6. HIV and Hepatitis C in Tajikistan

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Introduction

In 2016, Tajikistan adopted the National Development Strategy for the period until 2030 (NDS–2030), which reiterates Tajikistan's commitment to the sustainable development goals (SDG) and sets out the priorities for the country's development in the coming years. To specify the targets set in NDS–2030 for the healthcare sector and the implementation of SDG No. 3, dedicated to good health and well-being, on 30th September 2021, the government of Tajikistan introduced a new National Health Strategy for the period until 2030. This article explores the HIV (Human immunodeficiency virus) and HCV (Hepatitis C Virus) response in Tajikistan as a part of the country's efforts towards implementing the SDGs. Based on the data from the national HIV Surveillance System, scientific publications, and reports from international organisations, the authors have analysed the current situation, progress, and challenges in Tajikistan's endeavors to control the spread of both HIV and HCV.

The Epidemiology of HIV in Tajikistan

According to the recent Joint United Nations Programme on HIV/AIDS (UNAIDS) estimates, there are around 15,000 people living with HIV (PLWH) in Tajikistan (UNAIDS 2022, p. 354). According to the data of the Republican AIDS Center in Tajikistan, 16,129 people were diagnosed with HIV and 4,433 of them died due to various causes from 1st of January 1991 to 1st January 2024. As of the beginning of 2024, there were 11,696 PLWH registered in the country, with 10,456 people receiving antiretroviral treatment (ART) (88.6% of whom achieved viral load suppression). In recent years, Tajikistan has made substantial progress in terms of ART coverage, improved viral load suppression, and reduction in AIDS mortality. In 2017, there were 4,948 people covered by ART, and 59% of PLWH had their

viral load suppressed. After the peak of 1,421 new HIV cases registered in 2018, the annual number of new registered HIV cases reduced to 1,100 in 2023. In 2023, there were 64 AIDS-related deaths in the country, which is an almost twofold decrease in comparison with 2019 (National HIV Surveillance System/Republican AIDS Center 2024).

Tajikistan has a concentrated HIV epidemic, with 0.2% prevalence among adults (aged 15–49 years) and 0.1% prevalence among the general population. The burden of HIV is significantly higher among key populations – people who inject drugs (PWID), female sex workers (FSWs), men who have sex with men (MSM), and prisoners. Integrated biobehavioural surveys (IBBSs) are regularly conducted in Tajikistan to measure the size of key populations and behavioural trends within these groups, as well as the HIV, HCV, and syphilis prevalence. The latest IBBS among FSWs, PWID, and MSM was conducted in 2022. According to the survey, there are an estimated 18,200 PWID in Tajikistan, with an HIV prevalence of 8.9%. Among all IBBS sites, the highest HIV prevalence was observed in the capital city Dushanbe (19.9%) and the lowest in Khorog (4.7%), the main city in the remote region of Gorno-Badakhshan Autonomous Oblast (GBAO). The countrywide HIV prevalence among FSW was estimated at 2.9%, with the highest prevalence found in the city of Bokhtar (3.9%) and lowest in Kulyab (1.5%), both located in the Khatlon Region in south-western Tajikistan. The survey estimated the total number of FSWs in the country to be 18,500. Finally, according to the 2022 IBBS, there are around 12,000 MSM in the country, with an HIV prevalence of 4.3%. There were no major changes in HIV prevalence among FSWs and MSM in comparison to earlier IBBSs, but the percentage of PLWH among PWID had reduced significantly – from 23.5% in 2006 to 8.9% in 2022 (National HIV Surveillance System/Republican AIDS Center 2024). This data confirms the assumption that the predominant mode of HIV transmission has shifted from injecting drugs to in unsafe sexual practices over the past years.

In 2023, an IBBS was conducted among people in prison with a sample size of 800 people from the total prison population of 10,000. A 3.4% prevalence of HIV and 2.8% prevalence of syphilis was observed (Sattorov et al. 2023). Due to the high numbers of labour migrants in Tajikistan (mostly returning home from the Russian Federation), IBBS and operational research into HIV/tuberculosis (TB) among migrants has been planned for 2024 to collect more data about the HIV prevalence and behavioural patterns of this population group. The previous IBBS among migrants was conducted in 2020 and estimated the prevalence to be 0.4%, which is higher

than among the general population but significantly lower than among PWID, FSWs, MSM, and prisoners.

HIV Policy in Tajikistan

On 27th February 2021, the government of Tajikistan adopted the National AIDS Program for 2021–2025 to set the framework for the country's AIDS response for the next five years and align it with the newly adopted National Health Strategy for the period up to 2030. The National AIDS Program reiterates the country's commitment to the SDG 3.3 target of ending the AIDS epidemic by 2030 and the goals of the UN General Assembly Political Declaration on HIV and AIDS: On the Fast Track to Accelerate the Fight Against HIV and to End the AIDS Epidemic by 2030.

The National AIDS Program outlines six strategic directions for the AIDS response:

1. preventing new HIV cases among key and vulnerable groups;
2. ensuring universal access to HIV treatment for both adults and children;
3. reducing mother-to-child transmission incidence and setting the conditions for the elimination of vertical transmission;
4. assuring blood safety and advancing infection control in healthcare institutions;
5. building awareness about and preventing HIV among young people, adolescents, young women, and girls;
6. overcoming existing barriers and strengthening the supportive environment for an effective national response to the HIV epidemic.

The basis for HIV testing and treatment in the country is the national HIV clinical protocol, which was recently reviewed, with the new version being approved by the Ministry of Health and Social Protection of the Population on 2nd June 2023. The protocol serves as guidelines for establishing HIV diagnosis, index testing, the selection of treatment options, the monitoring of treatment outcomes, strengthening patient adherence to HIV treatment, pre-exposure prophylaxis, and post-exposure prophylaxis, as well as prevention, screening, and follow-up of the most common coinfections and comorbidities. The 2023 revisions were intended to align the protocol with international standards, in particular the 2021 World Health Organization HIV Guidelines. Some of the key points included in the new protocol are as follows:

– recognition of the fact that PLWH with undetectable viral load cannot transmit HIV through any type of sexual contact, regardless of condom use (Undetectable Equals Untransmittable). This provision of the protocol was subsequently used to advocate for the decriminalisation of HIV risk exposure in Tajikistan, which resulted in the adoption of the Supreme Court Resolution of 26th December 2023, which stated that PLWH with undetectable viral load do not pose a threat of HIV transmission to their sexual partners,
– removal of limitations as regards prescribing *dolutegravir* for pregnant women and women who are trying to conceive, given the lack of evidence that using it increases the likelihood of neural tube defects in infants,
– screening of PLWH with a CD4 cell count lower than 100 cells/mm^3 and corresponding clinical symptoms for cryptococcus infection (Amirzoda et al. 2023).

As of 1st January 2024, there were 67 AIDS centres across the country at the republican (1), city (9), regional (4), and district (53) levels. Under the auspices of the AIDS centres, 24 trust points for PWID and eleven friendly sites for FSWs have been set up to provide confidential HIV prevention and testing services. An additional three trust points operate in the penitentiary system to deliver HIV prevention services to people in prisons. In 2019, following the implementation of a pilot scheme in Dushanbe, the decentralisation of HIV services has started with the provision of care for PLWH to the primary care level – multi-specially polyclinics that provide outpatient care through general physicians and various specialists, such as gynaecologists, paediatricians, cardiologists, neurologists, etc. (Lundgren et al. 2022, p. 30).

There is a network of 15 opioid substitution therapy (OST) sites covering all regions of the country, including two sites in the penitentiary system. Currently, the only OST medicine used in Tajikistan is methadone, available only in liquid form. In addition to providing opioid dependency treatment, OST sites in Tajikistan encompass additional services for PWID, such as overdose treatment, testing for HBV, HCV, and syphilis, psychological support, etc. Despite the fact that the OST system is well-established and has been operating in the country since 2010, it is still considered a pilot programme and coverage remains low (around 650 people). To explore the reasons for the underutilisation of OST sites operating in the country, a study on drug use and barriers to OST in Tajikistan was conduc-

ted between February and April 2023. Sixteen focus groups, consisting in total of 65 PWID who were receiving (30) and not receiving (35) OST, were held in eight cities across Tajikistan. The study found three main obstacles to OST access: insufficient appeal of the OST programme, e.g. the requirement to visit OST sites every day; insufficient staff capacity at the OST sites; and misleading information circulating among PWID regarding OST (Kaspirova/Malikov 2023). It should be noted that in 2023, the main institution coordinating OST programmes in Tajikistan, the Republican Clinical Narcology Center, adopted the OST Expansion Plan for the years 2024–2026, with an ambitious goal of increasing programme coverage to 2,000 people by the end of 2026. In order to achieve this goal, it is crucial to tackle the aforementioned issues.

NGOs Working in the Field of HIV in Tajikistan

Civil society and community-based organisations play a crucial role in the HIV response in Tajikistan through outreach work with key populations. There are several countrywide and regional organisations that cover almost all of the territory of Tajikistan, except for the remote mountainous GBAO region. NGOs provide a wide range of services focusing on key populations, in particular delivering harm reduction services to the hard-to-reach populations, carrying out and referring clients to HIV testing, linking clients to pre-exposure prophylaxis (PReP), raising awareness about HIV, documenting human rights violations, and providing legal support to PLWH and key populations, as well as providing medical and psychological support to clients. As of 1st January 2024 there were eight trust points for PWID, four friendly sites for FSWs, four friendly sites for MSM, and two 24/7 telephone hotlines in operation, providing confidential HIV prevention, counselling, and testing services to key populations under the auspices of NGOs. NGOs play an instrumental role in delivering prevention services to key populations, and in 2022 they provided services to 7,036 MSM (59% of the estimated population). In 2022 NGOs in collaboration with AIDS centres rendered HIV prevention services (United Nations Development Programme [UNDP] Tajikistan 2023) to 14,644 PWID (80% of the estimated population) and 12,087 FSWs (65% of the estimated population).

The Epidemiology of HCV in Tajikistan

There is not much data available on the prevalence of viral hepatitis among the general population of Tajikistan. However, the data on HCV prevalence among key populations is updated regularly, given that PWID, FSWs, MSM, and people in prison are tested for HCV during IBBSs. According to the 2022 IBBS carried out with prisoners, the prevalence of HCV among this group is 8.9%. The 2022 IBBS with PWID, FSWs, and MSM estimated the prevalence both in the country in general and at the main IBBS sites. According to the survey, the HCV prevalence among PWID in Tajikistan is 21%, with the highest rates found in the cities of Penjikent and Kulob (both 24.3%), followed by Dushanbe (19.4%), Khorog (11.1%), Vakhdat (10.4%), and Khujand (8.9%). This is a notable decrease in comparison with the 45% HCV prevalence reported in the 2006 IBBS and may be seen as evidence of a decrease in the role of injection drug use among the drivers of the HCV epidemic. The survey of FSWs estimated the prevalence at 0.9%, with the following rates at the IBBS sites – Bokhtar (2.1%), Dushanbe (1.9%), Khujand (0.9%), and Kulyab (0.8%). The highest prevalence of HCV among MSM was observed in Bokhtar (5.8%), followed by Khujand (2.7%) and Dushanbe (1.7%), with a countrywide rate of 4.3% (National HIV Surveillance System/Republican AIDS Center 2024).

Considering the progress achieved in the past decades in terms of HIV treatment and the increase in PLWH life expectancy, HCV is becoming a bigger threat for PLWH than in the past. According to the Republican AIDS Center data, HCV is the second largest cause of mortality among PLWH (9.6%), surpassed only by tuberculosis (22.2%). It should be noted that the cause of 23.8% of PLWH deaths remains unknown (National HIV Surveillance System/Republican AIDS Center 2024), which may indicate that the actual percentage of deaths that can be attributed to HCV is higher.

HCV Policy in Tajikistan

The system for responding to HCV in Tajikistan is less robust than is the case for HIV, given that in the low resource settings, HIV and TB are considered higher priorities by both state and international donors. While the National Health Strategy for the period up to 2030 and the National AIDS Program for the period of 2021–2025 acknowledge the need to respond to viral hepatitis, there is still no strategic national plan for HCV.

At a regional level, sanitary-epidemiological service departments are conducting epidemiological surveillance, and each case is assigned with its own epidemiological number. The Scientific and Research Institute for Gastroenterology is the main clinical institution for viral hepatitis in the country where the treatment of chronic cases is carried out. People who experience acute HCV symptoms are treated in the infectious disease hospitals located throughout the country. The testing and treatment of HCV is usually self-funded, including for key populations. The only exceptions that exist cover just a few categories of people, such as blood donors and clients of OST programmes. If their HCV antibody test is positive, the patient still needs to pay for a Polymerase chain reaction (PCR) test. The need for out-of-pocket expenses is the key factor that hinders access to the efficient testing and treatment of HCV in Tajikistan. To explore the possible ways to advance HCV response in the country, the Ministry of Health and Social Protection of the Population requested that the WHO Regional Office for Europe conducts the first hepatitis assessment in Tajikistan. The WHO mission visited Tajikistan in January 2023 and plans to publish the final report in early 2024. It is expected that the recommendations of the WHO will serve as the basis for the creation of a strategic national plan for viral hepatitis in Tajikistan.

The impact of potential HCV interventions in Tajikistan may be illustrated by the 2021 pilot programme on providing HCV testing and treatment to PLHIV. At the request of the Republican AIDS Center, the United Nations Development Program (UNDP) reprogrammed savings from the Global Fund to Fight AIDS, Tuberculosis and Malaria grant for the procurement of tests and HCV medication. All PLHIV with HCV were tested to confirm their diagnosis and subsequently 851 people started treatment with direct-acting antivirals. For various reasons, 27 people interrupted treatment and 824 PLHIV completed the full course of treatment. 779 of those 824 people (94.5%) achieved complete viral suppression. In addition, 140 PWID were tested and treated for HCV with a similarly high success rate of around 95% viral load suppression among those who completed the full course of treatment and reported their results to the Republican AIDS Center (National HIV Surveillance System/Republican AIDS Center 2024).

NGOs Working in the Field of HCV in Tajikistan

Civil society organisations in Tajikistan implement just a few HCV-specific activities as most of the donor funding is focused on the HIV and TB response. However, most of their interventions regarding HIV prevention among key populations play a significant role in HCV control too, since the two infections share the same risk factors and modes of transmission. Additionally, Tajik NGOs usually have medical experts among their staff who can refer clients for HCV testing. During the aforementioned HCV treatment pilot programme, NGOs played an important role in linking their PWID clients to HCV treatment provided by the Republican AIDS Center. Therefore, despite the lack of funding for HCV interventions, Tajikistan NGOs have a solid capacity for effective HCV work, given their vast experience in outreach work with the hard-to-reach populations.

Conclusions

Over the past 20 years, Tajikistan has made significant progress in its response to the HIV epidemic. The number of people covered by HIV prevention, testing, and treatment services has increased significantly, which led to a decrease in AIDS mortality. Viral load suppression rates reached almost 90% among people on ART treatment, which is evidence of positive treatment outcomes.

However, certain challenges persist and need to be tackled in order for the national HIV programme to achieve further success. The critical activities, such as HIV prevention, the testing of key populations, and the procurement of antiretroviral (ARV) medicines, laboratory consumables, etc. are almost fully supported by donors and development partners. Therefore, it is instrumental to adopt and implement a realistic transition plan, envisaging a gradual increase of the state share in the HIV response and the development of sustainable financing mechanisms, such as social contracting, to support the shift from external to domestic funding. This will ensure the uninterrupted provision of quality HIV services in the event that donor support is reduced.

Next, there is an untapped potential to further increase HIV prevention and testing coverage. Currently, only about 3.5% of PWID are receiving OST, around 78% of PLWH know their HIV status, and the coverage of PWID, FSWs, and MSM with HIV prevention services (80%, 65%, and

59% respectively) remains at a suboptimal level. The following interventions an be recommended to increase prevention and testing coverage:

- ensuring an enabling environment for HIV services by reducing stigma and discrimination against PLWH and key populations, raising public awareness about HIV, sensitising medical and law enforcement professionals to the needs of PLWH and key populations, and amending legislation related to the labour, social, and other rights of PLWH in order to increase the number of people seeking HIV services,
- adapting OST programme to the needs of PWID by introducing take-home options for stable patients and tableted OST medicines and developing the infrastructure of sites and other measures to improve the appeal of OST programmes,
- raising awareness among PWID and medical professionals about opioid dependency treatment to ensure they are in possession of verified and up-to-date information on OST,
- expanding social and outreach workers' knowledge on the specifics of working with key populations and index testing.

In recent years, Tajikistan has demonstrated its commitment to developing a system for responding to HCV by joining the Coalition for Global Hepatitis Elimination and requesting that the WHO conducts a hepatitis assessment in Tajikistan. The findings of this assessment should provide a blueprint for further work on the first strategic national hepatitis plan. The successful results of the 2021 pilot programme for HCV treatment among PLWH and PWID, as well as the broad experience of Tajik NGOs in working with key populations, may also be used to determine strategies in this field.

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