

Country progress report - Afghanistan

Global AIDS Monitoring 2018



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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

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

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

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

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

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

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

Afghanistan is experiencing a low and concentrated HIV epidemic and HIV is a public health concern among the key affected and vulnerable populations. The drivers of the epidemic, being verified through a consultation process and research, are generally understood to include injecting drug use, partially intersecting with multiple and concurrent sexual partnerships, gender inequalities and violence, and stigma and discrimination. Determinants of vulnerability include high level of tuberculosis and sexually transmitted infections; drug cultivation, trade and use; low literacy level and poverty; poor HIV-related knowledge; and limited access to sexual and reproductive education. The Integrated Biological Behavioral Survey in 2012 shows an overall 4.4% of HIV prevalence among people who inject drugs. The study also found 0.3%, 0.4% and 0.7% among Women with High Risk Behavior, Men with High Risk Behavior and Prisoners respectively. The prevalence among general population 15-49 year of age is estimated at 0.04%

Despite the gains, significant gaps and challenges remain to be addressed or overcome. These include insufficient targeting of prevention; limited capacities for prevention, implementation and management; weak strategic information management, including absence of a comprehensive surveillance system on HIV and sexually transmitted infections and current reliance on data which is only available for key affected populations; inadequate communication strategies; insufficient scale up of treatment, care, and support; and weak community ownership and participation. Other challenges to HIV prevention are the security and humanitarian environment and poor infrastructure in Afghanistan.

Building on the situation and response analysis, priority areas were built and refined through dialogue and inputs across sectors and different levels of the national response, including (affected) community consultations. 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.

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 six extension sites in existing VCTCs. Coverage with ART in 2017 is very as 791 out 2549 registered cases are on treatment. Women and children together represent only 32% of those currently on ART. Retention at 12 months after initiation of ART is reported at 97% for the PLHIV who initiated ART in 2017. There are data gaps with regards to analysis of retention rates at 24, 36 and 60 months. Infants born to HIV-infected mothers received ARV and co-trimoxazole prophylaxis within two months of birth.

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

The national guideline was revised with the financial support of GF.

Policy questions (2017)

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

a) Is solely performed based on voluntary and informed consent

Yes

b) Is mandatory before marriage

No

c) Is mandatory to obtain a work or residence permit

No

d) 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

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, partially implemented

b) For children

Yes, partially implemented

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 are available only in five ANC centers (out of 1209 facilities in the country) in five cities (Kabul, Nangarhar, Balkh, Herat, and Kandahar) with support from UNICEF. The PPTCT guideline was developed in 2011 and the interventions in the country commenced a year later. In 2012, a total of 524 women were provided PPTCT services in Kabul, Nangarhar, Balkh, and Herat provinces. Throughout the period of implementation the achievement remained nil in Kandahar provinces. In 2013 and the first six months of 2014, 1131 and 304 women respectively received PPTCT services across four provinces.

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

Policy questions: Key populations (2016)

Criminalization and/or prosecution of key populations

Transgender people

Neither criminalized nor prosecuted

Sex workers

Selling and buying sexual services is criminalized

Men who have sex with men

Yes, death penalty

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

Drug use or consumption is a specific offence in law

Legal protections for key populations

Transgender people

No

Sex workers

No

Men who have sex with men

-

People who inject drugs

Yes

Policy questions: PrEP (2017)

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

Yes, PrEP guidelines have been developed but are not yet being implemented

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 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 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 NACP is scaling up the PMTCT services from 5 to 10 sites. Increasing the number of outreach in female prisons, providing services to WHRB, undertook assessment of the needs of female injecting users.

Policy questions (2016)

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

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

General criminal laws prohibiting violence

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?

No, policies do not exist

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. The 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 a 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 (2016)

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 a 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 for the CST strategy of the NSP-III. In order to ensure equity, women and children will be treated on priority basis by the CST programs. 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. NACP has developed social and economic protection strategy in 2017.

Policy questions (2016/2017)

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
Laws or policies that present obstacles to access
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, community based services for women for high risk behavior are provided by community lead organization called Bridge. Special proposal has been submitted to GF 7 % initiative to increase access of vulnerable population to essential services through hire community led organization

Policy questions (2017)

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

No

What safeguards in laws, regulations and policies, if any, 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

Number of condoms and lubricants distributed by NGOs in the previous year

a) Male condoms:

688030

b) Female condoms:

0

c) Lubricants:

0

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 (UNODC, UNAIDS, WHO, UNICEF, UNFPA) and government contribution across 13 provinces of the country

To date, it is estimated that USD 20000000 has been spent on the HIV response in Afghanistan since 2012. As prevention remains a top priority, to-date 42% of all funding was for this area, while program management and administration accounted for 26.4%. The third major cost was on critical enablers.

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/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, programmes 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 behaviour 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. In 2017, in partnership with UNODC and UNDP, NACP launched national wide training for law enforcement officers, developed institutional development policy for PLHIV networks, undertook four advocacy campaigns and develop anti stigma and discrimination policy in health care setting.

Policy questions (2016)

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 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)?

-

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

Complaints procedure

Procedures or systems to protect and respect patient privacy or confidentiality

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

Awareness or knowledge of how to use such mechanisms is limited

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, Child Health (MNCH) services of the MoPH. Program have integrated all 11 VCTS in current provincial hospitals in 2017. 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 (2016)

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

Hepatitis B vaccination provided at antiretroviral therapy clinics