**Annex 1**

**To the Resolution of the Government of the Republic of Tajikistan**

**No. \_\_\_\_\_\_\_\_\_ dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2021**

STRATEGY on Healthcare of Population of the Republic of Tajikistan up to 2030

**Dushanbe - 2021**

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## List of abbreviations

|  |  |
| --- | --- |
| AIDS | Acquired Immune Deficiency Syndrome |
| ART | Antiretroviral Therapy |
| CPE | Continuous Professional Education |
| DOTS | Directly Observed Treatment Short Course |
| GDP | Gross Domestic Product |
| HIS | Health Information System |
| HIV | Human Immunodeficiency Virus  |
| MoF | Ministry of Finance of the Republic of Tajikistan |
| MoHSPP | Ministry of Health and Social Protection of Population of the Republic of Tajikistan |
| MTEF  | Medium-Term Expenditure Framework |
| NHA | National Health Accounts |
| NHSRT | National Health Strategy of the Republic of Tajikistan for 2010 - 2020 |
| NDSRT | National Development Strategy of the Republic of Tajikistan for the period up to 2030 |
| PHC | Primary Health Care |
| PPP | Purchasing Power Parity |
| SDC | Swiss Agency for Development and Cooperation |
| SRMNCAH | Sexual, Reproductive, Maternal, Newborn, and Child and Adolescent Health |
| STI | Sexually Transmitted Infections |
| TB | Tuberculosis |
| ATSMU | Avicenna Tajik State Medical University |
| UN | United Nations |
| UNDP | United Nations Development Program |
| UNICEF | United Nations Children’s Fund |
| USAID | United States Agency for International Development |
| WASH | Water, Sanitation and Hygiene  |
| WFP | World Food Program |
| WHO | World Health Organization |

# Introduction

1. The Strategy on Healthcare of Population of the Republic of Tajikistan up to 2030 (hereinafter referred to as the Strategy) determines strategic areas of health system reforms. Strategy defines ways of further development of health system to protect the health of population.
2. This Strategy is guided by the national priorities of the country as reflected in the Constitution, National Development Strategy of the Republic of Tajikistan (NDSRT) – 2030, Addresses of the President, Medium-Term Development Program of the Republic of Tajikistan and facilitates inventory of international commitments of the Republic of Tajikistan with regard to Sustainable Development Goals (hereinafter referred to as SDG).
3. Implementation of the Strategy will be evaluated through Joint Annual Review (JAR) process, which takes account of achievements and existing challenges as identified through assessments conducted in 2018 and 2019, as well as in technical report developed in 2018.

# Review of Current Status of Health Care of Population in the Republic of Tajikistan

## Health Status of Population

1. Along with improved social and economic conditions, health of Tajik citizens has been improving in post-civil war period. Since 2000, life expectancy has increased by 6.8 years (2019) and is 73.0 for male and 76.9 for females.
2. Various factors affecting the health of population in Tajikistan include non-communicable, as well as communicable diseases, such as cardiovascular diseases and lower respiratory diseases. Based on Global Burden of Diseases study data, during period of 2007 – 2017 in Tajikistan, top ten causes of death in the country remain unchanged, including ischemic heart disease, lower respiratory infections, stroke, neonatal disorders, acute intestinal infections, liver cirrhosis, hypertensive heart disease, diabetes, congenital malformations, Alzheimer disease. At the same time, a 112% growth in deaths caused by metabolic disorders (diabetes)) was observed during the same period.
3. The country demonstrates substantial progress in improving mother and child health indicators. Maternal mortality rates decreased from 97.7 per 100,000 live births in 1990, to 24.1 per 100,000 live births in 2018. Global maternal mortality ratio during period from 2005 to 2017 decreased for 2.8%, while maternal mortality coefficient in Tajikistan decreased for 4.2%.
4. Further, situation improved with regard to child health indicators. In 2017, the mortality rates among children under 5 years old was 33, and mortality of children below 1 year old – 24, respectively (DHS 2017). In 2018, per capita healthcare expenditures were USD 62.80, where 26.4% is covered from public sources, and 66.6% are private expenditures on healthcare, mostly including out-of-pocket expenditures of the patients, and 7% are covered by development partners and international donors. In general, the country spends 7.5% of its GDP on overall healthcare costs (2018), which is below average for the region[[1]](#footnote-1).

## Healthcare System Review

1. The healthcare system of Tajikistan includes policy-making bodies in healthcare sector, which are also responsible for development of legal and regulatory mechanisms in the sector, as well as for planning of resources, including human resources. These are primarily Ministry of Healthcare and Social Protection of Population, as well as other line ministries, such as ministries of finance, economy, education, justice, employment, etc. Local government bodies are responsible for provision of services and financing of these services.
2. Cumulatively, these structures perform main functions on improving the health of population of Tajikistan: governance, provision of financial and human resources, data collection and analysis, provision of services and pharmaceutical products, ensuring prevention and epidemiological security of the country.
3. **Governance Function.** The Government of the Country, executive government bodies at central and local level committed to the following functions to ensure governance and adoption of feasible decision with regard to the health of nation:
* Developing the fundamental values, guiding principles and state policy in the area of public healthcare;
* Modernizing the legislation and regulatory framework and supervising their implementation;
* Forming intersectoral and interagency partnerships to improve living standard in the country;
* Reinforcing focus on international best practices;
* Coordinating international assistance and technical cooperation.
1. The strategy will focus on enriching this process by focusing on key aspects of healthcare governance and implementation of short and long-terms actions.
2. **Finance Function.** Reasonable health financing policies form the basis of healthcare system. It determines public vision on resource mobilization, resource consolidation, purchasing and compensation of expenditure.
3. Administrative inefficiency and substantial regional and district disparities in allocation of healthcare funds are first of all caused by fragmentation of public funding sources. This Strategy will address these challenges through development of instructions on consolidation of public finances from various sources under unified administration at oblast level in first stage within required pilot mechanisms, and on second phase – through their inclusion under single structure of public health insurance – upon completion of institutionalization in the frame of process establishing the health insurance fund.
4. Proposed Strategy considers the reforming of existing healthcare financing system as an important step on the way to improving efficiency of the system for provision of healthcare services and addressing issues of equality, accessibility and affordability of Primary Health Care services and other basic healthcare services for population.
5. Financing arrangements that improve efficiency or change benefits package implemented in isolation from additional interventions on demand side will be unlikely to achieve desired outcomes. Rationalization of hospital sector will improve impact of public expenditure on hospital care.
6. **Provision and Development of Human Resources.** Delivery of healthcare services will depend on availability of informed, competent, and motivated healthcare workforce (HWF). Human resource planning and training, in particular that of healthcare workers, is a lengthy process and its outcomes will have impact on accessibility and quality of healthcare for population.
7. Healthcare workforces include “all individuals engaged in operations with primary goal of health promotion” (WHO, 2006). This includes staff directly participating in delivery of medical and preventive services with or without medical education, as well as managers, administrative and supporting personnel. Staff participating in training and teaching of healthcare workers and workers of healthcare science, are also integral part of healthcare workforce.
8. The cornerstone for implementation of this Strategy is establishing the **HWF Strategic Planning System**. Availability of human resources delivering appropriate services is necessary to achieve goals and objectives of healthcare system, in particular with regard to accessibility, equity, quality and performance of the system. This system shall provide for efficient public management of labor market in healthcare, allow implementing unified policy on improvement of health of population and ensure sustainable development of healthcare system. Such approach stipulates systemic approach to planning of (1) training for healthcare system; (2) establishing appropriate and enabling conditions for employment; (3) conditions for continuous improvement in quality and delivery of post-graduate education; and (4) building capacity and scientific activities in medical field. **Establishing the integrated model for training, generation of clinical skills and development of medical science are among major outcomes of implementation of this Strategy.**
9. Healthcare Management Information System (HMIS) will serve as a basis for MoHSPP in making decisions on critical areas of governance, setting standard for reporting and exchange of information in real-time, ensuring high levels of safety and confidentiality of patient information. In addition, the HMIS will be able to improve administering, execution and monitoring of expenditure and establishing fruitful partnership with stakeholders. The HMIS will provide informational support of decision-making process at every level of the system to assist in rational procurement of services to ensure health of population.
10. The agenda of sustainable development up to 2030 acknowledges the need for development of information and communication technologies. Extending access, utilization and quality of ICT may become the key factor for implementation of all Sustainable Development Goals (SDGs).
11. **Service Delivery**. Improving the health and well-being of population requires access to basic healthcare services. Substantial progress had been achieved during the last decade in the frame of implementation of NHS 2020 in improving access to quality healthcare services, as well as in improving the health indicators of population.
12. Nonetheless, still there is substantial potential in the country to improve human capital, health, and well-being of people. Life expectancy at birth of citizens in Tajikistan is one of the lowest in WHO European Region, and comparing to some other countries in the region, this difference is at least 10 years.
13. In order to ensure Universal Health Coverage, healthcare services shall be accessible, financially affordable, acceptable, and satisfactory. Delivery of services in compliance with these values will require evidence-based / informed practices, and people / patients shall be in the center of any service delivery model.
14. This Chapter reviews the basic structural elements of services, and each of such structural elements will be aimed at improving specific aspects of healthcare or elimination of inequalities with regard to the healthcare of vulnerable groups. Combination of all of the above will promote health and well-being of population in Tajikistan:
15. Ensuring Universal Health Coverage:
* Strengthening the Primary Health Care based on principles of Family Medicine;
* Maternal and Child Healthcare, as well as services related with Protection of Sexual and Reproductive Health and Rights of Adolescents;
* Infectious diseases: prevention, management, and treatment;
* Non-communicable diseases: prevention and treatment.
1. Ensuring access to basic public healthcare services:
* Improving accountability of population for their health, health surrounding people through promotion of healthy lifestyle
* Improved access to WASH in healthcare facilities both within healthcare sector, as well as beyond
* Introduction of effective mechanisms to provide safe and acceptable water supply
* Fully functioning healthcare system and laboratory system.

## Opportunities and Major Challenges

1. Implementation of the National Health Strategy of the Republic of Tajikistan for the period of 2010 – 2020 (NHS-2020) led to substantial improvement with regard to the population health indicators. Many goals and objectives of the previous Strategy were achieved. However, some of them were not implemented in full dues to various objective factors. As with previous NHS-2020, this Strategy will face certain challenges, and appropriately planned and coordinated actions of the Government can and will mitigate potential challenges related with its implementation, which, in turn, will contribute to achieving the outcomes at maximum possible extent.
2. Below are some of key opportunities that shall be utilized in the best way possible:
* Strong political support: implementation of healthcare services will be related with substantial public expenditure. Considering the scarcity of public resources, extensive political support and prioritization in health sector will be crucial for resource mobilization for healthcare investments;
* Favorable political context: The National Development Strategy that defines overall direction of the country’s development pay substantial attention on economic growth of the country, which, in turn, will make substantial contribution in health and social well-being of population;
* Demographic “Window of Opportunities”: Tajikistan is the country with high proportion of young population, especially when compared to other states of WHO European Region. Investments in health at younger age can ensure higher productivity in terms of generating human capital and future economic growth;
* Demographic and Epidemiologic Transition: ageing of population and growth in non-communicable diseases cause significant pressure on healthcare system. Hence, it will be important to concentrate on addressing these challenges by focusing on prevention of non-communicable diseases rather than dealing with their implications;
* Support by Development Partners and International Donor Organizations: International partners not only contribute with important financial resources, but also with know-how, knowledge and experience to address health sector challenges. This support will be vital to deliver basic healthcare services and materials, build human resource capacities and improve infrastructure;
* Partnership with Private Sector: Improving the public-private partnership mechanisms and ensuring space for private investments will lead to increase in resource mobilization and improved sustainability of healthcare service delivery.
1. Along with opportunities, it will be necessary to review relevant challenges:
* Deficit of funding: Tajikistan is the lower income country with least expenditure for healthcare in the region. Low level of healthcare expenditures in absolute and relative figures represents a problem, since resources could be insufficient to cover basic services;
* Decrease in donor support: gradual decrease in donor funding is occurring despite lower income status of the country (which often is the criterion for allocation of funds by donors). Requirements of donors to the Government on allocation of funds for specific activities could represent substantial burden for budget, as well as hindering factor having impact on decisions by the Government in the course of fund allocation;
* Migration that causes challenges, such as staff turnover, as well as cross-border challenges in healthcare sector;
* Insufficient infrastructure: health and social well-being include multiple health determinants ranging from education to accessibility of transportation and communication systems. Substantial improvement of human health indicators will be impossible without overall national development in other sectors of economy;
* Inequity and inequality. Wide geographic variability is observed in the country with regard to health status and access to healthcare services. Moreover, gender inequality and domestic violence represent serious challenge;

# Vision, Overall Goal and Strategic Directions

1. Access to health services is guaranteed by the Constitution of the Republic of Tajikistan, highlighted through the Presidential addresses, and the attainment of constitutional guarantees is supported by the Health Code and other national laws and regulations and relevant state strategies and programs.
2. The **vision** for this Strategy was developed in line with the long-term NDS-2030 of the Republic of Tajikistan priorities and obligations in achieving SDGs, in particular reduce inequality, enhance social justice and well-being, build up human capital and improve the health and longevity of the nation by ensuring equal access to health and social care and nutrition.
3. The overall goal of this Strategy is to provide every citizen of Tajikistan with accessible and quality healthcare through effective governance, sustainable financing, workforce provision and development of information technologies.
4. This Strategy outlines the following strategic directions and objectivesto be achieved by 2030.
5. Strategic directions:
	* Effective governance, sustainable financing, workforce provision and development of information technologies;
	* Accessible, affordable, and quality health and social services.
6. Strategic objectives:
	* Effective management of healthcare system;
	* Strengthening of Primary Health Care delivery systems to achieve Universal Health Coverage;
	* Modernizing and improving the healthcare service delivery system;
	* Ensuring appropriate and sustainable financing for healthcare;
	* Providing the healthcare system with qualified and motivated human resources;
	* Develop modern management information systems (MIS), extend the digitization of healthcare and social protection system.
7. Achieving the vision, goal and strategic objectives are based on the following main principles:
8. **Reduction of inequalities and inequities in health:** population of Tajikistan experiences inequalities in access to healthcare services due to geographic variability and differentiated economic capacity of administrative units in the country. Mechanisms to enable achieving these objectives are:
	* **Progress towards Universal Health Coverage** through provision of access to necessary quality healthcare services without financial challenges to reduce inequalities with regard to health care service delivery and improvement of health indicators of population.
	* Enabling lifelong approach within health and social welfare field.
	* Protecting population from impoverishing healthcare expenditures by enhancing efficiency and pooling of the financial resources within the systems and mobilizing resources from outside of the system.
	* Increasing efficiency and effectiveness in spending of current scarce financial resources to gain better return on investment in healthcare sector.
9. Strengthening evidence-based and informed decision making, and
10. People-centered healthcare system is the main concept to ensure equity in access to quality services through utilization of multisectoral approach to address key social determinants of health inequities.
11. Ensuring social integration and equal access for all people to healthcare services free of any form of discrimination and social isolation based on the gender, age, location, profession, level of income and poverty, race, ethnicity, religion, nationality, social category of citizen.

# Strategic Direction I: Efficient Governance, Sustainable Financing, Healthcare Workforce and Development of Information Systems

1. **Methods of Achieving Goals**
2. This Strategy will be implemented through series of activities that will be structured by two main directions:
* Efficient management, sustainable financing, staffing and development of information technologies;
* Accessible, affordable, and quality healthcare services.

##  Chapter 1: Governance

1. The National Health Strategy of the Republic of Tajikistan for 2010 - 2020[[2]](#footnote-2) was an important milestone in the development of the country's healthcare system. This first comprehensive strategy ensured strategic coherence and promoted integration of health across all sectors and policy areas.
2. During this implementation process, overall health system stewardship function and overall management of the system was improved, leading to:
* Significant improvement in general state of public health and modernization of the national health system for sustainable development of human capital in the country;
* Creation of an effective system of interaction and management of the reform process;
* Significant improvement in intersectoral cooperation between ministries and state bodies, both at the republican and regional and district levels.
1. Restructuring of the Ministry of Health of the Republic of Tajikistan into the Ministry of Health and Social Protection of Population of the Population of the Republic of Tajikistan into a single structure is a special “window of opportunity”. For effective implementation of this merger, more than 400 new sectoral regulatory legal acts of republican, regional and district significance were developed, revised, and approved.
2. During this period, new structures were established (Republican Accreditation Center under the State Oversight Service for Medical Activities and Social Protection of the Population, National HIV/AIDS Prevention and Control Fund, Republican Center for Medical Genetics, specialized centers for diagnosis and treatment of people with disabilities, and rehabilitation of people with disabilities at the National Medical Center of the Republic of Tajikistan - "Shifobakhsh" and others.).
3. An active business planning process was introduced at PHC level to support management of Healthcare Facilities and provides a mechanism to provide institutions with greater autonomy and community participation in budget planning and priority setting processes. Until the end of 2018, business planning at the PHC level was implemented in 24 regions of the republic with the intention of expanding business planning to the remaining regions of the republic.
4. “Strategic Plan for the Rationalization of Healthcare Facilities of the Republic of Tajikistan for 2011-2020,” was successfully implemented in the country. Successful pilot projects aimed at creating perinatal centers in district and regional hospitals of Khatlon region will rolled out throughout the country.
5. An important step in strengthening the regulatory framework was the adoption of the Health Code of the Republic of Tajikistan (2017), Laws of the Republic of Tajikistan “On Protection of the Right of Child” (2015), , “On Limiting the Use of Tobacco Products” (2018), and “On Fortification of Food” (2019).
6. The Republic of Tajikistan has actively interacted with international partners and donor community. Various cooperation agreements and treaties were signed in the framework of the meetings of the Council of Heads of State of Shanghai Cooperation Organization, as well as during intergovernmental bilateral and multilateral high-level meetings (with presidents of the Russian Federation, China, Germany, Belarus, Kazakhstan, Kyrgyzstan, Azerbaijan, Armenia, Turkmenistan, Uzbekistan, Iran, Czech Republic, Latvia, Lithuania, etc.), including directions for the development of healthcare sector in the country.
7. Quality Improvement and Control: Quality of higher and secondary medical education remains one of the main factors requiring attention. Substantial progress was achieved in the area by introduction of decentralized clinical year at undergraduate level of medical education and a longer (2 years) postgraduate specialized training for family doctors.
8. As of now, Tajikistan had introduced a functioning system of accreditation for hospitals, as well as outpatient services. During the period of 2014-2015, 5 maternity hospitals have obtained official accreditation. The important phase in development of the accreditation system was its international endorsement by supreme body on quality assessment - ISQua (International Society on Quality in Healthcare). The ISQua certified the Accreditation Body of the Republic of Tajikistan and endorsed obstetric care standards. Upon endorsement of accreditation process of PHC in 2018, 47facilities received accreditation, where 14 out of them are private facilities. Clinical standards, protocol and guidelines are continuously developed in Tajikistan under the Health Code. There more than 700 various standards and 50 guidelines developed during the last decade.
9. Along with the achievements, there remain unresolved issues related to the improvement of the healthcare system and the new challenges of the developing environment:
* The district-level health management model is imperfect and ineffective. In 2012, the district and city departments / health sectors were abolished. As an interim solution to this issue, it was decided to empower the heads of the hospital service to take responsibility on the entire health sector at the district and city levels. However, such a management model is extremely inefficient.
* The integration of health and social protection services is not yet complete. Given the expanded functions, the Ministry of Healthcare and Social Protection of Population faces a very difficult task of immediate urgent integration of the activities of health and social protection services, which again will require additional funding.
* Health management functions are not always backed by appropriate information support. Limited use of evidence and low recognition of contextual impacts lead to inefficient use of resources and poor decision making. In particular, this relates to issues of rational use of resources of regional and district health systems; this complicates the process of monitoring and evaluating the implementation of the strategy. Indicators do not always correspond to the real situation.
* Inefficient health information systems: currently, the health management information system contains aggregated information at the level of oblasts, districts, and healthcare institutions on the state of public health and the activities of healthcare institutions, as well as information on national health accounts, revenues, and expenses of healthcare institutions. This information is very important for the operational management of the healthcare system and the assessment of the performance of healthcare facilities; however, it does not contain personalized patient data, which limits its use.
* Problems in intersectoral coordination remain key. Vertical tools and plans have been adopted as tools of NHS-2020 that require full integration and coherence. The relationship between the health strategy and other sectoral strategies is still not well defined and needs to be improved. By ensuring coherence between comprehensive development strategies, health policies and other sectoral policies, strategies and plans, a country can also directly contribute to the achievement of SDG 17.14, which calls for greater policy coherence for sustainable development, and to break the ice of industry work towards SDG implementation. The long terms of coordination of strategic documents with interdepartmental institutions and the existing disagreements during the implementation of individual projects slow down the reform process.
* Low efficiency and poor coordination in managing external resources and foreign investment, which in turn reduces the effectiveness of the funds raised in achieving the main goal.
1. Goals, Objectives, actions, and expected outcomes. The National Program on Strategic Developments defines the following objectives with respective tasks and actions under each objective to ensure their achievement.
2. The main goal is to promote effective governance of National Healthcare System and includes the following objectives:
* Improve management of the health sector and social protection at both the central and local (oblast, district) levels;
* Improve management capacity at all levels of healthcare system governance through training;
* Create an effective, centralized system of the State Sanitary and Epidemiological Service;
* Assume an effective role for oversight and control of quality and safety of healthcare service delivery by facilities and specific legal entities and natural persons;
* Create effective coordination mechanisms for donor support in creating comprehensive pool of financial resources for the implementation of this Strategy.
1. Following actions will be implemented to achieve these goals:
2. Improve management capacity of the health sector at both the central and local (oblast, district) levels:
	* Improve regulatory framework for a clear delineation of the rights and competencies of local governments in the field of healthcare. Improving the managerial capacity of local governments in the area of policy and management of the health sector.
	* Design phased implementation of the business management model in state Healthcare Facilities at all levels, taking into account the increased autonomy independence and responsibility of these institutions.
	* Develop clear guidelines for intersectoral collaboration and public participation in decision-making and policy making.
3. Improving management capacity at all levels of service delivery though training:
	* Improving and ensuring sustainability of one-year innovative Public Healthcare Management Course at the level of postgraduate education and continuous professional development.
4. Achieving effective performance of centralized system of the State Sanitary and Epidemiological Service:
	* Developing the regulatory framework on all activities that will govern compliance with sanitary and epidemiological norms and rules.
	* Developing and updating the criteria for water supply, sanitation and hygiene, and healthcare waste management for accreditation of healthcare facilities.
	* Improve governance structure of bodies and institutions of the State Sanitary and Epidemiological Service of the Republic of Tajikistan and introduce acceptable management model at all levels.
	* Clearly delineate responsibilities among supervisory authorities to eliminate cases of duplication of each other.
	* Increasing the managerial capacity of bodies and institutions of sanitary and epidemiological surveillance by attracting senior employees in the specialty of hygiene, epidemiology, sanitation, and public health.
5. Assume an effective role for oversight and control of quality and safety of healthcare service delivery by facilities and individuals:
	* Strengthening the education of doctors and mid-level staff in the country through implementation of concept of medical education based on quality of undergraduate, postgraduate education and continuous professional development.
	* Strengthening the country's capacity to develop, disseminate, evaluate, and update evidence-based clinical practice guidelines and protocols
	* Updating and developing the standards for accreditation of healthcare organizations and support applicability of these standards in all relevant facilities of the country
	* Reviewing existing and development of new accreditation standards for the most popular services, such as the TB prevention and treatment service, HIV, dentistry, immunization, laboratory services, sanatorium services, palliative care, private medical practice.
	* Training health workers and managers in improving the quality of health services and quality management skills in accordance with international standards.
	* Developing and implementing patient safety and treatment quality outcome monitoring systems.
6. The impact of these actions will be the establishment of effective stewardship function and management of healthcare sector, based on the following expected results:
* An integrated management and evaluation model of healthcare services is introduced;
* The business planning model at the PHC is institutionalized across the country;
* The curriculum of one-year innovative Public Healthcare Management Course at postgraduate medical education and continuous professional development is improved and functions in sustainable manner;
* Transparency and accountability of the whole system is improved;
* A model of effective partnership and coordination for the management of external assistance is functioning;
* The unified health information management system is introduced;
* An effective and centralized system of the State Sanitary and Epidemiological Service of the Republic of Tajikistan has been created;
* Integration of health aspects into all sectors of public policy reform.

## Chapter 2. Sustainable Financing

1. Steady economic growth in the republic has led to a significant increase in government spending for healthcare. In 2019, spending grew to 1.7 billion somoni, which is 4 times more than in 2010 (404 million somoni). In 2018, overall public health spending was 2.3% of GDP compared to 1,7% in 2010. Despite a steady increase, the share of public health expenditure (PHE) as a share of GDP and per capita health spending is among the lowest in the region leaving significant share of out-of-pocket payments by household for health account (66.6%), which indicates the high risk of impoverishment due to healthcare related costs[[3]](#footnote-3).
2. Within the framework of the “National Health Strategy of the Republic of Tajikistan for 2010–2020”, the Government has begun to implement systemic changes in the field of health financing. For the rational use of public resources and to improve efficiency in the administration of the health financing system, the “Strategic Plan for Further Reforming of Healthcare Financing in the Republic of Tajikistan for the Period 2015-2018” and the “Strategic Plan for Reforming Healthcare Financing in the Republic of Tajikistan for the Period 2019- 2021” were developed and approved.
3. Within the framework of these reforms, the following achievements can be distinguished:
* Introduction of per capita financing of Primary Health Care services, allows equitable distribution of financial resources at the PHC level. In addition, a pilot of performance-based financing mechanism (PFM) carried out with the support of the World Bank, has established an efficient model to improve performance of healthcare facilities;
* Extending the Basic Benefits Package (BBP). The Strategy will focus on reducing out-of-pocket payments by forming the foreseeable and transparent system of rights and obligations of patients.[[4]](#footnote-4) Currently, the BBP Program covers more than 21% of population of Tajikistan.
* Institutionalization of the National Health Accounts (NHA) system that allows improving tracing of healthcare resources to make decisions and adopt appropriate policy measures.
1. Along with achievement, there are remaining issues that need to be addressed and relate with healthcare financing system:
* Low level of government health spending -- despite the steady increase in government spending on health and social protection, a low level of public health expenditure is one of the main obstacles and the main risk for the implementation of this strategy.
* Fragmentation of health resources -- the existing revenue collection model is fragmented and does not allow pooling funds at regional or national level. Neither are there mechanisms in place to pool public and private resources and thus improve financial risk protection. The Law on Health Insurance, which has been adopted, but not yet implemented will allow increased pooling of private sources of financing.
* Use of inefficient form of “passive”/input-based financing -- An outdated and extremely inefficient form of “passive” financing is maintained on the basis of the historical budget, which is planned on the basis of inputs, such as the number of hospital beds and staff.
* Outdated and redundant medical infrastructure -- Service delivery is still characterized by an underutilized infrastructure, most of which was inherited from the Soviet era. Despite approved of hospital rationalization plan, hospital provider network was not downsized. There is need for more pro-active policy in this direction.
* Design of the BBP is not optimized, and the BBP is not universally available and does not respond to basic healthcare needs of the population. Substantial efforts are needed to optimize the BBP and ensure universal access to free basic services. Ensuring full public awareness on benefits package will be crucial to improve access of population of basic services in the frame of BBP;
1. Goals, Objectives, actions, and expected outcomes. The main goal is to ensure adequate and sustainable funding and responsible management of public resources, and includes the following tasks:
* Improve mobilization of resources, ensure adequate and sustainable financing of healthcare system
* Promote equity in the allocation of financial resources
* Improve public purchasing of healthcare services
* Rationalize medical infrastructure based on the principles of economic efficiency and needs and interests of the population
* Improve financial management and increase financial autonomy of publicly run health facilities
1. Achieving these goals will be carried out by the following actions:
2. Improve mobilization of resources, ensure adequate and sustainable financing of healthcare system:
	* Increase government spending on healthcare services through strengthening Midterm public expenditure framework (MTEF) for budget planning by fully integrating the Strategy goals into the annual budget planning process.
	* Develop other mechanisms to increase the healthcare budget through mobilization of additional centralized funding sources (target revenues), such as excise tax on alcohol products, sugar-containing drinks, tobacco products, fine for traffic violations causing injuring and harms to human health, environmental factors, etc.;
	* Create appropriate legal foundation and a favorable environment for the development of the health insurance system;
	* Develop and approve an economic model for introducing a health insurance system, taking into account the economic justification for implementing the Law;
	* Reduce administrative barriers and support public-private partnerships (PPPs) in healthcare;
	* Develop a roadmap to attract investments and increase the share of investments by private sector;
	* Create conditions for the development of voluntary health insurance (VHI).
3. Promote equity in the allocation of financial resources:
	* Develop and implement equalization model for healthcare expenditures to reduce regional disparities
	* Develop appropriate legal and regulatory foundation for accumulation of funds at sub-national and national levels.
	* Ensure improvement and unification of BBP the whole population, with the emphasis on social guarantees for vulnerable groups of the population:
	* Inform and raise public awareness regarding BBP
4. Improving public purchasing mechanism for healthcare services:
	* Improve the per-capita funding mechanisms at PHC facilities using the adjustment factors:
	* Develop/expand PBF[[5]](#footnote-5) models for healthcare facilities and healthcare personnel
	* Develop/expand case-based payment methods in hospital care facilities;
	* Introduce the Single Healthcare Service Purchasing Mechanism and develop mechanisms to regulate contracting processes with healthcare service providers;
	* Improve contract management and managerial capacity of public facilities and healthcare service providers;
5. Rationalize healthcare infrastructure based on the principles of economic efficiency, needs and public interests, Reviewing goals and timelines for phased implementation of the Medical Infrastructure Rationalization Implementation Plan.
6. Improve management and increase autonomy of public healthcare facilities:
	* Develop and gradually introduce efficient models for management of public healthcare and social facilities.
	* Develop a regulatory system that allows independent decision-making at the facility level, including fund retention and reallocation.
7. The outcome from implementation of these actions will be increased equity and efficiency of resource allocation in the healthcare and social protection systems. Specific results expected are the following:
* Adequate, fair, and sustainable financing for healthcare services
* Basic Benefits Package is accessible for the entire population
* Improve protection of population from financial risks, especially of vulnerable groups;
* Rational and efficient management of public financial resources for healthcare is ensured
* Quality and effectiveness of the management of Healthcare Facilities is improved.

## Chapter 4: Ensuring Sustainable Development of Human Resources –Workforce for Healthcare System

1. Healthcare is one of the leading sectors for employment in Tajikistan, and as of now, number of employees in healthcare sector reaches 11.2 thousand people (MoHSPP RT, 2018).
2. During the last 10 years, number of doctors and professionally trained staff (nurses and others)/mid-level providers has increased by 34,5% and 70,1% accordingly. As a result, in 2018 country had 18,716 practicing doctors and 51,788 mid-level professionals. Density of healthcare staff per 10,000 population for the last decade had also increased by 12.2% and 41.8% accordingly. Hence, density of medical doctors per 10 000 is 21.2, and that of mid-level staff is 58.6.
3. Despite the overall positive numbers of HRH, the country is experiencing significant inequalities in terms of geographic distribution of HRH. The highest density is observed in Dushanbe, where there are 8.25 doctors per 1 000 population, but there are only 1.15 doctors per 1 000 population in Khatlon district.
4. Despite the overall growth in the numbers of healthcare workers, Tajikistan is facing the challenge related with deficit of doctors on certain specific specialties (such as family doctors, pediatricians, neonatologists, psychiatrists – drug addiction specialists, infectious diseases specialists, rehabilitation specialists, prosthetists, orthotists, etc.).
5. Migration of healthcare workers outside the country is one of the reasons for observed shortage of qualified human resources.
6. Medical education in the country is delivered by public and private medical schools. Compared to 2010, the number of medical schools have increased, as well as number of students and graduates. There is a growing demand for medical education in the country and all available spots are filled.
7. Continuous medical education (CME), based on credit-hours is currently being piloted for family doctors in the city Tursunzoda. This pilot is an implementation of developed regulations on CME and 101 doctors, and 100 nurses are already engaged in the process. Positive results of this pilot should become a foundation of gradual rollout of this Strategy nationwide.
8. New healthcare system requires well-trained **healthcare managers.** There are currently two programs in healthcare management: a 2-year program which grants qualifications of a health systems manager (59 graduates in 2018) and 1-year training Public Healthcare Management Course for the primary healthcare managers, which was developed and initiated in 2015.
9. **Health science** has also seen some progress in recent decade. Despite outdated infrastructure and limited funding, stand-alone research institutions, as well as research departments within medical schools and hospitals are engaged in ongoing national and international projects. This institution consists of 14 scientific centers, research departments of the Avicenna Tajik State Medical University, Khatlon State Medical University, and the Institute of Post-Graduate Education in Healthcare Sector.
10. Over 80 research projects and 11 innovative research has been carried out during this period with public funding and number of publications in peer-reviewed journals – local and international, has increased.

Currently, there are 10 Dissertation Councils operating in the Republic of Tajikistan.

1. Along with achievements there are remaining issues related with development of Human Resources for Healthcare:
2. Availability of medical personnel:
	* Lack system for strategic planning of human resources;
	* Deficit of healthcare staff;
	* Largescale migration;
	* Geographic imbalance in distribution of healthcare workers;
	* Unfavorable working conditions.
3. Medical Education:
	* Only few of faculty staff have scientific degrees and ranks;
	* Lack of university clinics;
	* Lack system for continuous professional education and development (CPD).
4. Medical Science:
	* Obsolete logistical base of scientific institutions and deficit of investment funds for their upgrade;
	* Deficit of grant funding for research purposes;
	* Limited interest of private sector in medical research.
5. Goals, objectives, actions and expected results. The main goal is to ensure supply of sufficient quantities of healthcare human resources that meet the requirements, engage specialists to science and identify new funding sources by attracting of private investments in science and research, and will include the following tasks:
* Improve strategic planning of HRH by introducing systems and tools for strengthening data for monitoring, planning and informed decision-making, in general, with regard to HRH.
* Improve HWF training process with focus on clinical and management personnel with the purpose of enhancing the quality of training and stimulating the improvement of HWF availability in the regions. This will include aspects of equipping the healthcare workers with necessary theoretical knowledge and clinical skills and introduction of the continuous professional development system to support knowledge and skills.
* Improve the working conditions for HWF (clinical and non-clinical staff, faculty, and scientists).
* Support development of science, modern technologies, and innovations in health sector of the country.
1. The following activities will be implemented to achieve these goals:
2. Improve strategic planning of Human Resources for Healthcare:
	* Develop, pilot, and introduce the National Registry of Human Resources in Healthcare, including regulatory framework and IT-platform.
	* Develop, approve, and introduce guiding principles and ratios for HWF strategic planning.
	* Develop the National Program for Human Resource Training for the period up to 2030 in compliance with the process of reforms stipulated under the National Development Strategy up to 2030, NHS 2030 and SDGs.
	* Review the list of specialties and qualification requirements for the staff with higher and secondary medical and pharmaceutical education.
	* Review and simplify the rules, regulations that allow employment of foreign healthcare specialists in Tajikistan.
3. Improve training/education process of HRH
	* Review the Medical Education Concept that covers all levels of education – undergraduate, postgraduate, and continuous professional education.
	* Introduce clinical training year (9 months) in all medical universities.
	* Roll out continuous professional education system nationwide.
	* Redesign CPE programs based on accumulation of credit hours, peer-review groups, and mentorships for young doctors.
	* Substitute existing system attestation of doctors and related recertification every 5 year by new CPE program by 2030.
	* Extend duration of post-diploma/specialization training for all specialties to at least 2 years; Programs should be referred to as residency programs, instead of “ordinature”.
	* Ensure support to training more family medicine doctors, including family practitioners with post-graduate training, through establishing new training/education centers.
	* Provide financial and social incentives to doctors in the 2nd year of residency program in family medicine.
	* Improve infrastructure within medical education/training institutions to bring the quality up to acceptable international standards.
	* Develop education/training programs new specialties/skills, as well as update existing programs.
	* Continue support for training medical specialists abroad in specialization which are not available in Tajikistan.
4. Improve employment conditions for Human Resources for Healthcare
	* Review and, when necessary, provide financial and communal (e.g., housing) incentives to attract and retain medical personnel in regions with low staffing levels.
	* Provide incentives to applicants and students from cities and regions with low healthcare staffing levels to receive medical education, such as privileges during admission process.
	* Develop, pilot, and implement a system of payment by performance for reimbursement of selected medical activities.
	* Revise reimbursement system in order to account for complexity, quantity, and quality of medical care.
5. Support development of science, modern technologies, and innovations in the field of medicine in the country
	* Increase the number and quality of research activities
	* Improve procedures for ethical review of medical research through implementing Good Clinical Practice
	* Improve standards and increase access to ethical review of research activities involving human subjects
	* Increase the number of dissertation councils to increase the number of doctoral research scholars from within holders of PhD degrees to enroll in training at the doctorate candidate training within the country.
	* Expand the licensing and accreditation system for all education and scientific institutions.
	* Gradually modernize infrastructure of scientific institutions from account of public and private funding.
6. As a result of these activities the healthcare system will have an equitable access to adequately trained and qualified human resources for health, which stipulates the following specific working results:
* Human resources planning process for the health sector is improved, through informed decision making based on data collected and processed from the National Register for Human Resources for Health. The impact of these activities will be rational and adequate use of existing human resources for health.
* Existing educational and training programs for students and health workers will be gradually revised to allow building and improving theoretical and clinical skills among undergraduate and postgraduate students, as well as among practicing professionals. In addition, healthcare staff will be equipped with managerial skills and healthcare managers will be trained.
* Gradual increase of payment for medical personnel and establishment of financial incentive system will address geographic inequalities and improve quality and performance of medical services. This will also reduce the migration of medical personnel inside and out of the country. This will improve the quality and accessibility of medical services in the country.
* Scientific capabilities of the country will be strengthened. More specialists will be involved research activities and commercialization of results in order to attract new sources of funding and utilize the results of these studies.

## Chapter 4. Management Information Systems and Digital Health

1. There are remaining issues that need to be addressed with regard to development of Management Information Systems and Digital Healthcare:
* Lack of appropriate legislation that ensures effective introduction of the HMIS, e-Health, digital healthcare and telemedicine.
* Fragmentation of health information system. The Unified Healthcare Information Management System that functions on the basis of DHIS2 had been implemented under support of the Government of the Republic of Tajikistan and European Union. This system allows generating complete online information on the health of population and performance of healthcare facilities in compliance with National Indicators. In addition, individual healthcare structures had been sporadically developing their own information systems, which led to fragmentation of healthcare information systems, dissemination and weakening of accountability and competing interests of various subjects from various sectors.
* Quality of certain generated data does not meet standards. One of the most relevant challenges in the area of healthcare information systems is the analysis and adoption of national standards of data in healthcare sector.
* Excessive requirements for data and reporting. Healthcare workers, especially at the level of primary health care are overburdened with excessive requirements for data and reporting. Another problem is that small amount of generated information is not in fact used to inform decision-making.
* Insufficient financing. Establishing the national network of facilities to introduce HMIS will require detailed assessment / forecast of all expenditure that shall be duly considered in the budget and financed to ensure continuity of implementation.
* Underdeveloped ICT infrastructure and administration capacities: ICT infrastructure is underdeveloped, underfinanced and unevenly distributed.
1. Goals, objectives, actions and expected results. The main goal is to improve the management information system, expansion of digitalization and telemedicine systems of healthcare and social protection, which will include the following tasks:
* Adjust legal and regulatory frameworks for HMIS and digital health and telemedicine development
* Strengthen the digital infrastructure of the Ministry of Health and Social Protection of Population;
* Strengthen administrative and human capacity of MoHSPP to use digital platforms and to provide telemedicine and digital health services to the population
* Develop the National Investment Plan for the development of HMIS, digital medicine services and telemedicine
1. The following actions will be implemented to achieve these goals:
2. Adjust legal and regulatory frameworks for HMIS and digital health development:

Improve national policies and legislation to promote HMIS development by conducting the legal review of related normative and regulation documents; and adopting the enabling legislation towards HMIS and digital health services.

* Develop and approve national healthcare data standards by: Bringing national standards to compliance with international best practices; Clearly identifying roles and responsibilities of all facilities participating in the functioning of HMIS and digital healthcare at various levels and agreeing the minimum set of national health indicators; Develop and maintain effective HMIS and health digital services.
1. Strengthen the ICT infrastructure, ensuring access of population to digital health services:
* Deploying the national, regional, and specialized network to improve HMIS and digital healthcare;
* Assessing the needs and supply of ICT equipment and trained staff for MIS of health and social care facilities.
1. The following specific outcomes are expected of these activities, which will have impact of improvement of health system management.
* Appropriate legal and regulatory frameworks are adopted, and financial support is provided to ensure effective expansion of HMIS and digital healthcare in the country;
* Minimal set of national health indicators is developed;
* Tools for information management and its utilization are developed;
* Opportunities for training on utilization of HMIS and digital healthcare in educational institutions (medical HEIs / postgraduate educational institutions) are established;
* Role and responsibilities of all subjects with regard to improvement of HMIS and introduction of digital healthcare are determined;
* National digital healthcare system and telemedicine service are established and functioning.

# Strategic Direction II: Accessible and quality healthcare and social protection services

## Chapter 5. Healthcare Services

1. Implementation of the given Program provides real opportunities for the improvement of access and quality of healthcare services in Tajikistan. The expected outputs include the followings:
* Reduction of inequality of access to the high-quality services at all levels;
* Total coverage of the SGBP for the entire population, taking into account the peculiarities of needs and interests of vulnerable layers of the society;
* Reduction of newborn, child, and maternal mortality;
* Improving access to quality drinking water, reducing inequalities between the urban population and residents of rural areas and remote areas;
* Reducing the prevalence of all forms of malnutrition among population, in particular among children and women of reproductive age;
* Improving delivery of quality PHC services, reducing the level of gender inequality and prohibition of age discrimination in the area of services;
* Improving access and quality of services for mothers, children, and adolescents. These services shall be based on the principles of economic efficiency and the needs of patients;
* Increasing the share of services and facilities where national clinical standards have been introduced;
* Reducing the burden of infectious and noncommunicable diseases;
* Reducing premature mortality from noncommunicable diseases;
* Improving family-based care and feeding practices, such as exclusive breastfeeding among children under 6 months of age;
* Widespread introduction of innovative technologies in the activities of the healthcare system;
* Ensuring the rehabilitation and social integration of people with disabilities;
* Reducing stigma and discrimination in obtaining specialized services;
* Integration of health aspects into all sectors of public policy reform;
* Enhanced participation of all stakeholders, including target groups of population;
* Implementation of the model “Partnership with Communities in Health Matters”, approved by the Ministry of Health and Social Protection of Population of the Republic of Tajikistan at the national level and its sustainability in the healthcare system of the Republic of Tajikistan;
* Training of qualified specialists on ensuring the quality of medicines and manufacturing activities in the pharmaceutical industry;
* Improving the material and technical base of drug quality laboratories at the central and regional levels;
* Use of international standards (GLP, GCP, GMP) in the local pharmaceutical industry;
* Establishing the new pharmaceutical production capacities and increasing the share of local production of medicines in the pharmaceutical market of the country;
* Implementation of electronic drug procurement system;
* Adoption of necessary measures by local executive government bodies to organize new pharmacies in rural areas and improving accessibility of medicines at local level.

## Improving Access, Quality and Responsiveness of Primary Health Care

1. Primary healthcare (PHC) is the foundation of the healthcare system. Tajikistan has adopted PHC model based on family medicine approach and has invested heavily in training family physicians and nurses to provide needs-based and setting-appropriate care. With consideration that over 73% of the country’s population live in rural areas, PHC is a gateway to health promotion and health services for the majority of population.
2. PHC services should not be limited only to treatment of patients but should be focused on disease prevention and maintenance of good health, provision of rehabilitation and palliative care, taking into account gender and age differences, especially for people living in conditions of poverty and vulnerability and people with disabilities, elderly people, and people with implications of NCD and trauma.
3. The aim of implementing this Strategy is to avoid fragmentation and taking into account existing national resources and limitations, to facilitate the provision of a wide range of services and types of care within PHC, including, but not limited to, vaccination, screening, prevention, control and management of noncommunicable and infectious diseases; assistance and services aimed at strengthening, maintaining and improving the health of mothers, newborns, children and adolescents of their mental and reproductive health and rights.
4. The strategy, in the spirit of the Astana Declaration, aims to strengthen PHC based on Family Medicine, make it affordable, fair, and effective for all. One of the key goals of NHS2030 is to improve access, quality, and responsiveness of PHC services based on Family Medicine for the population of Tajikistan. PHC services, which are essential and fundamental for improving and maintain health of communities and individuals, therefore:
* PHC services based on the principles of Family Medicine are to be accessible and affordable for any individuals.
* Care provided should meet evidence-based practice recommendations and in a setting that is safe and acceptable for patients, and finally,
* PHC should be responsive to the needs of individuals and communities and national agenda for health.
1. The country has successfully introduced and improved the model of family medicine at the primary healthcare level[[6]](#footnote-6). The share of PHC institutions practicing the principles of family medicine increased from 56% in 2010 to 70.1% in 2017.
2. Universal coverage with family medicine services and the quality of these services and infrastructure at their point of delivery, has been a focus of the reforms during the last decade, especially with a focus on rural and hard-to-reach areas. Currently, there are 53 city, 54 districts and 844 rural health centers and 1711 health houses that provide Primary Health Care to the population.
3. PHC development is an ongoing process, key challenges for PHC development in the country include:
* Inequalities in access by poor and marginalized groups despite significant successes in the development of healthcare service delivery infrastructure and improvements in access, inequality in access for poor, rural population and marginalized groups are still evident.
* Lack of awareness among public regarding their legal rights and lack of awareness of citizens about regarding their eligibility for medical and social services, which limits effective use of these guarantees when needed.
* Fragmentation of service: outpatient services are highly fragmented as part of inheritance from soviet-style medicine. This on one hand, makes services more expensive by doubling expenditures, and on the other hands, limits access to patients. Physical of services under one roof and establishing effective referral linkages to care, is needed in order to allow patients accessing needed services through “one-stop-shop” principle.
* Along with fragmentation, lack of competencies at PHC level leads to multiple referrals to other specialized outpatient and in-patient services
1. Objectives, actions, and expected outcomes. The main goal is to facilitate development of Primary Health Care that includes performing the following tasks:
* Improve access, quality, and responsiveness of PHC services based on family medicine.
* Increase quality and competences of PHC services
* Develop Information system to improve process and management at PHC level
* Provide access to essential medicines at PHC level
* Enhance integration and development of essential service under the umbrella of PHC
* Engage communities and build partnerships between communities and PHC providers
1. The following activities will be implemented to achieve these goals:
2. Improve access, quality, and responsiveness of PHC services
	* Develop a National PHC Development Master plan based on the principles of Family Medicine aiming at ensuring of universal accessibility, economic efficiency, and the provision of patient-centered and integrated services;
	* Develop and approve an investment plan for the construction, rehabilitation and equipping of Primary Health Care facilities in accordance with National PHC Development Master plan;
	* Develop emergency care/ambulance service integration model under the umbrella of PHC at rayon level and include infrastructural upgrades of ambulance services.
3. Increase quality and competencies of PHC services
	* Approve a mechanism for the development and adoption of national clinical practice guidelines for PHC services; determine the priority of their development and application;
	* Develop and implement the clinical practice guidelines for early diagnosis and treatment of somatic, reproductive, infectious, neuropsychiatric, psychological diseases, including those among adolescents;
	* Develop and approve a system for monitoring and evaluating the application of national clinical practice guidelines for PHC services;
	* Include an assessment of the application of clinical practice guidelines in the PHC medical institution accreditation system.
	* Review competencies of family physicians/PHC provides to enlarge their capacity for delivering comprehensive care and gatekeeping access to specialized services (to be implemented in conjunction with infrastructural and managerial integration of services)
4. To develop Information system to improve process and management at PHC level
	* Downsize the number and volume of reporting for PHC facilities, but streamlining and optimizing reporting process
	* Gradually develop and implement digital information technologies for PHC; a successful experience of Dushanbe city implementation of “Automation of clinics and hospitals of the Republic of Tajikistan” can serve as a learning platform for developing this integrated and unified system;
	* Develop optimized system of performance-based indicators and health status measurements to be collected at PHC level and utilized for payment and health status monitoring systems.
	* Develop set of indicators on health of adolescents, description of mechanisms for data collection and documentation of adolescents’ development and its introduction in the information system.
5. Enhance integration and development of essential service PHC facilities, including palliative care, emergency medical care and vertical service delivery structures
	* Develop standards for provision of care to palliative patients, both by medical and social workers, as well as by families and the community;
	* Develop provision of palliative care for patients at home, where they live, by an interdisciplinary group of professionals, which is the preferred model, with a reserve of a limited number of hospital beds located in existing hospitals;
	* Promote the arrangement of new hospices in the country.
	* Integrate appropriate functions of vertical service delivery structures (HIV/AIDS and TB Centers, Healthy Life Style Centers, Immunization Centers, and others) under the umbrella of PHC services, as part of the optimization and restructuring of the PHC network and ensuring “one-stop-shop” access to patients.
	* Develop and gradually integrate emergency care/ambulance service and transportation under the umbrella of PHC at rayon level
6. Engaging communities to health issues and building partnerships between communities, Healthy Lifestyle Centers and PHC facilities
	* Implementation of the model “Partnership with Communities on Health Issues” approved by the Ministry of Health and Social Protection of Population of the Republic of Tajikistan, and joint activities of communities, healthy lifestyle centers and PHC facilities on health promotion/strengthening;
	* Community participation in the planning process (business planning) and implementation of PHC institutions;

## Improving health of mothers, newborns, children, and adolescents, and their access to sexual and reproductive health services and rights

1. Maternal and child healthcare services are especially sensitive to failures of healthcare system. System-wide characteristics, such as degree of universality, inequalities and inequities, access to proper nutrition and social support, inefficiencies in financial arrangements all directly influence outcomes for mothers and children.
2. With growing and young population, Tajikistan puts a special emphasis on ensuring health of mother and children. During the last decade core health indicators have been improving, but there is still a significant area for improvement.
3. Specific measures are adopted in Tajikistan in this area to ensure sustainable development of the reproductive health, maternal, children, adolescents, and youth healthcare services. Activities of the sector are implemented in compliance with international standards, strategies and programs and based on clinical guidelines / protocols, including on improvement of quality of services in the area of maternal and child, sexual and reproductive health.
4. Complex approach leads to reduction of maternal and newborn mortality, women having access to reproductive healthcare services, including family planning, which contributed to reduction of unwanted abortions from 87.8 (2010) to 55.3 (2018) per 1,000 live births and reduction of interval between deliveries of at least 2 years from 37.2 (2010) to 30% (2018). Further, there is a decrease in the number of home deliveries (less than 4.9% in 2018 as compared to 11.9% in 2010), and 77% of deliveries occur with attendance of qualified staff. According to results of studies conducted in 2010, 64.9% pregnant women passed prenatal examination in compliance with national standards. In 2017, this figure reached 93.3%, which represents improvement for 28.4% for 7 years.
5. Early childhood interventions are ultimate approach to improve health of children and need for prevention of disability is especially acute for Tajikistan. Children with developmental delays and disabilities are the most vulnerable category.

Lack of adequate nutrition of pregnant women and newborns remains one of the main reasons for complications and disabilities.

1. According to the data of Medical Statistics and Information Department under the Ministry of Healthcare and Social Protection of Population of the Republic of Tajikistan, from 2,000 to 3,000 children are born every year with congenital malformations. Structure of these malformations, high numbers and mortality related with such conditions indicate at acute need for perinatal diagnostics of genetic disorders of fetus.
2. Demographic Health Surveys (DHS) conducted in 2012 and 2017 indicated that share of children with growth retardation reduced from 26% in 2012 to 18% in 2017, distribution of malnutrition reduced from 10% in 2012 to 6% in 2017 and share of children with insufficient body weight reduced from 12% in 2012 to 8% in 2017. Nonetheless, current rates of reduction are not sufficient to achieve global goals set by the World Health Assembly reduce number of children in the world at age of below five years old with developmental retardance for 40% by 2025.
3. Share of women at age of 15-49 years old with body weight deficit reduced since 2012 from 11% to 7%, where two of every five (41%) women in Tajikistan suffer from anemia.
4. Healthy and balanced nutrition of children, especially in early age represents a challenge in the country. Despite the measures adopted by the Ministry of Healthcare and Social Protection of Population of the country, the observed trends in improvement of child nutrition status are insignificant. Thus, exclusive breast feeding up to age of 6 months is provided to 36% of children in 2017 as compared to 34% in 2012 (DHS 2017) and share of children under prevailingly breast feeding (0 – 5 months) is 70%.
5. Healthcare System of Tajikistan faces number of challenges to ensure health of mothers and children:
* Overall health status of mothers and children is poor: starting for high level of morbidity during antenatal care, labor complications and post-natal and neonatal periods, to high level of maternal, neonatal, infant and child mortality all impose significant health burden on the country’s population
* Limited access and underutilization of family planning and antenatal care services
* Limited access to evidence-based and highly efficient interventions to improve the maternal and child health, such as folic acid and iron supplements, as well as insufficient level of exclusively breast-feeding practices of children under 6 months.
* Despite the observed decreasing tendency of home delivery indicators across the country, this indicator remains high in certain geographically remote regions.
* Wide incidence of anemia among women of reproductive age, frequent births and inadequate nutrition status of pregnant women and children under 5 years old lead to high incidence of developmental retardation among children.
* Limited capacity at PHC level to provide complex care, as well as timely referral to other levels of healthcare.
* Limited access to the SRHR (sexual and reproductive health and rights) services, as well as mental health of adolescents influence the birth rates among adolescent girls and suicides among adolescents.
1. Objectives, actions, and expected outcomes. The main goal is to improve the health care of mothers and children, which will consist of the following tasks:
* Expand access to comprehensive set of Sexual, and Reproductive Health, Mother, Newborn, Child and Adolescent Health services
* Improve infrastructure and service delivery network for MCH services
* Ensure mechanisms for continuous improvement of service delivery quality in PHC, maternity and pediatric care facilities.
* Decrease prevalence of all forms of nutrition disorders (stunting, malnutrition and obesity), as well as reduce deficit of nutritional supplements among population, especially among children and women of reproductive age by improving access to nutrition services with focus on children under 5 years old, adolescents and women of reproductive age;
* Expand accessibility of early child development programs on identification and provision of services to children at early age with various developmental disorders and their families, including expansion of program on early diagnostic of genetic disorders;
* Organize the system, geographic accessibility and quality of services on antenatal screening of congenital heart disorders and genetic malformation.
1. The following activities will be implemented to achieve these goals:
2. Expand access to complete range of sexual and reproductive health care, healthcare of mother, newborns, children and adolescents:
	* Improve regionalization and referral system to ensure access to necessary healthcare services;
	* Provide all women with services of pregnancy diagnostic, antenatal observation and obstetric care, as well as services of integrated management of childhood diseases for all children under 5 years old;
	* Provide consultation of pregnant women, feeding mothers and puerperant on matters of care, feeding and nutrition of children under 2 years old, including those on exclusive breast feeding;
	* Improve quality of emergency obstetric and neonatal care;
	* Create necessary conditions to ensure safe delivery at PHC level in remote mountainous areas (providing air medical service);
	* Strengthen awareness of population on SRHMNCAH using modern technologies;
	* Provide adolescent/youth-friendly services in compliance with international standards;
	* Inform population on basic benefits package of SRHMNCAH, including those in the frame of “Partnership with Communities on Health Issues”;
3. Improve infrastructure and service delivery networks for maternal and child healthcare:
	* Establish modern perinatal centers based on principles of geographic accessibility;
	* Establish systems for transportation of pregnant women, ill mother and newborns, including air medical services;
	* Develop and implement uniform standards on all levels of obstetric and neonatal care;
	* Provide women with reproductive choice and wanted pregnancy;
	* Organize urgent consultations and air medical services;
	* Improve quality of life for women through access to preventive and rehabilitation services, as well as introduction of innovative technologies;
4. Ensure mechanisms for continuous quality improvement of services PHC facilities, and facilities of obstetric and child care:
	* Develop and update guidelines and tools, and train teams to conduct assessments / self-assessments of the quality of healthcare services to women and children at PHC, obstetric and pediatric care facilities;
	* Establish quality teams at PHC facilities, as well as at maternal and pediatric care departments of district hospitals and familiarize them with service quality improvement principles;
	* Develop, update and disseminate clinical guidelines and support their introduction process;
	* Support quality improvement teams in developing and implementation of quality improvement plans, including provision of necessary equipment, improvement of basic infrastructure, such as functioning water supply and sewage systems, as well as infection prevention and control;
	* Expand and improve mechanisms for introduction of audits on maternal and perinatal mortality and critical case analysis;
	* Develop and introduce effective system for external supportive supervision;
5. Decreasing incidence of all forms of nutrition disorders (malformation, attenuation, and obesity), as well as reducing the micronutrient deficiency among population, especially among children and women of reproductive age through improvement of access to the nutrition services with focus on children under 5 years old, adolescents and women of reproductive age.
	* Communication activities to change social and behavioral norms among population on the issues of nutrition with the purpose of preventing malnutrition among children under 5, adolescents and women of reproductive age.
	* Strengthening capacity at national and subnational levels to provide necessary assistance to improve nutrition of mother and child.
	* Integrating full package of activities related with nutrition into basic healthcare services at national and subnational level (at level of oblasts, districts and jamoats).
	* Improving practices of feeding the children at breastfeeding and early age.
	* Institutionalizing the protocols on Complex Treatment of Acute Malnutrition at hospital and ambulatory care facilities at national level.
6. Expanding accessibility of early childhood development programs to identify and provide services to tender-age infants with various developmental disorders and their families, including expanding programs of early detection of genetic disorders.
	* Facilitating development of intersectoral collaboration and coordination to implement comprehensive early childhood development measures
	* Improving early detection and early childhood intervention infrastructure and services for children with various developmental disorders
	* Introducing clinical standards on early detection and standards for quality of service delivery for tender-age infants, including children with various developmental disorders at every service delivery level.
	* Developing and introducing the sustainable education programs and approaches to support families and communities to improve parenting skills to provide care, education, and early stimulation of tender-age infants.
	* Promoting Regulations on Family and Child Support Centers with the purpose of preventing hospitalization of tender-age infants to hospital care facilities.
7. Ensuring sustainability and high levels of coverage through major activities to improve health of mother and child
	* Increasing the share of public financing to procure vaccines, contraceptives, clinical nutrition, and micronutrients (iron sulphate, folic acid), syringes and safe disposal boxes with subsequent transition to self-financing.
	* Revising the Resolution of the Government of Republic of Tajikistan No. 600 dated December 2, 2008 “On Procedures of Delivering Healthcare Services to the Population of the Republic of Tajikistan” to reduce financial burden of obtaining quality healthcare services for children under 5 years old falling under context of integrated management of childhood diseases and indicators of underdevelopment in terms of weight and height at any level of healthcare facilities.
	* Tajikistan is preparing to obtain membership of international research network “Healthy Attitude of Schoolchildren” HBSC, and therefore, it is necessary to include support in conducting at least two rounds of international research along with other WHO Member-States in European Region.
8. The following specific outcomes are stipulated from implementation of these activities:
* Quality Improvement Teams are established and function at PHC, obstetric and pediatric care facilities.
* District / oblast health managers are trained and possess skills on continuous monitoring of performance and ensuring supportive supervision and self-assessment of health care of women and children.
* Prevalence of anemias among women of reproductive age and children under 5 years old is reduced.
* Prevalence of exclusive breast feeding is increased.
* Prevalence of dwarfishness among children under 5 years old.
* Maternal and infant mortality is reduced.
* Mechanisms to change behaviors and attitude on healthy school feeding are implemented.
* Teenage pregnancy rates are reduced.
* Mortality among adolescents from suicides is reduced.

## Reduce Burden of Infectious Diseases

1. The burden of infectious is high in Tajikistan. Some of the main public health threats and priorities identified in the country includes HIV, TB, viral hepatitis, and STDs – out of those, TB is the 10th leading cause of death in the country.
2. The Strategy aims to reduce mortality and morbidity due to infectious diseases, through prevention and improving access to treatment for those living with the diseases.
3. The focus this Program is on HIV, TB, viral hepatitis and STIs, although, improvements regarding prevention and management of infection diseases are incorporated in all strategic directions – starting from improved access to water and sanitation, epidemiological surveillance to improvements in the quality of healthcare services.
4. Approach to improvement in management of infectious diseases is mainly based on improving the effective epidemiological surveillance system, including data collection to ensure efficient control and informed decision-making. Further, it is necessary to concentrate on prevention and community engagement, integration of diagnostic and care with basic health care and patient-centered models of service delivery.
5. This would ensure improvement of health status with regards of these conditions and would also improve overall healthcare system and its response to other communicable conditions. Peculiar challenge with regards of TB and HIV is a process of transition from donor funding, which calls Tajikistan to take prudent actions to provide domestic funding for services which are cost-effective, appropriate, and acceptable in order to maintain expand achievements.
6. Tajikistan is the country with lower prevalence of HIV, and epidemic mostly concentrates within the group of higher behavioral risks, such as migrants, IDU, MSM and CSW. None the less, the main way of transmission – heterosexual contacts – contributed generalization of the HIV epidemic. According to the data of State Institutions “Republican Center of Prevention and Control of AIDS”, number of new cases of HIV-infection registered in 2019 was 1,320. Number of lethal outcomes from total number registered HIV cases as of the end of 2019 was 3,244 people, where 1,681 died from AIDS, which constitutes 51.8%.
7. Among pregnant women living with HIV, 95% referred for care or prevention to avoid vertical transmission. Among people living with HIV, 73% patients continuing to receive ART demonstrated suppressed virus load.
8. Tajikistan joined the Strategy 90-90-90, however, the observed progress in achieving goals is slow: only 67.4% f assessed number of PLHIV as of the end of 2019 are aware of their status and only 79.4% of diagnosed cases are covered by antiretroviral therapy.
9. Some of the key objectives to control the HIV epidemic in the country include the following aspects:
* Obstacles for high behavioral risk groups and general population to receive HIV-related care.
* Challenges related to the vertical mother-to-child transmission.
* Testing the blood donors and ensuring safety of blood products through appropriate laboratory tests and quality control systems.
* Dependence of HIV/AIDS Control Programs from donor financing and generating the pressure on the country’s budget in connection with transition under public financing.
* Observed challenges in HIV testing services, especially for the higher behavioral risk group.
1. The following tasks are stipulated in the area of controlling the HIV Epidemics:
* Eliminate mother to child transmission of HIV;
* Ensure 100% coverage of donor blood screening with quality diagnostic methods for blood born infections, including HIV;
* Develop mechanisms for sustainable financing of HIV interventions;
* Provide 100% coverage with ART for people living with HIV.
1. The following activities will be implemented to achieve identified goals and objectives:
2. Eliminate mother to child transmission of HIV
	* Extending coverage of pregnant women by HIV screening;
	* Providing appropriate support, medication and consumables HIV-negative pregnant women, whose spouses are HIV-positive to prevent HIV infection during the period of pregnancy;
3. Ensure 100% coverage of donor blood screening with quality diagnostic methods for blood born infections, including HIV;
	* Develop infrastructure and capacity at local levels to use applicable and reliable laboratory screening methods for donor blood;
	* Develop regulations to ensure that 100% of blood and blood products used in hospitals are safe;
4. Develop mechanisms for sustainable financing of HIV interventions;
	* Further development of enabling regulatory framework to ease existing barriers with regard to access to prevention, care, and therapy.
	* Reducing stigmatization through targeted social campaigns.
	* Supporting development of programs focused on migrants and other higher behavioral risk groups.
5. Provide 100% coverage with ART for people living with HIV.
	* Ensuring ART coverage of people living with HIV according to the WHO recommendations;
	* Provide uptake and adherence support to patients on ART
	* Expand procurement of fix-dose combinations in order to increase adherence to treatment regiments.
6. The following outcomes will be expected from implementation of these activities:
* HIV transmission rates fall in line with international commitments
* Mother to child transmission of HIV is eliminated
* 100% of donor blood is screened for HIV
* Quality of like for people living with HIV is improved.
* HIV services and supplies are sustainable – at least 30% of costs are covered from public budget
1. Tajikistan is among 20 high MDR-TB burden countries in the world. TB and especially drug resistant forms lead to significant morbidity and mortality issues and the treatment elicits significant costs, including direct treatment-related costs, as well as broader societal costs, like loss of employment. Therefore, reduction of TB burden and ending TB is an important strategic objective for Tajikistan. Per the international commitments, the country aims to:
* Reduce the number of TB death compared with 2015 – 90% (SDG 2030) and 95% (END TB 2035)
* Reduce TB incidence rate with 2015 – 80% (SDG 2030) and 90% (END TB 2035)
* TB-affected families facing catastrophic costs due to TB – zero.
1. Outdated TB infrastructure and focus on hospital-based treatment limits the capacity of the system to timely detect, start on treatment and successfully treat patients. Regional disparities in terms of availability of qualified human resources and services, also impact access to TB care. Growing resistance among patients limits success rates of treatment and affordability of services.
2. In order to reduce TB morbidity and mortality, manage growing drug-resistance and protect households from TB-related expenditures, NHS2030 sets the following Tasks:
3. Improving systems for early detection and linkage to care, especially with focus on vulnerable populations by enhancing detection through:
	* Patient-initiated pathway – providing patients who actively seek TB diagnostics and treatment with appropriate, responsive and quality services;
	* Screening pathway – providing patients with suspected TB with services to diagnose and link to care (including contact tracing, clinical risk groups and high-risk populations);
	* Systematic screening with focus of congregated setting
4. Ensuring availability of high-quality TB diagnostics and treatment, especially in the context of MDR-TB
5. Supporting development of patient-centered model of TB care with focus on integration of services, especially at primary healthcare level, enhancing access to out-patient treatment models and engaging communities
6. Enhancing TB prevention by introducing LTBI treatment
7. Ensuring sustainability of TB services, especially in the context of transition from donor funding to domestic funding
8. Ensuring availability of qualified human resources for detection (including laboratory), treatment and drug surveillance (including resistance monitoring) of TB;
9. Ensuring adequate surveillance, data collection and reporting related to TB.
10. The following activities will be implemented to achieve determined goals and objectives:
* Ensuring active TB screening programs in congregated settings (Prisons and institutions, such as orphanages, elderly shelters, etc.)
* Enhancing TB screening and high quality and rapid diagnostic capabilities in TB dispensaries, as well as in general healthcare settings through increasing access to Xpert MTB/RIF.
* Gradually increasing the number of patients in out-patient treatment, including with introduction of VDOT in cities and regions.
* Optimizing TB in-patient infrastructure and human resources with a focus to enhance out-patient treatment.
* Developing protocols of LTBI treatment and provide training to healthcare staff, including family doctors in order to improve LTBI treatment uptake.
* Developing training programs and train/re-trained appropriate number of laboratory specialists, doctors and nurses, including family doctors/nurses and training in PAL.
* Integrating TB surveillance into overall public health surveillance system.
* Raising awareness of population with the purpose of improving the screening in case of alarming symptoms.
1. Realization of this Program is expected to deliver the following results in line with targets set in the END TB strategy:
* Reduction of mortality from tuberculosis
* Reduction of tuberculosis morbidity rate
* No affected families facing catastrophic costs due to tuberculosis
1. Viral hepatitis (B and C) has been a growing concern worldwide. New treatment option increasingly provides options for successful treatment and thus eliminating a death toll called by viral hepatitis worldwide. Tajikistan has joined a Coalition for Global Hepatitis Elimination and has set targets to prevent transmission and improve outcomes for patients.
2. It is estimated that 473 death occur per year due to Hepatitis B and 22% of liver cancer death is attributable to HBV. Death related to HCV is estimated to be 511 a year and 41% of liver cancer deaths is attributable to HCV[[7]](#footnote-7).
3. Similarly, STIs pose significant public health risk, and prevention, detection and treatment should be available for vulnerable population
4. Expensive treatment and lack of diagnostic capabilities limit access to diagnostic and treatment of patients.
5. The strategy aims timely detection and support for elimination of viral hepatitis and syphilis, and the following tasks are stipulated to achieve this goal:
* Establishing the effective system of epidemiological surveillance of viral hepatitis at healthcare facilities and household service facilities;
* Expanding the range of services provided – Improving the range, quality and availability of essential health services that are needed;
* Covering the populations in need of services – Improving the equitable and optimal uptake of services in relation to need;
* Reducing the direct costs of services – Providing financial protection for those who need the services.
* Eliminating mother-to-child transmission of syphilis.
1. The following activities will be implemented to achieve determined goals and objectives:
* Introduce immunization against hepatitis B for high-risk groups
* Prevention of mother-to-child transmission of hepatitis B through introduction of hepatitis B screening programs during antenatal care and prevention measures during childbirth.
* Enhanced activities aimed at blood and injection safety
* Prevention programs among people who inject drugs
* Expanding the medical examination and treatment of syphilis among pregnant women.
1. The following activities will be implemented to achieve determined goals and objectives:
* New infections are reduced by 90% by 2030
* Mortality due to viral hepatitis is reduced by 65% by 2030
* Mother to child transmission of syphilis is eliminated

## Improve Prevention and Management of Non-Communicable Diseases and Disabilities

1. Prevention of diseases is a priority of this strategy in order to reduce the burden of non-communicable diseases. Actions need to be strengthened in relation to four common risk factors related to lifestyle and behavior: tobacco use, harmful use of alcohol, inadequate physical activity, and unhealthy diet.
2. Positive experience in number of countries shows that it is possible to achieve twofold and more reduction of mortality, mainly through prevention of diseases. Despite the fact that the country achieved certain success in implementation of antismoking campaign, reducing the harmful impact of alcohol, as well as in strengthening the policies in the area of nutrition and food, there are wide opportunities to achieve substantial impact on health of population.
3. Increased access to screening and early diagnosis programs is needed. Among other things, this will help prevent disabilities and deaths and improve quality of life.
4. It is very important to have sufficient resources to ensure adequate treatment and prevent disability. Access to rehabilitation and improved care models can help people maintain their autonomy and economic activity.
5. An integral part of long-term care is palliative care, in which people are supported in order to maximize the quality of life at the terminal stage.
6. Cardiovascular diseases are the leading cause of death in Tajikistan. Based on estimated data, CVDs accounted for nearly half of all mortality cases in the country.
7. Cancer is a growing issue in Tajikistan. Country faces challenge in terms of early detection, treatment outcomes and provision of palliative care. Currently, there are over 15 thousand individuals with neoplasms registered in the country and incidence rate is raising (35.5 per 100,000 population (2018)). Most of the cancers are detected at stage II and III. There are over 4 thousand adult patients in need of palliative care. It is estimated that about 8,550 children per year will benefit from palliative care.
8. In the last decade, Tajikistan has seen a significant increase in excessive weight and metabolic diseases, as in the rest of the world. Incidence of diabetes mellitus per 100 thousand population has increased from 321.6 in 2007 to , 482.1 resulting more than 30 thousand patients in the country.
9. Unfortunately, with growing burden of mental illness and more patients in need of treatment, little has been changed in the public provision of mental health services. Those in need of intensive treatments are place in large public institutions with demolished infrastructure and poor quality of services, which fall short from meeting acceptable quality standards and treatment approached and basic human rights.
10. The burden of noncommunicable diseases is increasing both due to aging of the population and negative effects of tobacco consumption, physical inactivity, malnutrition and malnutrition, and harmful use of alcohol.
11. Introduction of measures against tobacco is the second-best direction in terms of efficiency of investments in health promotion, following immunization of children. Price and taxation measures, including excise tax on tobacco and alcohol products shall be staged in such a way that motivates people to maintain healthy lifestyle, as well as to improve accountability of business for health of population.
12. Most of the risk factors for NCDs cannot be eliminated only by the health sector, and this once again emphasizes the importance of applying an intersectoral approach and the priority of preventive medicine.
13. Low detectability of NCDs is one of the key issues. For example, only 0.2% of hospitalized patients in the cardio center of Dushanbe in 2018 had a referral.
14. Poorly developed infrastructure for the diagnosis and treatment of NCDs, insufficient funding for specialized services and assisting devices creates barriers to improve the availability and quality of services in this direction.
15. Research shows that only small share of people in need in Tajikistan have access to appropriate means for rehabilitation. It is necessary to expand delivery, however that challenges related with deficit of financing and resources. Quantity, quality, and range of assistive technologies / devices accessible through the public supply are not sufficient to fulfill the demand. Majority of healthcare workers have limited understanding with regard to assistive technologies / devices , and only few healthcare workers have necessary special knowledge.
16. Today in Tajikistan[[8]](#footnote-8), more than 10 thousand patients suffering from various oncological diseases and more than 4 thousand patients are registered in need of palliative care aimed at improving the quality of life. Palliative care is currently a necessary component of the comprehensive treatment of cancer patients at all stages, and in some cases, it acquires independent significance.
17. Currently, more than **148,000 people in Tajikistan live with different types and groups of disabilities**. There are up to 25 thousand children with disabilities, i.e., 0.8% of all child population, are registered in Tajikistan.
18. In 2016, the first ever National Strategic Plan on Rehabilitation of Disabled People for the period of 2017 – 2020 was developed and approved by the President of the Republic of Tajikistan. In March 2018, the Government of the Republic of Tajikistan signed the UN Convention on the Rights of Persons with Disabilities (CRPD).

The Dushanbe Forum conducted on October 18, 2019 in Tajikistan commemorated adoption of new and comprehensive declaration on the issues of disabilities. The new declaration reaffirms commitment of the Government of the Republic of Tajikistan to ensure improved rehabilitation, healthcare and education services, as well as social care services.

1. An integrated approach to rehabilitation has proven effective in treating many chronic, complex and severe diseases that can significantly limit various areas of a person’s functioning (vision, communication, ability to move and cognitive activity). Different rehabilitation disciplines require special skills, therefore multidisciplinary teams of specialists can significantly improve the quality of medical care and treatment results.
2. Strategy aims to achieve the following goals:
* reduce premature mortality and disability due to non-communicable diseases, and
* improve quality of life and social integration of people living with disabilities.
1. The following tasks are stipulated to achieve these goals:
* Reduce prevalence of general risk factors of major noncommunicable diseases, such as smoking, unhealthy diet, excessive alcohol consumption, low physical activities and psychosocial stress;
* Deploy effective infrastructure for prevention of noncommunicable diseases and ensure universal access to screening;
* Reduce financial burden of NCDs on households and protect low-income households from further impoverishment;
* Promote healthy lifestyle throughout the lifecycle;
* Improve access to and quality of rehabilitation services on all level of service delivery and expand access to technical assets for rehabilitation of people with disabilities.
1. Following activities will be implemented to achieve identified goals and objectives:
2. Reduce prevalence of common risk factors for major non-communicable diseases -- smoking, poor nutrition, excessive alcohol consumption, low physical activity, and psychosocial stress
	* Conduct public awareness interventions on factors influencing the development of NCDs;
	* Draft regulatory framework on reducing the risk factors for major non-communicable diseases;
	* Create effective system of intersectoral collaboration and partnership to improve priority on prevention and control of noncommunicable diseases.
3. Create effective infrastructure for the prevention of non-communicable diseases and ensure universal access to screening
	* Extend the coverage of individual services focused on improvement of early detection, registration and effective management of hypertension and diabetes, appropriate and timely intervention in acute cases, as well as rehabilitation aimed at reducing the level of premature and preventable deaths due to stroke and infarction;
	* Integrate screening programs for NCDs at PHC level;
	* Conduct regular population and institutional research to assess the needs for prevention and control of NCDs and for facilitation of evidence-informed decision-making;
	* Promote development and implementation of registries of non-communicable diseases
	* Create effective infrastructure for the diagnosis and treatment of NCDs
	* Introduce modern diagnostic and treatment methods;
	* Adopt and implement integrated clinical protocols for the prevention and control of major NCDs at the PHC level recommended by the WHO.
4. Reduce financial burden of NCDs on households and protect poor households from further impoverishment
	* Explore possibilities of fair financing to cover the costs of diagnostic and treatment services for chronic patients, including providing access to modern treatment methods.
	* Simplify procedure for certification of disability for the category of people in transient state (missing organs, limbs, etc.), which would eliminate recurrent certification costs.
5. Promote healthy lifestyle throughout a lifecycle
	* Further strengthen public health services, and integrating advocacy, health prevention, and medical literacy into the PHC.
6. To improve access and quality of rehabilitation services at all levels of service delivery and enhanced access to assistive devices
	* Create an effective mechanism for managing rehabilitation services under the auspices of the Ministry of Health and Social Protection of Population.
	* Develop rehabilitation standards for the provision of health and social services and quality control.
	* Develop targeted support and rehabilitation programs for certain groups with disabilities: cerebral palsy (CP), autism, chromosomal diseases, diabetes.
	* Integrate rehabilitation services in the primary, secondary, and tertiary levels of the health system.
	* Ensure availability of specialized rehabilitation units for inpatients with complex needs in hospitals.
	* Allocate sufficient quantities of resources for financing of rehabilitation services and procurement of quality assistive devices; ensure distribution of service based on principle of “One-Stop-Shop on Assistive Devices for People with Disabilities” throughout the country.
	* Ensure appropriate training for assistants and technology users.
	* Collaborate with development partners to assess the current state of disability, rehabilitation and assistive technologies in the Republic of Tajikistan to identify factors contributing to the improvement of the situation in this sector, in order to determine the best ways to support the country in strengthening policies, systems and services in rehabilitation as part of Universal Health Coverage.
	* Facilitate engaging the private sector to opening of rehabilitation centers and rehabilitation service delivery.
	* Include rehabilitation services in to the medical insurance program
	* Develop unified system for determination and classification of disabilities in compliance with the International Classification of Functions and updating the Guidelines on Identification of Disabilities.
	* Ensure integration of data collection on disabilities into unified healthcare information system.
	* Creating the enabling social infrastructure for people with disabilities and modernizing technologies ensuring access for people with disabilities.
	* Develop inclusive services and enabling services for people with disabilities through elimination of obstacles to access.
	* Strengthening and extending the services on rehabilitation, adaptation, support, and assistance to the people with disabilities.
	* Develop the unified users’ database based on the National Social Protection Registry (NSPR) as a tool for electronic registration of people with disabilities.
	* Strengthen collection of existing, reliable, and comparable international data on disabilities, and related services to make informed decisions.
	* Raise awareness of population on the needs of women and girls and other vulnerable groups of people with disabilities and eliminate their stigmatization and discrimination.
	* Improve coordination and strengthen links with policy measures and programs of other sectors to ensure access of people with disabilities to basic social services and their participation in economic activities.
	* Create conditions for socialization and integration of vulnerable groups (elderly people, graduates of boarding schools, etc.) in society through rehabilitation at community level.

## Improving aspects related with supply of medicines and pharmaceutical activities

1. The availability and accessibility of medicines continues to be a problem, especially within the framework of existing health financing system, which does not provide for affordability of some medicines to vulnerable groups of population.
2. At the moment, the material and technical base of laboratories for controlling the quality of medicines in regional and regional centers does not meet the modern requirements of the organization of quality assurance, and there is no laboratory for conducting modern immunobiological and radiological studies.
3. Analysis of drug prescription practices shows that the issue of polypharmacy remains relevant. This problem is the more distributed among physicians working in city (urban) centers, than among physicians working at rural healthcare facilities. Another challenge in the area of rational use of medicines is the lack of knowledge of doctors and pharmacists, as well as sources of objective information on medicines.
4. A comparative analysis of physical affordability and drug prices between urban and rural pharmacies in some areas of the country shows low physical affordability and high prices in rural pharmacies. Currently, there are 2,450 pharmacy institutions operating in Tajikistan, of which 30% are located in rural areas, while as of January 1, 2019, the urban population in the country was 26.3% and the rural population 73.7%. Thus, basically all pharmacy institutions are located in urban centers, and only a small number of them are in rural areas. Another challenge related with development of rural pharmacies is lack of pharmacists. Nowadays, it is very difficult to hire pharmacists to work in rural pharmaceutical facilities, which in future will require development of mechanism to support functioning of rural pharmacies.
5. One of the state priorities of medicines policy of the country is development of local production of medicines and medical products. During the last 6-7 years 10 large companies were established through local and foreign investments in the area of pharmaceutical products using more than TJS 200 million for construction of buildings and their provision with production equipment.
6. Further, changes and amendments were introduced in the Tax and Customs Codes of the Republic of Tajikistan with the purpose of developing local production, whereby equipment, substances, and pharmaceutical aids used for production of medicines and medical products will be exempted from value added tax and customs duties while being imported.
7. Thus, existing challenges related with quality assurances, rational use and accessibility of medicines would require adoption of appropriate measures for future development of pharmaceutical sector of the country in order to improve quality of healthcare services.
8. This Strategy aims to improve access to and affordability of safe, effective, quality, and affordable medicines and pharmaceutical preparations. This goal will be achieved through the following tasks:
* Provide equitable physical and economic access of the population to essential medicines
* Strengthen state control in the area of circulation of medicines to prevent counterfeit and unregistered medicines on the pharmaceutical market of the country.
1. The following activities will be implemented to achieve these goals:
2. Provide equitable physical and economic access of the population to essential medicines
	* Review the current List of Essential Medicines using the recommendations of the World Health Organization.
	* Improve the regulatory framework governing the pharmaceutical activities.
	* Use of the electronic procurement platform for public procurement of medicines and medical goods.
	* Attract local and foreign investors to create new pharmaceutical industrial enterprises.
	* Take measures for the rational use of medicines.
	* Develop local production of medicines and medical supplies.
3. Strengthen the state control in the field of circulation of medicines to prevent counterfeit and unregistered medicines in pharmaceutical market of the country
	* Improving the material and technical base of the republican and regional laboratories for the quality control of medicines and medical goods.
	* Developing the draft law on regulation of pricing and prices for medicines
	* Monitoring of side effects of the drugs used and the development of methods for informing the public about the safety and effectiveness of drugs.
	* Conducting research on the use of medicines and the regulation of pharmaceutical activities.
	* Implementation of international standards (GLP, GCP, GMP).

## Public Healthcare and healthy lifestyle Services

1. Tajikistan’s national health system delivers public health services that aim to prevent diseases, extend life, and promote health of the population of Tajikistan.
2. Government of the Republic of Tajikistan pays priority attention on building the capacity of management and functioning of the immunization program, optimization of infrastructure and procedures for procurement, storage, and transportation of vaccines, as well as delivery of PHC services with accent on quality and safety of immunization. During the last decade, routine immunization coverage reached ≥95%. Rotavirus vaccine and Inactivate Polio Vaccine (IPV) were introduced in planned immunization schedule. With increase of public expenditure on immunization from less than 20% in 2015 to 29.4% in 2019, further increase in the share of government financing and improving efficiency of program in the context of the healthcare system reforms is one of the crucial priorities of the National Immunoprophylaxis Program.
3. On November 30, 2018, the Government of the Republic of Tajikistan approved national goals and an action plan in the context of the Protocol on Water and Health[[9]](#footnote-9) at the 14th meeting of the Coordination Committee of the Dialogue on National Policy. Since 2000, the Republic of Tajikistan has made significant progress in providing access to improved drinking water sources. The modernization of the infrastructure for and improving surveillance of drinking water supply, sanitation and hygiene, energy supply, food systems, especially in rural areas and small towns, should be considered as an important component in ensuring quality medical care and access to it.
4. In May 2018, Republic of Tajikistan adopted the National Action Plan on Control of Antimicrobial Resistance, which stipulates actions to be implemented in corresponding sectors, including human health, animal health and environment to ensure coordinated and comprehensive approach of “Universal Health Coverage” to address the issue of antimicrobial resistance.
5. Delivery of public health services in Tajikistan faces number of challenges:
* Growing burden of noncommunicable diseases, such as diseases related with unhealthy diet and lifestyle, requires enhanced attention to the promotion of healthy lifestyle.
* Resource mobilization remains insufficient to ensure financial sustainability of the National Program of Immunoprophylaxis.
* There is a need for further improvement of program management, in extension of immunization coverage and in prevention of outbreaks of vaccine-preventable infections.
* Limited capacity on surveillance and control of diseases: epidemiological surveillance and monitoring of diseases in Tajikistan is still at development stage, and quality of data requires improvement.
* Emerging antimicrobial resistance and the need for capacity building in the area of prevention, detection and response.
* Challenges of cross-border healthcare – high level of migration and limited access of migrants to basic healthcare services threaten their health, as well as health of population in Tajikistan.
* Necessity to continue and strengthen introduction of programs on prevention and control of malaria, leishmaniasis, helminthiasis and other parasitic and vector-borne diseases among population of the country.
1. This Strategy aims to prevent diseases, promote health and prolonged life and this goal is served by the following
2. Improving and consolidating information on health and health status of nation through improvement of system of supervision over public healthcare services.
	* Ensuring sustainability and efficiency of National Program of Immunoprophylaxis.
	* Strengthening leading and educational role of the MoHSPP in improving the WASH and effective waste management at healthcare facilities, both within the healthcare sector, as well as beyond.
	* Introducing the most effective mechanisms to ensure safety and acceptability of water supply and sanitation (sewage) systems.
	* Preventing and containing emerging antimicrobial resistance through public healthcare measures.
	* Ensuring coordination and response to cross-border health issues, especially on matters related with migrants.
	* Engaging communities to health promotion and healthy lifestyle in the frame of introduction and implementation of the Guidelines on Partnership with Communities on Health Issues.
3. The following activities will be implemented to achieve determined goals and objectives:
4. Improve and consolidate information about health and health status of the nation by improving the system of supervision of public healthcare services:
	* Review and identify key legal and regulatory barriers to improve reporting of public health data, with a special focus on key demographic data.
	* Develop a model of staged reformation of public health reporting system with objectives to decrease reporting burden, paper-based reporting and double reporting.
	* Ensure integration of disease specific data collection into a unified health information system and use of data to develop priority measures on prevention and control of diseases.
	* Develop system of active surveillance and sentinel monitoring.
5. Ensuring sustainability and efficiency of the National Program of Immunoprophylaxis:
	* Ensuring sustainability of financing of immunization programs within the frame of national healthcare budget, including with consideration of new vaccines introduction in the National Immunization Calendar.
	* Ensuring quality of supply chains and effective vaccine management to enable equal immunization coverage.
	* Collecting and monitoring the data, including those of complex epidemiological surveillance of vaccine-preventable diseases for their subsequent use in evidence-based decision making.
	* Achieving equal immunization coverage at national level and in all districts, including among the most vulnerable groups of population.
6. Strengthen the leadership and advocacy role of the MoHSPP for improving WASH and healthcare wastes management at health facilities, both within the health sector and beyond:
	* Conduct a comprehensive national study to establish the baseline level of WASH in health facilities, including financial allocations and needs.
	* Reviewing existing national standards on prevention of nosocomial infections and developing the sanitary and epidemiological surveillance standards regarding the WASH and effective waste management in healthcare facilities in compliance with the WHO’s guiding principles.
	* Integrating the WASH requirements and indicators into the system of national accreditation of healthcare facilities and establishing effective mechanisms to strengthen standards and rules.
	* Ensuring appropriate financing of WASH aspects in healthcare facilities.
7. Introducing the most effective mechanisms to ensure safety and acceptability of water supply and sanitation (sewage) systems.
	* Establishing the effective system of state supervision over the quality of drinking water through capacity building and introduction of risk-based approaches in practical operations.
	* Developing the national guidelines on implementation of Water Safety Assurance Plans (WSAP).
	* Introducing the risk assessment and risk factors management approaches at all stages of sanitation services and developing regulatory framework, roadmap and guidelines on implementation of Sanitary Safety Assurance Plans (SSAP).
	* Strengthening partnership and collaboration with drinking water supply and sanitation sectors and promote coordination of activities with other stakeholders (including service providers) to implement WSAP and SSAP.
8. Contain emerging antimicrobial resistance through public health measures:
	* Ensuring implementation of appropriate measures of necessary response with the purpose of containing emerging antimicrobial resistance.
	* Strengthening capacity on surveillance over consumption and antimicrobial resistance.
	* Improving infection prevention and control programs, as well as guidelines on use of antimicrobial substances in healthcare facilities.
9. Ensure coordination and response to transboundary health issues, especially that of migrants and their families:
	* Develop partnerships with recipient counties in order to improve access to prevention and healthcare services for Tajik migrants
	* Develop screening and referral programs for returning migrants on common infectious conditions using a right-based approach.
10. Engage communities on health promotion and healthy lifestyle issues in the frame of introducing and implementation of Guidelines on Partnership with Communities on Health Issues:
	* Develop health promotion and communication activities in order to increase public awareness, health literacy and community participation in health promotion and disease prevention agenda of the country.
11. Expected outcomes on Public Healthcare:
* High coverage with immunization is ensured
* Healthcare facilities have access to adequate water, hygiene and sanitation infrastructure
* Population has access to the clean and safe drinking water.
* Public health decision making is guided by reliable information regarding health status of the population;
* Migrants/returning migrants have access to essential public health services;
* Public awareness regarding healthy lifestyle is increased.

## Chapter 6. Emergency preparedness and response to public healthcare emergencies

1. Protecting the population from public healthcare emergencies and ensuring rapid and adequate response is the imperative of healthcare system and responsibility of national healthcare authorities.
2. Public healthcare emergencies could be caused by various reasons, including outbreaks of infectious, life-threatening diseases, natural disasters due to natural hazards, climate change implications and technical disasters, including chemical pollution of environment and emission of radiation.
3. Tajikistan’s international commitments on management of public healthcare emergencies, including International Health Regulations (IHR-2005) are aimed at facilitation of prevention and management of public healthcare risks related with international transmission of diseases.
4. The Strategy aims to improve public health preparedness and response to public health emergencies in the country.This is achieved through the following activities:
* Create unified and effective system of sanitary and epidemiological surveillance
* Improve surveillance/infection control methods
* Improve national capacity for early detection, response and rapid reaction, including laboratory capacity
* Enhance monitoring and surveillance of behavioral risks, food safety and environmental factors, including social determinants of health and collect data for evidence-based decision making
* Enhance intersectoral collaboration and implementation of IHR;
* Develop cooperation and coordination of actions between stakeholders, including legislators and environmental institutions, water supply and drainage service providers.
1. The following activities will be implemented to achieve these goals and objectives:
2. Create of a unified and effective system of sanitary and epidemiological surveillance
	* Develop regulatory documents on all types of activities governing compliance with sanitary and epidemiological norms and rules.
	* Create information systems for collection, processing, storage and exchange of information between structural divisions.
	* Establishing effective state system of surveillance over quality of drinking water through implementation of risk-based approaches.
3. Improving surveillance/infection control methods
	* Ensuring high levels of coverage with vaccination against vaccine-preventable infections (≥95%) in compliance with the provisions of the National Program of Immunoprophylaxis.
	* Improving and supporting the performance of the system of epidemiological surveillance of infectious diseases, including those related with water factor.
	* Improve the system of epidemiological supervision over vaccine-preventable infections, as well as adverse events following immunization.
	* Improving preparedness, prevention and mitigation of the consequences of emergencies caused by natural disasters, as well as man-made disasters with participation of international partners.
	* Integrating the function of the State Services of Sanitary and Epidemiological Surveillance on ES into international system of response (sanctioning mobile laboratories) and conducting joint drills of mobile epidemiology control units.
4. Improve national capacity for early detection, response and rapid reaction, including laboratory capacity
	* Develop new laboratory standards and establish capacity to use these standards for chemical, bacteriological, and other laboratories.
	* Implement these diagnostic standards for laboratories at all levels of biosafety.
	* Introduce new innovative diagnostic technologies into practice.
5. Enhance monitoring and surveillance of behavioral risks, nutrition and environmental factors, including social determinants of health and collect data for evidence-based decision making
6. Enhance intersectoral collaboration and implementation of IHR
	* Strengthen incident management and compliance with the requirements under the International Health Regulations; and
	* Enhance multisectoral collaboration for active monitoring of human hygiene and environmental health issues.

# Financing of the Strategy

1. Financing of this Strategy will be carried out in the frame of annual funds allocated for health and social care sectors and from other sources, which are not prohibited under legislation of the Republic of Tajikistan.

# Mechanism of Monitoring and Expected Outcomes

1. Monitoring will be implemented based on regular control of selected indicators that comply with international standards and depend on high quality and reliable standardized information.
2. Responsibility for monitoring of the Strategy’s implementation will be placed upon the Ministry of Health and Social Protection of Population.
3. Monitoring and evaluation of this Strategy will be carried out consistently and regularly in the form of annual reports. Evaluation will be carried out annually and discussed at the Joint Annual Review (Summit).
4. Evaluation and Monitoring Report on progress of the Strategy and proposals for improvement of activities will be discussed by the Ministry of Health and Social Protection of Population of the Republic of Tajikistan with Development Partners and submitted to the Government of the Republic of Tajikistan in compliance with established procedures.

# Final Provisions

1. 1This Strategy represents the baseline document for planning of programs and development of strategic plans in the area of healthcare of population of the Republic of Tajikistan for next ten years.
2. Implementation period of this Strategy is 10 years (2021-2030), and activities stipulated under the Strategy, budget and control indicators will be subject for verification for the next period up to 2030 based on annual review and assessment of progress with Strategy.
3. Matters related with participation of development partners in technical assistance and financial support of the activities under Strategy will be addressed in the frame of sectorial coordination of international cooperation in the area of health and social care of population of the Republic of Tajikistan.
4. Decennial programs will include direction and regulations that do not conflict with Strategy and provisions under earlier approved strategies on development of specific areas of healthcare, health systems and resources of the Republic of Tajikistan.
1. <https://databank.worldbank.org/> [↑](#footnote-ref-1)
2. Decree of the Government of the Republic of Tajikistan from August 2, 2010, No. 368. [↑](#footnote-ref-2)
3. WHO Global Health Expenditure Database [↑](#footnote-ref-3)
4. Resolution of the Government of the Republic of Tajikistan No. 237 dated July 2, 2005 [↑](#footnote-ref-4)
5. PBF – Performance-Based Funding [↑](#footnote-ref-5)
6. In 2016, the Government of the Republic of Tajikistan approved the “Strategic Plan for Development of PHC based on Principles of Family Medicine for the period of 2016 – 2020” [↑](#footnote-ref-6)
7. Source: Institute for Health Metrics and Evaluation. Global Burden of Disease Project, 2017.

And <https://www.globalhep.org/data-sources-and-methodology> [↑](#footnote-ref-7)
8. According to statistical data of MoHSPP RT [↑](#footnote-ref-8)
9. Resolution of the Government of the Republic of Tajikistan No. 676 dated December 3, 2012 [↑](#footnote-ref-9)