

## Good Practices on Implementation of HIV testing and counseling services on the basis of NGOs in Tajikistan

### 1. Contact details for further communication:

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### 2. What area(s) of the *Action Plan for the Health Sector Response to HIV* does the practice address?

#### Information for focused action

- Strengthening the collection and analysis of high-quality granular data on the HIV response (e.g. data disaggregated by sex, age, population, location etc.)
- Strengthening strategic information on key populations
- Implementing linked/ integrated HIV strategic information systems with broader health information systems, including those focusing on coinfections/comorbidities (TB)
- Expanding cross-border sharing of information to ensure service continuity for migrants and mobile populations
- Implementing ARV drug resistance surveillance and/or monitoring of early warning indicators
- Other areas related to HIV surveillance or HIV strategic information including but not limited to: using unique patient identifiers for person-centered HIV patient monitoring and case surveillance.

#### Interventions for impact

- Implementing needle and syringe exchange programmes
- Implementing opioid substitution therapy programmes
- Implementing pre-exposure prophylaxis (PrEP) for populations at substantial risk of HIV
- Improving male and/or female condom lubricant programmes, sexuality education and behaviour change communication
- Improving prevention of mother to child transmission of HIV and syphilis
- Implementing early infant diagnosis of HIV and immediate HIV treatment
- Scaling up HIV testing of key populations
- Implementing rapid HIV testing
- Implementing HIV self-testing
- Simplifying the national HIV testing algorithm
- Introducing HIV testing in facilities for TB, STI's, drug dependency, emergency departments, in closed settings etc.
- Providing HIV testing through community/outreach services and/or by trained lay providers
- Increasing linkage from HIV testing to treatment and/or increasing retention in care
- Scaling up ART coverage and implementing the 'treat all' approach

- Improving viral load monitoring of treatment outcomes
- Other interventions for impact, including but not limited to: Improving blood safety programmes; implementing assisted partner notification; innovative HIV testing and laboratory services transitioning to new ARV drugs in HIV programmes; providing psychological and social support to PLHIV; quality of life interventions for PLHIV.

#### **Delivering for equity**

- Delivering HIV services under a model of universal health coverage framework
- Implementing people-centred, integrated care by linking health services (e.g. HIV services integrated with TB and/or drug dependency/OST programmes or SRH or viral hepatitis or other diseases or a combination)
- Implementing services for key populations, incl. providing services outside the formal health system
- Implementing differentiated care models
- Implementing policy changes and/or legislation changes related to HIV
- Including civil society in the implementation and coordination of the national HIV programme
- Other interventions that promotes equity in the delivery of services, including but not limited to: Decentralising ART provision/refill; decreasing stigma and discrimination of key populations, incl. PLHIV; providing HIV services in prisons/penitentiary system; implementing quality improvement and quality assurance programmes.

#### **Financing for sustainability**

- Reducing financial barriers and eliminating out-of-pocket expenses for the individual
- Health systems strengthening, including well-aligned financing mechanisms and human resources (incl. task shifting)
- Increasing cost-effectiveness of HIV service delivery models
- Procurement of affordable HIV medicines and diagnostics, incl. collective international and regional procurement
- Amendments of pricing policies and/or leverage cost reductions through TRIPS etc.
- Transition models from external funding of the HIV response to increased domestic funding
- Other interventions aimed at increasing financial sustainability, including but not limited to: monitoring of health expenses; effective advocacy for sustained financing; adopting the WHO Health Accounts Country Platform Approach.

#### **Innovation for acceleration**

- Innovative HIV service delivery models that effectively reaches key populations
- Innovative partnerships and models of collaboration in the HIV response
- Innovative technology in the HIV response
- Innovative financing in the HIV response
- Research to optimize implementation and impact, and promote innovation
- Other innovative interventions

### **3. When was the practice implemented? (month/year)**

Start date

Sep / 2015

End date (if any) /

**4. Is the practice financially supported by an international partner?**

No

Yes (please, list) Dutch Ministry of Foreign Affairs through AFEW-International

**5. Please describe the good practice in your country/project as in detail as possible according to the following structure (minimum word count is 500 and maximum - 2000 words).**

<b>Title</b> <b>Implementation of HIV testing and counseling services on the basis of NGOs in Tajikistan</b>
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<b>Background (e.g. epidemiological information) and description of the specific problem/situation/key population related to HIV in your country/project that the good practice addresses</b> <p>It is important to ensure that key populations at higher risk can benefit from state support and social services provided by state and non-state service providers. Prevention, treatment, care and support can be the areas where NGOs can be actively engaged. Based on this statement AFEW-Tajikistan in 2015 started the advocacy process of introducing HIV testing and counseling services on the basis of NGOs.</p> <p>According to Department of Ministry of Justice in Khatlon region of the Republic of Tajikistan, 361 public organizations (NGOs) are registered in Khatlon region of which 13 (3.6%) organizations regularly implement HIV prevention projects. Of the 13 organizations - 3 (0.83%) organizations are represented by the community of people who use drugs (PUD) and people living with HIV (PLHIV), and the remaining 10 organizations are represented by specialists committed to the fight against AIDS. The average experience of the HIV service community organizations in Khatlon region is 11 years with the beginning of work in 1996 and the recent registration of an NGO in 2013.</p> <p>Despite the favorable legal environment and access to external financial support until 2015, NGOs providing HIV services faced technical and organizational difficulties in the practical implementation of pre-test counseling and rapid HIV testing (HTC) services. The problem was that, as part of their activities, NGOs did not have full information on the procedure for obtaining a license, had no medical personnel trained in HTC and did not have the appropriate technical capabilities.</p> <p>According to Republican AIDS Center, as of January 1, 2015, no public organization in Tajikistan had a permit to independently provide the service of pre-test counseling and rapid HIV testing.</p>
<b>Description of the good practice in HVI intervention (what was implemented and how?)</b> <p>AFEW-Tajikistan conducted a series of consultations with representatives of HIV service organizations, Republican AIDS Center and UNAIDS.</p> <p>Before filing an appeal to the Ministry of Health of the Republic of Tajikistan, AFEW-Tajikistan received questions from the Regional and Republican AIDS Centers on the feasibility of introducing HTC services on the basis of a nongovernmental organization. An appropriate motion was also received from UNAIDS</p>

country office in Tajikistan. Based on available information and supporting documents AFEW-Tajikistan prepared an analytical background paper on importance of introduction of HTC on the basis of public organizations. As a result of long process of negotiations, on September 30 of 2015, the Ministry of Health of the Republic of Tajikistan, by order No. 832, allowed the introduction of HTC services on the basis not only of AFEW-Tajikistan, but of all HIV service NGOs organizations of the country.

Guided by the issued order, with the support of the project of the Ministry of Foreign Affairs of the Netherlands, 2 staff members of AFEW-Tajikistan passed post diploma courses for providing HTC; HTC point was organized and equipped in Khatlon region and the first batch of rapid HIV tests was purchased. All needed accounting and reporting documentations were introduced in the Representative office of AFEW-Tajikistan in Khatlon region. The documents were prepared in accordance with the approved forms of the Ministry of Health of the Republic of Tajikistan.

**If the good practice engaged more than one of the specified areas of *Action plan for the health sector response to HIV in the WHO European (listed in Annex 1)*. Please, explain what benefit the practice has brought about**

Implementation of this practice has brought benefits:

1. Scaling up HIV testing of key populations and reducing mortality rate among key populations due to late diagnosis and treatment and development of co-infections/opportunistic infections
2. Simplifying the national HIV testing algorithm – Assistance to key populations in proving with alternative, more relying place for HIV testing
3. Providing HIV testing through community services by trained service providers
4. Implementing policy changes and/or legislation changes related to HIV – In 2015 the Ministry of Health of the Republic of Tajikistan issued an order that allows the introduction of HTC services on the basis all HIV service organizations of the country.
5. Reducing financial barriers and eliminating out-of-pocket expenses for the individual – Key populations are provided HIV testing services for free, while in AIDS Centers or other medical institutions they have to pay approximately 2,5 USD dollars for one test
6. Innovative HIV service delivery models that effectively reaches key populations – For Tajikistan and for countries of Central Asia the model of provision of HTC on the basis of NGOs was innovative as none of organization introduced such model before.
7. The issues of stigma and discrimination against key populations have been eliminated as they provided services by friendly specialists of NGOs.

**Evidence of impact/ efficacy (including diagrams, tables, photos and videos)**

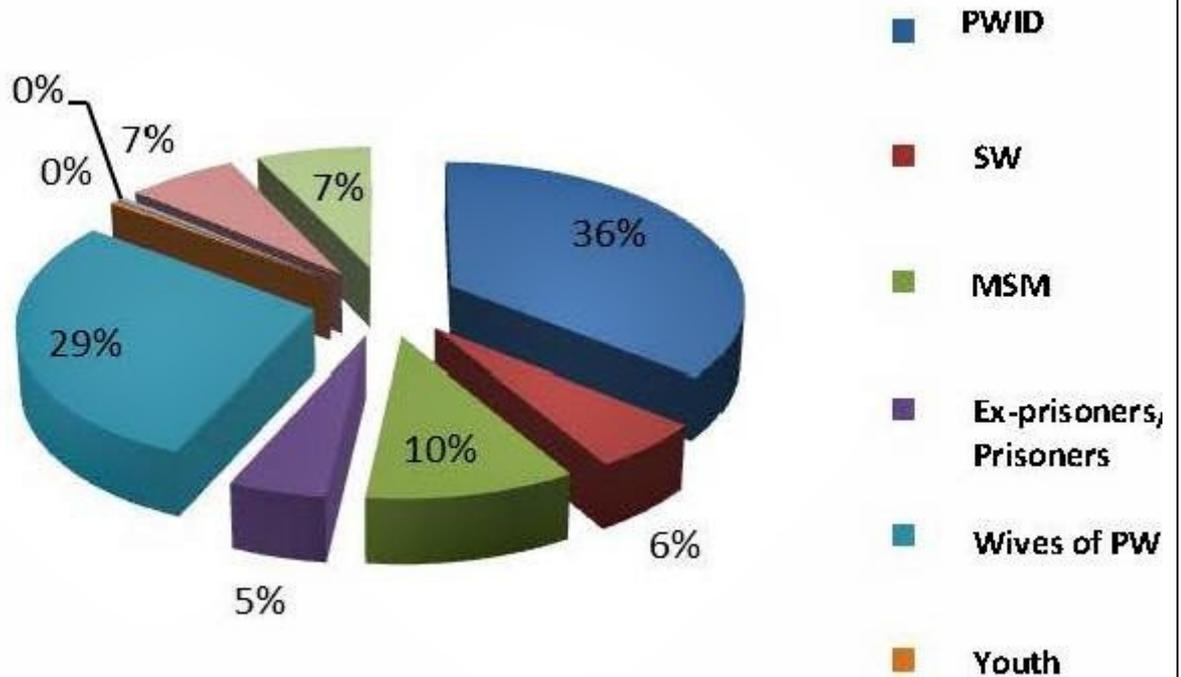
AFEW-Tajikistan aimed to replicate its best practices to other regions of Tajikistan through education of partners and sharing the experiences. For achieving this aim AFEW-Tajikistan conducted 2 regional working meetings in Sughd and Khatlon regions to introduce the ways and methods of launching HTC points on the basis of NGOs for 60 representatives of state, public and international agencies from 3 regions of the country. In cooperation with State Institute of Post diploma education for medical workers AFEW-Tajikistan organized 2 weeks courses for 10 representatives of 5 NGOs which intended to organize HTC points in the basis of their organizations. Also AFEW-Tajikistan supported NGOs in repair, technical equipping of HTC points, training and staffing of NGOs.

In result on December 1, 2017 three new voluntary counseling and rapid HIV testing (HTC) points were opened on the basis of 3 public organizations in different regions of Tajikistan: VITA in Dushanbe, SVON Plus in Kulob and Amali Nek in Khujand.

By February 2018, 847 key populations and residents of six regions of Tajikistan used the services of HTC on the basis of NGOs. In result 12 HIV cases were detected from them 7 reconfirmed cases and 5 new cases.

5 PLHIV with newly diagnosed HIV started ARV treatment.

Coverage of key population by HIV testing on the basis of NGOs:



**Did the good practice result in any further positive impact beyond what than expected? Please, describe (if any)**

Using the experience and success of AFEW-Tajikistan on implementation of HIV testing and counseling services on the basis of NGO, USAID Flagship program on HIV/AIDS started to introduce salivary express testing on the basis of Tajik NGOs.

**Sustainability of the practice** *How will this practice (including policy decisions) be maintained over a long period of time without requiring any massive injection of additional resources?*

The main achievement and sustainable result of this practice that NGOs of the Republic of Tajikistan have the legal basis to provide community based HIV counseling and testing services which is approved and certified by the Government of the Republic of Tajikistan. The community based provision of HIV testing requires funding. This issue gives NGOs a new opportunity to initiate advocacy activities for effective and sustainable mechanism of funding HTC points on the basis of NGOs from the Governmental sources.