

# TAJIKISTAN

## STRATEGIC FOCUS

The partnership between the U.S. Centers for Disease Control and Prevention (CDC) and the Government of Tajikistan began in 1995 to strengthen the country's capacity to detect, prevent, and respond to public health threats. In 2010, CDC began implementing activities supported through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR).

To help Tajikistan achieve HIV epidemic control, CDC supports the Ministry of Health's Republican AIDS Center and Republican Narcology Center (RNC) to implement interventions and activities in the following areas: HIV surveillance; prevention, including medication-assisted therapy (MAT) for injecting drug users; HIV counseling and testing; HIV care and treatment; and HIV laboratory strengthening.

CDC works to improve the quality and availability of HIV prevention and treatment services for key populations (KPs) and people living with HIV/AIDS (PLHIV); strengthening public health system capacities to implement HIV surveillance, prevention, care, and treatment programs.

CDC supports the scaling-up of effective HIV prevention services for the most at-risk populations, especially key populations (KP) groups who are disproportionately affected by HIV.

## KEY ACTIVITIES AND ACCOMPLISHMENTS

- In 2022, CDC actively supported the Tajikistan government to implement targeted evidence-based HIV testing strategies, including HIV index- and self-testing.
- Ninety-four percent of new HIV cases found with CDC's assistance initiated antiretroviral therapy (ART), and 92 percent of them started ART within 7 days of diagnosis. The median time from diagnosis to ART initiation has been reduced from 12 to 5 days (Tajikistan Electronic HIV Case Management System (EHCMS), 2022).
- In 2022, CDC supported 47 facilities in three regions to provide ART for 5,791 PLHIV, 95 percent of whom are virally suppressed. In 2022, 669 HIV-positive patients started ART in CDC-supported areas for the first time. (PEPFAR Monitoring, Evaluation, & Reporting, 2022).
- CDC technical assistance increased viral load suppression prevalence to 95 percent in three of the highest HIV burden areas in Tajikistan (PEPFAR Monitoring, Evaluation, & Reporting, 2022).
- All HIV/AIDS centers are reporting on 100 percent of key indicators through the national EHCMS developed by CDC. This system allows for the collection and analysis of patient- and summary-level data for improved clinical and program management (Tajikistan EHCMS, 2022).
- CDC supports the Republican AIDS Center to develop national treatment guidelines and calculate a sufficient supply of antiretroviral drugs, including those used to prevent HIV infection e.g., pre-exposure prophylaxis (PrEP).
- CDC continues to work with the RNC to provide comprehensive MAT services to people who inject drugs in three MAT clinics. These activities include dispensing of Opioid Substitution Therapy, HIV testing, integrated care for patients who are positive for HIV, viral hepatitis, and tuberculosis (TB), as well as providing psychosocial support.
- CDC provides technical assistance to HIV/AIDS labs in Tajikistan to develop and implement laboratory quality management systems for certification under international lab standard ISO 15189.
- In 2022, CDC in collaboration with the Republican AIDS Center, started implementing HIV treatment resistance surveillance to provide timely details on patients who are resistant to available HIV treatment regimens. These data will be used to adjust policies and practices for improved patient outcomes.
- In 2022, CDC supported the implementation of bio-behavioral population surveys to provide information on the burden and risk of HIV, access to services, and risk-behaviors among men who have sex with men (MSM), people who inject drugs (PWID), and female sex workers (FSW). The final results from this survey have been disseminated and are being used to plan program implementation.

## Key Country Leadership

President:  
Emomali Rahmon

Minister of Health:  
Abdullozoda Jamoliddin

U.S. Ambassador:  
Manuel Micaller

CDC/DGHT Director:  
Patrick Nadol

**Country Quick Facts**  
([worldbank.org/en/where-we-work](http://worldbank.org/en/where-we-work))

Per Capita GNI:  
\$1,210 (2022)

Population (millions):  
9.95 (2022)

Under 5 Mortality:  
31/1,000 live births (2021)

Life Expectancy:  
71.6 years (2021)

**Global HIV/AIDS Epidemic**  
([aidsinfo.unaids.org](http://aidsinfo.unaids.org))

Estimated HIV Prevalence  
(Ages 15-49): 0.2% (2022)

Estimated AIDS Deaths  
(Age ≥15): <200 (2022)

Estimated Orphans Due to  
AIDS: 2,100 (2022)

Reported Number Receiving  
Antiretroviral Therapy (ART)  
(Age ≥15): 8,733 (2022)

**Global Tuberculosis  
(TB) Epidemic**  
([who.int/tb/country/data/profiles/en](http://who.int/tb/country/data/profiles/en))

Estimated TB Incidence:  
88/100,000 population (2021)

TB Patients with Known HIV  
Status who are HIV-Positive:  
2.9% (2021)

TB Treatment Success Rate  
among drug-susceptible cases:  
91% (2020)

**DGHT Country Staff: 4**  
Locally Employed Staff: 4

**Our success is built on the backbone of science and strong partnerships.**

September 2023 | The CDC Division of Global HIV & TB activities are implemented as part of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR); non-HIV related TB activities are supported by non-PEPFAR funding

