HIV/AIDS in Afghanistan

THE WORLD BANK

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STATE OF THE EPIDEMIC

Reliable data on HIV prevalence in Afghanistan is sparse. To date, 61 HIV cases (18 women and 43 men) have been reported through blood bank branches. However, UNAIDS and WHO estimate that the number of people living with HIV could be between 1,000-2,000.

Afghanistan’s emerging epidemic likely hinges on a combination of injecting drug use and unsafe paid sex. According to a new study, 4% of injecting drug users (IDUs) in Kabul are HIV positive (UNAIDS, 2006). Almost one third of the IDUs participating in the study said they used contaminated injecting equipment. In addition, large proportions of these (male) drug users also engaged in other high-risk behavior. For example, 32% had sex with men or boys, and 69% bought sex. Only about half of the IDUs knew that using unclean syringes carries a high risk of HIV transmission or that condoms can prevent infection. Four deaths due to AIDS are registered so far in Afghanistan.

The government is working to develop an effective and targeted program of prevention and treatment. Basic HIV knowledge must be increased quickly and data collected on HIV prevalence among key populations at higher risk of HIV infection.

RISK FACTORS

Knowledge is increasing on the factors that influence the spread of HIV in Afghanistan. Risks and vulnerabilities that play a role and which require further investigation include:

Large Numbers of Refugees and Displaced People: According to United Nations High Commission for Refugees, around 135,000 people are currently displaced within Afghanistan. Although little is known about the HIV risk behaviors of Afghan refugees and displaced people, such groups generally have little access to information about HIV. They are also at risk due to isolation from their families and lack of means to support themselves.

Injecting Drug Users: Afghanistan is the world’s largest producer of opium, which is used to make heroin. According to 2005 UNODC estimates, there are about 50,000 heroin users in Afghanistan and about 15% of male users inject the drug. Narcotic analgesics are also widely available over the counter in pharmacies, and a significant number of ex-combatants inject them. Moreover, the intensification of
the war on drugs, by reducing the availability of heroin, can cause drug users to turn to injecting drugs as a more cost-effective option. These factors, combined with poverty and the lack of information, can lead to widespread injecting drug use and the sharing of needles. The use of non-sterile injecting equipment can jumpstart an epidemic and lead to rapid increase in HIV prevalence.

**High Levels of Illiteracy:** Illiteracy presents a barrier to HIV awareness and prevention. Only 47% of men and 15% of women in Afghanistan can read, and the levels drop significantly outside the major cities.

**Competing Health Priorities:** Afghanistan has one of the worst maternal mortality rates in the world, with an estimated 15,000 Afghan women dying every year from pregnancy-related causes. One in four children dies before its fifth birthday; more than half the deaths are due to acute respiratory tract infections, diarrhea, and vaccine-preventable diseases. Early attention and response to HIV and AIDS risks getting lost amid the focus on these other urgent health issues.

**Low Status of Women:** Women in Afghanistan experience one of the lowest social positions in the world. Denied access to education and jobs and often not allowed to leave their homes without a male relative, they lack access to information on how to protect themselves.

**Lack of a Health System:** Much of the population lacks access to basic health services. There is also an acute shortage of health facilities and trained staff, particularly female staff, in most rural areas. Of the facilities that exist, most are ill-equipped and unable to treat opportunistic infections, or prevent mother-to-child transmission of HIV. WHO estimates that only half of the 44 medical facilities that transfuse blood are able to screen the blood for HIV infection. There are 33 blood banks across the country that have the equipment to screen blood for HIV infection.

**ISSUES AND CHALLENGES: PRIORITY AREAS**

**Rebuild the Primary Health Care System.** The primary health care system is the backbone of any HIV/AIDS program. An effective, community-oriented primary health care system will improve reproductive health. This includes providing access to condoms, treating STIs, and increasing public awareness of HIV/AIDS and methods to prevent the spread of HIV. It is critical that the primary health care system be expanded beyond the populated urban centers into refugee camps and rural areas.

**Gather Data for Planning and Action.** Data from a variety of sources is urgently needed to develop a coherent plan which can be translated into effective action. Only by better understanding Afghans' knowledge, attitudes, practices and risk factors related to HIV/AIDS can public education campaigns be effectively designed and implemented.

**Implement a Multi-Sector Response.** In this fragmented country with a destroyed communications infrastructure and many languages and ethnicities, it is essential that every key sector has a message about HIV. It is especially important that the transport, agricultural, and education sectors are involved.

**Address High-Risk Groups.** Mapping of high-risk groups such as injecting drug users and sex workers is essential. As more becomes known about these communities, education and harm reduction programs can be designed.

**NATIONAL RESPONSE TO HIV/AIDS**

**Government.** The Government of Afghanistan has established a National HIV/AIDS/STI-control department, developed a five-year (2003-2007) strategic plan, and drawn up an annual plan of action to combat HIV/AIDS. Focal persons for HIV have been assigned by the Ministries of Religious Affairs, Education, and Women’s Affairs. The Government has agreed to incorporate HIV/AIDS in the school curricula, which is under revision. Information, education, and communication materials have been developed and widely distributed throughout the country, targeting the general population. There are plans to conduct sero-prevalence studies among drug users and TB patients and to carry out behavior surveys among these and other vulnerable groups, subject to the availability of funds.
According to the National Strategic Plan for HIV/AIDS/STI, the eight priority areas are:

- Surveillance
- Advocacy and multisectoral response
- Reducing risk/harm reduction among vulnerable population
- Reducing vulnerability of youth to HIV/AIDS/STI
- Raising general public awareness
- STI (sexually transmitted infection) prevention
- Provision of safe and screened blood
- Voluntary counseling and testing, care, and support

Non-Governmental Organizations (NGOs). Afghanistan has around 50 international NGOs and about 100 national NGOs involved in the area of health. Eighty percent of existing health facilities are either operated or supported by NGOs. The support of NGOs by the health care system is critical, including drug supplies, supervision, training, and incentives.

Donors. UNICEF, UNFPA, and WHO are technically and financially supporting Afghanistan’s efforts to combat HIV/AIDS. The Global Fund to Fight AIDS, Tuberculosis, and Malaria will finance some activities for developing the infrastructure for HIV/TB/Malaria programming. UNICEF and the Center for Disease Control, in collaboration with the Ministry of Public Health, are planning to conduct an HIV sero-prevalence survey among drug users. The data from both these studies will help the Afghan Ministry of Public Health and its partners tailor HIV/AIDS and STD education and curative services to the specific needs of Afghans.

WORLD BANK RESPONSE
Since 2003, the World Bank approved a $89.6 million Health Sector Emergency Reconstruction and Development project that will help rebuild the public health system in Afghanistan with a strong emphasis on prevention and education. Although there is no specific HIV component in the project, interventions to improve maternal health and prevent STIs are included and will also prevent the spread of HIV. The Government of Afghanistan has requested assistance from the World Bank for a HIV prevention project and preparation is expected to begin shortly. In addition, the World Bank is assisting the Ministry of Public Health to map high risk groups across the country and conduct a KAP survey among them. The study will be part of a regional study that also includes four Central Asian countries. An inter-country consultation on injecting drug use and HIV was held in Iran in April 2006. A full report of the consultation is available at www.worldbank.org/saraids.

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