

TAJIKISTAN

HEALTH BRIEFING PAPER

A paper by the Department For International Development Resource Centre for Health Sector Reform



The republic of Tajikistan emerged as one of the newly independent states in Central Asia after the break-up of the FSU in 1991. The population is estimated at six million. Tajiks (60%), Uzbeks (23%), Russians (3.5%), Kyrgyz and Tartars represent the principal ethnic groups in the republic. The population is young; 2.4 million (44%) are aged below 15 years; 300,000 (5%) are over 65 years. Dominated by high mountains (the Pamir and Tian Shan ranges), just 7% of the republic's 143,000 km² is available as arable land.

Tajikistan has always been one of the poorest countries in the region. Independence meant the loss of a 40% subsidy (from FSU), and the rapid economic decline has seen GNP fall to 40% of that in 1991. Per capita income was US\$350 in 1998. Natural disasters and seven years of civil war – warring between tribes from Kulyab, Khjand and Hisor (central) regions and secular Islamic groups from the Garm, Gorno-Badakhstan and Kurgan-Tyube regions – have further intensified the poverty, now affecting 85% of the population. At least 50,000 lives have been lost, and 850,000 persons displaced.

Following a UN brokered peace agreement in 1997, the IMF and World Bank have worked with the government in stabilisation and structural reform, and GDP has started to rise. Reforms centre round private sector development, financial sector reform, and poverty alleviation through development of the social sector, including health. Inflation has fallen from 160% in 1997 to an estimated 13% in 1999. GDP is predicted to grow at 5.5%.

Health indicators:

The health status of the population has deteriorated since 1990, but there are now signs of improvement. Underlying causes were the increase in poverty, increasingly poor sanitation, the poor quality of the drinking water (55% have no access to clean water), and the high fat content of the diet.

In 1991, life expectancy was 70.1, and was 69 in 1998. Principal causes of death (see table) are cardiovascular and respiratory disease; murder, accidents and suicide account for 11% of all deaths.

Tajikistan: principal causes of death: (source, MoH Tajikistan 1998)

Cause of death	% total
Cardiovascular	36%
Respiratory disease	21%
Infectious and parasitic disease	11%
Murder, accidents and suicide	11%

Infant mortality rate is high (26/1000, 1997, 23/1000, 1998), under five mortality rate is 33/1000 (World Bank 1998). Maternal mortality rate is 80/100,000. Morbidity data are scarce, as they are based on health facility utilisation, resulting in under-reporting. However, in 1997, 30,000 cases of typhoid were reported, 30,000 cases of malaria, and 1,600 cases of TB. Nutritional status is poor; WHO reported 41% of children stunted (1995), and 63% of pregnant women were anaemic ((UNICEF, 1994).

Health sector provision and financing

Tajikistan has inherited the Soviet medical system, rigidly structured around an elaborate network of health facilities, with emphasis on in-patient care (108 beds per 10,000 population), and high numbers of doctors (one doctor per 500 population). Expenditure on health is just US\$2.5 per capita (1998) – less than 2% GDP. The service is financed through central and local taxation: the MoH determines the structure and capacities of the Republican health facilities, but the regional and local facilities are provided by the local administration, the “Hukumat”. Although theoretically free of charge, the under-funding means that patients pay for almost all services – they will pay for drugs, dressings, and doctors will expect additional payments. The 3,000 health facilities are in poor condition, ill-equipped, and inaccessible to the considerable population living in isolated areas. Doctors working in the community have received no postgraduate training; nurses are also poorly trained, and held in low esteem. At current rates of exchange, doctors and nurses in the community receive a state salary of between US\$1.8-\$2.8 per month. As a result, there is an increasing number of rural health posts being unfilled, as well as a reduction in student intake to medical universities and colleges.

Current health policies

The government recognises the need for health reform, and has focused on providing a more cost effective service, based on improving the quality of primary care, and at the same time reducing dependence on secondary services.

In 1994, the government committed itself to reducing the number of doctors being trained in university, developing a general practitioner service through retraining community doctors, a reduction in the number of hospital beds, introducing drug legislation and a limited drug list, improving nurse training, and introducing medical services in the private sector.

Hospital beds have been reduced by 30% (although occupancy was never more than 50%) and the government now intends to close down whole faculties within hospitals.

There has been no reduction in the number of doctors practising, but teaching in general practice has been introduced in Dhushanbe medical school, and annual student intake reduced from 1200 to 400 (1998). Within the Tajik Medical Institute of Postgraduate training, the faculty of Family medicine was opened in 1998. Doctors will be provided with a three month training course.

Training for midwives and feldsher nurses is being improved; they now receive a four year training (resulting in a Bachelor of nursing degree), and will be able to prescribe, as well as manage more medical conditions.

DFID involvement

In 1998, the World Bank approached DFID (Know How Fund) as a potential partner for assisting with a \$5m Learning and Innovation loan (LIL) to the MoH. They had proposed developing a pilot project to “determine whether a model of health care delivery based on primary care/general practice and per capita resource allocation will improve service delivery and the quality of care in Tajikistan”. The LIL covered training, health system development and service rationalisation, a methodology for funding mechanisms in raions (Varzob and Dangara), and strengthening the management and institutional capacity within the MoH. The Know How Fund would address the training component. In October 1998 the Know How Fund consultant, Dr John James, accompanied a World Bank mission to Tajikistan, to establish the feasibility of implementing a Know How Fund project.

A proposal for a two year project to train doctors and nurses in family medicine at undergraduate and postgraduate level piloted in two rayons was developed. With World Bank support, teaching centres in Dhushanbe and in the rayons would be equipped, and local and UK based training provided. This was supported by the Medical university, the Tajik postgraduate training institute, and the MoH.

However, safety in Tajikistan remains an area for concern. And the UK Foreign office currently do not recommend other than essential travel to Tajikistan.

The project has now been approved but DFID are not involved

Role of other development agencies:

World Bank primary care project.

The \$6.24m World Bank funded project was announced in March 2000. There are four components, and will be implemented in the two pilot areas:

- ◆ Primary health care development and training (as described above)
- ◆ Health facilities rationalising and development
- ◆ Health care financing system population-based funding
- ◆ Capacity building and project management

WHO:

Health care reform – Masterplan for Health care reforms, improved MoH capacity for managing the reforms

- ◆ Managing supplies of essential drugs for Tajikistan
- ◆ Management and co-ordination of humanitarian assistance

UNICEF:

- ◆ Funding a number of NGO's

Aga Khan foundation:

- ◆ Nutrition surveys and food fortification
- ◆ Agricultural sustainability programmes
- ◆ Education, developing school services

Save the Children:

- ◆ Rolling (self-financing) drug provision programmes, GTZ, Asian development bank and Mediciens sans Frontieres
- ◆ All have left Tajikistan as security risk considered too high

Useful documents

Report to the Know How Fund; Project identification mission: A partnership between the Know How Fund and the World Bank in developing general practitioner training in the Republic of Tajikistan. 1998, John James, IHSD.

World Bank country reports:

www.worldbank/html/extdr/offrep/eca/tj.htm

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