



## The Global Action Plan in Tajikistan: coming together for healthy lives and well-being

The Republic of Tajikistan has been selected as one of the global pilot countries for the national implementation of the Global Action Plan for Healthy Lives and Well-being for All (GAP), with a focus on strengthening health financing as an accelerator towards achieving Sustainable Development Goal (SDG) 3 on health and well-being for all. This process is supported by United Nations agency partners of the GAP and other development partners. It is a timely and opportune moment as the country is in the process of drafting National Programme 2021–2030, the new programme for health care and social protection, which is embedded in the National Programme of Development of the Republic of Tajikistan up to the year 2030.

The importance of a well-performing health system and well-performing public health services, including health security, is increasing as the country is responding to the COVID-19 outbreak while trying to ensure continued provision of and access to essential health services. The Government's efforts have been made in close cooperation with development partners. A coherent, well-balanced, robust and realistic national programme on strategic action for health and social protection is needed to mainstream efforts, facilitate health integration across sectors and policy domains and ensure health policy coherence across different levels of government.

The cross-border nature of the economic, environmental and social problems further reinforces the importance of utilizing intersectoral mechanisms, as well as legal instruments, to tackle health-related issues and deliver on the SDGs. International development partners are essential in supporting the cross-border aspects of health protection and promotion.

United Nations agencies and GAP partners, well as the European Union, bilateral agencies and nongovernmental organizations, are all active in Tajikistan and participate in forming the strategies for the health sector for 2020–2030. Tajikistan is one of the countries selected for the specific focus on health-financing reforms as an accelerator to achieve SDG 3. Creating viable systems for sustainable health financing is an area where progress has been slow, but momentum has increased in recent years. Progress has been achieved in the implementation of per capita basis for financing services, with piloting of innovative approaches such as performance-based payments and other elements of reforms.

In addition to the focus on sustainable health financing, Tajikistan is also prioritizing the following GAP accelerators:

- primary health care;
- innovation and access, particularly in health management information systems and data management; and
- development of the health-care workforce.

United Nations agencies have been active in Tajikistan since 1992 during the conflict-resolution process. Reconciliation took place in 1997 with United Nations mediation (deployment of the United Nations Mission of Observers in Tajikistan in 1994–2000). The United Nations also supported post-conflict rehabilitation and addressing the socioeconomic needs of the population in the post-conflict era. During 2000–2015, support from the United Nations and other development partners in achieving the Millennium Development Goals contributed to reducing the poverty rate from 81% in 1999 to 31% in 2016, reaching 99% of primary education enrolment and eliminating malaria in Tajikistan. The United Nations Development Assistance Framework (UNDAF) was endorsed in December 2015 for a five-year period and set six outcomes for 2016–2020:

- democratic governance, rule of law and human rights
- sustainable and equitable economic development
- social development (health, education and social protection)
- nutrition and food security
- inclusion and empowerment of vulnerable groups
- resilience and environmental sustainability.

UNDAF currently guides United Nations agencies' work on a country level. All development partners have also been actively involved in the development of the National Programme 2021–2030.

The United Nations Country Team works to strengthen coordinated implementation and monitoring of the results of UNDAF 2016–2020 through six result groups chaired by representatives of various United Nations agencies. External coordination with donor partners takes place through the Development Coordination Council to formulate a joint position for responses to existing development challenges. UNDAF is aligned with, and will contribute to, the implementation of the SDGs, the National Development Strategy 2016–2030 and the priorities of the Mid-term Development Programme 2016–2020. UNDAF draws on the full range of expertise and resources of the United Nations Country Team in Tajikistan, Government, civil society and Development Coordination Council partners to deliver development results for Tajikistan.

The United Nations Country Team works towards enhancing the implementation of the SDGs in Tajikistan and has supported the Government of Tajikistan in the preparation of the first national SDG report and in enhancing human rights, gender mainstreaming and inclusive development to ensure that no one is left behind. The coordination of United Nations activities in Tajikistan takes place through the country-level health cluster, which serves as a mechanism for participating organizations to work together in partnership to harmonize efforts and use available resources efficiently within a framework of agreed objectives, priorities and strategies for the benefit of the affected populations. This mechanism helps to avoid gaps and/or overlap in the international humanitarian health response and in allocating human and financial resources. Other coordination mechanisms and bodies include the TB Coordination Committee, the National Coordination Council on Maternal and Child Health (maternal, infant and child health are Government priorities and receive attention from high-level governmental bodies) as well as some other groups with a specific health focus. Box 1 gives an overview of health areas in which various health coordination groups are focused.

## Box 1. Health priorities

**Maternal, infant and child health.** Despite improved maternal and child health services, neonatal disorders are still the second most common cause of premature death. It is, therefore, critical that infant, child and maternal care is strengthened further in order to reduce mortality rates. Currently, the maternal mortality ratio is reported by the Ministry of Health as 32 deaths per 100 000 live births. This high rate is considered to be partly due to lack of access to modern methods of family planning. The use of modern contraceptives among married women aged 15–49 years was reported as 29.3% in the 2017 Demographic and Health Survey, which is largely unchanged from the value of 27.1% reported in 2012. It is also relatively low compared with some neighbouring countries such as Georgia, Kazakhstan, Kyrgyzstan and Turkmenistan, where the use of contraceptives ranged from 40% to 50%.

**Communicable diseases.** HIV/AIDS, tuberculosis (particularly multidrug-resistant tuberculosis) and viral hepatitis are of high concern and a specific focus of Government efforts; this is reflected in the fact that Tajikistan is one of the countries piloting intersectoral approaches for HIV, tuberculosis and viral hepatitis. Since 2010, new HIV infections have increased by 23% while AIDS-related deaths have decreased by 5%.

**Noncommunicable diseases.** With demographic and lifestyle changes, plus urbanization, noncommunicable diseases are increasing in Tajikistan. Cardiovascular diseases are a particular issue, being responsible for over half of the deaths in the country. The impact of specific noncommunicable diseases on mortality has not changed considerably over the 10-year period from 2007 to 2017 apart from an increase in diabetes mellitus, which in 2017 had moved into the top 10 causes of premature mortality.

**Malaria elimination.** Tajikistan was one of the countries in the WHO European Region most affected by malaria, with close to 30 000 cases reported in 1997. It was also the only country in the Region with a resurgence of *Plasmodium falciparum* malaria. By 2009, *P. falciparum* was eliminated, and Tajikistan achieved the global goal for malaria elimination. In 2017 Tajikistan reported three consecutive years of zero indigenous cases. This is a remarkable achievement, especially considering that Tajikistan has a border that is over 1300 km in length with Afghanistan, where there are still cases of malaria. The maintenance of the malaria-free status requires continuous monitoring and control.

**Universal health coverage.** Coverage with free essential health services was reported as 20.7% in a progress assessment of the National Strategy for the Health of the Population of the Republic of Tajikistan for 2010–2020 (NHS 2020), which was conducted in 2019. Some additional service have been provided since 2008 on a fee-for-service basis, including those provided under Decree No. 600 on the procedure for the provision of health services to citizens of the Republic of Tajikistan by institutions of the state health system. Coverage is estimated to be much higher if it includes access to affordable essential health services, not just one that are free of charge; however, even taking all these together universal health coverage is still not ensured.

In order to facilitate the work of GAP partners, and other United Nations partners, a progress report on the achievement on health-related SDG targets in Tajikistan was conducted in early 2020 and published in August 2020. The key recommendations from the progress report were grouped based on the seven accelerators of the GAP.

**Sustainable health financing (accelerator 1).** Recommendations were to improve the distribution of resources and transition from infrastructure based on centrally allocated funding to a per capita and performance-based system and to scale up the coverage of Basic Benefit Package and the State Guaranteed Benefit Package.

**Frontline health systems and the health workforce (accelerator 2).** The health workforce needs to be retained within the country and the capacity of the existing workforce increased. Recommendations were to create incentives and education for health workers in order to reduce the current loss of medically trained personnel to other countries in the Region.

**Community and civil society engagement and primary health care (accelerator 3).** Universal health coverage is supported by having increased access to primary health care; this can be scaled up through the active involvement of communities and civil society and through increasing public health management capacity at subregional levels.

**Determinants of health (accelerator 4).** Several key determinants of health were identified for action.

- **Poverty.** Tajikistan has been making steady progress in reducing poverty: from 83% in 2000 to 29.5% in 2017. The country's National Development Strategy to 2030 contains plans to further reduce poverty. These efforts will, however, be challenged by the economic consequences of the current COVID-19 pandemic, and well-coordinated efforts by both the Government and development partners will be required to reduce poverty and thereby poverty-related ill health.
- **Hunger and malnutrition.** Hunger and malnutrition are closely linked with health and development risks, particularly in children, and should be addressed accordingly through enhancing the quality of food production and the equitable distribution of food by Government and development partners.
- **Water and sanitation.** Currently, under 75% of households have access to clean water and good sanitation services, presenting a risk for the spread of communicable and gastrointestinal diseases. Providing access to water and sanitation for all citizens is one of the priorities of the Government and of development partners.
- **Environment.** Air pollution and other environmental problems, particularly in cities, are giving rise to respiratory and other health problems and need to be systematically addressed.
- **Migration.** Poverty, hunger and malnutrition force many people, especially from rural areas, to work as migrant labourers in neighbouring countries, typically working in agriculture or in construction. Migrant workers often live in crowded and poor conditions and do not always have regular access to health services. Negotiating international agreements with countries hosting migrant workers is an area in which international organizations can provide significant support to the Tajik Government.
- **Gender equity and education.** Efforts to achieve gender equity and better education for all should be enhanced to reduce poverty and increase literacy, including health literacy. Although the number of women working in national and local authorities has increased, women still occupy only a small proportion of leadership positions in such structures, with women's representation as leaders being greater in civil society than in other sectors. Ensuring access to education and formal employment for women will contribute to better household incomes and reduction of poverty, hunger and ill health.

**Research and development, innovation and access (accelerator 5).** Increased efforts are needed to improve national research capacity and research standards, particularly regarding health and health determinants, and to generate more reliable data for decision-making. Research and innovation should also include research on drugs and counterfeit drugs and strengthened laboratory capacity to identify these drugs.

**Data and digital health (accelerator 6).** Despite progress in data collection and digital health, challenges still exist in the area of data quality and data comparability. The Government is supporting the development of health data digitalization and has included this in the new national health plan currently under development. Achievement of good data collection will, however, depend upon upgrading of health facilities to ensure continuous access to electricity and the Internet; this will require substantial additional funding as well as extensive staff training.

**Innovative programming in fragile and vulnerable settings and for disease outbreak responses (accelerator 7).** In order to improve health programming in fragile and vulnerable settings, it is key to address health and health-related issues in an intersectoral and inclusive way, adopting whole-of-government and whole-of-society approaches. While there has been a lack of intersectoral policy action, currently in NHS 2020 there is a focus on ensuring a whole-of-government approach to addressing health and emergency response issues, which is presently being applied in the efforts to control the COVID-19 pandemic.



**Partners who have participated in the discussions at the country level to date, in addition to further bilateral agencies and nongovernmental organizations:**



**United Nations Resident Coordinator Office**



**European Union**



**FAO**



**German Agency for International Cooperation (GIZ)**



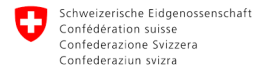
**German Bank for Reconstruction and Development (KfW)**



**Global Fund**



**JICA**



**Swiss Agency for Development and Cooperation**



**UNAIDS**



**UNDP**



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**UNHCR**



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