

# Turkmenistan Health Security and Health System Brief

## Overview of the needs identified<sup>1</sup>

Turkmenistan's health system requires substantial support to improve its surveillance, One Health, cross-border collaboration, procurement & supply and health financing systems. Additionally, it needs some support for improving its labs, rapid response teams, health services, HRH and governance. E-SPAR 2021 IHR Country Average of all Capacities /Global Average of all Capacity scores: 81%/65%.<sup>2</sup> The 2021 GHS Index Country Profile: 31.9 Index Score; 119/195 Rank.<sup>3</sup>

## Laboratory systems

There are 12 designated labs which perform PCR tests, including the Virology Reference Laboratory (VRL) of the Public Health and Nutrition Center (VLPHNC). VRL at VLPHNC was the initial laboratory designated for COVID-19 testing in January 2020, but the health authorities were able to rapidly expand PCR testing at the regional level to five regional labs and other three laboratories in Ashgabat city. The average turn-around time from sampling-transport-analysis to feedback report (in the case of COVID-19 PCR analysis) was 4.5 to 5 hours. There is a need to introduce new approaches in all stages of COVID testing, sampling, analysis, and interpretation.

## Real time surveillance and reporting

The State Sanitary and Epidemiological Service (SSES) and its units and institutions form an integrated system that is authorized to organize, coordinate, supervise and monitor the implementation of the disease surveillance and health information systems. There is no strategic information on the routine sentinel surveillance of COVID-19 in the communities. By law called the prevention of infectious diseases in Turkmenistan, all cases of infectious diseases are subject to registration and reporting to the SSES. The rules

and guidelines for carrying out epidemiological surveillance are developed and available.

There is a need to further improve the electronic data platforms to facilitate data reporting, analysis, storage, as well as the use for decision-making.

## Data integration/One Health

The country has a comprehensive inter-sectoral plan to address zoonotic infections, covering 2016 to 2020. Relevant specialists from the state veterinary service and the SSES are carrying out the veterinary and sanitary supervision. The state committee on statistics as an interdepartmental council (advisory body) facilitates the coordination of statistical work among ministries and agencies; however, there is not enough information on how the committee of statistics integrates human, animal, and environment data. It's evident that information exchange between sectors does not happen regularly. Hence, the country would benefit from the development of a more formal One Health strategy to ensure that all necessary standard operating procedures (SOPs) and coordination mechanisms are in place, fully functional and tested through simulation exercises.

## Rapid response teams/ systems

The government created a national-level commission under the cabinet to combat the spread of the COVID-19 virus at country level. The commission performs its task at the national, provincial, and at local levels. This commission has conducted over 100 meetings. As a response to the epidemic, the plan for preparedness for counteraction and response to acute infectious diseases has been updated to include necessary actions to fight COVID-19. The rapid response system has not been evaluated; therefore, there is no information available on its quality and the performance of rapid response teams. There is insufficient evidence available that the country has

<sup>1</sup> 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.

<sup>2</sup> <https://extranet.who.int/e-spar>

<sup>3</sup> <https://www.ghsindex.org/country/georgia/>

an overarching national public health emergency response plan that addresses planning for multiple communicable diseases with pandemic potential. Effective multi-sectoral communication, coordination and collaboration for rapid response is missing.

### Health service delivery

The Ministry of Health and Medical Industry is responsible for the operation of health services. Primary care facilities are distributed around the country. They perform a gatekeeper function and when necessary, refer patients to district hospitals. Hospitals provide general secondary and more specialized inpatient care and are grouped into rural (primary health care-based), district, city hospitals, dispensaries (specialized hospitals), regional and central clinical hospitals.

The newly built infectious disease hospitals have centralized gas delivery systems (oxygen, medical air, etc.) and ICUs dedicated to serve 7-10% of hospital patients. There is a need for more mechanical lung ventilation and high flow oxygen inhalation devices for regional and capital hospitals.

### Human resources for health

In line with the United Nations report from 2019, an Action Plan for the Development of Social Services and Social Services Workforce 2018-2028 was developed. Medical staff from Turkmenistan received trainings under the Field Epidemiology Training Program (FETP) and the Field Epidemiological and Laboratory Training Program (FELTP) in the country. All medical staff working with biological material receive personal protective equipment and have received training in biosafety and biosecurity issues. Workforce knowledge on biosafety and biosecurity is tested once every two years. The Center for the Prevention of especially Dangerous Diseases conducts a 45-day training course for microbiologists and technicians working with microorganisms twice a year.

There is a need to improve the forecasting and planning for the healthcare workforce.

### Cross-border coordination mechanisms

The country has a cross-border agreement on public health emergencies as part of a regional group. There is an agreement in place in the field of public health and security as part of the Commonwealth of Independent States (CIS). The surveillance regulations of citizens arriving and leaving the country at all 28 entry points at the land, airport, and seaport has been strengthened. 24/7 medical teams comprising an infectious disease physician, an epidemiologist, a nurse, and a sanitation specialist have been formed at crossing points. 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.

There is a need to provide mobile healthcare in border regions of the country.

### Procurement and supply chain

The country has a national procurement protocol that can be utilized by the Ministries of Health and Agriculture for the routine acquisition of laboratory needs but not for medical supplies. The MoH announces the tender to procure medication, laboratory tests, PPE, etc. Specialists from the Ministry of Economy formulate tender specifications based on the requirements of the public health sector including hospitals, PHC facilities and labs. The company wins which offers the best price, has the best working experience with MoH and expertise in working with specific equipment and medication.

There is a need for procuring cold chain equipment including fridges, temp monitors, alternative power sources.

### Health financing

Public funds for the health system mainly come from national government revenues. The Central government collects national taxes (such as income tax, value added tax, excise duty and the natural resource taxes), and the revenue is distributed to velayat governments and the Ashgabat

municipality. In addition, local authorities levy their own taxes, and the President may allocate extra money to the health sector. Informal payments are widespread but difficult to quantify. According to WB data, the out-of-pocket expenditure is 76.8% of the current health expenditure, which is very high. There is no evidence of the level of government funds use for COVID-19 response.

## Governance

The institution carrying out state regulation and control over prevention of infectious diseases and other decision-making processes is the Cabinet of Ministers of Turkmenistan, as well as the MoH. The State Sanitary Epidemiological Service (SSES) is part of the MoH and also serves as the National IHR Focal Point for Turkmenistan.

In case of an outbreak, the MoH convenes an Emergency Counter-Epidemic Commission under the Cabinet of Ministers meeting with the technical leadership of the SSES.

There is a need to increase resources for the first stage health care service (polyclinics and ambulatory hospital services), as well as to improve public health governance.

## Regional health cooperation

### Priority areas<sup>4</sup>

- Provide mobile healthcare in border regions
- Conduct human resource supply and demand analysis for selected cadres
- Conduct feasibility study and dialogue on financial protection
- Implement Laboratory Quality Management Systems (LQMS) for national laboratory networks
- Design and establish laboratory equipment and supply management systems.

## Active regional initiatives

- Common GOST and SNIPs construction standards as well as mutual recognition of skills, under CIS,
- CAREC sanitary and phytosanitary standards modernization project.

## Policy documents with regional cooperation mentioned

- National Health Strategy of Turkmenistan 2021-2025 - focus on international cooperation in education and training of health professionals.
- Plan for Preparedness for Counteraction and Response of Turkmenistan to Acute Infectious Disease (2021) assistance.
- Law of Turkmenistan "On Protecting the Health of Citizens from the Effects of Tobacco Smoke and the Consequences of Tobacco Product Consumption"; National Action Plan on Tobacco Control for 2012-2016.
- National programs/ action plans for health sector response to viral hepatitis, tuberculosis, NCDs, alcohol, nutrition, etc.

## National institutes responsible for or involved in regional cooperation

- Ministry of Health and Medical industry – Sanitary, Epidemiological department
- Ministry of Finance and Economy
- Ministry of Foreign Affairs of Turkmenistan,
- Cabinet of ministers.

---

<sup>4</sup> 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.