For the first quarter of 2002, the number of malaria cases reported in Tajikistan was 173, or about 18% less than for the same period in 2001. Significantly, the two districts with the highest morbidity, Kurgan-Tyube zone and Khatlon oblast, observed major decreases.

<table>
<thead>
<tr>
<th>Districts</th>
<th>1st quarter 2001</th>
<th>1st quarter 2002</th>
<th>Percentage change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gorno-Badakhshan oblast (GBAO)</td>
<td>5</td>
<td>7</td>
<td>+40%</td>
</tr>
<tr>
<td>Dushanbe</td>
<td>12</td>
<td>7</td>
<td>-41.7%</td>
</tr>
<tr>
<td>Rayons of Republican Subordination (RRS)</td>
<td>22</td>
<td>34</td>
<td>+54.5%</td>
</tr>
<tr>
<td>Kurgan-Tyube zone</td>
<td>76</td>
<td>46</td>
<td>-39.5%</td>
</tr>
<tr>
<td>Kulyab zone</td>
<td>5</td>
<td>16</td>
<td>+220%</td>
</tr>
<tr>
<td>Khatlon oblast</td>
<td>81</td>
<td>62</td>
<td>-23.5%</td>
</tr>
<tr>
<td>Sogd oblast</td>
<td>11</td>
<td>1</td>
<td>-90.9%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>212</strong></td>
<td><strong>173</strong></td>
<td><strong>-18.4%</strong></td>
</tr>
</tbody>
</table>

Immediately following a February decision by the Malaria Control Taskforce, the laboratory at the Republican Centre of Tropical Diseases began examining malaria patients from 2001 for malarial parasites and relapses. Laboratory tests of 12,458 blood samples revealed 160 parasite carriers, of whom 54% were infected with three-day malaria and the rest tropical malaria.

A similar examination of malaria patients from 2000 found a carrying rate of 2.7%. Of these 513 carriers, 69% had three-day malaria parasites.

Patients who had been diagnosed with malaria parasites or relapses in 2001 were tested repeatedly. Of 4743 blood samples, 31 were found to carry malaria: 4 with three-day malaria, 26 with tropical malaria and 1 with both. All parasite carriers received a repeated course of full radical treatment.

Each year the percentage of tropical parasite carriers is increasing, which means that renewed efforts should be made to improve radical antimalarial treatment. In 2002 (28 March to 9 April) an interseasonal 14-day course of preventive treatment with primaquine was conducted in 20 towns and districts, covering 287,081 people.

**The mosquito is the enemy!**

The fight against mosquitoes, malaria’s primary vector, is particularly important because of the large number of asymptomatic parasite carriers in Tajikistan, as shown by WHO surveys during 2001. Lacking symptoms, this group is not covered by the health system and thus acts as a hidden source of mosquito infection. Active elimination of mosquito larvae has thus become a key component in antimalarial efforts.

Major antimalarial activities include:

- elimination of adult mosquitoes by indoor spraying of insecticides with residual effects;
- elimination of larva populations by using gambusia fish;
- elimination of mosquito breeding places;
- population protection by mosquito nets in zones dominated by *Anopheles pulcherrimus*.
Last year the campaign against adult mosquitoes used 2392 kg of lambda-cyhalothrin, procured with the financial help of ECHO. Most of the spraying was carried out in Khatlon oblast, where more than a third of all the malaria cases in the republic continue to be registered. The total area of sprayed premises was 957 hectares.

If we compare the spraying coverage in 1998-2001 with malaria rates for the same period, it suggests that decreasing the coverage immediately results in increased infection rates.

In carrying out activities against exophilic vectors, such as *A. pulcherrimus*, indoor spraying is inefficient and larva elimination becomes paramount. Toward this end, gambusia fish were raised during 2001 in 7 rayons of Khatlon oblast and 3 rayons of Sogd oblast.

The elimination of breeding places was also crucial in 2001. Rice fields, which are breeding places for all major malaria vectors, were reduced by 57%. In addition, the Ministry of Melioration started draining unwanted ponds and cleaning the water collection network. During 2001, the ministry carried out such work on 300 hectares.

**Antimalarial activities planned in 2002**

Only two tonnes (2000 kg) of cyfluthrin powder, procured with WHO/EURO funds, are available for the current year. This quantity will treat about 800 hectares, or 160 hectares less than the previous year.

Despite the decrease in insecticide, the number of rayons to be sprayed has increased to 43. The list now includes Rogun, Shakhrinau and Besh-kent, where little or no spraying was carried out in 2001. The resulting reduction of spraying in other rayons means a significant shortage of insecticide.

In six rayons of Khatlon oblast, gambusia will be reared with financial support from ACTED. What is needed, however, is a republican gambusia-rearing group that will cover all the Tajik rayons exposed to malaria, particularly where rice continues to be grown.

While mosquito nets can be effective, they cannot, however, protect people working in the field during mosquito attacks, and other methods must also be used. By the end of 2000, the once widespread use of repellents had been completely forgotten. Obviously, a hot climate reduces the duration of a repellent’s effectiveness, but even 1–2 hours protection is helpful when someone cannot wear a mosquito net. Other important methods of individual protection include protective net clothing, such as the Zhukov suit.

The research on mosquito irritability to insecticides should also be mentioned. Irritability can cause mosquitoes to flee treated areas, decreasing the efficiency of indoor spraying. Irritability develops much faster than resistance and often makes the insects exophilic – for instance, when they migrate from sprayed lodgings to natural shelters before receiving a lethal dose of insecticide. According to preliminary data from ACTED, *A. superpictus* in Kolkhozobad rayon exhibits signs of exophila. Thus, continuous irritability monitoring should be carried out to enable rapid adaptation of spraying plans.

**Conclusions**

1. The main method of fighting malaria transmission in the next few years will be wide-area residual insecticide spraying of habitations. Gambusia is the second most important method, especially in the regions where exophilic vectors prevail.
2. To select the best methods of protecting individuals, the efficiency of repellents and protective clothing needs to be assessed.
3. For successful indoor spraying, constant monitoring of insecticide irritability and resistance is necessary.
Introduction

To date, evidence of malaria resistance to treatment with chloroquine (CQ) in Tajikistan has been limited to anecdotal reports. This study, conducted in selected areas of Khatlon oblast, is among the first in the republic to measure systematically, using WHO recommended protocols, the resistance of *Plasmodium falciparum* (Pf) and *P. vivax* (Pv) to CQ.

Results

The study was conducted in four kolkhozy (collective farms) in Khatlon: three in Kolkhozobad and one in Khojamaston. From September to November 2001, 842 verified symptomatic malarial subjects were enrolled, of whom 711 completed follow-up. Symptomatic persons were defined as having axillary temperature of 37.5 ºC and/or a history of chills, vomiting, joint aches and diarrhoea. The mean temperature of positive cases was 38.5 ºC, and the mean haemoglobin level was 11.2 mg/100dl (range 4-16) not suggesting severe anaemia. Table 1 shows the observed resistance rates for each district.

<table>
<thead>
<tr>
<th>Location</th>
<th>Pf (Vivax)</th>
<th>Pf (Falciparum)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kolkhozobad</td>
<td>0/147 (0.00%)</td>
<td>21/40 (52.5%)</td>
</tr>
<tr>
<td>Khojamaston</td>
<td>2/204 (0.97%)</td>
<td>163/318 (51.1%)</td>
</tr>
<tr>
<td>TOTAL</td>
<td>2/351 (0.57%)</td>
<td>184/358 (51.3%)</td>
</tr>
</tbody>
</table>

Discussion

After the 28-day follow-up, a treatment failure rate of 51.3% was observed amongst patients with confirmed *Pf* infections, and a failure rate of almost 0% for those with *Pv*. Though this is the only study to date measuring resistance in Khatlon, similar results would likely be found wherever *Pf* is found in Tajikistan for several reasons.

1. Observed resistance results from both sites are similar, which suggests the resistant *Pf* strains have a common source.
2. Current evidence clearly shows *Pf* malaria identified in Tajikistan has been imported from Afghanistan.
3. *Pf resistance to CQ has been documented in eastern provinces of Afghanistan (Kunar, Nangarhar, and Laghman) at similar rate. Recent studies reported Pf resistance rate of 50% to 60% among inhabitants of Afghanistan and Afghan refugees in Pakistan. Other studies document the absence of CQ resistance among *Pv* infections. It is likely that CQ resistance, like *Pf* malaria itself, came to Tajikistan from communities in Afghanistan.

The significant level of resistance identified in the study suggests that first-line treatment will need to change. Agencies now providing CQ should ensure a second-line treatment is available, particularly in areas with identified resistance. Permanent changes to treatment protocols are pending further research, in particular sulfadoxine/pyrimethamine efficacy studies planned by MERLIN, TDC, and WHO for the coming transmission season.
To analyse drug donations in Tajikistan during 2001, reporting forms developed by WHO were distributed to international organizations and then passed on to WHO/NPT for integrated assessment.

**Drug donations for PHC facilities**

In 2001, drugs were supplied to PHC facilities in GBAO by AKF, in Karategin valley by MSF and in Khatlon and RRS by IFRC.

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### PHC facilities supplied with humanitarian drugs in 2001

<table>
<thead>
<tr>
<th>Region</th>
<th>Donations Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sogd oblast</td>
<td>-</td>
</tr>
<tr>
<td>Dushanbe</td>
<td>-</td>
</tr>
<tr>
<td>RRS</td>
<td>MSF: 155 medical houses (MHs), 17 SVAs</td>
</tr>
<tr>
<td></td>
<td>IFRC – 454 MHs, 309 SVAs, 23 polyclinics with infectious disease units</td>
</tr>
<tr>
<td>Khatlon</td>
<td>MERLIN: 1 SVA and 5 polyclinics with infectious disease units</td>
</tr>
<tr>
<td></td>
<td>(no data for RRS and Khatlon specified)</td>
</tr>
<tr>
<td>GBAO</td>
<td>AKF: 144 MHs, 30 SVAs</td>
</tr>
</tbody>
</table>

---

**Regions receiving drugs for PHC - facilities in 2001**

- Sogd oblast (Leninabad)
- Dushanbe
- RRS
- Khatlon
- GBAO

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**Map:**

- Regions receiving drugs for PHC - facilities in 2001

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**Tables:**

- PHC facilities supplied with humanitarian drugs in 2001
All the above organizations, with the exception of AKF, provide drugs free of charge. AKF provides drugs as part of a RDF scheme in which patients cover 20% of the costs.

**Drug donations for secondary care**

Drug donations for secondary and tertiary health care are all provided free.

MERLIN supplies drugs to hospitals with infectious wards in Khatlon oblast (CRHs, SUBs and polyclinics). They supply drugs for infectious diseases only, which is critical for Khatlon, as the infectious disease rate there is very high.

**Health facilities supplied with drugs**

<table>
<thead>
<tr>
<th>District</th>
<th>Hospitals in 1998</th>
<th>Hospitals provided with drugs in 2000</th>
<th>Hospitals provided with drugs in 2001</th>
</tr>
</thead>
<tbody>
<tr>
<td>RRS</td>
<td>12 CRHs 50 SUBs 1 city hospital</td>
<td>14 CRHs (PSF); 1 CRH (ICRC) 5 SUBs (PSF) 4 SUBs (ICRC) 5 regional specialised hospitals (PSF)</td>
<td>14 CRHs and 4 CRH wards (PSF) 1 SRH (PSF) 3 SUBs (PSF); 5 SUBs in Rasht (ICRC)</td>
</tr>
<tr>
<td>Sogd oblast</td>
<td>13 CRHs 66 SUBs 16 city hospitals</td>
<td>13 CRHs (PSF) 3 SUBs (PSF) 5 oblast and city hospitals (PSF)</td>
<td>14 CRHs (PSF) 7 SUBs (PSF) 3 oblast hospitals (PSF) 2 city hospitals (PSF)</td>
</tr>
<tr>
<td>Khatlon oblast</td>
<td>24 CRHs 81 SUBs 5 city hospitals</td>
<td>27 CRHs (IFRC) 49 SUBs (IFRC)</td>
<td>30 CRHs (MERLIN) 46 SUBs (MERLIN) IFRC</td>
</tr>
<tr>
<td>GBAO</td>
<td>7 CRHs 15 SUBs 1 oblast hospital</td>
<td>7 CRHs (PSF) All SUBs (PSF) 1 oblast hospital (PSF)</td>
<td>7 CRHs (PSF) 7 SUBs (PSF) 1 oblast hospital (PSF) 1 oblast psychiatric hospital (AKF) 1 TB hospital (AKF)</td>
</tr>
</tbody>
</table>
Dushanbe

7 city hospitals
——
3 military and 3 other hospitals (ICRC)
3 republican hospitals (PSF)
3 city hospitals (PSF)

Republic-wide

——
——
17 psychiatric facilities (MSF)*

Total

56 CRHs
217 SUBs
30 city hospitals

56 CRHs
78 SUBs
5 city hospitals
5 special hospitals
1 oblast hospital

56 CRHs
76 SUBs
5 republican hospitals
4 city hospitals
3 special hospitals
3 oblast hospitals
3 military hospitals

IFRC 23 hospitals (no regional data specified)
ICRC supplies were provided upon request.

*MSF provides drug aid to psychiatric facilities in Dushanbe, Leninsky region, Kurgan-Tyube, Kulyab, Novobad, Tursun-Zade, Khujent, Gafurov, Kanibadam, Ura-Tube, Zafarabad, Penjikent, Nurek and Roshtkala.

Analysis of donated drugs

The surveys also requested data on the percentage of generic drugs, compliance with the republic’s EDL and the proportion in tablet and injection form. Drug lists for ICRC and UNICEF supplies were not available.

Of the drugs donated in 2001, all of those supplied by IFRC, MERLIN, AKF and WHO were generic, while the percentage for MSF and PSF were about 97.5.

All the organizations stated that they essentially follow both the Tajik and the WHO EDL. The EDL of RT was revised in October/November 2000.

WHO supplies humanitarian aid in kits:
I-st kit “Basic Unit” contains 12 drug items, out of which 91.6% are figured in EDL;
II-nd kit “Supplementary Unit” contains 39 drug items, out of which 97.4% are figured in EDL;
III-rd “Supplementary infusions” contains 2 drug items, out of which 100% are figured in EDL.

WHO supplies humanitarian aid in kits:
I-st kit “Basic Unit” contains 12 drug items, out of which 50% are tablets;
II-nd kit “Supplementary Unit” contains 39 drug items, out of which 41% are tablets;
III-rd “Supplementary infusions” contains 2 drug items, out of which 0% are tablets.
In the NPT prescription survey from 1999, a high percentage (47.8%) of prescriptions included at least one injectable. Drug donations in the 2001 survey included up to 39.6% injectables. Organizations that also procure drugs for hospitals and emergency care naturally provide a higher percentage of injectables. The percentage of injectables for MHs and SVAs should be lower. IFRC provides no injectables for MHs and 7.7% for SVAs.

WHO supplies humanitarian aid in kits:
I-st kit “Basic Unit” contains 12 drug items, out of which 0% are injectables;
II-nd kit “Supplementary Unit” contains 39 drug items, out of which 51.2% are injectables;
III-rd “Supplementary infusions” contains 2 drug items, out of which 100% are injectables.
<table>
<thead>
<tr>
<th>Organization</th>
<th>Training</th>
<th>Beneficiaries</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSF</td>
<td>Stock management, rational use of drugs (RUD), hygiene Hygiene One-day workshops on rational use of antibiotics Guidelines used: WHO, MSF, MERLIN, UNICEF, Somoni Health Care Project, PSF documents</td>
<td>Physicians, nurses</td>
</tr>
<tr>
<td>IFRC</td>
<td>One-day RUD workshops for monitors working in Khatlon and RRS (September 2001) Guidelines used: WHO</td>
<td>Physicians, nurses, monitors</td>
</tr>
<tr>
<td>MSF</td>
<td>Annual four-day courses on stock management Guidelines used: MSF, MoH</td>
<td>Physician’s assistant (feldshers), nurses</td>
</tr>
<tr>
<td>MERLIN</td>
<td>14 three-day workshops (5 June–13 December 2001) Guidelines used: WHO, MERLIN guidelines for typhoid, dysentery and malaria</td>
<td>Infection doctors</td>
</tr>
<tr>
<td>AKF</td>
<td>21 workshops on six RUD subjects, lasting one to three days Guidelines used: WHO, MoH</td>
<td>Physicians, pharmacists, nurses</td>
</tr>
<tr>
<td>UNICEF</td>
<td>Three-day workshop on ARI and diarrhoea management Eleven-day workshop on integrated management of children’s infections (IMCI) Guidelines used: WHO, MoH</td>
<td>Paediatricians, nurses, midwives</td>
</tr>
</tbody>
</table>

All organizations donating drugs to Tajikistan conduct training for their programme beneficiaries, using guidelines from WHO, MoH, MSF and MERLIN. These training programmes would help promote RUD by including training on National Treatment Guidelines approved and published by the MoH, especially when adapted to available drug supplies.

**WHO REGIONAL DIRECTOR VISITS TAJIKISTAN**

A mission led by Dr M. Danzon, Regional Director of the WHO Regional Office for Europe, visited Tajikistan at the end of March. Dr Danzon participated in the opening ceremony of the Republican Virology Centre, which has received expertise and equipment from WHO. During his official meetings with President Rakhmonov, the Minister of Health and Mr Petrov, UN RSG, Dr Danzon discussed UN cooperation issues including health care reform initiatives. The WHO mission also had the opportunity to visit the National Centre of Immunization, the National Centre of Tropical Diseases, the Republican San Epid Station and the Leninskiy Pilot district.

**UNFPA/WHO PRESS CONFERENCE**

On 19 April 2002, a press conference was held in Dushanbe to present the results of “Strengthening of the Ministry of Health and National Reproductive Health Centre management capacity and developing a RH management information system” Project. The 38 participants included representatives from UNFPA, WHO, UNICEF, WB, MFA, MoH, various NGOs.
and donors, the media and the Khatlon and GBAO RH centres.

In his opening speech, Mr M. Kahane, the project chair and UNFPA Representative in Tajikistan, addressed RH sub-programme development and further UNFPA assistance with the republic’s efforts to promote women’s RH.

Professor L. Ivanov, the head of the WHO Office in Tajikistan, discussed the achievements of the RH project in 2000–2002, and Dr A. Latipov, Deputy Minister of Health, reported on the role of the MoH in implementing it. Then the floor was opened to the media and other participants, including Dr Z. Ahmedova and Dr V. Shigolev, UNFPA; Ms V. Mirzoeva and Ms D. Khaidarova, Gender and Development; Dr S. Kurbanov, UNICEF; Dr Z. Mirzoeva, the Somoni Health Care Reform Project; Dr S. Saifuddinov, NSC; Dr S. Muhamadieva, SRIOG and P; and Ms S. Bazarova, WB.

At the end of the press conference, Mr Kahane and Professor Ivanov presented ultrasound scanners to Dr A. Temurov, head doctor of Khatlon oblast, and Dr D. Meralieva, director of the RH centre in GBAO.

As part of the WHO Humanitarian Assistance Programme in Relation to Afghanistan (HAPRA), the opening ceremony of the WHO Training Centre in Kurgan-Tyube was held on 15 April 2002. For the next five days, 30 PHC specialists from rayons bordering Afghanistan – Moscovsky, Shurabadsky, Piandjsky, Shaartuzsky, Parharsky, Cumsangirsky, Bokhtarsky and Kulabsky – were trained on RUD.

The opening speech was given by Mrs M. Sharipova, Deputy Chair of Khatlon oblast, who thanked WHO for its timely support of the Tajik government’s improvement of the health sector.

Professor L. Ivanov, Head of the WHO Office in Tajikistan, outlined HAPRA’s goals and the subjects of coming workshops. He thanked the Khatlon hukumat and health department for their help in organizing the workshop. Dr A. Latipov, Deputy Minister of Health, and Dr F. Nazarov also took part. The centre opening was broadcast on national TV in Dushanbe and local TV in Khatlon.

The first workshop was devoted to RUD principles and the Essential Drug Concept, two priorities for the further development of the republic’s pharmaceutical sector. Training materials prepared by NPT specialists included the Tajik EDL and a variety of drug guidelines.

The programme covered the Essential Drugs Concept and problems of drug use; comparative costs of generic and brand-name drugs; essential drugs included in humanitarian health kits; antibiotic use in Tajikistan and basic mistakes in antibiotic therapy; the main problems
of donated humanitarian drugs; WHO guidelines on drug donations and therapeutic drug committees.

Several observations emerged from the workshop.

- Despite extensive PHC experience, workshop participants lacked updated information on the EDL and exhibit low awareness of RUD.
- Not enough information on donated drugs and RUD is available to the participants.
- Physicians use outdated treatment schemes for the most common conditions in their work, such as otitis, dyspepsia and arterial hypertension.
- Physicians primarily prescribe brand-name drugs, which are more expensive, than their generic equivalents.
- Problems that physicians encounter with humanitarian assistance include untimely supplies, expired drugs and a lack of documentation on donated drugs.

# MEASLES OUTBREAK

An outbreak of measles was discovered in the district of Khojamaston, south of Dushanbe, when a community health educator from MERLIN discovered a cluster of ill children in the village of Subtropik. Following the guidelines of the Republican Immunoprophylaxis Centre, the district health authorities began to investigate nearby villages to define the extent of the outbreak. To contain transmission and initiate an immunization campaign using UNICEF vaccines, four MoH immunization teams assembled, totalling 61 physicians and nurses. MERLIN provided quick assistance in the form of three vehicles, four health workers and medicine for hospitalized patients.

Though 360 suspected cases of measles were detected during the verbal canvassing of the district, including cases that turned out to be rubella and scarlet fever, only 11 were confirmed as measles, of which 3 were fatalities. By 3 April, 10,836 children, or about 83% of the vulnerable population, had been immunized. A subsequent health coordination meeting made a recommendation to the MoH about wider social mobilization and stricter organization of measles surveillance based on WHO guidelines.

# HEAVY RAINS AND HAILSTORMS

On 23 March, a flood occurred in the district of Vose (Kulyab zone) when the waters from the river Yaksu, swollen by heavy rains, burst through two sections of the river embankment. The Ministry of Emergency Situations (MES) estimates that up to 40 houses were either damaged or destroyed, with another 130 houses and over 30 hectares of agricultural land affected. OCHA and IFRC conducted an initial assessment and met on-site representatives from the MES, who in conjunction with the National Red Crescent Society were able to cover the most immediate needs, primarily food and clothing, of the affected households.
On 6 May the village of Lesopitomnik in Vose district was again flooded when a river-bank, which the local hukumat had rehabilitated slightly after previous damage, was destroyed anew. IFRC responded quickly and evacuated women and children from parts of the village where the water was high, removing around 70 people to neighbouring villages and Kulyab city.

At the beginning of May, landslides and floods triggered by incessant rains caused damage in most of the Aini district. Due to heavy rains, several areas around Penjikent, Aini, Mastchon and Kohi have been severely flooded. This flooding is said to be the worst on record in the area. According to the government, in most of the villages of Aini as well as Penjikent the main water supply has been cut off due to burst pipes. The flooding mud affected some 100–130 houses in all that need repairing.

According to the deputy head of the Penjikent hukumat, which borders on Uzbekistan, three children were killed and four were injured. As a result of the flooding, another child was also killed crossing the Zarafshon River two weeks ago. The flood destroyed primarily roads, agricultural land and canals. The authority’s main concern is the rehabilitation of roads, canals and water reservoirs, as well as of the protective flood embankments along the Zarafshon. Government officials also mentioned in passing that during the last year, 30 people were killed and 57 people injured by landmines in Jamoat Khumri and Farob on the Uzbekistan border.

Heavy rains and hail-storms continue to affect the country, swelling rivers, battering agricultural land and causing landslides. Many parts in northern, central and southern Tajikistan have been subject to incessant rains, with many districts – Aini and Penjikent in the north, Vose, Sovietsky and Gozimalik in the south, and Hissar, Varzob and Rasht in the central part – receiving the brunt of the worsening weather.

In light of the damage suffered since the start of the rainy season in March, the government of Tajikistan issued an appeal to international organizations and friendly nations on 7 May 2002, requesting financial assistance in overcoming this succession of disasters. The appeal estimates the damages caused by the March and April weather at over US $28 million and requests monetary aid. Tajikistan has discussed the appeal with UN agencies and organizations, as well as international humanitarian partners and diplomats in Dushanbe.

Meanwhile, at the local level, communities have started mobilizing to clear roads and open communications with the affected areas. WFP, IFRC and the National Red Crescent Society branches have been assisting victims with nonfood items and are in the process of developing proposals for food-for-work rehabilitation projects. As the rainy period is not over, more emergencies are expected, and MES employees have been deployed to threatened areas to monitor water levels, especially where river-banks are known to be weak.

In October 2001, Project HOPE opened a permanent office in Dushanbe. Since then, the organization has signed a memorandum of understanding with MoH and initiated a DOTS TB treatment programme and a humanitarian aid programme.

The DOTS Tuberculosis programme is organized by several partners including The Ministry of Health, Project Hope, WHO, The Center for Disease Control (Almaty), and others. The programme is funded with GDF and USAID support.

The first patients will enrol in the TB programme in May 2002, and the official opening will be announced soon. Project HOPE will focus on working together with MoH and its counterparts in training local health professionals and monitoring programme activities. To date, Project HOPE has trained over 50 TB specialists and PHC physicians in the WHO-
recommended DOTS strategy. It has also pro-
vided to the MoH the equipment for a fully
functioning national TB laboratory, nine bin-
ocular microscopes and the equipment for an
additional six microscopy centres.

Project HOPE celebrated World TB Day with its
partners and local NGOs by drawing attention
to the TB threat and to the fact that this global
epidemic can be treated effectively. Local radio
and television covered the events. The main
event was held in Dushanbe’s Central Park. A
sunny morning found several hundred people
gathered as MoH and Project HOPE representa-
tives informed the crowd about World TB Day
and Project HOPE. Educational material in the
form of pocket calendars, booklets and a chil-
dren’s TB storybook were distributed to the
crowd.

The events included a competition for TB-
related drawings and pavement art. Over 80
children took part in the art competition,
among them disabled children, Afghan refu-
gees and local TB patients. After the art com-
petition was over, the Red Crescent Society
staged a play dramatizing the TB epidemic and
illustrating successful treatment through DOTS
therapy. The Swiss Cooperation Office in Taji-
kistan and Zdrav Plus provided additional sup-
port.

Project HOPE’s Humanitarian Aid programme
has provided over US $7 million worth of
needed aid to Tajikistan, including two airlifts
of medicines, medical supplies and other assis-
tance. The first shipment arrived in January,
and two additional cargo planes delivered aid
on 27 March. The programme, which is funded
by the US State Department, provides needed
medicines to selected hospitals throughout the
republic.