in the reporting period per 1000 uninfected population



Source: Spectrum file

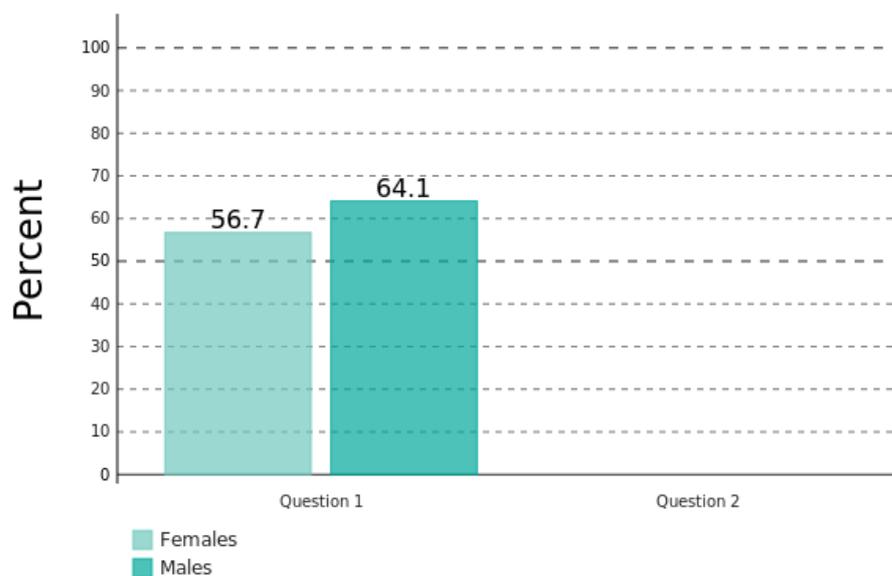
1.7 AIDS mortality per 100 000, Afghanistan (2016-2019)

Total number of people who have died from AIDS-related causes per 100 000 population



4.1 Discriminatory attitudes towards people living with HIV, Afghanistan (2016)

Percentage of respondents (aged 15-49 years) who respond "No" to: Question 1 - "Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?"; Question 2 - "Do you think that children living with HIV should be able to attend school with children who are HIV negative?"



HIV testing and treatment cascade

Ensure that 30 million people living with HIV have access to treatment through meeting the 90-90-90 targets by 2020

Progress summary

HIV care and ART is currently provided in five sites (Kabul, Herat, Mazar, Nangarhar, and Khost) and 2 extension sites in existing VCTCs.. Retention at 12 months after initiation of ART is reported at 87.6% for the PLHIV who initiated ART in 2018, retention in 24 months is 80.7%, in 36 months is 77.4%, while in 60 months is 69.1. There are data gaps with regards to the analysis of retention rates at 24, 36 and 60 months. Infants born to HIV-infected mothers received ARV and co-cotrimoxazole prophylaxis within two months of birth.

Data on the ART cascade can be disaggregated and is analyzed by key population.

Policy questions (2019)

Is there a law, regulation or policy specifying that HIV testing:

a) Is mandatory before marriage

No

b) Is mandatory to obtain a work or residence permit

No

c) Is mandatory for certain groups

No

What is the recommended CD4 threshold for initiating antiretroviral therapy in adults and adolescents who are asymptomatic, as per MoH guidelines or directive, and what is the implementation status?

No threshold; treat all regardless of CD4 count; Implemented countrywide (>95% of treatment sites)

Does your country have a current national policy on routine viral load testing for monitoring antiretroviral therapy and to what extent is it implemented?

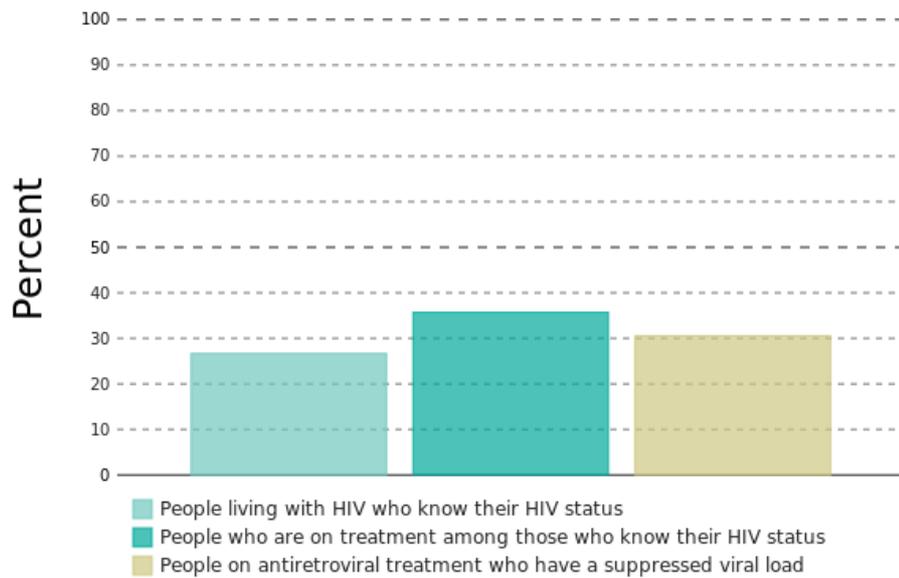
a) For adults and adolescents

Yes; Implemented countrywide (>95% of treatment sites)

b) For children

Yes; Implemented countrywide (>95% of treatment sites)

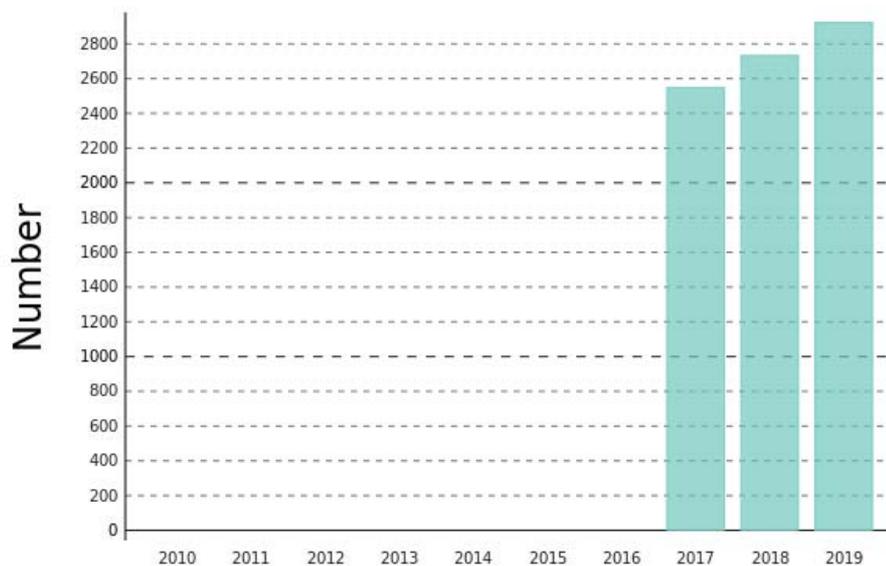
Progress towards 90-90-90 target, Afghanistan (2019)



Source: Spectrum file

1.1 People living with HIV who know their HIV status, Afghanistan (2010-2019)

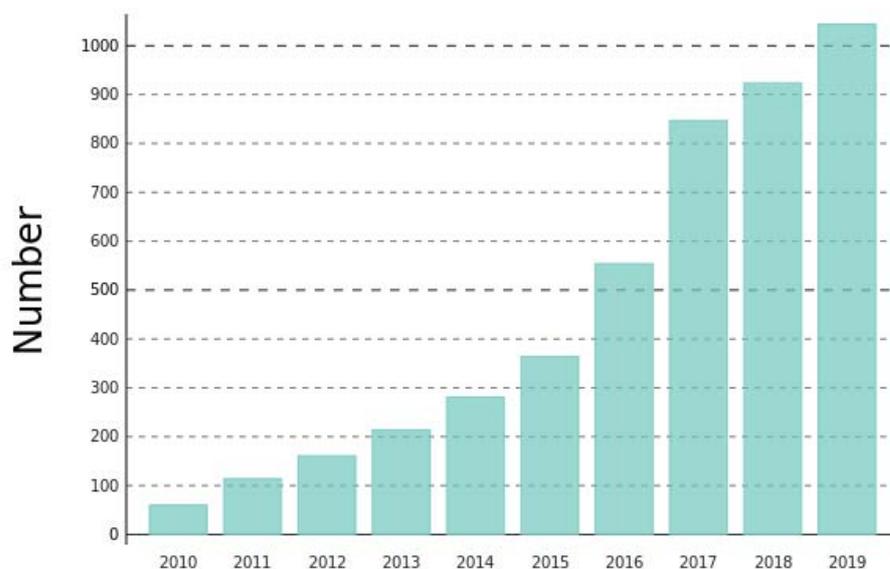
Number of people living with HIV who know their HIV status



Source: Spectrum file

1.2 People living with HIV on antiretroviral therapy, Afghanistan (2010-2019)

Number of people on antiretroviral therapy



Source: Spectrum file

1.3 People living with HIV on antiretroviral treatment who have suppressed viral load, Afghanistan (2010-2019)

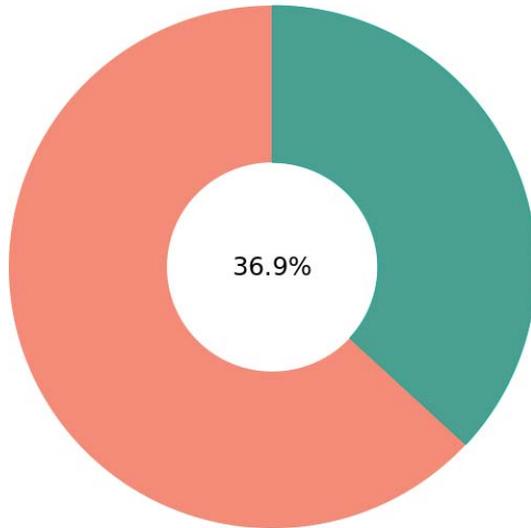
Number of people living with HIV with suppressed viral loads



Source: Spectrum file

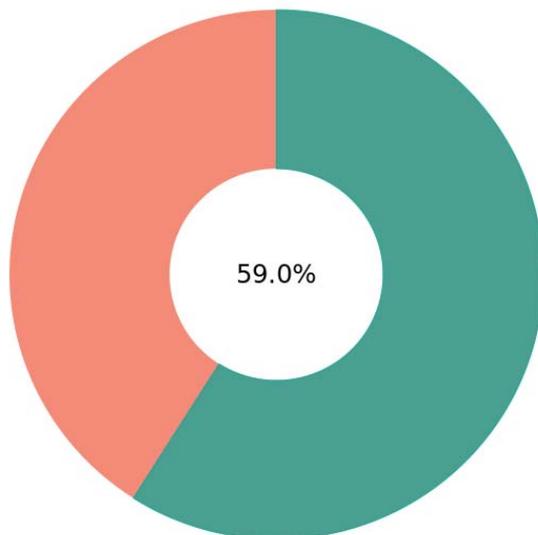
1.4 Late HIV diagnosis, Afghanistan (2019)

Percentage of people living with HIV with the initial CD4 cell count <200 cells/mm³ during the reporting period



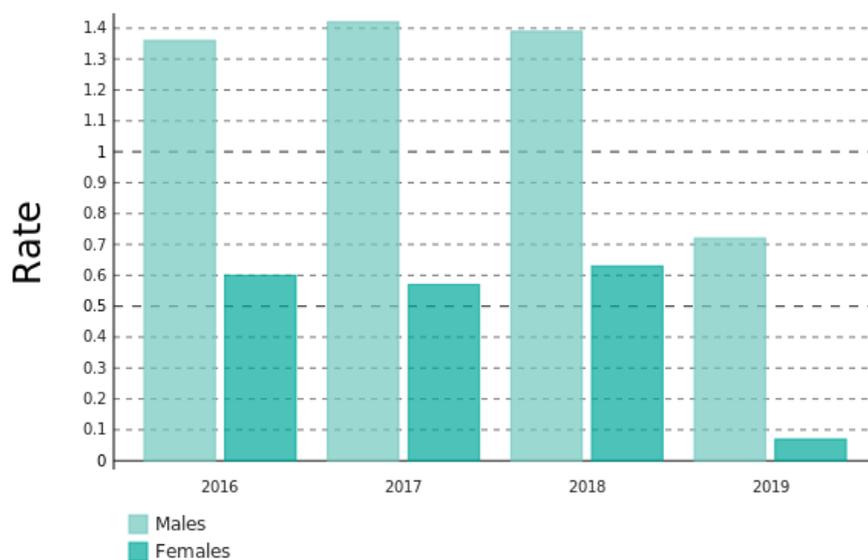
1.4 Late HIV diagnosis, Afghanistan (2019)

Percentage of people living with HIV with the initial CD4 cell count <350 cells/mm³ during the reporting period



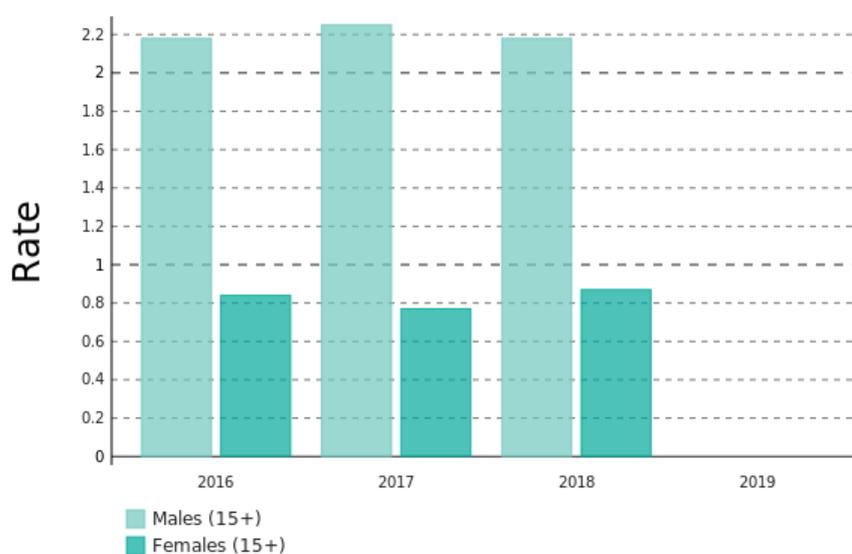
1.6 AIDS mortality rate per 100 000, Afghanistan (2016-2019)

Total number of people who have died from AIDS-related causes per 100 000 population



1.6 AIDS mortality rate per 100 000 among adults, Afghanistan (2016-2019)

Total number of adults who have died from AIDS-related causes per 100 000 population



Prevention of mother-to-child transmission

Eliminate new HIV infections among children by 2020 while ensuring that 1.6 million children have access to HIV treatment by 2018

Progress summary

No national data are available on the burden of HIV among pregnant women and there is no functional ANC surveillance platform. According to the 2010-11 Afghanistan MICS, only 26% of women aged 15-49 had heard of AIDS and only 2% of the surveyed women had comprehensive knowledge about HIV transmission and prevention. Only 8% of all women could identify the three ways of mother-to-child transmission and 4% did not know any of them. PMTCT services were re-functionalized in 2019 in nine provinces;. Most of the PMTCT cases that have received services are from ART centers. The PPTCT guideline was developed in 2011 and the interventions in the country commenced a year later. In 2019, a total of 2287 women were provided PPTCT services in nine provinces.

Policy questions (2019)

Does your country have a national plan for the elimination of mother-to-child transmission of HIV?

Yes

Target(s) for the mother-to-child transmission rate and year: 0; 2020

Elimination target(s) (such as the number of cases/population) and year: 0; 2020

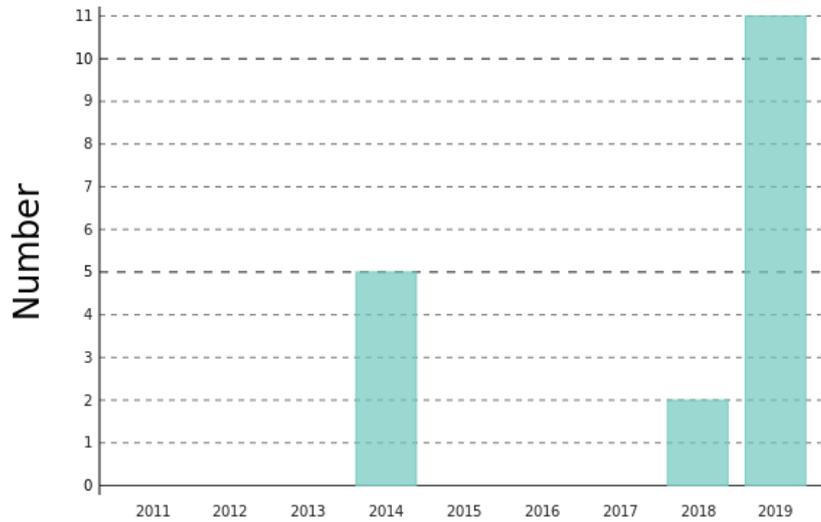
Do the national guidelines recommend treating all infants and children living with HIV irrespective of symptoms and if so, what is the implementation status of the cut-off?

Treat all, regardless of age

Implemented countrywide (>95% of treatment sites)

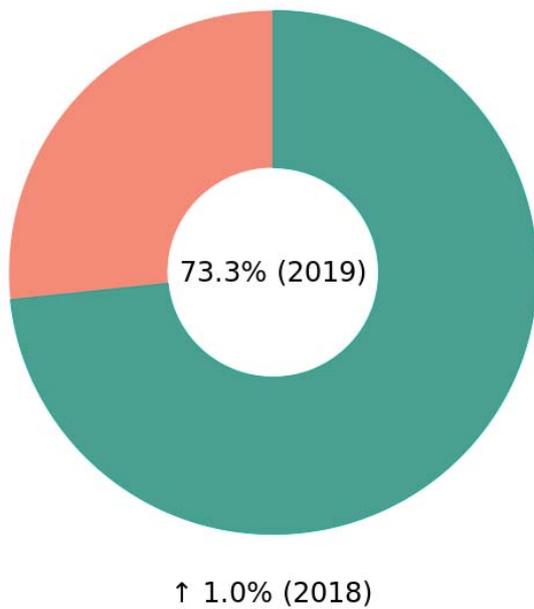
2.1 Early infant diagnosis, Afghanistan (2011-2019)

Number of infants who received an HIV test within two months of birth



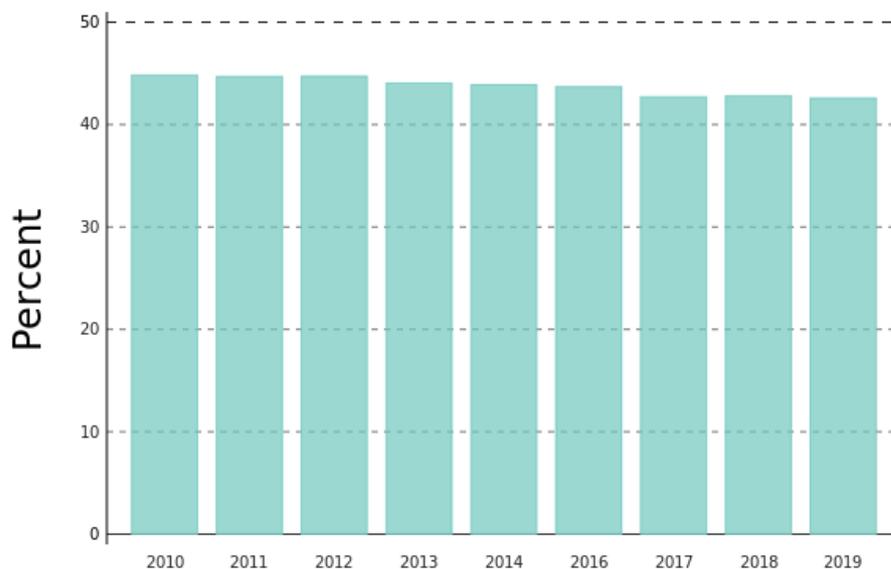
2.1 Early infant diagnosis, Afghanistan (2018-2019)

Percentage of infants born to women living with HIV receiving a virological test for HIV within two months of birth



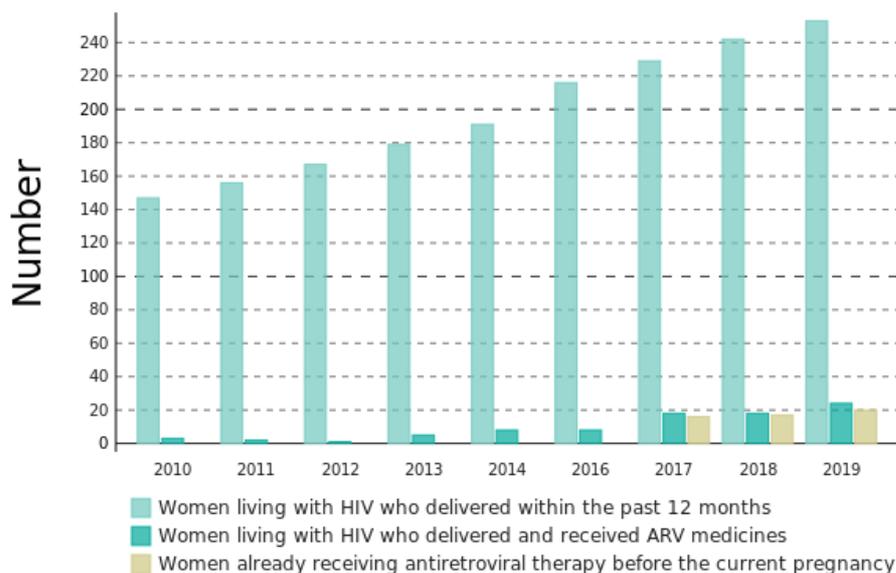
2.2 Mother-to-child transmission of HIV, Afghanistan (2010-2019)

Estimated percentage of children newly infected with HIV from mother-to-child transmission among women living with HIV delivering in the past 12 months



Source: Spectrum file

2.3 Preventing mother-to-child transmission of HIV, Afghanistan (2010-2019)



Source: Spectrum file

HIV prevention; Key populations

Ensure access to combination prevention options, including pre-exposure prophylaxis, voluntary medical male circumcision, harm reduction and condoms, to at least 90% of people by 2020, especially young women and adolescent girls in high-prevalence countries and key populations—gay men and other men who have sex with men, transgender people, sex workers and their clients, people who inject drugs and prisoners

Progress summary

HIV prevention services to all Key populations (People Who Inject Drugs, Men with High-Risk Behavior, Women with High-Risk Behavior and Prisoners) are provided in 13 provinces of the country, in a combination format such as provision of Harm Reduction and Syringe distribution services to PWID, Condom Distribution services to MHRB and WHRB.

Policy questions: Key populations (2019)

Criminalization and/or prosecution of key populations

Transgender people

- Neither criminalized nor prosecuted

Sex workers

- Selling sexual services is criminalized
- Buying sexual services is criminalized
- Ancillary activities associated with selling sexual services are criminalized
- Ancillary activities associated with buying sexual services are criminalized
- Profiting from organizing and/or managing sexual services is criminalized
- Other punitive and/or administrative regulation of sex work

Men who have sex with men

- Yes, imprisonment (up to 14 years)

Is drug use or possession for personal use an offence in your country?

- The law allows possession of a certain amount of drugs

Legal protections for key populations

Transgender people

- Neither criminalized nor prosecuted

Sex workers

- No

Men who have sex with men

- No

People who inject drugs

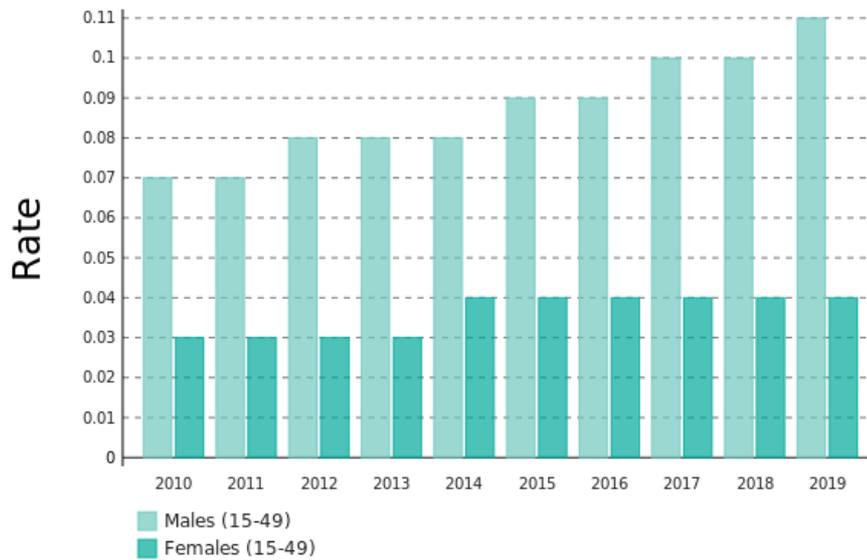
- No

Has the WHO recommendation on oral PrEP been adopted in your country's national guidelines?

No, guidelines have not been developed

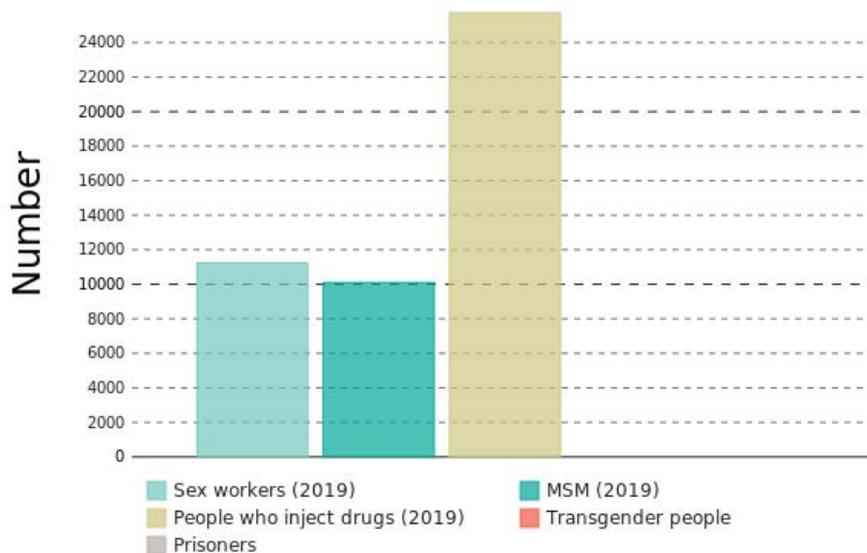
3.1 HIV incidence rate per 1000, Afghanistan (2010-2019)

New HIV-infections in the reporting period per 1000 uninfected population (Adults, ages 15-49)



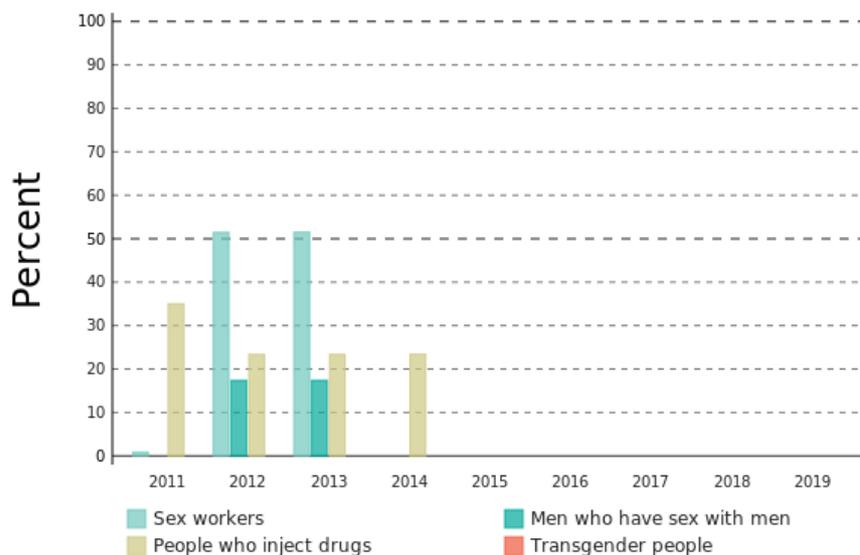
Source: Spectrum file

3.2 Estimates of the size of key populations, Afghanistan



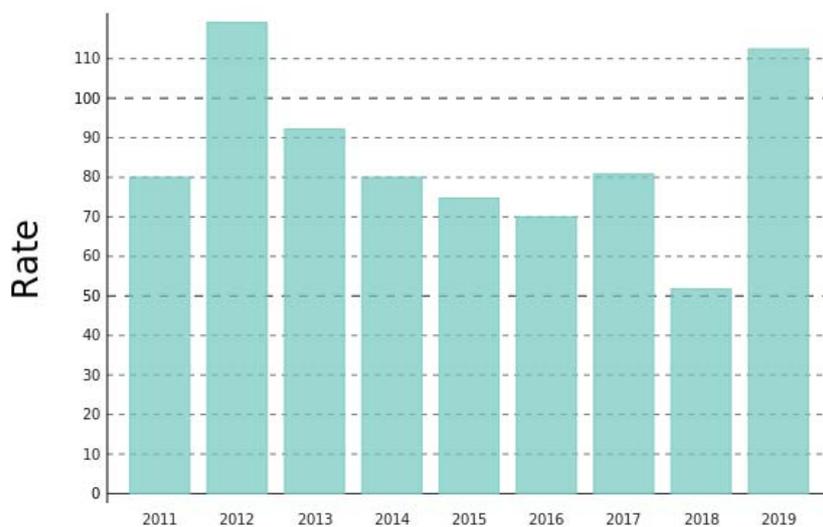
3.6 Condom use among key populations, Afghanistan (2011-2019)

Percentage of people in a key population reporting using a condom the last time they had sexual intercourse



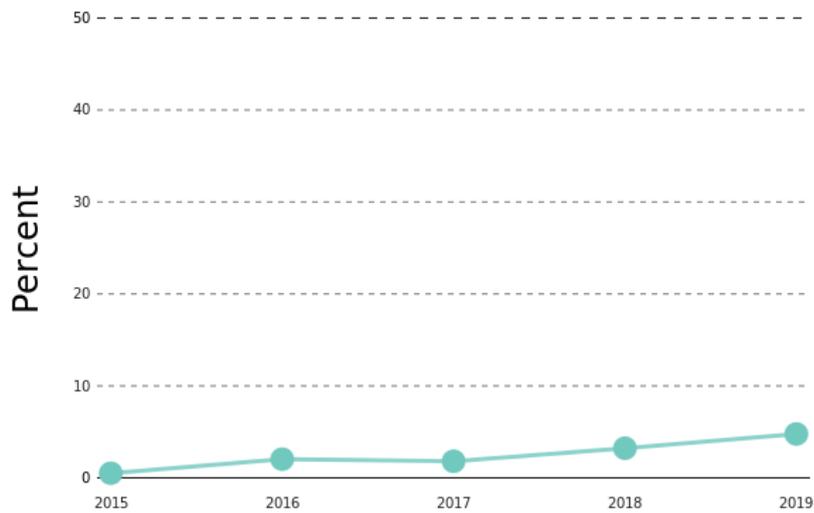
3.9 Needles and syringes distributed per person who injects drugs, Afghanistan (2011-2019)

Number of needles and syringes distributed per person who injects drugs per year by needle-syringe programmes



3.10 Coverage of opioid substitution therapy, Afghanistan (2015-2019)

Percentage of people who inject drugs receiving opioid substitution therapy (OST)



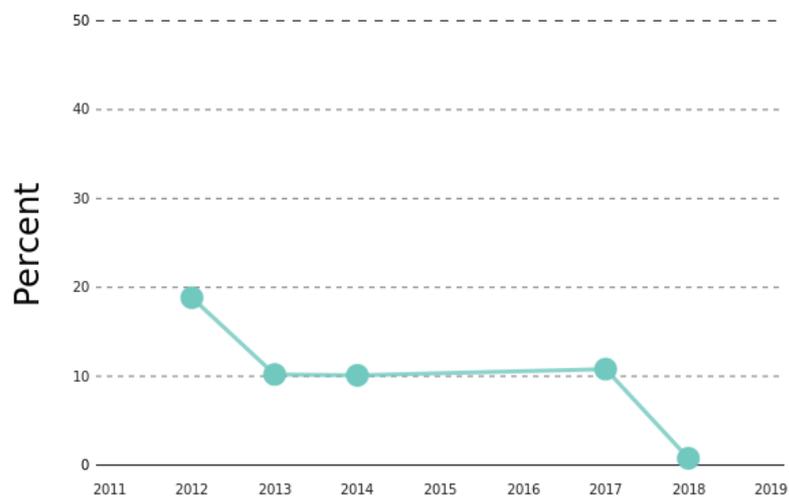
3.11 Active syphilis among sex workers, Afghanistan (2011-2019)

Percentage of sex workers with active syphilis



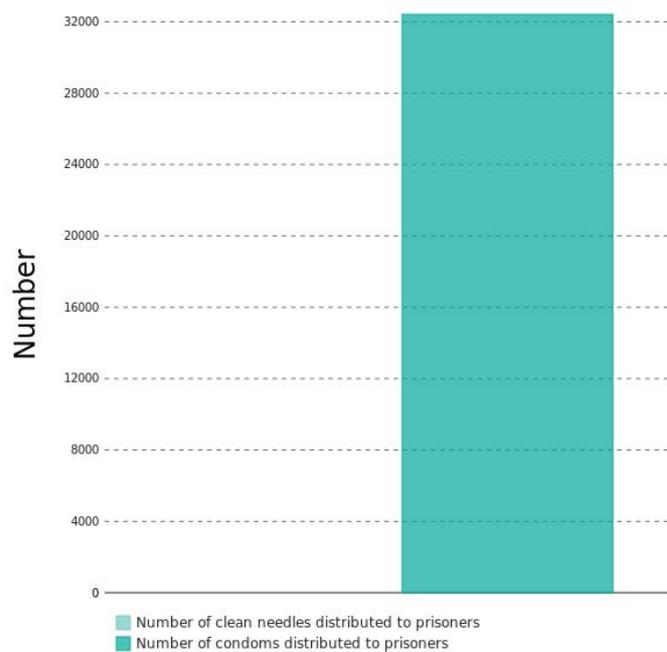
3.12 Active syphilis among men who have sex with men, Afghanistan (2011-2019)

Percentage of men who have sex with men with active syphilis



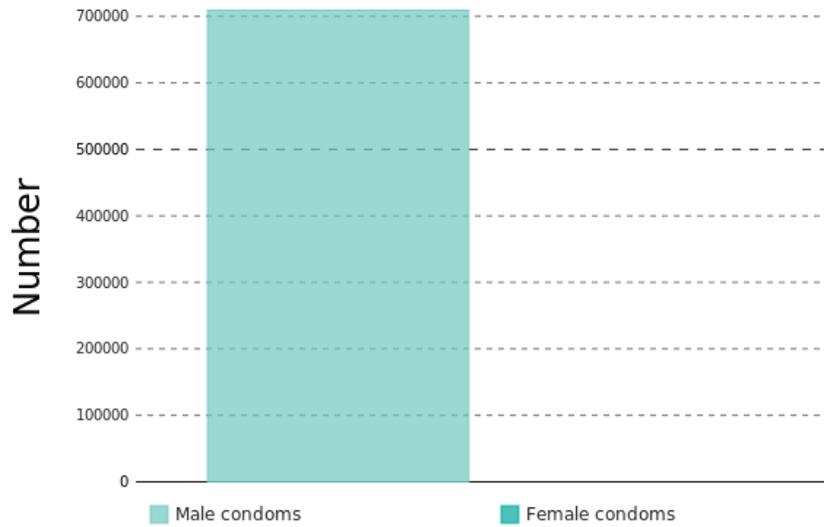
3.13 HIV prevention programmes in prisons, Afghanistan (2019)

HIV prevention and treatment programmes offered to prisoners while detained



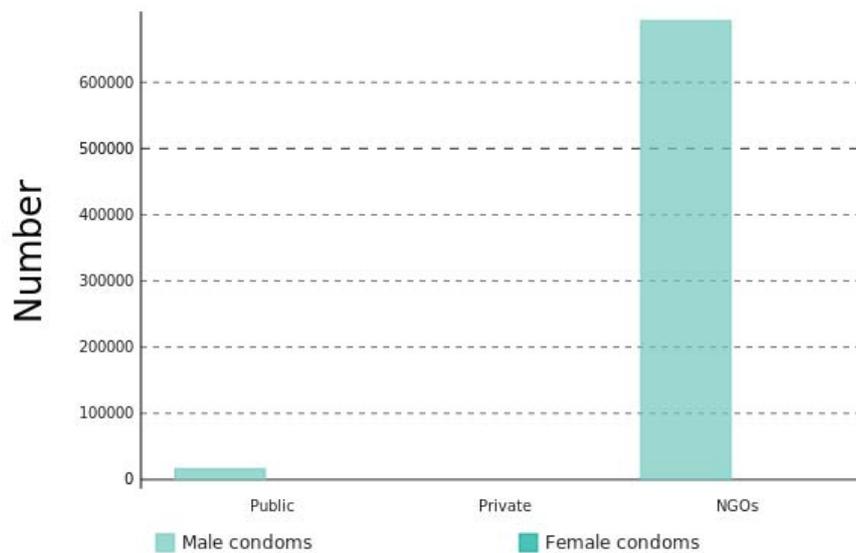
3.19 Annual number of condoms distributed, Afghanistan (2019)

Number of condoms distributed during the past 12 months



3.19 Annual number of condoms distributed, Afghanistan (2019)

Number of condoms distributed during the past 12 months



Gender; Stigma and discrimination

Eliminate gender inequalities and end all forms of violence and discrimination against women and girls, people living with HIV and key populations by 2020

Progress summary

Bringing down discrimination is a cross-cutting priority, as discrimination and stigma have a direct, negative impact on the quality of life of people living with HIV (PLHIV) and also affect prevention, treatment, and care, as it keeps people from accessing these services. In this regard the NSP III 2016-2020 aims to advance human rights and gender equality, thus reducing stigma and discrimination. This requires activities that are necessary to support the effectiveness and efficiency of the program interventions and facilitate access to services (critical enablers) like: (i) creating enabling social environments that support PLHIV and remove stigma and discrimination (ii) creating enabling legal environments that protect the health, education, labor and social rights of PLHIV and support effective prevention among key populations, by ensuring their rights to health, as well as protecting the rights of service providers working with key populations; and that show zero tolerance for gender-based violence and (iii) creating enabling policy environments, in which all key sectors – health, education, social welfare, labor, justice, finance, interior, and prison systems – acknowledge their responsibility and assume their unique role in the national response to HIV.

Examples of social enablers include (i) outreach for HIV testing and HIV treatment literacy (ii) stigma reduction (iii) advocacy to protect human rights (iv) mass-communication designed to raise awareness and support change in social norms. Program enablers include (i) incentives for program participation (ii) methods to improve retention of patients on ART (iii) capacity building for the development of community-based organizations (iv) planning (v) communications infrastructure (vi) information dissemination and (vii) efforts to improve service integration and linkages along the continuum of testing and care. The ANPASH has scaled up the PMTCT services from 5 to 10 sites. Increasing the number of outreach in female prisons, providing services to WHRB, undertook an assessment of the needs of female injecting users.

Policy questions (2018)

Does your country have a national plan or strategy to address gender-based violence and violence against women that includes HIV

Yes

Does your country have legislation on domestic violence*?

Yes

- Physical violence
- Sexual violence
- Psychological violence
- Emotional violence
- Economic violence
- Explicit criminalization of marital rape
- Protection of former spouses

What protections, if any, does your country have for key populations and people living with HIV from violence?

- Programmes to address workplace violence
- Interventions to address police abuse
- Interventions to address torture and ill-treatment in prisons

Does your country have policies in place requiring healthcare settings to provide timely and quality health care regardless of gender, nationality, age, disability, ethnic origin, sexual orientation, religion, language, socio-economic status, HIV or other health status, or because of selling sex, using drugs, living in prison or any other grounds?

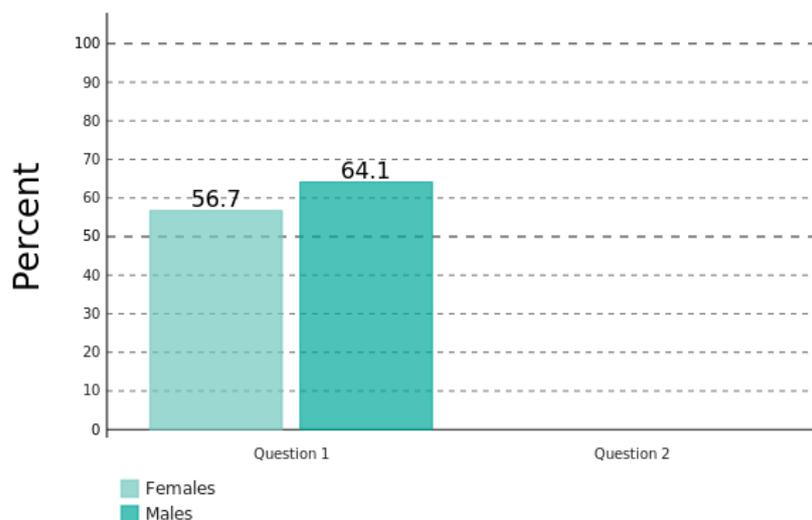
Yes, policies exists and are consistently implemented

Does your country have laws criminalizing the transmission of, non-disclosure of or exposure to HIV transmission?

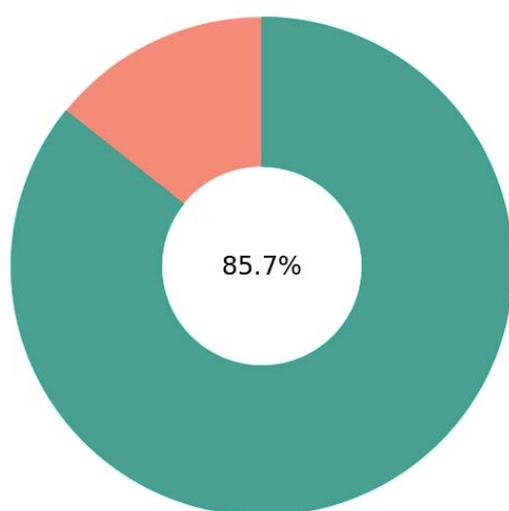
No

4.1 Discriminatory attitudes towards people living with HIV, Afghanistan (2016)

Percentage of respondents (aged 15-49 years) who respond "No" to: Question 1 - "Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?"; Question 2 - "Do you think that children living with HIV should be able to attend school with children who are HIV negative?"



Percentage of Global AIDS Monitoring indicators with data disaggregated by gender



Knowledge of HIV and access to sexual reproductive health services

Ensure that 90% of young people have the skills, knowledge and capacity to protect themselves from HIV and have access to sexual and reproductive health services by 2020, in order to reduce the number of new HIV infections among adolescent girls and young women to below 100 000 per year

Progress summary

Almost 63% of Afghanistan's population is below the age of 25, growing up in a challenging and complex environment, marked by poverty and increasing insecurity, lack of access to quality education, and violence. While the majority of adolescents and young people are unlikely to be at any special risk of HIV, specific sub-groups like out-of-school children living in disadvantaged socio-economic conditions may face particular HIV/STI risks. A large number of street children (estimated at 70,000) in 2017, with drug users among them, is extremely alarming. In 2016 there were 73 orphanages in Afghanistan with a total of 12,511 children (9,798 boys and 2,713 girls). All are located in urban areas of Kabul and provincial centers (these include both governmental orphanages -33 and NGOs-40). In 2017, NACP has conducted strategic research on sexual abuse of children and developed a national guideline on how use rights-based approaches to deal with such abuses. A national ToT was also conducted on rights-based approaches to protect vulnerable children.

Policy questions (2018)

Does your country have education policies that guide the delivery of life skills-based HIV and sexuality education, according to international standards, in:

a) Primary school

No

b) Secondary school

No

c) Teacher training

No

Social protection

Ensure that 75% of people living with, at risk of and affected by HIV benefit from HIV-sensitive social protection by 2020

Progress summary

In order to effectively reach out to increased number of PLHIV with high-quality Care, Support and Treatment (CST) services it is essential to strive for comprehensive integration of HIV prevention, treatment and socio-economic protection interventions in the public sector and civil society, in a harmonized and aligned manner. Reaching out to the marginalized PLHIV in rural areas of the country will be an important component of the CST strategy of the NSP-III. In order to ensure equity, women, and children will be treated on a priority basis by the CST programs. The investment will be required to strengthen both institutional and human resource capacity for community-based care and support services, as well as coordination structures at all levels across the health sector. Implementing the revised ART guideline will increase diagnostic testing capacity, lead to an increased number of functioning ART and follow up/extension centers, integration of ART in VCT centers and effective linkages between ART centers and prevention services (VCT, STI management, OST, etc.) and care and support.

Policy questions (2019)

Does the country have an approved social protection strategy, policy or framework?

No

What barriers, if any, limit access to social protection programmes in your country?

- Lack of information available on the programmes
- Fear of stigma and discrimination
- People living with HIV, key populations and/or people affected by HIV are covered by another programme

Community-led service delivery

Ensure that at least 30% of all service delivery is community-led by 2020

Progress summary

For the first time, communities based services for People Who Inject Drugs as well as for women for high-risk behavior are provided by community lead organization called Bridge. The Bridge has been providing comprehensive harm reduction services in capital city Kabul, Afghanistan.

The Bridge Hope Health Organization (BHHO) is a Kabul-based PWID community-led organization providing a peer-led community response to the epidemic through the delivery of a selected package of PWID services in outreach and through service referral. BHHO is an active participant in technical working groups, policy dialogue, and service monitoring. There is presently no functional National PWID network and no other PWID community-led organization in Afghanistan.

As a result of high levels of stigma and discrimination, there are currently no MHRB or WHRB community-led organizations providing service delivery, but a package of services is provided by local Global Fund NGO through peer-based service delivery activities. MHRB and WHRB self-organization and community-led response is limited to group meetings within implementing organizations.

Policy questions (2019)

Does your country have a national policy promoting community delivery of antiretroviral therapy?

No

Are there any of the following safeguards in laws, regulations and policies that provide for the operation of CSOs/CBOs in your country?

- Registration of HIV CSOs is possible
- Registration of CSOs/CBOs working with key populations is possible
- HIV services can be provided by CSOs/CBOs
- Services to key populations can be provided by CSOs/CBOs
- Reporting requirements for CSOs/CBOs delivering HIV services are streamlined

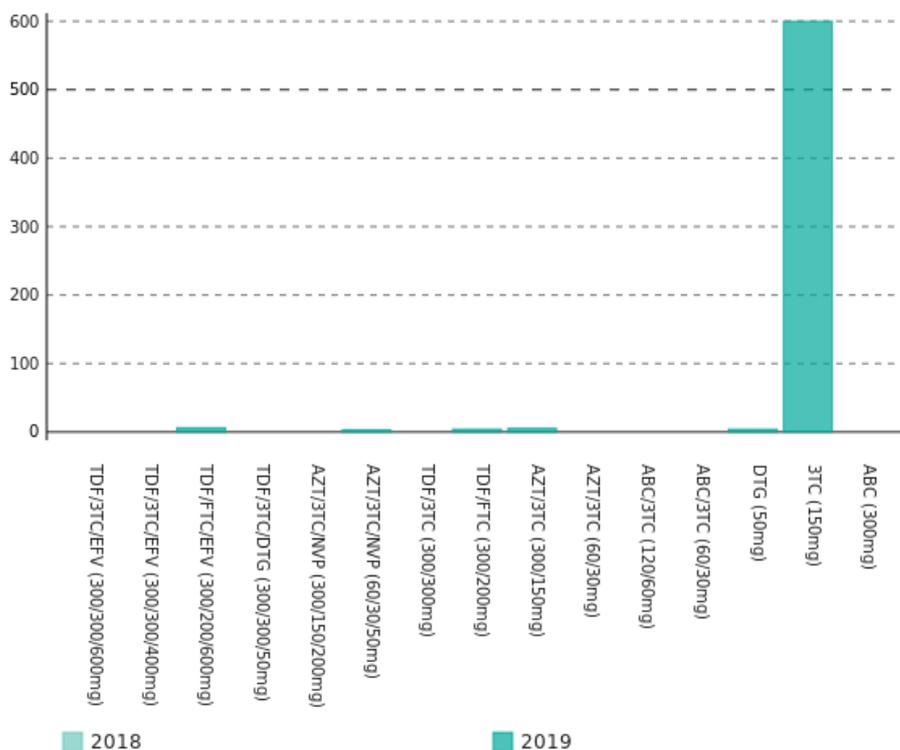
HIV expenditure

Ensure that HIV investments increase to US\$ 26 billion by 2020, including a quarter for HIV prevention and 6% for social enablers

Progress summary

Since 2007, six strategic interventions in the area of HIV prevention have been reinforced, targeting (i) KAPs (ii) vulnerable populations (migrant workers, police and the military) and (iii) the general population. Ten national and International NGOs assisted in their implementation, with financial support from the Global Fund, the World Bank (Afghanistan HIV Prevention Project-AHAPP, Strengthening Health Activities for the Rural Poor-SHARP and System Enhancement for Health Action in Transition-SEHAT), and partially, through UN agencies (UNDP, UNODC, UNAIDS, WHO, UNICEF, UNFPA) and government contribution across 13 provinces of the country.

8.2 The average unit prices of antiretroviral regimens (in US\$), Afghanistan (2018-2019)



Empowerment and access to justice

Empower people living with, at risk of and affected by HIV to know their rights and to access justice and legal services to prevent and challenge violations of human rights

Progress summary

The country national strategic plan is promoting supportive social, legal and policy environments that enable an effective national response to HIV and AIDS, with special attention for PLHIV and KAPs. This with a view to obtain (i) supportive societal attitudes to PLHIV and KAPs with stigma and discrimination reduced in all settings (ii) Enabling legal environment for programs and services for PLHIV and staff working with key populations and (iii) HIV effectively mainstreamed into policies, guidelines, programs and services (plans and budgets) of public, civil society and private sectors involved in the response to HIV/AIDS.

This requires considerable investment in community system strengthening and behavior change communication interventions at all levels, with special attention for HIV-risk awareness, promotion of HIV testing, PMTCT, reducing stigma & discrimination of PLHIV and KAPs, and promoting supportive social environment for PLHIV.

Policy questions (2018)

In the past two years have there been training and/or capacity building programmes for people living with HIV and key populations to educate them and raise their awareness concerning their rights (in the context of HIV) in your country?

Yes, at scale at the sub-national level

Are there mechanisms in place to record and address cases of HIV-related discrimination (based on perceived HIV status and/or belonging to any key population)?

No

What accountability mechanisms in relation to discrimination and violations of human rights in healthcare settings does your country have, if any?

- Complaints procedure

What barriers in accessing accountability mechanisms does your country have, if any?

- Mechanisms do not function

AIDS out of isolation

Commit to taking AIDS out of isolation through people-centred systems to improve universal health coverage, including treatment for tuberculosis, cervical cancer and hepatitis B and C

Progress summary

Drawing from the experiences in the past years, NACP along with its international partners is now making efforts to integrate the PMTCT into the Mother, Newborn, and Child Health (MNCH) services of the MoPH. The program has integrated all 11 VCTS in current provincial hospitals. Implementing the revised ART guideline will increase diagnostic testing capacity, lead to an increased number of functioning ART and follow up/extension centers, integration of ART in VCT centers and effective linkages between ART centers and prevention services (VCT, STI management, OST, etc.) and care and support.

Policy questions (2019)

Is cervical cancer screening and treatment for women living with HIV recommended in:

a) The national strategy, policy, plan or guidelines for cancer, cervical cancer or the broader response to non-communicable diseases (NCDs)

No

b) The national strategic plan governing the AIDS response

Yes

c) National HIV-treatment guidelines

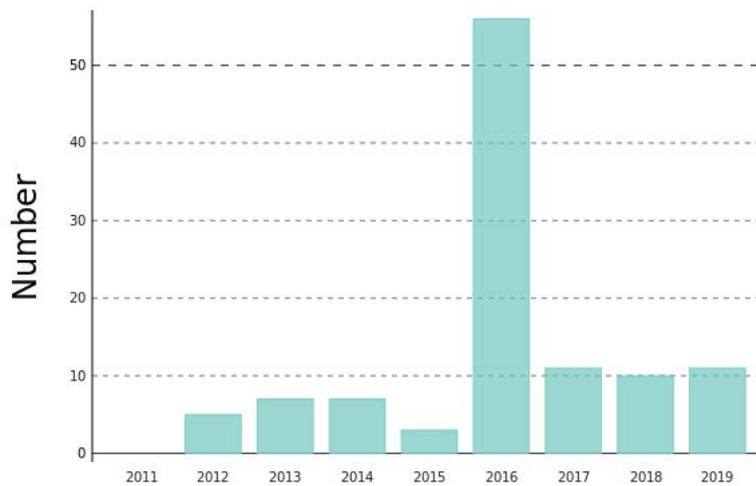
Yes

What coinfection policies are in place in the country for adults, adolescents and children?

- Isoniazid preventive therapy (IPT) or latent TB infection (LTBI) prophylaxis for people living with HIV
- Intensified TB case finding among people living with HIV
- TB infection control in HIV health-care settings
- Co-trimoxazole prophylaxis
- Hepatitis B screening and management in antiretroviral therapy clinics
- Hepatitis C screening and management in antiretroviral therapy clinics
- Hepatitis C treatment (direct-acting antiviral agents) provided in antiretroviral therapy clinics

10.1 Co-managing TB and HIV treatment, Afghanistan (2011-2019)

Number of HIV-positive new and relapse TB patients started on TB treatment during the reporting period who were already on antiretroviral therapy or started on antiretroviral therapy during TB treatment within the reporting year



10.2 Proportion of people living with HIV newly enrolled in HIV care with active TB disease, Afghanistan (2015-2019)

Total number of people living with HIV with active TB expressed as a percentage of those who are newly enrolled in HIV care (pre-antiretroviral therapy or antiretroviral therapy) during the reporting period



10.3 Proportion of people living with HIV newly enrolled in HIV care started on TB preventive therapy, Afghanistan (2015-2019)

Number of patients started on treatment for latent TB infection, expressed as a percentage of the total number newly enrolled in HIV care during the reporting period

