

# Tajikistan

Total population (millions): 6.9  
High TB priority country  
High MDR-TB burden country

## Epidemiological profile 2010\*\*

Estimates of TB burden	Number (thousands)	Rate (per 100 000)	MDR-TB burden	Number	%
Mortality	2.8 (2.1-3.7)	41 (31-53)	Estimates among notified TB cases:		
Prevalence	26 (12-43)	382 (177-619)	MDR-TB among new cases	710 (470-1 000)	17 (11-24)
Incidence	14 (12-17)	206 (169-247)	MDR-TB among previously treated cases	610 (520-690)	62 (53-70)
Case detection rate	44 (37-54) %		Notified MDR-TB cases on treatment	245	92

Estimated prevalence of HIV among TB (number, percentage); 370 (280-470); 2.5 (2.0-3.0)%.

Treatment outcome 2009	Successfully treated (%)	Died (%)	Failed (%)	Lost to follow up* (%)
New smear-positive cases	81.3	4.4	8.1	6.1
New smear-negative/extrapulmonary	90.5	2.8	1.4	5.3
Previously treated cases	72.0	10.7	10.2	7.1
MDR-TB cohort 2008	NA <sup>+</sup>	NA <sup>+</sup>	NA <sup>+</sup>	NA <sup>+</sup>

\*Includes those cases that defaulted from treatment, those that were transferred out and those that were not evaluated.

<sup>+</sup> NA; not available.

\*\*Data provided here are based on the latest WHO global TB database accessed on 9 December 2011. Extended epidemiological profiles can be found at: <http://www.who.int/tb/country/data/profiles/en/index.html>

## Major challenges

Tajikistan is among the 27 high multidrug-resistant tuberculosis (MDR-TB) burden countries in the world. Although the country has committed to the Stop TB Strategy, there is a lack of drug supply management and problems with the procurement of quality-assured anti-TB drugs. The TB detection rate is very low and the TB information system is weak and does not supply reliable information to decision-makers. The majority of TB hospitals do not meet internationally-recognized infection control requirements. There is still a lack of human resource capacity to manage TB control, especially in rural areas at primary health care level because of poor motivation and low salaries.

About 85% of funds for TB control activities are contributed by the Global Fund and other donors. Despite the annual increase in the state budget on TB, there are insufficient government funds to cover the basic needs of the National TB Programme (NTP), making Tajikistan dependent on external support and threatening sustainable TB interventions.

## Achievements in collaboration with WHO

- Technical assistance to develop national MDR-TB control guidelines and a national protocol on TB management in the penitentiary system.
- Technical assistance to draft national Practical Approach to Lung Health (PAL) strategic guidelines and national PAL clinical protocols.
- Technical assistance to revise the national protocol on TB drug management.
- Certification for the National Reference Laboratory to conduct anti-TB drug susceptibility testing.
- Gradual expansion of MDR-TB coverage within the framework of Green Light Committee (GLC) projects.
- Technical assistance to strengthen the TB information system. The Ministry of Health/National TB Programme in partnership with WHO, the United Nations Development Programme (UNDP) and the International Research & Development Organisation (IRDO), has started piloting an electronic recording and reporting system for MDR-TB.
- Technical assistance to conduct an operational research study comparing hospitalization with ambulatory TB treatment outcomes.

- An assessment of barriers to the integration of TB and HIV services was conducted according to the key health system blocks and the report was shared with the Ministry of Health.
- Tajikistan was enrolled in the EXPAND-TB project; laboratory equipment and reagents were supplied to the National Reference Laboratory.
- Technical assistance for a community-based pilot project that was started to improve the quality of DOTS and the TB detection rate.

#### **Planned WHO activities**

- Finalization of the National M/XDR-TB Response Plan to align it with the Regional M/XDR-TB Action Plan.
- Follow-up of the recommendations of the health system assessment of barriers to the integration of TB and HIV services.
- Technical assistance to improve the quality of DOTS through continuing capacity building.
- Addressing MDR-TB: adaptation of the National MDR-TB Response Plan based on the Regional M/XDR-TB Action Plan. Step-by-step expansion of the MDR-TB programme.
- Introduction of the PAL Strategy in order to improve the TB detection rate and DOT at primary health care (PHC) level. Tajikistan started piloting PAL in three districts under the Global Fund TB project and based on the results is planning its expansion in the coming years.
- Technical assistance to strengthen the TB information system. Based on the results of the pilot study, a plan of action to expand the electronic TB database will be developed. An electronic reporting and recording system will be developed for the DOTS part and incorporated into the MDR-TB part. Work is ongoing on the development/revision of evidence-based protocols, instruction and practices on different aspects of TB management.
- Operational research will be carried out in 2011–2012 to compare TB treatment outcomes (including the social and financial burden) at ambulatory and hospital levels.
- Technical assistance to address TB through health systems strengthening and primary health care.

#### **Main partners of WHO**

- Ministry of Health
- Ministry of Justice, department of correctional affairs
- Ministry of Education
- National and regional TB centres
- National and regional HIV/AIDS centres
- Global Fund to Fight AIDS, Tuberculosis and Malaria (The Global Fund) through the United Nations Development Programme (UNDP)
- Project HOPE
- United States Agency for International Development (USAID) through the Health Quality Project
- German Development Bank (KfW)
- Deutsche Gesellschaft für Internationale Zusammenarbeit
- AIDS Foundation East-West
- Red Crescent Society of Tajikistan
- Caritas Luxemburg
- Aga Khan Foundation
- Finnish Lung Health Association (Filha).