

TAJKISTAN

Total population: 8 481 855
Regionally high TB-priority country
Globally high MDR-TB burden country

Epidemiological burden and response monitoring¹

Main impact indicators	Number	Rate per 100 000
TB burden estimates		
Incidence (including HIV+TB)	7 400	87.0
Mortality (including HIV+TB)	256	2.99
Incidence (HIV+TB only)	200	2.40
Mortality (HIV+TB only)	34	0.41
Incidence (RR/MDR-TB ^a only)	1 900	22.40

TB detection and care	Number	%
Total TB new and relapses detected	5 894	79.7
Pulmonary TB	4 303	73.0
Bacteriologically confirmed	3 005	69.8
TB detected with rapid diagnostics	–	–
Successfully treated	4 606	89.4

MDR-TB detection and care	Number	%
RR/MDR estimates among new TB		14.0
RR/MDR estimates among previously treated TB		77.0
RR/MDR estimates among notified pulmonary TB	1 300	
Tested for RR/MDR-TB	3 223	51.7
Detected with RR/MDR-TB from estimates	675	51.9
RR/MDR-TB started SLD ^b treatment	628	93.0
Successfully treated (RR/MDR-TB only)	375	60.0

HIV/TB detection and care	Number	%
TB cases tested for HIV status	5 627	95.5
HIV/TB cases detected from estimates	152	76.0
HIV/TB cases on ARV ^c	–	–
Successfully treated (HIV/TB only)	–	–
HIV diagnosis and care		
Newly diagnosed HIV cases	1 086	
HIV cases started IPT ^d	825	76.0

^a RR/MDR = rifampicin-resistant multidrug-resistant TB.

^b SLD = second-line drug.

^c ARV = antiretroviral treatment.

^d IPT = isoniazid preventive therapy.

Major challenges

Tajikistan is one of the 18 high-priority countries to fight tuberculosis (TB) in the WHO European Region and 30 high multidrug-resistant TB (MDR-TB) burden countries in the world. Although the country has committed to the Stop TB Strategy, there is a gap in drug supply and problems with procurement of quality-assured anti-TB drugs. The TB detection rate is very low and the TB information system is weak – it does not provide reliable information to decision-makers. Most TB hospitals do not meet internationally recognized infection control requirements. Human resource capacity to manage TB control, especially in rural areas at primary health-care level, is still lacking 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 for 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

Achievements in collaboration with WHO are as follows.

- Technical assistance was provided to the NTP in the development of a successful proposal to the Global Fund through the transitional funding mechanism that enabled continuous provision of quality-assured drugs for treatment of MDR-TB and strengthening of the TB laboratory system.
- The pilot phase of implementation of an electronic recording and reporting system for MDR-TB was completed and, based on the results, the country started step-by-step expansion of the open medical-record system (Open MRS). The module for electronic recording and reporting of susceptible TB was developed in parallel and incorporated within the existing system. The pilot phase of implementation of the system for all TB cases started in partnership with NTP, the United Nations Development Programme (UNDP) and the International Research & Development Organisation (IRDO).
- Technical assistance for implementation of the Practical Approach to Lung Health (PAL) continued. Together with the Quality Health Care project and other partners, consultative assistance was provided to the national working group on the

¹ European TB surveillance and monitoring report in Europe 2017. Copenhagen: WHO Regional Office for Europe; 2017 (<http://www.euro.who.int/en/health-topics/communicable-diseases/tuberculosis/publications/2017/tuberculosis-surveillance-and-monitoring-in-europe-2017>).

development of PAL clinical protocols and training materials, and two training sessions on PAL were conducted for primary health-care personnel in pilot districts.

- Annual monitoring and gradual expansion of treatment of MDR-TB patients was achieved through the Green Light Committee (GLC).
- Operational research comparing hospitalization with ambulatory TB treatment outcomes was completed and a research report with recommendations developed and presented to partners.
- Laboratory equipment and reagents were supplied to the National Reference Laboratory in the second year of strengthening TB laboratory capacity in the country within the framework of the EXPAND-TB project.
- A memorandum of understanding and cooperation between UNDP, Ministry of Health, WHO and the Supranational Reference Laboratory for TB in Gauting, Germany, was signed. The memorandum supports collaboration between the partners in strengthening public health laboratory services in the country, including TB laboratories, and establishing the National Public Health Reference Laboratory.
- A national operational plan on TB infection control was developed with support from the TB Technical Assistance Mechanism (TB TEAM). The plan covers five years and includes a budget and monitoring and evaluation plan.
- The National M/XDR-TB response plan, which is in line with the regional M/XDR-TB action plan, was finalized and endorsed by the Ministry of Health.

WHO activities

Planned WHO activities are to provide:

- ongoing monitoring of treatment of MDR-TB patients to ensure treatment with quality-assured TB medicines, with support from GLC and Global Drug Facility mechanisms;
- technical assistance, if funding permits, to address TB through health systems strengthening and primary health care;
- technical support for implementation of the TB electronic database management system;
- continuing capacity-building for TB control, if funding permits;
- high-level advocacy for TB issues through the Country Coordination Mechanism;
- fund-raising activity and follow up with national and international TB stakeholders to implement the national TB infection control action plan; and
- support to the country in implementing the TB in Eastern Europe and Central Asia Project (TB-REP) to boost synergistic strengthening of the health system and improve TB prevention and care.

Main partners

WHO's main partners are:

- Ministry of Health
- Ministry of Justice, Department of Correctional Affairs
- national and regional TB centres
- national and regional HIV/AIDS centres
- Global Fund to Fight AIDS, Tuberculosis and Malaria, through the UNDP
- Project HOPE
- United States Agency for International Development, through the health-quality and challenge-TB projects
- International Research & Development Organisation
- German Development Bank
- Deutsche Gesellschaft für Internationale Zusammenarbeit
- AIDS Foundation East-West
- Red Crescent Society of Tajikistan
- Caritas Luxembourg
- Aga Khan Foundation
- Finnish Lung Health Association.