
PANORAMA PEOPLE

Interview with Professor Salomudin Yusufi



by Elizaveta Busygina

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What human resources challenges and problems does the Tajik health system have to contend with?

In Tajikistan, as in other countries in the Region, qualified health workers are the cornerstone of the health system and a prerequisite for successful organizational changes. The tasks we face are complex, as they involve the professional training of health workers, the appropriate geographical distribution and their retention, thus guaranteeing the right of citizens to enjoy access to timely, affordable and high-quality health care. To meet these challenges successfully, the Ministry of Health and Social Protection needs to work closely with all agencies, relevant organizations and structures at national and provincial level.

The collapse of the Soviet health system, the transition to a market economy and the emergence of private medical organizations has had a big impact on health workforce regulation and planning in Tajikistan. The new conditions in which the health system operates, which are a consequence of the demographic, epidemiological, social and financial changes in recent years, have caused serious human resources problems. Unfortunately, there has also been a disconnect between the strategy for developing the health system and the human resources planning and forecasting strategy. The underfunding of the health sector has worsened, with a consequential impact on health workers' pay and motivation, leading to a high turnover of personnel, labour outflows and internal and external migration. The result of these hard-to-control processes has led to a considerable geographical maldistribution of health workers between the different districts and cities in Tajikistan. There is a wide variation in the ratio of specialists to population: for example, the district with the highest physician-to-population ratio has 14 times more coverage than the district with the lowest.

A significant disproportionality is observable in the number of medical school entrants: there are noticeably fewer students from districts with a low physician-to-population ratio than there are students from districts with a higher density of physicians.

What measures are being taken to address these issues and strengthen human resources for health in Tajikistan?

To address the issue of the uneven distribution and density of health workers, the Tajik Government, in partnership with the Ministry of Health and Social Protection, annually establishes quotas for students from remote areas. These prospective students are granted privileges in the form of bonus marks on enrolment. The number of State-funded places for university entrants is being increased. The Abuali ibni Sino State Medical University is implementing similar measures for 36 districts with a low density of health workers. As a result, since 2007, there has been a gradual increase in the number of physicians and nurses nationwide, and fewer districts are experiencing a shortage of health workers.

In 2008 Tajikistan adopted the Policy Framework for reform of national medical and pharmaceutical education with a view to improving the system of professional training for health workers. The policy framework seeks to bring the Tajik system of medical education into line with international standards, involving a stepwise transition to a new set of national standards, the introduction of an accreditation scheme for educational institutions and programmes, changes in the method of assessing graduates' qualifications and conditions of access to practical work experience at all stages in training. Shaping and developing academic potential among health workers is another priority identified by the Ministry.

Targeted training of qualified health workers has been identified as a priority under the Policy Framework for health reform adopted in 2002, and this is currently being implemented under the 2009 Health worker training programme for the period 2010-2020. Every year, the Ministry of Health sends groups of physicians abroad on short-term assignments for advanced training and familiarization with new developments in various specialist areas, this has been hugely beneficial in transforming the way health workers are trained in Tajikistan.

To address the problem of emigration among Tajik health workers, the Ministry of Health and Social Protection is exploring ways to boost take-home pay and other incentives. In addition, the Ministry requires junior-level specialists whose higher or intermediate medical education was paid for by the Government to accumulate work experience in a designated location for 3 years.

In its work on health workforce policy, the Ministry relies on consultancy and support from a range of international organizations and projects including the World Health Organization. The framework of action for a sustainable health workforce, which will be discussed at the 67th session of the WHO Regional Committee for Europe, is most opportune and very important for Tajikistan. We eagerly await the materials from the Regional Committee and the toolkit, enabling us to access policy and planning instruments, analytical approaches and examples of best practices in the area of human resources for health.

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