

DRUG POLICY AND HEALTH IN TAJIKISTAN

A Profile Prepared by the Drug Law and Health Policy Resource Network

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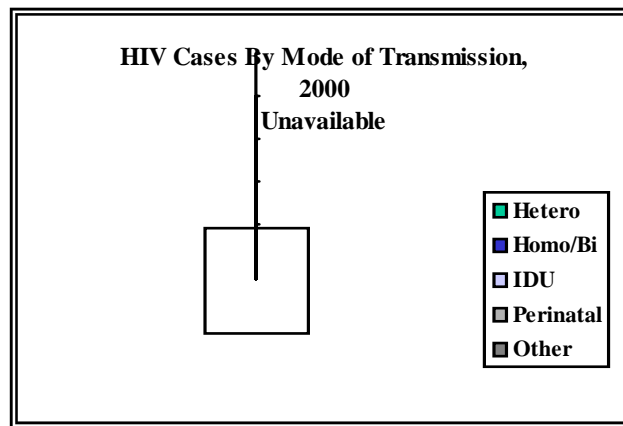
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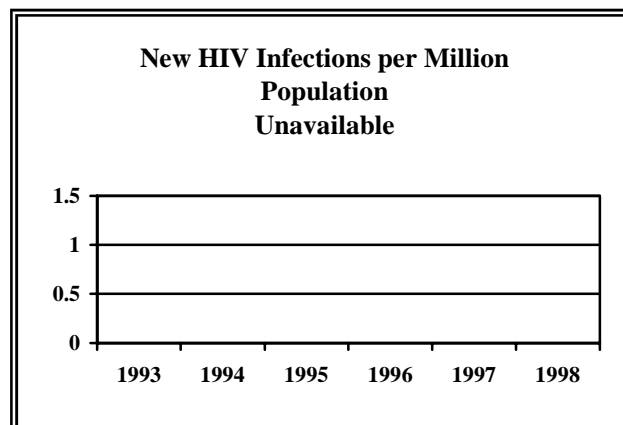
Summary

I. HIV/AIDS

Not much information is known about HIV/AIDS in Tajikistan. Data on the incidence and prevalence of HIV/AIDS in Tajikistan is unavailable. Information on the mode of transmission for HIV is currently unavailable as well. The number of HIV/AIDS at the end of 1999 at 100 cases. The estimated adult prevalence rate was 0.01 at the end of 1999. The number of deaths due to HIV/AIDS was also estimated to be less than 100 at the end of 1999. (1)

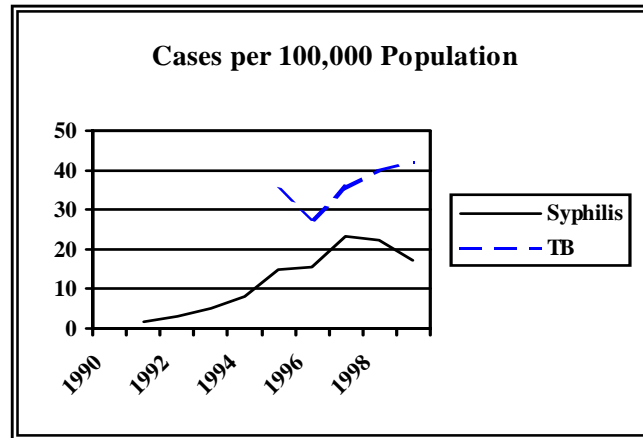


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II. OTHER INFECTIOUS DISEASES



Source: (11)

Tuberculosis (TB) is considered the most prevalent disease among drug users in Tajikistan. Tuberculosis is now considered a public health emergency in Tajikistan, with 480 recorded TB deaths in 1999. In 2000, a lack of TB medicines prompted the government to request support from the World health organization (WHO), with whom it would like to create a "DOTS" program for TB prevention nationwide. (9)(10)

There have also been increases in other infectious diseases, such as malaria, typhoid and respiratory infections. (3)(5)

III. INJECTION DRUG USE

Drug Use. The drug of choice in Tajikistan is heroin, which has seen increased use especially among school-aged youth. As of January 1, 2000, there were 2,703 registered drug users in the city of Dushanbe, of which 1,695 use heroin, 768 use opium, 202 use hashish/cannabis and 128 choose other drugs. Suspected drug users number 486 bringing the total to 3,189. However, the real number of drug users is suspected to be 15 to 20 times higher which would result in 135,000 drug users in Tajikistan out of a total population of 6,578,681. About 40 to 45% of drug users in Tajikistan are thought to use heroin. (3)

Risk Behavior Information. Many injecting drug users do not have the money to buy their own syringes. This results in the sharing of needles. Some find syringes on the street, boil them, and use them for one to two weeks. Most injecting drug users inject in groups of three or four, all using each other's needles. They flush syringes between uses not necessarily to prevent infectious disease but to avoid mixing blood types which may result in violent shaking. Users lacking enough money to buy drugs sometimes collect cotton balls used in filtering and make up a satisfactory dose for one "hit". Young girls and boys are often persuaded by dealers to sell drugs for spending cash. Soon after,

they try some drugs for free and become dependant on drugs themselves. (3)

Social Attitudes. Drug use is viewed primarily as a sickness in Tajikistan. Many families ignore the problem as the drug trade often brings money into the family. It is estimated that 30% of the population is dependent on the business of illicit drugs. However, being infected with HIV is considered a criminal offense as it is linked with drug use and culturally inappropriate behavior. (3)

IV. LAW AND LAW ENFORCEMENT PRACTICES

No law exists for the use of illicit drugs, because drug users are viewed as sick individuals who need treatment rather than punishment. However, drug possession is illegal. Under current law, methadone substitution therapy is illegal. (3)

Law on the Books

No law exists for the use of illicit drugs
The criminal code allows for arrest for simple possession
Methadone and Burprenophine substitution therapy is illegal
Criminal code allows for arrest for drug trafficking

Actual practice

Physical detoxification is available on a limited basis. Relapse rate is high.
Drug Control Agency lacks resources to respond to drug trafficking

V. PUBLIC HEALTH INTERVENTIONS

Harm Reduction Programs Generally. While the Drug Control Agency is primarily involved in supply reduction, it defers to the Ministry of Health on matters of drug use and has expressed an interest in demand reduction. The Drug Control Agency is collaborating with the national AIDS Center to develop a center for rehabilitation. The UNDCP had plans to implement a demand reduction program during the last quarter of 2000. Two UN supported harm reduction programs which have been in operation for two years are in danger of closing due to lack of funding. (3)

Drug Treatment. Under Soviet rule, drug users were involuntarily treated at hospitals. Currently, treatment is voluntary, largely because the government cannot afford mandatory treatment. However, drug users are registered and physical detoxification is available on a limited basis. The Chief of Narcology has initiated a 12-Step program which has drawn significant interest. The government acknowledges the need for rehabilitation and psychological services but there is a severe lack of information on the various treatment modalities available and the government stance is strictly detoxification. The biggest hurdle to effective drug treatment in Tajikistan is changing the law on Methadone and Burprenophine substitution therapies which are

currently illegal. A recent drive to educate government officials on the use of methadone is considered highly controversial. (3)

VI. ECONOMIC AND SOCIAL INDICATORS

The Transparency Corruption Perceptions Index (CPI) ranks countries in terms of the degree to which corruption is perceived to exist among public officials and politicians. The CPI for Tajikistan is currently unavailable.

The Human Development Index value is a composite index measuring average achievement in three basic dimensions of human development, including: a long and healthy life, knowledge, and a decent standard of living. In 1999, Tajikistan ranked 106 of the 174 countries measured. (1)

The GINI Index measures the extent to which the distribution of income (or in some cases consumption expenditures) among individuals or households within an economy deviates from a perfectly equal distribution. The GINI Index of zero equals perfect equality, while an index of 100 implies perfect inequality. The GINI Index is currently unavailable for Tajikistan.

Unemployment refers to the share of the labor force without work but available for and seeking employment. Definitions of labor force and unemployment differ by country. The unemployment rate in Tajikistan increased from 2.7% in 1997 to 5.7% in 1998. However, the rate of increase may be higher as the 5.7% includes only officially registered unemployed and there are large numbers of underemployed workers and unregistered unemployed people. (1)(8)

The Gross Domestic product (GDP) is the total of all economic activities in one country, regardless of who owns the productive assets. The GDP for Tajikistan is \$1,870 M USD (1999). (13)

DRUG POLICY AND HEALTH IN TAJIKISTAN

A Profile Prepared by the Drug Law and Health Policy Resource Network

Full Report

I. INTRODUCTION

The Drug Law and Health Policy Resource Network is an international research collaboration designed to improve data collection and policy analysis on drug policy and health in the countries of Eastern Europe and the Former Soviet Union. The information in this report was gathered by staff at Temple University's Beasley School of Law and the University of Connecticut Health Sciences Center. It will be augmented by further research in 2002 by network collaborators in the study region.

This report presents available information in six domains: HIV/AIDS, other infectious diseases, injection drug use, law and law enforcement practices, public health interventions and economic and social indicators. It concludes that Tajikistan is in the early stages of a serious HIV epidemic driven primarily by injection drug use. With sufficient external support and dramatic internal changes in drug policy and law enforcement practice, a public health effort against HIV and other blood-borne diseases could be successful.

II. HIV/AIDS

Accurate and complete data on HIV in Tajikistan are not available. The data presented here are from a variety of sources and may not entirely agree. These data generally do not represent HIV incidence and depend heavily upon patterns of HIV testing and reporting that remain very incomplete in the most severely affected countries. HIV infection is defined as an individual with HIV infection confirmed by a laboratory according to country definition and requirements. AIDS cases are reported according to a uniform AIDS case definition originally published in 1982 and revised in 1985, 1987 and for adults and adolescents (>age13) in 1993. The 1993 European AIDS surveillance case definition differs from that used in the United States in that it does not include CD4 lymphocyte criteria.

Overall Data. Data on the incidence and prevalence of HIV/AIDS in Tajikistan are unavailable at this time. Information on the primary modes of transmission for HIV is currently unavailable as well. The estimated prevalence of HIV/AIDS at the end of 1999 was less than 100 cases each for adults (ages 15-49). The estimated adult prevalence rate was 0.01 at the end of 1999. The number of deaths due to HIV/AIDS was also estimated to be less than 100 at the end of 1999. (1)

Data from The European Centre for the Epidemiological Monitoring of AIDS (12)

Year	Reported AIDS cases		Reported New HIV infections		Homo/bi Contact #		Injection Drug Use #		Heterosexual Contact #		Perinatal Transmission #	
	#	Rate/ Million	#	Rate/ Million	HIV	AIDS	HIV	AIDS	HIV	AIDS	HIV	AIDS
1993	-	-	-	-	-	-	-	-	-	-	-	-
1994	-	-	-	-	-	-	-	-	-	-	-	-
1995	-	-	-	-	-	-	-	-	-	-	-	-
1996	-	-	-	-	-	-	-	-	-	-	-	-
1997	-	-	-	-	-	-	-	-	-	-	-	-
1998	-	-	-	-	-	-	-	-	-	-	-	-
1999	-	-	-	-	-	-	-	-	-	-	-	-
2000	-	-	-	-	-	-	-	-	-	-	-	-

Additional Demographics. Newly registered users for 1999 alone in the city of Dushanbe numbered 1,295 males and 37 females, which is believed to be an accurate representation of gender ratio among drug users in Tajikistan.

Regional Distribution. No information was available.

Stigma and Social Attitudes Toward HIV/AIDS. Being infected with HIV is considered a criminal offense as it is linked with drug use and culturally inappropriate behavior. (3)

III. OTHER INFECTIOUS DISEASES

The spread of HIV is related in important ways to the incidence of other infectious diseases. Unsterile injection drug use is a risk factor not only for HIV, but also Hepatitis. Incarceration in many countries in this region is a risk factor for tuberculosis. Sexually transmitted diseases may increase the likelihood of HIV transmission during sex.

Tuberculosis (TB) is considered the most prevalent disease among drug users in Tajikistan. The estimated incidence of TB was 100-300 per 100,000 population in 1999. The estimated incidence of TB in HIV positive individuals was less than 0.1 per 100,000 population. Tuberculosis is now considered a public health emergency in Tajikistan, with 480 recorded TB deaths in 1999. The Tajik Ministry of health has stated that the number of cases of TB are increasing at an annual rate of 13%. The Head of the Presidential Administration on Health Care and Social Policy, Fayziddin Sayfulloyev, states that 616 new cases of TB were reported between January and May of 2001, of which 182 occurred in the southern agricultural region of Khation. Doctors at the tuberculosis unit in a government hospital near the capital city of Dushanbe estimates that there are currently over 8,000 Tajiks currently suffering from TB. In the city of Tomsk, 4% out of 3,000 individuals were found to be infected with multi-resistant strains of TB which were found

to resist eight different antibiotics. “Doctors at the TB unit ...estimate that over 8,000 Tajiks were currently suffering from TB.” In 2000, a lack of TB medicines prompted the government to request support from the World health organization (WHO), with whom it would like to create a "DOTS" program for TB prevention nationwide. (9)(10)

There have been increases in other infectious diseases as well, including malaria, typhoid and respiratory infections. As of 1997, the incidence of syphilis remained at approximately 15 cases per 100,000 population. Abscesses appear to be more common among opium users than heroin users. Most Tajiks self-treat abscesses with the leaf of the Podorozhnik Plant (Plantain) or the Aloe plant as the hospital is too expensive. (3)(5)

Data from (5)(11)

Year	TB		Syphilis	Hepatitis A	Hepatitis B	Hepatitis C
	#	Rate/ 100,000	Rate/ 100,000	#	#	#
1993	-	-	4.92	-	-	-
1994	-	-	7.97	-	-	-
1995	2,029	34.8	14.98	-	-	-
1996	1,647	27.8	15.58	-	-	-
1997	2,143	35.4	23.24	-	-	-
1998	2,448	39.7	22.23	-	-	-
1999	2,553	41.8	17.10	-	-	-
2000	-	-	-	-	-	-

IV. INJECTION DRUG USE

This section reports available information about drug use levels, trends and risk behaviors, as well as social attitudes about drug use and information about the problem of drug overdose. Drug treatment and other interventions to reduce the morbidity and mortality of drug use are discussed in Section V, below. Data about drug use come primarily from unofficial sources, including more or less rigorous rapid assessments, consultant reports and the news media.

Trends in Drug Use. The drug of choice in Tajikistan is heroin, which has seen increased use especially among school-aged youth. As of January 1, 2000, there were

2,703 registered drug users in the city of Dushanbe, of which 1,695 use heroin, 768 use opium, 202 use hashish/cannabis and 128 choose other drugs. Suspected drug users known to authorities number 486 bringing the total to 3,189. However, the real number of drug users is suspected to be 15 to 20 times higher which would result in 135,000 drug users in Tajikistan out of a total population of 6,578,681. About 40-45% of drug dependant people use heroin. The Chief of Psychology/Narcology Dispensary in the town of Khugantube states that there are 247 drug addicts and 210 drug users, up from 57 drug users three years ago. Since several regions in the Oblast do not report drug use, the actual numbers are likely much higher. Those who still smoke heroin are switching to injecting. Opium eradication efforts by drug control agencies and governments are encouraging the switch to heroin in all of south, southeast and east Asia. Currently, heroin is cheaper than vodka. (3)

Risk Behavior. The quality of heroin is high in Tajikistan, 12 times more pure than in other countries. This means it does not have to be cooked. It is popular to mix heroin with water and inject the mixture. Heroin may also be mixed with tobacco and smoked or snorted straight from the packet. Syringes are too expensive for most to afford. This results in the sharing of syringes. There is no information indicating whether syringes are available or can be purchased legally. Some users find syringes on the street, boil them, and use them for one to two weeks. Most injecting drug users inject in groups of three or four, all sharing each other's needles. They flush syringes between uses, not necessarily to prevent infectious disease, but to avoid mixing blood types which may result in violent shaking. Users lacking enough money to buy drugs sometimes collect cotton balls used in filtering and make up a satisfactory dose for one "hit". Young girls and boys are often persuaded by dealers to sell drugs for spending cash. Soon after, they try some drugs for free and become dependant themselves. They often share needles. (3)

Drug Trafficking. Officials consider Tajikistan to be a transshipment country for illicit drugs moving from Afghanistan to Russia and beyond. Most drug trafficking routes seem to follow the road and railway systems, while a large portion of drugs are flown out of the city of Dushanbe via air. Poverty has caused many to enter the drug trade along. The cultural norm is for men to marry at a young age, even if they cannot find enough work to support a family. This often leads to involvement in the drug trade as a means to support the family.

“The border between Tajikistan and Afghanistan is more than 1,000 kilometers long and includes the river Pyanj, making it difficult for drug enforcement agencies to monitor, control and seize drugs.”. In fact, the Drug Control Agency lacks sufficient equipment to adequately respond to drug traffickers. Corruption has also made the transshipment of drugs through Tajikistan relatively easy. Low salaries in the law enforcement community has led many to supplement their income by taking money from drug users to avoid arrest. Other public security sectors such as customs and the border patrol also suffer from corruption. The Drug Control Agency has asked the UNDCP to help in combating corruption. (3)

Social Attitudes Towards Drug Users. Drug use is viewed primarily as a sickness in Tajikistan. Many families ignore the problem as the drug trade often brings money into the family. It is estimated that 30% of the population is dependent on the business of illicit drugs. (3)

Drug Overdoses. Drug overdoses are most commonly seen in those who have recently come out of treatment and resume the high dosages they were using before treatment, which their bodies are no longer accustomed to. Since heroin is cheaper than vodka, many drug users attempt to detoxify themselves with alcohol, which has led to more overdose deaths. (3)

V. LAWS AND LAW ENFORCEMENT PRACTICES

A. Drug Law

This section describes what is known about both the drug-related laws on the books and the way these laws are enforced. The section covers syringe access, drug possession, drug treatment, drug trafficking and the handling of drug arrestees and prisoners within the criminal justice system. It also lists the international drug-related instruments to which the country is signatory.

Syringe access and NEP - law. No information was available.

Syringe access and NEP - practices. No information was available.

Drug Possession - Law. The law does not criminalize “use” of illicit drugs, since drug users are considered to have an illness. However, criminal law prohibits possession and trafficking of drugs and many users are arrested for those behaviors. (3)

Drug possession - practices. A fact finding mission from 2000 reported that, “Earlier this year the government sent doctors and police to educate users and potential users about the harm associated with drug use. The limited funds and supply of printed literature-based on Islamic code and teachings-made it difficult for the campaign to have an impact.” (3)

Drug treatment law and practices. No information was available.

Compulsory treatment practices. Under Soviet rule, drug users were involuntarily treated at hospitals. Currently, treatment is voluntary, largely because the government cannot afford mandatory treatment. (3)

Drug Trafficking - law. The criminal code allows arrest for drug trafficking. (3)

Drug Trafficking – practices. The Drug Control Agency lacks sufficient equipment to adequately respond to drug traffickers. Corruption has also made the transshipment of drugs through Tajikistan relatively easy. Low salaries in the law

enforcement community has led many to supplement their income by taking money from drug users to avoid arrest. Other public security sectors such as customs and the border patrol also suffer from corruption. The Drug Control Agency has asked the UNDCP to help in combating corruption. (3)

Drug Treatment Regulation - law. Under current law, methadone and Burprenophine replacement therapy is illegal. (3)

Drug treatment regulation – practices. No information was available.

Criminal justice system – law. The Constitution provides a number of protections. Article 19 creates a right to “demand consideration of his case by a competent and impartial court. No one may be subject without legal ground to detention, arrest, and exile. A person shall have the right from the moment of detention to use the service of an advocate.” Article 20 provides for a presumption of innocence and for the prohibition against sentencing a “second time” for the same offense.

Criminal Justice System – Practices. Efforts by the United States Drug Enforcement Agency may be exacerbating overcrowding in prisons and the spread of tuberculosis and other potentially deadly diseases by emphasizing incarceration and harsh prison terms for drug traffickers. (6)

International drug conventions signed. The country is a party to the following international drug agreement.

- 1988 UN Drug Control Convention
- Central Asian Countenarcotics Protocol with the UNODCCP and neighboring Central Asian countries
- Party to the World Customs Organization's International Convention on Mutual Administrative Assistance for Prevention, Investigation and Repression of Customs Offense (the Nairobi Convention, Annex X on narcotics cases)
- Signed the UN Convention Against Transnational Organized Crime, December, 2000

(4)

B. Public Health and Human Rights Law

This section describes what is known about public health and human rights law on the books, as well as the way these laws are enforced. The section covers the right to health care and HIV treatment, reportability of HIV/AIDS, HIV testing provisions, anti-discrimination provisions, privacy and criminal penalties associated with prostitution and homosexuality. It also lists the international human rights instruments to which the country is a signatory.

Right to health Care/ Right to HIV Treatment –Law. The Constitution provides for “the protection of health. This right shall be ensured by free medical

assistance in State Public Health institutions...other forms of medical assistance shall be determined by law.”

Right to Health Care/ Right to HIV Treatment –Practice. No information was available.

Reportability of HIV, AIDS,HCV,HBV – Law and Practice. No information was available.

HIV Testing Provisions – Law and Practice. Anonymous HIV testing does not exist. (3)

Anti-Discrimination Provisions based on HIV or drug use – law and practice. No information was available.

Privacy Law and Practice. No information was available.

Criminal Penalties for Exposing/Transmitting HIV. No information was available.

Criminalization of Prostitution –Law and Practice. No information was available.

Criminalization of Homosexuality –Law and Practice. No information was available.

Status of International Human Right Conventions. Tajikistan’s acceptance of major international human rights instruments as follows.

- Economic, Social & Cultural (CESCR) – **signed January 4, 1999**
- Civil & Political Rights (CCPR) – **signed January 4, 1999**
- Civil & Political Rights, Optional protocol (CCPR-OP1) – **signed January 4, 1999**
- Convention on the Elimination of Discrimination Against Women (CEDAW) – **signed October 26, 1993**
- Convention on the Elimination of all forms of Discrimination Against Women, Optional Protocol (CEDAW-OP) - **signed September 7, 2000**
- International Convention on the Elimination of All Forms of Racial Discrimination (CERD) - **signed January 11, 1995**
- Convention Against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (CAT) – **signed January 11, 1995**

(2)

VI. PUBLIC HEALTH INTERVENTIONS

This section provides information on interventions to reduce HIV transmission and other health problems among drug users, the availability of drug treatment and HIV prevention programs.

A. Interventions to Reduce Disease and Other Injuries Associated With Drug Use

Government Position. While the Drug Control Agency is primarily involved in supply reduction, it defers to the Ministry of Health on matters of drug use and has expressed an interest in demand reduction. The Drug Control Agency is collaborating with the national AIDS Center to develop a center for rehabilitation. The UNDCP had plans to implement a demand reduction program during the last quarter of 2000. Two UN supported harm reduction programs, which have been in operation for two years are in danger of closing due to lack of funding. (3)

Needle Exchange Programs. In 2000 the Open Society Institute provided support for the opening of the first two sites for Harm Reduction programs in Dushanbe. Each site was set up to provide counseling and needle exchange for injection drug users. A survey of 100 IDUs in 2000 conducted prior to opening the harm reduction centers found that 76% of IDUs surveyed shared needles and syringes and 89% did not know the mode of transmission of HIV. Of 64 women participants of the programs, 98.2% had fear of participation in harm reduction programs due to previous policies of double registration of IDUs by the health care facilities and the police. This fear persist despite the absence of an “Article for drug consumption in the criminal code.” (14)

B. Drug Treatment Programs/Availability

Under Soviet rule, drug users were involuntarily treated at hospitals. Currently, treatment is voluntary, largely because the government cannot afford mandatory treatment. However, drug users are registered and physical detoxification is available on a limited basis. The Chief of Narcology has initiated a 12-Step program which has drawn significant interest. The government acknowledges the need for rehabilitation and psychological services but there is a severe lack of information on the various treatment modalities available and the government stance remains strictly detoxification. (3)

The biggest hurdle to effective drug treatment in Tajikistan is changing the law on Methadone and Burpranophine therapies which are currently illegal. A recent drive to educate government officials on the use of methadone is considered highly controversial. (3)

C. Public Health Measures to Prevent HIV and other Significant Diseases

In 2000 the Open Society Institute provided support to open the first harm reduction program within a medical facility in Dushanbe. The Centers were initially designed to provide services for 100 IDUs. A second center was opened in the same year and provide education, counseling and needle exchange in the city. (14)

Government Efforts/Attitudes. Harm reduction advocates experience operating their centers due to “incomprehension of Polices. Clients were afraid to attend exchange points due to the police and, despite meetings with “territorial” and “private police”, the harm reduction programs was done by outreach and which was “concealed” from the police. (14)

Programmatic details. No information was available.

1996:
1997:
1998:
1999:
2000:

VII. SOCIOPOLITICAL ENVIRONMENT

A variety of data and data indices are commonly used to characterize social, political and economic factors in a country. The following are several of these for Tajikistan:

Perceived corruption in government is measured by the Transparency Corruption perception Index (CPI), which ranks countries in terms of the degree to which corruption is perceived to exist among public officials and politicians. The most recent measure was taken in

Perceptions Index (CPI)

- Country Rank: **unavailable**
- 2001 CPI Score:
- Surveys Used:
- Standard Deviation:
- High-Low Range:

The GINI Index measures the extent to which the distribution of income (or in some cases consumption expenditures) among individuals or households within an economy deviates from a perfectly equal distribution. A Lorenz curve plots the cumulative percentages of total income received against the cumulative number of recipients, starting with the poorest individual or household. The GINI Index measures the area between the Lorenz curve and the hypothetical line of absolute equality,

expressed as a percentage of the maximum area under the line. Thus, GINI Index of zero equals perfect equality while an index of 100 implies perfect inequality.

- GINI Index, 1996: **unavailable**

The Human Development Index is a composite index measuring average achievement in three basic dimensions of human development, including, a long and healthy life, knowledge and a decent standard of living.

- Human Development Index Rank (HDI) in 1999: **106/174** (1)

Unemployment rates refer to the share of the labor force without work but available for and seeking employment. Definitions of labor force and unemployment differ by country.

- Unemployment rate (1997): **2.7%** (1)
- Unemployment rate (1998): **5.7% ***
* Includes only officially registered unemployed; large numbers of underemployed workers and unregistered unemployed people. (8)

Standard & Poor's Insurer Financial Enhancement Rating is a current opinion of the creditworthiness of an insurer with respect to insurance policies or other financial obligations that are predominantly used as credit enhancement and/or financial guarantees. The ratings range from 'CC', which is defined as "currently highly-vulnerable" to a rating of "AAA", which is defined as an "extremely strong" capacity to meet its financial commitments.

Local Currency:

Long-Term rating: **unavailable**

Outlook:

Short-Term Rating:

Foreign Currency:

Long-Term rating:

Outlook:

Short-Term Rating:

The Social Indicators of Poverty represent the health status of individuals in different socioeconomic groups within countries for the last survey year:

- Infant Mortality Rate:
Poorest Quintile:
Richest Quintile:
- Child Immunization Rate:
Poorest Quintile:
Richest Quintile:
- Prevalence of Child Malnutrition:

- Poorest Quintile:
 - Richest Quintile:
- Low Mother's Body Mass Index:
 - Poorest Quintile:
 - Richest Quintile:
- Total Fertility Rate:
 - Poorest Quintile:
 - Richest Quintile:

The National Poverty Line is the measurement of the percentage of the population below the defined income level of poverty.

- Population Below the Poverty Line, (BPL), 1996: **unavailable**

The Gross Domestic Product (GDP) is the total of all economic activity in one country, regardless of who owns the productive assets. The GDP per capita is the total output divided by the population. This value is then adjusted to convert to a common currency, which adjusts for national variations in the process paid for goods and services.

Gross Domestic Product per Capita (PPP US\$): \$700 USD (3)

Gross Domestic Product - Average Annual Growth:

1980-1990: ---

1990-1999: ---

Gross Domestic Product in \$ USD Millions:

1999: is \$1,870 M USD (1999).

(13)

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