# HARM REDUCTION NOTE-TAJIKISTAN





This information note has been compiled by Harm Reduction International (HRI) in collaboration with Eurasian Harm Reduction Association (EHRA) to highlight the impact of US funding cuts on harm reduction in Tajikistan.

Last update: 10th April 2025

## 1. Epidemiological data and harm reduction services

- 1.1 People who use drugs, HIV and HCV
  - There are an estimated 18,200 people who inject drugs in Tajikistan.<sup>1</sup>
  - The estimated HIV prevalence among people who inject drugs is 8.9%.<sup>2</sup>
  - The Hepatitis C (anti-HCV) prevalence among people who inject drugs is 61.2% and Hepatitis B (anti-HBsAg) prevalence among people who inject drugs is 2%.<sup>3</sup>

### 1.2 HIV prevention and harm reduction coverage

- ART coverage amongst people who use drugs living with HIV as of 2023 is 74.1%.<sup>4</sup>
- Percentage of people who inject drugs covered by the basic package of prevention services is 82% (12,63) as of June 2024.<sup>5</sup>
- Percentage of people who inject drugs who have received counseling and been tested for HIV and know their results - 71% (8 988) as of June 2024.<sup>6</sup>
- Safe injecting practices as of 2022 is 90%.<sup>7</sup>
- As of the beginning of 2025 needle and syringe programmes were provided at 35 sites including 24 based at and operated by AIDS Centers and 11 operated by NGOs. Out of government operated sites 7 are financed though PEPFAR\CDC (staff salaries and technical assistance), others financed within the Global Fund HIV grant.<sup>8 9</sup>
- Coverage of opioid substitution therapy is 3% reaching to 590 people who inject drugs as on June 2024.<sup>10</sup>
- Opioid agonist therapy (OAT) programme is available through 15 sites (funded within the Global Fund's HIV grant, including, 2 in prisons, of them 5 – co-funded by CDC/PEPFAR (staff salaries only).<sup>11</sup>

# 2. Harm Reduction programmes and funding source mapping

Funding	PEPFAR <sup>12</sup>	Global Fund <sup>13</sup>
agency		
Partners and principal recipients	<ul> <li>Family Health International</li> <li>Tajikistan AIDS Center</li> <li>Trustees of Colombia University in the city of New York</li> </ul>	United Nations Development Programme

Provinces/dis trict covered		All regions
Key interventions	<ul> <li>Community based-testing;</li> <li>Facility-based testing;</li> <li>HIV Clinical Services;</li> <li>Medical Assisted Therapy (MAT)</li> <li>PrEP.</li> </ul>	<ul> <li>Needle and syringe programmes;</li> <li>Opioid agonistic therapy and other medically assisted drug dependence treatment;</li> <li>Condoms and lubricants</li> </ul>
Total reach		17,200 (95%) of people who inject drugs reached every 6 months with prevention services by end of 2026  2000 people who inject drugs enrolled in OAT by end of 2026
Total funding for People who use and inject drugs	USD 920,600 (2024 only)	USD 3, 081,278 (GC7 amount)
Budget for OAT/MAT	USD 74,800 (2024 only)	USD 1,437,992 (GC7 amount)
Budget for NSP	NA	USD 1,569,015 (GC7 amount)
PreP	USD 16,100 (2024 only)	NA

- About 80% of total HIV programme funding is from external investment, mainly from the Global Fund and PEPFAR.
- The Global Fund is now the only source of funding for the procurement of essential supplies for prevention programmes among key populations.

# 3. Overall estimated Impact of US funding cut on HIV response including harm reduction services. 14

- In mid-February 2025 national partners received a letter from local CDC office regarding rescinding a previously issued funding pause, so they resumed services for clients and continued supporting staff of the service points (including for OAT service provision).
- As on mid-March, CDC\PEPFAR funded programmes implemented by government institutions continue to function.
- USAID funding supported the work of Community Health Centers operated by three NGOs: SPIN
  Plus in Dushanbe (people who use drugs, PLHIV), NGO Dina in the Sughd region (people who
  use drugs, PLHIV), and NGO Marvorid working in the districts of republican subordination (people
  who sell sex, PLHIV). One more NGO was also supposed to start working with a focus on working
  with young PLHIV, but this work never began due to a funding freeze.
- As of the end of March, the work of all these 3 community centers was suspended and they are
  on the verge of closure. The main groups affected are people who use drug, people who sell sex,
  PLHIV, and young people. Due to the US funding freeze\cuts NGO Marvorid was left practically
  without any funding.
- On April 11 NGO SPIN Plus received information from the donor that the funding of their project will be restored and the Community Health Center in Dushanbe will be able to operate at least till September 2025.

- According to the most conservative estimations, as of the end of March about 1700 representatives of key populations (mostly people who inject drugs) have been lost from the social support programme, over 2000 clients were not tested for HIV, and about 100 new cases were not detected.
- USAID-supported Community-Led Monitoring (CLM) activities are fully suspended. The project involved six NGOs/CBOs organisations to conduct several crucial activities, including the Stigma Index study.
- The CDC project also supports the work of 5 OAT sites covering more than 200 clients. The CDC funding covers the staff salaries and remains unaffected so far. Additionally, CDC funded HCV treatment at these 5 sites (funding for hepatitis treatment appears to have been suspended).

### References

<sup>&</sup>lt;sup>1</sup> HRI 2024 Global State of Harm Reduction https://hri.global/flagship-research/the-global-state-of-harm-reduction/

<sup>&</sup>lt;sup>2</sup> HRI 2024 Global State of Harm Reduction https://hri.global/flagship-research/the-global-state-of-harm-reduction/

<sup>&</sup>lt;sup>3</sup> HRI 2024 Global State of Harm Reduction https://hri.global/flagship-research/the-global-state-of-harm-reduction/

<sup>&</sup>lt;sup>4</sup> Tajikistan country factsheet 2024 https://www.unaids.org/en/regionscountries/countries/tajikistan

<sup>&</sup>lt;sup>5</sup> Data provided by UNAIDS country office Tajikistan on April 2025

<sup>&</sup>lt;sup>6</sup> Data provided by UNAIDS country office Tajikistan on April 2025

<sup>&</sup>lt;sup>7</sup> Tajikistan country factsheet 2024 https://www.unaids.org/en/regionscountries/countries/tajikistan

<sup>&</sup>lt;sup>8</sup> Tajikistan GC7 funding request https://data.theglobalfund.org/location/TJK/access-to-funding

<sup>&</sup>lt;sup>9</sup> Data provided by UNAIDS country office Tajikistan on April 2025

<sup>&</sup>lt;sup>10</sup> Data provided by UNAIDS country office Tajikistan on April 2025

<sup>&</sup>lt;sup>11</sup> Tajikistan GC7 funding request https://data.theglobalfund.org/location/TJK/access-to-funding

<sup>&</sup>lt;sup>12</sup> The data on this column are from https://www.dataetc.org/projects/pepfar/

<sup>&</sup>lt;sup>13</sup> The data on this column are from https://data.theglobalfund.org/financial-insights?components=HIV&locations=Tajikistan&status=Active

<sup>&</sup>lt;sup>14</sup>According to the information officially requested and received by EHRA from the local civil society and technical partners in Tajikistan in early April 2025. Information about the current situation with the impact of the US funding freeze presented in the document is actual as on early April and may be subject to change on a weekly basis.