

Tajikistan Health Security and Health System Brief

Overview of the needs identified¹

Tajikistan's health system requires substantial support to improve One Health, rapid response teams, health services delivery, HRH, cross border collaboration, and health financing. Additionally, it needs some support for labs, surveillance, procurement, and governance. E-SPAR 2021 IHR Country Average of all Capacities /Global Average of all Capacity scores: 57%/65%.² The 2021 GHS Index Country Profile: 29.3 Index Score; 140/195 Rank.³

Laboratory systems

The COVID-19 testing strategy follows the National Protocol for Diagnosis and Treatment of COVID-19. However, the knowledge of PHC workers regarding the protocol varies greatly. There are plans of USAID for training on gene sequencing to detect mutant COVID-19 strains. Most labs are biosafety level 2 and the National Reference Lab is a BSL-3 lab. The accreditation and attestation center for labs is not a member of the International Laboratory Accreditation Cooperation (ILAC) for laboratory standards has limited capacity to perform its functions.

Real time surveillance and reporting

Human cases of infectious diseases must be registered with the State Sanitary-Epidemiological Service (SSES). Within the MoA, the State Veterinary Surveillance Service (SVSS) is responsible for animal health and the National Centre for Veterinary Diagnostics (NCVD) monitors wild, stray and domestic animals for rabies, but there is no evidence of any unit to be specifically dedicated to zoonotic diseases. There is limited capacity for disease surveillance/monitoring and control because of a shortage of technological and human resources and managerial capacity. The JEE 2019 states that the electronic reporting surveillance system at national and sub-national doesn't collect real time laboratory data. Case

reporting is paper-based. There is a need to introduce event-based surveillance at all levels.

Data integration/One Health

Tajikistan has national plans, guidelines and laws for the surveillance and control of multiple zoonotic pathogens of public health concern. The Food and Safety Committee (FSC) is responsible for implementing integrated human, animal, and environmental health surveillance. There is no evidence of a department, agency or similar unit dedicated to zoonotic disease that functions across ministries. Coordination between departments in the human and animal sectors is still weak and there is a lack of interaction algorithms and mechanisms for detection of zoonotic diseases. The Intersectoral Coordination Committee (ICC) under the MoHSPP coordinates the implementation of surveillance and response policies and functions across ministries but is not dedicated solely to zoonotic disease.

Rapid response teams/ systems

During the COVID-19 pandemic an action plan to combat the proliferation of COVID-19, a preparedness and response plan, and an economic plan with SOPs were adopted. There is no evidence that Tajikistan has an overarching national public health emergency response plan that addresses planning for multiple communicable diseases with pandemic potential. The National Disaster Risk Management Strategy for 2019-2030 focuses on risk management of the more common natural disasters. It includes pandemics but does not have any specific strategy to deal with pandemics or infectious diseases. According to the JEE 2019 Tajikistan has an Emergency operations center (EOC) that covers public health emergencies among others and has relevant procedures and plans in place. The EOC is available 24/7 at national and sub-national levels and can be activated within 2 hours. Several exercises are conducted involving the EOC

¹ The majority of information in this brief is based on national assessments conducted between June 2021 and August 2021 under TA6535 and has not been updated unless otherwise specified.

² <https://extranet.who.int/e-spar>

³ <https://www.ghsindex.org/country/tajikistan/>

to test emergency response capacities at the national level with involvement of sub-national stakeholders.

Health service delivery

There are a total of 467 hospital beds and 25 ICU beds per 100.000 population. This means that 5.3% of hospital beds are ICU beds, which is close to the recommended ratio of 6%. However, this does not necessarily mean that the ICUs are well-equipped, functional and provide high-quality care.

There is an established system of accreditation, and licensing of facilities, and monitoring of adherence to IPC/clinical care guidelines. However, it is not clear if Tajikistan has the capacity to isolate patients with highly communicable diseases in a biocontainment patient care unit or patient isolation unit. There is no evidence that Tajikistan has developed, updated or tested a plan to expand isolation capacity in response to an infectious disease outbreak in the past two years.

Human resources for health

According to WHO and national sources, in 2014 Tajikistan had 210 Doctors and 4475 nurses and midwives per 100,000 people. There might be no health workforce strategy in place that has been updated in the past five years and the most recent healthcare strategy was published in 2010.

To recruit additional health workers, students at medical universities and international colleges have been involved in providing medical services. The anti-crisis center and development partners conducted special training for the newcomers.

Cross-border coordination mechanisms

For treatment and referral of patients to another country, there is an agreement to provide medical care to citizens of the member states of the CIS.

Strategic use of cross-border collaboration in response to COVID-19 was organized within the Shanghai Cooperation Organization and CIS countries. Different Ministries have responsibility at the borders and Points of Entry for various public health relevant aspects for humans, livestock as well

as for inspection of goods, etc. Tajikistan has cross-border agreements and protocols with regards to public health emergencies, but there is no evidence of cross-border agreements, protocols or MOUs with regards to animal health emergencies.

Procurement and supply chain

The procurement system is overseen and coordinated by the Agency on State Purchases of Goods, Works and Services. A national procurement protocol can be used by the ministries to acquire laboratory and medical supplies.

Procurement and supply chain activities are centralized for national programs, but decentralized for health facilities. The MoHSSP is responsible for specialized health facilities, tertiary level health facilities and procurement of medical supplies and equipment for priority programs. Other health facilities are financed through local governments.

The Enterprise for the Improvement of Breeds and Artificial Insemination of Agricultural Animals procured vaccines and veterinary drugs.

Tajikistan has a stockpile of medical supplies (e.g. MCMs, medicines, vaccines, medical equipment, PPE) for national use during a public health emergency. However, the United Nations' Integrated Socioeconomic Response Framework to COVID-19 (ISEF) noted a limited quantity of medical supplies and disrupted supply chains.

Health financing

Healthcare spending has been increased by 19.6% over 2020 and the financing of social protection measures by more than 9%. However, there is high out-of-pocket (OOP) payments for health care accounting for more than 60% of total spending.

Tajikistan is eligible for financial support from the International Development Association and can access the World Bank Pandemic Emergency Financing Facility. In February 2021 US\$ 8.63 million and US\$ 12.57 million were approved to prevent, prepare and respond to the COVID-19 pandemic.

Tajikistan maintains its own extra-budgetary Fund for Eliminating the Consequences of Emergencies. It

can be used to pay for social care for any unforeseen costs in emergency response. The government provided medical institutions with medical equipment, PPE, medicines, and other supplies.

Governance

The MoHSSP has determined an authority responsible for IHR issues and appointed SSESS as a contact point, also responsible for providing WHO with information on emergencies or extraordinary public health events. Strategic use of strategies/policies/priorities in response to the COVID-19 pandemic included an improved action plan to combat COVID-19, which defines the role of all ministries and departments.

The MoHSSP conducts with support of WHO situation assessments every 2 years. The action plan to strengthen COVID-19 anti-epidemic measures was signed and a health strategy for 2021-2030 was being developed.

Pandemics were integrated into Tajikistan's previous national risk reduction strategy (2010-2015), but the National Disaster Risk Reduction Strategy for 2019-2030 does not include references to epidemics or pandemics.

Regional health cooperation

Priority areas⁴

- Sanitary and anti-epidemic measures coordination and standardization.
- Establish network between lab specialists in the region for data sharing.
- Regional training on information systems for infectious diseases.
- Enhance AMR surveillance in the region.
- Regional efforts to strengthen "One Health".
- Establish regional center of excellence for COVID-19 response.

Active regional initiatives

- Developing digital health solutions (AFG, TAJ, PAK, KRG).
- CAREC sanitary and phytosanitary standards modernization project.
- The SSESS and Veterinary Service exchange information within the CIS and SCO.
- Participating in the FELTP and the Biosafety Association of Central Asia and the Caucasus.
- Party to an Agreement with Kazakhstan, Kyrgyzstan and Uzbekistan on Co-operation in Emergency Prevention and Response.
- Member of the CIS Health Cooperation Council, facilitating multilateral cooperation.
- Bio-surveillance Network of the Silk Road.

Policy documents with regional cooperation mentioned

- 10-year National Programme of Strategic Development of Healthcare and Social Protection for the Population 2021–2030
- Labor Code (2016).
- National Health Strategy 2021-2030 (focus on Shanghai Cooperation Organization and CIS).
- Covid-19 Preparedness and Response Plan.
- Law on Public Procurement of Goods, Works, and Services.

National institutes responsible for or involved in regional cooperation

- Government and Parliament of Tajikistan
- MoHSSP, SSESS, ICC
- Ministry of Agriculture and environmental protection, SVSS, NCVD, FSC
- Ministry of Foreign Affairs
- Ministry of Justice
- Enterprise for the Improvement of Breeds and Artificial Insemination of Agricultural Animals
- Agency on State Purchases of Goods, Works and Services.

⁴ Defined based on results of the national assessment as well as outcomes of the CAREC workshop conducted in Tbilisi in October 2022, which are in line with the Regional Investment Framework.