There is no reliable data on the prevalence of HIV/AIDS in Afghanistan, which has an estimated population of 22 million people. To date, 36 cases have been reported through blood bank branches. However, the actual number has been estimated at between 700 and 800 cases, using a point prevalence software package developed by UNAIDS and the World Health Organization. Three deaths due to AIDS are registered so far in Afghanistan. There are reports, however, of people dying of the disease in the border provinces who were diagnosed and treated in neighboring countries. The sharing of contaminated needles during drug use is increasing and a major source of HIV infection.

HIV/AIDS has surfaced in Afghanistan. More information is needed for the government to develop an effective and targeted program of prevention and treatment. The immediate challenges are to rebuild the public health system; survey the population's knowledge, attitudes, and practice regarding HIV/AIDS; and collect important data on the prevalence of HIV among high risk groups.

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**RISK FACTORS**

Little is known about the factors that influence the spread of HIV/AIDS in Afghanistan. Risks and vulnerabilities that play a role and which require further investigation are as follows:

**Large Numbers of Refugees and Displaced People:** Some 550,000 people are currently displaced within Afghanistan. This number could double as refugees return home from neighboring countries. Although...
little is known about the HIV risk behaviors of Afghan refugees and displaced people, such groups generally have little access to information about HIV/AIDS. They are also at risk due to isolation from their families and lack of the means to support themselves.

Injecting Drug Users: Afghanistan is one of the world’s largest producers of opium, which is used to make heroin. According to UNODC estimates in 2003, there were a minimum of 7,900 heroin addicts in Kabul, of whom 7 percent injected drugs. Narcotic analgesics are also widely available over the counter in pharmacies, and a significant number of ex-combatants inject them. Moreover, the intensification of the war on drugs, by reducing the availability of heroin, can cause drug addicts to turn to injecting drugs as a more cost-effective option. These factors, combined with poverty and the lack of information, can lead to widespread injectable drug use and the sharing of needles. The sharing of needles can jump start an epidemic and lead to rapid increase in the HIV/AIDS prevalence.

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

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

- Low Status of Women: Women in Afghanistan experience one of the lowest social positions in the world. Denied access to education and jobs and often not allowed to leave their homes without a male relative, they lack access to information on how to protect themselves. Although there is little data available, some women may be forced into sex work to support their families.

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

**ISSUES AND CHALLENGES: PRIORITY AREAS**

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

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

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

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

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**The Afghanistan Health Sector Emergency Reconstruction and Development Project**

This project will help expand delivery of basic health services and work to ensure equitable access, particularly for women and children. It will help increase the Ministry of Health’s stewardship over the sector through a greater role in healthcare financing, coordination of partners, and oversight of NGOs. The project aims to:

- **Assist the Ministry of Health to achieve its stated goals of reducing infant and child and maternal mortality rates, child malnutrition, and fertility through expanding delivery of the basic package of health services;**
- **Help build the capacity of ministry workers, at provincial and national levels, to carry out monitoring, supervision, and evaluation; and**
- **Build the capacity of Afghan health workers to provide and manage health services.**

**NATIONAL RESPONSE TO HIV/AIDS**

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

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

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

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

WORLD BANK RESPONSE

The World Bank has approved a $59.6 million project that will help rebuild the public health system in Afghanistan with a strong emphasis on prevention and education. Although there is no specific HIV/AIDS component in the project, interventions to improve maternal health and prevent STDs are included and will also prevent the spread of HIV. Furthermore, the World Bank will assist the Ministry of Public Health to map high risk groups across the country and conduct a KAP survey among them in FY06. The study will be done as part of a regional study that includes 4 Central Asian countries as well. An intercountry consultation on HIV/AIDS among risk groups is also planned, to share the findings of this study and lessons learned across borders.