Module 5: HIV/AIDS and young people - Adolescent health and development with a particular focus on sexual and reproductive health - Assignment

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Acronyms and Abbreviations

MOPH	Ministry of Public Health
MDG	Millennium Development Goal
ANSF	Afghanistan National Strategic Framework
BCC	Behaviour Change Communication
BPHS	Basic Package of Health Services
CSWs	Commercial Sex workers
HIV	Human Immunodeficiency Virus
IDPs	Internal displace person
IDUs	Injecting Drug Users
IEC	Information Education Communication
STIs	Sexual Transmitted Infections
POP	Program Operational Plan
MOPH	Ministry of Public Health
MSM	Men have sex with men
NACP	National AIDS Control Program
TB	Tuberculosis
UNAIDS	United Nations AIDS
UNODC	United Nations Office on Drugs and Crime
VCT	Voluntary Counseling and Testing centre
WHO	World Health Organization

Groups of young people in Afghanistan who should be targeted with HIV interventions

Afghanistan is considered as a low HIV prevalence country. However, there is potential for increased HIV transmission due to multiple factors. There are many young groups that should be targeted with various HIV preventative interventions.

1. **Adolescents who commit risk –taking behaviors:**

   Information and knowledge about HIV and AIDS and contraception are very limited amongst Afghan communities. Most people are unwilling to talk explicitly about their sexuality. The feeling of guilt for condom use makes people more vulnerable to HIV and other sexual diseases transmission (ANSF 2006).

2. **Intravenous Drug Users. (IDUs):**

   In Afghan society, drug use is an unacceptable sin. The risk of HIV prevalence will increase when there is a trend of sharing contaminated needles amongst IDUs. Afghanistan produces 90% of the world's heroin. "Studies by UNODC (2006)" estimate 50.000 heroin users are present in Afghanistan. Of 99 injecting drug users who were interviewed by UNODC, nearly half did not know HIV could be spread through sharing needles.

3. **Migrants &Truck drivers:**

   In Afghanistan three decades of war has led to a lack of border surveillance. This has led to massive internal and external displacement (E/IDPs) exposing people to risk owing to their lack of access to health care services. There is no exact data on HIV cases amongst truck drivers, but it has been reported that they engage in risky sexual behavior using prostitutes and having sex with men (Barker 2008).

4. **Men who have sex with men (MSM):**

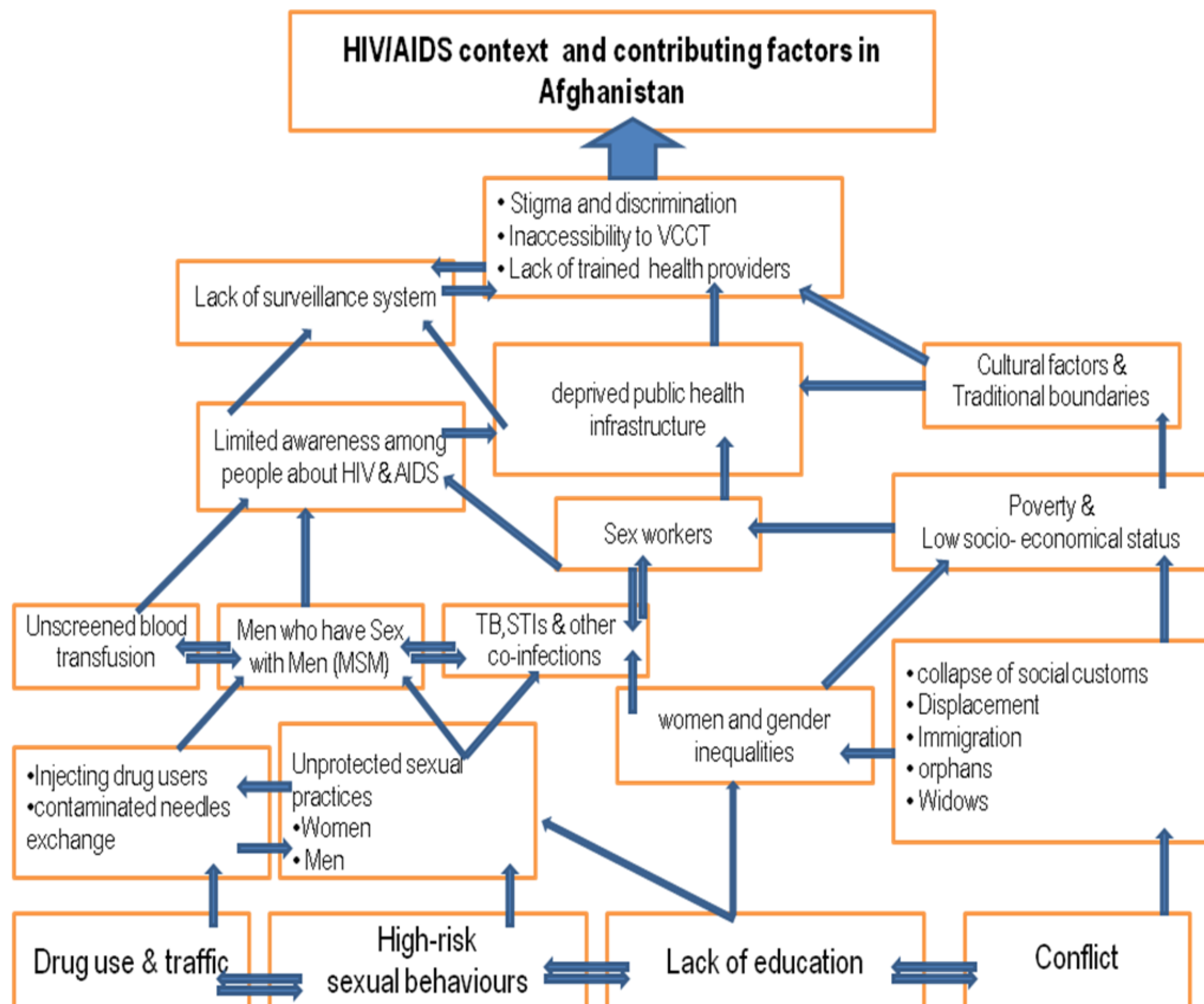
   In Afghanistan homosexuality and prostitution are particularly taboo. The stigma and illegality of these activities drive these groups underground, which serves to fuel the spread of HIV and STIs by distancing them from health services. It has been reported that homosexual activity goes back a long time in Afghanistan and is common due to the segregation of the sexes.

5. **Sex workers:**

   A study by ORA International illustrates that amongst CSWs in 4 districts of Kabul, only 1% of sex workers use condoms (ANSF 2006). Many prostitutes do not believe in condom use. They think that condoms are some kind of foreign thing. (IWPR 2008).

Factors (the 'drivers') which make them vulnerable

Summary of HIV and AIDS risks and vulnerability in Afghanistan



Most important interventions which would contribute to achieving the UNAIDS goal

1. **Preventative programs through IEC/BCC and public awareness:**

   Effective preventative approaches for CSWs and their clients, MSM, IDUs and the most at risk populations include:

- Information Education Communication (IEC)
- Peer education and harm reduction
- Needle and syringe campaigns
- Promoting Behavior Change Communication (BCC),

The UNODC and ORA International apply harm reduction programs for men and women in prison. They also promote condom use among sex workers. In Afghanistan, some organizations support MOPH and conduct HIV and AIDS awareness programs. Action aid has conducted HIV awareness training and peer education amongst mullahs and health professional (Action aid, 2006). They also target youth through radio spots (POP 2007). UNESCO and SCA (Swedish Committee for Afghanistan) have conducted training for school teachers and have produced educational HIV and AIDS toolkits in school and university through social health theme and film (POP 2007).

2. **Community and religious leaders:**

There is need to focus on religious leader training through health posts and health facilities. Although religious leader can discuss HIV and AIDS based on Islamic views, they face challenges when answering different questions about modes of HIV transmission. This makes them ignore some important preventative messages. religious leaders could pass preventative messages to people faster than teachers or community mobilizers. However, various departments of MOPH, with the technical support of international organizations have expanded the HIV and AIDS awareness programs from health centres to communities, schools and universities (POP 2007). For instance, UNESCO conducts HIV and AIDS awareness workshops and seminars to educators by publishing an adapted Teacher Training Manual. The aim was to target youth by adding HIV awareness subject in educational curriculum.

3. **Capacity building and task shifting**

Doctors, nurses, and community health workers should be trained at a governmental or community levels to deliver prevention messages to the most at risk and vulnerable populations (WHO 2008). Considering this recommendation, MoPH has also conducted capacity building training to health providers at the community level. In the big cities, health workers are trained and now they do TOT (training of trainers) programs conducted by different NGOs.

4. **Care and management of TB and other co infections**

The leading global cause of death is not only HIV and AIDS itself but also Tuberculosis (TB) and other co-infections (FHI 2001). Until now HIV, TB and other co-infections treatment were not being monitored because most TB patients do not know of their HIV status (WHO 2008). SAARC (South Asian Association Regional Cooperation) has developed a strategy for HIV /TB patients. This strategy is used to promote Public Awareness Programs on TB and HIV/AIDS in Afghanistan (NACP- unpublished).

5. **Surveillance systems reinforcement**

In some countries UNAIDS and WHO lack reliable data from some countries (UNAIDS 2007). In Afghanistan there is a lack of a surveillance system which hinders the progress of preventative approaches. MOPH is developing second generation surveillance systems specifically for the high risk groups. This will cover major cities and then extend to other parts of Afghanistan.

6. **Multi sector collaboration**

In a traditional and religious country like Afghanistan, there is a need to gain full support for HIV and AIDS preventative projects from local authorities, politicians and religious leaders. Although their interests may conflict with those of the project, their support and respect is crucial to the success of these programs (POP 2007). However, in Afghanistan there is no political commitment towards HIV preventative approaches. The NACP director said:

"However, we provide information about the status of HIV prevalence for the cabinet and president; we have got low support from them."

7. Sustainability of preventative interventions

On the strength of local context needs, community participation in preventative campaigns could lead their society towards the sustainability and implementation of adapted policies (UNAIDS, UNDP&WB 2005). In the meantime, sustainability of preventative intervention depends on financial support, political commitment, and participation of stakeholders in Afghanistan (POP 2007).

8. Expansion of voluntary HIV counseling and testing (VCT) centers

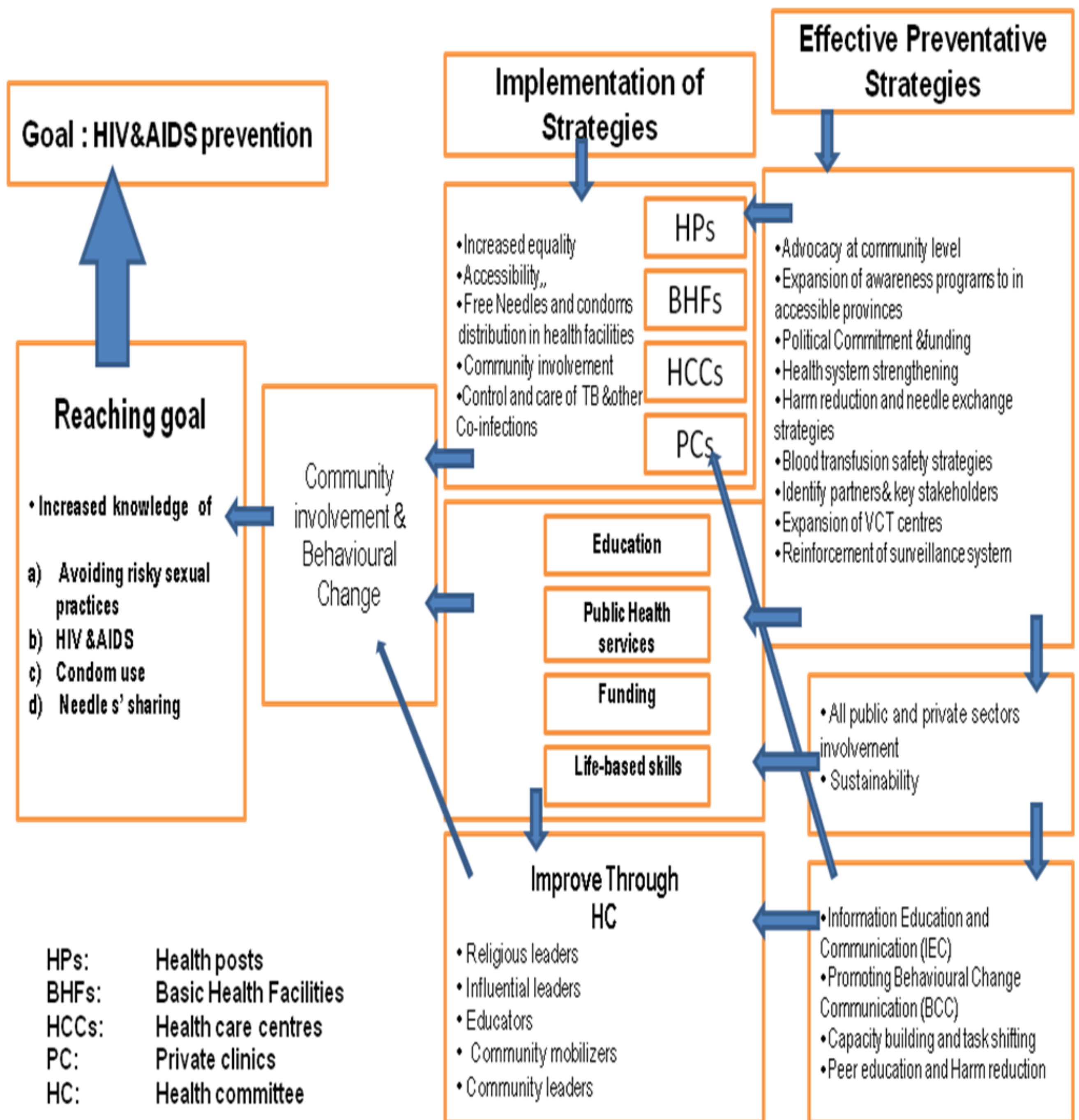
In recent years, client initiated approaches have been evolving in low and middle income countries (WHO 2008). Some countries rely on the use of rapid test and provider initiated approaches which have added as routine interventions. Nevertheless, the WHO stressed the importance of voluntary and confidential HIV tests (WHO 2008.page 57).

The manager of VCT in Kabul said that the majority of the 20 daily visitors were people needing HIV tests to secure foreign visas and educational bursars. Few attendees are going voluntarily. MOPH has taken further steps to establish provider initiated approaches. In Afghanistan the client initiated approach has not been a great success due to stigma and discrimination.

9. Funding

To implement the HIV and AIDS strategies in Afghanistan some donors committed funding by 2008. For instance, 10 million USD has allocated by the World Bank, Global Fund has donated 11 million USD, and The Asian Development Bank has donated 1.5 million USD. MOPH indicated this as a good achievement that the donors committed 22million USD They expect more funding to fill the financial gap of 38 million USD for 5 years (NACP-unpublished).

Summary of preventative strategies to control the HIV and AIDS prevalence in Afghanistan



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