Tuberculosis country work summary

Tajikistan

Total population (millions): 7.0  
High TB priority country  
High MDR-TB burden country

Epidemiological profile 2011*

<table>
<thead>
<tr>
<th>Estimates of TB burden</th>
<th>Number (thousands)</th>
<th>Rate (per 100 000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mortality</td>
<td>1.1 (0.76–1.5)</td>
<td>16 (11-21)</td>
</tr>
<tr>
<td>Prevalence</td>
<td>24 (12-41)</td>
<td>344 (172-588)</td>
</tr>
<tr>
<td>Incidence</td>
<td>13 (11-16)</td>
<td>186 (159-229)</td>
</tr>
<tr>
<td>Case detection rate</td>
<td>48 (39-57) %</td>
<td></td>
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<table>
<thead>
<tr>
<th>MDR-TB burden</th>
<th>Number</th>
<th>%</th>
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<tbody>
<tr>
<td>Estimation among notified TB cases:</td>
<td></td>
<td></td>
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<tr>
<td>MDR-TB among new cases</td>
<td>540 (420-670)</td>
<td>13 (9.8-16)</td>
</tr>
<tr>
<td>MDR-TB among previously treated cases</td>
<td>500 (450-550)</td>
<td>54 (45-59)</td>
</tr>
<tr>
<td>Notified MDR-TB cases on treatment</td>
<td>376</td>
<td>62</td>
</tr>
</tbody>
</table>

Estimated prevalence of HIV among TB (number; percentage): 250 (190-320), 1.8 (1.5-2.2)%.

<table>
<thead>
<tr>
<th>Treatment outcome 2010</th>
<th>Successfully treated (%)</th>
<th>Died (%)</th>
<th>Failed (%)</th>
<th>Lost to follow up** (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>New smear-positive pulmonary cases</td>
<td>80.1</td>
<td>4.8</td>
<td>10.7</td>
<td>1.3</td>
</tr>
<tr>
<td>New smear-negative/extrapulmonary cases</td>
<td>89.9</td>
<td>3.5</td>
<td>1.4</td>
<td>5.2</td>
</tr>
<tr>
<td>Previously treated cases</td>
<td>71.8</td>
<td>10.9</td>
<td>11.5</td>
<td>5.9</td>
</tr>
<tr>
<td>MDR-TB cohort 2009</td>
<td>71.2</td>
<td>13.5</td>
<td>11.5</td>
<td>3.8</td>
</tr>
</tbody>
</table>


**Includes those cases that defaulted from treatment, those that were transferred out and those that were not evaluated.

Major challenges

Tajikistan is among the 27 high multidrug-resistant tuberculosis (MDR-TB) burden countries in the world. Although the country has committed to the Stop TB Strategy, there is a lack of drug supply management and there are problems with the procurement of quality-assured anti-TB drugs. The TB detection rate is very low and the TB information system is weak and does not supply reliable information to decision-makers. The majority of TB hospitals do not meet internationally recognized infection control requirements. Moreover, there is still a lack of human resource capacity to manage TB control, especially in rural areas at primary health care level because of poor motivation and low salaries.

About 85% of funds for TB control activities are contributed by The Global Fund to Fight AIDS, Tuberculosis and Malaria (The Global Fund) and other donors. Despite the annual increase in the state budget on TB, there are insufficient government funds to cover the basic needs of the National TB Programme (NTP), making Tajikistan dependent on external support and threatening sustainable TB interventions.

Achievements in collaboration with WHO

- Technical assistance was provided to the NTP in the development of a successful proposal to The Global Fund through the transitional funding mechanism which enabled the country to continuous provision of quality assured drugs for treatment of MDR-TB and strengthening of the TB laboratory system.

- The pilot phase of the implementation of an electronic recording and reporting system for MDR-TB was completed and, based on the results of this pilot project, the country started step by step expansion of this open medical record system (Open MRS). In parallel, the module for electronic recording and reporting system of susceptible TB was developed and incorporated in the existing system. The pilot phase of the implementation of the system for all TB cases started. The work is done in partnership with the NTP, the United Nations Development Programme (UNDP) and the International Research & Development Organisation (IRDO).

- Technical assistance to the implementation of the practical approach to lung health (PAL) continued. Together with the Quality Health Care Project and other partners, consultative assistance was provided to the national working group on the development of PAL clinical protocols and training materials on PAL and, in addition, two trainings on PAL for primary health care personnel of pilot districts were conducted.
• Annual monitoring and gradual expansion of treatment of MDR-TB patients through the Green Light Committee (GLC)/Europe.
• Operational research comparing hospitalization with ambulatory TB treatment outcomes has been finished and the research report with recommendations has been developed and presented to partners.
• In this second year of strengthening the TB laboratory capacity in the country within the framework of the EXPAND-TB project, laboratory equipments and reagents were supplied to the National Reference Laboratory.
• A memorandum of understanding and cooperation between the UNDP, the Ministry of Health, the WHO Tajikistan Country Office and the Supranational Reference Laboratory for TB in Gauting Germany, was signed. This memorandum supports the collaboration between these partners till the end of 2012 in strengthening the public health laboratory services in the country including TB laboratories and establishment of the National Public Health Reference Laboratory (NPHRL).
• A National Operational Plan on TB Infection Control was developed through support by the TB Technical Assistance Mechanism (TBTEAM). This plan is for five years and includes a budget and monitoring and evaluation plan.
• The National M/XDR-TB Response Plan, in line with the Regional M/XDR-TB Action Plan, was finalized and endorsed by the Ministry of Health.

Planned WHO activities
• Mid term review of the National TB Program.
• Ongoing monitoring of treatment of MDR-TB patients and ensuring treatment with quality assured TB medicines with the support of the GLC/Europe and Global Drug Facility (GDF) mechanisms.
• If funding permits, technical assistance to address TB through health systems strengthening and primary health care.
• Technical support to implementation of the TB electronic database management system.
• If funding permits, continuation of capacity building for TB Control.
• High level advocacy of TB issues through the Country Coordination Mechanism (CCM).
• Fund raising and follow-up with national and international TB stakeholders to implement the National TB Infection Control Action Plan.

Main partners of WHO
• Ministry of Health
• Ministry of Justice, department of correctional affairs
• National and regional TB centres
• National and regional HIV/AIDS centres
• Global Fund to Fight AIDS, Tuberculosis and Malaria (The Global Fund) through the United Nations Development Programme (UNDP)
• Project HOPE
• United States Agency for International Development (USAID) through the Health Quality Project and TB Care 1 Project
• International Research & Development Organisation (IRDO)
• German Development Bank (KfW)
• Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)
• AIDS Foundation East-West
• Red Crescent Society of Tajikistan
• Caritas Luxemburg
• Aga Khan Foundation
• Finnish Lung Health Association (Filha).