



ISSUE BRIEF HIV/AIDS



South Asia Region (SAR) **Afghanistan**

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.

Little is known about the status of the HIV/AIDS epidemic in Afghanistan, a country devastated by over two decades of war and with a limited health infrastructure. The immediate challenges will be to rebuild the public health system and learn more about the population's knowledge, attitudes, and practice regarding HIV/AIDS and using this to develop a national HIV/AIDS plan of action.

STATE OF THE EPIDEMIC

There is no reliable data on the prevalence of HIV/AIDS in Afghanistan, which has an estimated population of 22 million, and to date 11 cases have been reported. The main mode of transmission is believed to be blood transfusion and sharing contaminated needles during drug use.

RISK AND VULNERABILITY

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

- €# **High Numbers of Refugees and Displaced People:** The number of internally displaced people in Afghanistan is currently 1.1 million, and this number could double as refugees in surrounding countries return home. 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 and are often vulnerable due to isolation from their families and lack of hope or the means to support themselves.
- €# **High Levels of Illiteracy:** Only 47 percent of men and 15 percent of women in Afghanistan can read, and the levels drop significantly outside of major cities. Illiteracy presents a barrier to HIV/AIDS awareness and prevention.
- €# **Competing Health Priorities:** Afghanistan has one of the worst maternal mortality rates in the world, with an estimated 15,000 Afghani women dying every year from pregnancy-related causes. One in four children die before their fifth birthday, and about 60 percent of these deaths are due to acute respiratory tract infections, diarrhea, and vaccine-preventable diseases. Amid the understandable focus on these health issues, HIV/AIDS messages may get lost.

HIV/AIDS in South Asia

Over 7.4 million people in Asia are living with HIV/AIDS, comprising nearly one fifth of the world's HIV infections, according to UNAIDS. Almost two thirds of those infected are living in India. However, high-risk behaviors and infection rates are growing in most other South Asian countries. Unless vigorous and timely action is taken, these countries run the risk of experiencing the devastating social and economic impacts of the kind of full-blown AIDS epidemics seen elsewhere in the world. There is still a window of opportunity to act to prevent this situation in South Asia.

- ⌘ **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, many women may be forced into sex work to support their families.
- ⌘ **Injecting Drug Use:** Afghanistan is one of the world's largest producers of opium, which is used to make heroin, and this easy access, combined with a high incidence of hopelessness in people's lives, could result in high use of injecting drugs. The combination of poverty and lack of information makes it more probable that there would be widespread sharing of needles.
- ⌘ **Lack of a Health System:** Much of the population lacks access to basic health services, and there is 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 protect staff and patients from HIV or 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.

NATIONAL RESPONSE TO HIV/AIDS

Government. The Government of Afghanistan is working on a national plan of action against HIV/AIDS and STDs for presentation at the end of 2003.

Nongovernmental Organizations (NGOs). Afghanistan has more than 80 international NGOs and about 25 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 to the health care system, including drug supplies, supervision, training, and incentives, is critical. These NGOs will continue to play an important role in the sector and are interested in helping confront the HIV/AIDS epidemic.

Donors. WHO is in the process of conducting a Rapid HIV Situation Assessment in Afghanistan. The survey will look at the prevalence of HIV in various risk groups and the general population as well as analyze Afghans' attitudes and knowledge about HIV/AIDS. UNICEF has done background work on populations in Afghanistan that are vulnerable to HIV/AIDS. The data from both these studies will help the Afghai Ministry of Public Health and its partners to tailor HIV/AIDS and STD education and curative services to the specific needs of Afghans.

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 can improve reproductive health, including access to condoms and treatment for STDs and increase public awareness of HIV/AIDS and its prevention. 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 understanding Afghans' knowledge and attitudes about HIV/AIDS and its risk factors can public education campaigns be designed and implemented.
- ⌘ **Implement a Multisectoral 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.

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 due to more immediate priorities, interventions to improve maternal health and prevent STDs will also prevent the spread of HIV.

October 2003

For more information on World Bank assistance to Afghanistan, please visit:
<http://www.worldbank.org/af>

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