



Project Specifications: Tashkent HIV Project

Location: Tashkent, Uzbekistan

Start date of project: 2012

International staff: 7

National staff: 40

Project General:

MSF runs an HIV project in cooperation with Republican AIDS center, based in Tashkent, which started in 2012. MSF is now working together with MoH on integration of HIV, TB, HCV and other STI services in order to provide more effective diagnostics and treatment for co-infected patients. At the Tashkent AIDS Centre, MSF has worked closely with our MoH counterparts to establish one of the first “one-stop-shop” testing and treatment facilities capable of providing care for TB/HIV/HCV patients. By Q4 of 2018 the HCV co-infection cohort comprised more than 800 pts initiated on treatment. Also in 2018, MSF and MoH reached an agreement on services that MSF will provide to High Risk Groups in “trust points”, extending testing and treatment to key populations throughout the greater Tashkent area.

Project Context:

The humanitarian context of the HIV project is characterized by a range of persisting challenges, limited actors, but also some emergent/possible opportunities. Concerning challenges, there are both longstanding and more recent issues. The former include social barriers such as pronounced stigmatization of HIV, leading to delayed presentation for testing/treatment, as well as more structural obstacles such as health care exclusion for certain groups, and a government generally closed on such topics. More recent challenges include issues like Global Fund transition, which may pose problems in the future.

The humanitarian context of Uzbekistan is resource scarce, due to underdevelopment of the country combined with limited numbers of international actors that might otherwise fill this service gap. The bulk of international actors that are present are more economically oriented, with some overlapping developmental health programmes from USAID, GIZ, etc. There are some local civil society groups that work in this space, but their activities are generally not professionalized, poorly resourced, and often work in discrete ways given the aforementioned challenges related to stigma and government control. Concerning HIV specifically, only a few actors in the country run programmes that directly engage with patients. However, they too suffer from the same challenges listed immediately above.

That said, recent events in the country and reform trends show some early promise of change. A series of decrees have been issued over the last year that signal increased political will of the government to tackle this epidemic; the substance of which range from highlighting the need for improved infection control and nosocomial prevention, to enhanced care for vulnerable segments of the population. Moreover, reforms of the humanitarian and civil society sectors have been introduced that aim to create more space for local actors to engage on such issues, and in particular with the support of international organizations. The medium to long-term impact of such changes are not yet known, but should this trend remain constant it could present an opportunity for MSF in greater collaboration and access to marginalized population.