Results of 20 years of Swiss - Tajik collaboration in Primary Health Development

Tajikistan, 2021

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Tajikistan

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Tajikistan: Background

Health care system in Tajikistan after the gaining its independence (September 9, 1991) and the Civil War (1992 – 1997)

- Tajikistan suffered a particularly severe economic decline and collapse of social infrastructure.
- In 2000 the poverty rate in Tajikistan was 83%.
- Drastic decline in living standards led to:
  - Outbreaks of infectious diseases
  - Increased maternal, infant and child mortality rates
  - Increased stunting rates among children
  - Decreased life expectancy- Emigration of qualified staff
  - Ruined primary health care facilities
  - Lack of essential drugs
  - Quickly outdating equipment
  - Absence of leadership capacities to deal with the challenges
  - 70% of the population living in rural areas lacked access to basic health services

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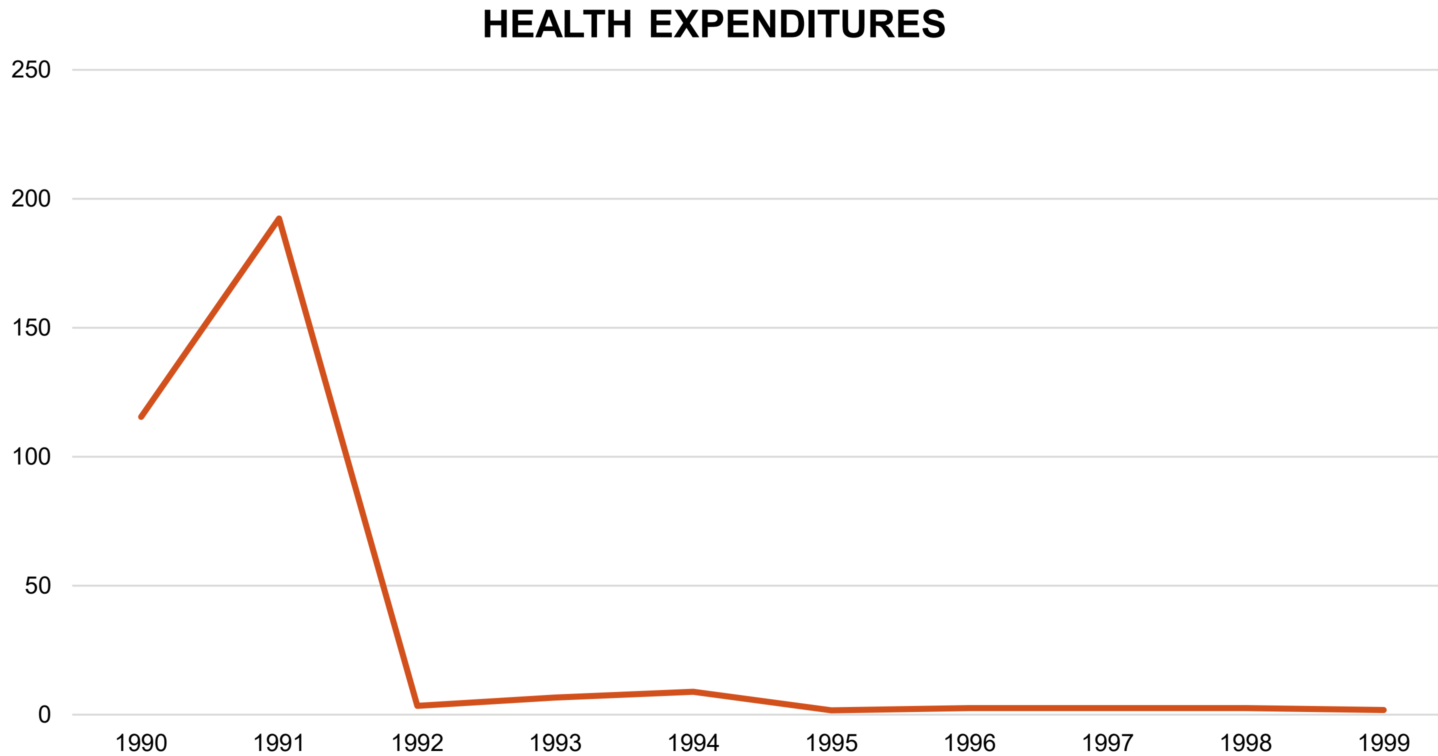
Government health expenditures per capita per year 1990-1999

1992 – 1999 average US$ 3.7



*Source – Joint Annual Review of the implementation of the National Health Strategy, reports 2001-2018, Ministry of Health and Social Protection of the Republic of Tajikistan.

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Tajikistan: Background

Health care system in Tajikistan before the collapse of the Soviet Union (Semashko system)

Used to be:

- Comprehensive. It had managed to provide universal coverage with basic services
- Effective in tackling many epidemics (malarial, polio, TB, trachoma..)

But:

- Highly specialized and centralized
- Focused on curative and inpatient care
- Expensive, therefore does not fitted to the demands of drastically changed conditions

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Health care system in Tajikistan

Key questions:

- How to make health services available, affordable, accessible, acceptable?
- How to improve health equity?
- How to make health system people centered?
- How to promote the health of communities ?
- **Who will design, plan and implement reforms?**

The concept of health care reform with the immediate objective to build family medicine based primary health care - important milestone in 2002

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Domains of Cooperation Strategy

1) Health Care Reform (SDC, OZA)

	Kyrgyzstan	Tajikistan	Uzbekistan
Objective	The reform of the health sector leads to 1) Improved access to medical care; 2) Higher quality service delivery; 3) Health promotion and public responsiveness; 4) Improved financial management of the health sector.		
Strategic choices	▪ Alignment behind national reform plans and harmonised approaches for implementation ▪ Strengthening of capacities at the community level ▪ Parallel support for multilateral co-financing schemes (incl. SWAp and sector budget support where appropriate) and bilateral initiatives, especially for strengthening of capacities at the community level ▪ Financial volume kept stable until 2011		This domain is not part of the program implemented in Uzbekistan
Approach	▪ Multilateral co-financing schemes, bilateral support in parallel and SWAp if appropriate		

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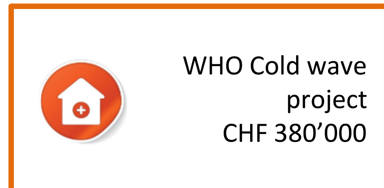
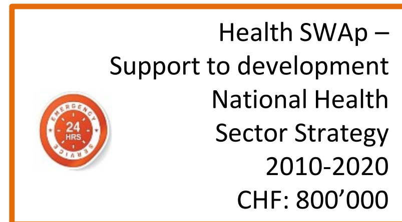
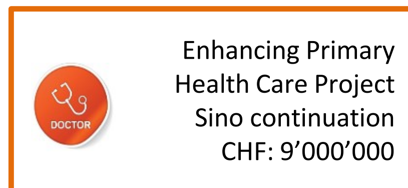
Projects implemented in Tajikistan

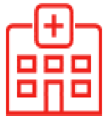






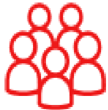
*These figures do not include investments made over the years within the humanitarian aid including during the civil war in 1992-1998 and Covid 19 pandemics

Addressing the challenges

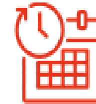


Rehabilitation and providing equipment to Primary Health Care facilities.

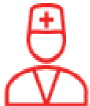
Establishment of Clinical Skills Laboratories in Dushanbe and Kulob.



Involving community in health promotion.



Providing Health Management and Business Planning Courses at Primary Health care level.



Increasing population coverage by trained Family Medicine specialists.

Updating undergraduate curricula of medical doctors.

Improving teaching capacities at medical training institutions.

Sharing knowledge, expertise and know-how between Swiss and Tajik Family Doctors.

Contributing to the achievement of SDGs

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Main partners

ВАЗОРАТИ ТАНДУРУСТӢ ВА ҲИФЗИ ИҶТИМОИИ АҲОЛИИ ҶУМҲУРИИ ТОҶИКИСТОН

Primary Health Care (PHC) Managers

Avicenna Tajik State Medical University

Tajik Postgraduate Institute

ГОСУДАРСТВЕННОЕ УЧРЕЖДЕНИЕ «РЕСПУБЛИКАНСКИЙ УЧЕБНО-КЛИНИЧЕСКИЙ ЦЕНТР СЕМЕЙНОЙ МЕДИЦИНЫ»

МУАССИСАИ ДАВЛАТИИ «МАРКАЗИ ҶУМҲУРИЯВИИ ТАЪЛИМИЮ КЛИНИКИИ ТИББИ ОИЛАВӢ»

NATIONAL REPUBLICAN TRAINING AND CLINICAL FAMILY MEDICINE CENTER

Medical colleges in Dushanbe and Kulob

Local governments in
23 districts in Tajikistan

Health care staff in 24 pilot districts

Community health teams

AGA KHAN FOUNDATION

Swiss Tropical and Public Health Institute
Schweizerisches Tropen- und Public Health-Institut
Institut Tropical et de Santé Publique Suisse

Associated Institute of the University of Basel

Swiss
Surgical
Teams

Swiss Association
of Family Doctors

Important aspects: programme design and implementation

Context	Political, Economic, Social	How and what to do in country with limited recourses (human, financial technical) and limited freedom of expression
Content	Importance to work at all three levels: national , regional, community to optimize effectiveness and efficiency of the program; optimize acceptability ensure sustainability of the program's outcomes	Activity areas: – Regulation – Financing – Human capacity building (knowledge, skills attitude); provision of services, including infrastructure improvement – Behavior of the population
Implementing approach	Using government systems and structures	Swiss TPH as a flagship agency with a scientific background enabled local partners to develop, test, analyze and take informed decisions in introducing new working approaches at service delivery level. Aga Khan Foundations/Aga Khan Health Services with its capacities to work at remote and difficult to reach areas enabled to scale up innovations endorsed by GoT.
How	Coordination with other donors and implementing agencies Promoting good governance principals, gender equity and social inclusiveness Conflict Sensitive Program Management (CSPM)	Building synergies, complementarities with health and non-health projects Optimizing acceptability via solid technical Know How (high quality of consultations) Continuity and consistency (long term projects) Consistency in embedding the best practices into the system of service delivery

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Geographical coverage

Map of activities

Health

Projects: IHHI, Enhancing PHC (Sino-6), MEP,CBFM

- Sughd Region
- DRS
- GBAO
- Khatlon Region

Khujand
Konibodom
Lakhsh
Rasht (Garm)
Tojikobod
Tavildara
Nurobod
Rogun
Fayzobod
Tursunzoda
Rudaki
Darvoz
Vanj
Murgob
Rushon
Shugnon
Khorugh
Roshtqal'a
Ishkoshim
Khovaling
Muminobod
Vose
Shohin
Hamadoni
K-T

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What has been changed over the years?

At policy level:

Endorsed health policy documents:

- Concept of medical education reform
- Program of Family Medicine Development
- National Health Sector Strategy 2010- 2020
- National Health Sector Strategy 2021-2030 (under review)
- Orders, norms, regulations, guidelines

! Contribution at health policy level enabled to incorporate new practices into the system of service delivery enhancing potential to sustain key programme outcomes

What has been changed over the years?

At institutional level:

- Innovative *full fledged post- university specialty* training for family doctors (in line with national quality standards)

- *Innovative, module based* (more affordable) Primary Health Care Management *Course* with a content responding Tajikistan's needs and realities

- Improved *planning, management and monitoring capacities* of health care managers sustained via *regular business planning exercise*

- *Institutionalized partnerships* of PHC workers with communities on health issues

What has been changed over the years?

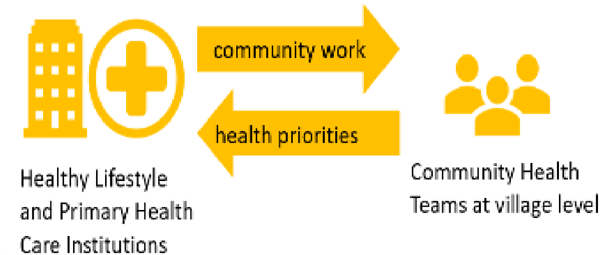
At operational level:

Improved access to and coverage of the population with family medicine services of better quality

- The number of primary health care facilities functioning on the base of family medicine has reached the target of 80% defined in the National Health Strategy for 2010-2020 (NHS)
- Improved infrastructure of PHC facilities along with the enhanced knowledge and skills of health workers made PHC more attractive for patients
- Patients' per capita per year visits to PHC facilities has increased from the average 1,5 in 2000 to 4,5 in 2020
- The percentage of health facilities with a functional water source increased from 65 % in 2016 to 95% in 2020 in the Swiss program pilot area – source projects reports
- 98% of observed doctors provide advice to the patient's health problem re health education and risk factors.
- % of doctors washing their hands before medical examination increased to 72% in 2020 (vs to 22% in 2016)

What has been changed over the years?

At community level:



The partnership approach, as a working modality:

- Contributing to a greater accountability and transparency in health services, enabling health managers to hear voice of communities

- Empowering community members to participate in health planning, disseminating information on rights and entitlements to services

Findings from health literacy pre- and post-intervention surveys indicate that the adult population increased their knowledge about cardiovascular risk factors as well as about diabetes and obesity

In 2020, *73% (vs to 61% in 2016)* of the men and *77% of women (vs 58% in 2016)* demonstrated their good knowledge and ability to gain, understand and use basic information in ways that promote and maintain health

Health outcomes over the years

Health Indicators	2005*	2012**	2017***
Life expectancy	66.08	69.3	70.7
Infant mortality rate per 1000 live births	65	34	33.0
Under 5 mortality rate	79	43	33
Stunted children under 5, %	27	26	17.5
Antenatal care (4 visits and more) %	n/a	53	64
Maternal mortality rate per 100 000 live births	97	65	17
Home deliveries	38	23	12
Incidence of tuberculosis per 100 000 population per year	196	108	85

Source:
* Tajikistan Multiple Indicator Cluster Survey 2005
**Tajikistan Demographic and Health Survey 2017
*** Tajikistan Demographic and Health Survey 2017

Lessons learned – perspective of Health NPO

Key factors delaying implementation of health care reforms

- Inflexibility of Minds/habits/attitudes
- Populistic expectations of senior management for hardware
- Lack of capacities to plan, manage, take responsibilities, inappropriate human resource policy
- Extremely low financing of the health sector with negative consequences
- Authoritarian/centralized forms of management not allowing broader discussions and informed decision making
- Weak alignment between health strategies/programs including vertical and budgets

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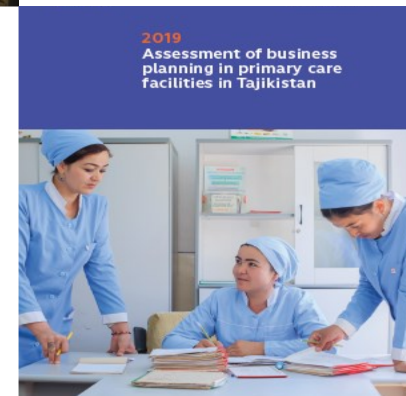
Key factors defining the success of the Swiss funded health program in Tajikistan

- Supporting government priorities, using government structures and systems
- Long term and large scale engagement
- Insistence in appropriate implementation of the project cycle management with a strong focus on monitoring and evaluation
- Promotion and application of good governance principals and special requirements for ownership and sustainability
- Providing best technical experts, “know how”
- Comprehensiveness of the program covering such areas as policy, management, organization, training financing, planning service delivery, community involvement
- Possibility to pilot new working modalities (e.g. decentralized forms of continuous medical education business planning , partnership with communities) and support their national expansion



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What proved to be beyond the capacity of the program?

1992 – 1999 – average US$ 3.7

2000 - 2020 – average US$ 22.8

Government health expenditures per capita per year 1990-2020

Year	Value
1990	115.4
1991	192.3
1992	3.4
1993	6.6
1994	8.8
1995	1.6
1996	2.5
1997	2.5
1998	2.5
1999	1.7
2007	6
2008	10
2009	10
2010	9
2011	12
2012	14
2013	16
2014	20
2015	27
2016	22.4
2017	20.6
2018	21.05
2020	22

*Source – Joint Annual Review of the implementation of the National Health Strategy, reports 2001-2018, Ministry of Health and Social Protection of the Republic of Tajikistan.

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What proved to be beyond the capacity of the program?

Structure of Total Health Expenditures as a share of GDP (in %)

	2010	2011	2012	2013	2014	2015	2016
External funding	0.5	0.7	0.4	0.4	0.4	0.5	0.4
Private health expenditures	4	3.7	3.9	4.1	4.2	4.3	4.6
Total public expenditures	1.4	1.5	1.7	1.9	2.1	2.0	2.0

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Thank you for your attention!