Republic of Tajikistan

Reassessment of the Implementation of the State Commitments to Ensure Sustainability of the HIV Response among Key Populations in the Context of Transition from Donor Support to Domestic Funding

EHRA

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Abbreviations and acronyms

AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Therapy
ARV	Antiretroviral
C19RM	COVID-19 Response Mechanism
CA RT	Code of Administrative Offenses of the Republic of Tajikistan
CC RT	Criminal Code of the Republic of Tajikistan
CBM	Community-Based Monitoring
CBO	Community-Based Organisation
CEECA	Central and Eastern Europe and Central Asia
CLM	Community-Led Monitoring
COVID	Coronavirus Disease
CS	Counseling Service
CSO	Civil Society Organisation
CSS	Community Systems Strengthening
EECA	Eastern Europe and Central Asia
EHRA	Eurasian Harm Reduction Association
EIA	Enzyme Immunoassay
FO	Friendly Office
GAM	Global AIDS Monitoring
GBAR	Gorno-Badakhshan Autonomous Region
GDP	Gross Domestic Product
Global Fund	Global Fund to Fights AIDS, Tuberculosis and Malaria
HCF	Healthcare facility
HIV	Human Immunodeficiency Virus
HPV	Human papillomavirus
IEC	Information, Education and Communication
KP	Key Population
M&E	Monitoring and Evaluation
MDECP	Main Department for the Execution of Criminal Punishments
MHSPP	Ministry of Health and Social Protection of the Population
MSM	Men who have Sex with Men
NASA	National AIDS Spending Assessment

NCC	National Coordinating Committee to Combat AIDS, Tuberculosis and Malaria
NGO	Non-Governmental Organisation
NP	National Programme
NPIP	National Programme Implementation Plan
OAT/OST	Opioid Agonist Therapy/ Opioid Substitution Therapy
OI	Opportunistic Infection
PAAR	Prioritised Above Allocation Request
PEPFAR	President's Emergency Plan for AIDS Relief
PHC	Primary Healthcare
PLHIV	People Living with HIV
PrEP	Pre-Exposure Prophylaxis
REAct	Rights – Evidence – ACTion
RT	Republic of Tajikistan
SDG	Sustainable Development Goal
SEP	Syringe Exchange Point
SI RC AIDS	State Institution Republican Centre for the Prevention and Control of AIDS of the Ministry of Health and Social Protection of the Republic of Tajikistan
SRH	Sexual and Reproductive Health
SS	Sentinel Surveillance
STI	Sexually Transmitted Infection
TB	Tuberculosis
TJS	Tajikistani Somoni
TLD	Tenofovir, Lamivudine, and Dolutegravir (a fixed-dose combination medicine)
TMT	Transition Monitoring Tool
TP	Trust Point
TRP	Technical Review Panel
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
VCT	Voluntary Counselling and Testing
WHO	World Health Organization

Executive Summary

Currently, the national response to the ongoing HIV epidemic in the Republic of Tajikistan aims to achieve the ambitious targets of the Global AIDS Strategy for 2021–2026. It is guided by the priority areas of the Strategy for Healthcare of the Population of the Republic of Tajikistan until 2030 in accordance with the Sustainable Development Goals (SDGs).

The HIV epidemic in Tajikistan is still at a concentrated stage and is particularly widespread among the key affected populations (KPs). Over the past decade, the annual number of new infections has fluctuated at roughly the same high level as the prevalence of sexual transmission and an increase in the number of new infections in individual key populations (Men who have Sex with Men, MSM) and vulnerable groups (migrant workers). In 2023, the estimated number of people living with HIV in Tajikistan was 15,600 (13). To effectively impact the epidemic, the country still needs to achieve universal access to high-quality HIV/AIDS diagnostics, prevention, treatment, and care services.

The importance and need to increase government financial support for the national response to HIV/AIDS is recognised at a high level in the country. In the last five years, the amount of funds allocated from the national budget has increased 1.9-fold(31). At the same time, approximately 79% of total funding for HIV programmes still comes from external investments, primarily from the Global Fund, PEPFAR, and UN agencies (37). The Global Fund remains the only donor financing the procurement and supply of ARV drugs and necessary consumables for prevention programmes for key populations. Tajikistan has received support from the Global Fund for HIV programmes since 2003 and remains eligible to receive new financial support for such purposes from 2023. At the same time, despite economic difficulties, the country expresses its commitment to preparing the foundations and mechanisms for the transition from donor to domestic funding in order to build a sustainable national HIV response, especially for key populations.

This study aims to raise awareness among key populations (KPs) and main partners on the implementation of government commitments to ensure the sustainability of the HIV response among KPs in the context of the transition from donor (and, in particular, Global Fund) support to government funding in Tajikistan. **A further aim** is to increase community involvement in the joint monitoring of the implementation of these commitments to improve the effectiveness of advocacy for a sustainable national response to HIV among key populations.

In Tajikistan, the assessment of the implementation of state commitments to ensure the sustainability of the HIV response in key populations during the transition to national funding was conducted for the first time in 2021, as in other countries in the Eastern European and Central Asian (EECA) region. Based on assessment results, it was decided to conduct regular assessments every 2–3 years.

The study has been conducted by assessing the implementation of commitments made by the Government of the Republic of Tajikistan based on officially approved documents relevant to the sustainability of HIV programmes for key populations. The first assessment was conducted in 2021 and included an analysis of commitments made in the National HIV Programme for 2017–2020.

The current assessment has examined some of the commitments defined in the National Programme to Combat the HIV/AIDS Epidemic for 2021–2025, which were selected according to the research methodology. Since the implementation of the current National Programme has not yet been completed, the study did not aim to assess the final results of its implementation. Furthermore, this assessment is not an assessment of progress in ensuring the sustainability of the HIV response in the country in the context of the transition from Global Fund support as a whole. The assessment findings included in this report only show progress in implementing individual commitments made by the state for the period 2021–2022. These commitments have been prioritised for this assessment, categorised in terms of key health system domains and priority programmatic areas, and are directly related to ensuring the sustainability of the HIV response among key populations.

The assessment was conducted by a national consultant with the support of a reference group of experts, including representatives of government structures, civil society organisations, international agencies, and key populations.

The study was conducted according to the methodological guide, Benchmarking Sustainability of the HIV Response in the Context of Transition from Donor Funding, using the advanced Transition Monitoring Tool (TMT) developed by EHRA as part of the piloting of this methodology in the EECA region (43).

Implementation of the priority commitments was assessed in five programmatic areas and six health system domains, resulting in the following overall assessment of progress of the selected commitments.

Overall assessment of progress in meeting prioritised commitments on the impact on the HIV epidemic

Overall, progress has been made in achieving the key targets for the ten commitments reviewed in relation to the impact on the epidemic. The target to "reduce the number of new HIV infections in key populations by 20% by the end of 2025" was generally achieved in 2023, with the exception of an increase in the number of new HIV infections among MSM. The percentage of people living with HIV (PLHIV) who belong to one of the three key populations and know their HIV status has increased in 2023 compared to 2020 but remains below this figure for PLHIV nationwide.

High ART coverage has been achieved, and the AIDS-related mortality rate has declined to the 2025 target. A summary of the analysis of the indicators on the impact of the HIV response (impact indicators) can be found in Table 10 of this report.

Key results by programmatic area

In the assessment of the 12 commitments prioritised within the programmatic area, '**HIV prevention among KPs**', the average progress in their implementation **was rated as substantial** (**70.5%**). Significant progress has been made in meeting commitments related to the procurement of rapid test kits, the introduction of pre-exposure prophylaxis (PrEP), drug scene assessment, and sentinel surveillance of four key populations.

There are gaps in the expansion of community-based testing and coverage of prevention programmes. The decline in the number of NGOs involved in the national HIV response is a cause for concern. See Table 13 in this report for more details.

Progress in implementing the eight commitments prioritised under the, '**Diagnostics and treatment**', programmatic area was initially rated as average. The low score for compliance with the commitments is because no ARV drugs were purchased from the state budget during the assessed period, and no measures were taken to implement the hepatitis B vaccination programme for PLHIV and the human papillomavirus (HPV) vaccination programme for women living with HIV. Significant progress has been made in meeting commitments to revise the testing algorithm and corresponding clinical protocol, ensure uninterrupted provision of ART, and to introduce testing of new cases for recency of infection into the routine HIV surveillance system at the national level. Given that high ART coverage has been achieved against the backdrop of modern treatment method application and a significant decrease in mortality rates, the final assessment score was revised in line with expert opinion, and progress in this area was rated as **substantial**. See Table 15 of this report for more details.

Five commitments in the programmatic area of '**Human rights**' were prioritised for this study. Significant progress has been made in the implementation of the commitment to adopt the Resolution of the Plenary of the Supreme Court of 2023, "On Judicial Practice in Criminal Cases Related to Infection with Human Immunodeficiency Virus", which is of great importance for the correct application by the courts of Article 125 of the Criminal Code and other articles of the Criminal Code related to HIV. It also creates opportunities to strengthen efforts to amend the Criminal Code in the area of HIV.

Substantial progress was made in meeting the commitment to reduce stigma, as evidenced by the Stigma Index data. At the same time, there was significant progress in community-led monitoring of human rights violations through the REAct platform.

Considerable efforts were made to review legislation and identify legal barriers to a sustainable response to HIV. At the same time, the relevant regulations and laws remained unchanged during 2021–2023.

Overall, progress in meeting commitments in the programmatic area of "Human rights" was assessed as **average**. See Table 16 of this report for more details.

Within the programmatic area of '**Strengthening community systems and advocacy**' four commitments were prioritised for assessment. Significant progress was made in conducting the National AIDS Spending Assessment (NASA), developing a monitoring and evaluation (M&E) plan with indicators based on community-led monitoring data, and conducting a mid-term evaluation of the National Programme.

Very little progress was made in increasing the number of NGOs receiving state funding under the social contract mechanism. During 2021–2023, only two NGOs received state financial support for the provision of services to KPs and PLHIV, although the allocated funds were gradually increased. See Table 18 of this report for more details.

In the **Opioid Agonist Therapy** (**OAT**) programmatic area, only two commitments were prioritised for assessment. Progress in meeting commitments in this area were preliminary assessed as moderate based on the percentage results. At the same time, OAT coverage in Tajikistan has been low for many years (about 3% of the estimated number of people who inject drugs), and 15 OAT sites are underutilised (20), Methadone and other drugs, as well as equipment for the OAT programme, are procured with financial support from the Global Fund.

Considering these factors and based on expert opinion, the final progress in the programmatic area of OAT was assessed as **insignificant**. The scaling up plan for the OAT programme included in the Global Fund proposal for 2024–2026 may contribute to an actual increase in OAT coverage. See Table 19 of this report for more details.

Table 1. Overall assessment of progress in meeting commitments by programmatic areas

	Programmatic areas	Average score for compliance with commitments after the preliminary assessment (%)	Preliminary progress assessment	Average score for compliance with commitments after the final assessment (%)	Final progress assessment
1.	**HIV prevention**	70,5%	Substantial progress	70,5%	Substantial progress
2.	**HIV diagnostics, treatment, care and support for PLHIV**	59,1%	Average progress	77,0%	Substantial progress
3.	**Human rights**	67,6%	Average progress	67,6%	Average progress
4.	**Community systems strengthening (CSS) and advocacy**	85,6 %	Significant progress	85,6%	Significant progress
5.	**OAT**	52,6%	Average progress	30,5%	Insignificant progress

The final assessment of progress in meeting the commitments in the programmatic areas took into account all factors affecting each area and the impact on the epidemic. In this context, the final assessment result for some areas was modified on the basis of expert opinion and in consultation with the reference group.

Even though the percentage progress in meeting **the diagnostic and treatment** commitments was average, the use of modern diagnostics and treatment approaches contributed to a high ART coverage rate and the achievement of the annual ART coverage indicators by year, so that the achievement of the second and third “95” targets by 2025 is within reach. In addition, the uninterrupted provision of ART was ensured during the COVID-19 pandemic and the mortality rate was reduced. Therefore, progress was assessed as **substantial**.

Although the preliminary assessment result for the **OAT** programmatic area was in line with the average level of progress, the final assessment result was reduced to ‘insignificant’ given the low OAT coverage over the years, the failure to meet programmatic goals, and other factors mentioned later in this report.

Key results by health system domains

An analysis of the results of the assessment regarding compliance with commitments in the individual health system domains revealed the following:

- Least progress was made in the 'Financing' domain;
- Greatest progress was made in the domain of 'Data and information';
- Most commitments were prioritised in the domains of 'Service provision' and 'Governance', with progress of 63.9% and 70.1%, respectively; and,
- Average progress was made in the domain of 'Drugs, supplies and equipment'.

No commitments were prioritised in the domain of 'Human resources'.

Table 2. Overall assessment of progress in meeting prioritised commitments by health system domains

	Health system domain здравоохранения	**Average score for compliance with commitments (%)**	**Final progress assessment**
1.	Financing	**24, 4%**	Low progress
2.	Drugs, supplies and equipment	**50,0%**	Average progress
3.	Service provision	**70,6%**	Substantial progress
4.	Governance	**72,4 %**	Substantial progress
5.	Data and information	**100%**	Significant progress
6.	Human resources	**n/a**	n/a

The overall assessment of progress in meeting the commitments in the individual health system domains is based on the percentages achieved and was not changed during the course of expert discussion.

Overall assessment results and key recommendations

Below is a summary table reflecting progress in meeting the country's commitments to ensure the sustainability of the HIV response for key populations during the transition to national funding compared to the 2021 assessment, examined across five programmatic areas and six health system domains.

Table 3. Progress in implementing prioritised commitments to ensure the sustainability of the HIV response for key populations in the 2021 and 2024 assessments by programmatic areas and health system domains

Progress scale indicators					
Programmatic areas			**Health system domains**		
	2021	2024		2021	2024
HIV prevention	Moderate progress	Substantial progress	**Financing**	Low progress	Low progress
HIV diagnostics, treatment, care and support for PLHIV	Substantial progress	Substantial progress	**Drugs, supplies and equipment**	Low progress	Average progress
Human rights	Average progress	Average progress	**Service provision**	Moderate progress	Substantial progress
CSS and advocacy	Significant progress	Significant progress	**Governance**	Substantial progress	Substantial progress
OAT	Insignificant progress	Insignificant progress	**Data and information**	Significant progress	Significant progress
			Human resources	Average progress	n/a

This report does not include a comparative analysis of the results of the previous assessment (data for 2017–2020) and the current assessment (data for 2021–2023). The reason for this is that within each programmatic area/health system domain, the number of commitments assessed in 2021 and 2024 differed, as did the content, focus and targets of the commitments assessed (and many commitments were exclusive to each assessment). At the same time, it is possible to identify some trends in the implementation of commitments for individual programmatic areas/domains.

Notable progress was made in the programmatic areas of 'HIV prevention among key populations' and 'CSS and advocacy', as well as in the health system domains of 'Governance' and 'Data and information', to create a sustainable response to HIV among key populations. There are gaps in the programmatic areas of 'Diagnostics and treatment' and 'Human rights' that can be closed by the end of 2025.

The high risk to building a sustainable HIV response for key populations remains in the area of government funding for relevant programmes, which will also determine the extent of progress of the 'Drugs, supplies, and equipment' component. In addition, there are still significant gaps in the coverage of the OAT programme.

Below are the main recommendations based on assessment results. The full text of the recommendations can be found in section 6 of this report.

The main recommendations of the assessment:

- The National Coordination Committee to Fight AIDS, Tuberculosis and Malaria of the Republic of Tajikistan should update or develop a new plan for the transition to state financing in accordance with the project proposal to the Global Fund for 2022–2026 and take urgent measures to implement it.

- Facilitate the involvement of more community-based organisations in the implementation of HIV programmes, especially programmes for KPs, and strengthen their capacity.

- Contribute to the full implementation of all co-financing activities for 2024–2026 as outlined in the Letter of Commitment of the Ministry of Health and Social Protection of the Population of the Republic of Tajikistan to co-finance the national response to HIV supported by the Global Fund.

- The Ministry of Health and Social Protection of the Population of the Republic of Tajikistan, together with the Ministry of Finance of the Republic of Tajikistan, should continue to allocate funds under the social contract mechanism and significantly increase the budget for the procurement of services provided by civil society organisations working in the field of the HIV response, in line with the implementation plan of the National HIV Programme and the Letter of Commitment submitted to the Global Fund (4).

- Use existing opportunities to increase procurement of rapid test kits for testing of people from key populations. Organise procurement with clear process coordination and use international mechanisms and platforms to procure WHO-prequalified tests.

- Find opportunities to mobilise resources for the regular assessment of national AIDS spending, with no more than three years between studies. Based on annual reports, collect and summarise information on the allocation of government funds from local budgets for HIV prevention programmes for key populations.

- Regularly update the monitoring and evaluation plan when developing new national programmes and add new indicators as needed, including indicators based on community-led monitoring data.

- Contribute to the full implementation of the OAT coverage scale up plan prepared during the development of the project proposal for Global Fund financial support for 2024–2026.

- The Principal Recipient of Global Fund grants in the Republic of Tajikistan shall ensure that planning for the sustainability of programmes for key populations in the context of transition is included as an integral part of the implementation of Global Fund grants,

starting from the approval of this plan. Develop indicators and a plan to monitor the implementation of commitments under the Transition Plan and include them in the overall monitoring plan for the implementation of the Global Fund HIV grant for 2024–2026.

- Representatives of civil society organisations and key populations should improve the quality of advocacy aimed at ensuring that the government allocates budgetary resources for HIV prevention programmes for key populations and ensure that a significant number of NGOs regularly participate in the submission of applications for social contracts to implement programmes for key populations and people living with HIV.

- International organisations and development partners should provide technical assistance to the National Coordinating Committee to Combat AIDS, Tuberculosis and Malaria in the Republic of Tajikistan in the development and implementation of the plan for the transition to state funding and provide best international practices and experience to improve internal mechanisms for building the sustainability of the HIV programme.

1. Context

1.1. National health system

The Strategy for Healthcare of the Population of the Republic of Tajikistan until 2030, adopted in 2021, aims to reform the health sector to improve the health and well-being of the population in line with the SDG objectives.

According to the World Bank, Tajikistan has shown high economic performance over the last decade, with a growth rate of over 7% and a decrease in poverty from 32% in 2009 to 12.4% in 2022. However, GDP per capita remains low at USD1,054 (3).

Public spending on the country's healthcare system has risen regularly in recent years. In 2021, for example, it amounted to TJS2.3 billion and in 2022, TJS2.8 billion. Despite the annual increase in healthcare costs, according to latest World Bank data, per capita spending does not exceed USD70 (3), making it one of the lowest among Central Asian countries.

The Letter of Commitment of the Ministry of Health and Social Protection of the Republic of Tajikistan on co-financing of the national HIV response supported by the Global Fund states that during the period of the investment allocation for 2023–2025, it is planned to increase the state budget for the health sector by 13%. In 2026, the share of the total national budget allocated to health is expected to be 8%(4).

1.2. The epidemiology of HIV in the Republic of Tajikistan

Tajikistan is a country with a low HIV prevalence rate in the general population at 113.6 per 100,000 population and an HIV incidence rate of 10.7% per 100,000 population (13).

According to the Republican AIDS Centre, as of 31.12.2023, the total number of registered cases of HIV was 16,129, of which cases among men account for 63.2% and among women at 36.8% (14). Currently, the number of people living with HIV is 11,696. According to estimates, the number of PLHIV in 2023 was 15,600 (13).

The number of new HIV cases has remained approximately the same in recent years, and there is no downward trend in this number.

Table 4. Number of new HIV cases registered in Tajikistan in the last nine years (data from the Republican AIDS Centre, 31.12.2023)

Year	2015	2016	2017	2018	2019	2020	2021	2022	2023
Number of new HIV cases	1049	1038	1205	1421	1320	1084	922*	1037	1100

* The slight decrease in the number of new HIV cases could be related to the fact that the COVID-19 pandemic made people less willing to seek medical help.

According to SI RC AIDS, by December 31, 2023, sexual transmission was registered in 88.4% of new HIV cases, parenteral transmission in 9.4%, and mother-to-child transmission of HIV in 2.2% (14).

The HIV epidemic in Tajikistan remains concentrated among key populations, which include people who inject drugs, sex workers, men who have sex with men (8), and people in prison. Over the past ten years, the number of people who inject drugs and MSM has decreased slightly, according to sentinel surveillance data, while the number of sex workers has increased.

Table 5. Estimated number of key populations according to sentinel surveillance data (2014–2022)

Key population	Estimation year	Estimated number	Estimation year	Estimated number	Estimation year	Estimated number
People who inject drugs	2014	23 100	2018	22 200	2022	18 200
Sex workers	2014	14 100	2018	17 500	2022	18 500
Men who have sex with men	2015	13 400	2017	13 400	2022	12 000

The surveillance survey data in Table 6, below, shows the changes in HIV prevalence among key populations between 2010 and 2022.

Table 6. HIV prevalence among key populations according to surveillance data for the period from 2010 to 2022

Key population	Year	HIV prevalence	Year	HIV prevalence	Year	HIV prevalence	Year	HIV prevalence
People who inject drugs	2010	16,3%	2014	12,9%	2018	11,9%	2022	8,9%
Sex workers	2010	4,4%	2014	3,5%	2018	3,2%	2022	2,9%
Men who have sex with men	2010	-	2015	2,7%	2017	2,3%	2022	4,3%
People in prison	2010	-	2013	8,4%	2020	3,1%	2023	3,4%

The HIV epidemic is mainly concentrated among people who inject drugs. At the same time, HIV prevalence among people who inject drugs is gradually declining, which could be an indication of the effectiveness of prevention programmes in this group. In recent years, there has also been a slight decrease in HIV prevalence among sex workers and an increase in HIV prevalence among men who have sex with men. HIV prevalence among prisoners has decreased significantly over the last 13 years.

The number of new HIV infections among migrant workers has tended to increase significantly. In addition, HIV transmission is most likely to occur outside of the country. In 2023, the number of new cases of HIV among migrants accounted for more than a third (32.5%) of the total number of new cases. Given Tajikistan's typical labour migration (an average of 550,000 migrant workers leave the country annually to work abroad (15)), this situation is undoubtedly worrying, especially in terms of its impact on achieving the 2030 targets to combat the HIV epidemic. In addition, HIV prevalence among migrant workers (0.4%) is slightly higher than in the general population (0.2%) (26).

1.3. Organisation of the provision of HIV services for key populations

HIV services for key populations are provided according to the guidelines for comprehensive service packages developed for each key population (people who inject drugs, sex workers, and men who have sex with men) (16, 17).

People who inject drugs

Services for people who inject drugs are provided through 'trust points' (counseling service/drop-in centres) or syringe exchange points (SEPs)/low-threshold service centres. Needle and syringe programmes are mainly implemented with support from the Global Fund (smaller funding from the national budget was introduced in 2022 as part of a social contract mechanism). The average number of syringes/needles distributed at SEPs was 300 per person in 2022, which is higher than in 2020 (166) and 2021 (221), respectively (7). The situation assessment on drug use was conducted in 2023. Its results show the following trends: the number of people who regularly inject drugs is decreasing; the age of the population of people who inject drugs is increasing; the population of drug users includes mainly young people who use drugs predominantly in non-injecting ways and are not covered by existing HIV prevention programmes. Despite the change in the drug scene, heroin remains the main drug of choice. According to the 2022 sentinel surveillance, more than 50% of people who inject drugs use heroin (10).

At the end of 2023, 15 sites were providing OAT services in the country: 13 were based at state medical facilities of the narcological service and two sites in the penitentiary system. At the end of 2023, 625 people were receiving OAT services at all sites (46), which corresponds to 3.4% of the estimated number of people who inject drugs (18,200 people, according to the SS conducted in 2022) (21).

Female sex workers

According to the sentinel surveillance conducted in 2022, the number of female sex workers in Tajikistan is estimated at 18,500. This group is characterised by high rates of HIV (2.9%) and syphilis (10%), which is due to the high prevalence of risky sexual practices (19, 22). Based on the OPTIMA model, it is estimated that 29% of new HIV cases in 2021 occurred among sex workers and their clients. Therefore, scaling up prevention measures among female sex workers is strongly recommended (24).

Men who have sex with men

From 2021 to 2023, the number of new HIV cases among MSM has gradually increased; 21 cases in 2023 compared to 10 cases in 2020. According to experts from the Republican AIDS Centre, the increase in registered new HIV cases among MSM is due to the establishment of partnerships and data exchange between AIDS Centres and NGOs in the EECA region, as well as cooperation with the regional expert group on migration. MSM traveling abroad are more likely to use the services of NGOs and NGO-based HIV testing. In Tajikistan, NGOs provide MSM with a service package through three 'friendly offices', and outreach work. There are plans to introduce online counseling on a large scale, provide self-testing, and send condoms and lubricants by post according to online requests (20).

Prisoners

There are approximately 10,000 prisoners in Tajikistan's prisons. HIV prevalence is 3.4% (25), which is a significant decrease from 9% in 2010. The HIV prevention programme in prisons is financed by the Global Fund and is active in all penal institutions. It provides condoms for all prisoners, voluntary HIV testing, counseling, IEC materials and ART for all HIV-positive patients. The needle and syringe programme is available in three prisons. OAT is provided in two correctional facilities, and in 2023, coverage of the OAT programme in prisons was 34 persons (20). Despite the low coverage, the provision of OAT in correctional facilities is of great importance for advocacy.

Migrants

As already mentioned, the number of new cases among migrant workers has risen considerably in recent years. According to SI RC AIDS, almost one-in-three new HIV cases were registered among migrant workers in 2023 (32.5%). Prevention measures among migrants are carried out at the expense of the state budget and donor funds. These activities aim to raise awareness of HIV prevention among migrants, provide VCT and IEC materials in AIDS Centres, mobile clinics, 'friendly offices', and during mobile campaigns. Experts from Tajikistan are actively working with the Regional Expert Group on Migration and Health to provide prevention services and treatment to migrants in their host country. The country has adopted an algorithm for remote care and support for migrants with HIV who are Tajik citizens living abroad. Particular attention should be paid to introducing a systematic approach to activities for migrants from key populations (MSM, sex workers, and their clients, etc.) (11).

Pre-exposure prophylaxis (PrEP)

The introduction of PrEP in the country began in 2019–2020 with financial support from the Global Fund and PEPFAR. The provision of PrEP services continues and is making some progress. According to UNDP, 931 people received PrEP for the first time in 2023 (46). MSM, sex workers, and serodiscordant couples, are the main clients of the PrEP service. A separate plan has been developed to scale up the PrEP programme, aiming to significantly increase the total number of people covered by PrEP from 1,000 in 2024 to 3,000 in 2026. The highest percentage of PrEP coverage is to be achieved among sex workers (35%) and 22% in other groups (MSM, people who inject drugs, and serodiscordant couples)(20).

HIV testing for key populations

NGOs are the main providers of HIV testing for key populations in Tajikistan. These testing services mostly use rapid test kits with saliva biomaterial(27). Self-testing with saliva was introduced to the country in 2019 (28), and is now being actively promoted, including through online orders, to reduce stigma and maintain anonymity. Today, 80% of key populations are tested for HIV twice per year, but the number of newly detected HIV cases remains low (on average less than 1%). Index testing approaches can increase the detection rate to 3–5% depending on the sites(20).

Testing for the recency of HIV infection has been incorporated into the epidemiologic surveillance system, and all new HIV cases are now routinely tested for recency of infection according to the criteria, which is of great epidemiologic importance as newer cases of infection indicate the active transmission of HIV.

The government fully funds HIV testing for pregnant women and various categories of the general population, as well as the testing of blood donations for HIV. In recent years, budget funds have also been allocated for HV testing of migrants. The Global Fund supports the screening of key populations.

Treatment cascade and access to ARV therapy

Significant progress has been made in antiretroviral therapy (ART) delivery compared to 2020, but gaps still need to be filled to achieve the 95–95–95 targets of the UNAIDS Strategy 2025.

Table 7. Progress in the treatment cascade to achieve the 95–95–95 targets

Indicator/year	2020	2021	2022	2023
Percentage of people living with HIV who know their status (based on the estimated number of PLHIV)	67,6%	72%	72%	75%
Percentage of PLHIV who know their HIV status and are on ART	84,2%	86,5%	87,8%	89,4%
Percentage of PLHIV on ART who have a suppressed viral load	86,0%	87,2%	87,9%	88,6%

Data from the SI RC AIDS, 01.01.2024 (13)

Table 8. Indicators for the treatment cascade for key populations*

Indicator/year	PWID	SW	MSM
Estimated number of people living with HIV among representatives of key populations	2205	959	630
Number/percentage of representatives of key populations living with HIV who know their HIV status	1658 75%	466 49%	227 36%
Number/percentage of representatives of key populations living with HIV who know their HIV status and are on ART	1317 79%	411 88%	199 88%
Number/percentage of representatives of key populations living with HIV on ART who have a suppressed viral load	1213 92%	385 94%	193 97%
Gap in the first "95" of the 95–95–95 targets	437	445	371

*Data from sentinel surveillance 2022 and epidemiological surveillance of cases as of December 2023 (47).

Of the 3,800 representatives of key populations living with HIV, an estimated 38% (1,443) do not know their HIV status. Of these, the largest gap in the first "95" of the 95–95–95 targets is among MSM at 58%(47).

ART is provided free of charge to all PLHIV (8). Since 2019, ART has been prescribed to all patients, regardless of CD4 cell count, viral load, and clinical stage of HIV

infection (48). According to the latest WHO recommendations, 97.8% of adult patients receive a fixed dose of the combination drug tenofovir-lamivudine-dolutegravir (TLD) on a test-and-treat basis (11). The average time from diagnosis to the initiation of treatment is 14 days. Primary health care (PHC) facilities have started to provide ART: 15 city polyclinics in Dushanbe provide ART and monitor the treatment of more than 1,500 patients (11).

Currently, the procurement of ARV drugs is fully financed by the Global Fund, as are the diagnostic medications to monitor treatment. However, it is planned to start procuring ARV drugs at the expense of the state budget in 2024 (4).

Mortality from AIDS-related diseases in all age groups has fallen from 4.1 per 100,000 population in 2020 to 1.9 per 100,000 population in 2023 (7).

1.4. The main challenges in providing services to key populations

- The provision of HIV services to key populations still depends on investments from external donors, particularly the Global Fund and PEPFAR;
- Coverage of key populations with a combined package of services does not reach planned indicators when calculated based on estimated numbers;
- The effectiveness of HIV case detection among key populations is low, averaging 1% (7);
- OAT coverage among people who inject drugs does not exceed 3.4–3.6% and remains virtually unchanged over a long period of time(20).

1.5. Legal barriers that limit access to HIV services for people living with HIV and key populations

Since the last assessment, the following changes have occurred in overcoming legal barriers and creating a supportive legal environment:

- In 2022, the 'Law of the Republic of Tajikistan on Equality and Elimination of All Forms of Discrimination' was adopted(12).
- An assessment of the legal environment related to HIV was conducted, and barriers were identified in existing legislation and law enforcement practice that led to discrimination against people living with HIV and representatives of key populations. Measures to overcome legal barriers are included in the 'National Programme to Combat the HIV/AIDS Epidemic for 2021–2025', including improving legislation (5).

- The monitoring of human rights violations in the field of HIV by civil society organisations, in particular the application of Article 125 of the Criminal Code of the Republic of Tajikistan, which provides for the criminal prosecution of intentional transmission of HIV and exposure to HIV infection, is regularly carried out using the REAct platform (19).

- The country has started to revise the 'Criminal Code of the Republic of Tajikistan'. The prepared draft of the new Criminal Code includes proposals on HIV/AIDS issues, in particular on the application of Article 125 of the Criminal Code;

- The 'Resolution of the Supreme Court of the Republic of Tajikistan of December 26, 2023 "On Judicial Practice in Criminal Cases Related to Infection with Human Immunodeficiency Virus"' is of great importance for the correct application of Article 125 of the 'Criminal Code of the Republic of Tajikistan' and other articles of the Criminal Code related to HIV by the courts (33).

- Although the use/possession of drugs without intent to sell is a misdemeanor and the permitted doses are quite progressive for the region, people who use drugs are often prosecuted by law enforcement agencies (20).

- In Tajikistan, the provision of sex services is considered a misdemeanor punishable by fines and imprisonment, which further worsens the situation of sex workers in terms of HIV prevention and contributes to the spread of the epidemic (19).

- So far, two Stigma Index studies have been conducted in the country, in 2015 and 2021(35). Although there has been some progress in reducing stigma levels for individual indicators in the Stigma Index study, key populations and people living with HIV in general continue to face frequent stigma and discrimination, even when accessing services.

1.6. Financing the HIV programme

The planned total budget for the implementation of the 'National Programme to Combat HIV/AIDS for 2021–2025' amounts to approximately USD45.1 million with a budget deficit of about 32.3% (5).

According to the latest assessment of national AIDS spending (37), international donor funds remain the main source of funding for HIV and AIDS programmes in Tajikistan. In 2020, they accounted for 79.8%. The share of government funding in total HIV spending, including national and local budgets, amounted to 17.8% in 2020 (37).

In recent years, the number of international donors in the field of HIV has decreased significantly. The most important international donors today are the Global Fund and PEPFAR. At the same time, some of the funds for HIV programmes are provided by UN agencies as technical assistance.

Tajikistan has received financial support from the Global Fund for HIV programmes since 2003 and continues to meet the Global Fund's criteria to receive new funding for these purposes as of 2023 (45).

Since the Global Fund began providing financial support to Tajikistan, the country has received seven grants for the HIV component, with an estimated total disbursement of USD113.1 million by the end of 2023 (46). The Global Fund remains the only donor financing the procurement and supply of ARV drugs and supplies for implementing prevention programmes for key populations (5).

In 2023, a new project proposal to the Global Fund for the HIV and TB programmes for the period 2024–2026 was prepared and approved amounting to USD25.9 million, of which USD14.36 million was allocated to the HIV programme (20).

In recent years, state funding has been gradually increasing. For example, government funding for the HIV programme was increased 1.6-fold between 2020 and 2023 (31, 54).

According to SI RC AIDS, the state fully funds the operation of the state-based AIDS service, as well as the procurement of test kits for vulnerable populations, the purchase of infant formula for artificial feeding of infants born to HIV-infected mothers, and the provision of state benefits for children with HIV under the age of 16 years. In 2023, HIV test kits for migrants were procured from the state budget for TJS100.

The state partially finances the procurement of medicines for the prevention and treatment of opportunistic infections. From 2020, funds were allocated for purchasing prevention services from non-governmental organisations as part of the social procurement mechanism. In 2022, the state provided funds for the procurement of needles and syringes for KPs (31).

The 'National Programme to Combat HIV/AIDS for 2021–2025' stipulates that the funds allocated from the state budget for the HIV programme will be at least 50.5% of the total cost of the Programme (5). The planned budget for activities for KPs and vulnerable populations should be at least 46.2% of the total Programme cost. At the same time, the breakdown of these funds by funding source is not specified (5).

The 'Implementation Plan for the National Programme for 2021–2025' identifies the Global Fund, partners' funds and budget funds as sources of financing for almost all prevention activities for key populations, including methadone procurement and the country's supply of ARV drugs (18). However, the planned specific contribution from the various sources is not specified.

1.7. Transition to state funding

In 2019, a draft plan was developed for the transition of the HIV/AIDS and tuberculosis programmes in the Republic of Tajikistan to national funding by 2029 (39). This draft transition plan was not approved as a separate official document at the country level. The 'Implementation Plan for the National HIV Programme for 2021–2025', at paragraph 164, mentions support for the transition plan, but there are no specific activities related to this commitment.

The funding request to the Global Fund for 2024–2026 states that with Global Fund support, the country will update its Sustainability and Transition Plan, which describes in detail the phased implementation of various activities of the HIV and TB programmes, and that its implementation and monitoring will become the main focus of the NCC, MHSPP, national programmes and the civil society agenda.

1.8. Impact of the COVID-19 pandemic

According to the World Bank, Tajikistan experienced several years of robust economic growth before the COVID-19 pandemic, with GDP rising from 6.0% in 2015 to 7.5% in 2019. In 2020, the COVID-19 pandemic caused a sharp decline in GDP growth to 4.5% (3) and a deterioration in the socio-economic well-being of the population (37). According to a UNDP survey, respondents indicated that the average monthly household income fell by around 23% during the pandemic in 2020 compared to pre-pandemic levels. As a result of the COVID-19 outbreak, household income from self-employment, remittances from migrant workers and unregistered jobs fell drastically by around 43–53% (41, 42). In 2021, the economy started to recover gradually, and GDP growth was 8% in 2022 (3).

In 2020, Tajikistan saw a sharp increase in spending on HIV-related programmes, reaching USD18.5 million compared to USD11.6 million in 2019 (37). This is due to efforts to combat the COVID-19 pandemic, resource mobilisation, programmatic realignment, and increased international support, including a special grant from the Global Fund under the C19RM mechanism (49).

Thanks to the close collaboration of all partners, coordination and mobilisation of resources, the country was able to ensure the uninterrupted provision of ART and other HIV services throughout the COVID-19 pandemic (40). According to UNAIDS, Tajikistan is one of the countries where ART provision was scaled up in this period (55). During the lockdown, a special flight was organised to deliver 3.6 tons of methadone hydrochloride needed for the OAT programme to guarantee the uninterrupted provision of this service. ARV take-home medication was introduced, with a six-month to one-year supply to prevent interruption of treatment. During the pandemic, people living with HIV, key populations and programme staff faced the following challenges:

- A drastic deterioration in the economic situation of PLHIV, especially women;
- Difficulties in obtaining OAT under the lockdown, as there was no possibility to provide take-home methadone;
- Deterioration in access to medical services in general due to the lockdown;
- An increase in the number of cases of violence against women, including those related to their HIV status (40).

At the same time, the pandemic has taught certain lessons in terms of rapid decision-making; community mobilisation; active development of non-governmental organisations and volunteer movements; implementation of new initiatives; and close collaboration and coordination between all partners so that interruptions in the provision of HIV services, including HIV testing and ART, could be avoided.

2. Purpose and brief overview of the methodology

This study was conducted according to the methodology described in the guide, 'Benchmarking Sustainability of the HIV Response in the Context of Transition from Donor Funding. A Methodological Guide', using the Transition Monitoring Tool (TMT) in Excel format which was developed by the Eurasian Harm Reduction Association in 2020, tested as part of the piloting of this methodology in the EECA region and improved in 2023 (43). This assessment is being carried out as part of the regional programme, 'Sustainability of Services for Key Populations in Eastern Europe and Central Asia Region' (SoS_project 2.0), with financial support from the Global Fund.

For the first time, such an assessment was carried out in Tajikistan and eight other countries in the region in 2021 (for the period 2017–2020) (29). After the first wave of assessments, it was decided to conduct it regularly every 2–3 years. In 2023, EHRA initiated the second wave of assessments in four countries of the EECA region, including Tajikistan.

This study aims to raise awareness among key populations and main partners on the implementation of government commitments to ensure the sustainability of the HIV response among key populations in the context of the transition from donor support (primarily the Global Fund) to domestic funding in Tajikistan, and to expand community involvement in joint monitoring of the implementation of these commitments to improve the effectiveness of advocacy for the sustainability of the national HIV response among key populations. As this was the second time that such an assessment was conducted in Tajikistan, the following objectives were set for the implementation of the study:

- Identify and prioritise, according to the proposed methodology, the commitments relevant to ensuring a sustainable HIV response for key populations in the Republic of Tajikistan that are included in the 'National Programme to Combat the HIV/AIDS Epidemic for 2021–2025' and other official documents on HIV activities in the period from 2021 to 2023;

- Identify and record progress in the implementation of the state's priority commitments for the sustainability of the HIV response among key populations for 2021–2023 and discuss the results with national HIV experts, including representatives of key populations; and,

- Provide recommendations for further activities to ensure the sustainability of the national HIV response for key populations in the context of the transition to domestic funding.

2.1. Reference group

The methodology includes the involvement of national experts, including community representatives, to identify the highest priority commitments and monitor their implementation, as well as to close information gaps on the fulfillment of the relevant commitments. A national reference group of 20 national experts in the field of HIV was formed to conduct the assessment. The national reference group included one national consultant, seven representatives from civil society organisations and communities with significant experience in the field of HIV; six representatives from government agencies (NCC, MHSPP, SI RC AIDS, the Republican Clinical Centre for Narcology, the Medical Department of the Penitentiary Service of the Ministry of Justice of the Republic of Tajikistan); and six representatives of international organisations working in the field of HIV, including the Programme Manager for HIV and Tuberculosis of the United Nations Development Programme (UNDP), representing the Principal Recipient of Global Fund grants in Tajikistan.

In addition, interviews with experts, including members of the NCC and representatives of governmental, international, and non-governmental organisations, were conducted during the assessment to clarify individual issues and to gather information. A preliminary list of reference group members was prepared by the national consultant and agreed with the NCC Secretariat and the Ministry of Health and Social Protection of the Population (MHSPP) of the Republic of Tajikistan.

The implementation of this assessment was supported by a letter from the Global Fund's Portfolio Manager, the NCC Secretariat, and agreed with the MHSPP.

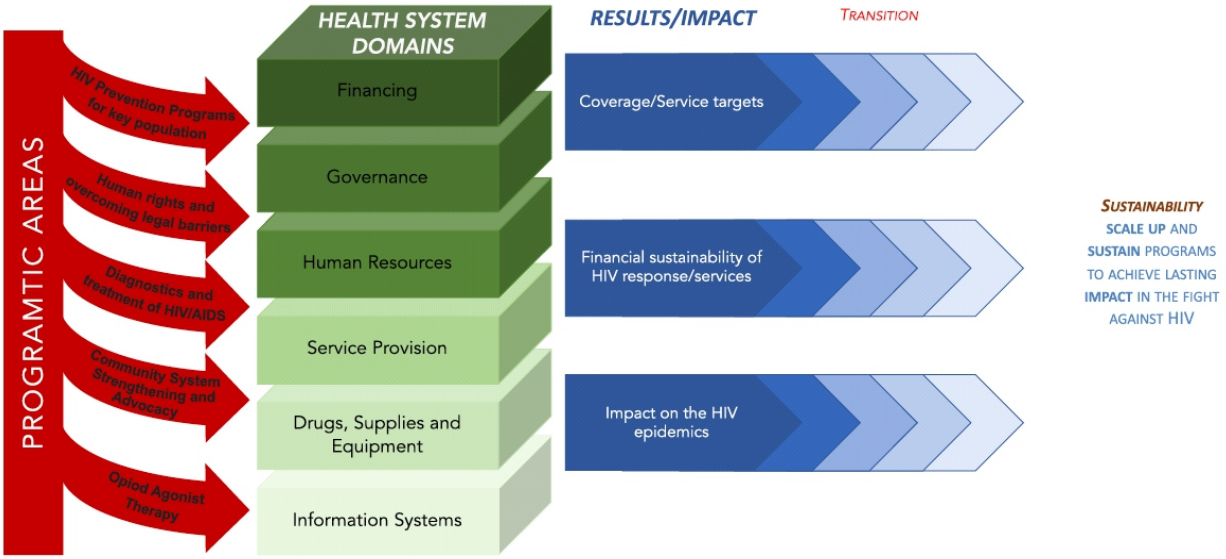
The main tasks of the national reference group were as follows:

- ensure transparency of the process by achieving a consensual selection and prioritisation of identified commitments for assessment;
- provide broader expertise in assessing the fulfillment of commitments on different aspects and assist in the collection of data on individual indicators;
- provide an expert opinion and to agree on the results of the assessment; and,
- opromote the relevance and recognition of the assessment findings by all interested partners: key population communities; non-governmental organisations; specialised government organisations, including those responsible for transitioning to national funding for HIV programmes for key populations, and international partners; and to facilitate the dissemination of the assessment findings to a broad audience of stakeholders.

2.2. The main steps in the process of assessing national commitments

The assessment was carried out according to the methodology based on the analytical framework in Figure 1.

Figure 1. Analytical framework of the assessment



After improving the methodology and TMT, it was proposed to first assess the achievements in implementing the prioritised commitments in five programmatic areas that best meet the needs of key populations, namely: 'HIV prevention among key populations'; 'Diagnostics and treatment'; 'Human rights'; 'Community systems strengthening and advocacy'; and OAT. It was suggested to then assess the implementation of commitments in six health system domains: 'Financing'; 'Drugs, supplies and equipment'; 'Service provision'; 'Governance'; 'Data and information'; and 'Human resources'. The study also examines how the fulfillment of commitments affects the epidemic.

The previous assessment was carried out in 2021. That study analysed the commitments from the 'National Programme to Combat the HIV/AIDS Epidemic in the Republic of Tajikistan for 2017–2020'. The current assessment examines the progress made in implementing the prioritised commitments since the last inquiry and covers the period from 2021 to 2023. The study has reviewed the following official documents reflecting the government's commitments for this period (see Annex 1 for the full list of sources reviewed):

- National Programme to Combat the HIV/AIDS Epidemic in the Republic of Tajikistan for 2021–2025 (5);

- Implementation Plan for the National Programme to Combat the HIV/AIDS Epidemic in the Republic of Tajikistan for 2021–2025 (18); and,

- Commitments under the project proposal to the Global Fund for 2021–2023 (19).

In addition, the following documents were reviewed:

- National Monitoring and Evaluation Plan of the National Programme to Combat the HIV/AIDS Epidemic in the Republic of Tajikistan for 2021–2025 (32), to clarify baseline and target indicators; and,

- Project proposal for financial support from the Global Fund for 2024–2026 (20), to clarify the actions of the government of the Republic of Tajikistan to ensure a sustainable response to HIV for KPs in the near future.

The draft plan for the transition to government funding of the HIV/AIDS programme for the period 2020–2029 (39) has not yet been approved in accordance with existing procedures. In this regard, the draft transition plan could not reflect specific government commitments. Therefore, it was not considered in this assessment. At the same time, the issue of the status of the transition plan was discussed during the assessment for subsequent decisions.

2.3. Prioritisation process and results

During consultations with the reference group, the identified commitments were prioritised and reference group members reached a consensus on the importance of their implementation for the sustainability of the HIV response. Each group member received a preliminary list of commitments for comment, followed by an offline/online session with a presentation of the Transition Monitoring Tool. Then, reference group members prioritised the commitments according to the scoring system proposed in the methodology. Their responses were received individually by e-mail. The national consultant summarised the prioritisation of results and sent them to the reference group for final approval. The consultant also prepared a list of 55 commitments and presented them to the reference group for discussion and further prioritisation. After the final prioritisation, the reference group selected and recommended **41 commitments for further assessment** and inclusion in the TMT, including **10 commitments on the impact on the epidemic** and **31 commitments related to programmatic areas/health system domains.** The commitments included in the preliminary list were grouped according to the analytical framework (see Figure 1 above).

Details of the prioritisation process and the percentage of commitments in each programmatic area and health system domain before and after prioritisation can be found in Annex 2.

2.4. Collection and analysis of data on the implementation of the prioritised commitments. Analysis of the assessment results

Data collection and analysis were conducted between March and April 2024 through a desk study, review of relevant documents, and interviews with key informants. Key informants included members of the reference group, specialists from the NCC, SI RC AIDS, UNDP, representatives of civil society organisations, and key populations.

The implementation of the individual commitments was assessed on the basis of the percentage score for the achievement of the respective indicator in accordance with the assessment methodology guide. In the absence of annual target indicators, the final result for compliance with the commitments was assessed as 'yes' (100% – fulfilled) or 'no' (0% – not fulfilled). In the case of partial implementation of these commitments in a given period, the final indicator was calculated based on the average progress score indicated in the TMT. In the final assessment of the commitments, not only the numerical indicators were taken into account, but also all factors indicating the fulfillment of the commitment as a whole (timeframe, scope, impact on the epidemic, etc.). The final score could be modified based on expert opinion. In addition, for some commitments for which data were incomplete, scores were calculated in each case based on the opinion of experts from the reference group, as indicated in section 3, 'Results'. The scores were interpreted according to Table 9, below.

Table 9. The progress scale according to the TMT

Definition of Sustainability	Description	Completion percentage (from % to %)		Colour code
Significant progress	A high degree of progress in fulfilling the commitments regarding planned indicators and / or baseline	85%	100%	Green
Substantial progress	A significant degree of progress in fulfilling the commitments regarding the planned indicators and / or baseline	70%	84%	Light green
Average progress	The average degree of progress in fulfilling the commitments regarding planned indicators and / or baseline	50%	69%	Yellow
Moderate progress	Moderate progress in fulfilling the commitments regarding planned indicators and / or baseline	36%	49%	Orange
Insignificant progress	An insignificant degree of progress in fulfilling the commitments regarding planned indicators and / or baseline	26%	35%	Dark orange
Low progress	Low degree of progress in fulfilling the commitments regarding planned indicators and / or baseline	0	25%	Red

In assigning the final score for fulfilling a particular commitment, the impact on the epidemic, the overall effect on building the sustainability of the programme, as well as political will, capacity building, and continuity in implementation of activities under the commitment, were taken into account, which could influence the final progress score.

2.5. Formulating conclusions and recommendations

A national expert prepared the final study results, coordinated them with the national reference group and representatives of the Global Fund Secretariat, and presented them as conclusions and recommendations.

2.6. Limitations of the assessment

There were certain limitations in conducting the assessment:

- This study did not assess progress towards achieving the outcomes for a large part of the prioritised commitments, as the current National HIV Programme covers the period from 2021 to 2025, and its implementation has not yet been completed. Therefore, the study only assessed progress in implementing the prioritised commitments since the last assessment, i.e. for 2021–2023;
- The National HIV Programme for 2021–2025 does not include separate indicators for all commitments. Therefore, the national consultant and reference group used indicators from the national M&E plan and other relevant official documents;
- For some of the prioritised commitments, the relevant documents did not specify target indicators for each year, which limited the application of the calculations outlined in the methodology;
- In the National Programme Implementation Plan, the financing needs for the activities are indicated for all commitments as a whole, without a breakdown by funding source (Global Fund, partners, or state budget); and,
- Some commitments on government funding were not assessed because NASA data for 2021–2023 was not available.

3. The assessment results

As mentioned above, the current National HIV/AIDS Programme covers the period 2021–2025, and the results achieved in 2023 are not definitive for the implementation of most commitments. Therefore, this study only examines progress in the implementation of prioritised commitments during 2021–2023.

To analyse the overall effect of fulfilling government commitments on the HIV epidemic in the country, ten commitments to impact the HIV epidemic in Tajikistan were identified and selected for assessment. Five of these are indicators for reducing the number of new HIV cases in each key population (people who inject drugs, sex workers, MSM and prisoners) and among migrant workers. The category of migrant workers belongs to a vulnerable group in which about one-third of all new cases of HIV are registered annually against the background of high migration in Tajikistan. In this context, the members of the reference group recommended that the assessment should also take into account the implementation of some commitments related to the group of migrant workers. The fulfillment of the commitment to ensure that representatives of vulnerable populations know their HIV status was also examined separately for each of the three key population groups (people who inject drugs, sex workers and MSM).

3.1. Impact on the epidemic

The following indicators were analysed for their impact on the epidemic.

Table 10. Analysis of the impact indicators on the HIV epidemic

Indicator	Baseline indicator (year)	End target (year)	Target value/ Actual value			Final score for compliance with the commitment	Final score for compliance with the commitments regarding the impact on the epidemic
			2021	2022	2023		**64,2%**
1. Number of new HIV infections among PWID per year	83 (2020)	≤ 66 (2025)	n/a 76	n/a 82	n/a 43	100%	
2. Number of new HIV infections among SW per year	24 (2020)	≤ 19 (2025)	n/a 10	n/a 10	n/a 20	100%	
3. Number of new HIV infections among MSM per year	13 (2020)	≤ 10 (2025)	n/a 19	n/a 28	n/a 21	0%	
4. Number of new HIV infections among prisoners per year	33 (2020)	≤ 26 (2025)	n/a 24	n/a 38	n/a 21	100%	
5. Number of new HIV cases among migrant workers per year	188 (2020)	≤ 150 (2025)	n/a 214	n/a 244	n/a 358	0%	
6. *% of PLHIV among people who inject drugs who know their status by the end of 2025	64.6% (2020)	95% (2025)	n/a 66,8 %	n/a 69,3%	n/a 71%	72,6%	

7. **% of PLHIV among sex workers who know their status by the end of 2025	31,7% (2020)	95% (2025)	n/a 33,7 %	n/a 35,6%	n/a 39,1%	38,1%	
8. ***% of PLHIV among men having sex with men who know their status by the end of 2025	22,7% (2020)	95% (2025)	n/a 28,6 %	n/a 37,0%	n/a 26,2%	32,1%	
9. % of PLHIV who know their HIV status and continue to receive ART	84 % (2020)	95% (2025)	86% 87%	88% 88%	90% 89,4%	99,8%	
10. Rate of AIDS-related deaths per 100,000 population	4,1 (2020)	≤3,0 (2025)	≤3,8 3,1	≤3,6 2,6	≤3,4 1,9	100%	

*__People Who Inject Drugs.__ The calculation of the indicator for **commitment** 6 is as follows: Since the prevalence of HIV among people who inject drugs is 11.9% and the estimated number of people who inject drugs is 22,200 persons (according to the SS 2018), the estimated number of **PLHIV- People Who Inject Drugs** is approximately **2,642 persons** (11.9% x 22,200 people). The number of registered PLHIV-People Who Inject Drugs and the percentage of the estimated number of PLHIV- People Who Inject Drugs by year was 1,708/64.3% in 2020, 1,765/66.8% in 2021, 1,832/69.3% in 2022, and 1,871/71.0% in 2023. The percentage of fulfillment of commitments is calculated as the average number of the actual indicator achieved per year/target indicator. As no annual interim targets were set, the target for 2025 (95%) was used. As a result, the percentage of commitments fulfilled in 2021 was 70.3%, in 2022 it was 73%, and in 2023 it was 74.7%. The average fulfillment rate for 2021–2023 was thereby **72.6%.**

__Sex Workers.__ The calculation for **commitment 7 is as follows: Data from the SS 2022 were used to calculate the indicator for 2020–2023. Therefore, if the prevalence of HIV among Sex Workers is 2.9% and the estimated number of Sex Workers is 18,500 persons, then the approximate estimated number of **PLHIV-Sex Workers is 537 persons** (2.9% x 18,500 persons). The number of registered PLHIV-Sex Workers and the percentage of the estimated number of PLHIV-Sex Workers by year is 171/31.7% in 2020, 181/33.7% in 2021, 191/35.6% in 2022 and 201/39.1% in 2023. The percentage of fulfillment of the commitment is calculated as the average number of the actual indicator achieved per year/target indicator. As no annual interim targets were set, the target for 2025 (95%) was used for further calculations. As a result, the percentage of commitments fulfilled in 2021 was 35.5%, in 2022 it was 37.5%, and in 2023 it was 41.2%. The average fulfillment rate for 2021–2023 was thereby **38.1%.**

*** **__MSM.__** The calculation for **commitment** 8 is as follows: Data from SS 2018 were used to calculate the indicator for 2020–2022. Therefore, if the prevalence of HIV among MSM is 2.3% and the estimated number of MSM is 13,400 people, then the estimated number of **PLHIV-MSM for 2020–2022** is approximately **308 persons** (2.4% x 13,400 persons). Data from SS 2022 were used to calculate the estimated number of **PLHIV-MSM for 2023.** According to this data, HIV prevalence among MSM is 4.3%, and the estimated number of MSM is 12,000 persons. Therefore, the estimated number of PLHIV-MSM in 2023 is about **516 persons** (4.3% x 12,000 persons). The number of registered PLHIV-MSM and the percentage of the estimated number of PLHIV-MSM by year was 70/22.7% in 2020, 88/28.6% in 2021, 114/37.0% in 2022, and 135/26.2% in 2023. Calculation errors may be due to different estimated data per year. The percentage of fulfillment of the commitment was calculated as the average of the actual indicator achieved per year/target indicator. As the interim target indicators per year were not defined, the target indicator for 2025 (95%) was used for further calculations. Therefore, the percentage of fulfillment of commitments in 2021 was 30.1%, in 2022 it was 38.9%, and in 2023 it was 27.6%. The average fulfillment rate for 2021–2023 was thereby **32.1%.**

Commitments 1–5. Reduce the number of new HIV cases among key populations (People Who Inject Drugs, Sex Workers, MSM, and prisoners) and migrant workers by at least 20% by the end of 2025

The previous assessment examined the results of changes in HIV prevalence based on sentinel surveillance data collected approximately every four years. Data on the number of new cases per year were considered more meaningful. Therefore, these data were included in the commitments of the new National HIV/AIDS Programme (2021–2025) and used in the second assessment.

As no target indicators were set by year, the fulfillment of each commitment was initially assessed as 'yes' or 'no'. The calculation of the final target by 2025 was based on the fact that the number of new HIV cases in 2025 in each group should not exceed 80% of the 2020 baseline indicator.

1) **People Who Inject Drugs.** The most significant change is the decrease in the number of new HIV cases among people who inject drugs from 83 cases in 2020 to 43 cases in 2023, i.e. a decrease of almost 50%. This data is consistent with the decrease in the proportion of new HIV cases among people who inject drugs out of the total number of new HIV cases registered annually, from 8.2% in 2020 to 3.9% in 2023(13). This is also consistent with SS 2022 data which indicates a decrease in HIV prevalence among people who inject drugs from 11.9% in 2018 to 8.9% in 2022 and a decrease in the estimated number of people who inject drugs from 22,200 in 2018 to 18,200 individuals in 2022. Progress in meeting the commitment (100%) is assessed as **significant**.

The results of the OPTIMA study do not recommend any further expansion of prevention programmes for people who inject drugs (24).

2) **Sex Workers.** In 2021–2022, the number of new HIV cases among sex workers fell by half. Also, in 2023, the target for 2025 was almost reached. However, there is no clear downward trend in the number of new HIV cases among sex workers by the end of 2023. In addition, the proportion of new HIV cases among sex workers in the total number of new cases has decreased from 2.2% in 2020 to 1.8% in 2023 (13), which is consistent with the 2022 sentinel surveillance data indicating a decrease in HIV prevalence among sex workers from 3.2% in 2018 to 2.9% in 2022. At the same time, the estimated number of sex workers increased from 17,500 in 2018 to 18,500 in 2022. Progress in meeting this commitment (100%) is assessed as **significant**.

The OPTIMA study recommends strengthening prevention programmes for sex workers.

3) **MSM.** From 2020 to 2023, the number of new HIV cases among MSM increased from 13 to 21. At the same time, the proportion of cases among MSM increased from 0.55% in 2020 to 1.9% in 2023 (based on the total number of new infections per year). These data are consistent with the recent SS 2022 which indicates an increase in HIV prevalence among MSM from

2.3% in 2017 to 4.3% in 2022, with a decrease in the estimated size of the group (from 13,400 in 2017 to 12,000 in 2022). Progress is estimated to be **low.**

According to experts from the SI RC AIDS, the increase in new HIV infections among MSM can be explained by the ongoing development of the epidemic in this group and a high level of risky sexual behaviour among MSM; on average, less than 50% of MSM reported having used a condom the last time they had sex (23). In recent years, there has also been an increase in the number of registered HIV cases among MSM who have traveled abroad and turned to civil society organisations for prevention services and testing against a backdrop of increased collaboration between NGOs and other HIV service providers in the EECA region.

4) **Prisoners.** Among prisoners, the number of new HIV cases declined over this period, and in 2023, the number of new HIV cases reached the 2025 target. The share of new HIV cases among prisoners of the total number of new HIV cases also fell from 3.0% in 2020 to 1.9% in 2023. Thus, it is possible to say that **significant progress** has been made in meeting this commitment.

Overall, the number of new HIV cases in all key populations decreased by 31.4%, from 153 cases in 2020 to 105 cases in 2023, exceeding the 2025 target of ≤ 122 cases. In line with the targets, the number of new HIV infections among people who inject drugs, sex workers, and prisoners has decreased against the background of a relative stabilisation in the spread of the epidemic in these groups. At the same time, the number of new HIV infections among MSM has almost doubled in the last three years, while HIV prevalence in this group has increased. The commitments to reduce the number of new HIV infections among people who inject drugs, sex workers, and prisoners were met, as the target indicators for 2025 were achieved by the end of 2023. However, the number of new HIV cases among MSM has not decreased. At the same time, there is no certainty that the trend towards a decline in new HIV infections in key populations is fully established, as the number of new cases in these groups has both increased and decreased over the last three years.

5) **Migrants.** This commitment was not included in the list of priority commitments in the last assessment. Although migrants are not classified as a key population, they are vulnerable to HIV. Therefore, this commitment was included in this study in agreement with the reference group. The reason for this is the fact that in recent years, more than 25–30% of new HIV cases have been registered annually among migrant workers. This trend has continued for at least the last five years. By the end of 2023, the number of new HIV cases among migrant workers almost doubled compared to baseline indicators, meaning an increase in the share of new HIV cases among migrants from 18.2% to 32.5% during this period. One-in-three new HIV cases occurs among migrant workers, which has a significant impact on the spread of the epidemic in the context of large-scale migration in the country. Progress in implementing this commitment is considered to be **low.**

Commitments 6–8. 95% of PLHIV from key populations know their HIV status by the end of 2025

The percentage of PLHIV from key populations who know their HIV status should be calculated from the estimated number of PLHIV in a particular group (people who inject drugs, sex workers, and MSM).

The indicators included in the M&E plan, such as 'Percentage of PWID who have undergone HIV testing in the last 12 months and know their test result', refer to the number of tested people who inject drugs who know their status (both positive and negative), which is not the required indicator according to the wording of the commitment and, therefore, cannot be used.

The estimated number of PLHIV in each group was determined in consultation with SI RC AIDS experts according to the calculations in Table 10, above.

The indicator was calculated following the recommendations on level indicators in the methodology manual used for this study.

Thus, the percentage of PLHIV-people who inject drugs who know their HIV status increased from 64.6% in 2020 to 71% in 2023. The score for meeting this commitment was 72.6% of the 2025 target and was considered **significant**.

The percentage of PLHIV-sex workers who know their HIV status increased from 31.7% in 2020 to 39% in 2023. The figure for meeting this commitment was 38.1% of the 2025 target. Therefore, progress was considered **moderate**.

The percentage of PLHIV among MSM who know their HIV status increased from 22.7% in 2020 to 26.2% in 2023. The score for meeting this commitment was 32.1%, considered as **insignificant progress**.

At the same time, after reviewing the baseline indicator for 2020 and considering the achievement of the target indicator of '95% of PLHIV-KPs know their HIV status', as 100% fulfillment of the commitment, the following data has been produced:

- **People Who Inject Drugs:** The gap to reach the 2025 target (95%) was 30.4% in 2020. This means that an increase of 30.4% in the percentage of PLHIV-people who inject drugs who know their HIV status would enable the target to be reached by 100% (or the 95% target). Consequently, a 1% increase in the percentage of PLHIV-people who inject drugs who know their status corresponds to reaching 3.3% of the target (1x100/30.4). In 2021, when 66.8% of PLHIV-people who inject drugs knew their status, the increase from the baseline was 2.2%, corresponding to 7.9% target achievement (2.2x100/30.4). In 2022, when 69.3% of PLHIV-people who inject drugs knew their status, the increase compared to the baseline was 4.7%, corresponding to a target achievement of 15.5%. In 2023, when 71% of PLHIV-people who inject drugs knew their status, the increase compared to the baseline was 6.4% and 21.1% compared to the target. On average, progress in meeting the commitment compared to baseline was 14.8% (7.9% + 15.5% + 21.1% / 3).

- **Sex Workers:** The gap to achieving the 2025 target (95%) was 63.3% in 2020. This means that increasing the percentage of PLHIV-Sex Workers who know their HIV status by 63.3% would allow the target to be reached by 100% (or the 95% target). Applying the above approach, progress in 2021 was 3.2%, in 2022 it was 6.2%, and in 2023 it was 11.7%. On average, progress for the Sex Worker group was 7% of the baseline.

- **MSM:** The gap to achieving the 2025 target (95%) was 72.3% in 2020. This means that increasing the number of PLHIV-MSM who know their HIV status by 72.3% would enable 100% of the target (95%) to be achieved. Consequently, progress in meeting the commitment was 8.2% in 2021, 19.8% in 2022 and 4.8% in 2023. On average, progress in meeting the commitment for the MSM group was 10.9% of the baseline.

Overall, the percentage of PLHIV who know their HIV status in the three key populations has increased from 39.6% in 2020 to 45.4% in 2023, which is significantly lower than the figure for PLHIV who know their HIV status for the entire country and regardless of their belonging to one of the KPs: 75% in 2023 with a target of 85%.

Thus, although the percentage of PLHIV in the three key population groups who know their HIV status has increased compared to 2020, there are significant gaps in achieving the 2025 target, and progress towards meeting these commitments is clearly insufficient.

Commitment 9. Increase coverage of PLHIV with quality treatment. By the end of 2025, 95% of people who know their HIV-positive status will continue to receive ART

To analyse the fulfillment of the commitment to achieve the second '95' of the UNAIDS strategy and increase the coverage of PLHIV with quality treatment, the indicator, '% of PLHIV who know their status and continue to receive ART', was selected. The targets for 2021 and 2022 were fully achieved, and in 2023, with a target of 90%, 89% was achieved. In recent years, there have been no interruptions in the supply of ARV drugs, modern treatment and diagnostic protocols have been introduced, and the estimated data on the number of PLHIV is updated annually. All this gives reason to believe that the targets for the second '95' can be achieved or come as close as possible if the same approaches continue to be applied. At the same time, it is necessary to identify existing gaps and take measures to fill them as soon as possible.

The overall achieved level of cascade among PLHIV for the 95–95–95 targets in 2023 exceeds the 2020 figures and is 75% for the first target '95', 89.4% for the second, and 88.6% for the third. Hence, the largest gaps relate to the first target.

According to PEPFAR (47), the clinical cascade for KPs by the end of 2023 is as follows:

Table 11. Clinical cascade of the 95–95–95 strategy for KPs in 2023

KP	First '95'	Second '95'	Third '95'
People who inject drugs	75%	79%	92%
Sex workers	49%	88%	94%
MSM	36%	88%	97 %

These data suggest that a large percentage of KP representatives living with HIV do not know their HIV status and that the largest gaps in achieving the 2025 target indicators (95%) are also in the first '95'.

As a result, ART coverage of PLHIV has increased under the ninth commitment, and the target indicators for 2021–2023 have almost been met. The overall progress in meeting this commitment by the end of 2023 is 99.8% and was assessed as **significant**. It is necessary to pay attention to the gaps in achieving the indicators for the targets of the 95–95–95 strategy for key populations

Commitment 10. Reduce the mortality rate from AIDS-related diseases among people living with HIV. By the end of 2025, the AIDS-related mortality rate will be reduced by 50%

Mortality rates are calculated based on the proportion of patients who died from AIDS-related diseases per 100,000 people. According to the National AIDS Centre, the mortality rate gradually decreased during 2021–2023, reaching 1.9 per 100,000 at the end of 2023, which is below the target for the end of 2025 (≤3.0 per 100,000). Thus, the mortality rate during 2021–2023 has decreased by 2.2 times compared to the 2020 baseline (4.1 per 100,000), i.e. by more than 100% compared to the planned target for 2025. Therefore, appropriate measures must be taken in the future to maintain this trend of reducing AIDS-related mortality.

According to the results of the previous assessment for 2017–2020, the commitment to reduce the mortality rate was not met. Based on the results of this assessment, the reduction in the mortality rate for 2025 had already been reached in 2023. This was made possible by the increase in ART coverage and the provision of HIV treatment in line with the latest WHO recommendations that enabled correspondingly high rates of viral load reduction.

The primary causes of AIDS-related mortality in Tajikistan continue to be delays in seeking medical care and starting ART, as well as interruptions, and a lack of adherence to treatment (11). At the same time, according to GAM data, some progress has been made in the last three years. For example, the percentage of PLHIV with an initial CD4 cell count <200 cells/mm3 at the time of registration decreased from 43.3% in 2020 to 33.9% in 2022, as did the percentage of PLHIV with a CD4 cell count <350 cells/mm^3 (66.7% and 57.1%, respectively). According to PEPFAR, approximately one-third of newly identified HIV patients had advanced forms of HIV at the time of diagnosis. 91% of non-KP patients had a CD4 cell test at diagnosis,

compared to 85% of KP patients (47). CD4 cell testing needs to be expanded, and the diagnostics and management of HIV-related diseases need to be improved to maintain the downward trend in mortality (11).

Progress towards this commitment by the end of 2023 was assessed as **significant** (100%).

Overall, the average progress for all commitments on the impact on the epidemic prioritised for this assessment was **64.2%,** which corresponds to **average progress** according to the methodology used for the study

3.2. Results of the assessment of progress in implementing commitments by programmatic areas

A total of **31** commitments relevant to ensuring the sustainability of the HIV response among key populations were analysed and assessed in the context of the transition from Global Fund support to domestic funding.

Table 12. Number of commitments analysed by programmatic areas and health system domains

Programmatic area	Number/ %	Health system domain (number of commitments)					
		Financing	Drugs, supplies and equipment	Service provision	Governance	Data and information	Human resources
HIV prevention	12/ 38,7%	**1**	**2**	**7**	**-**	**2**	**-**
Diagnostics and treatment	8/ 25,8%	**2**	**-**	**1**	**5**	**-**	**-**
Human rights	5/ 16,1%	**-**	**-**	**-**	**5**	**-**	**-**
CSS and advocacy	4/ 12,9%	**1**	**-**	**-**	**2**	**1**	**-**
OAT	2/6,5%	**-**	**-**	**2**	**-**	**-**	**-**
Total	**31/100%**						

Several commitments were relevant to more than one programmatic area. This was taken into account in the analysis of the individual programmatic areas.

The commitments selected for the assessment were defined in the 'National HIV/AIDS Programme for 2021–2025', with most of the commitments listed and clarified in the Implementation Plan for this Programme. The following indicators were used for the assessment: indicators directly mentioned in the text of the Programme; standard indicators of the National M&E Plan for 2021–2025; and indicators formulated according to the wording of some commitments.

3.2.1. Assessment of the commitments on HIV prevention among key populations

Table 13. Assessment of commitments on HIV prevention among KPs

№	Commitment	Indicator/ Baseline	Plan/ Progress in 2021	Plan/ Progress in 2022	Plan/ Progress in 2023	Average score by commitment	Average score by programmat-ic area
1.	Procurement of 5% of the total amount of rapid HIV test kits for KPs by 2022 and 10% by 2023 with state funds	% of rapid test kits procured at the expense of the state budget out of the total number of rapid test kits required for testing of KPs Baseline: 0% in 2020	n/a yes	5% yes	10% yes	**100%**	**70,5%**
2.	Procurement of 10% of the total amount of condoms for KPs in 2022 and 15% in 2023 with state funds	% condoms procured at the expense of the state budget from the total number of condoms supplied for provision to KP representatives	n/a n/a	10% 0%	15% 0%	**0%**	
3.	Expand counseling, rapid testing and HIV self-testing of key populations based on 15 NGOs and using saliva test kits	Number of NGOs that provide VCT and self-testing with saliva test kits Baseline:10 NGOs in 2020	n/a 10	n/a 10	n/a 10	**42,5%** Moderate progress based on average TMT value	
4.	Implementation of pre-exposure prophylaxis for key populations and partners of PLHIV	Number of representatives of KPs and partners of PLHIV receiving PrEP Data from GAM, SI RC AIDS, and the Global Fund Project Baseline:10 persons in 2020	300 104 **34,7%**	300 318 **106%**	300 913 **304%**	**148,2%**	
HIV prevention among people who inject drugs and other key populations							
5.	* Ensure high coverage of people who inject drugs with high-quality combined prevention services	% of people who inject drugs covered by prevention programmes from estimated number of people who inject drugs Baseline: 70.3% in 2020	75% 64,1% **85%**	80% 80,5% **100,6%**	85% 72% **84,7%**	**77%** Substantial progress based on average TMT value	
6.	* Ensure high coverage of sex workers with high-quality combined prevention services	% of sex workers covered by prevention programmes from estimated number of sex workers Baseline: 50% in 2020	60% 58% **96,6%**	70% 66% **94,3%**	80% 66% **82,5%**	**77%** Substantial progress based on average TMT value	
7.	* Ensure high coverage of MSM with high-quality combined prevention services	% of MSM covered by prevention programmes from estimated number of MSM Baseline: 34.6% in 2020	55% 43,7% **79,4%**	60% 59,0% **98%**	70% 59,4% **84,9%**	**77%** Substantial progress based on average TMT value	
8.	** Procurement of syringes, needles, and condoms for the harm reduction programme	Budget of the Ministry of Health/SI RC AIDS for the procurement of syringes, needles, and condoms for the harm reduction programme Baseline: $ 0 in 2020	n/a 0	n/a 2 762 $	n/a 0	**12.5%** Low progress based on average TMT value	

9.	Support the activities of 60 'trust points'/SEPs for people who inject drugs at NGOs and health facilities through external and state funding	Number of functioning syringe exchange points for people who inject drugs Baseline: 54 in 2020, 60 planned	60 34	60 34	60 32	**55,5%**	
10.	Support the activities of 25 'friendly offices'/counseling services at NGOs and health facilities for representatives of other high-risk groups (sex workers, MSM) and their sexual partners	Number of functioning 'friendly offices'/ counseling services	25 14	25 14	25 14	**56,0%**	
11.	Mapping and evaluating harm reduction services for people who inject drugs and studying the drug scene to improve the effectiveness of programmes	Report on the drug scene study	n/a n/a	yes yes	n/a n/a	**100%**	
12.	Conducting sentinel surveillance among people who inject drugs and other key populations	Submitted reports on sentinel surveillance among Kps	n/a n/a	3 3	1 1	**100%**	

*The rationale for using expert opinion to change the final commitment score can be found below in the text of the report.

**The rationale for using the average TMT value can be found below in the text of the report.

HIV prevention among KPs

Commitment 1. Procurement of 5% of the total amount of rapid HIV test kits for KPs by 2022 and 10% by 2023 with state funds

This commitment was included in the project proposal for financial support from the Global Fund for 2021–2023.

According to calculations made in consultation with SI RC's AIDS experts, the number of test kits procured should be equal to the estimated number of KPs multiplied by two tests per year to check all representatives of key populations. This means that approximately 97,400,000 rapid test kits should be procured per year; 4,870 rapid test kits account for 5% and 9,740 rapid test kits account for 10% of this figure.

According to UNDP, an average of 99,817 rapid HIV test kits were procured per year for HIV testing of all key populations for 2021–2023 (46).

There is data from SI RC AIDS on the allocation of budget funds for the procurement of HIV test kits, including rapid tests, at least from 2019 to 2023 (31). According to SI RC AIDS, 340,276 rapid test kits were procured from the state budget in 2021; 128,197 in 2022; and 417,905 in 2023. The test kits procured from the state budget were mainly used for testing

pregnant women, newlyweds, patients in medical institutions, and other categories of the general population. According to SI RC AIDS, 5% and 10% of the required number of rapid test kits for KPs could be financed from the state budget if needed. To confirm this claim, SI RC AIDS provided information according to which 3,300 test kits were transferred to the TB service and 3,000 test kits to the penitentiary system (the MDECP) in 2023. At the same time, there is currently a split in the procurement of rapid test kits at the expense of the Global Fund (mainly for KPs) and the state budget (for testing different categories of people from the general population).

Thus, during 2021–2023, rapid test kits were procured at the expense of the state budget, exceeding 10% of the total number of rapid test kits needed for HIV testing for KPs, and this amount could have been transferred upon request for testing of key populations. In particular, these test kits were transferred for HIV testing of prisoners. At the same time, Global Fund support during this period fully covered the need for rapid test kits for other key populations according to the funding request and there were no additional requests. In the future, it is necessary to pay attention to the coordination of the procurement of rapid test kits between partners and to use international mechanisms and platforms that ensure the provision of tests prequalified by WHO.

As there were no annual targets for this commitment, the assessment in the TMT was on a 'yes' or 'no' basis.

This commitment was met and progress in its implementation was assessed as **significant** in agreement with the reference group.

Commitment 2. Procurement of 10% of the total amount of condoms for KPs in 2022 and 15% in 2023 with state funds

This commitment was included in the project proposal for the Global Fund for 2021–2023. According to SI RC AIDS, the state did not allocate a budget for the procurement of condoms for 2021–2023. Progress in fulfilling the commitment was assessed as low. At the same time, representatives of KPs are provided with free condoms at the expense of the Global Fund (in particular, about 300 condoms per year per sex worker). In the country, there is access to free condoms through UNFPA programmes and in reproductive health centres. Condoms are also available for purchase. In general, the supply of condoms, especially for sex workers, is sufficient (20).

Commitment 3. Expand counseling, rapid testing and HIV self-testing for key populations based on 15 NGOs and using saliva test kits

The number of NGOs offering counseling and testing services, including rapid tests with saliva biomaterial and self-testing, did not increase during 2021–2023. At the same time, most of the ten NGOs that were active during this period had broad regional coverage. Larger organisations operated in several locations.

According to UNDP (46), testing coverage for people who inject drugs increased by 11.3% in 2023 compared to 2020; for sex workers by 22.9%; and for MSM by almost 2.5 times (155%). However, only 82% of the programmatic targets for HIV testing for people who inject drugs were achieved by the end of 2023; 90.6% for sex workers; and 88.6% for MSM.

Table 14. Coverage of KPs with HIV testing according to UNDP data

KP	2020		2021		2022		2023	
	Annual targets for HIV testing	Number of of people tested per year	Annual targets for HIV testing	Number of people tested per year	Annual targets for HIV testing	Number of people tested per year	Annual targets for HIV testing	Number of people tested per year
People who inject drugs	12 705	10 131	12 540	11 159	12 915	12 233	13 746	11 277
Sex workers	7 755	5 054	8 686	7 108	9 554	8 603	10 510	9 529
MSM	3 350	2 261	5 678	4 398	6 075	5 199	6 501	5 760

If all planned targets for HIV testing had been met, it might not have been necessary to increase the number of NGOs. However, according to UNDP data for 2020–2023 (46) the programmatic targets for testing of KPs were not fully achieved. The target indicators for VCT coverage (from the estimated number) set in the M&E plan (32), for 2023 were achieved for sex workers and MSM, but not for people who inject drugs.

Thus, there was no progress in increasing the number of NGOs conducting HIV testing during this period. The programme targets for testing for all KPs were not met, and the M&E plan target indicators for testing were only met for sex workers and MSM. At the same time, testing coverage has increased compared to the baseline indicators, especially for MSM.

Therefore, it is necessary to pay attention to the small number of NGOs offering HIV testing to KPs and perhaps focus on increasing the number of outreach workers in the field and optimising approaches to testing in existing NGOs.

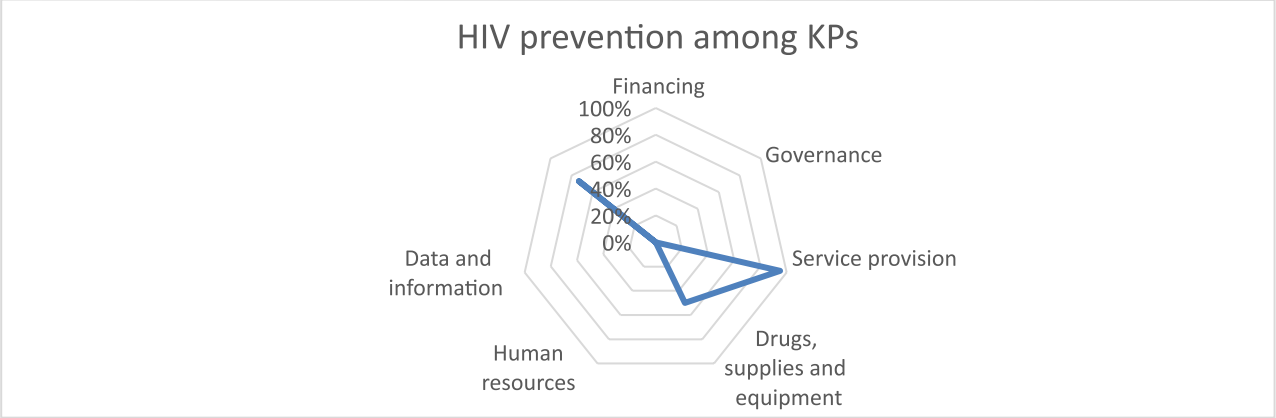
On the one hand, the number of NGOs offering HIV testing has not increased during the assessed period, so progress in meeting the commitment can be considered low (0%). On the other hand, a small number of NGOs have carried out intensive outreach work, resulting in an actual increase in HIV testing coverage compared to the baseline indicators. Consequently, progress was rated as **moderate** based on expert opinion. Therefore, the average value for moderate progress specified in the TMT was used to describe progress, i.e. **42.5%** (from 36 to 49% = 42.5%).

Commitment 4. Implementation of pre-exposure prophylaxis for key populations and partners of PLHIV

The introduction of PrEP in Tajikistan began in 2019–2020 and is supported by the Global Fund and PEPFAR. The Global Fund fully supports the procurement of PrEP drugs. According to UNDP (46), the programme covered only ten people in 2020, 104 in 2021, including 94 new patients, and 318/214 in 2022. Cumulative coverage in 2022 reached programmatic targets (300 patients). In 2023, PrEP covered 931 patients, including 613 new patients. The programmatic targets for the implementation of the Global Fund grant were indicated as targets for this commitment. While the country was preparing the project proposal for Global Fund financial support for 2024–2026, a plan to expand PrEP coverage was developed. According to this plan, PrEP coverage is expected to reach 1,000 patients in 2024, 2,000 in 2025 and 3,000 in 2026. It is expected that the highest percentage of PrEP coverage will be achieved among sex workers (35%), with 22% in other groups (MSM, people who inject drugs, and discordant couples) (25).

Given that the programmatic targets were achieved, and coverage has increased significantly compared to 2020 and over several years, progress in meeting the commitments, especially for 2023, is considered significant. At the same time, it should be noted that increasing coverage and retaining clients on PrEP remains a challenge for programme implementation given the high levels of risky sexual behaviour among KPs (SS, 2022).

Figure 2. Assessment of progress in meeting priority commitments in the programmatic area 'HIV prevention in key populations'*



*Three KPs (people who inject drugs, sex workers, and MSM) were taken into account when creating the diagram.

Commitments 5–7. Ensure high coverage of KPs (people who inject drugs, sex workers, and MSM) with high-quality combined prevention services

When analysing compliance with the commitment, the coverage of each key population was considered separately as the calculation was based on the estimated number of each KP

group according to sentinel surveillance data per year. The estimated SS data for 2018 was used to calculate the coverage for 2021 and 2022. The SS data for 2022 was used to calculate the coverage rate in 2023.

Coverage of **people who inject drugs** with prevention programmes in 2023 was 72% of the estimated number of people who inject drugs. This is slightly more than the coverage achieved in 2020 (70%). At the same time, coverage should be increased by 23% to reach the target of 95% by the end of 2025.

Coverage of prevention programmes among **sex workers** increased from 50% in 2020 to 66% in 2023 and among **MSM** from 34% to 59.4% in 2023.

Compared to the target indicators, compliance with the commitment was estimated to be quite high for all three KPs: from 87.4% for the MSM group to 89.9% for the group of people who inject drugs, 91% for the sex worker group, and 89.5% for all three KPs.

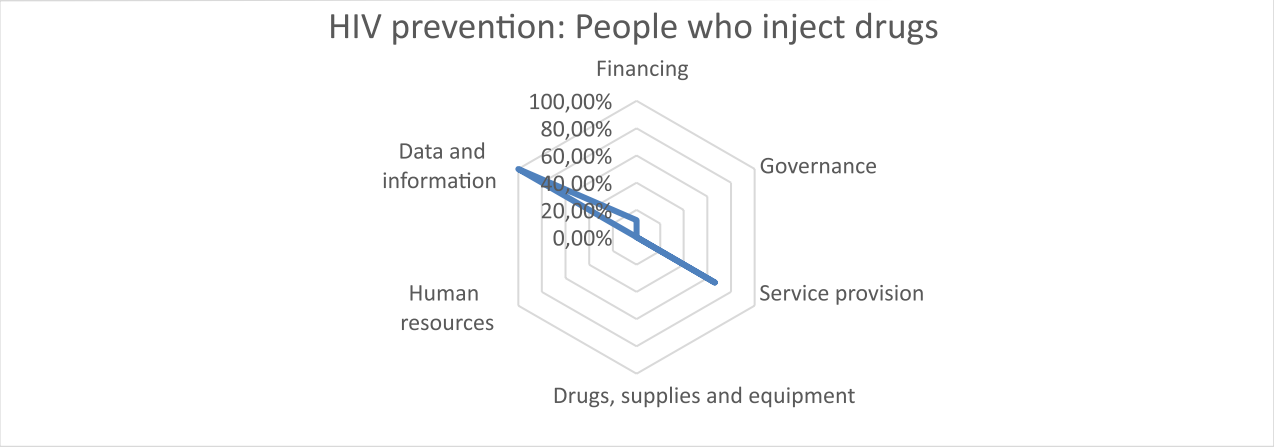
The above data shows that the commitments to cover sex workers and MSM with prevention programmes were met to a high degree, while the actual coverage of these groups was low (66% and 59.4%, respectively). The gaps to achieve the 2025 targets remain significant: in the remaining two years, coverage of people who inject drugs needs to be increased by 23%, sex workers by 34%, and MSM by 35.6%. Perhaps the high result in meeting the commitment for these groups is related to the relatively low level of initial indicators, on the basis of which unambitious but realistically achievable targets were set.

Thus, the annual targets for coverage of prevention programmes were not met in any of the groups, and the gap to meet the 2025 targets (95%) is considerable (on average, about 30% in each of the three groups). This raises concerns about whether the 2025 targets can be achieved in the remaining two years until the end of the current National Programme.

Progress in meeting the commitments regarding coverage with prevention programmes was also assessed separately for each group.

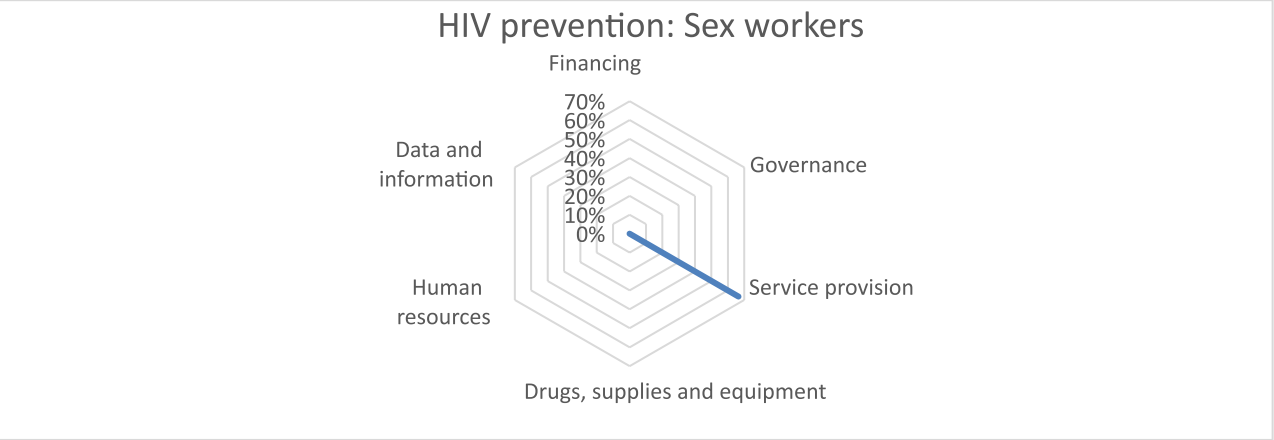
Thus, looking at the increase in coverage of people who inject drugs, sex workers, and MSM with prevention programmes compared to the baseline indicators, progress in meeting this commitment could be considered significant for all three groups. Expressed in figures, on average 89.9% for people who inject drugs, 91% for sex workers, and 87.4% for MSM. However, the target indicators for prevention programme coverage, based on the estimated number of KPs per year, were not met in any group. Therefore, progress was assessed as **substantial** based on expert opinion. The average value for substantial progress defined in the TMT was used to express progress as a percentage at **77%** (from 70 to 84% = 77%).

Figure 3. Assessment of progress in meeting priority commitments in the programmatic area 'HIV prevention in key populations (PWID)'*



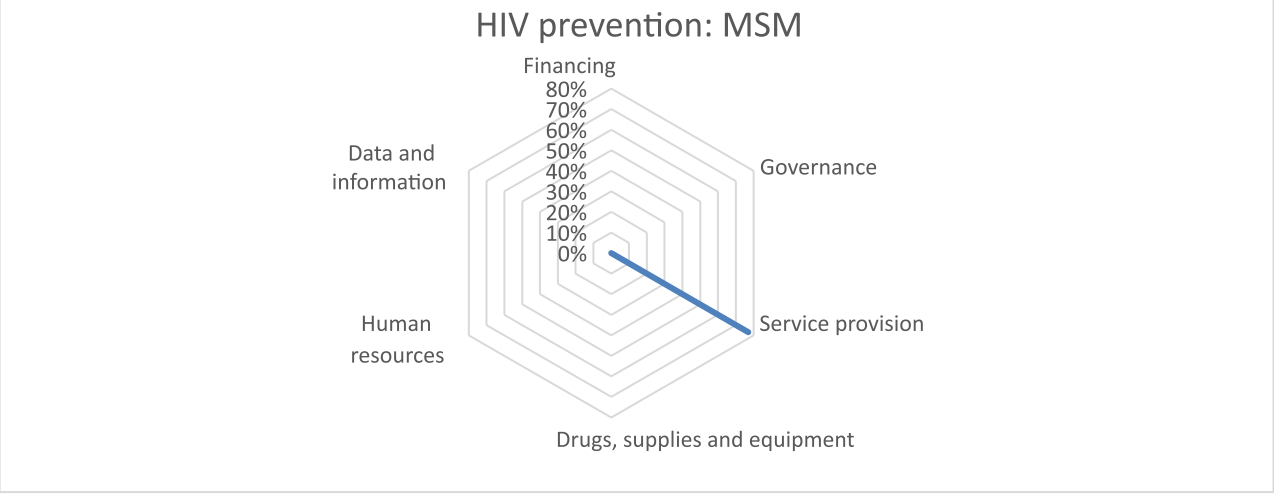
*The diagram was drawn up taking into account the commitments related to people who inject drugs.

Figure 4. Assessment of progress in meeting priority commitments in the programmatic area 'HIV prevention in key populations (SW)'*



*The diagram was drawn up taking into account the commitments related to sex workers.

Figure 5. Assessment of progress in meeting priority commitments in the programmatic area 'HIV prevention in key populations (MSM)'*



*The diagram was drawn up taking into account the commitments related to MSM.

Commitment 8. Procurement of syringes, needles and condoms for the harm reduction programme

No annual targets were set for this commitment, so progress in meeting the targets was assessed as 'yes' (met: 100%) or 'no' (not met: 0%). In 2022, funds from the state budget were allocated for the first time to procure syringes and needles for harm reduction programmes for TJS29,000 (USD2,762 at the average annual exchange rate for 2022). According to the project proposal for financial support from the Global Fund for 2021–2023, the Global Fund financed the procurement of syringes and needles with an average of USD116,283 per year. The funds allocated from the national budget to procure syringes and needles in 2022 correspond to approximately 2.4% of the amount spent for these purposes from Global Fund resources. In this regard, progress in meeting this commitment was rated as **low**. However, due to the allocation of the above amount in 2022, the score for the commitment was not assessed as zero but at the average value for low progress indicated in the TMT at **12.5%** (from 0 to 25%).

Commitment 9. Support the activities of 60 'trust points'/SEPs for people who inject drugs at NGOs and health facilities through external and state funding

Initially, in 2020, the number of functioning 'trust points' (TP) was lower (54 TP) than indicated in the commitment (60 TP). Information on interim target indicators by year is not available. The TPs are located at NGOs (with funding from the Global Fund) and state health facilities supported by both the Global Fund and the state, which provides the premises and covers the running costs.

From 2021 to 2023, 34 'trust points' (syringe exchange points) for people who inject drugs were supported. Of these, 24 'trust points' were located at state health facilities, mainly in AIDS centres, and 10 in NGOs. Thus, the number of functioning 'trust points' decreased significantly compared to 2020 for various reasons, including the budget deficit and the closure of an NGO in the Gorno-Badakhshan Autonomous Region (GBAR) (two 'trust points' were closed). At the end of 2023, 32 'trust points' were operating in the country. In the discussion with the experts of the reference group, the opinion was expressed that it is not necessary to increase the number of 'trust points' but to optimise the work of the existing points and to use alternative approaches (mobile clinics, expansion of outreach work, etc.).

As there were no target indicators for the individual years, the score for compliance with this commitment was calculated based on the number of 60 planned TPs. Progress in meeting this commitment was **55.5%** and was rated as **average**.

When assessing this commitment, the most important fact was that the reduction in the number of 'trust points' was only due to TPs based at NGOs, from 30 TPs working at the end of 2020 to 10 TPs in 2023. Only five NGOs provided HIV prevention services to people who inject drugs in 10 trust points from 2021 to 2023.

Commitment 10. Support the activities of 25 'friendly offices'/counseling services at NGOs and health facilities for representatives of other high-risk groups (sex worker, MSM) and their sexual partners

The initial number of 'friendly offices' (FOs) providing services to sex workers and their clients amounted to 28 in 2020. The FOs work on the basis of both NGOs and health facilities. In 2021–2023, 14 FOs were active, of which 11 FOs were based at health facilities, mainly AIDS centres, and three at NGOs. Services for MSM are only provided by NGOs (20). The number of NGOs working with sex workers and MSM has decreased by half, from 28 FOs operating at the end of 2020 to 14 in 2023. This significant decrease in the number of FOs is only due to FOs based in NGOs: from 17 to 3 'friendly offices'.

There were no annual target indicators, so the score for meeting this commitment was calculated based on 25 planned FOs. Progress in meeting this commitment was scored at **56%**, which is an **average** level of progress.

As already mentioned, it is necessary to consider the problem of the decline in the number of NGOs implementing programmes for KPs in general.

Commitment 11. Mapping and evaluating harm reduction services for people who inject drugs and studying the drug scene to improve the effectiveness of programmes

This commitment was fulfilled on time. The results of the study pointed to a declining trend in the population who regularly inject drugs, gaps in drug policy, and summarised the problems in the implementation of the OAT programme. The need for this study was identified in the recommendations of the previous assessment. Progress in meeting the commitment was assessed as **significant**.

Commitment 12. Conducting sentinel surveillance among people who inject drugs and other key populations

Sentinel surveillance was conducted among people who inject drugs, sex workers, and MSM in 2022 and among prisoners in 2023. A sufficient amount of strategic information was collected on all four KPs to assess progress in the implementation of measures to combat the epidemic, to plan further activities, and to promote the development of epidemiological surveillance. Progress in meeting this commitment was assessed as **significant**.

Overall, progress in meeting the prioritised commitments in the programmatic area '**HIV prevention among key populations**' **was 70.5%** and was rated as **significant** according to the assessment methodology.

3.2.2. Assessment of commitments in the programmatic area 'HIV diagnostics, treatment, care and support, including palliative care for PLHIV and PLHIV with TB'

Eight prioritised commitments were assessed in this programmatic area.

Table 15. Assessment of the implementation of commitments in the programmatic area 'HIV diagnostics, treatment, care and support, including palliative care for PLHIV and PLHIV with TB'

№	Commitment	Indicator/Baseline	Plan/ Progress in 2021	Plan/ Progress in 2022	Plan/ Progress in 2023	Average score by commitment	Average score by programmatic area
1.	Updating and revising the algorithm for HIV testing, including testing at NGOs and self-testing	Availability of a protocol for an updated testing algorithm Previous update 2020	n/a n/a	yes yes	n/a n/a	**100%**	***77%** Substantial progress based on expert opinion and using the average TMT value
2.	Revision of the clinical treatment protocol based on the regularly updated WHO recommendations	Availability of an updated protocol Previous update 2020	n/a n/a	yes yes	n/a n/a	**100%**	
3.	Uninterrupted supply of ARV drugs for 100% of people living with HIV and for post-exposure prophylaxis	Percentage of healthcare facilities that experienced a stock-out of ARV drugs Baseline: 0% in 2020	0% 0%	0% 0%	0% 0%	**100%**	
4.	Procurement of ARV drugs and diagnostic tools to determine CD4 cells and viral load, 5% of the total amount for each item in 2022 and 10% in 2023	% of government funding in the total amount of funding for the procurement of ARV drugs and diagnostics Baseline: 0% in 2020	0% 0%	5% 0%	10% 0%	**0%**	
5.	* Procurement of essential medicines, including cotrimoxazole for the prevention and treatment of opportunistic infections in PLHIV	The MHSPP budget for the procurement of medicines for the treatment of OIs Baseline: $18,356 in 2020	n/a 19 274 $	n/a 20 816 $	n/a 21 650 $	**42,5%** Moderate progress based on the average TMT value	
6	Implementation of free hepatitis B vaccination programmes for PLHIV	Availability of a free hepatitis B vaccination programme for PLHIV Baseline data for 2020 not available	n/a no	n/a no	n/a no	**0%**	

7.	* Implementation of free screening and vaccination against human papillomavirus for women with HIV aged 30 to 49 years	Availability of confirmation documents on the provision of free screening and vaccination against HPV Baseline data for 2020 not available	n/a no	n/a no	n/a no	**30,5%** Insignificant progress based on the average TMT value	
8.	Introduction of identification of recent HIV cases into the routine HIV surveillance system at the national level	Testing for the recency of infection is included in the national testing protocol Baseline data for 2020 not available	n/a no	n/a yes	n/a yes	**100%**	

*The rationale for using the average TMT value can be found below in the text of the report.

Commitment 1. Updating and revising the algorithm for HIV testing, including testing at NGOs and self-testing

The algorithm for HIV testing was revised and introduced in 2022, including NGO-based testing and self-testing, in line with the latest WHO recommendations. NGO-based testing was introduced in 2015 and expanded by 2020. Self-testing was introduced in 2019 and corresponding guidelines were developed in 2020. The updated algorithm for HIV testing also includes testing for the recency of infection, which contributes to the development of epidemiological sentinel surveillance.

At the same time, during the mid-term review of the implementation of the National HIV/AIDS Programme in 2023, the WHO mission recommended to improve the testing policy, including conducting a study to confirm the HIV testing algorithm to ensure high-quality results, examining the possibility of centralising the procurement of medical supplies for the diagnostics of HIV infection, and introducing a procedure for evaluating test kits from different manufacturers in HIV diagnostics, as well as several other recommendations (11).

This commitment was fulfilled on time; the HIV testing algorithm is regularly updated, and progress is considered **significant**.

A similar commitment was analysed in the previous assessment and significant progress had been made in its implementation. However, the existing gaps in the application of the testing algorithm identified by the WHO mission during the mid-term review of the National Programme needs to be addressed in the near future.

Commitment 2. Revision of the clinical treatment protocol based on regularly updated WHO recommendations

The national clinical treatment protocol was also updated in 2022. The protocols are regularly updated in line with the latest WHO recommendations, including the guidelines on

PrEP. According to the results of the review of the National Programme conducted by the WHO mission in 2023, much has been done in recent years to optimise and reduce the number of treatment regimens. Most adult patients receive a fixed-dose combination regimen (TLD) with more than 98% with high treatment coverage (11). Other achievements in recent years include the introduction of take-home ARV drugs for a period of six months to one year for patients adhering to ART. Treatment is gradually being decentralised by offering ART in primary healthcare facilities. There is a high level of HIV screening among tuberculosis patients (97%) and a high level of ARV coverage among patients with HIV/TB co-infection (98%). The proportion of PLHIV with viral suppression among patients on ART is steadily increasing and was 88.6% in 2023. It takes a relatively long time to obtain test results and to start treatment. According to SI RC AIDS, it takes an average of 6–8 days. After diagnosis, most patients start treatment within seven days (11).

The mid-term review recommended further optimisation of ART in adults and children, ensuring prompt initiation and the provision of ART after diagnosis, etc. (11).

Therefore, the commitment to review and update the clinical protocol was fulfilled in time and is implemented regularly. Progress in meeting this commitment is considered **significant**. A similar commitment was reviewed as part of the last assessment, and progress was also significant.

Commitment 3. Uninterrupted supply of ARV drugs for 100% of people living with HIV and for post-exposure prophylaxis

During 2021–2023, 100% of healthcare facilities were supplied with ARV medicines on time for all patients. According to members of the reference group, not a single health facility providing ARV treatment ran out of ARV drugs during the entire period from 2021 to 2023. According to UNAIDS, Tajikistan was one of four of the 22 countries worldwide that submitted a report on the status of HIV services during the COVID-19 pandemic, where ART coverage had increased (55).

Uninterrupted supply of ARV drugs is secured not only through procurement of ART and related consumables but also through the establishment and support of a management system that ensures regular supply at the right time based on up-to-date data on the number of PLHIV, drug inventory and monitoring, distribution, registration, training of health workers, and the integration of ART into primary health care, etc., which is now primarily the state's contribution to the provision of HIV treatment. The indicator, 'Percentage of healthcare facilities that experienced a stock-out of ARV drugs in 2021–2025', included in the

national M&E plan, was used for the analysis. The relevant commitment was fully met. Even during the COVID-19 pandemic, not a single healthcare facility experienced a shortage of ARV drugs. Against the backdrop of an uninterrupted supply of ARV drugs, patient coverage with ART increased. Therefore, progress in meeting this commitment was considered **significant**. A similar commitment had already been analysed in the previous assessment, where significant progress had also been reported.

Commitment 4. Procurement of ARV drugs and diagnostic tools to determine CD4 cells and viral load, 5% of the total amount for each item in 2022 and 10% in 2023

This commitment was included in the project proposal for financial support from the Global Fund for 2021–2023. Until now, only the Global Fund financed the procurement of ARV drugs. The country had fixed prices for procurement through international mechanisms. The project proposal to the Global Fund for 2021–2023 envisaged that from 2023, part of the cost of procuring ARV drugs and diagnostics would be covered by the national budget, namely 5% of the total cost in 2022 and 10% in 2023. However, this plan was not implemented. According to the 'Letter of Commitment of the Ministry of Health and Social Protection of the Republic of Tajikistan on co-financing submitted to the Global Fund', the provision of funds from the state budget for the procurement of ARV drugs for USD34,670 is planned for 2024 (4).

One of the risks of switching to government funding is a possible significant increase in the price of ARV drugs if they are procured without the use of international mechanisms. To date, several workshops have been held to develop a position on the choice of international mechanisms for government procurement in the HIV sector, while discussion on this topic continues (50). In 2023, the Law on Public Procurement was adopted, which aims to create a unified system of state procurement that ensures the efficient and economical use of state funds based on the principles of competition, fair treatment of all participants in competition, and transparency of the state procurement process. According to the results of the mid-term review of the National Programme, one of the main recommendations in the field of treatment provision was to consider the possibility of amending and supplementing the national legal framework to create the possibility of purchasing medicines, test kits, and consumables at the expense of the state budget through international procurement mechanisms (11). Thus, there is currently a significant risk to the supply of ARV drugs if the Global Fund withdraws its funding. Progress in meeting this commitment is estimated to be **low**.

Commitment 5. Procurement of essential medicines, including cotrimoxazole, for the prevention and treatment of opportunistic infections for PLHIV

Since at least 2019, the state has provided state budget funds for the procurement of drugs for the treatment of opportunistic infections (OIs), including cotrimoxazole. In 2023, the amount allocated for this purchase was increased by 17.9% compared to 2020. For 2021–2023, the budget amounted to an average of USD20,580 per year (31), which corresponds to about 30% of the costs allocated by the Global Fund for the purchase of drugs for the treatment of OIs (46). For 2023–2025, the budget for the procurement of medications for the treatment of opportunistic infections is expected to exceed USD25,000 per year.

No annual targets were set for this commitment. Therefore, progress was assessed based on the regular allocation of funds and the increase in the budget of around USD1,000 per year and a total of 17.9% compared to the 2020 baseline indicator. Consequently, progress in meeting the commitment was assessed as **moderate** in this case (the average value for moderate progress according in the TMT being **42.5%**). At the same time, it should be clarified as to what extent the procurement of drugs for the prevention and treatment of OIs at the expense of the national budget complements the procurement at the expense of the Global Fund in line with need. The possibility of procuring drugs for the treatment of OIs entirely from the national budget must also be considered.

Commitment 6. Implementation of free hepatitis B vaccination programmes for PLHIV

As mentioned above, there is currently no free hepatitis B vaccination for adult PLHIV. It should be noted that this vaccination cannot be introduced only within the framework of the HIV programme, but should be implemented within the entire structure of the healthcare system, especially within the immunoprophylaxis service. At the same time, the AIDS service must lobby for the introduction of this vaccination by the end of 2025 and initiate the relevant processes. Progress in meeting this commitment is currently estimated to be **low**.

Commitment 7. Implementation of free screening and vaccination against human papillomavirus for women with HIV aged 30 to 49 years

This commitment includes two activities: free cervical cancer screening for women living with HIV and vaccination against the human papillomavirus (HPV).

According to the results of the midterm review of the National HIV Programme, HPV DNA detection is not used as a primary screening test for cervical cancer (11). Free screening for cervical cancer for women living with HIV is not regularly performed. At the same time, thanks to the joint efforts of partners, resources have been mobilised in recent years to provide free screening for women living with HIV, mainly in Dushanbe, in the form of one-off events. During the implementation of the Global Fund's last funding proposal, support for the introduction of free screening was included in the annex to the proposal (Prioritised Above Allocation Request – PAAR). However, this part was not implemented, and, as mentioned above, the screenings were conducted as one-off events. The new project proposal to the Global Fund for 2024–2026 also includes the introduction of free screenings for women living with HIV and also in the PAAR component. Efforts should be made to leverage Global Fund resources to support the routine implementation of cervical cancer screenings during this period and consider supporting this activity in sexual and reproductive health (SRH) programmes in the future.

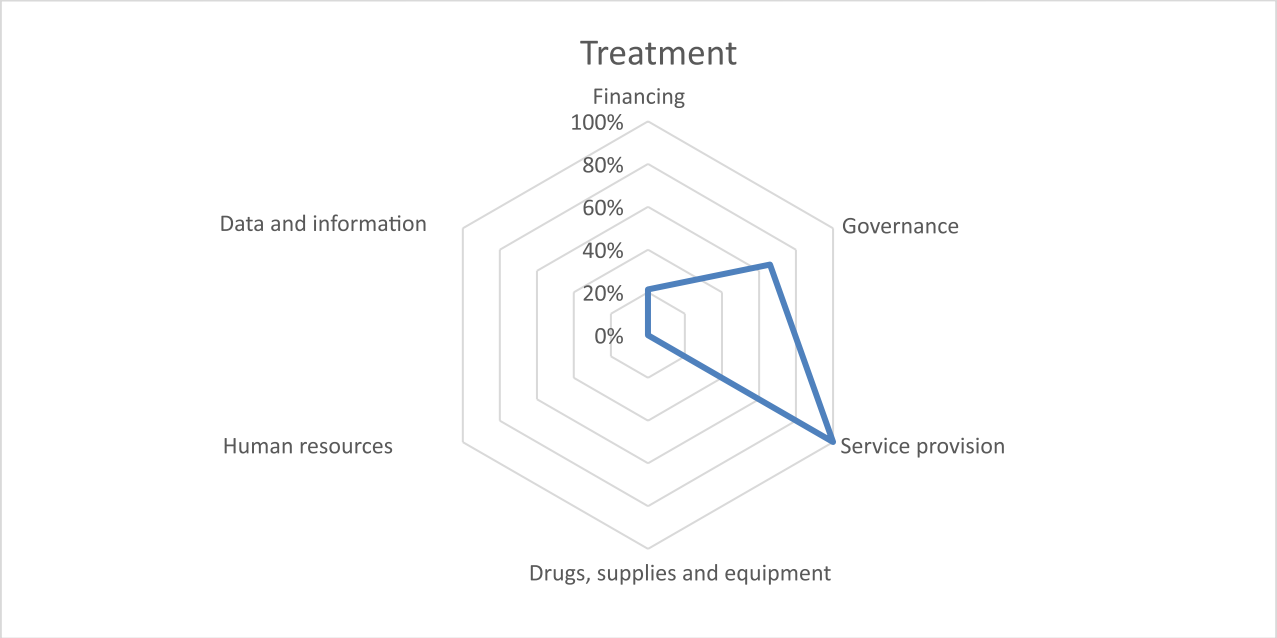
The population has not been vaccinated against HPV. Therefore, this problem should be addressed not only within the HIV programme, but also in the health system as a whole, including the structure of immunoprophylaxis. Progress in meeting this commitment has been assessed as low. However, considering that NGOs and AIDS centres are making great efforts to mobilise resources for free screening, and that despite the existing barriers, screening of women living with HIV has been carried out for at least the last three years, the reference group experts rated the progress in meeting this commitment as **insignificant** (the average value for insignificant progress according to the TMT was used at 30.5% (from 26 to 35%)).

Commitment 8. Introduction of identification of recent HIV cases into the routine HIV surveillance system at the national level

In 2018, new HIV recency testing was launched with the support of UNAIDS and introduced in the epidemiological surveillance system in 2022. Currently, all new HIV cases that meet the criteria undergo routine recency testing, which is of great epidemiological importance as recent cases of infection indicate active transmission of HIV. This is a new commitment that has been included in the National Programme for 2021–2025, and progress in its implementation is considered **significant**.

Progress in meeting commitments in the programmatic area of '**Diagnostics and treatment**' was initially rated as moderate (**59.1%**). However, given the high ART coverage achieved against the background of the use of modern treatment methods, the absence of interruptions in the provision of ART, and a significant decline in mortality rates, the final assessment was revised based on expert opinions and progress in this area was rated as **substantial**. To express progress in numbers, the average value for **substantial progress – 77%** (from 70 to 84%) – was used based on the TMT.

Figure 6. Assessment of progress in meeting prioritised commitments in the programmatic area 'HIV diagnostics, treatment, care and support, including palliative care for PLHIV and PLHIV with TB'



3.2.3. Results of the assessment of progress in the implementation of commitments in the programmatic area 'Human rights'

Five commitments were assessed in this programmatic area.

Table 16. Assessment of commitments in the programmatic area 'Human rights'

№	Commitment	Indicator/ Baseline	Plan/ Progress in 2021	Plan/ Progress in 2022	Plan/ Progress in 2023	Average value value by commitment	Average value by programmatic area
1	Improve the legislation of the Republic of Tajikistan on decriminalisation of HIV transmission, possession of drugs for personal use, application of alternative sanctions, compulsory treatment of people who use drugs and people living with HIV, as well as in the areas of health care, education, employment, and others following international standards	Availability of documents confirming the introduction of changes in legislation Baseline: 0 in 2020	n/a no	n/a no	n/a no	**30,5%** Insignificant progress based on the average TMT value	**67,6%**

2	Review and introduction of amendments and additions to the Decrees of the Government of the Republic of Tajikistan dated September 25, 2018 No. 475 'On the list of diseases that prevent people suffering from them from studying in medical educational institutions', dated October 1, 2004 No. 406 'On the adoption of the list of diseases, in the presence of which a person cannot adopt or take the child under guardianship', and of August 23, 2016 No. 374 'On the regulations on conducting compulsory medical examination of persons entering into marriage' in order to meet the rights of people living with HIV	Availability of documents confirming the introduction of changes in legislation Baseline: 0 in 2020	n/a no	n/a no	n/a no	**30,5%** Insignificant progress based on the average TMT value	
3	Facilitating the drafting and adoption of a resolution of the Plenum of the Supreme Court of the Republic of Tajikistan on the application of Article 125 of the Criminal Code of the Republic of Tajikistan by the courts of the Republic of Tajikistan	The resolution on the application of Article 125 of the Criminal Code was adopted Baseline: 0 in 2020	n/a no	n/a no	n/a yes	**100%**	
4.1.	* Reduce stigma and eliminate discrimination and violence against people living with HIV, key populations, vulnerable groups and others affected by the epidemic. The Stigma Index data show a decrease comparing to 2015	% of PLHIV who reported that they had been denied health services (including dental care) because of their HIV status Baseline: 21.1% in 2015	n/a 3%	n/a n/a	n/a n/a	**77%** **Substantial progress based on expert opinion and using the average TMT value**	
4.2.		% of PLHIV who reported that they had been refused employment or a job opportunity in the last 12 months because of their HIV status Baseline:14.8% in 2015	n/a 3,3%	n/a n/a	n/a n/a		
4.3		% of PLHIV who reported being excluded from family and social activities Baseline: 8.3% in 2015	n/a 2,1 %	n/a n/a	n/a n/a		
5.	REAct's regular monitoring data are used to track incidents of stigmatisation and discrimination	Number of registered cases of PLHIV and KP rights violations in the REAct database per year Baseline: 148 cases in 2020	n/a 546	n/a 611	n/a 1092	**100%**	

*When calculating the average value for commitment no. 4, this indicator was taken into account once, as there are three indicators for one commitment.

In the programmatic area of 'Human rights', the following commitments were prioritised and reviewed in the assessment:

Commitment 1. Improve the legislation of the Republic of Tajikistan on decriminalisation of HIV transmission, possession of drugs for personal use, application of alternative sanctions, compulsory treatment of people who use drugs and people living with HIV, as well as in the areas of health care, education, employment, and others, following international standards

The indicator chosen to assess compliance with this commitment was the existence of evidence of legislative change, including laws, by-laws, and regulations in at least four areas, including the decriminalisation of HIV, possession of drugs for personal use, the use of alternative sanctions, and compulsory treatment for people who use drugs and people living with HIV.

In order to improve legislation, a multi-sectoral working group was established which includes experts in the field of HIV, human rights, legislation, representatives of the judiciary, law enforcement agencies and other relevant sectors. A comprehensive review of HIV and related legislation was conducted, legal barriers to the implementation of effective HIV programmes were identified, and cases of Article 125 application and other human rights violations were regularly monitored. Reports on the existing legal barriers and ways to improve legislation were presented at regional and national judicial forums between 2021 and 2023. At the request of representatives of the Supreme Court of the Republic of Tajikistan, a WHO analytical document was made available demonstrating that for people living with HIV whose viral load is undetectable by WHO prequalified testing systems and who continue to take ARV drugs as prescribed, the risk of HIV transmission to their sexual partners is zero. This created the basis for improving the legislation. Proposals to amend the Criminal Code of the Republic of Tajikistan were drafted and submitted to higher authorities. However, thus far, no amendments have been made to the Criminal Code of the Republic of Tajikistan and the Administrative Code of the Republic of Tajikistan, laws or regulations.

The progress made in meeting this commitment can be assessed as low. However, given the preliminary work done and the development of the basis for changes, progress in fulfilling this commitment was rated as **insignificant**, taking into account expert opinion. According to the TMT, the average value for insignificant progress is **30.5%** (from 26 to 35%). It is necessary to step up efforts to amend legislation to ensure compliance with this commitment by the end of 2025.

Commitment 2. Review and introduction of amendments and additions to the Decrees of the Government of the Republic of Tajikistan dated September 25, 2018, No. 475 'On the list of diseases that prevent people suffering from them from studying in medical educational institutions', dated October 1, 2004, No. 406 'On the adoption of the list of diseases, in the presence of which a person cannot adopt or take the child under guardianship', and of August 23, 2016, No. 374 'On the regulations on conducting compulsory medical examination of persons entering into marriage', in order to meet the rights of people living with HIV

The indicator chosen to assess the fulfillment of this commitment is the availability of documents confirming the introduction of changes in legislation, including laws, by-laws, and regulations, in at least three areas: revision of the list of diseases that deny people with HIV the right to study in medical educational institutions; the right to adoption; and regulations on the implementation of mandatory medical examination of newlyweds.

The above regulations were reviewed by the working group and included in the legislative review, and options were presented for revising these regulations and by-laws. Thus far, no amendments have been made to the Criminal Code of the Republic of Tajikistan and the Administrative Code of the Republic of Tajikistan, laws or regulations. According to experts, progress in fulfilling this commitment is considered **insignificant**. Expressed in figures, the average value according to the TMT is **30.5%** (from 26 to 35%). It is necessary to step up efforts to amend legislation to ensure compliance with this commitment by the end of 2025.

Commitment 3. Facilitating the drafting and adoption of a resolution of the Plenum of the Supreme Court of the Republic of Tajikistan on the application of Article 125 of the Criminal Code of the Republic of Tajikistan by the courts of the Republic of Tajikistan

At the session of the Plenum of the Supreme Court of the Republic of Tajikistan on December 26, 2023, the Resolution of the Supreme Court of the Republic of Tajikistan 'On Judicial Practice in Criminal Cases Related to Infection with Human Immunodeficiency Virus' was adopted. The text of this resolution is published on the website of the Supreme Court of the Republic of Tajikistan. The working group on HIV legislation had made considerable effort to draft the document. The adoption of this resolution by the Supreme Court is of great importance for the correct application of Article 125 of the Criminal Code of the Republic of Tajikistan and other articles of the Criminal Code related to HIV by the courts. It also creates opportunities to strengthen activities to amend the Criminal Code of the Republic of Tajikistan in the field of HIV. This commitment was fully implemented. Progress in its implementation was considered **significant**. At the same time, it is necessary to continue to regularly monitor the application of Article 125 of the Criminal Code of the Republic of Tajikistan and to observe compliance with the above-mentioned decision of the Plenum of the Supreme Court of the Republic of Tajikistan.

Commitment 4. Reduce stigma and eliminate discrimination and violence against people living with HIV, key populations, vulnerable groups, and others affected by the epidemic

The Stigma Index research data shows a decrease in the level of stigma compared to 2015. Compliance with this commitment was assessed by comparing the results of the Stigma Index surveys conducted in Tajikistan in 2015 and 2021. For a more detailed comparison, several indicators whose data was collected in the Stigma Index surveys were used. No target indicators were defined by year as there were approximately six years between the first and second surveys. It was important to assess the level of stigma that people living with HIV experience quite frequently and which significantly affects their lives and health.

1) Percentage of PLHIV who reported that they had been denied health services (including dental care) because of their HIV status.

More than 20% of PLHIV respondents in the 2015 study reported they had been denied health care, including dental care. In the 2021 study, this figure had dropped significantly to 3%. At the same time, the level of stigma among sex workers remains high at 8.2% and among people who inject drugs at 5.6%. The 2015 Stigma Index did not include disaggregated data for each key population. It should also be noted that according to the 2021 study, the percentage of PLHIV who reported that their HIV status had been disclosed to others by healthcare workers without their consent remained high. Among people who inject drugs, this figure was 6.2%; among sex workers it was 4.7%; and among MSM at was 3.7%.

2) Percentage of PLHIV who reported that they had been refused employment or a job opportunity in the last 12 months because of their HIV status.

In 2015, this percentage was 14.8%, and according to the results of the 2021 study, it has fallen significantly to 3.3%.

3) The percentage of PLHIV who reported being excluded from family and social activities was 8.3% in 2015. According to the 2021 study, this figure has dropped significantly to 2.1% among PLHIV, although it was still high among people who inject drugs at 10%, sex workers at 15%, and MSM at 21%.

In the course of data collection, it was confirmed that there was some progress in reducing stigma and discrimination. This is due to the considerable work that has been done to raise awareness among the general population, as well as the training of professionals in various fields, particularly healthcare workers, media representatives and religious leaders. A significant number of trainings and events were conducted using modern technologies and social networks. Training of community representatives to protect their rights, provision of legal aid and work of street lawyers and peer consultants has played an important role in reducing stigma. A separate plan for high-level advocacy in the Republic of Tajikistan to overcome legal barriers in the field of HIV/AIDS was developed during the preparation of the

project proposal to the Global Fund for 2021–2023 and was supported (36). A component to protect human rights and reduce stigma and discrimination was also included in the new project proposal for 2024–2026.

At the same time, when comparing the results of the two Stigma Index studies, it should be noted that they could be influenced by methodological aspects, such as the use of an updated methodology in 2021; a significant difference in the sample size (in 2015 the total sample was 150 people and according to the revised methodology in 2021, it was 1,100); differences in the wording of the questions; and the use of a more detailed approach to disaggregating the data by KPs in 2021.

It is necessary to mention that the National Programme Implementation Plan includes a commitment to "conduct regular studies to determine the level of the Stigma Index". Thus far, two studies have been carried out six years apart and it is planned to carry out similar research in the future. Firstly, this is necessary to monitor the level of stigma and discrimination. Secondly, conducting a study on the Stigma Index is an example of community-based monitoring, the active implementation of which can currently be observed in Tajikistan. However, this requires additional mobilisation of resources and the strengthening of community expertise.

The Stigma Index study was therefore conducted during the assessment period. Its results are used to develop programmatic activities and to mobilise resources. Significant efforts were made to reduce the level of stigma, and the results of the Stigma Index study show that stigma has generally decreased. On this basis, and considering expert opinions, progress in meeting this commitment was assessed as **substantial**, with an average TMT-based value of **77%** (from 70 to 84%).

At the same time, PLHIV and members of key populations are still highly stigmatised. This is confirmed by the results of a study of HIV-related knowledge, skills and practices in the general population aged 15–49 years conducted in 2020. On average, 47% of respondents answered 'no' to at least one of the two questions:

а) Would they buy vegetables from a vendor if they knew he or she had HIV?

б) Can children living with HIV attend school with HIV-negative children? (34).

Commitment 5. REAct's regular monitoring data are used to track incidents of stigmatisation and discrimination

This commitment was added to the list of prioritised commitments and reformulated for the following reasons:

- The indicator for this commitment is included in the National Monitoring and Evaluation Plan;

- The REAct platform is used to carry out extensive work to monitor human rights violations and provide legal assistance. The REAct system was first introduced in Tajikistan in 2019 as part of the regional project, 'Sustainability of Services for Key Populations in the EECA', with financial support from the Global Fund and continues to be supported under the Global Fund country grant. According to NGO data, 11 REActors were active in Tajikistan in 2023, representing nine NGOs operating in 11 cities across the country;

- The monitoring of human rights violations is carried out by representatives of the affected communities (CLM – community-led monitoring) and contributes to strengthening their capacity; and,

- The Stigma Index study is conducted at least every five years so that the annual results from the REAct database complement the information on the existing level of stigma and discrimination in society.

The assessment of compliance with this commitment can be viewed from two perspectives:

1. Evidence of regular monitoring of human rights violations and access to counseling and legal support for people living with HIV; and,

2. The number of documented cases provides information not only on the demand for legal assistance among PLHIV and representatives of key populations but also on the frequency of cases of stigmatisation and discrimination and the corresponding response.

To assess the fulfillment of this commitment, the indicator from the M&E plan, 'Number of registered cases of PLHIV and KP rights violations in the REAct database', was used.

According to the results of the 2021 Stigma Index, the percentage of people reporting a violation of human rights in the last 12 months was 12% among people who inject drugs, 12.5% among sex workers, and 15% among MSM.

According to the NGOs carrying out the monitoring with the help of the REAct platform, the following results were achieved:

- The number of requests to REAct counselors increased significantly from 165 cases in 2020 to 522 cases in 2023 (data for the first half of 2023), confirming the regular operation of the REAct platform, and the broad access of PLHIV and representatives of KPs to counseling and primary legal assistance.

- Not all complaints are qualified as human rights violations, but only according to the criteria set out in the REAct system. Nevertheless, the number of registered cases of human rights violations increases every year.

- A significant number of cases of human rights violations and discrimination are identified in healthcare facilities and by law enforcement agencies.

Table 17. Number of cases of PLHIV and KP rights violation registered in the REAct database

№	Description of cases	2020	2021	2022	2023
1.	Number of requests to REAct counselors	165	593	814	1129
2.	Number of cases of PLHIV and KP rights violations registered in the REAct database (in general)	148	546	611	1092
3.	Number of cases related to discrimination in healthcare facilities	52	77	87	62
4.	Number of cases related to discrimination by law enforcement agencies	35	102	94	140
5.	Other	69	364	513	890

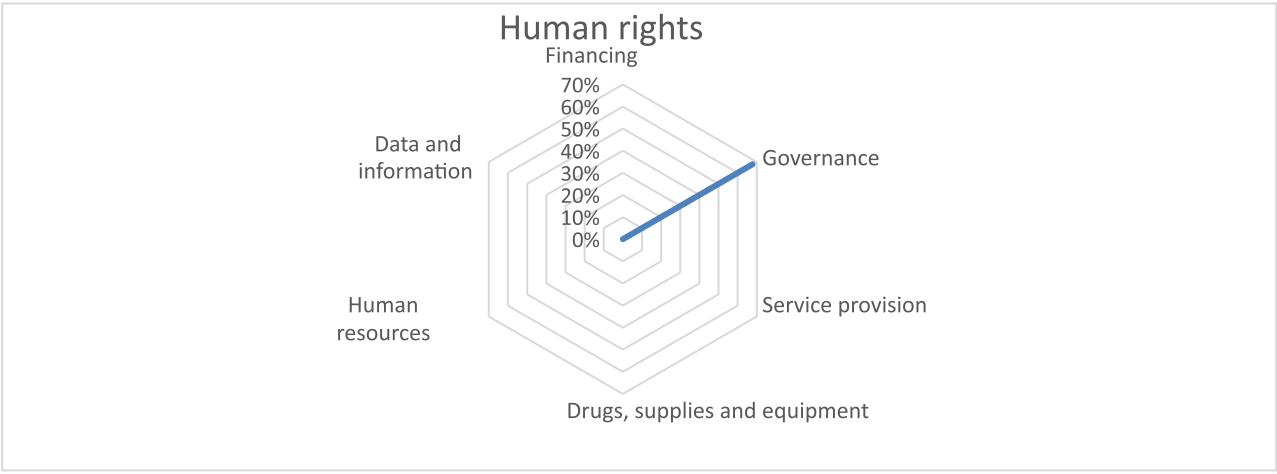
According to the NGO SPIN Plus, which implements the REAct platform, 15 cases of violations of the rights of PLHIV were registered in 2023 alone, related to the application of Article 125 of the Criminal Code of the Republic of Tajikistan, which criminalises the transmission of HIV.

Regarding the implementation of this commitment in terms of regular monitoring of violations of the rights of people living with HIV and representatives of key populations with a broad coverage of clients, progress has been considered **significant**.

At the same time, the number of violations of the rights of people living with HIV and key populations remains high, pointing to the need to strengthen measures to reduce stigma and discrimination.

Overall, progress in implementing the priority commitments in the programmatic area of 'Human rights' was rated at **67.6%**, which corresponds to **average** progress.

Figure 7. Assessment of progress in meeting prioritized commitments in the programmatic area 'Human rights'итизированных обязательств по программной области «Права человека»



3.2.4. Results of the assessment of progress in the implementation of commitments in the programmatic area 'CSS and advocacy'

The four commitments discussed in this programmatic area relate not only to strengthening community systems, but also have important implications for advocacy.

Table 18. Assessment of commitments in the programmatic area 'CSS and advocacy'

№	Commitment	Indicator/ Baseline	Plan/ Progress in 2021	Plan/ Progress in 2022	Plan/ Progress in 2023	Average value by commitment	Average value by programmatic area
1	Government co-financing of 10 NGOs providing HIV services to people who inject drugs; 10 NGOs providing services to other at-risk groups and their sexual partners; and 3 NGOs providing services to people about to be released from prison (23 NGOs in total)	Number of NGOs that have received funding for the provision of HIV services under social contracts	n/a 1	n/a 1	n/a 2	**42,5%** Moderate progress based on the average TMT value	**85,6%**
2	Regularly conduct the National AIDS Spending Assessment (NASA) and discuss the results at a high government level	NASA study report presented at national roundtable discussion	no no	no yes	no no	**100%**	
3	Develop a monitoring and evaluation plan for the National HIV/AIDS Programme, including new indicators collected with community input	The M&E plan has been developed Baseline: The previous plan was developed in 2017, objective – development of a new plan (1) in 2021	yes yes	yes yes	yes yes	**100%**	
4.	Conduct a mid-term and final evaluation of the implementation of the National HIV/AIDS Programme	The mid-term evaluation report was presented to stakeholders at a high level	n/a n/a	n/a n/a	yes yes	**100%**	

Commitment 1. Government co-financing of NGOs providing HIV services to KPs and PLHIV under the social contract mechanism

Initially, government co-financing of NGOs was set out in three separate commitments: for 10 NGOs providing HIV services to people who inject drugs; 10 NGOs providing services to sex workers; and three NGOs providing services to people about to be released from prison. These commitments were combined into one during the assessment. Thus, 23 NGOs should

be supported by government funding by the end of 2025. The NGOs are funded by the government through a social contract mechanism. The indicator, 'Number of NGOs that have received funding for HIV services through a social contract', included in the M&E plan was selected to assess compliance with this commitment. In 2020, only the formal implementation of the social contract and the development of a package of documents were assessed. The current assessment addressed the fulfillment of the commitment in terms of increasing the number of NGOs that have received a social contract.

For the first time, a NGO, SPIN Plus, received a social contract for the provision of services to PLHIV in 2021, then in 2022 and 2023. In 2023, two NGOs received a social contract. The funds allocated from the state budget for social contracts increased from about USD12,000 in 2021 and USD20,330 in 2022 to USD25,742 in 2023. This means that funds are now regularly allocated from the state budget for social contracts, which was already included in the recommendations of the previous assessment, and that the allocation of funds for these purposes has doubled.

At the same time, the number of NGOs that have received a social contract is significantly lower than the number mentioned in the text of the commitment. The reference group experts noted that unrealistic targets were initially set as there is no such number of NGOs providing HIV services to PLHIV and KPs in the country. For example, no more than 10 NGOs were grantees of the Global Fund for all key populations.

The number of NGOs that receive social contracts depends not only on the allocation of funds but also on the number of applications submitted. Only two civil society organisations have applied for a social contract for 2021–2023.

No annual target indicators were set. Compliance with the commitment was calculated on the basis of the target indicator (23 NGOs in total). Therefore, the percentage of compliance with the commitment was initially estimated at 6.5%. Such progress is classified as low.

At the same time, the state has begun to finance social contracts and increase the budget regularly. The number of NGOs receiving social contracts has also risen slightly. Experts, therefore, rated the progress in fulfilling this commitment as **moderate**. Based on the TMT, the average score for moderate progress is **42.5%** (from 36 to 49%).

Civil society representatives need to intensify their efforts to increase the number of NGOs applying for social contracts by the end of 2025.

Commitment 2. Regularly conduct the National AIDS Spending Assessment (NASA) and discuss the results at a high government level

In Tajikistan, no National AIDS Spending Assessment (NASA) was conducted for over eight years since 2013. The annual targets for NASA were not specified, as the implementation of this assessment depends on donor investments. For 2021–2022, NASA was initiated, and resources were mobilised with technical support from UNAIDS. The assessment report was presented at a national roundtable for all stakeholders.

NASA's findings show the flow of funding in the HIV field, the allocation of funds from various sources, especially government funds, and the actual spending of funds for HIV programmes. At the same time, NASA is of great value for lobbying to increase government spending, which is an important part of the transition from donor to domestic funding. The NASA study was conducted based on 2019–2020 data. Although this study is labour-intensive, extensive, and costly, it is necessary to continue this practice and mobilise resources for the next NASA study planned for 2024. Progress in meeting this commitment is considered **significant**.

Commitment 3. Develop a monitoring and evaluation plan for the National HIV/AIDS Programme, including new indicators collected with community input

The monitoring and evaluation plan for the implementation of the National Programme to Combat HIV/AIDS in the Republic of Tajikistan for the period 2021–2025 was developed and approved within the appropriate timeframe of early 2021, the first year of programme implementation. A similar commitment was included in the prioritised commitments list at the last assessment, and progress in its implementation was rated as significant. The new M&E plan includes indicators for which data should be collected through community-based monitoring, in particular, the monitoring of human rights violations. In addition, the country started active implementation of community-based monitoring (CBM) in 2023, held a meeting of the technical working group on CBM, and implemented projects that undoubtedly increased the capacity of civil society organisations in the field of monitoring. In this context, the wording of the commitment was supplemented by the phrase, "including new indicators collected with community input".

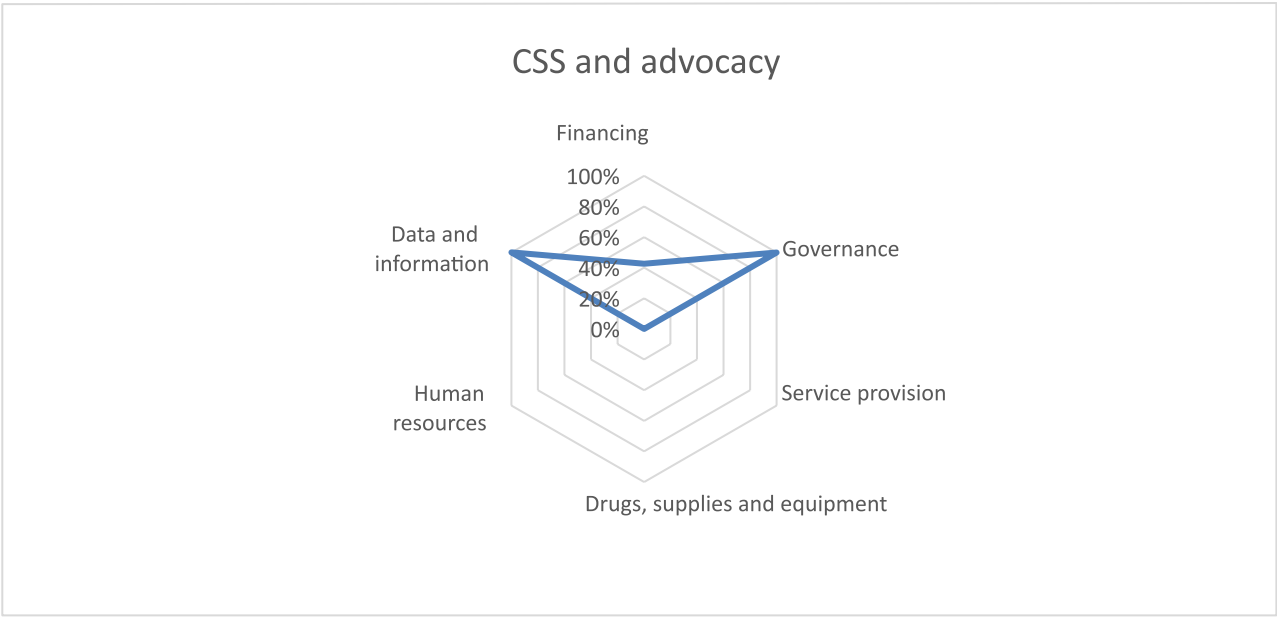
Communities are actively involved in the implementation of sentinel surveillance among KPs and other studies that require the participation of representatives of affected communities. Thus, this commitment has been fully implemented and progress is considered **significant**.

Commitment 4. Conduct a mid-term and final evaluation of the implementation of the National HIV/AIDS Programme

The final evaluation of the previous National HIV/AIDS Programme for 2017–2020 was not conducted. Therefore, this commitment was not included in the list of priorities in the last assessment. In 2023, the MHSPP initiated a mid-term evaluation of the current National HIV Programme with technical support from WHO and other partners. All stakeholders were involved in the evaluation, including government agencies, international partners, civil society organisations, and representatives of affected communities. The review covered all areas of the programme and identified gaps in achieving the targets by the end of 2025. The results of the programme evaluation were discussed at a high level involving all partners. Progress in meeting this commitment was assessed as **significant**.

The overall progress in implementing the prioritised commitments in the programmatic area 'CSS and advocacy' is **85.6%** and was assessed as **significant**.

Figure 8. Assessment of progress in meeting prioritised commitments in the programmatic area 'CSS and advocacy'



3.2.5. Results of the assessment of progress in the implementation of commitments in the programmatic area 'OAT'

Two commitments were assessed in this programmatic area.

Table 19. Assessment of commitments in the programmatic area 'OAT'

№	Commitment	Indicator/ Baseline	Plan/ Progress in 2021	Plan/ Progress in 2022	Plan/ Progress in 2023	Average value by commitment*	Average value by programmatic area*
1	People who inject drugs have access to an extended network of OAT sites, including in prisons	Number of operating OAT sites Baseline: 15 sites in 2020	n/a 15	n/a 15	n/a 15	**42,5%** Moderate progress based on the average TMT value	**30,5%** Insignificant progress based on expert opinion
2	Ensure increase in coverage of people who inject drugs with the OAT programme	Percentage of people who inject drugs receiving OAT out of the estimated number of people who inject drugs* Baseline: 3% in 2020 Target: 8.9% in 2025	4,5% 2,9%	5,6% 2,9%	8,2% 3,4%	**30,5%** Insignificant progress based on expert opinion	

*Details of the rationale for the average scores are provided below in the report.

Commitment 1. People who inject drugs have access to an extended network of OAT sites, including in prisons

At the end of 2023, there were 15 OAT sites in the country, including two in prisons. Some OAT sites operate on a one-stop-shop approach and provide integrated services (ART, TB services, psychological support, etc.). As outlined in the project proposal for Global Fund financing for 2024–2026 (20), the existing capacity of each site is underutilised. The number of sites did not increase between 2021 and 2023, so it is necessary to focus on the efficiency and expansion of the activities of the individual sites. The costs of the OAT programme are covered by the government (premises, operational costs) and from Global Fund resources (support for outreach work and counselors, procurement of necessary equipment, reagents, etc.). The purchase of methadone is fully financed by the Global Fund (20).

In EHRA's 2022 reassessment of the sustainability of OAT programmes in the context of the transition from donor support to domestic funding (52), various aspects of OAT were analysed. There are two main findings:

- There is a high risk for the OAT programme in managing the transition from donor support to domestic funding, in the allocation of funds from the state budget, and in the accessibility and coverage of the OAT programme.
- The sustainability of the OAT programme is rated as moderate in terms of political commitment, provision of medicines, human resources, quality and integration of services (52).

As the existing OAT sites are not fully utilised, no new locations were opened during 2021–2023. However, all existing sites were operational, and progress in meeting the commitment to provide access to the network of OAT sites was assessed as **moderate** based on expert opinion. According to the TMT, the average score for moderate progress is **42.5%** (from 36% to 49%).

Commitment 2. Ensure increase in coverage of people who inject drugs with the OAT programme

Compliance with this commitment was assessed using the indicator, 'Percentage of people who inject drugs receiving OAT out of the estimated number of people who inject drugs'.

The coverage of OAT in Tajikistan has been low for many years. It is still in the same range and amounts to about 3% of the estimated number of people who inject drugs. At the same time, according to WHO recommendations, the minimum coverage of OAT should be 20%, and the high indicator should be 40% (53). In 2023, the coverage rate of the OAT programme was 3.4% of the estimated number of people who inject drugs, slightly higher than in 2020 (3%). This is most likely due to the decrease in the estimated number of people who inject drugs in 2022 (21).

Table 10, below, shows the coverage of the OAT programme. The calculation is based on UNDP programme data on the actual number of people who inject drugs receiving OAT per year (2021–2023). The targets for 2021–2023 are the programmatic targets for the implementation of the Global Fund grant. The targets and achievements per year are calculated based on the estimated number of people who inject drugs by year. The targets for 2024 and 2025 are in line with the OAT coverage scale-up plan, which is included in the project proposal to the Global Fund for 2024–2026 (9).

Table 20. Number of people who inject drugs covered by the OAT programme

UNDP Programme Data (46).

Number of people who inject drugs receiving OAT (programme data)	Baseline 2020	Baseline 2021	Baseline 2022	Baseline 2023	Target for 2024	Target for 2025
	668	1000 647	1250 657	1500 625	1175 н/д	1625 н/д
% of people who inject drugs receiving OAT out of the estimated number of people who inject drugs	3%	4,5% 2,9%	5,6% 2,9%	8,2% 3,4%	н/д	н/д
% of compliance with the commitment		64,4%	51,8%	41,5%		

*Estimated number of people who inject drugs: 22,200 in 2020–2022; 18,200 in 2023.

The calculations should consider the decrease in the estimated number of people who inject drugs in 2022 compared to 2018. In addition, based on the low baseline coverage rate of 3% (668 people who inject drugs) in 2020, low target coverage rates were set for the years 2021–2023, which were more realistic.

Thus, 52.6% of the commitment regarding OAT coverage of people who inject drugs (based on the estimated number) was met. Therefore, progress could be classified as average. At the same time, the annual programmatic targets for the coverage of people who inject drugs in 2021–2023 were not achieved. The OAT coverage rate of the estimated number of people who

inject drugs has been between 3% and 3.4% for many years. Thus, this indicator is far below the WHO-recommended minimum coverage of people who inject drugs with the OAT programme that can impact the epidemic, i.e. 20% of the estimated number. Taking all factors and expert opinion into account, progress in meeting this commitment was considered insignificant. According to the TMT, the average value for **insignificant progress is 30.5%** (from 26% to 35%).

A similar commitment had already been analysed in a previous assessment and progress in its implementation was also considered insignificant.

Taking into account all factors, including the low coverage of people who inject drugs by the OAT programme observed for many years, the non-achievement of programmatic coverage targets, and a sufficient number of OAT sites not operating at full capacity, the overall progress in meeting the prioritised commitments in the programmatic area of OAT is assessed as **insignificant** based on expert opinion. According to TMT, the average value of insignificant progress is **30.5%** (from 26% to 35%).

Figure 9. Assessment of progress in meeting prioritised commitments in the programmatic area 'OAT'

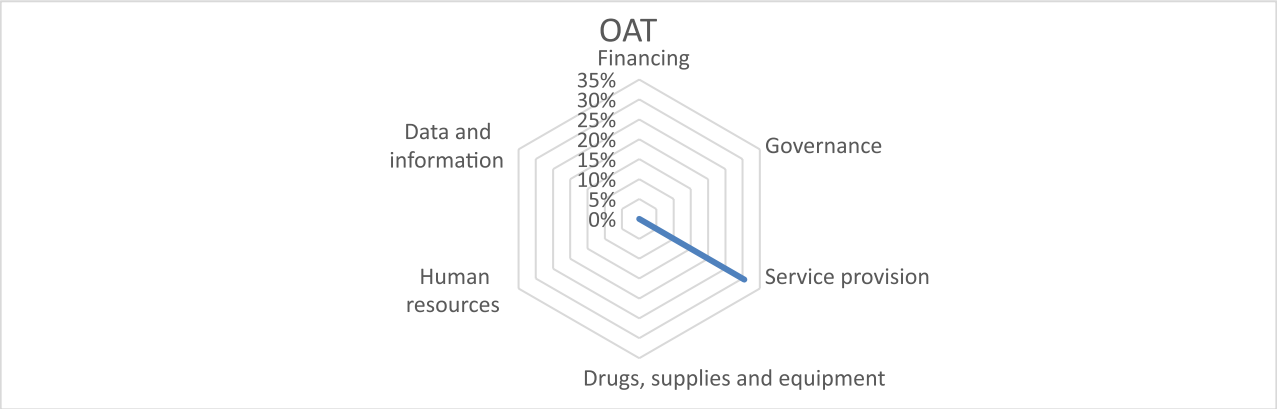


Table 21. Overall assessment of progress in meeting commitments by programmatic area

	Programmatic area	Average value for compliance with the commitments after the preliminary assessment	Preliminary assessment of progress	Average value for compliance with the commitments after the final assessment	Final assessment of progress*
1.	HIV prevention	70,5%	Substantial progress	70,5%	Substantial progress
2.	HIV diagnostics, treatment, care and support	59,1%	Average progress	77,0%	Substantial progress
3.	Human rights	67,6%	Average progress	67,6%	Average progress
4.	CSS and advocacy	85,6 %	Significant progress	85,6%	Significant progress
5.	OAT	52,6%	Average progress	30,5%	Insignificant progress

*The reasons for the revision of the final values can be found above in the text of the report.

The final progress assessment for the programmatic areas 'HIV prevention', 'Human rights', and 'CSS and advocacy' has remained largely unchanged and corresponds to the percentage value of the progress assessment. However, for some individual commitments in each of these areas, the level of progress has been adjusted based on the expert review to reflect the actual situation.

In the 'Diagnostics and treatment' programmatic area, the value for compliance with commitments corresponds to average progress (59.1%). At the same time, the use of modern diagnostic and treatment approaches enabled a high coverage of ARV therapy and the achievement of the target indicators for ART coverage per year, bringing the second and third indicators of the 95–95–95 target within reach by 2025, ensuring the uninterrupted provision of ART in the context of the COVID-19 pandemic and also contributing to a decrease in the mortality rate. Considering these factors, progress was assessed as **substantial** and is represented in percentage terms by the average score for substantial progress of **77%** (from 70% to 84%) as defined in the TMT.

Although average progress (52.6%) was made in the programmatic area of OAT in the preliminary assessment, the final score was reduced to the level of **insignificant progress** based on expert opinion and taking into account the low OAT coverage, non-achievement of programmatic objectives, and other factors mentioned above. Expressed as a percentage, the final score for meeting commitments is at the level of the average score for insignificant progress defined in the TMT as **30.5%** (from 26% to 35%).

Figure 10. Overall results of the assessment of the implementation of prioritised commitments by programmatic area

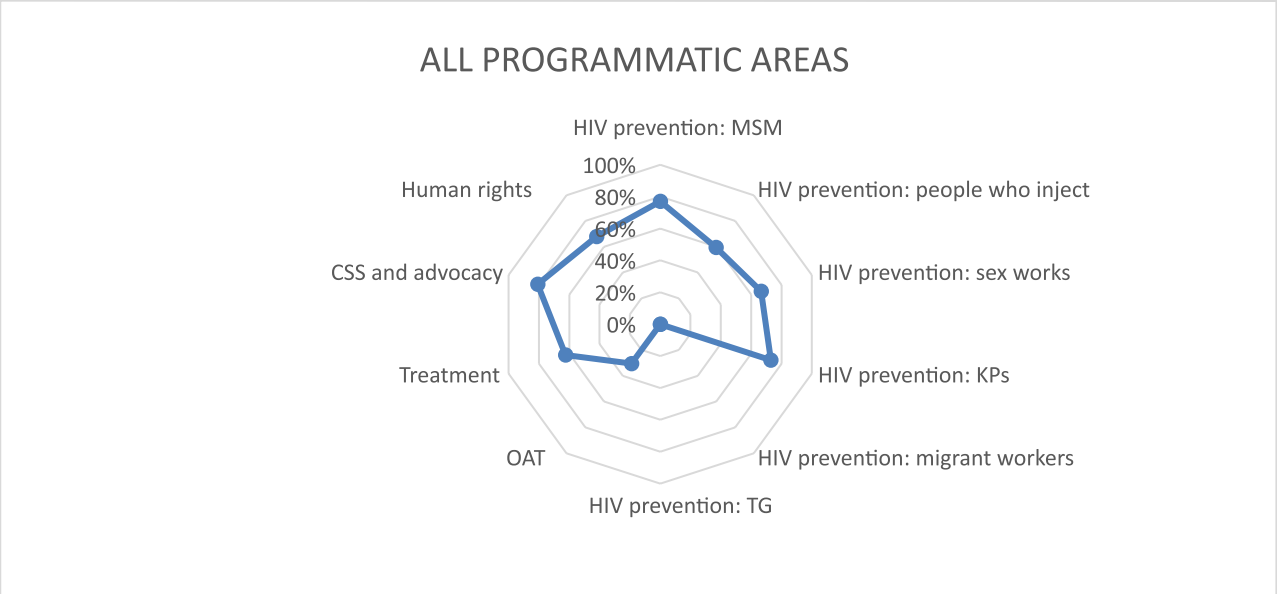


Table 22. Progress in meeting prioritised commitments to ensure the sustainability of the HIV response in key populations in 2021 and 2024 by programmatic area

#	Programmatic areas	Average score for compliance with commitments according to the 2021 assessment	Final sustainability definition according to compliance with he commitments in the 2021 assessment	Average score for compliance with commitments according to the 2024 assessment	Final sustainability definition according to compliance with the commitments in the 2021 assessment
1.	HIV Prevention	42,5%	Moderate progress	70,5%	Substantial progress
2.	Diagnostics and treatment	77,0%	Substantial progress	77,0%	Substantial progress
3.	Human rights	59,5%	Average progress	67,6%	Average progress
4.	CSS and advocacy	94,4%	Significant progress	85,6%	Significant progress
5.	OAT	30,5%	Insignificant progress	30,5%	Insignificant progress

This report does not include a comparative analysis of the results of the previous assessment (data for 2017–2020) and the current assessment (data for 2021–2022). The reason for this is that within each programmatic area/health system domain, the number of commitments assessed in 2021 and 2024 were different. The commitments reviewed also differed in content, focus, and target indicators. In addition, many commitments were exclusive in each of the assessments. At the same time, some trends can be identified regarding the sustainability of the HIV response in individual programmatic areas over time. For example, in the 'HIV prevention' programmatic area, there was an increase in progress in meeting commitments which is due to higher coverage of prevention programmes and the inclusion of new commitments (implementation of PrEP), etc.

Progress in meeting commitments in the programmatic area of OAT remains insignificant due to the lack of progress in the expansion of OAT coverage persisting for years. Progress in meeting commitments in other programmatic areas also did not change.

3.3. Results of the assessment of progress in meeting commitments by health system domains

Table 23. Number of commitments assessed by health system domains

#	Health system domains	Number and percentage of the commitments assessed
1	Financing	4 (12,9%)
2	Drugs, supplies and equipment	2 (6,5 %)
3	Service provision	10 (32,3%)
4	Governance	12 (38,7%)
5	Data and information	3 (9,7 %)
6	Human resources	-
Total		31 (100%)

Each commitment was assigned to one of the six health system domains, with the largest proportion of commitments in the areas of 'Governance' (38.7%) and 'Service provision' (32.3%).

Looking at the commitments selected for assessment by programmatic area, the highest number of commitments relate to 'HIV prevention' (38.7%).

Table 24, below, shows the assessment of progress in meeting prioritised commitments by health system domains in the context of their linkage to programmatic areas.

Table 24. Assessment of progress in meeting prioritised commitments by health system domains and their link to programmatic areas

№	Health system domains/ programmatic areas	Prevention	Diagnostics and treatment	Human rights	CSS and advocacy	OAT	Average score
	Financing						**24,4%** Low progress
1	Procurement of syringes, needles and condoms for the harm reduction programme	**12,5%**					
2	Procurement of ARV drugs and diagnostic tools to determine CD4 cells and viral load, 5% of the total amount for each item in 2022 and 10% in 2023		**0%**				
3	Procurement of essential medicines, including cotrimoxazole for the prevention and treatment of opportunistic infections in PLHIV		**42,5%**				
4	Government co-financing of 10 NGOs providing HIV services to people who inject drugs; 10 NGOs providing services to other at-risk groups and their sexual partners; and 3 NGOs providing services to people about to be released from prison				**42,5%**		
	Drugs, supplies and equipment						**50,0%** Average progress
5	Procurement of 5% of the total amount of rapid HIV test kits for KPs by 2022 and 10% by 2023 with state funds	100%					
6	Procurement of 10% of the total amount of condoms for KPs in 2022 and 15% in 2023 with state funds	0%					
	Service provision						**70,6%** Substantial progress
7	Expand counseling, rapid testing and HIV self-testing in key populations based on 15 NGOs and using saliva test kits	42,5%					
8	Implementation of pre-exposure prophylaxis in key populations and partners of PLHIV	148,2%					
9	Ensure high coverage of people who inject drugs with high-quality combined prevention services	77,0%					

10	Ensure high coverage of sex workers with high-quality combined prevention services	77,0%					
11	Ensure high coverage of MSM with high-quality combined prevention services	77,0%					
12	Support the activities of 60 'trust points'/SEPs for people who inject drugs at NGOs and health facilities through external and state funding	55,5%					
13	Support the activities of 25 'friendly offices'/counseling services at NGOs and health facilities for representatives of other high-risk groups (sex workers, MSM) and their sexual partners	56%					
14	Uninterrupted supply of ARV drugs for 100% of people living with HIV and for post-exposure prophylaxis		100%				
15	People who inject drugs have access to an extended network of OAT sites, including in prisons					42,5%	
16	Ensure increase in coverage of people who inject drugs with the OAT programme					30,5%	
	Governance						**72,4 %** Substantial progress
17	Updating and revising the algorithm for HIV testing, including testing at NGOs and self-testing		100%				
18	Revision of the clinical treatment protocol based on the regularly updated WHO recommendations		100%				
19	Implementation of free hepatitis B vaccination programmes for PLHIV		0%				
20	Implementation of free screening and vaccination against human papillomavirus for women with HIV aged 30 to 49 years		30,5%				
21	Introduction of identification of recent HIV cases into the routine HIV surveillance system at the national level		100%				
22	Improving the legislation of the Republic of Tajikistan on decriminalisation of HIV transmission, possession of drugs for personal use, application of alternative sanctions, and compulsory treatment			30,5%			
23	Review and introduction of amendments and additions to the Decrees of the Government of the Republic of Tajikistan dated September 25, 2018 No. 475 'On the list of diseases that prevent people suffering from them from studying in medical educational institutions', dated October 1, 2004 No. 406 'On the adoption of the list of diseases, in the presence of which a person cannot adopt or take the child under guardianship', and of August 23, 2016 No. 374 'On the regulations on conducting compulsory medical examination of persons entering into marriage' in order to meet the rights of people living with HIV			30,5%			
24	Facilitating the drafting and adoption of a resolution of the Plenum of the Supreme Court of the Republic of Tajikistan on the application of Article 125 of the Criminal Code of the Republic of Tajikistan by the courts of the Republic of Tajikistan			100%			
25	Reduce stigma and eliminate discrimination and violence against people living with HIV, key populations, vulnerable groups and others affected by the epidemic. The Stigma Index data shows a decrease			77%			

26	REAct's regular monitoring data are used to track incidents of stigmatisation and discrimination			100%			
27	Develop a monitoring and evaluation plan for the National HIV/AIDS Programme, including new indicators collected with community input				100%		
28	Conduct a mid-term and final evaluation of the implementation of the National HIV/AIDS Programme				100%		
	Data and information						**100%** Significant progress
29	Mapping and evaluating harm reduction services for people who inject drugs and studying the drug scene to improve the effectiveness of programmes	100%					
30	Conducting sentinel surveillance among people who inject drugs and other key populations	100%					
31	Regularly conduct the National AIDS Spending Assessment (NASA) and discuss the results at a high government level				100%		
	Human resources	n/a	n/a	n/a	n/a	n/a	n/a

An analysis of the results of the assessment of progress in meeting the commitments in the individual health system domains revealed the following:

- The least progress was found in the 'Financing' domain;
- The greatest progress was made in the 'Data and information' domain;
- Most commitments were made in the 'Governance' and 'Service provision' domains with progress in meeting these commitments was 72.4% and 70.6%, respectively;
- Average progress was made in the domain of 'Drugs, supplies and equipment'; and,
- Commitments were not prioritised in the domain of 'Human resources'.

Table 25. Overall assessment of progress in meeting commitments by health system domains

№	Health system domains	Average score for compliance with commitments	Final assessment of progress
1.	Financing	**24, 4%**	Low progress
2.	Drugs, supplies and equipment	**50,0%**	Average progress
3.	Service provision	**70,6%**	Substantial progress
4.	Governance	**72,4 %**	Substantial progress
5.	Data and information	**100%**	Significant progress
6.	Human resources	**n/a**	n/a

The overall assessment of progress in meeting the commitments for the health system domains is based on the percentages actually achieved and was not subject to change during the expert discussion.

Figure 10. Overall assessment of progress in meeting prioritised commitments in each health system domain

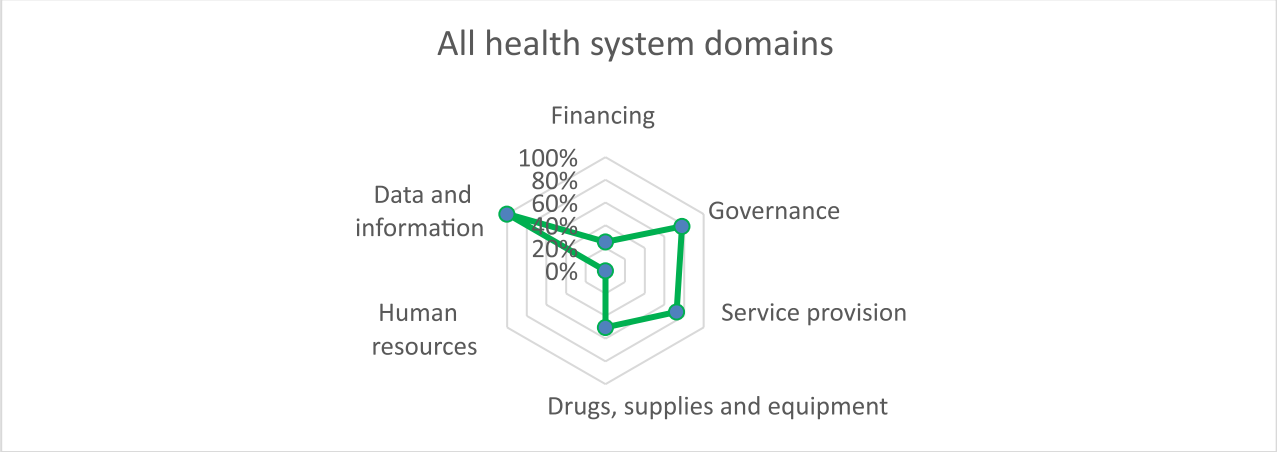


Table 26. Progress in meeting prioritised commitments to ensure the sustainability of the HIV response in key populations in 2021 and 2024 by health system domains

	Health system domains	Average score for compliance with commitments in the 2021 assessment	Final assessment of progress (2021)	Average score for compliance with commitments in the 2024 assessment	Final assessment of progress (2024)
1.	Financing	0%	Low progress	24,4%	Low progress
2.	Drugs, supplies and equipment	25%	Low progress	50,0 %	Average progress
3.	Service provision	42,5%	Moderate progress	70,6%	Substantial progress
4.	Governance	77%	Substantial progress	72,4%	Substantial progress
5.	Data and information	100%	Significant progress	100%	Significant progress
6.	Human resources	59,5%	Average progress	n/a	n/a

Compared to the results of the last assessment, the data for 2017–2020 shows no change in progress in meeting the commitments in the domain of 'Financing' and progress remains low.

In the domain of 'Drugs, supplies and equipment', progress in meeting commitments has increased from low to average which is due to the fulfillment of the commitment to procure rapid test kits.

In the previous assessment, there was moderate progress in meeting the commitments in the domain of 'Service provision' despite high calculated progress rates (85%). This was due to the lack of government funding and low OAT coverage. In the current assessment, progress in meeting service provision commitments has increased to a substantial score due to increased coverage of KP representatives with prevention programmes compared to baseline indicators and the widespread introduction of PrEP.

In the domain of 'Governance', progress in meeting commitments remains significant.

Significant progress has been made in fulfilling the commitments in the area of 'Data and information'. This is due to the implementation of routine studies and sentinel surveillance for all key populations, as well as the introduction of new studies that were not conducted in the previous period (NASA, drug use survey, and others).

As mentioned above, the fulfillment of the commitments for the 'Human resources' domain was not analysed in the current assessment.

4. Conclusions

- The results of the assessment show that the fulfillment of government commitments in the area of a sustainable response to HIV in key populations for 2021–2023 has enabled some progress compared to the results of the previous assessment (based on 2017–2020 data), especially in the area of impact on the epidemic: a decrease in the number of new HIV cases among people who inject drugs, sex workers, and prisoners, against the background of a decrease in HIV prevalence in these groups, a high level of ART coverage and a decrease in the AIDS mortality rate.

- At the same time, the number of new HIV cases among MSM continues to rise, which is accompanied by an increase in the detection of HIV in this group and points to further development of the epidemic among MSM.

- Of concern for the further development of the epidemic is the significant increase in new HIV cases among migrant workers in recent years, as there is a high level of migration in the country. Particular attention needs to be paid to introducing a systematic approach to monitoring HIV among migrants from key populations.

- A large percentage of KP representatives living with HIV are unaware of their HIV status. The largest gaps can be observed among sex workers and MSM. Therefore, achieving the first indicator of the 95–95–95 target among key populations by 2025 remains problematic.

- The annual target indicators for coverage by prevention programmes were not achieved in any of the key populations (people who inject drugs, sex workers, and MSM). On average, the gap to reach the 2025 targets (95%) remains significant (around 30%). This raises concerns about the possibility of achieving the 2025 targets in the remaining two years until the end of the current National Programme.

- There are few non-governmental organisations involved in the provision of testing and prevention services for key populations, and the number of 'trust points' (SEPs, drop-in centres) and friendly offices (counseling services) working on an NGO basis has declined significantly. Without an adequate expansion of outreach work, this situation may further limit access to HIV prevention and testing services for key populations.

- Despite a highly professional approach to the application of the most modern methods of diagnosis and treatment of HIV and the regular updating of testing and treatment protocols for 2021–2023, there is no progress in meeting the commitments to procure ARV drugs at the expense of the state budget.

- Although significant efforts were made in 2021–2023 to review legislation, recognise the existing problems at a high level, and adopt a resolution of the Plenum of the Supreme Court of the Republic of Tajikistan on the application of Article 125 of the Criminal Code of the Republic of Tajikistan, no changes have been made to the legislation to overcome the legal barriers to-date.

- The level of stigmatisation and discrimination against PLHIV and representatives of key populations remains high. At the same time, community-based monitoring of human rights violations has increased significantly.

- The allocation of state resources for service procurement from NGOs through the social contract mechanism is becoming a regular practice. The number of NGOs that have received state funding under social contracts has risen slightly, and state funding for this purpose has increased. However, the number of NGOs that have received a contract is still insignificant and depends not only on the budget allocated but also on the activity of NGOs in submitting applications for social contracts.

- Coverage of people who inject drugs with the OAT programme has remained low for many years despite the availability of an expanded network of OAT sites and does not exceed 3.4% during 2021–2023. The barriers to scaling up OAT coverage have been identified and a plan developed to increase it over the next three years.

- The National Programme to Combat HIV/AIDS for 2021–2025 stipulates that funds from the state budget for the HIV response should account for at least 50.5% of total Programme costs. At the same time, funds from international donors continue to be the primary source of funding for the HIV/AIDS programme in Tajikistan, accounting for around 79% of total Programme funding.

- The Global Fund remains the only donor supporting the procurement and supply of ARV drugs, consumables and medications needed to implement prevention programmes for key populations, including the OAT programme.

- Government funding for the HIV programme increased 1.6 times during 2020–2023. At the same time, according to the current assessment, some of the commitments to fund programmes remain unfulfilled until the end of 2023.

- The planned budget for programmes for key populations and vulnerable groups should be at least 46.2% of the total cost of the National Programme. However, the allocation of these funds to the individual funding sources is not specified.

- The National Programme Implementation Plan for 2021–2025 identifies the Global Fund, partner funds and budget resources as sources of funding for almost all activities related to prevention programmes for key populations, including the procurement of methadone and ARV drugs. However, the planned specific share of investment from the different sources is not specified.

- Progress in meeting commitments under the 'Data and information' component remains significant. Information on all key populations was updated and collected both routinely and through sentinel surveillance, service mapping and special studies (NASA, OPTIMA, drug use survey) as well as other information needed to plan a sustainable response to HIV and control the epidemic.

- Tajikistan has received funding from the Global Fund for its HIV programme since 2003. As of 2023, the country remains eligible to receive new funding from the Global Fund for these purposes.

- The draft plan for the transition of the HIV/AIDS and tuberculosis programmes in the Republic of Tajikistan to national funding was developed in 2019. However, it was not approved as a separate official document at the country level. Support for the transition plan is mentioned in the National HIV Programme for 2021–2025, but specific activities are not detailed. During this assessment, discussion on the status of the transition plan was resumed with the involvement of all stakeholders.

5. Recommendations

Based on the assessment findings, the following recommendations are proposed to ensure the sustainability of HIV response programmes for key populations in the context of transition from donor support.

1. To the National Coordinating Committee to Combat AIDS, Tuberculosis and Malaria in the Republic of Tajikistan:

- When developing the national HIV/AIDS programme and other official documents that include government commitments to transition to national funding, include commitments with specific wording on interventions. Commitments should also be based on actual baseline data and include end and intermediate target indicators for their implementation, taking into account the availability of data and the ability to track it.
- Update or develop a new plan for the transition to government funding in line with the project proposal to the Global Fund for 2022–2026 and take urgent action to implement it.
- Include the development and implementation of the transition plan in the overall process of creating a sustainable development roadmap aimed at the long-term sustainability of HIV efforts.
- Facilitate the involvement of more community-based organisations in the implementation of the HIV programme, especially programmes for KPs, and strengthen their capacity.

2. To the Ministry of Health and Social Protection of the Population of the Republic of Tajikistan:

- Facilitate the full implementation of all co-financing activities for 2024–2026 as outlined in the Letter of Commitment of the Ministry of Health and Social Protection of the Population of the Republic of Tajikistan to co-finance the national response supported by the Global Fund.
- Together with the Ministry of Finance of the Republic of Tajikistan, continue to allocate funds under the social contract mechanism and increase the budget for the procurement of services provided by civil society organisations working in the field of the HIV response and providing services to PLHIV and key populations in line with the National HIV Programme Implementation Plan and the Letter of Commitment submitted to the Global Fund.

- Use existing opportunities to increase procurement of rapid test kits for testing of key populations. Organise procurement with clear process coordination and use international mechanisms and platforms to procure WHO-prequalified tests.

- Facilitate the promotion and implementation of the Law of the Republic of Tajikistan 'On Public Procurement' adopted in 2023 and regulate mechanisms for procurement procedures for ARV drugs and other supplies using best international practices and platforms.

- Consider the possibility of rapidly introducing free vaccination against hepatitis B for people living with HIV, and vaccination against human papillomavirus and free cervical cancer screening for women living with HIV.

- Initiate regular assessments of the implementation of the National HIV/AIDS Programme.

3. To the State Institution, Republican Centre for the Prevention and Control of AIDS:

- Contribute to the introduction and wider use of innovative approaches to HIV diagnostics and treatment, including HIV recency testing, index testing, online counseling and diagnostics, and the scaling up of the introduction of PrEP, etc., with broad involvement of representatives of NGOs and communities in these processes.

- Find ways to mobilise resources for regular assessment of national AIDS spending (NASA), with no more than three years between studies. Based on annual reports, collect and summarise information on the allocation of government funds from local budgets for the HIV prevention programme for key populations.

- Find ways to conduct regular sentinel epidemiologic surveillance of people who inject drugs, sex workers, men who have sex with men, and prisoners, with no more than 2–3 years between surveys, to track HIV prevalence in these groups, and the effectiveness of prevention programmes among KPs.

- Ensure coordination and generalisation of information on trainings conducted (number of trainings, their topics, and number of professionals trained) for different categories of health worker and NGO staff on HIV prevention among key populations, provision of ART, and other HIV-related services through the establishment of a training database at SI RC AIDS.

- Regularly update the monitoring and evaluation plan when developing new national programmes and add new indicators as needed, including indicators based on community-led monitoring data.

- Promote the development of a monitoring system that is implemented jointly with civil society organisations and includes community-led monitoring to obtain the specific data and strengthen and further develop the monitoring system.

4. To the State Institution, Republican Clinical Centre for Addiction Medicine named after Professor M.G. Gulyamov:

- Take action to improve the efficiency of existing OAT sites by applying innovative approaches to attract clients and rationally use the potential of OAT sites based on an analysis of existing barriers and best international practices.
- Contribute to the full implementation of the OAT coverage expansion plan prepared during the development of the project proposal for Global Fund financial support for 2024–2026.

5. To the Principal Recipient of Global Fund grants in the Republic of Tajikistan:

- Ensure that programme sustainability planning for key populations in the context of transition is included as an integral part of Global Fund grant implementation, beginning with the approval of this plan. Develop indicators and a plan to monitor the implementation of commitments under the transition plan and integrate them into the overall monitoring plan for the implementation of the Global Fund HIV grant for 2024–2026.

6. To representatives of civil society organisations and key populations:

- To increase the effectiveness of the national HIV response, continue to advocate for the allocation of government budgetary resources for the HIV prevention programme for KPs, the procurement of ARV drugs, and the creation of an enabling legal environment, and improve the quality of advocacy. Actively use your participation in HIV response coordination bodies for these purposes.

- Participate in the activities of the working group to promote and implement the transition plan and roadmap for the sustainable development of the HIV programme from the date of establishment of this working group.

- Ensure that a significant number of NGOs regularly participate in submitting applications for social contracts to implement programmes for key populations and people living with HIV by disseminating information on the deadlines and conditions for submitting applications, sharing experiences among NGOs, and lobbying for an increase in funds allocated from the state budget for the HIV programme under the social contract mechanism.

7. To international organisations and development partners:

- Provide technical assistance to the National Coordinating Committee to Combat AIDS, Tuberculosis and Malaria in the Republic of Tajikistan for the development and implementation of the roadmap for the sustainable development of the HIV response programme and the plan for the transition to state funding.

- Explore the possibilities of financial support needed to develop and implement a roadmap for the sustainable development of the HIV programme and a transition plan.

- Provide technical and financial support for the regular studies (sentinel surveillance, NASA, etc.) and the regular conduct of mid-term and final assessments of the implementation of the national HIV/AIDS programme.

- Provide international best practices and experience to improve internal mechanisms aimed at increasing the sustainability of the HIV programme in areas such as the regulation of procurement procedures, the institutionalisation of HIV training, the introduction of HIV services in primary health care, and the optimisation of the management and financing of health services.

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Annex 1. Document repository

A repository of documents that are primary sources for reviewing the implementation of government commitments to ensure the sustainability of the HIV response in key populations during the transition to domestic funding

№	Document Title	Approval status	Institution responsible f or implementation
1.	National Programme to Combat the HIV/AIDS Epidemic in the Republic of Tajikistan for 2021–2025	Approved by the Decree of the Government of the Republic of Tajikistan of February 27, 2021, No. 89	MHSPP RT
2	Implementation Plan of the National Programme to Combat the HIV/AIDS Epidemic in the Republic of Tajikistan for 2021–2025	Approved by the Decree of the Government of the Republic of Tajikistan of February 27, 2021, No. 89	MHSPP RT
3	National Monitoring and Evaluation Plan of the National Programme to Combat the HIV/AIDS Epidemic in the Republic of Tajikistan for 2021–2025	Approved by NCC	MHSPP RT, SI RC AIDS
4.	Project proposal for financial support from the Global Fund for 2021–2023	Approved by NCC	UNDP
5.	Project proposal for financial support from the Global Fund for 2024–2026	Approved by NCC	UNDP

Annex 2. Detailed description of the commitment lists before and after the prioritisation process

Prioritisation process

During the consultations with the reference group, the identified commitments were prioritised, and reference group members reached a consensus on the importance of their implementation for the sustainability of the HIV response. Each group member received a preliminary list of commitments for comment, followed by an offline/online session with a presentation of the Transition Monitoring Tool. Then, reference group members prioritised the commitments according to the scoring system proposed in the methodology. Their responses were received by e-mail. The national consultant summarised the prioritisation results and sent them to the reference group for final approval.

During the assessment, interviews and consultations were also conducted with experts working in the HIV response and relevant sectors to clarify information and to better understand the implementation of the commitments.

In prioritising the commitments, the reference group was guided primarily by the impact of each commitment on the sustainability of the HIV response, including the availability of government funding, the impact on strengthening policy and capacity for programme management, the provision of quality services to key populations and people living with HIV, and, accordingly, the overall impact on the epidemic.

The results of the prioritisation

The documents reviewed as sources of commitments included more than 180 commitments/activities generally foreseen for the implementation of the national response to HIV for the period 2021–2023.

Initially, the national consultant excluded some of the commitments from the general list of all commitments/activities indicated in the National HIV/AIDS Programme and other sources based on the following criteria:

- Commitments that are not linked to the process of building the sustainability of the national HIV response and the transition to domestic funding;
- Declarative commitments that cannot be reformulated and those without a description of concrete measures;

- Commitments that are indirectly related to the sustainability of the HIV response for key populations: prevention of HIV transmission from mother-to-child; ensuring blood safety; prevention programmes for the general population; and social programmes. These activities are mainly funded by the government; and,

- Commitments whose implementation is fully funded by the Global Fund, PEPFAR and other external donors.

At this stage, the national consultant drew up a preliminary list of **55 commitments**, **including five commitments** related to the impact on the epidemic, and presented this list to the reference group for discussion and further prioritisation.

After discussion with the reference group, some commitments were excluded from the list based on the following criteria:

- Commitments whose implementation could not be tracked because indicators and data on targets and planned results were missing or whose implementation was not confirmed by the availability of relevant documents;

- Commitments for which complete data on the indicators of their implementation could not be provided (e.g. the number of trainings conducted, the number of activities to reduce stigmatisation, to prevent violence, etc.).

Relevant comments were provided for each commitment, which was not included in the final list.

As a result, the list submitted to the reference group for prioritisation comprised 31 commitments. At the same time, the number of commitments increased during the prioritisation process for the following reasons:

- The commitment to reduce HIV prevalence among key populations was considered separately for each of the four KP groups and migrants (5 groups);

- The commitment to timely detect HIV and ensure awareness of HIV status among representatives of key populations was considered for three KPs (people who inject drugs, sex workers, MSM);

- Some commitments and indicators were added, although their wording was not included in the documents. However, they complemented the information on implementing other commitments, such as the commitment to cover KPs with prevention services, coverage with OAT, and the reduction of stigmatisation and discrimination; and,

- Several commitments were reformulated without changing their meaning and context.

Thus, **41 commitments** were recommended for further assessment of their implementation and inclusion in the TMT, including **10 commitments** related to the impact on the epidemic and **31 commitments** linked to programmatic areas/health system domains.

The commitments included in the preliminary list were grouped by five programmatic areas and six health system domains.

Percentage of commitments by programmatic areas and health system domains before and after prioritisation

Health system domains/ Programmatic areas		Number of commitments before prioritisation	Percentage	Number of commitments after prioritisation	Percentage
Programmatic areas					
	Total:	**55**	**100%**	**41**	**100%**
1	HIV prevention	**26**	**47,3%**	**12**	**29,3%**
2	Diagnostics and treatment	**8**	**14,5%**	**8**	**19,5%**
3	Human rights	**7**	**12,7%**	**5**	**12,2%**
4	Community systems strengthening and advocacy	**8**	**14,5%**	**4**	**9,7%**
5	Opioid agonist therapy (OAT)	**1**	**1,8%**	**2**	**4,9 %**
Impact on the epidemic		**5**	**9,1%**	**10**	**24,4 %**
Health system domains					
	Total:	**55**	**100%**	**41**	**100%**
1	Financing	**11**	**20%**	**4**	**9,7%**
2	Drugs, supplies and equipment	**3**	**5,5%**	**2**	**4,9%**
3	Service provision	**9**	**16,4%**	**10**	**24,4%**
4	Governance	**20**	**36,4%**	**12**	**29,3%**
5	Data and information	**7**	**12,7%**	**3**	**7,3%**
6	Human resources	**0**	**0%**	**0**	**0%**
Impact on the epidemic		**5**	**9,1%**	**10**	**24,4%**

The implementation of the commitment to reduce HIV prevalence was reviewed separately for each of the four key populations and migrants. The commitment to ensure knowledge of their own HIV status by representatives of KPs were reviewed for each of the three groups (people who inject drugs, sex workers, and MSM). Thus, 11 commitments were assessed in the section dedicated to the impact on the epidemic.

In the programmatic area of 'HIV prevention in key populations', six commitments were removed from the initial list based on the following criteria: implementation is fully funded by the Global Fund; declarative and vague wording; lack of target indicators; and indicators for commitments and their implementation cannot be confirmed, etc. At the same time,

commitments to cover three groups (people who inject drugs, sex workers, and MSM) with prevention programmes were added to the list.

No commitments were excluded in the 'Diagnostics and treatment' programmatic area.

In the programmatic area of 'Human rights', two commitments were removed from the initial list as their implementation complemented the commitments remaining on the list (establishment of a working group, etc.). The commitment to reduce stigma was reviewed under three indicators. One commitment related to the work of the REAct programme was added to the list.

In the 'CSS and advocacy' programmatic area, commitments to co-finance NGOs representing three key population groups were combined into one commitment. Five commitments for which no data was available (on the number of trainings, participation in meetings, conferences, and work through social networks) were excluded.

One commitment was added to the OAT programmatic area.

For the domain 'Financing' of the health system, seven commitments were removed from the original list as the activities were fully financed by the Global Fund. No information on financial support from the national budget was available.

One commitment was moved from the 'Drugs, supplies and equipment' domain and moved to the 'Financing' domain.

Due to a lack of targets and data, one commitment was removed from the list for the 'Service provision' domain.

Five commitments were excluded from the 'Governance' domain because several commitments were combined into one and there was a lack of data to demonstrate their implementation. However, some commitments were added to this component (e.g. NASA implementation, etc.).

For the 'Data and information' domain, the fulfilled commitments for three KPs were combined into one. Some commitments were transferred to the 'CSS and advocacy' domain.

No commitments were selected for assessment in the domain of 'Human resources' as they all relate to the provision of training. At the same time, there is no unified database on the trainings provided and the number of trained professionals. All trainings were conducted with donor support and, based on experience from the last assessment, it is impossible to obtain complete data on these activities. In addition, there is no data on the commitment to revise the plan on human resources and to establish the position of social worker for treatment adherence. Thus, these commitments were not included in the final list for analysis.

A complete list of key commitments submitted for prioritisation and review by the reference group

No.	Commitments	Programmatic area	Source	Indicator	Data			Comments
					2021	2022	2023	
Commitments on the impact on the HIV epidemic								
1.	95% of people from KPs living with HIV will know their HIV status by the end of 2025	Treatment	National programme (NP)	% PLHIV from KPs who know their HIV status	Data from the SI *RC AIDS*	Data from the SI *RC AIDS*	Data from the *SI RC AIDS*	Data source: SI *RC AIDS*/cascade, *GAM* report (there are estimated data on PLHIV for each KP group)
2.	Reduce the number of new HIV cases among key populations (people who inject drugs, sex workers, MSM, and prisoners) and vulnerable groups (migrant workers) by at least 20% by the end of 2025	Prevention	NP	Number of new HIV cases per year/% of new cases among KPs of the total number of new HIV cases	Data from SI *RC AIDS*	Data from SI *RC AIDS*	Data from SI *RC AIDS*	Results will be provided for each group separately (i.e. there will be at least four groups). Data source: SI *RC AIDS*/statistics, *GAM* report, and prevalence rates
3.	By the end of 2025, 95% of people who know their HIV-positive status will continue to receive ART	Treatment	NP	% of PLHIV who know their status and continue to receive ART	*GAM* data	*GAM* data	Data from SI *RC AIDS*	Data source: SI *RC AIDS*/cascade, *GAM* report
5.	By the end of 2025, the AIDS-related mortality rate will be reduced by 50%	Treatment	NP	% of AIDS-related deaths	*GAM* data	*GAM* data	Data from SI *RC AIDS*	Data source: SI *RC AIDS*/statistics, *GAM* report
HIV prevention among key populations								
6.	**Procurement of diagnostic test kits (EIA test kits, rapid test kits, and saliva test kits) to enable KP representatives to access VCT**	**Drugs, supplies and equipment**	**National Programme Implementation Plan (NPIP)**	**Availability of tests**	**900,000**	**1,200,000**	**1,400,000**	**Finance: GF, partners, budget funds for KPs (it is not possible to distinguish the amount of planned state funding within the commitment, as the implementation plan indicates the total amount planned, which includes GF funds, partners and state budget funds). This remark applies to almost all commitments included in the plan. Due to the structure of the commitment, it is not possible to select detailed information for each KP group.**

7.	Expand counseling, rapid testing and HIV self-testing in key populations based on 15 NGOs and using saliva test kits	Service provision	NPIP	Number of NGOs that provide VCT and self-testing with saliva tests	451,000	462,000	473,000	See the comment above.
8.	Updating and revising the algorithm for HIV testing, including NGO-based testing and self-testing	Governance	NPIP	Availability of updated VCT protocol	-	2022	-	WHO, partners and budget funds
9.	**Revision and update of the procedure for the medical examination for the detection of HIV and the medical monitoring of persons diagnosed with HIV**	**Governance**	**NPIP**	**Availability of updated procedure**	**2021**	**-**	**-**	**UNAIDS, partners and budget funds**
1. HIV prevention for people who inject drugs								
10.	Procurement of syringes, needles, and condoms for the harm reduction programme	Drugs, supplies and equipment	NPIP	Budget of the Ministry of Health/SI *RC AIDS*/availability of syringes, needles, condoms	4,179,200	4,245,800	4,318,700	GF, partners and budget funds
11.	**Procurement of methadone for the OAT programme and naloxone for NGOs and healthcare facilities**	**Financing/Drugs, supplies and equipment**	**NPIP**	**Budget of the Ministry of Health/SI *RC AIDS*/availability of methadone**	**3,325,100**	**3,340,345**	**3,365,780**	**GF, partners and budget funds**
12.	Supporting the activities of 60 syringe exchange points ('trust points') based at NGOs and medical facilities through external and government funding	Service provision	NPIP	Number of functioning syringe exchange points for people who inject drugs	3,044,000	3,290,000	3,304,000	GF, partners and budget funds
13.	State co-financing of 10 NGOs providing HIV services for people who inject drugs	Financing	NPIP	Budget of the Ministry of Health/SI *RC AIDS*/ Ministry of Finance	-	300,000	400,000	Budget funds (Ministry of Finance)

14.	Expansion of the network of OAT sites and their equipping, provision of consumables for existing OAT sites	OAT	NPIP	OAT sites number	850,000	900,000	950,000	GF, partners and budget funds
15.	**Review/update the policy for the provision of services for people who inject drugs**	**Governance**	**NPIP**	**Availability of a policy review document**	**289,900**	**0**	**0**	**GF, partners and budget funds**
16.	Mapping and evaluating harm reduction services for people who inject drugs and studying the drug scene to improve the effectiveness of programmes	Data and information	NPIP	Report on the mapping study	190,500	350,000	0	GF, partners and budget funds
17.	Conducting sentinel surveillance among people who inject drugs	Data and information	NPIP	Report on SS	0	485,000	0	*CDC*, GF, partners and budget funds
Activities aimed at representatives of other high-risk groups and their sexual partners *The National Programme and the Implementation Plan do not differentiate between activities in the groups of sex worker and MSM and their sexual partners*								
18.	**Procurement of condoms, lubricants and pharmaceuticals for representatives of other high-risk groups and their sexual partners**	**Financing/Drugs, supplies and equipment**	**NPIP**	**Budget of the Ministry of Health and Social Protection/ Availability of condoms, lubricants, etc., for other risk groups and their sexual partners**	**2,231,920**	**2,452,200**	**2,604,100**	**GF, partners and budget funds; see the comment at line 6, above.**
19.	Supporting the activities of 25 counseling centres ('friendly offices') at NGOs and medical facilities for representatives of other high-risk groups and their sexual partners	Service provision	NPIP	Number of functioning counseling centres at NGOs and medical facilities	1,358,800	1,460,480	1,543,250	GF, partners and budget funds
20.	State co-financing of 10 NGOs providing HIV/STI prevention services for representatives of other high-risk groups and their sexual partners	Financing	NPIP	Budget of the Ministry of Health/SI *RC AIDS*	0	300,000	400,000	The Ministry of Finance

21.	Mapping services for female sex workers in the country and conducting sentinel surveillance in other high-risk groups, including group size assessment	Data and information	NPIP	Study report/SS data	190,500	790,000	-	GF, partners and budget funds
Activities for people in prisons								
22.	**Procurement of condoms, disposable syringes and methadone to support harm reduction programmes in prisons**	**Drugs, supplies and equipment/ Financing**	**NPIP**	**Budget of the MHSPP/ availability of condoms, syringes, and methadone**	**1,063,520**	**1,078,320**	**1,086,878**	**GF, partners and budget funds**
23.	State co-financing of three NGOs providing HIV services to released persons	Financing	NPIP	Budget of the MHSPP/number of NGOs that received government funding	300,000	350,000	400,000	GF, partners and budget funds
24.	**Supporting and scaling up opioid substitution therapy in the penitentiary system**	**OAT**	**NPIP**	**Number of people who inject drugs in the OAT programme; number of OAT sites**	**60,000**	**70,000**	**80,000**	**GF, partners and budget funds**
25.	Conducting sentinel surveillance among prisoners	Data and information	NPIP	SS conducted among prisoners	0	350,000	0	GF, partners and budget funds
Implementing innovative approaches to HIV prevention in key populations								
26.	Implementation of pre-exposure prophylaxis in key populations and partners of PLHIV; development and updating of information materials for discordant couples	Service provision	NPIP	Number of representatives of KPs and partners of PLHIV receiving PrEP	670,000	745,000	790,000	GF, partners and budget funds See the comment to line 6, above.
HIV prevention among labour migrants								
27.	**Procurement of rapid test kits and EIA test kits to provide HIV testing for migrant workers**	**Procurement/ Drugs, supplies and equipment**	**NPIP**	**Budget of the MHSPP**	**1,000,000**	**1,000,000**	**1,000,000**	**GF, partners and budget funds**

28.	**Purchasing condoms for migrant workers and their families**	**Procurement/ Drugs, supplies and equipment**	**NPIP**	**Budget of the MHSPP**	**8,000,000**	**8,200,000**	**8,400,000**	**Development partners and budget funds**
29.	**Implementation of HIV prevention activities among migrant workers inside and outside the country, including distribution of IEC materials and condoms, with the participation of NGOs in areas with high HIV prevalence**	**Service Provision**	**NPIP**	**Relevant activity indicators**	**600,000**	**670,000**	**710,000**	**Development partners and budget funds**
2. Ensure universal access to HIV treatment for adults and children in line with international standards to reduce AIDS-related mortality and improve the quality of life of people living with HIV								
30.	Revision of the clinical treatment protocol based on the regularly updated recommendations of the World Health Organization	Governance	NPIP	Availability of the revised protocol	200,000	0	0	WHO, partners and budget funds
31.	Uninterrupted supply of ARV drugs for 100% of people living with HIV and for post-exposure prophylaxis	Treatment	NPIP	Percentage of healthcare facilities that experienced a stock-out of ARV drugs	10,099,776	11,470,728	12,735,320	GF, partners and budget funds
Activities for the prevention and treatment of opportunistic infections								
32.	**Procurement of HIV test kits for 100% testing of newly diagnosed TB patients**	**Drugs, supplies and equipment**	**NPIP**	**Percentage of newly identified TB patients who are not tested for HIV due to lack of test kits**	**65,000**	**70,000**	**75,000**	**GF, partners and budget funds**

33.	Procurement of essential medicines including cotrimaxazole for the prevention and treatment of opportunistic infections in PLHIV	Drugs, supplies and equipment	NPIP	MHSPP budget for the procurement of drugs for the treatment of opportunistic infections	1,100,000	1,055,000	1,240,000	GF, partners and budget funds
34.	Implementation of free vaccination programmes against hepatitis B for people living with HIV	Service provision	NPIP	Document confirming the introduction of vaccination against hepatitis B	35,500	35,500	37,500	Development partners and budget funds
35.	Introduction of free screening and vaccination against the human papillomavirus for women with HIV aged 30 to 49 years	Service provision	NPIP	Document confirming the introduction of HPV vaccination	90,500	105,500	120,500	Development partners and budget funds
3. Overcoming existing barriers and strengthening the supportive environment for an effective national response to the HIV epidemic								
36.	Overcome existing barriers to an effective response to the HIV epidemic in the area of the rights of PLHIV, KPs and other people affected by the epidemic and ensure their full access to justice	Human Rights	NP	Legislation and policies have been improved to effectively implement the HIV/AIDS programme and fully realise the rights of PLHIV, KPs and others affected by the epidemic	-	-	-	This wording can be found in the text of the National Programme – the budget is not specified; Documents and reports confirming the improvement in legislation
37.	Establishment of a working group to draw up relevant proposals for the amendment of legal acts	Human Rights	NPIP	The working group was created/Decree of the MHSPP	120,000	0	0	Development partners and budget funds
38.	Collect data on the frequency of application of Article 125 of the Criminal Code of the Republic of Tajikistan and other articles of the Criminal Code of the Republic of Tajikistan related to HIV (number of cases brought to court, number of sentences imposed, etc.), at least in the last two years	Human Rights	NPIP	The data is collected regularly: *REAct*/ Statistics of the Ministry of the Interior Affairs/ Courts	50,000	50,000	50,000	Development partners and budget funds

39.	Improve the legislation of the Republic of Tajikistan on decriminalisation of HIV transmission, possession of drugs for personal use, application of alternative sanctions, compulsory treatment of people who use drugs and people living with HIV, as well as in the areas of health care, education, employment, and others, following international standards	Human Rights	NPIP	A review of the legislation has been conducted, relevant changes have been made/reports from NGOs, partners, government agencies	150,000	150,000	0	Development partners and budget funds
40.	Review and introduction of amendments and additions to the Decrees of the Government of the Republic of Tajikistan dated September 25, 2018 No. 475 'On the list of diseases that prevent people suffering from them from studying in medical educational institutions', dated October 1, 2004 No. 406 'On the adoption of the list of diseases, in the presence of which a person cannot adopt or take the child under guardianship', and of August 23, 2016 No. 374 'On the regulations on conducting compulsory medical examination of persons entering into marriage', in order to meet the rights of people living with HIV	Human Rights	NPIP	The legislation has been amended	100,000	100,000	0	Development partners and budget funds
41.	Facilitating the drafting and adoption of a resolution of the Plenum of the Supreme Court of the Republic of Tajikistan on the application of Article 125 of the Criminal Code of the Republic of Tajikistan by the courts of the Republic of Tajikistan	Human Rights	NPIP	The Plenum of the Supreme Court on the application of Article 125 of the Criminal Code has adopted a resolution to this effect	150,000	0	0	Development partners and budget funds

42.	Reduce stigma and eliminate discrimination and violence against PLHIV, KPs, vulnerable groups and others affected by the epidemic	Human Rights	NP	The Stigma Index data	-	-	-	This wording can be found in the text of the National Programme – the budget is not specified
43.	Conduct regular studies on the level of stigmatisation (stigma index)	Data and information	NPIP	Comparative data on the stigma index	0	0	300,000	Development partners and budget funds
Activities related to the funding of the HIV programme								
44.	Regularly conduct the National AIDS Spending Assessment (*NASA*) and discuss the results at a high government level	Governance	NPIP	*NASA* study is conducted regularly / *NASA* reports	550,000	0	600,000	Development partners
45.	**Elaboration and approval of instructions from the MHSPP and the Ministry of Finance on calculating the cost of government funding for the HIV prevention programme**	**Governance**	**NPIP**	**The instruction has been developed and approved/ MHSPP report**	**150,000**	**0**	**0**	**Development partners and budget funds**
46.	**Support for activities to implement the plan for the transition to domestic funding**	**Governance**	**NPIP**	**NCC reports on the implementation of the transition plan**	**2,500,000**	**2,500,000**	**2,200,000**	**GF, partners and budget funds**
Activities to strengthen local community systems								
47.	**Developing the organisational capacity of community-based organisations and supporting community networks, linkages, partnerships, and coordination**	**CSS**	**NPIP**	**Number of NGOs/CBOs working in the field of HIV**	**150,000**	**200,000**	**250,000**	**GF, partners and budget funds**
48.	**Supporting the participation of community-based organisations (CBOs) in local, national, and international forums for policy change and advocacy, as well as supporting community activities, service delivery by CBOs, and technical assistance to strengthen the capacity of CBOs**	**CSS**	**NPIP**	**Number of CBOs participating annually in national and international forums**	**288,000**	**230,000**	**240,000**	**Development partners and budget funds**

Activities on monitoring and evaluation of the National Programme to Combat the HIV/AIDS Epidemic for 2021–2025								
49.	Develop a monitoring and evaluation plan for the National HIV/AIDS Programme for 2021–2025	Governance	NPIP	The M&E plan has been developed	210,000	0	0	Development partners and budget funds
50.	Strengthening capacity for the development of the monitoring and evaluation system for the National HIV/AIDS Programme	Governance	NPIP	Number of M&E trainings for professionals and NGOs/ implementation of *CLM*	100,000	100,000	100,000	Development partners and budget funds
51.	Conduct a mid-term and final assessment of the implementation of the National HIV/AIDS Programme	Governance	NPIP	Mid-term assessment completed	0	0	400,000	GF, partners and budget funds
52.	Procurement of 5% of the total amount of rapid HIV test kits for KPs by 2022 and 10% by 2023 with government funding (data collection continues)							
53.	Procurement of 10% of the total amount of condoms for KPs in 2022 and 15% in 2023 with state funds							
54.	Procurement of ARV drugs and diagnostic tools to determine CD4 cells and viral load, 5% of the total amount for each item in 2022 and 10% in 2023							
55.	**Provision of a service package for 1,500 people who inject drugs by 2023**	**Service provision**	**GF project proposal for 2021–2023**	**Government funding for the provision of a package of services for people who inject drugs/ number of people who inject drugs covered by a package of services funded by the government**	**Annual coverage not specified**	**Annual coverage not specified**	**1,500 people who inject drugs**	**The annual coverage of people who inject drugs within the allocated state funding is not specified; data from the budget of the Ministry of Health and Social Protection of the Population**

The commitments in bold were not prioritised by the reference group for the reasons stated in the comments above.

Annex 3. Matrix of commitments

No.	Commitments	Source	Indicator	Baseline indicator (year)	End target (year)	Target value/Actual value			Final score of commitment compliance
						2021	2022	2023	
1.	**IMPACT**								**64.2%**
1.1.	Reduce the number of new HIV cases among people who inject drugs by 20% by the end of 2025	NP, direction 1, item 120, page 28	Number of new HIV cases among people who inject drugs per year	83 new cases (2020)	≤ 66 (2025)	n/a 76	n/a 82	n/a 43	100%
1.2.	Reduce the number of new HIV cases among sex workers by 20% by the end of 2025	NP, direction 1, item 120, p28	Number of new HIV cases among sex workers per year	24 (2020)	≤ 19 (2025)	n/a 10	n/a 10	n/a 20	100%
1.3.	Reduce the number of new HIV cases among MSM by 20% by the end of 2025	NP, direction 1, item 120, p28	Number of new HIV cases among MSM per year	13 (2020)	≤ 10 (2025)	n/a 19	n/a 28	n/a 21	0%
1.4.	Reduce the number of new HIV cases among prisoners by 20% by the end of 2025	NP, direction 1, item 120, p28	Number of new HIV cases among prisoners per year	33 (2020)	≤ 26 (2025)	n/a 24	n/a 38	n/a 21	100%
1.5.	Reduce the number of new HIV cases among migrant workers by 20% by the end of 2025	NP, direction 1, item 120, p28	Number of new HIV cases among migrant workers per year	188 (2020)	≥ 150 (2025)	n/a 214	n/a 244	n/a 358	0%
1.6	95% of PLHIV from people who inject drugs know their HIV status by the end of 2025	NP, direction 1, item 120, p28	% of people who inject drugs living with HIV and know their status	65% (2020)	95% (2025)	n/a 66.8%	n/a 69.3%	n/a 71%	72.6%
1.7.	95% of PLHIV from sex workers know their HIV status by the end of 2025	NP, direction 1, item 120, p28	% of sex workers living with HIV and know their status	31.7% (2020)	95% (2025)	n/a 33.7%	n/a 35.6%	n/a 39.0%	38.1%
1.8.	95% of PLHIV from MSM know their HIV status by the end of 2025	NP, direction 1, item 120, p28	% of MSM living with HIV and know their status	22.7% (2020)	95% (2025)	n/a 28.6%	n/a 37.0%	n/a 26.0%	32.1%
1.9.	By the end of 2025, 95% of people who know their HIV-positive status will continue to receive ART	NP, direction 1, item 120, p28	% of PLHIV who know their status and continue to receive ART	84% (2020)	≥ 95% (2025)	86% 87%	88% 88%	90% 89.4%	99%
1.10.	By the end of 2025, the AIDS-related mortality rate will be reduced by 50%	NP, direction 1, item 120, page 29	Mortality rate among PLHIV per 100 thousand population	4.1 (2020)	≤ 3.0 (2025)	3.8 3.2	3.6 2.6	3.4 1.9	100%
2.	**HIV PREVENTION among KPs**								**70.5%**
2.1.	Procurement of 5% of the total amount of rapid HIV test kits for KPs by 2022 and 10% by 2023 with government funding	Project proposal to the Global Fund for 2021–2023	% of rapid test kits procured at the expense of the state budget out of the total number of rapid test kits required for testing in KPs	n/a (2020)	10.0% (2023)	n/a n/a	5% yes	10% yes	100%

2.2.	Procurement of 10% of the total amount of condoms for KPs in 2022 and 15% in 2023 with state funds	Project proposal to the Global Fund for 2021–2023	% condoms procured at the expense of the state budget from the total number of condoms supplied for provision to KP representatives	0 (2020)	15% (2025)	n/a 0	10% 0	15% 0	0%
2.3.	Expand counseling, rapid testing and HIV self-testing in key populations based on 15 NGOs and using saliva test kits	National Programme Implementation Plan (NPIP), dir. 1	Number of NGOs that provide VCT and self-testing with saliva tests	10 (2020)	15 (2025)	n/a 10	n/a 10	n/a 10	42.5% based on expert opinion and average TMT value
2.4.	Implementation of pre-exposure prophylaxis in key populations and partners of PLHIV	NPIP, dir. 1	Number of representatives of KPs and partners of PLHIV receiving PrEP	10 (2020)	1000 (2024)	300 104	300 318	300 913	148.2%
3.	**HIV PREVENTION among People Who Inject Drugs and other Key Populations**								
3.1.	Ensure high coverage of people who inject drugs with high-quality combined prevention services	NPIP, dir. 1	% of people who inject drugs covered by prevention programmes from estimated number of people who inject drugs	70.3% (2020)	≥ 95% (2025)	75% 64.1%	80% 80.5%	85% 72%	77.0% based on expert opinion and average TMT value
3.2.	Ensure high coverage of sex workers with high-quality combined prevention services	NPIP, dir. 1	% of sex workers covered by prevention programmes, from estimated number of sex workers	50% (2020)	≥ 95% (2025)	60% 58%	70% 66%	80% 66%	77.0% based on expert opinion and average TMT value
3.3.	Ensure high coverage of MSM with high-quality combined prevention services	NPIP, dir. 1	% of MSM covered by prevention programmes, from estimated number of MSM	34,6% (2020)	≥ 95% (2025)	55% 43.7%	60% 59.0%	70% 59.4%	77.0% based on expert opinion and average TMT value
3.4.	Procurement of syringes, needles and condoms for the harm reduction programme	Project proposal to the Global Fund for 2021–2023	Budget of the Ministry of Health/SI *RC AIDS*/availability of syringes, needles, condoms	0% (2020)	n/a (2025)	n/a n/a	n/a $2,762	n/a n/a	12.5% based on expert opinion and average TMT value
3.5.	Support the activities of 60 'trust points'/SEPs for people who inject drugs at NGOs and health facilities through external and state funding	NPIP, dir. 1	Number of functioning syringe exchange points for people who inject drugs	54 (2020)	60 (2025)	n/a 34	n/a 34	n/a 32	55.5%
3.6.	Support the activities of 25 'friendly offices'/counseling services at NGOs and health facilities for representatives of other high-risk groups (sex workers, MSM) and their sexual partners	NPIP, dir. 1	Number of functioning 'friendly offices'/ counseling services in NGOs and health facilities for sex workers, MSM and their sexual partners	28 (2020)	25 (2025)	n/a 14	n/a 14	n/a 14	56%

3.7.	Mapping and evaluating harm reduction services for people who inject drugs and studying the drug scene to improve the effectiveness of programmes	NPIP, dir. 1	Report on the mapping study	no (2020)	yes (2023)	n/a n/a	n/a n/a	yes yes	100%
3.8.	Conducting sentinel surveillance among people who inject drugs and other key populations	NPIP, dir. 1, SS	Number of submitted reports on sentinel surveillance among KPs	4 (2018)	4 (2023)	n/a n/a	n/a 3	4 4	100%
4.	**HIV DIAGNOSTICS AND TREATMENT**								**77.0%** based on expert opinion and average TMT value
4.1.	Updating and revising the algorithm for HIV testing, including testing at NGOs and self-testing	NPIP, dir. 2	Availability of a protocol/guide for an updated testing algorithm	yes (2019)	yes (2022)	n/a n/a	yes yes	n/a n/a	100%
4.2.	Revision of the clinical treatment protocol based on regularly updated WHO recommendations	NPIP, dir. 2	Availability of the revised protocol	yes (2019)	yes (2022)	n/a n/a	yes yes	n/a n/a	100%
4.3.	Uninterrupted supply of ARV drugs for 100% of people living with HIV and for post-exposure prophylaxis	NPIP, dir. 2, M&E plan	Percentage of healthcare facilities that experienced a stock-out of ARV drugs 2021–2023	0% (2020)	0% (2025)	0% 0%	0% 0%	0% 0%	100%
4.4.	Procurement of ARV drugs and diagnostic tools to determine CD4 cells and viral load, 5% of the total amount for each item in 2022 and 10% in 2023	Project proposal to the Global Fund for 2021–2023	% of government funding in the total amount of funding for the procurement of ARV drugs and diagnostics	0% (2020)	10% (2023)	n/a n/a	5% 0%	10% 0%	0%
4.5.	Procurement of essential medicines, including cotrimoxazole for the prevention and treatment of opportunistic infections in PLHIV	NPIP, dir. 2	The MHSPP budget for the procurement of medicines for the treatment of OI	$18,356 (2020)	n/a (2025)	n/a $19,274	n/a $20,816	n/a $21,650	30.5% based on expert opinion and average TMT value
4.6.	Implementation of free hepatitis B vaccination programmes for PLHIV	NPIP, dir. 2	Availability of a free hepatitis B vaccination programme for PLHIV	no (2020)	yes (2025)	n/a no	n/a no	n/a no	0%
4.7.	Implementation of free screening and vaccination against human papillomavirus (HPV) for women with HIV aged 30 to 49 years	NPIP, dir. 2	Availability of confirmation documents on the provision of free screening and vaccination against HPV	no (2020)	yes (2025)	n/a no	n/a no	n/a no	30.5% based on expert opinion and average TMT value
4.8.	Introduction of identification of recent HIV cases into the routine HIV surveillance system at the national level	NPIP, dir. 2	Testing for the recency of infection is included in the national testing protocol	no (2020)	yes (2025)	n/a yes	n/a yes	n/a yes	100%

5.	HUMAN RIGHTS AND OVERCOMING LEGAL BARRIERS								67.6%
5.1.	Improving the legislation of the Republic of Tajikistan on decriminalisation of HIV transmission, possession of drugs for personal use, application of alternative sanctions, and compulsory treatment	NPIP, dir. 6	Availability of documents confirming the introduction of changes in legislation	no (2020)	yes (2025)	n/a no	n/a no	n/a no	30.5% based on expert opinion and average TMT value
5.2.	Review and introduction of amendments and additions to the Decrees of the Government of the Republic of Tajikistan dated September 25, 2018, No. 475, 'On the list of diseases that prevent people suffering from them from studying in medical educational institutions'; dated October 1, 2004, No. 406, 'On the adoption of the list of diseases, in the presence of which a person cannot adopt or take the child under guardianship'; and of August 23, 2016, No. 374, 'On the regulations on conducting compulsory medical examination of persons entering into marriage', in order to meet the rights of people living with HIV.	NPIP, dir. 6	Availability of documents confirming the introduction of changes in legislation	no (2020)	yes (2025)	n/a no	n/a no	n/a no	30.5% based on expert opinion and average TMT value
5.3.	Facilitating the drafting and adoption of a resolution of the Plenum of the Supreme Court of the Republic of Tajikistan on the application of Article 125 of the Criminal Code of the Republic of Tajikistan by the courts of the Republic of Tajikistan	NPIP, dir. 6	The resolution on the application of Article 125 of the Criminal Code of the Republic of Tajikistan was adopted by the Plenum of the Supreme Court	no (2020)	yes (2025)	n/a no	n/a no	n/a yes	100%
5.4.1.	Reduce stigma and eliminate discrimination and violence against people living with HIV, key populations, vulnerable groups, and others affected by the epidemic. Stigma Index data shows a decrease compared to 2015 data	NPIP, dir. 6	% of PLHIV who reported that they had been denied health services (including dental care) because of their HIV status	21.1% (2015)	n/a (2025)	n/a 3.0%	n/a n/a	n/a n/a	77.0% based on expert opinion and average TMT value
5.4.2.			% of PLHIV who reported that they had been refused employment or a job opportunity in the last 12 months because of their HIV status	14.8% (2015)	n/a (2025)	n/a 3.3%	n/a n/a	n/a n/a	

5.4.3.			% of PLHIV reported being excluded from family and social activities	8.3% (2015)	n/a (2025)	n/a 2.1%	n/a n/a	n/a n/a	
5.5.	*REAct's* regular monitoring data are used to track incidents of stigmatisation and discrimination	NPIP, dir. 6, M&E plan	Number of registered cases of PLHIV and KP rights violations in the *REAct* database per year	148 (2020)	n/a (2025)	n/a 546	n/a 611	n/a 1,092	100%
6.	**CSS and ADVOCACY**								85.6%
6.1.	Government co-financing of 10 NGOs providing HIV services to people who inject drugs, 10 NGOs providing services to other at-risk groups and their sexual partners, and 3 NGOs providing services to people about to be released from prison	NPIP, dir. 1	Number of NGOs that have received funding for the provision of HIV services under social contracts	0 (2020)	23 (2025)	n/a 1	n/a 1	n/a 2	42.5% based on expert opinion and average TMT value
6.2.	Regularly conduct the National AIDS Spending Assessment (*NASA*) and discuss the results at a high government level	NPIP, dir. 6	*NASA* study report presented at national level	yes (2013)	yes (2025)	n/a yes	n/a n/a	n/a yes	100%
6.3.	Develop a monitoring and evaluation plan for the National HIV/AIDS Programme, including new indicators collected with community input	NPIP, dir. 6, M&E plan	The M&E plan has been developed	yes (2020)	yes (2021)	n/a yes	n/a n/a	n/a n/a	100%
6.4.	Conduct a mid-term and final evaluation of the implementation of the National HIV/AIDS Programme	NPIP, dir. 6	The mid-term evaluation report was presented to the stakeholders	no (2020)	yes (2023)	n/a n/a	n/a n/a	n/a yes	100%
7.	**OAT**								**30.5% based on expert opinion**
7.1.	People who inject drugs have access to an extended network of OAT sites, including in prisons	NPIP, dir. 1	Number of operating OAT sites	15 (2020)	n/a (2024)	n/a 15	n/a 15	n/a 15	42.5% based on expert opinion and average TMT value
7.2.	Ensure increase in coverage of people who inject drugs with the OAT programme	NPIP, dir. 1	% of people who inject drugs receiving OAT out of the estimated number of people who inject drugs	3.0% (2020)	8.9% (2025)	4.5% 2.9%	5.6% 2.9%	8.2% 3.4%	30.5% based on expert opinion and average TMT value

* Average annual USD to TJS exchange rate: 2020: 10.8 TJS; 2021: 10.8 TJS; 2022: 10.5 TJS; 2023: 10.6 TJS.