

## Afghanistan

### Key analysis and recommendations:

Afghanistan is experiencing a low and concentrated HIV epidemic which is a public health concern among key populations. The HIV epidemic is concentrated mainly among people who inject drugs in three major cities (Herat, Kabul and Mazar)<sup>1</sup> and is driven by multiple and concurrent sexual partnerships, gender inequalities and violence, and stigma and discrimination<sup>2</sup>

HIV prevalence among people who inject drugs is low. However, since Afghanistan is a low-income country it is eligible to receive an allocation for HIV/AIDS, tuberculosis and malaria, regardless of disease burden.

Both coverage of harm reduction services and reach of service package delivered for people who inject drugs (defined as the provision of needle and syringes, condoms and, HIV and STI information) are both very low.

Key challenges include insufficient targeting of HIV prevention; limited capacities to deliver prevention services; weak strategic information management, including absence of a comprehensive surveillance system on HIV and sexually transmitted infections; 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, mobility of the population, and poor infrastructure.

The Global Fund is the only external funder of HIV prevention and treatment services for people who inject drugs after the closure of a World Bank financed harm reduction project. The Global Fund HIV/AIDS country envelope for 2020-2022 is USD 10,474,755, which is 13% higher than that of the 2017- 2019 window.

**It is imperative that harm reduction services are preserved and scaled up under the next Global Fund grant. The country allocation should include:**

- Increased funding to maintain and scale up prevention interventions among people who inject drugs;
- Increased funding to expand accessibility and coverage of harm reduction services, HIV testing, treatment and care for people who inject drugs.
- Funding for national surveillance and research program to support informed and evidence-based decision making with regards to harm reduction and needs of people who inject drugs.
- Funding to strengthen and develop an enabling environment, including the meaningful involvement of people living with HIV and key populations at high risk to reduce stigma and discrimination.

<sup>1</sup> Qais Alemi, Carl Stempel, Association between HIV knowledge and stigmatizing attitudes towards people living with HIV in Afghanistan: findings from the 2015 Afghanistan Demographic and Health Survey, International Health, Volume 11, Issue 6, November 2019, Pages 440–446, <https://doi.org/10.1093/inthealth/ihz013> Available from: <https://academic.oup.com/inthealth/article/11/6/440/542071>

<sup>2</sup> UNAIDS Country progress report - Afghanistan (2019): [https://www.unaids.org/sites/default/files/country/documents/AFG\\_2019\\_countryreport.pdf](https://www.unaids.org/sites/default/files/country/documents/AFG_2019_countryreport.pdf)

## Key data:

### 1. Epidemiological data

- a) Population size estimate: 40 900<sup>3</sup>
- b) Demographics of people who inject drugs: No gender-desegregated data is available<sup>4</sup>.
- c) HIV, HBV, HCV prevalence among people who inject drugs:
  - HIV prevalence: **4.4%**<sup>5</sup> (note, this figure comes from 2012 IBBS)
  - HCV prevalence: **31.2%**<sup>6</sup>
  - HBC prevalence: **6.6%**<sup>7</sup>
  - TB prevalence: **no data**
- d) HIV incidence among people who inject drugs: **no data**

### 2. Current state of harm reduction:

- a) Harm reduction explicitly endorsed in national strategy and people who inject drugs are recognised as a key population<sup>8 9</sup>.
- b) Harm reduction services for people who inject drugs are provided in 12 out of 34 provinces<sup>10</sup>.
- c) Reach of service package delivered for people who inject drugs (defined as the provision of needle and syringes, condoms and, HIV and STI information): **27.6%**<sup>11</sup>
- d) Needle and syringe programmes: **available both in community and prisons**
  - NSP coverage: **low** (52 needles per person per year<sup>12</sup> accessible in 20 NSP sites around the country<sup>13</sup>).
  - NSP not available in prisons.
- e) Opioid substitution therapy: **available both in community and prisons**
  - OST coverage: **low** (3.2% accessible in 8 OST sites around the country<sup>14</sup>).
  - OST available in four prisons<sup>15</sup>.
- f) Coverage of HIV testing services and ART: **low**<sup>16 17</sup>. ART provision is low, mainly due to geographic limitation to ART centers.
- g) **Naloxone available** through peer-distribution, drop-in centers and distributed by outreach workers. Also available in prisons<sup>18</sup>.

### 3. Funding for harm reduction:

- Afghanistan is classified as a low-income country<sup>19</sup>.
- The Global Fund is the only external funder of HIV prevention and treatment services for people who inject drugs after the closure of a World Bank financed harm

<sup>3</sup> UNAIDS: Afghanistan Country data (2018): <https://www.unaids.org/en/regionscountries/countries/afghanistan>

<sup>4</sup> MENAHRA: Women injecting drug users in the Middle East & North Africa Region (MENA): Context, service needs and factors influencing service uptake – Operational research (2013): [http://fileserv.idpc.net/library/MENAHRA\\_Women\\_Injecting\\_Drug\\_Users\\_2013\\_.pdf](http://fileserv.idpc.net/library/MENAHRA_Women_Injecting_Drug_Users_2013_.pdf)

<sup>5</sup> UNAIDS Country progress report - Afghanistan (2019): [https://www.unaids.org/sites/default/files/country/documents/AFG\\_2019\\_countryreport.pdf](https://www.unaids.org/sites/default/files/country/documents/AFG_2019_countryreport.pdf)

<sup>6</sup> IBID

<sup>7</sup> IBID

<sup>8</sup> Afghanistan Narrative Report to the Global Fund (2014): <https://data.theglobalfund.org/investments/documents/AFG>

<sup>9</sup> [https://apmghealth.com/sites/apmghealth.com/files/projects/docs/apmg\\_health\\_key\\_populations\\_package\\_assessment\\_asia\\_pacific\\_regional\\_report\\_final\\_april\\_2\\_2019.pdf](https://apmghealth.com/sites/apmghealth.com/files/projects/docs/apmg_health_key_populations_package_assessment_asia_pacific_regional_report_final_april_2_2019.pdf)

<sup>10</sup> UNAIDS Country progress report - Afghanistan (2019): [https://www.unaids.org/sites/default/files/country/documents/AFG\\_2019\\_countryreport.pdf](https://www.unaids.org/sites/default/files/country/documents/AFG_2019_countryreport.pdf)

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[https://apmghealth.com/sites/apmghealth.com/files/projects/docs/apmg\\_health\\_key\\_populations\\_package\\_assessment\\_asia\\_pacific\\_regional\\_report\\_final\\_april\\_2\\_2019.pdf](https://apmghealth.com/sites/apmghealth.com/files/projects/docs/apmg_health_key_populations_package_assessment_asia_pacific_regional_report_final_april_2_2019.pdf)

<sup>12</sup> UNAIDS 2019 data: [https://www.unaids.org/sites/default/files/media\\_asset/2019-UNAIDS-data\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/2019-UNAIDS-data_en.pdf)

<sup>13</sup> UNAIDS 2019 data: [https://www.unaids.org/sites/default/files/media\\_asset/2019-UNAIDS-data\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/2019-UNAIDS-data_en.pdf)

<sup>14</sup> Stone K, Shirley-Beavan S (2018) Global State of Harm Reduction 2018. Harm Reduction International: London.

<sup>15</sup> IBID

<sup>16</sup> Larney S, Peacock A, Leung J, et al. Global, regional, and country-level coverage of interventions to prevent and manage HIV and hepatitis C among people who inject drugs: a systematic review. Lancet Glob Health 2017; published online Oct 23. [http://dx.doi.org/10.1016/S2214-109X\(17\)30373-X](http://dx.doi.org/10.1016/S2214-109X(17)30373-X)

<sup>17</sup> Afghanistan Report NCPI (2014): <https://www.unaids.org/sites/default/files/country/documents/Afghanistan%20NCPI%202013.pdf>

<sup>18</sup> Stone K, Shirley-Beavan S (2018) Global State of Harm Reduction 2018. Harm Reduction International: London:

<https://www.hri.global/files/2019/02/05/global-state-harm-reduction-2018.pdf>

<sup>19</sup> Global Fund 2020 Eligibility List: [https://www.theglobalfund.org/media/9016/core\\_eligiblecountries2020\\_list\\_en.pdf?u=637166000460000000](https://www.theglobalfund.org/media/9016/core_eligiblecountries2020_list_en.pdf?u=637166000460000000)

reduction project in June 2018. Service delivery sites funded through World Bank resources were planned to be funded through domestic resources<sup>20</sup>.

- The total resource requirement of the National Strategic Plan for 2016-2020 is USD 53.25 million<sup>21</sup>
- The Global Fund HIV/AIDS country envelope for 2020-2022 is USD 10,474,755, which is 13% higher than that of the 2017- 2019 window.

#### 4. Barriers and challenges to accessing harm reduction services:

- The law allows possession of a certain amount of drugs<sup>22</sup>, e.g. an individual caught with up to 5 gram of heroin or 25 gram of opium for personal use will not be prosecuted, but instead referred to a substance use disorders treatment center<sup>23</sup>. This however, is not a common practice.
- Harm reduction services solemnly focus on men who inject drugs with no separately-identified services for women who inject drugs despite recent report of significant drug use (and some injecting) among women<sup>24</sup>.
- Lack of correct size estimation data for key populations including people who inject drugs, lack of most recent gender and age disaggregated data on HIV and low program data quality create challenges when assessing the number of people who inject drugs covered with services and those who need them<sup>25</sup>.
- Harm reduction services are concentrated in the largest cities with very low resource in rural areas<sup>26</sup>.
- Most people who inject drugs do not have adequate HIV knowledge, and unsafe sex and injection are relatively common risk behaviors. 27% of those who inject drugs also shared needles<sup>27</sup>

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<sup>20</sup>[https://apmghealth.com/sites/apmghealth.com/files/projects/docs/apmg\\_health\\_key\\_populations\\_package\\_assessment\\_asia\\_pacific\\_regional\\_report\\_final\\_april\\_2\\_2019.pdf](https://apmghealth.com/sites/apmghealth.com/files/projects/docs/apmg_health_key_populations_package_assessment_asia_pacific_regional_report_final_april_2_2019.pdf)

<sup>21</sup> UNAIDS Country progress report - Afghanistan (2019): [https://www.unaids.org/sites/default/files/country/documents/AFG\\_2019\\_countryreport.pdf](https://www.unaids.org/sites/default/files/country/documents/AFG_2019_countryreport.pdf)

<sup>22</sup> IBID

<sup>23</sup> Afghanistan Funding Request to the Global Fund (2017): <https://data.theglobalfund.org/investments/documents/AFG>

<sup>24</sup> <https://iwpr.net/global-voices/afghanistan-rising-addiction-rates-among-women>

<sup>25</sup> Afghanistan Funding Request to the Global Fund (2017):: <https://data.theglobalfund.org/investments/documents/AFG>

<sup>26</sup> MENAHR: Harm reduction in MENA: where do we stand? (2017): [https://www.menahra.org/images/latest-reports/Menahra\\_WhereDoWeStand-infographic\\_050917\\_web.pdf](https://www.menahra.org/images/latest-reports/Menahra_WhereDoWeStand-infographic_050917_web.pdf)

<sup>27</sup> Farooq, S.A., Rasooly, M.H., Abidi, S.H. et al. Opium trade and the spread of HIV in the Golden Crescent. Harm Reduct J 14, 47 (2017).

<https://doi.org/10.1186/s12954-017-0170-1>: <https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-017-0170-1?optIn=true>