REFORMS ARE NEEDED INSIDE PEOPLE’S HEADS.

While injections are still needed to administer most vaccines, virtually all medication commonly used in outpatient settings can be administered orally. Nevertheless, in this country, as well as in other former Soviet republics, the patients and the prescribing physicians, have more confidence in injections than in tablets.

This is not only an irrational practice unsupported by science, but implies unnecessary costs to a health service and a population who would be wise to spend their money otherwise. Also, it includes considerable risks of blood-borne contagious diseases in a country where disposable syringes and sterility cannot be taken for granted.

Studies conducted recently in Moldavia have indicated that injections administered in various health care settings are associated with acute hepatitis B, and may account for up to 50% of reported cases among adults.

The overuse of injections to administer medication points to the needs for education programmes for both health care workers and patients, to promote appropriate and safe use of injections. There is no escape from the fact that the most sustainable humanitarian health assistance is: training, training and more training.
Health agencies in action

Medical Charity Foundation for the assistance to Medical Establishments.

In 1994 Medical Charity Foundation for the assistance to Medical Establishments was founded by Tajik physicians. The Foundation is a non-commercial public organization, whose activity is directed at provision of medical care to vulnerable groups, as well as charitable activities in support of medical establishments facing difficulties due to the economic crisis and the consequences of civil war in Tajikistan.

The structure of the Foundation is composed of 6 physicians of various specialities, nurses and service staff. Since 1994 the Foundation has assisted about 1000 patients; invalids, single mothers and pensioners. The program consists of treatment free of charge. Drugs have also been transferred to municipal and regional medical establishments. The drugs were received from Germany, due to personal relations with German medical personnel. From 1996 to 1998 drugs were also transferred to the following new NGO’s located in Dushanbe: “Odamiyat”, “Biosphere”, “Adabsoro”, “Medservice”, whose activities are aimed at supporting war-disabled persons, medical personnel disabled as a result of the Chernobyl catastrophe, and children from poor families.

In 1997 with the support of Counterpart Consortium (USA), the Foundation started a programme of medical and social assistance to lonely, aged pensioners (75-96 years) of Jeleznodorozhnii district in Dushanbe. In October 1997 the number of pensioners was 118, by the end of 1998 this number had increased to 300. The main objective of the programme is to provide support to the poorest level of the population (the amount of pension is 1.5 dollar per month), provide medical services (consultations, analysis, medicines) at the Center as well as at home.

Some of the international organizations, such as: “Pharmacies Sans Frontieres”, German Agro Action”, “International Christian Mission”, CADA, working in Tajikistan, are also participating in implementing this programme. The programme has been approved by the local government, which has provided premises for the Foundation.

Physicians from Medical Charity Foundation for the assistance to Medical Establishments, took the initiative to set up of an association of medical NGO’s in Dushanbe, which include 4 medical NGO’s: (Medical Charity Foundation, “Biosphere”, “Bakhtovar”, RCVC). The association has begun to develop a new joint programs and projects, based on social partnership. A new programme “School of Health” is being organized by the Foundation. The objective is to increase level of knowledge of the local population in the field of health care. The first seminar was devoted to questions like: diabetes, opportunities of mutual aid, control on contents of sugar in blood, nutrition and basis of hygiene.

ICRC: Typhoid Epidemic in Garm

ICRC reported April 6th that during two weeks before there was a steady increasing numbers of people in the Garm area with typhoid. As of 30th March, 94 persons were hospitalized. The general feeling now is that the worst of the epidemic might be over with pre-existing rather new cases still being identified. It also seems that the epidemic has been contained within the Garm area, to a distance of around 20 minutes drive from the centre. However, clearly the numbers need to be decreasing before we can be sure that the worst is over.

The representatives from SES think that the epidemic may have originated from a buskashi game in Garm three weeks ago and/or from an infected person coming from the Guissac area on the Dushanbe-Samarkand road. ICRC has not received any further information on the original samples which were sent for laboratory testing in Dushanbe, other than that only four out of the ten were confirmed as typhoid. The SES team took their own laboratory equipment to Garm last week.

The response to the epidemic has been a co-ordinated one involving the main agencies working in the Garm area – ICRC, AKF, MSF(H) and PSF, along with the hospital and local authorities, relevant commanders and the local Red Crescent. ICRC has been responsible for the coordination of the agencies’ response, but different organizations have taken responsibility for different activities. The focus has been very much on prevention as well as the management of the confirmed and suspected cases. There has been a daily co-ordination meeting at the Garm Hospital, with the local authorities being encouraged and supported to take as much responsibility as possible for managing and responding to the epidemic.

In brief summary the combined assistance has included: Provision of mattresses and blankets to set up 150 separate beds for typhoid patients; provision of chlorine powder and tablets for safe water supply; distribution of soup; health education materials and awareness campaigns; provision of appropriate medical supplies such as infusions and antibiotics.

According to ICRC, this was be possible only through good co-operation between all operating partners.

Official data received from SES gives the total number of cases between March 10 – April 19 as 209, with 40 laboratory confirmed.
UNOPS/RRDP Activity in Health Sector

In 1996 UNDP established the Rehabilitation, Reconstruction and Development Programme (RRDP), executed by UNOPS. Two Programme Implementation Offices were established in Kulyab and Garm and a programme Support Office Dushanbe. In January 1997 the third PIO was established in Shartuz. The main objective of UNOPS activity is the revitalization of the local economy, health care system, education system, infrastructure, agriculture and strengthening the role of women.

One of the priority areas of RRDP is the rehabilitation and development of the Health Care System, since this is the most vulnerable area of social life. Prior to 1999, the Health Sector was served by a dense network of hospitals, clinics, ambulatory posts, sanatoria, health resorts, sanitary hygiene institutions and a wide array of specialized medical services. Almost 100% of the population received free medical services. The collapse of the Soviet Union, the deep economic crises and military events, caused huge damages to the health and sanitation system. Many medical facilities were destroyed and their equipment was stolen. Therefore UNOPS/RRDP gives special attention to activities in the Health sector.

The RRDP has, to date, completed 52 sub-projects in the health sector. Another 34 sub-projects are on-going. The sub-projects include the full or partial rehabilitation and provision of essential (in few cases specialized) medical equipment and furniture.

According to these reforms, UNOPS concentrates its activities on rehabilitation of SVAs and FAPs. At the same time, UNOPS rehabilitates two Central Health Entities in Shartuz and Kolkhozabad. UNOPS/RRDP’s approach combines rehabilitation with development of health facilities. In Shartuz Central District Polyclinic, for instance, UNOPS/RRDP’s is going to establish an Inter-district Diagnostic Centre, provide modern specialized equipment and assist to establish self-financing services. Furthermore, we provide training courses to five physicians from this CDP to train how to use modern equipment. The training course is conducted by the Institute of Postgraduate Medical Education. UNOPS has also fully rehabilitated the blood bank in Kulyab and assisted in establishing a self-financing system of management in this medical facility.

Rural and Urban Water Supply Systems is an important part of Health and Sanitation Sector, in which UNOPS is active and experienced. The RRDP has, to date completed 16 sub-projects in the water resource development sector. Another 11 sub-projects are on-going.

The main UNOPS donors in Health Sector are ECHO, Swiss Agency for Development and Cooperation (SDC), USAID and UNHCR.

TO ALL INTERNATIONAL ORGANIZATIONS:

During our mission (UNOPS and SDC) to Shartuz last Friday we visited a boarding school where 180 children-orphans of age 6 to 15 live and study. These children live under awful conditions. They are malnourished and need clothes.

It would be very helpful if we could at least give some second-hand clothes to the boarding school. If you could kindly ask you staff whether they have any old clothes they do not need any more and could give them to these children that would be more than generous. Clothes can be delivered and stored at the UNOPS office in Dushanbe and will further on be brought to the boarding school.

If you need any further information on this school please contact us:

UNOPS - Kira- 23 06 12
SDC- Sayora - 24 73 16
Malaria in Tajikistan

FIGHT AGAINST MALARIA IN 1999

The following activities are planned by the Ministry of Health for 1999 in order to consolidate the results achieved last year, and to obtain a further reduction of malaria transmission:

- Early detection and radical treatment of all malaria cases;
- Reinforcement of malaria prevention and epidemic control capabilities of the Ministry of Health;
- Mass drug administration with primaquine;
- Health education, information on malaria prevention and promotion of community participation in malaria control activities;
- Vector control through indoor spraying with residual insecticide in foci, biological control and insecticide impregnated bed net distribution.

The main donors are ECHO and UNICEF, and the implementing agencies will be MoH, WHO, UNICEF, ACTED, MERLIN.

Dynamics of malaria incidence in Tajikistan
in 1991 – 1998 (number of cases)

Anti-malaria company in South-West of Tajikistan.

Khatlon region (south-west of Tajikistan) is part of the malaria endemic area. During the Soviet period the incidence of cases of malaria was very low, registered mostly coming from Afghanistan or border territories. The elimination of malaria in Tajikistan was achieved through big investments in the problem area.

Anti-malaria policy included insecticide spraying by airplane, spreading of fuel in water, and chemoprophylactic treatment. After the break-up of the Soviet Union, Tajikistan could no longer afford to keep such expensive anti-malaria prevention. Malaria cases increased rapidly from a few cases in 1992 to 15,000 cases in 1996.

Swiss Agency for Development and Coopera-
tion (SDS) sponsored the Programme of Malaria Prevention, implemented by Agence d’Aide a la Coopera-
tion Technique et au Development (ACTED) in Khatlon region. The programme included distribution of impregnate bed nets and health education. Bednets and basic education on malaria prevention were provided to 9,000 families in 4 districts: Vakhsh, Kolkhosobad, Bokhtar, and Pyanj in the Khatlon region. Distribution of bednets started in the beginning of malaria transmission season. Tajiks have been using their own custom any way of mosquito prevention, such as fumigation with local grass and netting the windows. In 1997 97% of population (who received bednets) were using them every day. It
shows that people accepted bednets as individual malaria shields very easily. Bednets are designed to fit Tajik family habits: the nets are rectangulars 3x4 or 2x3 metres and are installed over several kurpatchas (Tajik mattresses) either in the rooms inside the house or over the tapchans (big platforms in the yard on which people sleep in summer) outside.

**Drinking Water Supply Project.**

During the Malaria Prevention Programme in 1998 it became obvious that the main concern of the population of the villages was the supply of drinking water. The number of typhoid cases and other diarrhoeal diseases increased due to lack of pure drinking water. The problem was considered as serious as malaria.

In August 1998 3 water pumps were installed from the benefits of 67 sold bednets. After SDC approved the activity, the pilot Drinking Water Supply Project was started, included in the budget of Malaria Prevention Programme. The activities of the project were: installation of locally produced water pumps, repair of the water hand pumps, and organizing Management Committees in villages participating in the project.

In 20 villages targeted by the project, 1100 families have got access to drinking water with 113 handpumps installed and 27 handpumps repaired. Pumps and spare parts were produced by Kurgan-Tube factory. The supervisor organized the work of two ACTED teams, consisting of two technicians and one welder each. Members of village communities and Management Committees assisted these teams.

**Women’s Support Centers in Khatlon Province**

During the civil war and in the years following a large number of women were victimized and exposed to many kinds of violence, including rape. Many of these women were refugees or IDPs. With respect to the Islamic background of the Tajik society the reintegration and necessary assistance for these women has been particularly difficult. Unlike in other post-war societies no programs exist so far in Khatlon province to give psychological assistance to the victims. Many victims of rape are affected by emotional suffering, still have untreated bodily injuries, experience social isolation, and have no possibility to express their problems. Many of them were deserted by their husbands. The destabilization of the economy, combined with traditionally male-dominated environment, generates conflict on the family level, which affects returnee families even more than those who remained.

In recent month OSCE field offices in Shartuz and Kurgan-Tube established 6 Women’s support groups. These 6 groups provide assistance to about 70 victimized women mainly returnees.

One outcome of the work of these women’s groups is the experience that there is a total lack of institutionalized assistance for women with these problems.

The Organization for Security and Cooperation in Europe (OSCE) Mission to Tajikistan is therefore proposing to establish two Women’s Support Centers, one in Bokhtar District and one in Kobodion District to provide post-traumatic assistance, to establish self-help groups, to assist in cases of domestic violence, and to provide legal and medical information.

**The need for Pharmaceutical reform in Tajikistan**

The pharmaceutical sector in Tajikistan has been in a rather poor shape since the break-up of the former Soviet Union, as the country has hardly any domestic pharmaceutical production, and resources for drug procurement are practically non-existent. In addition, efficiency in drug use and prescribing are sub-optimal, sometimes wasting the little resources available. The result has been a serious lack of drugs in the public health sector of Tajikistan.

Efforts to develop the pharmaceutical sector date back several years, but so far progress has been limited. Although a considerable amount of work has been done on preparing a national drug policy and legislation, a national essential drugs list and national guidelines for drug donations, these documents still await approval at the governmental level, - a critical step in further developing the sector.

Dr Hilbrand Haak, an international expert in essential drugs management and use, visited Tajikistan, and met with a number of national experts and NGO’s representatives and discussed the areas in which support is needed and success can be achieved.

One of the main fields identified was in the area of Rational Use of Drugs. From the side of the major donors there is a desire to move away from emergency relief and to concentrate on more sustainable development. In the field of essential drugs, this means more training on efficient drug management, including the rational use of drugs. NGO’s have been implementing a wide variety of training courses, and success has been perceived as being good. However, they would welcome a unified training curriculum, based on known problems in prescribing and use of drugs. To make such training effective, data on prescribing practices would need to be collected and decisions would need to be made on key areas of training. A quality Standard Treatment Manual, concise, pocket format, and focusing on a limited number of main frequency diseases would be an absolute condition for success of these courses.

Other areas of collaboration which were discussed, included drug quality control, drug policy and legislation,
drug supply and a management information system. All these areas would need to be further worked out in the future.

**NEWS IN BRIEF**

Dr. Alamkhon Akhmedov, the minister of health, participated in the SCRC meeting of WHO/EURO, Copenhagen from April 14-16. Dr. Akhmedov met with WHO Regional Director for Europe, Dr. Asvall, and also had several meetings with technical units on subjects such as infectious diseases and the problem of drug abuse in Tajikistan.

A team of two members from Somoni Health Project has visited the MANAS Project of Kyrgyzstan. That study tour was the initial contact between Somoni team and the MANAS team and was performed between 14th and 16th of April. Mr. Meimanaliev, the co-ordinator of MANAS Project, and his colleagues had several meetings with visitors. The visitors were Ms. Mirzoeva, the co-ordinator of Somoni Project and Ms. Yuldasheva, team member of Somoni Project, responsible from organization and management.

On April 14, Heads of UN agencies in Tajikistan met with UNAIDS Intercountry Programme Adviser in CAR, Dr. Adamian, and decided to start up a project to assist the Government in co-ordination, planning and management of HIV/AIDS and STD prevention and care activities. The project is estimated to cost USD 240,000, and to be rolling by end of May.

International Organization for Migration (IOM) in Dushanbe, in collaboration with the Rehabilitation Center (an agency of the Council of National Reconciliation), is preparing a database on the needs of disabled former fighters.

OSCE is at present conducting a series of seminars on Gender Issues all over the country. The aim is to train 20-25 women in every district and to enable them to spread the information to other women. The seminars cover such subjects as Political and Labour Rights, Family and Health issues and Women and Election.

**UPCOMING EVENTS**

Working Group on Pharmaceutical reforms May 11, 14:00 at WHO.

Workshop on Structure of Health Master Plan: As a part of health reform process a 3-day workshop will be held in May (12th to 14th). Several issues of health reform field will be discussed during the sessions. Executives from Ministry of Health and other governmental organizations, national and international experts and international organizations will be invited to this meeting.

Dr. Saodat Mukhammadieva from Research Institute of Obstetrics, Gynecology and Pediatrics and Dr. Kasymov, Chief Physician of The Republican Skin-Venerologic Hospital will participate in a seminar on Integrated approach to the prevention and treatment of STD, St. Petersburg, May 12-14.

The 52nd Session of World Health Assembly will take place in Geneva, May 17-25. During the Assembly a new 2-year plan of co-operation between WHO and the Government of Tajikistan will be negotiated.

WHO will hold a 14-day seminar for midwives from Khatlon on “Skills and technology of IUD insertion. The basis of counseling. Review of modern contraceptives”, starting from May 20.

Interagency health coordination meeting will discuss TB on May 24, 14:00 at WHO. Dr. Richard Zaleskis, Regional WHO adviser in CAR, located in Almaty, will participate.

**CORRECTION**

In the last issue of the Newsletter, we referred to a reported 75% prevalence of sexually transmitted disease from a survey in Khatlon. - Percentages are obviously difficult. We have since learned that the absolute figures were 146 women with one or more STD out of 400. This gives 36.5% - far below the reported 75%, but still high enough to raise serious concern about the encounters with the HIV-virus.

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**Please send contribution to the WHO Office in Dushanbe:**

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