Tajikistan

Population: 6.2 million (2000 estimate)
Area km2: 143,000
Life expectancy: males 65.5 years, females 71.2 years (1995)
Infant mortality: 19.4 per 1000 live births (1999)
Real GDP per capita: PPP $1041 (1998)
Health expenditure % of GDP: 1.2% (1998)
Health expenditure per capita: PPP US$12.49 (1998)
Hospital beds: 6.7 per 1000 population (1999)
Doctors: 2.1 per 1000 population.

Source: www.odci.gov/cia/publications/factobook/geos/ti.html

Background

Tajikistan is a primarily mountainous country divided by high mountain ranges. Its post-independence development has been impeded by civil conflict and by its location in a politically volatile region, with continuing rebel incursions over its long border with Afghanistan and with Russian Federation-led peacekeeping troops based in the country. Widespread violence beginning in 1992 was finally ended with a peace agreement between rival factions signed in 1997. The toll from the civil war includes many thousands killed and much population displacement and destruction. Emomali Rahmonov, elected President in 1994, was re-elected in 1999. The country is divided into five administrative units plus Dushanbe (the capital). The Gorno-Badakshan oblast, previously controlled by opponents of the government, is geographically often inaccessible and operates more autonomously.

Of the estimated at 6.2 million population, nearly three-quarters live in rural areas. The country has a young population due to a high fertility rate. About two-thirds of the population are Tajik and one-quarter Uzbek, while many ethnic Russians have left the country. Tajik (related to the Persian or Farsi language group) is the official state language but Russian remains the main language of business. The main

religion is Islam, mostly Sunni, but many in the Pamir Mountain region belong to the Shia branch.

Tajikistan was always the poorest of the Soviet republics. Its economy collapsed after independence, with the loss of markets and subsidies from Moscow, and the devastation caused by the six-year civil war. Real GDP fell to 40 per cent of its 1990 level in 1996 before beginning to recover in 1997. Agriculture, which is central to the country, has begun some recovery even though only 7 per cent of the land is arable. The living standards of the population have plummeted with over 80 per cent of the population estimated to live below the poverty line.

Funding and organization

Health expenditure remains below 2 per cent of GDP and health expenditure per person has fallen to PPP US $12.49 in 1998. External donors have accounted for perhaps a third of the government health budget in some years. The population increasingly has to pay out-of-pocket for their own health care. Such payments are now thought to make up about two-thirds of health spending.

The state remains the main funder and provider of health care services. The Ministry of Health runs national level institutes and hospitals, while local administrations run other health services. The system thus still runs as a centralized Soviet model health care system although various changes have been discussed.

Health services delivery

The intention is to strengthen primary care by retraining the existing staff as family physicians. The feldsher/midwife posts (FAPs) and rural physician clinics (SVAs) have been renamed 'medical houses' while polyclinics in urban areas continue to specialize. The hospital system has been cut by 30 per cent of its beds although few hospitals have closed. Tajikistan lost many skilled staff during the civil war and retraining remains a priority.

Infectious disease has returned as a major threat following damage to the water supply and sewerage combined with a breakdown in public health measures such as immunization and mosquito control. These programmes are being restored with the help of international donors.

Challenges and reforms

Health care reform was not high on the public agenda, given the disastrous civil war and severe economic problems. The Somoni project within the Ministry of Health was initiated in 1999 to develop a national plan for the health sector. The reform proposals include strengthening primary health care, reducing excess hospital capacity, developing human resources and introducing a reliable health information system. Future external assistance must be directed at establishing a sustainable health system.

Sources

Rahminov, R, Gedik, G & Healy, J *Health Care Systems in Transition: Tajikistan* European Observatory on Health Care Systems, Copenhagen, 2000.

WHO Regional Office for Europe *Highlights on Health in Tajikistan*

(http://www.who.dk/country/taj01.pdf)

UNDP *Human Development Report*, UNDP, Tajikistan, 2000.

Rahminov, R, Gedik, G & Healy, J 'Tajikistan' in McKee, M, Healy, J & Falkingham, J (eds) *Health Care in Central Asia* Open University Press, Buckingham (in press).