



PROJECT FACTSHEET

Tajikistan November 2015

TAJIKISTAN: ACCESS TO PRIMARY HEALTHCARE FOR PEOPLE IN RURAL AREAS



Family healthcare professionals talk about breastfeeding to a community health group in the village of Hasanov.

This public health project in Tajikistan aims to improve access to healthcare for rural communities by promoting primary healthcare and family medicine. Specifically, it is building and renovating health centres, training medical and administrative staff, and setting up groups of villagers to promote health in their communities.

Tajikistan, the poorest country in central Asia, faces many health challenges. People not only suffer from infectious diseases such as tuberculosis and AIDS, but also from non-communicable diseases like diabetes and cardiovascular diseases. Non-communicable diseases are currently the leading cause of mortality and morbidity. Efforts are also needed in maternal health. Although infant and maternal mortality rates are falling, they remain the highest in the region. Moreover, the government invests very little in healthcare, meaning that 86% of costs are borne by the patients (figures from 2013).

In light of this situation, Tajikistan's government has adopted the new National Health Strategy 2010-2020 which seeks to improve people's access to healthcare both in terms of geographic location and funding. The strategy hails a paradigm shift. Instead of the large, expensive hospitals inherited from the

Soviet era, the focus is now on strengthening primary healthcare, particularly by promoting family doctors. The project, which is currently in its fifth phase, is working in six districts: Shahrinav, Tursunzade, Vose, Hamadoni, Faizobod and Rudaki.

RENOVATED, BETTER MANAGED HEALTH CENTRES

One of the project's initial objectives is to build or renovate health centres in rural areas. More than 120 centres have been rehabilitated to date, giving more than 600,000 people greater access to healthcare. Another aspect of the project is to train not just medical but also administrative staff of the centres. Healthcare professionals are being trained in family medicine in conjunction with another SDC project. About 230 doctors and the same number of nurses have already benefited from this training. Managers learn to better manage their centre's budget and set priorities based on actual needs. Their room for manoeuvre is nonetheless limited: only 4% of the budget is flexible and can be used to upgrade facilities or buy drugs.

GETTING COMMUNITIES INVOLVED

The project also aims to encourage local people to take an active interest in their own health. Community healthcare groups are being set up in villages. So far some 780 groups have been created in the six districts in which the project is active. The groups have two roles. They talk to communities to identify priority healthcare needs and work with healthcare centres to help them include these priorities in their planning. They also help to promote healthcare in their villages.

In partnership with the institutions responsible for promoting health, the groups receive training in hygiene, children's healthcare and the prevention of diseases such as diabetes and hypertension. They also receive teaching materials to allow them to pass on their knowledge to the villagers through prevention

workshops.

The initiative taken by many community health groups is an encouraging sign that people are taking responsibility. Most have independently set up an emergency transport fund which pays to transport patients to the nearest hospital in an emergency.

POLITICAL IMPACT

The Tajik government has recognised the usefulness and effectiveness of the 'business plan', a management tool introduced in several primary healthcare centres as part of the project. In April 2014, it decided to include this approach in its national health strategy and extend it to the rest of the country.

PROJECT AT A GLANCE

Project title

Enhancing primary health care services

Duration

2002–2020 (currently phase 5)

Current budget (2013-2017)

4,8 million CHF

Implementing agencies

Swiss Tropical Public Health Institute
Save the Children Switzerland

COUNTRY FACTS (Source: World Bank)

Population (2014)

Tajikistan : 8,3 million
Switzerland : 8,1 million

Life expectancy at birth (2013)

Tajikistan : women 71 years, men 64 years
Switzerland : women 85 years, men 81 years

Gross domestic product per capita (2013)

Tajikistan : 1048 USD
Switzerland : 84 733 USD



One of the tasks of the community health groups is to identify the village health priorities - here in the Rudaki district.

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