

Afghanistan

HIV and AIDS Programming Country Profile 2006

UNITE FOR CHILDREN
UNITE AGAINST AIDS

HIV and AIDS in Afghanistan¹

To date, no reliable data exist to determine the prevalence of HIV and AIDS in Afghanistan. VCCT facilities are only available in Kabul and two other major cities. The Afghan Ministry of Public Health (MoPH) estimates that 1200 are HIV positive in Afghanistan².

Lack of awareness on HIV/AIDS exists in society as a whole with regard to patterns of transmission, and prevention of sexually transmitted diseases. Furthermore, the lack of accurate data on HIV and AIDS are lacking for advocacy. Hence, little is known about the factors that influence the spread of HIV and AIDS in Afghanistan. However, many existing vulnerability factors that could fuel the epidemic require further investigation.

The high numbers of refugees and displaced people: Currently more than 3 million people are internally displaced in Afghanistan and 3.3 million are refugees abroad. Although little is known about the HIV risk behaviours of Afghan refugees and displaced people, such groups generally have little access to information about HIV and AIDS and are often vulnerable due to isolation from their families and lack of hope or the means to support themselves.

High levels of illiteracy, particularly among women: Only 36% of the total population of Afghanistan is literate. 86% of women are illiterate¹. The levels of literacy drop significantly outside of major cities. Illiteracy presents a barrier to HIV and AIDS awareness and prevention.

Poor Health System: Access to basic health services is very limited. There is an acute shortage of health facilities and trained staff, particularly female staff, in rural areas. Of the facilities that exist, most are ill-equipped and unable to protect staff and patients from HIV, treat opportunistic infections or prevent parent to child transmission. WHO estimates that only half of the 44 medical facilities that transfuse blood are able to screen the blood for HIV.

Competing Health Priorities: An estimated 15,000 Afghan women die every year from pregnancy-related causes. Infant mortality rate stands at a high of 135 per 1000 live births due to infections, diarrhoea, and vaccine-preventable diseases¹. Amid the understandable focus on these important health issues, HIV/AIDS messages may get lost.

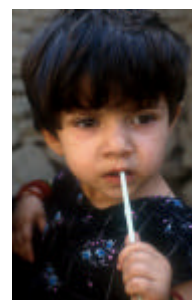
Low Status of Women: Women in Afghanistan are often denied access to education and jobs and are often not allowed to leave their homes without a male relative. They lack access to information on reproductive health. In addition, the number of women headed households and widows are high as a result of chronic conflict. Many women may be forced into sex work to support their families.

Injecting Drug Use: Afghanistan is one of the world's largest producers of opium – which is used to make heroin. This easy access, combined with poverty and high incidence of hopelessness in people's lives, could result in high use of injecting drugs. The combination of poverty and lack of information makes it more probable that there would be widespread sharing of needles.



Vulnerabilities and risks facing children and young people

- High numbers of refugees and displaced people.
- Low levels of literacy and education.
- Competing health priorities
- Low status of women
- Injecting drug use.
- Poor health system



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JEREMY HARTLEY – A young Afghan girl pauses in thought holding her school pencil and exercise book. UNICEF is supporting improvements across the education sector in Afghanistan, including provision of school supplies, curriculum and teacher development, as well as initiatives to increase access for girls – especially in rural areas. UNICEF estimates that more than 1 million primary school age girls are still not attending classes in Afghanistan.

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HIV and AIDS Estimates

(Source: UNAIDS, Report on the Global AIDS Epidemic 2006)

Number of people living with HIV	< 1000
Adults aged 15 to 49 HIV prevalence rate	< 0.1
Adults aged 15 and over living with HIV	< 1000
Women aged 15 and over living with HIV	< 100
Deaths due to AIDS	< 100

¹ None of the people depicted in photographs in this publication is believed to be living with HIV or AIDS. Their images are used solely to illustrate UNICEF programmes in Afghanistan

² MoPH statement on the AIDS World Day, 2005

Strategy and Objectives

In line with the Millennium Development Goals (MDGs) the Afghanistan Government has set the following targets for 2015:

- ✘ Less than 0.5 % of the population aged 15-49 are HIV positive
- ✘ More than 50% of the population aged 15-49 has correct and comprehensive knowledge of HIV/AIDS
- ✘ 100% of blood is screened for HIV/AIDS and STDs
- ✘ 50% of the need for family planning of women is met
- ✘ 60% of known drug users will be under treatment.

The strategic result set for UNICEF in the area of HIV and AIDS for the country program of 2006-08 is to maintain the low HIV prevalence rate (<0.01%) in the general population mainly through raising awareness on HIV prevention.

UNICEF's HIV and AIDS Programme Areas

Prevention: Reduce adolescent risks and vulnerability to HIV/AIDS by increasing access to and use of gender-sensitive prevention information, skills and services .

In line with the UN integrated support plan on HIV/AIDS, and under supervision by the HIV/AIDS taskforce, the aim is to support national capacity building on HIV/AIDS control and responses. The programme applies an evidence-based, multi-sectoral approach, and will focus on institutional development and program communication.

Current programmes

Given the apparently low prevalence of HIV in Afghanistan versus the vulnerability factors putting the country at high risk, UNICEF efforts are directed at raising awareness (programme communication) for HIV prevention. In line with this, development of a communication strategy for prevention of HIV/AIDS is a target set for 2006. This communication will focus on vulnerable groups such as intravenous drug users, commercial sex workers, truck drivers as well as adolescents.

As part of this process, a formative research will be conducted to study existing knowledge, attitude and practices (KAP) of vulnerable groups and identify how communication channels are being used and received including their impact on behavioural change.

Future Programming Priorities

- ✘ Programme communication (raising awareness on HIV prevention) with focus on vulnerable groups
- ✘ Targeted comprehensive HIV prevention interventions providing information, skills and services to adolescents with high risk behaviours.
- ✘ Awareness activities through multiple channels and partnerships with widespread outreach (youth-targeted radio dramas; integration of LSBE approach into curricula including HIV prevention emphasis)



©UNICEF Afghanistan/2005/Kate Brooks – A newborn baby lies next to her mother at the Emergency Obstetric Care facility in Kandahar, southern Afghanistan. UNICEF has supported the establishment of these centres across Afghanistan, as part of efforts to improve access to mother and child health services.

Afghanistan records some of the world's highest maternal mortality ratios, caused by limited health facilities in rural areas, lack of understanding of maternal health issues amongst families, and shortages of suitably trained female health workers.

Targets

- ✘ 80% of pregnant women tested HIV positive have access to comprehensive PMTCT service.
- ✘ Policies and technical guidelines for PMTCT and paediatric HIV/AIDS developed and approved.



© UNICEF Afghanistan/2005/Kate Brooks – A young woman reads aloud for her exercise book at a UNICEF-supported literacy and vocational training programme in the city of Jalalabad in eastern Afghanistan. With women's literacy averaging just 14 per cent in Afghanistan, UNICEF is supporting efforts to increase both women's educational skills but also their potential for earning incomes and better supporting their families .

Targets

- ✘ Increased access to and utilisation of gender sensitive prevention information, skills and services to reduce adolescent's risks and vulnerability to HIV/AIDS
- ✘ Adolescents (10-18) both in and out of school have correct information, relevant skills, and services to reduce their risk and vulnerability to HIV.
- ✘ Implementation of comprehensive HIV prevention strategy for adolescents most-at risk.

PMTCT Plus: Reduce HIV infection among pregnant women and prevent transmission of HIV to their infants.

Though PMTCT has not started in Afghanistan yet, UNICEF has been the lead agency in the UN system in strengthening the capacity of the National AIDS Programme, including the secondment of staff member to serve as NACP Manager from 2003-2005

Future Programming Priorities

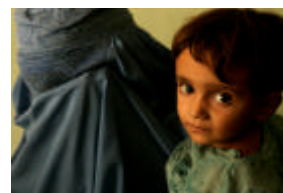
- ✘ Technical support for development of policies and guidelines
- ✘ Scaling-up the primary prevention component, along with vertical transmission interventions in one or more specific facilities
- ✘ Training of health staff in one facility in Kabul for implementation of full PMTCT services, including access to ARVs for treatment

Paediatric treatment: Universal access of HIV infected children to treatment, care and support.

With the 2006-2008 UNDAF highlighting HIV/AIDS as a priority, UNICEF Afghanistan is to focus and prioritise its support based on the globally agreed key result areas. Work on paediatric AIDS is still at the planning stage.

Future Programming Priorities

- ✂ To develop relevant policies, strategies, and guidelines within the health sector focusing on a comprehensive approach to prevention of mother-to-child transmission on HIV and Paediatric AIDS care and treatment
- ✂ Train health staff of one facility in Kabul for PMTCT services, including access to ARVs for treatment



© UNICEF Afghanistan/2005/Kate Brooks – A child waits to be seen by health workers at the Emergency Obstetric Care facility in Kandahar, southern Afghanistan. UNICEF has supported the establishment of such centres across Afghanistan, as part of efforts to improve access to mother and child health services. Afghanistan records some of the world's highest maternal mortality ratios, caused by limited health facilities in rural areas, lack of understanding of maternal health issues amongst families, and shortages of suitably trained female health workers.

Targets

- ✂ Policies and technical guidelines for PMTCT and paediatric HIV/AIDS developed and approved

Partnerships

In the absence of UNAIDS in Afghanistan, UNICEF Afghanistan is one of the UN co-sponsors for AIDS. In mid 2003, UNICEF advocacy and support resulted in the creation of HIV/AIDS control department in the MoPH. Since then UNICEF provided technical and financial support to the MoPH HIV/AIDS department enabling them gradually in taking the program leadership. This effort was later joined by WHO, UNFPA, UNDP, and the Global Fund. UNICEF is member of the HIV taskforce led by the MoPH. This Taskforce is a multicultural forum established and led by the MoPH. In addition, in the last three years, UNICEF worked with other ministries and to put the HIV/AIDS prevention into the agenda.

Other partners are:

- ✂ **Ministry of Religious leaders:** Using their network and connection to the communities in getting the message across on HIV prevention.
- ✂ **Ministry of Youth and Adolescent** (currently under the Ministry of Culture and Information)
- ✂ **Ministry of Education:** UNICEF contributed in the process of curriculum revision. The curriculum is revised for the primary grades and the Life-Based Skills are integrated in grade one to three. From the academic year of 2005, the first grade students had Life-Based Skills in their curriculum that makes a foundation for inclusion of sensitive subjects like HIV/AIDS, gender and reproductive health in the later grades (secondary grades later on).
- ✂ **French Aid Agency:** in 2003-04, UNICEF partnered with French Aid Agency in training of laboratory and blood bank technicians on safe transfusion skills and basic laboratory procedures and testing. Lab technicians from several provinces attended the training.
- ✂ **Ministry of Women Affairs and Counter Narcotics:** UNICEF and MoPH partnered with them in development of strategy for Harm Reduction in 2005.

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©UNICEF Afghanistan/2005/Kate Brooks – Two female teachers at Zarghona Ana Secondary School school in Kandahar, southern Afghanistan. UNICEF is supporting improvements across the education sector in Afghanistan, including provision of school supplies, curriculum and teacher development, as well as initiatives to increase access for girls – especially in rural areas. UNICEF estimates that more than 1 million primary school age girls are still not attending classes in Afghanistan.