2024

GENDER ASSESSMENT OF NATIONAL HIV RESPONSE

Executive summary

Republic of Tajikistan

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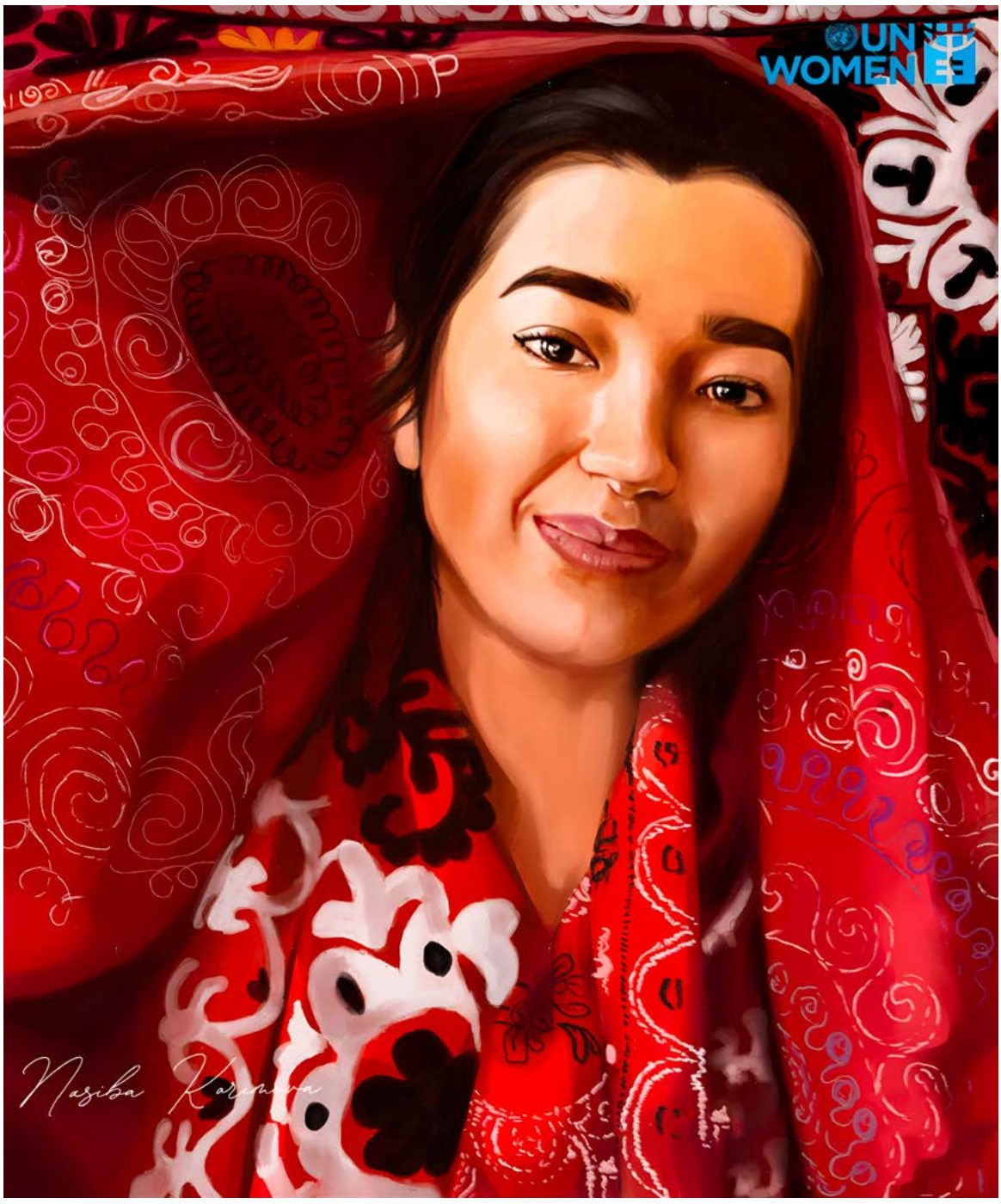

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INTRODUCTION

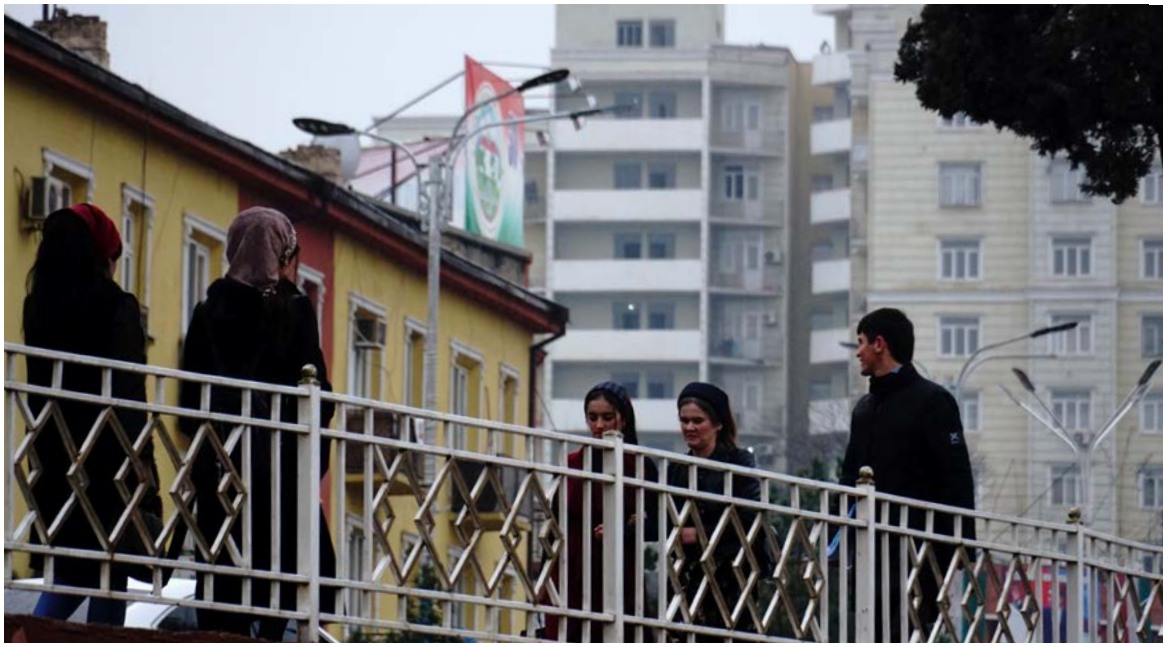
According to the global Sustainable Development Goals (SDGs), the elimination of AIDS as a public health problem must be achieved by 2030. A key focus in attaining this goal is the elimination of inequalities, particularly gender inequalities.[1] Integrating gender equality objectives into HIV/AIDS programmes serves as a critical mechanism for addressing the HIV epidemic while promoting equal opportunities for women and girls to access HIV services.

As part of the Unified Budget, Results, and Accountability Framework (UBRAF) for 2024-2026, approved by the cosponsors of the Joint United Nations Programme on HIV/AIDS, UN Women and UNAIDS Tajikistan initiated a gender-responsive assessment of the HIV epidemic, its context, and the national response in Tajikistan. This assessment utilized a globally developed UNAIDS tool specifically designed for such evaluations.

The primary **objective** of the gender assessment is to provide strategic information, evidence-based rationale, advocacy tools, and actionable recommendations for analysing the gender dimensions of HIV in Tajikistan. The findings are intended for decision and policy makers, specialists from various sectors at national and local levels, civil society representatives, and international partners.

AREAS OF APPLICATION OF THE GENDER ASSESSMENT FINDINGS IN TAJIKISTAN

- Development of a new National Programme to Combat the HIV/AIDS Epidemic (2025), taking into account gender aspects of the epidemic and response.
- Including gender-responsive approaches into the roadmap for ensuring the sustainability of the National HIV Response, both before and beyond 2030.
- Utilizing the assessment results to implement grants and prepare a new concept note for the Global Fund to Fight AIDS, Tuberculosis, and Malaria.
- Applying the findings in the validation process for the elimination of vertical transmission of HIV.
- Supporting the implementation of strategies that promote gender equality.



KNOWLEDGE OF THE HIV EPIDEMIC AND COUNTRY CONTEXT

The HIV epidemic in Tajikistan remains at a concentrated stage, with no current downward trend in the number of new HIV cases.

- HIV prevalence among the general male population is 1.4 times higher than among women, a trend observed across the entire 15–59 age group.
- The proportion of new HIV cases is higher among men (63.2%) compared to women (36.8%).
- **Over the past decade, there has been an average annual increase of 6–7% in the proportion of women among new HIV cases**

This trend is observed against a backdrop of low public awareness regarding HIV transmission routes and prevention methods, particularly among women.

- Only 14.0% of respondents aged 15–24 correctly answered both questions on ways to prevent sexual transmission of HIV and rejected major misconceptions about HIV transmission.[2]
- **Just 10% of women aged 15–24 have comprehensive knowledge of HIV prevention (DHS, 2023).**[3]

Low levels of knowledge among the population may be a key driver of risky behaviour and the continued spread of HIV in Tajikistan.

- 75% of young people aged 15–24 (87% of males and 62.3% of females) reported using a condom during their last sexual intercourse with a non-regular partner *(2)*.
- Only 26% of women aged 15–49 used a condom during their last sexual intercourse with a non-regular partner (DHS, 2023).
- Among women living with HIV, only 50% of their sexual partners reported using a male condom, while 11% of partners have never used a condom.[4]
- Among the key populations, 82.2% of female sex workers, 78.6% of men who have sex with men, and 42.4% of people who inject drugs reported using a condom during their last sexual intercourse (Sentinel Surveillance, 2022).

At the present stage, the following trends in new HIV cases have been observed:

- Over the past five years, the proportion of new cases among people who inject drugs has decreased by more than 2.6 times, and among female sex workers by 1.6 times. Conversely, the proportion of new HIV cases men who have sex with men has more than doubled.
- In 2023, more than one-third (32.5%) of all new HIV cases were detected among labour migrants. This alarming trend reflects a significant and growing increase in the number of new cases among labour migrants in recent years, exacerbated by the large-scale labour migration typical of Tajikistan, where an average of 550,000 labour migrants leave the country annually to work abroad.[5]
- The relatively high proportion of newly detected HIV cases among contact persons (17.5%) is concerning. Among these contact persons, women account for 31.1%, which is more than three times the proportion of men (9.9%).
- Recent HIV infections are most frequently detected among women and young people aged 15–24, which has significant epidemiological implications, as recent infections indicate active transmission of HIV.

MORTALITY FROM AIDS

Over the past five years, the number of deaths from AIDS has decreased by approximately 2.5 times. However, the number of deaths among men remains more than 2.2 times higher than among women. A concerning indicator is the significant proportion of reported deaths occurring among patients with newly diagnosed HIV cases. This trend may point to late diagnosis, delayed linkage to care, and late initiation of treatment.

SOCIAL AND CULTURAL FACTORS CONTRIBUTING TO BARRIERS IN HIV PREVENTION AND TREATMENT

- The strictly patriarchal structure of society in Tajikistan grants men privileged control over family resources and assigns them the primary role in making all family decisions.[6]
- Only 46% of women aged 15–49 make decisions regarding their own health (DHS, 2017).
- The majority of married women living with HIV reported needing their husband's permission—and, in some cases, the permission of their husband's relatives (e.g., mother-in-law) to visit places outside their home.[7]
- Boys are commonly viewed as future heads of households and providers for their families, while girls are expected to become housewives and mothers. Restrictive gender norms and conservative social practices often hinder women from taking on more active roles in society.[8]
- The connection between early marriage and increased vulnerability to HIV among women is well-established. While the Family Code of the Republic of Tajikistan sets the minimum age for marriage at 18 years, official statistics show that early marriages account for 0.8% of all registered marriages.[9] However, research indicates that early marriages remain a persistent issue.[10]
- Polygynous marriages also increase women's vulnerability to HIV. Under the Criminal Code of the Republic of Tajikistan, polygamy is punishable by a fine, correctional labour for up to two years, or restriction of freedom for up to five years.[11] Despite this, there are no official statistics on polygamy in Tajikistan. Survey data show that 3% of women reported their husband or partner had other wives (DHS, 2017). Additionally, women living with HIV reported the existence of polygynous marriages, including those involving their own husbands *(7)*.
- Women living with HIV are significantly more likely (95%) than men (82%) to experience stigma.[12]

- High levels of stigma persist against women from key populations, including women who use drugs, female sex workers, female prisoners, and former inmates.
- Although stigma against people living with HIV in accessing medical care is gradually decreasing, 3% of people living with HIV (2.8% of women and 2.4% of men) reported being denied medical care. This rate is higher among female sex workers (8.2%) and people who inject drugs at 5.6%.[13]
- According to REAct platform data for 2023, 7.8% of appeals from people living with HIV and representatives of key populations were related to human rights violations in accessing medical services, including the denial of emergency medical care. Additionally, 30% of appeals from key populations were related to human rights violations committed by law enforcement agencies.[14]

VIOLENCE AGAINST WOMEN AND GIRLS, AND HIV

- The proportion of women aged 15–49 who have ever experienced physical or sexual violence decreased from 24% in 2017 to 12% in 2023 (DHS 2017 and DHS 2023). Similarly, the prevalence of physical, sexual, or emotional violence by a husband or partner dropped from 31% in 2017 to 16% in 2023 (DHS 2023).
- Despite this decline, one in eight women aged 15–49 (12%) has experienced physical or sexual violence at some point in their lives.
- Between 2% and 6% of women reported experiencing sexual violence by their current or most recent intimate partner (DHS 2023; UNDP 2021).
- Cases of violence against women remain widespread in Tajikistan but are insufficiently blicized, partly due to the prevailing belief among 97% of men and 72% of women that women should endure violence to preserve the family.[15]
- Economic violence is the most prevalent form of violence perpetrated by husbands or partners, affecting 31% of women *(10)*.
- There is no data on the prevalence of violence among marginalized groups of women who face multi-faceted stigma, including women living with HIV, female sex workers, female prisoners, transgender women, local Roma communities, refugees, and displaced persons.[16]
- Public organisations report an increase in cases of cyberbullying and violence against women and girls on social media and in digital spaces.
- Programmes addressing violence, including those targeting law enforcement and aggressors, often exclude women living with HIV.
- The single-window HIV service model does not integrate violence-related services.
- In addition to shelters and crisis centres, Tajikistan's medical facilities maintain a network of safe rooms to provide a safe haven for victims of violence. However, according to community-based organisations, women living with HIV are denied access to these facilities. HIV services for victims of sexual violence, such as HIV testing and post-exposure prophylaxis (PEP) kits, are unavailable. Furthermore, there are no established procedures coordinated with AIDS services to supply PEP kits to these facilities.

Thus, despite a reported decline in the overall prevalence of violence, as indicated by DHS 2023 data, violence against women and girls remains a significant issue in Tajikistan, particularly for marginalized groups of women.

Restrictive gender norms, entrenched practices, stigma, discrimination, and gender-based violence hinder timely access to health services, including sexual and reproductive health (SRH) and HIV services. They also limit girls' decision-making, self-actualization, and social participation; reduce access to education and information, including on HIV; and exacerbate the risk of HIV infection.

LAWS AND POLICIES CREATING BARRIERS TO AN EFFECTIVE HIV RESPONSE

- **Criminalization of HIV Transmission, Including Vertical Transmission and Exposure.** Article 125 of the Criminal Code of the Republic of Tajikistan criminalizes both intentional HIV transmission and exposure to HIV. As a result, all people living with HIV who engage in sexual activity can potentially face criminal liability.

  Of the 14 criminal cases handled by the public organisation "Centre for Human Rights" (CHR, 2024), twelve were initiated under Article 125 of the Criminal Code. Among these cases, six were brought against men and eight against women.

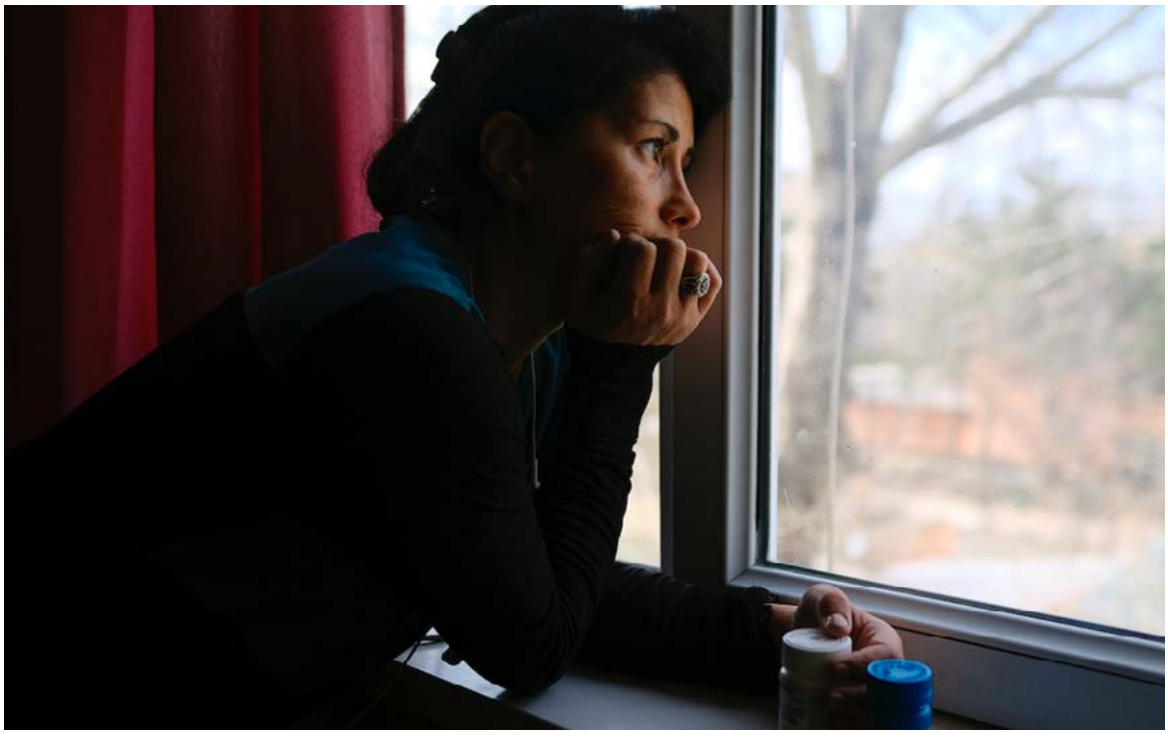
  The REAct system documents appeals from people living with HIV and key populations regarding the denial of protection and investigation, and violations of the right to a fair trial (14). According to CHR, no favourable court decisions have been issued for people living with HIV accused under Article 125 of the Criminal Code of Tajikistan.

- In Tajikistan, providing **sexual services** is considered an administrative offence. From the standpoint of HIV prevention, this makes female sex workers even more vulnerable and contributes to the spread of the epidemic.[17]
- **There are no laws criminalizing drug use in Tajikistan.** However, public organisations have reported that drug users are frequently subjected to administrative penalties by law enforcement agencies.
- **Although sexual orientation and gender identity are not illegal,** members of the key populations frequently experience stigma and discrimination.[18]
- **Adolescents under the age of 18 must obtain parental consent** to access SRH services, as well as HIV testing and treatment.[19]
- Regulatory legal acts exist that infringe upon the rights of people living with HIV, such as prohibitions on pursuing medical education, adopting a child, and others.
- Given the mandatory HIV testing requirement before marriage, it is essential to ensure full respect for human rights, including the rights to found a family, confidentiality, privacy, and related protections.

KNOWLEDGE OF THE NATIONAL HIV RESPONSE

The gender assessment has highlighted key areas of the national HIV response that require special attention. These areas reflect the intersection of epidemiological data, social norms and practices, and gender disparities within the HIV response framework.

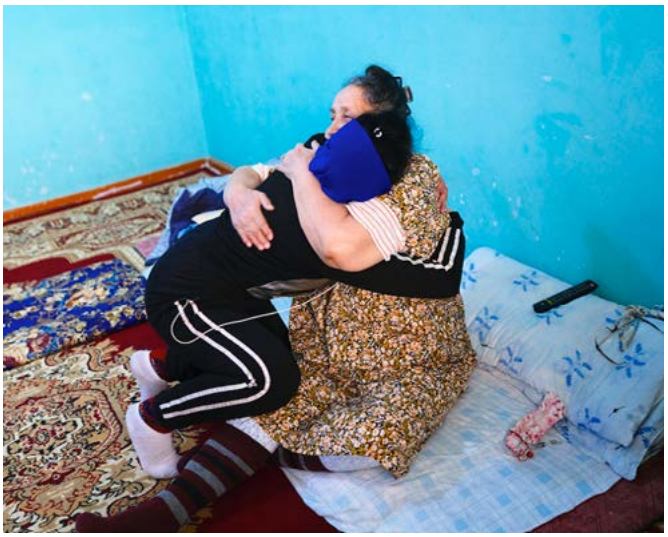
1. The current National HIV Response Programme is not gender-sensitive and lacks gender-transformative interventions to address the prevalence of HIV and reduce new infections. These gaps are evident in the planning and implementation of HIV strategies.
2. Deficiencies in HIV-related legislation impede an effective national response and fail to promote gender equality. High levels of stigma and discrimination against people living with HIV and key populations persist, particularly targeting women living with HIV, both in service provision and within society.
3. There is a lack of integration between HIV programmes and those addressing violence against women and girls, as well as bilateral programmes, despite the well-documented multiple links between HIV and gender-based violence.
4. Awareness levels among the population, particularly young women aged 15–24, about HIV transmission and prevention methods, remain low.
5. Addressing this gap in knowledge among young people cannot be achieved solely through HIV programmes. Instead, it requires a multisectoral approach, involving coordinated efforts across various sectors, particularly public education.



CHALLENGES IN THE PROVISION OF HIV SERVICES

Significant gaps in the prevention of mother-to-child transmission of HIV hinder efforts to eliminate vertical transmission of HIV in the near future:

- Only 83.5% of pregnant women received antenatal care during the first 12 weeks of pregnancy (Agency for Statistics, 2023).
- In 2023, 98.7% of pregnant women were covered by antenatal care, with 93.4% tested for HIV and 93.2% receiving antiretroviral drugs to reduce the risk of vertical transmission of HIV.
- Vertical transmission of HIV is estimated at 2.2%. Among women living with HIV who gave birth in the last 12 months, the estimated percentage of children (aged 0–14) newly infected through mother-to-child transmission is 0.4%.
- In 2023, 95% of live births occurred in health facilities, and 98% were attended by skilled professionals (DHS, 2023).
- Only 56% of women living with HIV received support in deciding how to feed their babies, and only half received assistance with safe conception. Similarly, only 50% of women living with HIV were able to choose a maternity (4).
- HIV tests for pregnant women are procured through decentralized budgets.
- The state budget provides insufficient funding to meet all needs for breast-milk substitutes.
- Procurement of antiretroviral drugs for prevention of vertical transmission of HIV has been funded by the Global Fund.
- Efforts to integrate programmes for prevention of vertical transmission of HIV, including HIV testing, into the maternal and child health care system at the primary level have begun.
- Article 125 of the Criminal Code of Tajikistan criminalizes HIV transmission, including transmission from mother to child.
- Pregnant women living with HIV face stigma and discrimination from some health care workers.
- There are challenges with providing free HIV testing for pregnant women, particularly in rural areas.



Expected Outcomes: The level of vertical transmission of HIV does not exceed 2%, achieved through the integration of comprehensive measures for the prevention of vertical transmission of HIV within the general health care system of the Republic of Tajikistan.[20]

Gaps in the provision of HIV prevention services for key populations (people who inject drugs, female sex workers, men who have sex with men, prisoners)

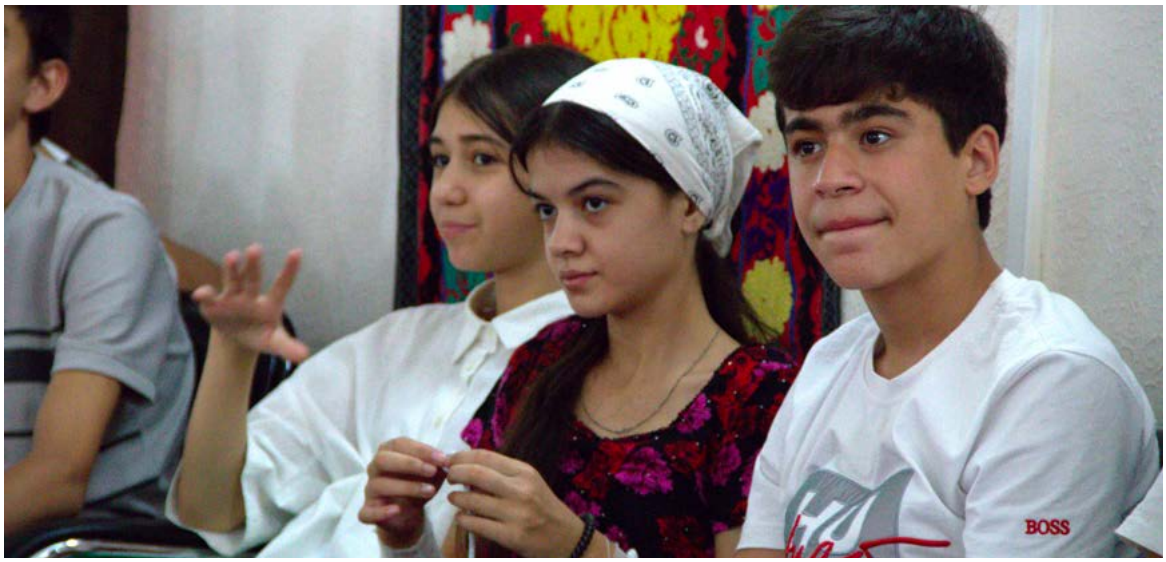
Data:

- Gaps remain in achieving the 95% target for prevention service coverage by 2025 (2023 data). The current levels are: 72% for people who inject drugs, 66% for female sex workers, and 59.4% for men who have sex with men.
- Coverage of people who inject drugs with opioid agonist maintenance therapy (OAMT) programmes is less than 3%, significantly below the WHO-recommended minimum of 20%.
- **Pre-exposure prophylaxis (PrEP)**: of the 1,033 people who received PrEP in 2023, 53.8% were women and 46.2% were men. Distribution by group: 36.8% for discordant couples, 10.9% for people who inject drugs, 28.2% for men who have sex with men, and 24.1% for female sex workers.

  More than 80% of individuals who started on PrEP discontinue it due to various factors, including lack of perceived risk, migration, and poor adherence, posing a major challenge for effective implementation.[21]

- There is no data on the provision of HIV prevention services tailored to the specific needs of women and men, nor on the creation of conditions to support women's participation in OAMT programmes, including those in prisons.
- The standards for providing HIV prevention services have not been updated to reflect the current needs of key populations.
- There has been a significant decrease in the number of public organisations working with key populations.
- Service delivery points for key populations are supported primarily through external donors, with procurement of all materials for dedicated programmes funded by the Global Fund.
- Barriers to participation in OAMT programmes include: the absence of tablet forms of OAMT; no procedure in place to release any OAMT medications directly to the patient; the requirement for paid medical examinations to join the programme, reluctance of people who inject drugs to be identified as drug users, fears of confidentiality breaches and prosecution by law enforcement agencies, and strict programme requirements, such as exclusion for noncompliance.

Expected Outcomes: More than 95% of people from key populations (people who inject drugs, female sex workers, men who have sex with men, prisoners) are covered by a comprehensive package of HIV prevention services tailored to the needs of each group, for both women and men, with services also accessible at the primary health care facilities. Elimination of existing barriers to increase the coverage of people who inject drugs with OAMT programmes



GAPS IN ACHIEVING THE 95–95–95 TARGETS

Treatment Cascade Indicators: In 2023, only 75% of people living with HIV knew their status, of whom 89.4% were receiving antiretroviral therapy, and 88.6% of those on treatment had an undetectable viral load.

Significant gaps persist, particularly in achieving the first 95 target, which is the percentage of people living with HIV who know their HIV status.

HIV Testing

- The algorithm for HIV testing was revised in 2022 to align with the WHO guidelines.
- Annual population coverage for HIV testing varies from approximately 9% to 11%. Among tested individuals, the highest coverage is among pregnant women (34.7%), followed by migrants (5.5%), people who inject drugs (1.4%), and female sex workers (1.4%). Men who have sex with men represent only 0.3% of the total tested population.
- According to the Republican AIDS Centre, women have higher testing rates than men, presumably due to routine HIV testing during pregnancy.
- In particular, only 82% of programme targets for people who inject drugs have been met, along with 90.6% for female sex workers and 88.6% for men who have sex with men (UNDP, 2023).
- State budget funds are allocated for HIV testing among pregnant women, blood donor samples, general population categories, and partially for migrants. Screening of key populations is funded by the Global Fund.
- The country has introduced self-testing, index testing, and tests to determine the duration of infection.

Innovative Approaches to Expand HIV Testing

Online Platform, https://hivtest.tj/, has been launched to offer self-testing options. **Social Network Strategy (SNS):** Encourage people from key populations to motivate their friends and other community members to get tested.

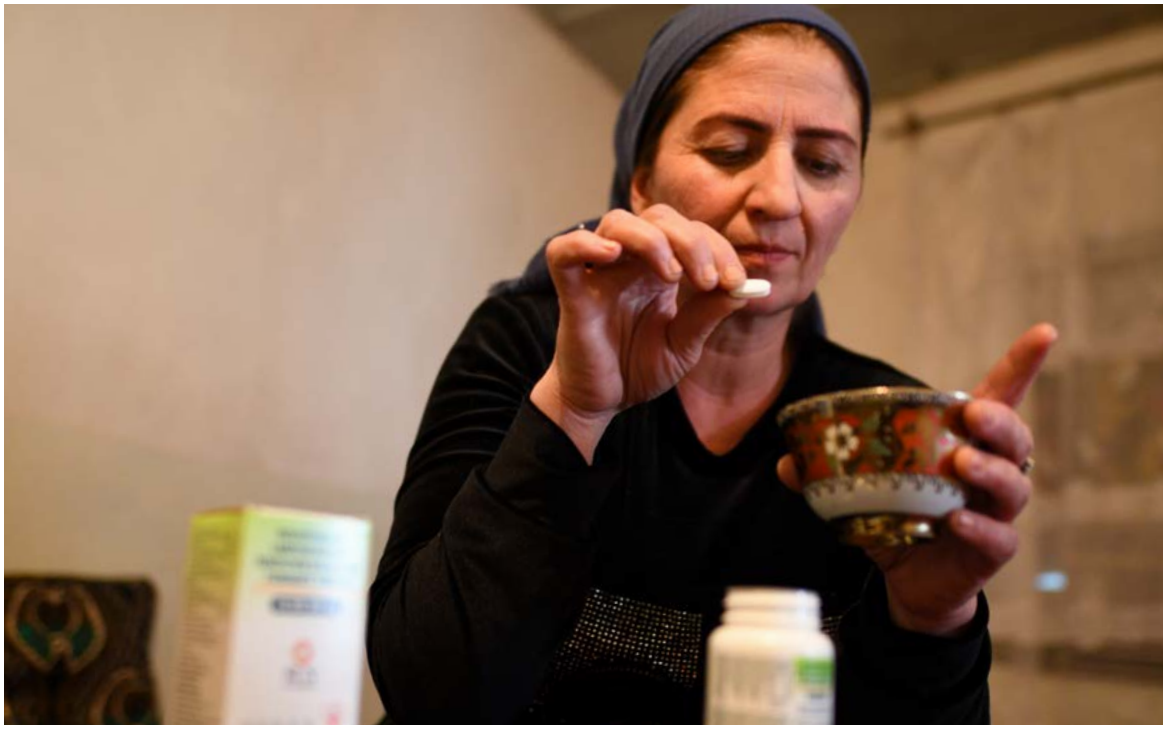
Barriers: stigma and discrimination, fear of disclosure of their HIV diagnosis, and the risk of repressive measures against people living with HIV under Article 125 of the Criminal Code of Tajikistan.

Availability of paid services: individuals who are not part of the groups eligible for free HIV testing under Government Resolution No. 600[22] are required to pay for testing. A limited number of public organisations and outreach workers provide voluntary counselling and testing. The programme targets for HIV testing have not been fully achieved.

Expected Outcomes: **More than 95% of people living with HIV know their HIV status.**

HIV TREATMENT

- Antiretroviral therapy coverage among men is significantly lower (86.8%) compared to women (93.4%).
- 92.0% of women receiving antiretroviral therapy, have a suppressed viral load, compared to slightly lower rate (88.7%) of suppressed viral load among men.
- Lower rates in the treatment cascade for men are attributed to their predominance as labour migrants, delayed access to HIV testing and services due to travel abroad, and limited availability of HIV services in host countries.
- Clinical protocols are updated regularly.
- Confirmatory testing is decentralized and conducted at oblast and district levels.
- Optimization of treatment regimens: the number of treatment regimens has been reduced, with 97.8% of adult patients now receiving a fixed-dose combination regimen (TLD) under the 'test and treat' principle.[23]
- Integration of antiretroviral therapy into primary health care: fifteen polyclinics in Dushanbe and other polyclinics in various districts now offer antiretroviral therapy.
- Patients are given a six-month or longer prescription refill of antiretroviral drugs at one time.
- An algorithm has been developed for the remote linkage to care of Tajikistanis living abroad and their provision of HIV services.



Expected Outcomes: Uninterrupted provision of antiretroviral therapy to achieve 100% coverage of people living with HIV who know their status, supported by both external and internal resources. Optimization of processes for early detection, immediate prescription of modern treatment regimens, and effective monitoring of therapy outcomes within the primary health care system.

Gaps in Access to Free Sexual and Reproductive Health (SRH) Services, Particularly for Women Living with HIV

Data:

- SRH services are provided at reproductive health centres, primary health care facilities, and specialized clinics. However, these services do not specifically address the unique needs of women living with HIV.
- Only one in three women living with HIV believe they have adequate information about SRH services and receive the same services as other women *(4)*.
- Gynaecological services are in great demand (79%), among women living with HIV. Most women seek SRH services either at AIDS Centres or from their personal physician *(7)*.
- Half of the women living with HIV report lacking access to free fertility treatment services and assisted reproductive technologies.
- 47% of women living with HIV in Tajikistan have been diagnosed with precancerous conditions. Systematic cervical cancer screening is not conducted, and individual screenings are not included in the package of free services, even for women living with HIV *(7)*.
- Most married women living with HIV report needing their husband's permission to visit health facilities and face difficulties asking their husbands to use a condom.
- There is no vaccination against human papillomavirus (HPV) in Tajikistan, highlighting the need for a comprehensive, system-wide approach involving all components of the health care system, beyond just HIV programmes.

Expected Outcomes: Every woman living with HIV has full access to and can fully utilize free SRH services.

Ensuring Meaningful Participation of Civil Society Organizations, Community Representatives, and Women Living with HIV in the Planning, Implementation, and Monitoring of HIV and Gender Equality Programmes

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Current Measures and Gaps

- People from key populations and communities, including women living with HIV, are involved in decision-making on HIV programmes through the National Coordination Committee on HIV/AIDS, Tuberculosis, and Malaria (NCC), as well as in the Technical Working Groups (TWGs) under the NCC.
- The number of public organisations working on HIV has declined due to challenges in engaging key populations, closures of public organisations, insufficient funding, and low motivation.
- More than 50 public organisations collaborate in the "Life Without Violence" initiative, which focusses on gender equality.
- There is no unified platform for public organisations working on both gender equality and HIV programmes.
- •External donors continue to be the primary source of funding for public organisations. Only two public organisations working in the field of HIV have been awarded social services contracts to provide support and social services to people living with HIV. The Ministry of Health and Social Protection of the Population of the Republic of Tajikistan and other ministries do not fund or contract out social services for HIV programmes targeting key populations.
- Community-led monitoring is incorporated into the overall monitoring and evaluation system of HIV programmes.

Expected Outcomes: **Meaningful participation of public organisations, community representatives, and women living with HIV is ensured at all stages of decision-making. Their contributions are fully recognized, resourced, and empowered to enable sustainable responses to the HIV epidemic and promote gender equality.**

Ensuring the conditions for sustainable financing of HIV programmes, including gender aspects, by increasing domestic funding and mobilizing resources from external sources

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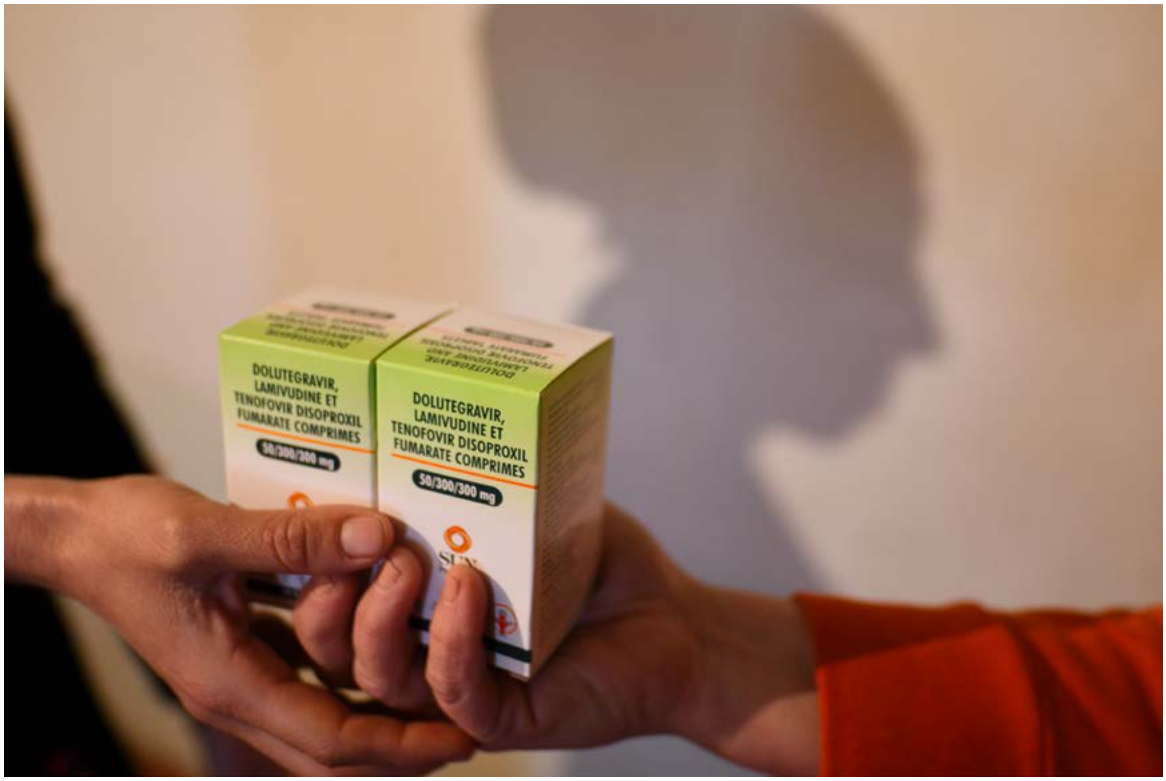
Current Measures and Gaps

- The National Programme to Combat the HIV/AIDS Epidemic for 2021–2025 faces a budget deficit of 32.3%. State funding for HIV programmes increased by 1.6 times between 2020 and 2023.
- In 2020, international donor funds accounted for 79.8% of total HIV-related expenditures, while public funds contributed 17.8% (National AIDS Spending Assessment, 2020).
- However, the number of international donors has decreased significantly. At present, the primary donors are the Global Fund and PEPFAR, with the Global Fund serving as the sole donor responsible for procuring and supplying antiretroviral drugs and prevention programme materials for key populations.
- Gender considerations are not integrated into the budgeting process for HIV programmes.

Expected Outcomes: **Conditions have been established to ensure the sustainable financing of HIV programmes, including gender-sensitive aspects, through increased domestic funding and the mobilization of external resources.**



RECOMMENDATIONS: KEY AREAS FOR ACTION PLAN

Based on the findings of the gender assessment of the national HIV response, the following key areas of planned actions have been identified. These should be considered when planning future initiatives in HIV and gender equality programmes.

1. GENDER-RESPONSIVE AND GENDER-TRANSFORMATIVE HIV PROGRAMMES

- Support the development of a National HIV Programme for the next strategic planning cycle, incorporating the gender dimensions of the epidemic. This process should be informed by the National Dialogue, engaging key partners in the HIV response and gender equality, and aligned with the National Strategy to Empowering Women in the Republic of Tajikistan for 2021–2030.
- Promote the effective use of strategic information, including sex- and age-disaggregated data, for the development, implementation, and monitoring of the National HIV Programme.
- Consider the introduction of a gender marker in HIV programmes.

2. HUMAN RIGHTS

- Advocate effectively for and support efforts to strengthen HIV-related legislation, including the repeal of Article 125 of the Criminal Code of the Republic of Tajikistan, which criminalizes HIV transmission.
- Establish mechanisms for the continuous monitoring of human rights violations against people living with HIV and key populations by community organisations. Ensure that monitoring data are recognized in decision-making processes and used to address identified violations effectively.
- Ensure equal access to justice for women and men living with HIV, as well as for members of key and vulnerable populations, on an equal basis with other members of society.

3. AWARENESS OF HIV PREVENTION AMONG WOMEN, MEN, ADOLESCENTS, GIRLS, AND BOYS

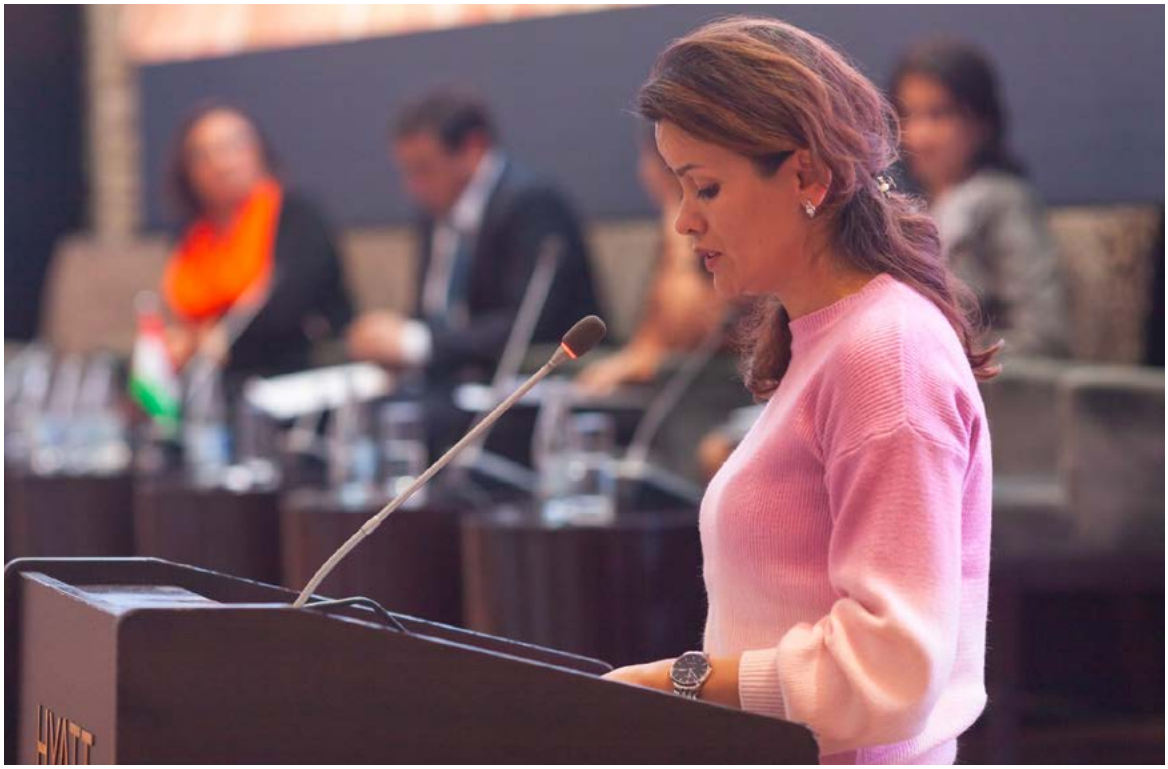
- Facilitate an evaluation of the effectiveness of the current secondary school education programme on healthy lifestyles, including topics related to HIV and SRH. Update the curriculum as needed and review the practice of teaching these topics only during allocated educational hours.
- Advocate for and support the inclusion of HIV prevention education targeting specific population groups (e.g., youth, migrants, workers and employers, girls and women, the general population) in sectoral programmes of relevant ministries and agencies. These include the Ministry of Health and Social Protection, the Ministry of Education and Science, the Committee on Youth and Sports under the Government of the Republic of Tajikistan, the Ministry of Labour, Migration and Employment, and the Committee on Women and Family Affairs, among others.
- Consider developing an HIV advocacy and communication strategy for information campaigns tailored to target audiences. These campaigns should account for gender and age differences, employ approaches adapted to the country's context, and leverage innovative methods such as social networks and digital media technologies.

4. ELIMINATING VIOLENCE AGAINST WOMEN LIVING WITH HIV

- Advocate for the integration of HIV-related issues into the draft State Programme and Action Plan on the Prevention of Violence Against Women and Children, Including Domestic Violence, in Tajikistan for 2024–2029.
- Explore the development and resource mobilization for dual-focused programmes addressing both HIV and violence. Such initiatives could support obtaining grants and social contracts to strengthen the capacity of community-based organisations and networks of women living with HIV.
- Ensure that HIV prevention services, including HIV testing and post-exposure prophylaxis, are made available at care facilities for survivors of violence.

5. GENDER-BASED APPROACHES TO HIV SERVICES

- Integrate the prevention of vertical transmission of HIV into maternal and child health care services at the primary care facilities, ensuring the provision of quality prevention services to all pregnant women in line with the WHO guidelines.
- Review and update guidelines on combination prevention packages for key populations, addressing the specific needs of both women and men and incorporating modern approaches to HIV prevention.
- Accelerate the promotion and expansion of pre-exposure prophylaxis by fostering demand for PrEP and providing differentiated, simplified services in accordance with the WHO guidelines.
- Ensure gender equity in accessing HIV testing, antiretroviral therapy, achievement of undetectable viral loads, and adherence to antiretroviral therapy.
- Ensure that the SRH needs of women living with HIV are met free of charge in public health care facilities.
- Create opportunities for routine, free cervical cancer screening for women living with HIV in public health care facilities, and introduce human papillomavirus (HPV) vaccination.



6. MEANINGFUL PARTICIPATION OF CIVIL SOCIETY

- Ensure the active and meaningful involvement of civil society, community representatives, and women living with HIV in the planning, implementation, and monitoring of HIV programmes and gender equality efforts.
- Promote close collaboration and coordination among civil society organisations addressing issues of HIV response and gender equality.
- Develop and implement community-led monitoring, ensuring that data collected from communities are used to design responses tailored to the needs of people living with HIV and key populations, including women and girls living with HIV.

7. FUNDING FOR HIV PROGRAMMES

- Incorporate gender-responsive budgeting into the new National HIV Programme to address the HIV epidemic and response.
- Advocate for increased financial support for public organisations working on HIV, including those led by and supporting women living with HIV. This should include the social commissioning of services for people living with HIV and key populations, both within the health sector and across other sectors.
- Consider collecting data on gender-related programme expenditures as part of the National AIDS Spending Assessment.

GENDER-RESPONSIVE RESULTS-ORIENTED ACTION PLAN

A workshop held on October 23, 2024, brought together national experts and partners working on the HIV epidemic response and gender equality to verify gender assessment data. Participants included representatives from the public sector, civil society, communities of people living with HIV (including women living with HIV), and key populations.

The preliminary findings of the gender assessment of the national HIV response were presented at the expanded Thematic Gender Group meeting on September 20, 2024.

The final results of the gender assessment were shared at a national roundtable on November 27, 2024, with the participation of all stakeholders. This event was organised as part of the 16 Days of Activism Against Gender-Based Violence campaign.

The recommendations and proposed key interventions arising from the assessment will be submitted for inclusion in the implementation plan of the National HIV Epidemic Response Programme for the next strategic planning cycle in early 2025.

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