# Tajikistan

This country assessment is based on (1) the responses to a WHO Regional Office for Europe questionnaire designed to gather information on key elements of the European Council Recommendation of 31 May 2007 and of WHO Regional Committee for Europe Resolution EUR/RC55/R9 and (2) Regional Office data and information.

## Summary of country assessment

Tajikistan reports implementing 39% of effective interventions reported as implemented of a total of 99 interventions to prevent a range of injuries, versus a European Region median score of 73% and a first quartile of 64%.

The country feedback was positive on some of the key areas identified, such as the development of a road safety national policy.

### National policies

- There are no overall national policies for preventing violence and injuries. There is a specific national policy for road safety. Neither alcohol nor socioeconomic inequalities in injuries and violence have been identified as risk factors for violence and injury in national policies.

### Implementation of effective interventions

- Tajikistan reported overall implementation of 45% of selected effective interventions for injury prevention and 39% for violence prevention. This is lower than the median regional scores of 72% for unintentional injury and 81% for violence prevention. Table 2 shows the details of percentages per injury type. The list of interventions implemented for each injury type is available separately from the country questionnaire. The proportion of reported implementation was lower than the median regional score for most of the interventions, for both injuries and violence.
- Tajikistan reported overall implementation of 29% of selected effective interventions on alcohol, versus a median regional score of 76%. Only 36% of fiscal and legal interventions which limit the access to alcohol, versus a regional median score of 71%, have been implemented. Greater attention should also be given to health system-based programmes to reduce alcohol-related harm as no interventions have been implemented (Table 2). In addition, the consumption of illegal-home or informally-produced alcoholic beverages is a risk factor in the country.

### Impact of resolution EUR/RC55/R9

- Tajikistan acknowledged that the adoption of resolution EUR/RC55/R9 helped to raise the policy profile of the prevention of violence and injuries as a health priority by the Ministry of Health. Although there is no overall national policy on violence and injury prevention, there is political commitment for this: the Ministry of Health has set up a working group to prepare a draft injury prevention and treatment programme. However a formal policy has yet to be ratified at government level. Among the elements of resolution EUR/RC55/R9 few have been achieved but there is a commitment to develop national policy.

### Next steps

- Greater attention needs to be given to national policy development, capacity-building, multisectoral collaboration, surveillance, evidence–based emergency care and implementing most of the evidence–based interventions for preventing injuries and violence and alcohol–related interventions. This is particularly the case for drowning (where rates are higher than the regional average), falls, sexual violence and suicides where no interventions have been reported as implemented. Several interventions were implemented in selected regions rather than nationally, and this could be an area for future activity.

## Country profile

### Table 1. Demographics

- Tajikistan has a very young population of 6.8 million. The percentage of children 0–14 years old is higher than the European Region average, and the percentage of people 65+ years old is lower than the regional average.
- Life expectancy at birth is lower than the European Region average, both for males and for females.

| Indicator (last available year) | Tajikistan | WHO European Region | European Union (EU27) |
|---|---|---|---|
| Mid-year population | 6.8 million | 890.9 million | 493.8 million |
| % of population aged 0–14 years | 36.3 | 17.5 | 15.7 |
| % of population aged 65+ years | 4.5 | 14.0 | 16.8 |
| Males, life expectancy at birth, in years | 71.2 | 71.4 | 76.0 |
| Females, life expectancy at birth, in years | 76.3 | 79.1 | 82.2 |

- Injuries are the fifth leading cause of death. The rates for all injuries combined are lower than theEuropean Region average.
- Injury mortality rates rose steeply and peaked in the 1990s due to the political and socioeconomic transition, and the trend is now downward, at levels below the European Union (EU) average (Fig. 1).
- The leading causes of unintentional injury–related death are road traffic injuries, followed by drowning (higher than the regional average), poisoning, fires and falls.
- The leading causes of intentional injury–related death are suicide followed by homicide.
- The WHO Regional Office for Europe has been supporting focal people. Tajikistan participated in the advocacy events of the First United Nations Global Road Safety Week and took part in the project on a global status report on road safety. There is a biennial collaborative agreement between the Ministry of Health and WHO for 2010/11 where the main focus will be strengthening the health systems' response to injuries and violence and capacity-building.

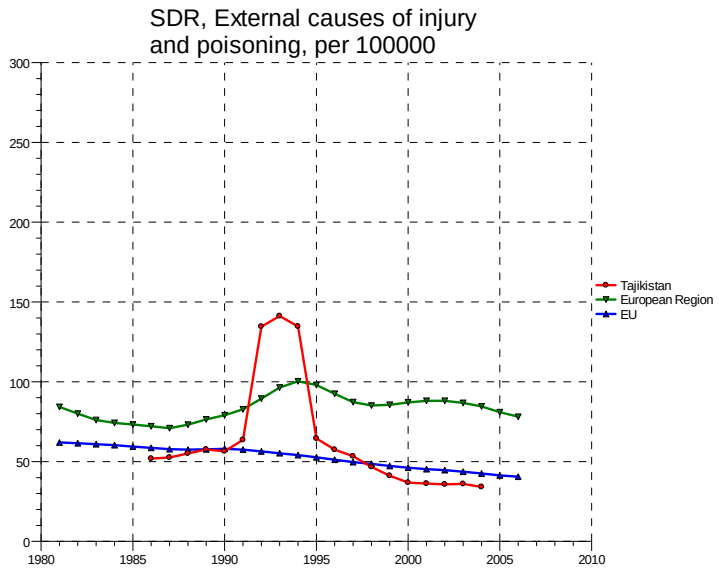


**Fig. 1. Standardized death rate (SDR) for external causes of injury and poisoning in Tajikistan, the WHO European Region and the European Union, 1980–2008**

**Table 2. Injury burden, policy response and effective prevention measures in place**

Legend: ✓ Yes ✘ No ? Not specified or no response NA Not applicable - No data

| Cause of injury | Mortality[a] (SDR per 100 000 population, all ages, last available year)[b] | | | National policy? | Intervention effectiveness (%) | |
|---|---|---|---|---|---|---|
| | Tajikistan | WHO European Region | European Union[c] | | Country score[d] | Regional median score[e] |
| **All injuries** | **32.9** | **75.8** | **40.0** | **NA** | **39** | **73** |
| **Unintentional injury**[f] | **25.5** | **45.9** | **25.9** | ✘ | **45** | **72** |
| Road traffic injuries | 6.1 | 13.3 | 9.3 | ✓ | 69 | 81 |
| Fires and burns | 1.7 | 2.4 | 0.7 | ✘ | 50 | 60 |
| Poisoning | 2.4 | 10.7 | 2.3 | ✘ | 100 | 80 |
| Drowning or submersion | 3.7 | 3.4 | 1.3 | ✘ | 0 | 63 |
| Falls | 0.9 | 5.6 | 5.5 | ✘ | 0 | 75 |
| **Intentional injury** | **NA** | **NA** | **NA** | ✘ | **39** | **81** |
| Interpersonal violence[g] | 2.4 | 5.2 | 1.0 | ✘ | NA | NA |
| Youth violence[h] | 1.8 | 5.3 | 1.0 | ✘ | 43 | 86 |
| Child maltreatment[i] | 0 | 0.6 | 0.3 | ✘ | 80 | 100 |
| Intimate partner violence | - | - | - | ✘ | 75 | 75 |
| Elder abuse and neglect | - | - | - | ✘ | 67 | 67 |
| Self-directed violence | 3.5 | 14.0 | 10.2 | ✘ | 0 | 88 |
| **Alcohol**[j] | **NA** | **NA** | **NA** | **NA** | **29** | **76** |
| Alcohol-related poisoning | 0.3 | 2.8 | 0.9 | NA | NA | NA |
| Alcoholic liver diseases[k] | 2.3 | - | 8.6 | NA | NA | NA |
| Road traffic injuries (fatal and non-fatal) involving alcohol | 6.3 | 18.0 | 19.2 | NA | NA | NA |
| Fiscal and legal measures[l] | NA | NA | NA | NA | 36 | 71 |
| Health system-based programmes[m] | NA | NA | NA | NA | 0 | 67 |

[a] Unless otherwise specified.
[b] Sources for mortality data: European Health for All database and European Health for All mortality database [online databases]. Copenhagen, WHO Regional Office for Europe, 2009 (http://www.euro.who.int/hfadb, accessed 3 September 2009).
[c] The 27 European Union countries.
[d] Calculated as the proportion of effective interventions in place in the country. This is based on WHO list of effective interventions published in: *Preventing injuries and violence: a guide for ministries of health*. Geneva, World Health Organization, 2007 (http://www.who.int/violence_injury_prevention/publications/injury_policy_planning/prevention_moh/en, accessed 22 August 2008). For the full range of interventions and responses, please consult the country questionnaire.
[e] Median of the proportion of effective interventions in place in countries in the WHO European Region.
[f] Standardized death rates (SDR) from accidents.
[g] Proxy for mortality: mortality from homicide and assault, all ages.
[h] Proxy for mortality: mortality from homicide and assault, 15–29 years.
[i] Proxy for mortality: mortality from homicide and assault 0–14 years.
[J] Score calculated from 17 alcohol-related interventions.
[k] EU average calculated on 20 countries. Data retrieved from the European detailed mortality database (http://www.euro.who.int/InformationSources/Data/20070615_2, accessed 3 September 2009).
[l] Score calculated from 14 interventions on access to alcohol (availability, restrictions, banning).
[m] Score calculated from 3 interventions on health system-based programmes to reduce alcohol-related harm.

**Table 3. Key elements of policy development in preventing injury and violence**

Legend: ✓ Yes ✘ No ? Not specified or no response

| | |
|---|---|
| **National policies** | |
| • Overall national policy on injury prevention | ✘ |
| • Overall national policy on violence prevention | ✘ |
| • Commitment to develop national policy | ✓ |
| • Alcohol identified as a risk factor for injuries | ✘ |
| • Alcohol identified as a risk factor for violence | ✘ |
| • Policies targeted to reduce socioeconomic differences in violence and injuries | ✘ |
| • National policies highlight socioeconomic inequality as a priority | ✘ |
| **Political support for the agenda for injury and violence prevention** | ✓ |
| **Easy access to surveillance data** | ✘ |
| **Intersectoral collaboration** | |
| • Key stakeholders identified | ✘ |
| • Secretariat to support the intersectoral committee | ? |
| • Questionnaire answered in consensus with other sectors and stakeholders | ✘ |
| • Can WHO help to achieve intersectoral collaboration in the country? | ✓ |
| **Capacity-building** | |
| • Process in place | ✘ |
| • Exchange of evidence-based practice as part of this process | ? |
| • Promotion of research as part of this process | ? |
| **Emergency care** | |
| • Evidence-based approach | ✘ |
| • Quality assessment programme | ✘ |
| • Process to build capacity identified | ✘ |
| **EUR/RC55/R9 influenced the agenda for injury and violence prevention** | ✓ |
| **Recent developments in injury and violence prevention (during the past 12 months)** | |
| • National policy | ✘ |
| • Surveillance | ✘ |
| • Multisectoral collaboration | ✘ |
| • Capacity-building | ✘ |
| • Evidence-based emergency care | ✘ |