



# Informative Brochure On Afghanistan National HIV&AIDS Control Program (NACP)

## NACP Vision:

To reduce the spread, mortality, stigma and discrimination resulting from HIV in the country

## NACP Mission:

To maintain low prevalence of HIV positive cases in the country

## NACP Goal:

By Jaddi 1389 (end-2010), a low prevalence of HIV positive cases (<0.5%) in the population will be maintained in order to reduce mortality and morbidity associated with HIV&AIDS

## NACP Objectives:

**Objective 1:** To strengthen strategic information to guide policy formulation, program planning and implementation

**Objective 2:** To gain political commitment and mobilize resources necessary to implement the National HIV&AIDS Strategy

**Objective 3:** To ensure development and coordination of a multi-sectoral HIV&AIDS response and develop institutional capacity of all sectors involved

**Objective 4:** To raise public awareness on HIV&AIDS and STI prevention and control, ensure universal access to behavior change communication on HIV&AIDS, especially through targeting high-risk groups and vulnerable Populations

**Objective 5:** To ensure access to prevention, treatment and care services for high-risk groups and vulnerable populations



**Objective 6:** To strengthen the health sector capacity to implement an essential package for HIV&AIDS (EPHA) within the framework of basic package of health services (BPHS) and essential package of hospital services (EPHS)

### HIV&AIDS in Afghanistan and the National AIDS Control Program

Afghanistan faces a high risk of an HIV epidemic. Despite a low HIV prevalence in the country, Afghanistan is at high-risk for spread of HIV infection for several reasons: almost 3 decades of protracted armed conflicts, huge numbers of people displaced internally and externally; poor economy, poppy cultivation and use of injecting drugs and lack of blood safety and injection practices. These risk factors led officials to warn of the urgent need for early interventions to prevent a potentially rapid spread of HIV in Afghanistan. In responding to the challenge, the National AIDS Control Program was established in 2003 within the structure of Ministry of Public Health (MoPH).

The Ministry of Public Health and the National AIDS Control Program (NACP) through a comprehensive process with a wide range of stakeholders and development partners have developed an HIV&AIDS National Strategic Framework (2006 – 2010) as Afghanistan's broad vision and strategic objectives to address and mitigate the impact of HIV&AIDS. A program operational plan (PoP) was developed in 2007 to translate the strategic framework into action. The NACP has arranged its all activities and projects within the framework of the aforementioned strategy.

7 years into operation since its established in 2003, the NACP has steadily expanded its activities, both in scope and quality of services. The main donors of the NACP are the World Bank, Global Fund and the USAID. Other partners include the UNODC, UNICEF, WHO, UNFPA, UNHCR, WFP and other national and international partners. The NACP is now delivering services through 24 contracts in 8 key provinces of the country namely Kabul, Herat, Kunduz, Mazar, Kandahar, Ghazni, Badakhshan and Nangarhar. 10 Voluntary Counseling and Testing Centers (VCCT), 15 Drop-in-centers and 2 ART centers in Kabul and Herat have been actively providing services. Up to date, there are 556 HIV positive cases reported from different sources and 9 people have died of AIDS.



### Main Achievements in 2008-2009

#### Advocacy and Communication:

- Several advocacy meetings were held with high level governmental authorities

- Opioid Substitution Therapy (OST) policy developed and approved by the consultant group on Health and Nutrition (CGHN) of the MoPH
- Advocacy Training of Trainers (ToT) for Harm Reduction (HR) implementers and relevant line ministries conducted.
- Annual HIV and AIDS Media Award program for 1388 was announced
- World AIDS Day launched in December, 2008.
- Technical round table on HIV&AIDS prepared and broadcasted
- Short radio and TV clips were produced and broadcasted through radio and TV main channels
- HIV&AIDS Coordination Committee of Afghanistan meetings were held
- HIV&AIDS stakeholders directory developed
- 2,200 brochures, 380 posters and 500 red ribbon messages and slogans related to HIV and AIDS for stigma reduction, were developed and disseminated
- Media Monitoring: Afghanistan Media Watch initiated in January 2009 to assess how HIV&AIDS is being presented in Afghan Media.
- 60 media focal points (journalists) from different media agencies trained on HIV& AIDS



**Training Workshop on HIV&AIDS**

### **Strengthening of HIV surveillance and national Monitoring & Evaluation (M&E) system:**

- Integrated Behavioral and Biological Surveillance (IBBS) of Injecting Drug Users (IDUs), Truck Drivers, Prisoners and other high risk groups was conducted
- Knowledge, Attitude and Behavior (KAP) study of opinion leaders was conducted,
- Several forms for data collection in relation to harm reduction, risk minimizing, and blood testing and counseling were developed and a one day orientation workshop was conducted for implementers and Voluntary Counseling and Testing (VCT) personnel
- Monitoring checklist was developed and tested in the field
- 3 other surveys including blood safety survey in 8 provinces, a risk behavior survey all over the country and an HIV risk and vulnerability survey among the returnees were started.

### **Targeted Interventions for High Risk Behaviors**

- 7 targeted intervention harm reduction contracts signed with NGOs.

- 133952 syringes were distributed to IDUs of which 106452 were provided through outreach services.
- 1427 male injecting drug users (IDUs), 4 female IDUs and 2914 drug users (DUs) were reached through outreach and Drop in centers.
- Counseling on HIV and Drug provided to 16955 people individually while 27001 people participated in group counseling. In addition, 1618 family members of drug users were provided counseling.
- Methadone importation certificate was issued for the first time in Afghanistan,
- National workshop on transport work conducted in close coordination of Director General of Transport and Transporters' union.
- NACP provided 20000 HIV blood screening kits to central blood bank

### **Program Management and Capacity Building**

- MoPH signed an MOU with the MDM on Harm Reduction training resource center.
- More than 1000 individuals from various fields received trainings on HIV&AIDS.
- Guidelines including for TB&HIV, harm reduction, Anti Retroviral Therapy (ART), Sexually Transmitted Infection (STI), Opioid Substitution Therapy (OST) and HIV testing manual were prepared
- Excel based database for program management was developed

### **HIV&AIDS Coordination Committee of Afghanistan (HACCA) Secretariat**

The MoPH formed the HACCA in March 2007 as a multi-sectoral structure that aims to facilitate a consolidated response to HIV&AIDS, through coordination and sound partnership between the Government of Afghanistan, local and international NGOs, and civil society and development partners. To further strengthen HACCA in its mandate to coordinate the national integrated response to the HIV&AIDS agenda, HACCA Secretariat was recently established. The HACCA Secretariat supports the ongoing work to advocate for and strengthen HIV policy, strategy, and coordination in Afghanistan. The Secretariat will serve the work of HACCA by ensuring quality communication of meetings and their agendas to all HACCA members.



### **Future Plans**

- Develop and implement policies including a national policy on HIV&AIDS and sectoral policies for the Ministries of Justice, Interior, and Education.

- Implement Opioid Substitution Therapy (OST) policy and start up methadone treatment in Afghanistan
- Continue and scale-up awareness-raising activities at the national level
- Scale-up advocacy efforts at different levels and improve coordination among relevant stakeholders
- Continue to improve the national program management and capacity
- Continue to improve and strengthen the national M&E and surveillance system
- Continue to work for improving service delivery through the implementing partners

## Challenges

- Stigma and discrimination associated with HIV&AIDS in Afghanistan
- HIV&AIDS projects implementation is a new experience in Afghanistan; therefore, the required capacity needs further improvement.
- Low awareness on HIV&AIDS at different levels of the community