STRATEGIC PLAN
National response on the HIV/AIDS epidemics
In the Republic of Tajikistan for the period of 2002 – 2004

1. PLANNING

In June 2000, following the resolution of the National Coordination Committee on HIV/AIDS and sexually transmitted diseases prevention in the Republic of Tajikistan, in its capital, the city of Dushanbe, a National seminar on strategic planning was held. Deputy Prime Minister of the Republic of Tajikistan chaired the seminar. In accordance with the resolution adopted at the seminar, the given strategic plan was designed.

Representatives of the Ministry of Health, Ministry of Education, the Youth Committee under the Government of the Republic of Tajikistan, the Ministry of Interior, international and non-governmental organizations formed a working group. In the performance of assessment and analysIs of the situation in response to HIV/AIDS epidemics in Tajikistan, the working group used advisory opinions of international and national experts, prescriptive documents, statistics, proprietary material, instructions, reports and interviews with representatives of the State and non-governmental organizations.

Participants of the seminar reached a consensus with regard to priorities on preventive programs meant for the following population groups[1]:

- youth
- intravenous drug users
- sexual workers

Subsequent situation assessment showed that other important groups to be taken into account might be also refugees, migrants and military men. Besides that, ensuring of the donor blood security is another priority for the country.

Discussions within the working group allowed define factors conducive for the HIV/AIDS epidemics in the country and those limiting spread of the disease. Efficiency of measures undertaken for alleviation of the epidemics was estimated. Major strategies localizing HIV/AIDS infection within the targeted groups were determined.

Draft of the final document was discussed at a plenary session of the working group. The results were reported at a meeting held on the level of deputy Chairman for the National Coordination Committee on HIV/AIDS prevention under the Ministry of Health of the Republic of Tajikistan.

[1] Resolution of the seminar on Strategy Planning, National Response to HIV/AIDS in the Republic of Tajikistan, 24 June 2000.

Composition of the Working Group in charge of the situation analysis, response measures and the design of a Strategic Plan on alleviation of HIV/AIDS in the Republic of Tajikistan in 2002-2004

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22. Soliyev A. S. – Deputy Chief of Educational Department, Vocational Training Institute for Teachers
23. Tourakoulov I. U. – Chief Epidemeologist, Republican Center on HIV/AIDS Control and Prevention
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2. INTRODUCTION

2.1. *Background information*

The Republic of Tajikistan is one of the countries of Central Asia. Its territory is 143 thousand square kilometers, more than 93 percent of which are mountains. The country borders on Afghanistan, China, Uzbekistan and Kyrgyz Republic. Tajikistan obtained independence in 1991, after the collapse of the Soviet Union. Like other CIS countries, Tajikistan currently is in transition period, which is characterized by the shift from the centralized to the market economy.

Administratively, the country is subdivided into three regions. Besides that, there are also the so-called districts of republican subordination. Khatlon region is the biggest, with the population of 2,15 million people. It has two administrative centers, the cities of Kurgan-Tube and Kulyab. Each of them has the Oblast (regional) status. The Kulyab region is facing the refugee problem. The Sugd province is the second biggest region, with the population of 1,87 million people. Gorno Badakhshan Autonomous Oblast (GBAO) includes distant mountainous areas. According to official statistics, 562 thousand people reside in the capital, Dushanbe. However the real number of residents in Dushanbe is close to one million.

The population of Tajikistan is 6,2 million. 74% of the population reside in rural areas, 26% are rural settlers. Despite the unstable economic and social situation, and high migration outflow, the population increased in the period of 1989-2000 by 1018,0 thousand people (by 20%), i.e. from 5,11 to 6,12 million.

The proportion between men and women is practically equal. The population, by and large, is young. According to the statistics as of 1.01.1997, the youth from 10 to 29 years of age comprise 40,08% of the country population[3]. In the last decade, there has been a tendency towards a birth rate decrease (from 39,3 in 1990 to 20,9 in 1998), which is partially due to successful implementation of reproductive health and family planning programs.

Tajikistan is one of the poorest countries in the world. According to the World Bank survey, 83% of the population live beyond the margin of poverty (average income does not exceed 20 Somoni[2], which is less than $ 10 per month, according to criteria established by the State Statistical Agency of Tajikistan); 1/3 of the population belong to the category of "extremely poor" (income does not exceed 50% of the income of those who are considered to be poor)[3]. According to official data, the level of unemployment in the country does not exceed 3%. However according to an assessment, including a discreet surveillance, the number of unemployed citizens is 33% of the whole employable population. Average salaries do not exceed 1/3 of the living standard.

The national composition of Tajikistan is diverse. Tajiks comprise the biggest part of the country population (68,4%). The number of Uzbeks is also significant (24,8%). Russians and Kyrgyz comprise 3,2% and 1,3% of the population respectively. The rest 2,3% are Tatars, Ukrainians, Byelorussians, Germans and people of other nationalities.

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[3] Population of the Republic of Tajikistan for 1.01.1999, Dushanbe, 1999.

[2] For the time of assessment, the currency rate was 2,54 Somoni towards $ 1

[3] Situation in 1999. Source: Republic of Tajikistan, Poverty Assessment, 10 April 2000. Human Development Resource Center, European and Central Asian regions.

The basic religion in the country is Islam. More than 80% of the population are Muslims. Spiritual leadership is tolerant towards the development of preventive public campaigns. They only demand that the programs would be aimed at the health of believers, and would promote condoms not as a tool thwarting childbearing, but as a tool preventing from sexually transmitted diseases and HIV/AIDS.

Polygyny is formally penal in Tajikistan, but it is legal in Seriate and thus the common attitude to it is tolerant. Men are just needed to observe the wedding ritual. At the same time, the attitude towards women having sex beyond marriage or towards those involved in sexual work is negative. Adultery by women and prostitution are viewed as not only a violation of moral norms, but also as a violation of religious prohibitions.

The civil war severely affected social and economic development of the country. Officially, the war ended in 1993, although the Peace Accord was signed only in July 1997, and the national reconciliation took place only in July 1999. The civil war caused escalation of violation in the period of 1992-1998. Women and girls (including those of 12-13 years of age) especially suffered from sexual violence by military men.

The processes related to the collapse of the Soviet Union along with the economic instability resulted in a high rate of migration. As a result of continuing migration, families break up, since husbands leave for earnings, very often abroad and for many years. According to unofficial data, every year, up to 700,000 people leave for Russia for earnings. Only the youth employment exchange service sends to Russia 7,000 people a year, 3,000 of whom are schoolchildren. Bereft of their husbands' support, young women from rural areas migrate to cities looking for job.

Social and economic realities render critical influence on behavior, in the first turn, on the behavior of young people. Young people, both men and women, not being able to adjust themselves to new conditions, replenish highly vulnerable HIV/AIDS risk groups (in the first turn, the group of intravenous drug addicts and sex workers). There is a tendency towards earlier beginning of sensual life; the generation of those tasting narcotics also is getting younger. Intravenous drug consumption is conducive to HIV expansion, the evidence of which is registration of new HIV cases among drug users in the country. The common sexual behavior of the people of reproductive age is also extremely dangerous with regard to spread of both STDs and HIV/AIDS. The evidence of that is a high rate of STDs among those who traditionally are not considered to be vulnerable in that regard[4].

3. DEVELOPMENT OF HIV/AIDS AND STD PREVENTIVE PROGRAMS

3.1. Policy

Existence of the HIV/AIDS problem is acknowledged on the political level. The evidence to that is the adoption of the State Law of the Republic of Tajikistan on HIV/AIDS Prevention in 1993.

In 1997, the Government adopted a National Program on HIV/AIDS and STDs Control for the period of 1997–1998. The Program established priorities of preventive interferences. The

[4] Thus as a result of the latest research, 400 women, residents of Khatlon province , formally not belonging to vulnerable groups, in the process of implementation the Government Program, WHO and UNFPA, 25% of the examined are sick with trichomoniasis, 15% - khlamidia, 6% - syphilis. Resolution of the workshop on strategic planning of national response to HIV/AIDS in the Republic of Tajikistan, 24 June 2000.

Program defined major positions, such as policymaking, development of multi-sectoral approach and education of various population groups, whereas before 1997 the major attention was focused only on the development of epidemiological surveys and mass screening of population. On 30 December 2000, the Government approved new version of the National Program for the period up to 2007. Basic strategies of the former Program remain in the new one. Along with that, the former and current Programs are not supported financially, which makes their realization impossible. It means that the HIV/AIDS prevention issues have been acknowledged, however they are not considered to be priorities for the country.

Preventive programs are being brought into sync with the UN HIV/AIDS policies. This work is being carried out under technical and financial support of the Thematic UN HIV/AIDS Group, which unites efforts of all UN agencies, international NGOs, donor countries, State institutions and local NGOs, mass media and the public.

On the basis of the National Program, a joint Government and UNDP Project "Support to multi-sectoral HIV/AIDS/STDs response in Tajikistan" was elaborated. As of November 1999, the Thematic UN HIV/AIDS Group (UNFPA, UNICEF, UN DCCP, UN WHO) started funding the Project.

3.2. Legislation

The basic legal document referring to the issues of HIV/AIDS prevention is the Law of the Republic of Tajikistan on "HIV/AIDS Prevention" (1993). It determines the responsibility of the State for conducting HIV/AIDS preventive programs, ensures protection of HIV infected, those HIV/AIDS positive and members of their families. However some of its articles do not meet requirements of the international legislation stipulated in the international conventions ratified in the Republic of Tajikistan. In the first turn, it concerns the provision on a compulsory and a forcible medical examination and preventive surveillance over HIV/AIDS positive involving law enforcement agencies (articles 6, 12, 13, 14).

The Criminal Code contains a number of articles defining responsibility of citizens in regard to some positions related to STDs and HIV/AIDS. Thereby, according to the article 125 of the Criminal Code of RT, criminal responsibility is applicable for deliberate contamination with HIV infection, article 126 – for deliberate contamination with venereal diseases, avoidance from examination, concealment of the source of infection. The identification of the deliberate contamination with HIV/AIDS as a separate Criminal Law article is not justified[5] for it put this infection into a special position and from the legislative point of view, creates conditions for additional stigmatization of HIV/AIDS positive. There have been cases of discrimination of women, while processing cases on STD contamination: in practice, the defendants in these cases are women, and never are men.

Criminal liability for prostitution is not envisaged. Prostitution is pursued in administrative order (article 174.1 Code for administrative responsibility of the Republic of Tajikistan). According to these articles of the CAR RT, there is no responsibility as such. These articles discriminate women rendering sexual services, and are not conducive to the development of preventive programs.

[5] Which is typical for Criminal Codes of the CIS countries

Acquirement of narcotic substances and precursors, keeping, transportation without a purpose of selling is criminally punishable (article 201 Criminal Code of RT). This article is aimed against drug users, but not against persons disseminating drugs. This article as such encumbers the development of preventive programs.

Bylaw acts (institutional orders and other decrees) and the legal practice, in the first turn, in the case of vulnerable groups, do not meet legal requirements. Thus, a minimum dosage of heroine, at which the criminal liability becomes applicable according to the article 201 CC RT, is defined as 0,015 g. A drug consumer is to be punished even in case of having a syringe contaminated with remnants of the consumed narcotic. There are instances known when drug users, those participating in syringe exchange programs were detained right near the exchange office. The reason for detainment was the presence of clean syringes and a condom received in the office. In some cases, there are unjustified actions towards representatives of vulnerable groups including sexual violence by certain law enforcement agencies' employees. Such practices encumber the development of HIV/AIDS prevention in the country.

3.3. Situation in the sphere of HIV/AIDS spread

For the time being, Tajikistan is on the early stage of HIV/AIDS epidemics. However there are conditions in the country for a wide spread of HIV infection[6].

Two first HIV infected were officially registered among the citizens of Tajikistan in 1991. They got contaminated while working in African countries. According to data available as of 17 April 2001, 22 cases of HIV infection are revealed, of which 7 were registered in 2000, and 11 – during the first three months of 2001. Among the HIV infected, men prevail (17 persons). Spread of infection occurs basically among persons of working age (18-49 years of age). More than a half (13) of the registered cases are persons younger than 29 years of age (tables 3.3.1-3.3.3.).

Table 3.3.1.

Number of registered HIV infected
In the Republic of Tajikistan as of 25 April 2001

Regions	total	out of them		died	
		men	women	total	children
Dushanbe	5	5	-	-	-
Kofarnihon	1	1	-	-	-
Kumsangir	1	1	-	-	-
Yavan	1	1	-	-	-
Chkalovsk	4	3	1	1	-
Kairakkoum	10	6	4	-	-
TOTAL	**22**	**17**	**5**	**-**	**-**

[6] National Program on HIV/AIDS and STDs prevention and control in the Republic of Tajikistan for the period of up to 2007, page 4

Table 3.3.2.

Breakdown of HIV infected by age and sex

Age	Number of HIV infected		
	total	**men**	**women**
18-20	2	1	1
20-29	11	8	3
30-39	6	6	-
40-49	3	2	1
Total	**22**	**17**	**5**

Таблица 3.3.3.

Ways of HIV transmission in the Republic of Tajikistan

Risk factors	Number of HIV cases
Intravenous drug abuse	13
Sexual contacts	3
Not known	6
Total	**22**

Intravenous consumption of drugs is a prevailing way of infection transmission. Thus, out of 22 HIV cases, 13 are registered among intravenous drug users. In three cases, contamination occurred due to sexual contacts. 13 HIV positive registered in February-March 2001, reside in the cities of Kairakkoum and Chkalovsk (Sugd province)[7]. It was established that all of them were contaminated intravenously.

Along with that, the available data does not reflect the real situation on HIV/AIDS spread. According to the UN HIV/AIDS experts' estimates, the real number of HIV infected, taking into account that medical examination among vulnerable groups is not conducted, is 10 times higher, and in some regions, this figure is 20 and more times higher. Thus the estimated number of HIV infected in the country as of April 2001, is not less than 440 persons, including 260 persons in the cities of Kairakkoum and Chkalovsk of the Sugd province.

The AIDS prevention service of the Republic of Tajikistan was established in 1987. The Republican Center on HIV/AIDS Prevention and Control was opened in 1991. Four Oblast HIV/AIDS Preventive Centers and 24 diagnostic laboratories operate in the country.

The HIV/AIDS preventive centers are poorly equipped. The equipment was purchased in 1989-1991; it is outdated and cannot ensure qualitative examination. A semiautomatic scanner produced by a Finnish company "Labsystems" is available only at the Republican HIV/AIDS

[7] Oficially, the HIV infected are registered in Kairakkoum, although some of them are related with Chkalovsk. Thus Chkalovsk is considered to be a city potentially involved in the sphere of HIV infection.

Diagnostic Center, but the scanner was bought in 1989. The rest laboratories are equipped with primitive specter-photo-meters produced in Russia. These devices are not being applied any more as diagnostic equipment in other countries. Up to now, there are no reference-laboratoris in the country. Control examinations, compulsory at establishing HIV infection are carried out in Almaty (Kazakhstan), Moscow (Russian Federation). Absence of copying, photo equipment and computers impedes carrying out public campaigns among the country population.

At present, in the Republic of Tajikistan, in accordance with the UN HIV/AIDS Control Program, testing on HIV infection is being decreased. Methods of epidemiological surveillance, anonymous voluntary AIDS examination and socio-psychological consultancies are taking place. In 2000, 22,440 HIV examinations were held. However in view of economic difficulties (lack of chemicals for HIV diagnosis in particular), the appropriate level of examination is not ensured. Even donor blood is not being examined on HIV in full-scale. In 2000, only 62% of the country population has passed HIV examination, and in the Khatlon province, only 34% of those who gave donor blood passed this examination. This creates a serious threat in terms of inter-hospital HIV contamination.

118 socio-psychological consultants were trained in the year of 2000. However the system of socio-psychological consultancy and voluntary HIV testing does not function so far. Such services are being rendered only on the basis of the Republican and Oblast HIV Control Centers, and at confidential offices for intravenous drug addicts. Totally in 2000, 159 persons were examined anonymously, which is 0,7% of those examined on HIV. This examination was not in all cases supported by pre-test socio-psychological consultancy.

The method of epidemiological surveillance (MES) has not been introduced in full-scale either. In 2000, only 38, and in 2001, only 102 intravenous drug users were examined applying the MES method, having negative results. Selection requirements of the casual anonymous screening for the examined group are being violated. In the city of Kairokkoum, 10 HIV cases were registered partly at a forcible examination of intravenous drug addicts. At that, the pre-test socio-psychological consultancy was not carried out.

Despite the fact that the HIV/AIDS Centers are staffed by qualified specialists and promote the policy of anonymous examination and friendly attitude towards patients, people mostly consider these institutions to be “stigmatized” (similarly to STD dispensaries).

3.4. Situation in the sphere of sexually transmitted ailments

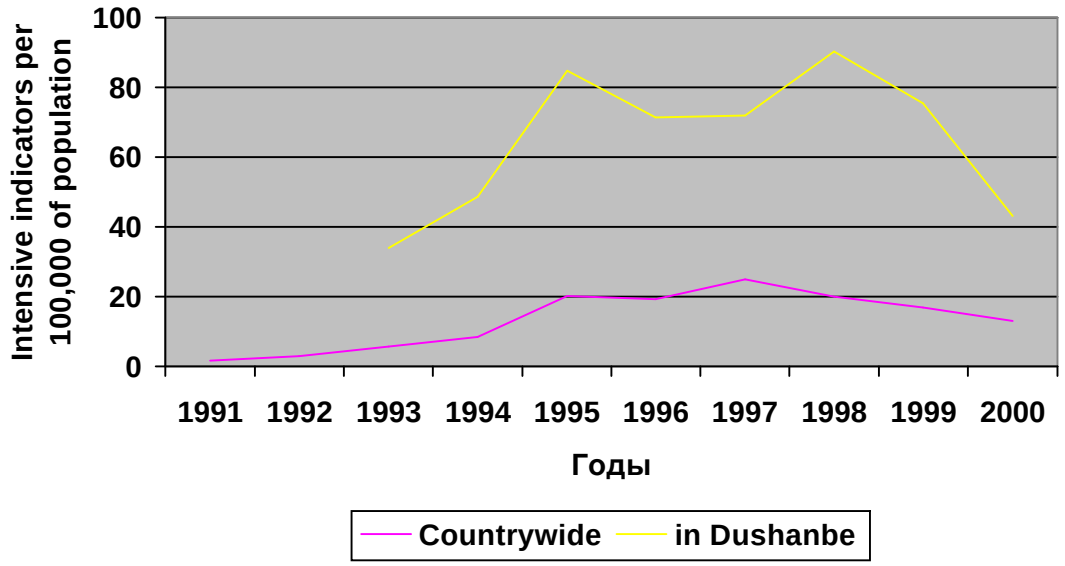
Since 1993, the number of cases related to sexually transmitted infections has been increasing (table 2.4.1; picture 2.4.1.). In recent years, there has been a tendency towards stabilization and a decrease of syphilis cases, although the incidence of the disease remains very high; it is 8 times higher than it was in 1991. In Dushanbe, in the period of 1993-2000, the indicators of syphilis cases were 3,3-5,8 times higher than those on the country level. Along with that, these indicators hardly reflect the real situation. According to physicians, this is due to incomplete registration of cases; very few patients approach official doctors. This allegation is being proved by a growth of congenital syphilis cases (two cases in 1999, four cases in 2000).

Table 3.4.1. The number of registered cases of syphilis and gonorrhea in the Republic of Tajikistan in the period of 1993-1999[8]

Years	Republic of Tajikistan				Including in Dushanbe			
	Syphilis		Gonorrhea		Syphilis		Gonorrhea	
	per 100 thousand	absolute	per 100 thousand	absolute	per 100 thousand	absolute	per 100 thousand	absolute
1991	1,67	91	20,3	1110	-	-	-	-
1992	2,9	162	20,0	1116	-	-	-	-
1993	5,8	330	25,5	1443	34,0	184	78,1	422
1994	8,3	477	22,5	1285	48,6	261	75,9	410
1995	20,2	1154	19,8	1132	84,7	449	53,2	282
1996	19,3	1123	10,8	630	71,4	365	31,8	163
1997	25	1347	13,1	723	71,9	367	26,6	136
1998	20,0	1317	9,0	599	90,4	492	38,8	206
1999	16,9	1041	8,5	512	75,4	400	36,4	205
2000	13,0	729	11,7	628	43,2	243	47,1	265

Specialized *State* STD institutions are represented by the Republican STD dispensary, four Oblast and 57 district and city STD dispensaries.

The health reform, which is being prepared for implementation in the country, determines a decentralization of the STD service with a partial devolving of functions on treatment and surveillance over STD patients to common physicians working in the public health service network. An extension of anonymous and free of charge medical services to the population is being planned as well as a wider syndrome approach to the STD patients' treatment. Establishment of new clinics for vulnerable groups is also envisaged. However the process of reforming is only being discussed while the existing STD service does not meet requirements of the population.



[8] Data is given by the State STD dispensary

Picture 3.4.1. Indicators of syphilis case rate per 100,000 of population in the Republic of Tajikistan in the period of 1991-2000

Only STD dispensaries and the private anonymous center "Zoukhra" in Dushanbe have the legal right to diagnose and treat sexually transmitted diseases. Officially, consultancies, diagnosis and treatment of all types of STDs in the Republic of Tajikistan are free of charge. The anonymous office at the city STD dispensary has the legal right to carry out an outpatient treatment of syphilis. In reality, the patient must pay for most of medical services. The patient also has to cover the cost of medicines. An average cost of treatment, taking into account consultancies of specialists, in case of syphilis amounts in $ 50-200[9]. The patient can also receive a free hospital treatment, but in that case his personal data would be registered. This makes treatment unaffordable for representatives of vulnerable groups.

STD dispensaries are very much stigmatized as institutions where they cure "disgraceful" diseases. They also threat them as "repressive institutions" cooperating with law enforcement agencies. Stigmatization of STD dispensaries and a lack of accessible medical service are the major reasons for very few applications for medical assistance in cases related to sexually transmitted diseases.

There is a sufficient number of STD specialists skilled in the syndrome approach of STD medial treatment. However the Ministry of Health has not issued a relevant decree and the syndrome approach in not being implemented so far.

The private STD sector is poorly developed and its services are affordable only to wealthy clients. Problems related to qualified medical assistance force the population to apply self-treatment. In that case, prescriptions are being made by persons not having medical education (friends, neighbors, acquaintances, taxi drivers, etc.).

[9] At the average monthly salary of 12 Somoni or $ 4,8

3.5. Drug abuse

According to official statistics, the common level of drug abuse in the country has been increasing by 15% annually. Since 1997, the number of heroine drug addicts has abruptly increased (table 2).

Table 3.5.1. The number of registered drug addicts

Group	1996	1997	1998	1999	2000
in the Republic of Tajikistan					
Total number of drug addicts	-	996	1 475	2 703	4 604
Women	-	28	61	98	201
Juveniles	-	-	-	23	25
Opium	-	586	795	678	871
Heroine	-	57	247	1695	3 211
Per 100 thousand of population	-	-	-	-	28,5
Including in Dushanbe					
Total number of drug addicts	633	761	1166	-	2 562
Heroine	-	92	466	-	-

Traditionally, measures of repressive character are applied towards drug addicts, including the detainment by law enforcement agencies, forcible testing, and registration with successive dispensary surveillance in drug dispensaries involving the police. After the State drug abuse services started observing the policy promotion of voluntarily application, the number of drug users voluntarily approaching the doctor has abruptly increased. For the time being, they comprise 60% of all applicants, which creates opportunities for development of preventive programs.

At the same time, the possibilities for the drug control services in the country are very limited. The rehabilitation system for drug addicts does not exist. The programs of substitutive therapy are not being carried out. Prevention of HIV/AIDS among drug addicts is not considered by law enforcement agencies as a priority.

The Ministry of Health together with the UN/AIDS United Program designed a project on HIV infection prevention among intravenous drug users. For the purpose of implementation of this project, the Ministry of Health and the Dushanbe Municipality have opened two confidential offices, where trained specialists, nurses, physicians-consultants (a drug abuse specialist, a psychotherapist, an STD physician) and drug addicts-volunteers work. Implementation of this project commenced in November 1999.

Now, this work has found support of Open Society Institute (Soros Foundation). In 2000, three projects received grants, which allowed opening new offices in Dushanbe, Khorog and Khojent.

In response to new HIV cases, Municipalities of Kairakkoum and Chkalovsk have also opened confidential offices funded from the local budget. Totally, 9 offices of this kind are

functioning in the country (3 in Dushanbe, 3 in Khojent, 1 in Kairakkoum, and 1 in Chkalovsk).

3.6. Condom provisions

The condom market in the country is poor and is represented basically by the following categories:

- Cheap condoms of poor quality. These are condoms produced by unknown companies, in handmade packages, not standing up simplest mechanical manipulations
- Cheap (usually 15 dirams or $ 0,06 per piece) condoms of satisfactory quality, produced in Korea or China, or condoms produced in India and Pakistan, brought to the country by private merchants
- Expensive condoms of good quality (up to 2 Somoni, or $ 0,8 per piece) of Life Styles class, and condoms produced in Russia of Contex type

All condoms available in the trading net are being sold only through the drug store network. Storage rules are not observed at drug stores. Vendors do not possess information about the specifics, date of production and expiry date of condoms.

During the period of 2000-2001, UNFPA delivered to the country 604,800 condoms as relief aids. All of them were distributed among the Reproductive Health Centers and women consultancies, the Ministry of Health institutions. Besides that, the Republican HIV/AIDS Center received 172,000 condoms in 1997–1999. More than 60,000 of them were distributed through syringe exchange offices among intravenous drug addicts, not more than 1,000 – among sex workers in the city of Dushanbe. Up to 2000, practically, the Republican HIV/AIDS Center was distributing all condoms during single actions for the common population, and only after initiating preventive programs for intravenous drug addicts and sexual workers it became possible to directly dispense condoms among vulnerable groups. A little bit more than 1/3 (35%) of all condoms received by the Republican HIV/AIDS Center were used for these purposes.

In general, condoms of good quality in view of their high cost remain unaffordable for the majority. Cheap condoms of a satisfactory quality are affordable for middle class people, those not having many sexual contacts. Intravenous drug users and sex workers, those not wealthy cannot afford buying condoms.

3.7. Education

The major part of the country youth are schoolchildren and students (at least, formally attending schools or other educational institutions).

In spite of the troubles, through which the country has been during the last decade, the public educational system has been prevented from collapse. The State education covers most of children and young people. In 2000–2001 school year 3,550 secondary and high schools in the country are being attended by 1.501,323 pupils. Besides that, there are 29 universities and 42 special educational institutions (attended by 79,200 and 23,200 students respectively). The total number of schoolchildren and students comprise more than a quarter (25,7%) of the total country population.

More than a half of all pupils (51,25%) are children and teenagers (5–11 forms) aged 11-17. this group is the most vulnerable in terms of their age peculiarities, attributing their keen interest towards forbidden sexual issues and norms of behavior. Control over children of this age by the adults is not efficient, whereas their good habits are not formed yet.

Systematic sexual and gender-legal education is practically absent. The situation is similar in the sphere of anti-drug propaganda. It is explained by the absence of relevant educational programs and the limited real coverage of youth by the State educational system. In rural areas, due to the lack of teachers, many subjects ate either not taught at all or are taught in incomplete volume. A pupil can spend 1,5 hours a day at school, after which he belongs to himself. Many girls leave school much earlier than boys (having finished the 9 form), usually due to marriage or due to a necessity to support their parents and younger members of their families. Young people do not have much access to mass media, since newspapers are expensive, and the television is difficult of access due to power supply outages. Besides that, there are no efficient educational programs run by mass media.

Specialists have started designing a school program “Healthy Way of Life” with a component “HIV/AIDS, STDs and drug abuse prevention”. The Ministry of Health and the Ministry of Education together with non-governmental organizations are carrying out this work.

Private sector in the sphere of education is not developed. Resources of the State educational system are significant, but in reality, they are not put on into preventive programs.

4. FACTORS HAVING IMPACT ON THE SPREAD OF HIV INFECTION IN THE REPUBLIC OF TAJIKISTAN

Political, legal, economic, socio-cultural factors defining individual behavior, including the risk extent in terms of HIV and STD infections, have impact on the spread of HIV infection.

4.1. Factors conducive to the spread of HIV infection

- Non-adequacy of HIV/AIDS policy to the real situation
- Imperfections in the legislation leading to continuing application of repressive practices towards vulnerable groups
- Absence of financing for preventive programs
- Intensive internal and external migration
- Insufficient access of population to information on HIV/AIDS-related issues, including traditional prohibitions on discussing sexual subjects
- Spread of STDs, extension of drug market and increase of intravenous drug users
- Lack of anonymous free of charge STD and drug preventive services
- Lack of condoms and syringes for vulnerable groups

All these factors lead to a dangerous, with regards to HIV contamination, behavior (unsafe sex, intravenous consumption of drugs, etc.).

4.2. Factors preventing from the spread of HIV infection

- Establishing of national policy in the sphere of HIV/AIDS/STD, support of preventive programs at the highest level

- Development of multi-sectoral approach towards the solution of HIV/AIDS/STD prevention tasks
- Establishment of legal base related to HIV/AIDS prevention
- Support from international organizations (UNDP, UN AIDS, Open Society Institute (Soros Foundation, Tajikistan)
- Available capacities of NGOs, prepared to work with vulnerable groups
- Availability of trained specialists
- Expertise on design of preventive programs
- Development of pilot programs on mitigation and programs of equal education

5. BASIC ASPECTS OF STRATEGIC PLANNING

5.1. Guiding principles

Priority groups of the National Strategic Plan are:
- youth
- intravenous drug users
- commercial sex workers[10]

This prioritization is conditioned by the immensity of problems and the lack of cash resources.

The Strategic Plan is based upon the principles of humanity, trust, respect to human rights, and acknowledgement of freedom of behavior.

The major components of these principles are:
- Unsafe forms of sexual behavior and non-medical usage of psychotropic substances are inevitable in any society. The State policy cannot be based upon a utopist belief that these phenomena could be liquidated.
- Dangerous forms of sexual behavior and non-medical usage of psychotropic substances inevitably work significant harm to the society and individuals. The policy in this sphere cannot be based upon the belief that people wouldn't put themselves to danger. The policy must be pragmatic and estimated by its real results, but not by the supposition – to what extent it is right or wrong.
- Representatives of vulnerable groups are an integral part of the society in general. Thus, the society health care implies the health care for vulnerable groups' individuals, which in turn, requires their integration into society, not isolation.
- Dangerous behavior is conditioned by a number of various factors, thus demanding a wide range of tools helping to change the situation. These tools include medical assistance to the vulnerable groups' individuals for the time being, and the decrease of the number of those who potentially can get into these groups in the future.

The basic guiding line of the Strategic Plan is keeping balance between the interests of the society and every member of it. Personal health responsibility envisages in particular administration of the population needs and the right of citizens to develop and design the

[10] Resolution of the seminar on strategic planning of national activities in response to HIV/AIDS epidemics in the Republic of Tajikistan, 24 June 2000

public health system activities[11]. The Plan also envisages cooperation, joint participation of vulnerable groups' individuals within the frames of National AIDS Program, as well as the transition from repressive actions to assistance and support.

5.2. General directions of the National Strategic Plan

The Strategic Plan pursues the goal to localize spreading of HIV infection in the Republic of Tajikistan.

Major activities in the sphere of HIV/AIDS/STD prevention[12] are the following:

- Establish the State policy on preventive programs for vulnerable groups
- Establish a legislative basis and provision of accessible judicial assistance in order to decrease legal vulnerability of the priority groups
- Ensure qualified drug prevention and STD treatment services for vulnerable groups including the development of treatment programs for drug addicts, including substitutive therapy
- Prevent a possible spread of the infection among the population
- Develop public educational programs aimed at formation of safe, in terms of HIV, behavior
- Ensure access to individual preventive means against HIV infection (condoms for sexually active individuals, sterile syringes for intravenous drug users)
- Form public opinion, positive towards preventive programs for vulnerable groups, increase tolerance towards the vulnerable groups' individuals, including HIV infected and those sick with AIDS
- Develop preventive programs aimed at forming capacities for judicial, medical and social defense of HIV infected and those sick with AIDS

6. PRIORITIES, ACTIVITIES AND STRATEGIES

6.1. Priority 1 «Reduction of youth vulnerability»

6.1.1. Description of the priority 1

Individuals aged 11-25 will refer in this document to the category of "youth". The accepted age limits are conditional. The lower margin is established in accordance with the average periods of pubescence and the age of the first-time consumption of narcotic substances. The upper margin identifies the period of obtaining a relative economic independence on parents and the style of life related to this, when a person assumes responsibility for his decisions and their consequences.

The total number of this group is 2 million people, or almost 30% of the country population. Equal quotas of male and female population characterize the sexual structure. Among the youth, as well as among the common population, rural residents prevail.

[11] Health Reform Program of the President of the Republic of Tajikistan, 2000–2010, Draft, Dushanbe, 1999 page 11

[12] National HIV/AIDS/STD Prevention Program in the Republic of Tajikistan for the period of 2007, Dushanbe 2000

Basic features characterizing the group are:

- Dependence on parents and big influence of parents on decisions being assumed[13],
- Traditional respect to opinions and wishes of older persons or persons having a higher social status
- Significant differences in status – educational level, and the difference between rural and urban youth
- Early marriages (in accordance with the article 13 of the Law of the Republic of Tajikistan on "Family Code", 1988, the legal family age is from 17 years of age, in exceptional cases – from 16 years of age. A real marriage through *"nikoh"*, a Muslim ritual without a relevant State registration can take place even earlier.

In rural areas – traditions, and in urban areas – stereotypes formed in the Soviet period encumber free discussions on sexual topics and norms of sexual behavior in the families. This significantly limits educational possibilities related to safe sex and safe behavior. At the same time, parents, at the condition of timely consultation with them, do not object to introduction of educational programs considering these issues. Traditions do not encumber free discussions of the topics concerning drugs and drug consumption. This creates good possibilities for development of preventive programs.

Many teenagers and young people, especially rural youth are religious (Muslims). Religious leaders are fairly influential, including *doumulloh* (for boys) and *otoun* (for girls). Religious influence largely defines the attitudes of youth towards forms of behavior and decisions related to reproductive behavior[14].

In recent years, the growth of drug users is taking place basically in the account of young people, including children and teenagers. According to a special research, 22% of pollee, pupils of secondary schools and 8,2% students of high educational institutions of Dushanbe have an experience of drug consumption. The sexual activity age is also getting younger.

Young people are vulnerable to STDs. Within the common structure of disease incidence, the youth in the age of 18-24 constitutes 30% of the number of persons registered with syphilis and 41% - with gonorrhea. Thus, with regard to the number of registered sexually transmitted cases this age group is just a little bit smaller than the numerous group of population aged 25-34. STD cases are being registered among teenagers under age. In 2000, 8 cases of syphilis and 16 of gonorrhea among children younger than 14 years of age (apart from the cases of congenital syphilis); 9 cases of syphilis and 28 of gonorrhea among teenagers of 15-17 years of age were revealed.

Priority is defined by:

- Dominance of youth aged 11-25 within the common population structure
- Identification among the youth the groups with a high risk behavior (unsafe sex, intravenous drug consumption), in the first turn, among uneducated youth

[13] Here and after – the materials of the Report on the research work "Knowledge and attitudes of secondary school pupils of Tajikistan on family planning», UNESCO, UNFPA, Republican Center on Information and Orientation of Youth «Samt», Dushanbe, 1999"

[14] For example, answering the question "Who must be the most decisive person assuming a decision on giving birth to a child", more than a half of young respondents answer: "Allah" (see: Report on the results of research work "Knowledge and attitudes of secondary school pupils of Tajikistan on family planning», UNESCO, UNFPA, Republican Center on Information and Orientation of Youth «Samt», Dushanbe, 1999"

- Real possibility of receiving rapid efficiency from development of mass preventive programs

6.1.2. Key components of the priority sphere 1 «Reduction of youth vulnerability »

Vulnerability in terms of the spread of HIV infection is defined by the following:

- The youth in general is not informed on the issues of drug consumption and sexual health (including the issues of individual protection against HIV and STDs)
- Unemployment is limiting independence of young people, and thus, it limits possibilities for realization of their safe behavior
- Some traditions and stereotypes impede development of public HIV/AIDS prevention programs
- Young people are becoming sexually active earlier, and their sexual contacts are usually unsafe
- The number of people consuming drugs, especially those consuming drugs intravenously, is being increased
- The free and anonymous treatment of STD patients and drug addicts is insufficient
- There is a lack of individual preventive HIV/AIDS means (condoms)
- Young people are involved in migration processes, advantageous for spread of the infection

6.1.2.1. Key component 1

Goal: To increase the level of awareness for youth on the HIV/AIDS prevention

Strategy 1: Development and introduction of an educational program “Healthy Way of Life” with a component “HIV/AIDS/STD and drug abuse prevention” in the State educational institutions.

Tasks to be accomplished by 1 January 2002:

- Prepare methodological and personnel provisions for introduction of the educational program “Healthy Way of Life” with a component “HIV/AIDS/STD and drug abuse prevention”

The task to be accomplished by 1January 2005:

- Introduce the educational program “Healthy Way of Life” with a component “HIV/AIDS/STD and drug abuse prevention” in not less than 60% of the State educational institutions of the country

Key activities:

- Development of the program “Healthy Way of Life” with a component “HIV/AIDS/STD and drug abuse prevention” for schools and specialized educational institutions
- Development of the program “Healthy Way of Life” with a component “HIV/AIDS/STD and drug abuse prevention” for the system of vocational training for teachers of secondary schools and special educational institutions

- Development of a lecture course "Healthy Way of Life" with a component "HIV/AIDS/STD and drug abuse prevention" for high educational institutions
- Development and publishing of a methodological aid for teachers "Healthy Way of Life" with a component "HIV/AIDS/STD and drug abuse prevention"
- Development and publication of a text book "Healthy Way of Life" with a component "HIV/AIDS/STD and drug abuse prevention"
- Training of not less than 3,000 pedagogues-valeologists experienced in interactive methods of teaching within the frames of short-term (seminars, vocational training) and long-term (introduction of the specialty «Valeology» in curricula of high pedagogical institutions) programs
- Introduction of the course "Healthy Way of Life" with a component "HIV/AIDS/STD and drug abuse prevention" in curricula for secondary, secondary-special and high educational institutions

Strategy 2: Development of public educational programs among unorganized youth

Tasks to be performed by 2002[15]*:*

- Identify priority needs for vulnerable groups of youth (including migrants, MSM[16] and military men) in the sphere of HIV/AIDS prevention
- Establish structures able to support information interference among youth implementing the approach «equal to equal»

The task to be accomplished by 2003:

- Not less than three most vulnerable groups of youth (besides intravenous drug users and commercial sex workers) will be covered by the programs of equal education
- Not less than 30% of the unorganized youth priority groups' individuals will know not less than three ways of prevention against HIV/AIDS
- Not less than 25% of sexually active youth will report that in not less than 60% of sexual contacts they practice safe sex

The task to be accomplished by 2005:

- Not less than five of most vulnerable youth groups (besides intravenous drug users and sex workers) will be covered by programs of equal education
- Not less than 80% of the unorganized youth priority groups' individuals will know not less than three ways of prevention against HIV/AIDS
- Not less than 50 % of sexually active youth will report that in not less than 60% of sexual contacts they practice safe/protected sex

Key activities:

- Carrying out sociological and behavior research works within the group «Youth» (including migrants and military men) taking into consideration regional peculiarities
- Mobilization and training of new partners from the number of vulnerable groups' individuals

[15] Here and after: by 1 January of the indicated year
[16] Man having sex with men

- Preparation of methodological recommendations for training of volunteers implementing the approach «equal to equal» for both organized and unorganized youth groups
- Preparation (selection, elaboration, publishing) of a block of information materials for youth (leaflets, booklets, brochures)
- Development of public educational program "Healthy Way of Life" with a component "HIV/AIDS/STD and drug abuse prevention" meant for using within the frames of approach «equal to equal», and its introduction in priority groups of unorganized youth

6.1.2.3. Key component 3

Goal: To satisfy the needs in condoms for sexually active youth

Strategy: Assessment of needs and development of programs on procurement and distribution of condoms among youth

The task to be accomplished by 2003:

- Not less than 60% of sexually active youth will inform that they know about a necessity of using condoms and are intending to systematically use it in sexual contacts of non-reproductive character
- Not less than 25% of sexually active youth will inform that in not less than 60% of contacts they use condoms
- Provisions of condoms in the volumes needed for development of preventive programs will be ensured

The task to be accomplished by 2005:

- Not less than 50% of sexually active youth will inform that in not less than 60% of contacts they use condoms

Key activities:

- Development of public educational program aimed at forming a positive attitude towards using condoms in sexual contacts of non-reproductive character
- Development of promotion programs on free of charge distribution of condoms (during single actions, teaching seminars, field information sessions)
- Establishing of public centers for training of physicians and other specialists on teaching youth the methods of safe sex, including usage of condoms
- Provision of condoms to the most vulnerable strata of sexually active youth
- Support of programs on forming condom usage skills at the community based level (mahalla communities, spiritual leadership, etc.)
- Development of programs on social marketing of condoms in Dushanbe

6.1.2.4. Key component 4

Goal: To ensure accessibility to qualified medical service for youth, including the under-age

Strategy 1: Establishment of a system for anonymous free of charge examination and treatment of STDs

The task to be accomplished by 2002:

- Create a legal base and define key partners in ensuring availability of STD treatment service for youth, including the under-age

The task to be accomplished by 2003:

- Ensure availability of STD treatment service for youth, including the under-age in the capital and all oblast centers

The task to be accomplished by 2005:

- Ensure availability of STD treatment services for youth, including the under-age countrywide

Strategy 2: Establishment of a system for voluntary conscious testing on HIV/AIDS and socio-physiological consultancy

The task to be accomplished in 2002:

- Establish a network of offices ensuring voluntary conscious testing on HIV/AIDS and socio-physiological consultancy in Dushanbe and oblast centers

The task to be accomplished by 2000:

- Establish a network of offices ensuring voluntary conscious testing on HIV/AIDS and socio-physiological consultancy countrywide

Key activities:

- Establish a legal basis for ensuring STDs treatment service for under-age youth
- To teach a necessary number of physicians of various specialties the treatment of STDs applying the syndrome approach, as well as the socio-psychological consultancy in regard to HIV/AIDS
- Form a system of anonymous free of charge examination and treatment of STDs, as well as testing on HIV/AIDS and socio-psychological consultancy
- To ensure a systematic control over the spread of the HIV infection by means of epidemic surveillance using the method of casual anonymous screening
- Ensure information support for the system of anonymous free of charge examination and treatment of STDs, as well as testing on HIV/AIDS and socio-psychological consultancy

6.1.2.5. Key component 5

Goal: To receive public support for preventive youth programs

Strategy: Development of a campaign aimed at a public environment favorable for development of preventive youth programs

The task to be accomplished by 2004:

- Not less than 60% of population in a casual opinion poll will inform that they support preventive programs for youth and concrete forms of intervention (for example, promotion of condoms)

The task to be accomplished by 2005:

- Not less than 90% of the population in casual opinion poll will say that they support preventive programs for youth and concrete forms of intervention.

Key actions:

- Consider plan of actions regarding the public work involving relevant specialists
- Determine and mobilize efforts of key partners
- Ensure systematic interference by the mass media
- Ensure monitoring of information intervention efficiency
- Prepare information materials for youth and for persons having a direct impact on the development of preventive programs (teachers, parents, communities etc.)

6.2. Priority sphere 2 «Reduction of vulnerability for intravenous drug users»

6.2.1. Description of the priority sphere 2

Persons consuming narcotics intravenously regardless of the kind of a narcotic, duration or frequency of consumption and the availability of an established diagnoses of drug dependence, are considered intravenous drug users.

In 1999, the share of intravenous drug users comprised[17] 25,8% of the total registered drug users, in 2000 – 33,2 %. A part of heroine drug users consume the narcotic by inhalation however they rapidly switch to the intravenous way of consumption. This is related to economic preference of the heroine injections in comparison with the inhalation form of consumption.

92,7% of intravenous drug users prefer heroine. 95% of intravenous drug addicts are men[18]. 94% of drug users practice unsafe sex, which creates possibilities for the spread of HIV infection via sexual intercourse.

The given data does not reflect the real extent of drug consumption. According to an express assessment, conducted in the Republic of Tajikistan in April 1999, the ratio of registered and unregistered drug users is 1:10, and according to the Republican drug control center experts,

[17] In Dushanbe. A countrywide assessment is not possible.
[18] Spread of intravenous drug abuse and HIV infection in Dushanbe. Report on express assessment in the Republic of Tajikistan, Thematic group UN/AIDS on Central Asian region

in case of an HIV outbreak within intravenous drug users, the number of HIV infected among them in Dushanbe only, will reach the number of 2,000 during one year.

Among the intravenous drug users, there are types of drug consumption dangerous in terms of HIV contamination. The most typical peculiarity of the intravenous drug consumption is a joint long-term usage of common syringes within groups of drug addicts. 93% of intravenous drug addicts practice this. Practically, none of drug addicts disinfect syringes.

Priority of the direction is defined by the following:

- For the time being, th spread of intravenous way of drug consumption is the major factor favorable for HIV/AIDS epidemics in the country
- The role of a group of intravenous dug consumers as a possible source of HIV infection and availability of the channels by which the infection can spread among the common population (commercial sexual services, non-commercial sexual partners of drug addicts, the birth of HIV infected children)

6.2.2. Key components of the priority sphere 2 «Mitigation of vulnerability for intravenous drug users»

Vulnerability of the group in terms of HIV infection is defined by the following factors:

- Preferences of types of drug consumption, dangerous in terms of the spread of HIV infection
- Absence of one-off needles, syringes and disinfectants especially by the most poor members of the group
- Criminal responsibility for procurement, keeping and transportation of tracer amounts of narcotic substances and persecution of drug users on these grounds, which impedes the development of preventive programs among them
- Absence of the system for substitutive therapy and rehabilitation of drug users
- Inaccessibility to STD treatment services
- Low level of information of the curable part of the group in terms of HIV infection risk and prevention of contamination
- Absence of positive attitudes towards condom usage for the poorest part of the group whereas the majority of intravenous drug users are sexually active

6.2.2.1. Key component 1

Goal: To create a favorable administrative environment for the program development among intravenous drug users

Strategy: Establishment of the legislation adequate to the tasks of HIV/AIDS/STD prevention among intravenous drug users

The task to be accomplished in 2002:

- Analyze the legislation, defining activities of the State institutions towards intravenous drug users from the viewpoint of HIV/AIDS among the latter

The task to be accomplished by 2003:

- To bring the legislation to accordance with the international law and international legal norms

Key activities:

- Carry out an expertise of the legislation of the Republic of Tajikistan on the subject of correspondence with the the basic provisions of the international law in the aspect of tasks for the preventive programs development
- Hold a special meeting of the National multi-sectoral coordination committee on legislative issues concerning STDs, HIV infections and vulnerable groups
- Make modifications in the legislation
- Ensure the information support of the activities carried out

6.2.2.2. Key component 2

Goal: To increase awareness of intravenous drug users on the issues of harm reduction at intravenous drug consumption, STD/HIV/AIDS and safe sex

Strategy: Development of public educational programs for drug users including those applying the approach «equal to equal», and the program «12 steps»

The task to be accomplished in 2002:

- Not less than 40% of intravenous drug users in Dushanbe and not less than 80% in Kairakkoum and Chkalovsk will possess basic knowledge on HIV/AIDS prevention

The task to be accomplished by 2005:

- Not less than 40% of intravenous drug users in the country possess basic knowledge on HIV/AIDS prevention

Key activities:

- Increase coverage of intravenous drug users by public awareness programs using the approach «equal to equal» involving the number of volunteers from the number of active drug users, former drug addicts and codependent persons
- Organize groups of public awareness involving NGOs in all oblast and rayon country centers
- Develop and publish information materials on the harm reduction methods at drug consumption
- Provide the public awareness groups with needed methodological materials
- Create support groups for HIV infected drug users

6.2.2.3. Key component 3

Goal: Ensure availability of clean syringes and needles for intravenous drug consumption

Strategy: Development of syringes and needles exchange

The task to be accomplished in 2002:

- Provide not less than 20% of drug users in Dushanbe, not less than 80% in Kairakkoum and Chkalovsk with syringes and needles, ensuring 100% coverage of demand

The task to be accomplish by 2005:

- Provide not less than 20% of drug users in the Republic of Tajikistan, and not less than 60% of intravenous drug users in Dushanbe, not less than 80% in the areas with a mass spread of HIV infection with clean syringes and needles, ensuring 100% coverage of demand

Key activities:

- Expand the harm reduction program among intravenous drug users by means of increase of syringes and needles exchange offices and increase the coverage of drug users in Dushanbe
- Open syringes and needles exchange offices in all oblast and key rayon centers of the country
- Provide drug users involved in preventive programs with disinfectants
- Organize consultancy and medical (including STD) services for intravenous drug users
- Mobilize volunteers
- Maintain anonymous and voluntarily HIV/AIDS testing and socio-psychological consultancy
- Maintain systematic control over the spread of HIV infection by means of casual anonymous screening epidemic surveillance
- Ensure public awareness support of preventive programs in the environment of drug users
- Form public opinion positive towards harm reduction programs

6.2.2.4. Key component 4

Goal: To ensure transition from the intravenous to non-intravenous way of drug consumption

Strategy: Ensure development of substitutive therapy programs

The task to be accomplished by 2002:

- Not less than 100 intravenous drug addicts in Dushanbe, not less than 50 in Kairakkoum and Chkalovsk will take part in the methadone program (total number of participants – 150)

The task to be accomplished by 2005:

- Not less than 10% of intravenous drug users in the Republic of Tajikistan will take part in the methadone program

Key activities:

- Reach a consensus in establishing a policy on the issue of substitutive therapy
- Establish a State service able to support the methadone program development and ensure its work
- Ensure support for drug users
- Train personnel
- Carry out a public awareness program among intravenous drug users with the purpose of limiting the scales of transition from non-invasive to intravenous way of drug consumption

6.2.2.5. Key component 5

Goal: Ensure availability of condoms for intravenous drug users

Strategy: Wide-scale free of charge distribution of condoms among sexually active dug users

The tasks to be accomplished in 2002:

- Not less than 10% of intravenous drug users in casual opinion poll will indicate that they use condoms constantly, not less than 25% - time after time. Not less than 50% will indicate the necessity of condom usage
- Ensure provision of condoms to not less than 15% of sexually active intravenous drug consumers in Dushanbe and not less than 80% of intravenous dug consumers in Kairakkoum and Chkalovsk covering 100% of the demand

The tasks to be accomplished by 2005:

- Not less than 20% of intravenous drug users in casual opinion poll will indicate that they use condoms constantly, not less than 50% - time after time. Not less than 75% will indicate the necessity of condom usage
- Ensure that not less than 60% of intravenous drug users in Dushanbe, oblast centers and key districts, and not less than 20% - in other districts of the Republic of Tajikistan will have free of charge condoms in the quantity covering 100% of the demand

Key activities:

- Distribution of condoms in the group of sexually active intravenous drug users through volunteers and confidential offices
- Information support

6.3. Priority sphere 3 «Vulnerability reduction among commercial sex workers and their clients»

6.3.1. Description of the priority sphere 3

Persons of both female and male sex, rendering commercial sexual services for money, refer to the commercial sex workers (CSW). Persons who had at least a single experience of procurement of such services refer to the group of clients.

The estimated total number of CSW in the country is 3,000 persons, out of whom some 500 persons are based in Dushanbe. It is important to indicate that CSW are concentrated also in resort areas, in particular, in Kairakkoum and Chkalovsk, where in the early 2001, an outbreak of HIV was registered among intravenous drug users. Three HIV infected registered in Kairakkoum are intravenous drug users rendering commercial sex services. The groups of CSW are also related to military divisions, which increases a probability of the HIV infection spread.

Commercial sex in Tajikistan has a discreet character because it is perceived by the society as a violation of moral norms and religious prohibitions. At the same time, the double morality allows men buying sexual services avoid public condemnation. Besides that, the police pursue CSW for prostitution is being pursued in administrative order. This makes the group inaccessible for development of preventive programs within it.

There are very few of towny people among CWS. Many CSW in big cities are those coming from rural areas, migrated to the city during the last two-three years. Panders or mediators transport CSW, especially young ones, from one district to another. Many men use services of commercial sex workers while being abroad. They become inaccessible for preventive activities carried out in the country.

The ethnic composition of the group corresponds to the one on the country level. Age is basically 20-25 years old. Lately, more and more under-age including 12-13 year-old girls are being involved in commercial sex. There are single cases when 10-year girls were involved in commercial sex. Under-age CSW are being thoroughly controlled by panders. Girl cannot go anywhere without permission and cannot decide themselves what they can and what they cannot do.

Most of CSW older than 20 years of age have children, and sometimes – husbands whom they support. Personal hygiene of the most poor is very poor; they do not have elementary facilities for it. Sexual contacts with clients very often take place in ill-fitted places, not allowing observe hygienic norms.

CSW do not have access to needed information concerning sexual health including issues dealing with HIV/AIDS/STD prevention, and their knowledge is not sufficient for protecting themselves from these ailments. Information disseminated through the mass media remains inaccessible for them because usually, they do not have an opportunity to watch TV or read newspapers. Many CSW are illiterate and can misunderstand this information.

Qualified STD service for CSW is absent. The existing services are expensive and they propose provision of personal data for receiving the right for free of charge treatment. The work of STD dispensaries with STD patients is being carried out at the support of the police, which ensure delivery of these persons for forcible examination and treatment. CSW do not have a possibility to use quality condoms.

Consumption of alcohol and drugs including intravenous heroine consumption is widely spread among CSW. Consumption of psychotropic substances lowers control over behavior and increases probability of unsafe sex. Intravenous consumption of dugs is dangerous in terms of HIV infection. Transition to the intravenous consumption for most of heroine drug

addicts is the matter of time, and one can expect an increase of share of intravenous heroine drug addicts among CSW. The latter can be also involved in drug transportation.

A client assuming a decision on whether he would practice a safe sex or a less safe sex in terms of a possible HIV contamination usually controls commercial sexual contacts. The clients of law paid CSW usually avoid using condoms. CSW often become victims of violence, especially sexual violence.

The priority of the direction «Mitigation of CSW and their clients vulnerability» is defined by the following:

- High probability of the spread of HIV infection within a CSW group is conditioned by a wide spread of intravenous drug consumption
- High probability of the fact that CSW/clients will become a «bridge» between a group of HIV infected from the number of intravenous drug users and the common population
- High probability of birth of HIV infected children

6.3.2. Key components of the priority sphere 3 «Vulnerability alleviation for CSW and their clients»

Vulnerability of the group in terms of HVI infection is defined by the following factors:

- Legislative and social insecurity of the group limits the access to it for carrying out preventive programs
- The number of CSW sexual partners is very high, which significantly increases the risk of STD and HIV contamination
- Sexual behavior of CSW depends on the client assuming a decision on usage of condom
- CSW are not informed about STD/HIV/AIDS, ways of protection from contamination and safe sex
- Quality condoms are not available
- Commercial sex workers do not have access to qualified medical assistance, whereas the STD incidence among them is very high
- Commercial sex workers consume alcohol and drugs, including heroine. This reduces control over the probability of unsafe sex, as well as the probability of contamination at intravenous consumption of drugs
- Migration of CSW and clients increase the probability of spread of the infection countrywide

All these factors directly or indirectly define the vulnerability of not only CSW, but this of men, their clients, and eventually, conduce to the spread of STDs, and potentially HIV infection among the population

6.3.2.1. Key component 1

Goal: To increase the level of knowledge on STD/HIV/AIDS, safe sex and safe sexual behavior

Strategy: Public educational work with the approach «equal to equal»

The task to be accomplished by 2002:

- Establish the behavior peculiarities and priority needs of CSW and clients in the most densely populated settlement of the Republic of Tajikistan
- Not less than 40% of all CSW in Dushanbe, Chkalovsk and Kairakkoum will know not less than two ways of protection against HIV/AIDS

The task to be accomplished by 2005:

- Not less than 70% of all CSW know not less than two ways of protection against HIV/AIDS

Key activities:

- Social and behavioral research of a CSW/clients group in less problematic settlements of the Republic of Tajikistan
- Establishment of a group of volunteers trained on the approach «equal to equal» and having necessary information on STD/HIV/AIDS, ways of contamination, sources of assistance, safe sex and safe behavior
- Preparation of methodological recommendations for training of volunteers applying the approach «equal to equal»
- Preparation (selection, design, publishing) of a block of information materials for CSW (leaflets, booklets, brochures)
- Development of a system of information sessions for CSW applying the approach «equal to equal»

6.3.2.2. Key component 2

Goal: To ensure availability of condoms for CSW and clients

Strategy: To provide CSW with free condoms

The task to be accomplished immediately:

- To provide the group of CSW – heroine drug users in the cities of Kairakkoum and Chkalovsk covering 100% of the demand

The tasks to be accomplished by 2002:

- Provide free condoms to not less than 30% of CSW in Dushanbe covering 60% of the demand

- Estimate possibilities of development for the program “social marketing of condom” in Dushanbe

The task to be accomplished by 2005:

- Provide free condoms in the quantity covering 100% of the demand to not less than 90% of CSW – heroine drug users, as well as not less than 50% of poor CSW
- Not less than 30% of the general condom demand of CSW in Dushanbe will be satisfied on account of the program “social marketing of condom”

Key activities:

- Mobilization of resources and organization of condom provisions
- Establishing of free condom dissemination among CSW and further monitoring
- Research of possibilities for development of the program “social marketing of condom”
- Information support of the programs and training on correct usage of condom

6.3.2.3. Key component 3

Goal: To ensure access to qualified medical services for CSW and clients

Strategy 1: Establishing a system of anonymous, free of charge examination and treatment of STDs

The task to be accomplished by 2003:

- Ensure access to STD services for not less than 50% of CSW in Dushanbe

The task to be accomplished by 2005:

- Ensure access to STD services for not less than 90% of CSW in Dushanbe and not less than 50% of CSW in other areas of the country

Strategy 2: Establishing of a system of a voluntary conscious testing on HIV/AIDS and socio-psychological consultancy

The task to be accomplished by 2002:

- Create a network of confidential physicians ensuring voluntary conscious testing on HIV/AIDS and socio-psychological consultancy of CSW in Dushanbe, Kairakkoum and Chkalovsk
- Cover CSW in Dushanbe, Kairakkoum and Chkalovsk with an epidemic surveillance

The task to be accomplished by 2005:

- Establish a network of confidential physicians ensuring voluntary conscious testing on HIV/AIDS and socio-psychological consultancy of CSW in oblast centers and priority districts
- Cover CSW in oblast centers and priority districts with an epidemic surveillance

Key activities:

- Estimate the capacity of Public Health system of the Republic of Tajikistan with regards to ensuring accessible STD services on the account of physicians of relevant specialties, common practice, and other institutions of the Ministry of Health of the Republic of Tajikistan
- Train a needed quantity of physicians of various specialties on STD treatment applying the syndrome approach
- Form a network of confidential physicians rendering STD services to CSW and their clients and also ensuring voluntary conscious testing on HIV/AIDS and socio-psychological consultancy of CSW
- Ensure control over the spread of HIV infection among CSW by means of casual anonymous screening epidemic surveillance

6.3.2.4. Key component 4

Goal: To create a public environment favorable for development of preventive programs among CSW and clients

Strategy: Reception of political support from Ministries, institutions and public organizations involved in preventive programs

The task to be accomplished by 2003:

- A public awareness campaign in support of preventive program for vulnerable groups will be designed and commenced

The task to be accomplished by 2005:

- Not less than 50% of public leaders will make statements in support of development of preventive programs for vulnerable groups

Key actions:

- Define key persons among the political leaders, governmental and institutional officials, leaders of most important public organizations, spiritual and community leaders, journalists rendering significant influence on forming public opinion
- Organize round table sessions, conferences, working group sessions, talk shows, other public activities and participation in such events dedicated to relevant issues, periodically, at least, on the quarterly basis.
- Ensure publications in newspapers/magazines, broadcasting of analytical TV and radio shows on high-rating or institutional broadcasting companies, not less than once a month

7. IMPLEMENTATION OF STRATEGIC PLAN

7.1. Resources and sources

- funds: **addressed reorientation of available resources** – Ministry of Health; including the support from special police departments in charge of law and order while carrying out preventive programs for the Ministry of Interior and its detachments (Interior Departments and relevant departments on district level); **condoms** are provided by UN agencies – co-donors of UNAIDS; **premises, accessories, salaries for personnel, communication** are provided by State institutions and NGOs; **newspapers, broadcasting time** are provided by mass media
- personnel: **physicians** – Ministry of Health; **law enforcement agencies' personnel** – Ministry of Interior; **legal advice** – NGOs; **researchers** – Youth Committee, NGOs; **consultants – experts on methodologies and volunteers, responsible for education on the methodology «equal to equal» -** NGOs; **journalists** – friendly mass media
- financial support: Government of the Republic of Tajikistan, UN agencies – co-donors of UNAIDS (UNDP, WHO, UNFPA, UNICEF, World Bank, UNDCCP); other international organizations, including non-governmental ones (OSCE, «Save the Children», «PSF»);
- publishing and methodology-related activities, information support by the Government of Tajikistan, Open Society Institute «Soros Foundation, Tajikistan», UNDP, UNESCO, UNFPA
- technical support: UN agencies – co-donors of UNAIDS; Thematic UN group on AIDS; international non-governmental organizations

7.2. Partners and responsibilities

- The Ministry of Health of the Republic of Tajikistan (including the Republican Drug Abuse center, Republican Center for AIDS Prevention, Republican STD Dispensary, relevant district institutions)
- Ministry of Interior of the Republic of Tajikistan (including Department of Interior on the city and district levels, and other relevant departments)
- Ministry of Finance of the Republic of Tajikistan
- Youth Committee under the Government of the Republic of Tajikistan
- OSI «Soros Foundation, Tajikistan» и другие Международные неправительственные организации
- UN agencies – co-donors of UNAIDS (UNDP, WHO, UNFPA, UNICEF, World Bank, UNDCCP, UNESCO and others)
- Mass media

Local non-governmental organizations:

- Juvenile educational center «Bovari»
- NGO «Mekhrubon»
- Charitable association «Avesto». Main activities: medical and social assistance to vulnerable groups (including women, teenagers and street-children). Basic opportunities: educational programs, interaction with mass media
- Teenage Association «Aurora»
- NGO «Modar»
- Association «Women of Science, Tajikistan». Main activities: assistance to abused women, including those from rural areas, and children. Basic opportunities: development of teaching aids, support of confidential telephone offices
- Public organization «Ehson»

Resources

- resources: **addressed reorientation of available resources** (network of confidential physicians, specialized anonymous offices for drug users in district centers) – Ministry of Health (Republican STD Dispensary, Republican Drug Abuse Center and relevant institutions at district level); **support of specialized police detachments responsible for law and order while carrying out preventive programs for drug users** – Ministry of Interior and its institutions (including Department of Interior on the city and district levels, and other relevant departments); **syringes and needles** – Open Society Institute «Soros Foundation, Tajikistan»; **condoms** are provided by UN agencies – co-donors of UNAIDS; **premises, computers and accessories** are provided by the State institutions and NGOs «Mekhrubon», «Avesto», «Aurora», «Bovari»; **newspapers, broadcasting time –** mass media
- personnel: **physicians** – Ministry of Health; **personnel of law enforcement agencies, including specialized detachments responsible for law and order while carrying out preventive programs for intravenous drug users** – Ministry of Interior; **legal advice** – Ministry of Justice; **experts** – Youth Committee under the Government of the Republic of Tajikistan; Youth Committee, NGOs; **consultants – experts on methodologies and volunteers, responsible for education on the methodology «equal to equal"** - NGOs; **journalists** – friendly mass media – NGOs «Mekhrubon», «Avesto», «Aurora», «Bovari»; **personnel of syringes and needles exchange offices and confidential phone offices –** AIDS prevention centers, NGOs; **journalists** – friendly mass media
- financial support: Ministry of Finance and other Government donors; UN agencies – co-donors of UNAIDS (UNDP, WHO, UNFPA, UNICEF, World Bank, UNDCCP); other international organizations including non-governmental organizations (IOM, OSCE, «Save the Children» «PSF»); IFRC; **publishing and methodology-related activities, information support** will be financed by Open Society Institute «Soros Foundation, Tajikistan», UNDP, UNESCO, UNDCCP
- technical support: UN agencies – co-donors of UNAIDS: international non-governmental organizations; Thematic UN group on AIDS

MECHANISMS FOR MANAGEMENT

ALLOCATION OF DUTIES

National coordination Committee under the Government of the Republic of Tajikistan

- planning, estimation of efficiency and general coordination of activities on implementation of the National Program and Strategic Plan of National Activities on HIV/AIDS prevention
- development of national policy towards the problem of HIV/AIDS in general, and the policy priorities in particular
- establishment of external relations with UN agencies – co-donors of UNAIDS, other international organizations dealing with HIV/AIDS problem, including donors and other similar groups in other countries

- control over legislative and directive documents, applicable on the territory of the Republic of Tajikistan in accordance with the international legislation
- establish partnership with NGOs
- ensure a flexible response to the development of the situation at the international level (including analysis of efficiency for current activities, reconsidering of general strategies, timely provision of information to implementing parties)
- stimulation and support of horizontal information exchange between implementers
- mobilization of resources

Functions of the Government of the Republic of Tajikistan and local executive authorities:

Government:

- development of the National Program on HIV/AIDS/STD prevention
- funding of the National Program on HIV/AIDS/STD prevention
- implementation of the National Program on HIV/AIDS/STD prevention and Strategic Plan of Actions on countering HIV/AIDS, including support of activities carried out by official institutions, main implementers of the National Program
- monitoring and estimation of efficiency of the National Program on HIV/AIDS/STD prevention
- attracting of resources for the National Program on HIV/AIDS/STD prevention and Strategic Plan of Actions on countering HIV/AIDS, including support of activities carried out by official institutions, main implementers of the National Program

Oblast, city and district authorities:

- development of local policy towards HIV/AIDS problem in general and its priorities in particular
- development of regional programs on HIV/AIDS prevention
- establishment of external relations (with local representations of international organizations dealing with HIV/AIDS problem, including donor agencies and similar groups in other spheres)
- ensuring of funding for programs carried out on the local level (on account of centralized funds, as well as on account of local financial resources)
- ensuring of flexible response on the development of the situation on the local level (including analysis of efficiency for current activities, reconsidering of general strategies, timely provision of information to implementing parties)
- stimulation and support of horizontal information exchange between implementers
- mobilization of resources

State institutions and agencies participating in development of HIV/AIDS programs

Official institutions and agencies dealing with general or particular HIV/AIDS prevention issues within the frames of their main activities (institutions and agencies of the Ministry of Health – STD services, AIDS prevention services; Ministry of Interior, Ministry of Education, Ministry of labor and Social Protection, Ministry of Justice, Ministry of Finance) are the State institutions and agencies participating in development of HIV/AIDS programs.

They perform the following functions:

Ministry of Health

- training and vocational training of medical and non-medical personnel for implementation of HIV/STD and drug abuse prevention programs
- development of programs and instruction on medical issues of HIV/AIDS/STD and drug abuse programs
- organization of epidemiological surveillance over HIV/AIDS/STD and drug abuse situation, and development of preventive programs, including epidemiological surveillance
- rendering of all types of assistance to HIV-infected and to members of their families
- development of educational programs for population
- ensuring of blood security and safe medical services
- development of the system for voluntary conscious testing, psychological and social consultancy on HIV/AIDS
- establishment of the system for anonymous voluntary treatment of STDs for vulnerable groups of population
- development of programs on harm reduction for intravenous drug users, including programs of methadone substitutive therapy
- mobilization of resources
- monitoring and assessment of activities

Ministry of education

- ensuring of inclusion HIV/AIDS/STD and drug abuse topics into relevant curricula at all levels of education, training and vocational training
- development and introduction of educational program on healthy way of life
- publishing of methodologies and instruction materials
- organization of educational work with schoolchildren, juveniles and youth with the help of specially trained teachers
- involvement of students from high, and special educational institutions in preventive activities
- introduction of educational methodologies on risk of HIV infection and sexual behavior for youth. Development of educational programs for parents, public and religious leaders, and establishment of support groups
- development of the system of psychological support for youth

Ministry of Interior

- establishment of specialized police detachments responsible for law and order while carrying out preventive programs for vulnerable groups
- training of the Ministry of Interior personnel in the sphere of legislation, principles of development for preventive programs and interaction with vulnerable groups; inclusion of the chapter «HIV/AIDS/STD and drug abuse prevention» into the training and vocational training for personnel
- elaboration of a package of instructions and methodological materials for the Ministry of Interior personnel on HIV/AIDS/STD and drug abuse
- ensuring of medical security in the Ministry of Interior health institutions

Ministry of Finance

- inquiry, allocation and control over the use of funds meant for implementation of the National Program and Strategic Plan of national activities on countering HIV/AIDS epidemics

Ministry of Justice

- inspection of legislation related with HIV/AIDS prevention priorities with regard to their conformity with international legislation

Ministry of Foreign Affairs

- provision of timely information on HIV/AIDS prevention to citizens of the country leaving abroad and foreign citizens arriving to the country
- provision of medical and legislative assistance (including repatriation) to citizens located on the territories of foreign States in situations dangerous in terms of HIV/AIDS/STD infections

Non-governmental organizations

Functions of NGOs, participants of preventive programs:

- study of problems faced by vulnerable groups, on which the interference is targeted (teenagers, commercial sex workers, intravenous drug addicts, etc). Provision of information about these problems to State institutions and agencies
- development of educational programs in these groups, including those carried out within the frames of the approach «equal to equal»
- public control over activities of the State institutions and agencies, dealing with preventive programs with regard to protection of interests of the groups represented by NGOs
- distribution of personal prevention aids within vulnerable groups, formation of positive behavior among the groups' members, which would help them to be protected from HIV infection
- initiating activities on provision of legal and social protection to vulnerable groups
- activities related to formation of public opinion positive with regards to preventive programs and tolerant attitude towards vulnerable groups
- mobilization of resources and inquiry of alternative sources of funding for HIV/AIDS/STD and drug abuse programs

Mass media

Functions of mass media:

- provision to the public timely information on main events related to HIV/AIDS epidemics in both the country and abroad
- publishing in mass media analytical materials explaining to the public the meaning of preventive activities, including creation of special columns
- formation of positive attitude towards preventive programs and a tolerant public opinion towards vulnerable groups
- formation of a public position constructive towards HIV/AIDS problem; counteraction against panic and aggressive tendencies of mass consciousness

- assistance in carrying out public control over the State institutions and agencies' activities dealing with the development of preventive programs in the aspect of estimation of these activities for the society, as well as in the aspect of protection of vulnerable groups' interests
- provision of newspaper space, broadcasting time for elucidation of HIV/AIDS/STD and rug abuse prevention issues at reduced tariffs or free of charge

International organizations

International organizations involved in preventive activities perform the following functions:

- provision of funds for preventive programs where funding is not envisaged from the national side
- rendering information and technical support to development of preventive programs
- provision of education and vocational training to national experts
- rendering assistance in planning and assessment of preventive programs efficiency
- rendering assistance in finding and support of relations with participants of similar programs in other countries, ensuring of systematic exchange of experience

MECHANISMS OF MANAGEMENT

Monitoring of strategies and evaluation of efficiency

Monitoring of the strategies in priority spheres applies indicators determined in the chapter «Key components in the priority fields» along with periodicity. Main implementers of interference carry out monitoring. The results of monitoring are used for correction of strategies.

Monitoring envisages analyses of current reporting by main implementers and carrying out qualitative and semi-quantitative research, including behavioral research directly in the groups. The research will be carried out within the frames of general methodology using preliminary designed tools (standardized application forms and schematic interviews). Monitoring of activities carried out in closed groups (commercial sex workers, drug addicts) involves NGOs and other persons belonging to this group, as observers. This will allow clarify the information obtained from the surveys carried out by means of formal methods. Within the same timeframe, estimation of epidemiological situation by the method of casual anonymous screening will be carried out.

Estimation of the activities efficiency and determination of key tasks on each of priority directions are carried out by independent experts. Local experts having relevant expertise and qualification carry out current estimation. External experts – leading specialists in the given sphere familiar with particularities of the country, involving local experts and main implementers, carry out final estimation.

Coordination of activities

The National Coordination Committee on AIDS/STD prevention in the Republic of Tajikistan carries out general coordination of activities. At that level, decisions are assumed on establishing of priority tasks, choice of strategies and main partners on the national level, as

well as decisions on volumes of funding for basic activities. The task of coordination body is creation of conditions, under which main implementers can carry out preventive activities more efficiently. At the same level, the relation between the Government and the Ministries' leadership is being carried out with the purpose of integration of HIV/AIDS programs into a wider circle of national activities.

At the Oblast level, local coordination committees carry out coordination of activities. At that level, they assume decisions on choice and correction of local strategies depending on local strategies (ethnic peculiarities of the population, types of drug consumption, structure of commercial sex, etc.). At the same level, they determine main local partners. Local coordination committees organize feedback with the National Coordination Committee on AIDS/STD prevention. They also bear responsibility for the activities carried out at the local level according to general methodology of interference.

The most important function of coordination bodies is timely and complete provision of directory, methodological and research information to main implementers, stimulation of development of horizontal information exchange between main implementers, ensuring transparency of assumed decisions for both implementers and the public.

8.6. Reporting

Main implementers directly carrying out HIV/AIDS programs report to the National Coordination Committee under the Government of the Republic of Tajikistan not less than once in six months. The reporting forms of main implementers must be revised before the end of 2001 taking into consideration recommendations by the Working group on Strategic Planning of National Response to HIV/AIDS epidemics in the Republic of Tajikistan and are concerted with the Coordination Committee.

Implementers in charge of particular HIV/AIDS prevention issues within the frames of their main activities not related with preventive programs (institutions and agencies of the Ministry of Health, Ministry of Interior, Ministry of Education, Ministry of Labor and Social Protection, Ministry of Justice, Ministry of Foreign Affairs, Ministry of Finance) should include their reports and major indicators on preventive work into the current and annual reports on the positions and in the volume concerted with the National Coordination Committee. Along with that, they submit copies of current and annual reports containing information on participation of an institution or an agency in development of HIV/AIDS preventive programs. Programs related with the support of new strategies, during the first year, submit their technical reports on a quarterly basis. All main implementers submit final annual reports except for the programs having grant support. The latter are reporting in accordance with their working plan included in their major project document.

All submitted reports except for monthly technical reports on new strategies must contain an analyses of the activities indicating reasons for possible failures, as well as recommendations on mobilization of resources, which can be attracted for solution of arising problems and overcoming of current obstacles.

Budget for implementation of the National Strategic Program on HIV/AIDS prevention for the period of 2001-2004

#	*Activities*	*Cost in $*
1.	**Reduction of youth vulnerability**	
1.1	Increase the level of knowledge for youth on the issues of HIV/AIDS/STD prevention	284 000,0
1.2	Satisfy the demand in condoms among sexually active youth	617 500,0
1.3	Ensure access to qualified medical service for youth including the under-age	124 000,0
1.4	Ensure public support for youth programs	15 000,0
	TOTAL:	**1 040 500,0**
2.	**Reduction of vulnerability among intravenous drug users**	
2.1	Create favorable administrative environment for development of preventive programs among intravenous drug users	12 000,0
2.2	Increase the level of knowledge among intravenous drug users	11 500,0
2.3	Ensure access to clean syringes and needles for drug injections	69 500,0
2.4.	Ensure transition from intravenous to non-intravenous way of drug consumption	120 000,0
2.5	Ensure access to condoms for intravenous drug users	27 000,0
	TOTAL:	**240 000,0**
3.	**Reduction of vulnerability for commercial sex workers (CSW)**	
3.1	Increase the level of knowledge on HIV/AIDS/STD, safe sex and safe behavior	31 000,0
3.2	Ensure access to condoms for CSW and clients	23 000,0
3.3	Ensure access to qualified medical service for CSW and clients	16 000,0
3.4	Create public environment favorable for development of preventive programs for CSW and clients	5 000,0
	TOTAL:	**75 000,0**
4.	**Ensure safety of donor blood and epidemiological surveillance on HIV among vulnerable groups**	**95 000**
	TOTAL:	**95 000**
	GRAND TOTAL:	**1 450 500,0**