

# **Research for Health in Tajikistan: Strengthening the National Health Research System**

Consultation on health research in Tajikistan  
Organized by the Ministry of Health and the  
Council on Health Research for Development (COHRED)

- **Mapping Tajikistan's Health Research System**
- **Sharing health research experience: Tajikistan, Kyrgyzstan, Kazakhstan, Uzbekistan**

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## Key messages from the consultation

**Four key areas for national health research system development emerged from a consultation on research for health in Tajikistan, held in November 2005: research coordination, research culture, priority setting, and capacity strengthening. These areas need to be strengthened if the Tajik health research system is to more effectively address the health problems of the country. Lessons were also drawn from experiences in the region - Kyrgyzstan, Kazakhstan and Uzbekistan - countries that face problems which are very similar those of Tajikistan.**

### Coordination of health research

The participants in the consultation identified research coordination as the main weakness of the current Tajik health research system. Lack of coordination leads to a situation in which fragmented research does not always address the main priorities of the health system and of the population, and in which research results often remain unknown. Special reference is made to the research conducted by international organizations because failure to make these results available to the Ministry of Health impedes the Ministry's ability to adjust its current strategy in response to research findings. For the benefit of the people, the products of research should also be made available to the community whose health problems are being studied. Research can only lead to beneficial effects if study results are widely disseminated and discussed among all stakeholders.

The organization of research systems inherited from the USSR system is very similar throughout the countries of the Central Asian region. Today's market economy requires reorganization of all structures, and of research planning and management mechanisms. Kazakhstan is developing its new Concept of Science and Education development in this context. Rather than creating a new system, however, the emphasis is on keeping the current organization in place; while analyzing the past to find avenues for further development and reform. Regional cooperation and coordination with other Central Asian countries will positively influence health research in the region.

The process followed in Kyrgyzstan is different. The Manas Health Policy Analysis Project first illustrated the usefulness of policy and system research. Just six years later this project is being institutionalized and can now play a role in the coordination of research for health in the country.

In Tajikistan the Scientific Division of the Ministry of Health can play a leading role in the coordination of research<sup>1</sup>. Tajikistan will implement the Sector Wide Approach (SWAp) for the health system from 2009 onwards. A system for ensuring evidence-based policy making, and a better coordination of research for health, will support the leadership function of the Ministry of Health within the implementation of the SWAp.

### Developing a research culture

A key factor to the success of Kyrgyzstan's Manas Health Policy Analysis Project is the demand from policy makers for evidence, commissioned research and surveys that inform their decision-making process. A 'champion', occupying a high position within the Ministry of Health, was essential to stimulating this demand. The fact that such champions will not always be present makes researchers more responsible for demonstrating the usefulness of the evidence they obtain and for slowly creating a demand and culture for research.

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<sup>1</sup> In early 2006, this division was restructured, with new leadership being appointed

Another pre-condition for success identified by the Kyrgyz team was the existence of a core team with a scientific reputation. This team adds value by producing high-quality research results and evidence. The team functions independently, and is not 'punished' for bad news messages resulting from research.

Finding the balance between applied health research supply and demand is also illustrated by the framework presented for the Uzbek situation. Awareness of the usefulness of research and willingness to commission it influence the demand side. A number of significant factors (especially related to institutional and human capacity) make up the supply side, or the ability to respond to this demand. The balance and interaction between supply and demand will influence the country's existing research culture.

### **Priority setting**

The participants in the consultation see priority setting as essential to improved research for health in the country. The Ministry of Health should play a lead role in this, especially if the priority focus for research in the country is on health care system and public health issues, rather than on more basic/fundamental research.

Current research policies and programs in Tajikistan are not sufficiently oriented towards *Health for All* goals and objectives, or the resolution of public health problems. There are only a limited number of studies focusing on population health priorities and needs, and on problems of health management and financing. Many research findings do not meet decision-making needs, and often even the priority oriented research findings are not put into practice.

### **Capacity strengthening**

Priority setting also supports discussion and decision-making on capacity development and financial allocations. Throughout the consultation, discussions emphasized the need for strengthening human, institutional and financial capacity. The Kyrgyz example demonstrates that good quality research can convince organizations and policy makers of the need for health research. The Kazakh example shows that even when national capacity is available, it is still difficult for a country to ensure linkages and interactions with the international community. Human resource issues are thus given great importance, especially through the (international) training of young researchers.

In Uzbekistan a 'President's Fund' for research is available, but all its resources are spent on maintaining infrastructure and salaries, leaving few resources for research projects. In Kazakhstan, financial resources for health research have increased, but remain unspent because of insufficient human capacity to decide on resource allocation. Financial resources in Tajikistan are also increasing yearly, but no information exists about how they are being used and whether they support priority areas. Defining the resources needed to address priority research issues will improve this situation.

## Executive summary

This COHRED Record Paper documents a consultation on improving health research in Tajikistan. Participants included the Ministry of Health and other national health research stakeholders, such as the State Medical University, Republican Research Centres, and international NGOs and development agencies. An important part of this exchange was the participation of health research professionals from Kazakhstan, Kyrgyzstan and Uzbekistan, who shared their experiences and offered advice to Tajik colleagues.

This publication will be useful for people interested in research for health and development in Central Asia. It illustrates the breadth of challenges the health research communities in their countries face and provides ideas and suggestions to approach some of the challenges, especially those of Tajikistan.

The health care system in Tajikistan is in transition from a centralized approach to a more decentralized and pluralistic model. The policy document "Conception of Health Care Reform in the Republic of Tajikistan"<sup>2</sup> identifies eight main objectives and related developmental strategies for health care reform in the country. These include: strengthening of primary health care, developing human resources, strengthening management capacity, and ensuring necessary information for management. Despite the available knowledge, most of these priority areas require the production of new knowledge, information and research, as an essential input for more evidence-based decision-making in these areas.

The Tajikistan-COHRED-SDC collaborative project<sup>3</sup> is about research for health, and how research can play an essential role in support of health sector reform and the capacities and systems needed. The long-term aim of this project is to strengthen the national health research system in Tajikistan. To be able to decide on the priority areas that need to be strengthened, a situational analysis of the current system is needed. Such a situational analysis facilitates a discussion with national and international partners around the role of research for health in Tajikistan, the key areas that need to be strengthened, and the strategies needed to achieve this. This Record Paper presents the outcomes of a first consultation in November 2005 with some 25 key actors in health, health sector reform and research for health in Tajikistan, where the first results of the situation analysis were presented and discussed. The consultation profited from the experiences of experts from neighbouring countries (Kyrgyzstan, Kazakhstan, and Uzbekistan) and from those of national partners. In addition to the proceedings of the consultation, this report presents the first version of the Tajik health research system map.

The consultation was jointly organized by the Ministry of Health and the Council on Health Research for Development (COHRED) as a forum for discussing the first results of the national health research system mapping. The consultation provided the opportunity to:

- Discuss first results with partners
- Identify the priority areas for health research system strengthening
- Identify the priority areas to be addressed by the current project
- Share experiences and lessons learned from national and regional (Central Asian) projects and programmes

The main weakness of the current system in Tajikistan is the lack of coordination. Experiences from Kazakhstan and Kyrgyzstan illustrate how coordination can be strengthened. In Kazakhstan, science and education reforms are being implemented to

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2 Conception of Health Reform in Republic Tajikistan. Dushanbe, 2002.

3 Financial support from the project is obtained from the Swiss Agency for Development and Cooperation (SDC), the project is implemented by COHRED, nationally the project is hosted by project Sino (also funded by SDC, and implemented by the Swiss Tropical Institute), and work is conducted in close collaboration with the Ministry of Health.

ensure better links between science, education and health, and health care priorities. The Kyrgyz Manas Health Policy Analysis Project first illustrated the usefulness of policy and system research. Today, just six years later this project is being institutionalized and can now play a major role in the coordination of research for health in the country.

Another weakness is the lack of orientation of current research policy and programs towards solving Tajikistan's public health problems. The need to define priorities in research was emphasized. This will also support discussion and decision making on capacity development and financial allocations. Tajikistan will implement the Sector Wide Approach (SWAp) for the health system beginning 2009. A system for ensuring evidence-based policy making for priority health issues, and a better coordination of research for health, will support the leadership function of the Ministry of Health within implementation of the SWAp.

The consultation recommended continuing and extending the health research system situation analysis, to give a fair representation of all organizations and activities carried out in health research in the country. This paper includes additional data collected since the November consultation, resulting in a more complete version of the health research system map of Tajikistan. A process of strengthening the system can be initiated while the analysis continues. The first priority is the improvement of health research coordination.

# 1. Proceedings of the consultation

In November 2005, a consultation involving 25 national and international experts was held in Dushanbe. The consultation was jointly organized by the Ministry of Health and COHRED. National experts included people from the Ministry of Health, the Medical University, Republican Science Centers, and national representatives from donor agencies and international NGOs. To provide an opportunity to learn from experiences in other Central Asian countries, experts from Kazakhstan, Kyrgyzstan and Uzbekistan were invited (see *Annex I for the Consultation Agenda and Annex II for full details of participants*).

The consultation started with a series of presentations: an update on the data collected on the Tajik health research system; overviews of experiences in Kazakhstan, Kyrgyzstan and Uzbekistan; and presentations from national organizations and projects - project Sino, the Aga Khan Foundation and the Medical University. After these inputs, a general discussion took place on the strengths and weaknesses of the Tajik health research system and the priority areas for system strengthening. Following this discussion, the participants' opinion was sought on the priority areas for the present project to be addressed in 2006.

## 1.1 Opening statements

The Ministry of Health officially opened the consultation.<sup>4</sup> Strategies and policies for health improvement require a broad knowledge and information base. Health research is considered key to direct the reforms implemented in health care. *“It is worthwhile to mention the importance of research and an evidence-based approach to the reform process. However, a number of serious problems do exist. First of all, today the research policy and programs are not sufficiently oriented on Health for All goals and objectives, or on the solving of public health problems. Research findings do not always meet decision-making needs. Obviously, the cost of research is significant. There are a limited number of studies oriented on population health priorities and needs, and on problems of health management and financing. Communication between academic institutions, researchers and policy makers is very weak. We know that priority-oriented research findings are not always put into practice. In addition, many international organizations, having health programs in Tajikistan, conduct their own research. However, coordination of various research efforts is limited and the product is not always accessible to the Ministry of Health which is, in turn, not able to make adjustments in current strategy based on research findings.”* These are the reasons the Ministry of Health supports the current project.

The Swiss Agency for Development and Cooperation, SDC<sup>5</sup>, emphasized the importance of the Tajikistan-COHRED collaboration. It is not just the research itself which is important, but the whole research system that needs to be developed and strengthened in order to ensure that research can make its positive contribution to the national health reform process. The system itself will facilitate the impact research can have on decision making in health and health reforms.

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4 Dr Miraliev, Head of the Department of Health Reform Planning, Coordination and Implementation

5 Dr. Daniel Züst, Head SDC Office Tajikistan



## 1.2 The Tajik health research system

The goals of a national health research system are:

- To generate and communicate knowledge that informs the national health plan and its implementation and thus contributes to equitable health development in the country;
- To adapt and apply knowledge generated elsewhere to national health development; and
- To contribute to the global knowledge base on issues relevant to the country.

To reach these goals the health research system has a number of functions it needs to fulfil. It needs to provide stewardship by defining a vision for research for health in the country, by identifying health research priorities, by setting ethical standards, and by monitoring and evaluating the health research system. Another function of the health research system is ensuring sufficient human, institutional and financial resources to conduct and use the needed research. A third major function is the actual conduct and use of research.

A health research system includes a wide range of actors: from government, health care, academia, civil society, donor agencies, as well as media and industry, each with their own role and responsibility. To understand the system and to be able to define strategies and implement activities to strengthen the system, an analysis is needed of the current situation. During the present consultation, a first overview of the data collected on the Tajik health research system is given (*see section 2 of this paper*).

This consultation provides an opportunity to discuss these first results with partners, and to start identifying the priority areas of the research system that need to be strengthened.

The information presented was collected by reviewing available reports and papers, as well as through a series of meetings, held between June - October 2005<sup>6</sup>, with various national and international partners active in health research in Tajikistan.

The range of meetings held to collect the information to compile the national health research map also facilitated an open discussion about partners' opinions about the current strengths and weaknesses of the health research system. The first analysis of this information indicates that:

- The stewardship of the Tajik health research system is perceived as weak. There is a general interest in health research and many organizations carry out studies for and within their own health programs. However, the majority of these activities are isolated, with little effort being made to consolidate and coordinate work. The lack of coordination is evident when looking at the State Medical University, which, despite its human resources, is hardly ever involved in collaborative health research projects, and has no ongoing collaboration with the Ministry of Health in the area of health research. Health research priorities are not defined, which makes it difficult to ensure that research is directed towards priority health issues. There is no information available on the use of ethical standards for research, nor is there a mechanism for monitoring and evaluating research.
- Human capacity for research does exist within the national health sector and also within sciences. It is not yet clear if and how this capacity can be used to address population health concerns and the priorities within health sector reform. Migration takes place from national to international agencies operating in Tajikistan, that are able to offer better career opportunities as well as better salaries, thus weakening national institutions. There are insufficient financial resources for the conduct of research. There is also limited access to the necessary information.
- Another weakness of the system is the utilization of research results. The health care sector is mainly involved in the collection of routine medical statistics; little information

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<sup>6</sup> Additional meetings were held with key organizations following the November consultation to fill the identified gaps in information. The health research map is presented in section 2 of this paper. The institutions and people contacted are listed in annex 4.

is available on how this information feeds back to decentralized health care facilities and if and how this information is being utilized. Research conducted within the medical university and the republican research centres often fails to include a focus on the dissemination and utilization process. The international agencies conducting research often do this in close collaboration with the Ministry of Health and sometimes also with civil society. The major problem with this research is the lack of longer-term commitment and focus, and resulting failure to provide a continuous evidence-base to the Ministry of Health.

The information gathering for the mapping is still in process, and will be ongoing in 2006, in order to provide a complete picture of the health research system in Tajikistan (*section 2 provides an overview of information available by April 2006*).

## 1.3 Experiences from the Central Asian region

### 1.3.1. Uzbekistan<sup>7</sup>

The Uzbek health sector reform process began in 1996 and has allowed the introduction of a social services package including free primary health services and additional free medical care for people with disabilities and for vulnerable groups.<sup>8</sup>

The health sector can improve the health of the population through 1) enhanced health service delivery, 2) improved access to the health care services provided by health facilities, 3) effective definition of finance allocation priorities for services delivered and for medical equipment. Applied health research is needed to make the health sector more effective.

#### **Recommendations from Uzbek participant to partners involved in national health research system strengthening:**

- Start with a good analysis of the current national health research system
- Emphasize the need for financial contribution to health research and the system from all actors
- Integrate the national health research system into the global health research community

The conceptual framework presented defines demand, supply and contextual factors that influence the level of applied research available to the health system; and will facilitate the identification of gaps in research. Demand factors are influenced by policy makers' awareness of the benefits of applied research; by their capacity to interpret and use research results; and by their capacity to define priorities for studies that can be conducted by institutions in their country ('willingness to commission'). The supply of research and research results is influenced by the availability of local and international evidence (in literature, through the Internet etc.) and by the capacity to find this evidence. If evidence is not yet available, local research capacity to support the collection of local evidence will be needed. Besides these supply and demand factors, some contextual factors determine the applied health research available for health system development. Since applied health research is seldom a high priority for international agencies, funding remains low. The need to seek other sources of funding can often be a limiting factor for research.

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7 Contribution by: Dr Mohir Ahmedov, Associate Professor, Tashkent Medical Academy

8 See also: <http://www.euro.who.int/observatory/Hits/TopPage>, for the 'Health Care System in Transition' profiles of Uzbekistan, Kyrgyzstan, Tajikistan and Kazakhstan

### **1.3.2. Kyrgyzstan<sup>9</sup>**

The Kyrgyz Manas Health Policy Analysis Project was set up to provide evidence support to the National Program of Health Care Reform ('Manas'). The Manas Health Policy Analysis Project, hosted by the Ministry of Health, has been in operation since 2000 and receives support from the World Health Organisation and the UK Department for International Development (DfID). The team consists of young local researchers, supported by an international expert. The objectives of the project are:

- To produce policy-relevant research on health reforms and link this to the decision-making process in the Ministry of Health so as to support "evidence-based policy"
- To strengthen capacities and systems within the health sector to undertake policy analysis, including performance monitoring and evaluation

Examples of studies conducted include the tracking of the financial burden for patients discharged from hospital (including informal payments); analysis, through household surveys, of the financial and geographic inequities in the population and of the impact of poverty on illness.

Recommendations of these studies were submitted to the Government and Parliament. To ensure integration and uptake of study results in policy priorities, the project team works jointly with policy-makers to define research priorities, as well as its annual work plan. Further, it shares preliminary study results to stimulate early feedback, and makes an effort to widely disseminate study results through policy papers, briefs and a website.

#### **Best practices and recommendations from Kyrgyzstan**

The success of the health policy analysis project in Kyrgyzstan can be attributed to three main factors:

- Effective cooperation and collaboration with the Ministry of Health from project start
- The project facilitated decision-making in the Health Sector reform processes, thereby providing evidence when decision-makers most needed it
- The project leaders recognised the value of human capacity and put major emphasis on capacity development - both for project staff, as well as for the partners with whom the project intends to collaborate (especially the Ministry of Health).

Capacity development is another major component of the project. Emphasis is given to opportunities for skills development of both the project team (on the job training, international training opportunities), and the partners that the project collaborates with (supporting policy-makers to attend international conferences; providing health management courses for chief doctors).

The approach chosen in Kyrgyzstan was successful. Results of studies conducted have actually played an important role in reform implementation in the health sector of the country. At present, emphasis is placed upon the provision of better access to health services. However, there is a continuous need to conduct relevant policy-oriented research in the country. There are a number of thematic challenges: moving from direct support to policy-design and implementation to broader evaluation activities; continuous focus on equity/poverty issues and governance; and strengthening dissemination and policy-dialogue activities, especially outside the health sector.

The project is in its final stage, and faces the challenge of finding an institutional alternative post donor-exit. By way of response, a Center for Health System Development was launched

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<sup>9</sup> Contributions by: Dr Nurdin Akunov, Policy Analyst, Manas Health Policy Analysis Project Kyrgyzstan; and Dr Chinara Seitalieva, Director of Technical Coordination Unit of the Kyrgyz Health Sector Reform Project, World Bank

in early 2006. This Centre will play a major role in coordinating health system and policy research in the country. It will also continue to provide health policy and management training, and is intended to become a resource centre for health and health care.

Another example of use of an evidence-based approach to health sector reform is the World Bank supported, monitoring and evaluation of the performance of the Kyrgyz health system. A national package of indicators for health system performance was developed, to allow the Ministry of Health and the Government to make decisions about health policy. In 2003 the package was approved by Ministry of Health and integrated into the general work of the Ministry. The system is based on usage of routine information sources. The indicator package provides: practical information on ongoing health reforms; an evidence-base for decision-making in health policy modification; information to improve the management process of decision-making at various health system levels; and reports on health reform results for the Government and the general population.

### **1.3.3. Kazakhstan<sup>10</sup>**

An overview of the Kazakh health research system, and its institutional, human and financial resources; identified the following main weaknesses:

- Incomplete planning system and financial support of scientific programmes
- weak and out-dated institutional base
- Decreasing prestige of science
- Ageing of scientific teaching staff
- Human resources' (qualified staff) flow to the commercial structures
- Isolation of scientific research, little international integration
- Decreased innovative and investment activities
- Lack of skills on commercialization of scientific research products
- Absence of competitive environment within the medical sciences

Two main solutions were presented to address (some of) these weaknesses:

- Develop and implement reforms of medical sciences in Kazakhstan. This would create synergy between medical education and health service needs and help ensure that priorities for medical sciences would reflect actual needs. This requires establishment of new organizational infrastructure with a strong emphasis on the strengthening of human and financial resources and ethical standards for research.
- Create scientific-educational associations or centres of innovative technologies within the High Schools, Scientific Centres and Institutes. This would facilitate innovation, lead to use of new educational and informational technologies, increase the competitive potential of national science and medicine, and foster compliance with international standards. It would also ensure a better integration between science, education and practical medicine, provide technical support to staff, and facilitate dissemination and fundraising work.

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10 Contribution by: Dr Bakhyt Sarymsakova, Kazakhstan School of Public Health

### **Best practices and recommendations from Kazakhstan**

The Kazakh Government recognises that training and continued education of the human resource base is essential for the development of the national health research system. In 2005 the Government financed the international training of 3000 researchers and health practitioners. This training abroad also facilitated the linkage to international developments.

Recommendations to others wanting to strengthen their health research system:

- Change and restructure the health research system so that it is better suited to respond to national health needs while maintaining the potential and traditions of the present system
- Share lessons learned with partners (especially those from the region who are facing similar problems)
- The national health research system should, from the beginning, ensure linkage to the global health research community

Despite good intentions, implementation has not been easy. The government recently rejected medical science reform plans and though funding for research has increased over recent years, poor efficiency leads to unspent funds. While working on the development of the overall long-term solutions, key interim strategies include redefining priorities to ensure that actual health priorities are being addressed and funded; and supporting capacity strengthening of young researchers. In 2005 the Government of Kazakhstan has financed the training of 3000 researchers and health practitioners abroad to give them international exposure. Weak language skills, the inability to present research results, and limited opportunities to search materials are some of the obstacles confronting young Central Asian researchers. Organizations such as COHRED can give young scientists a chance to build their capacity in these realms and to join the international community.

## **1.4. Experiences from Tajik organizations and projects**

### **1.4.1. Tajik - Swiss Health Sector Reform and Family Medicine Support Project (Project Sino)<sup>11, 12</sup>**

Project Sino's purpose is to develop and implement sustainable and accessible Primary Health Care models and family medicine services, that are equally affordable to all, in two pilot districts (or rayons).

Several studies have been conducted over the last three years to inform project planning and implementation. Implemented in two pilot districts, the patient satisfaction survey was conducted to assess the quality of healthcare provided at the Primary Healthcare level, and to assess patient satisfaction with health services delivered, as well as access to drugs and payment levels (official and unofficial) required for the services.

The study was conducted in 15 PHC facilities where thousands of adult patients (over the age of 18) were interviewed during the month of April, 2005. The survey results indicated that the patients were generally satisfied with the services provided by doctors and family nurses. Preventive activities, however, did not receive sufficient attention from staff in their consultations with patients. In addition, access to medicines is still constrained by patients' capacity to pay and by a lack of medicines. Also, patients still pay for Primary Health Care. The report of the survey results has been submitted to the Ministry of Health, and is available to all interested partners.

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11 The implementing agency of this project is the Swiss Center of International Health of the Swiss Tropical Institute. Financial support is provided by the Swiss Agency for Development and Cooperation

12 Contribution by: Shukufa Ibodova, Project Sino Implementation Specialist.

### **1.4.2. State Medical University**<sup>13</sup>

The State Medical University has good human resources, including young researchers as well as qualified experienced scientists, with 120 professors and more than 400 candidates of medical science working in the 70 university departments. Securing financial resources for its science function is a major challenge for the Medical University. International projects and agencies working in the health sector in Tajikistan do not provide support to the university, or to medical education. While the university does have infrastructure such as laboratories, most of these are out-dated and need to be upgraded. Access to information is also a problem. There is a need for a Scientific Resource Centre for young researchers and students, to ensure access to global information and knowledge. Another issue is the lack of attention to dissertations developed by the young researchers. These dissertations contain many interesting and useful conclusions, recommendations and suggestions, which are not being used by decision makers in the healthcare system. Young researchers need support from decision-makers to improve the application of their research findings.

### **1.4.3. Institute of Prophylactic (Preventive) Medicine**<sup>14</sup>

A need exists for teachers and trainers in research, and for people interested in becoming scientists. Tajikistan has teachers, but lacks a younger generation interested in science careers. To attract people to science, Tajikistan needs modern institutional capacity, with new technologies and methodologies, and access to the global sources of knowledge. Problems include financial issues, the labour market, availability of modern equipment, and the continuing education of young researchers. Human resources policies should concentrate on creating incentives and encouraging a younger generation to pursue careers in science. The research system's context is comprehensive, and needs to address all these issues. The Ministry of Health has a key role to play, but has insufficient capacity to solve all problems.

## **1.5. Recommendations and next steps**

The consultation's general discussion focused on the following main questions: What is the strong side of the Tajik health research system? What are the system's gaps and weaknesses? Who are the main actors within the health research system? What is the distribution of their roles and responsibilities? Who is the user of research, and is research being used in evidence-based decision-making? What is the mechanism of management and coordination within the health research system?

The key messages focused on four main areas: research coordination, the culture needed for research, priority setting, and capacity strengthening. These areas need to be strengthened if the Tajik health research system is to more effectively address the health problems of the country. Lessons were also drawn from experiences in the region - Kyrgyzstan, Kazakhstan and Uzbekistan - countries that face problems similar to those confronting Tajikistan.

The main weakness of the current system in Tajikistan is the lack of coordination between the actors in the system. Experiences from Kazakhstan and Kyrgyzstan illustrate how coordination can be strengthened. In Kazakhstan, science and education reforms are being implemented to ensure better linkage between science, education and health and health care priorities. The Kyrgyz Manas Health Policy Analysis Project first illustrated the usefulness of policy and system research, and just six years later this project is being institutionalized and can now play a major role in the coordination of research for health in the country.

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13 Contribution by: Dr. Zoirova, State Medical University

14 Contribution by: Dr. Odinayev, Institute of Preventive Medicine

The lack of orientation of current research policy and programs towards solving Tajikistan's public health problems is another weakness. The need to define priorities in research was emphasized. This will also support discussion and decision making on capacity development and financial allocations. Tajikistan will implement the Sector Wide Approach (SWAp) for the health system from 2009 onwards. A system for ensuring evidence-based policy making for priority health issues, and a better coordination of research for health, will support the leadership function of the Ministry of Health within implementation of the SWAp.

The participants made the following recommendations for next steps to be taken:

- Participants noted that the approach of this project, starting with a mapping of the health research and health research system in Tajikistan, is correct and useful. Though not yet final, the situational analysis can already be used. Further activities to strengthen the system can be developed based on the preliminary data available and on the outcome of the consultation. The analysis should still be expanded so as to give a fair representation of all organizations and activities carried out in health research in the country and to correctly inform the Ministry of Health.
- A first priority for strengthening the national health research system is to improve the coordination mechanisms. There is a need for a body that can coordinate activities. This does not need to be a new organization, but can build and expand on existing structures. The role of the Ministry of Health is key. As a start, the situational analysis will be completed to present a complete picture of all institutions (national and international) involved in health research in Tajikistan. This information will be used to engage key partners in a consultative process discussing the strengthening of coordination for health research.
- A second priority for system strengthening is the development of a process for priority setting for research. For this process to be useful, research coordination is needed, to facilitate implementation, monitoring and evaluation of the defined priorities.
- This consultation focused on learning from experiences in neighbouring countries. Similar opportunities will be explored in the future and regional collaboration will be strengthened through the project.

## 2. National Health Research System Map - Tajikistan

This section of the paper presents the health research system data collected through document review and interviews. Data collection has continued subsequent to the November consultation to fill the identified information gaps, and to provide a more complete overview for the continuing process of strengthening the national health research system. Annex 3 provides references to general background information on the health system and health sector of Tajikistan. Annex 4 lists the people interviewed.

### 2.1. Health research institutional framework

Institution	Contact details	Sector providing funding <sup>15</sup>
(a) <b>Government departments and agencies:</b> for example: national or regional research institutes or councils; departments that have a strong research focus; any other research body that obtains most of its funding from the state. Consider the various parts of government where health research can be done:		
<b>(i) Ministry of Health (national)</b>		
Academic - health council, MoH	Commission consisting of senior professors/scientists Shevchenko str., 69 Dushanbe <u>Note: this council consists of professors and scientists. Its composition is changed periodically. The council is not a firm structure within the Ministry of Health, but an advisory body, taking decision on research priorities within the Ministry of Health (annual scientific work; list of research topics).</u>	Ministry of Health
Department Health Reform Coordination and Planning, Ministry of Health	Dr Miraliyev Head of Department	Ministry of Health
Branch of medical science, under the Department of human resource and science of Ministry of Health	Tabarov M.S Head of Department Shevchenko str., 69 Dushanbe	Ministry of Health
Tajik Postgraduate Institute of Medical Staff (Department of Science)	Akhmedov A.A. Rector of Institute  Murodov A. Vice-Rector of Science	Ministry of Health

<sup>15</sup> The Ministry of Health budget for health research comes from the Ministry of Finance, through Academy of Sciences. In addition, most institutions are also financially supported by International NGOs/agencies. No detailed data is available on these additional funding sources .



	Somoni aven., 59 Dushanbe	
Chair (cathedra) of Family Medicine under Tajik Postgraduate Institute of Medical Staff	Mirzoyeva Z.A. Head of Chair City polyclinic? 8 Dushanbe	Ministry of Health
<b>(ii) Higher education system (universities, colleges, other schools)</b>		
Tajik State Medical University (70 faculties and departments; scientific - technical learning centre) (833 people out of 1007 staff involved in the scientific-research investigations; about 430 people with scientific degree)	Kurbanov U.A. Rector of University  Artykov K.P. Vice-Rector of Science and Scientific Publications  Zoirova M. Research Assistant of Vice-Rector of Science and Scientific Publications  Rudaki Av. 139 Dushanbe	1) Ministry of Health 2) Private fund (contracted students)
Central Scientific - Research Laboratory under State Medical University	Rudaki Av. 139 Dushanbe	Ministry of Health
Cathedra of Family Medicine Under state Medical University	Kadirova D.A. Head of Chair City Polyclinic? 9 Dushanbe	Ministry of Health
Scientific - Research Clinical Institute of Obstetrics, Gynecology and Pediatrics	Narzullaeva E.N. Director  Atadjanov T.V. Deputy Director on Science  Tursunzoda str.31 Dushanbe	Ministry of Health
Scientific - Research Institute of Preventive Medicine	Odinayev F.I. Director  Yodgorova L.R. Deputy Director on Science Shevchenko 71, Dushanbe	Ministry of Health
Republican Scientific - Clinical Center of Cardio-vascular and Chest Surgery	Gulmuradov T.G Director  Sanoyi str. 33 Dushanbe	Ministry of Health
Republican Scientific - Training Center of Rehabilitation Surgery (cost -	Hodjamuradov G.M. Director  Tursunzoda str., 1 <sup>st</sup> passage, app.16	Ministry of Health

accounting)	Dushanbe	
Scientific - Clinical Center of Stomatology	Tahirov U.T. Director Hudjandi str., 5 <sup>th</sup> passage, 13 Dushanbe	Ministry of Health
State Scientific Center of Drug Expertise	Holnazarov B. Director Tehron Str. 12 Dushanbe	Ministry of Health
Republican Scientific Center of Blood and Transfusion	Bahovidinov B.B. Head Doctor  Tursunzoda Str., 1 passage, 16	Ministry of Health
Republican Center of HIV/AIDS Combating	Mirzoyev A. Director Ayni str., 127 Dushanbe	Ministry of Health
Republican Center of Healthy Lifestyle Promotion	Sharipov A.Sh. Director Narzikulov str., 8 Dushanbe	Ministry of Health
Republican Center of Immune -Prophylaxis	Jobirov Sh. Chief Director  Ayni str., 12 A Dushanbe	Ministry of Health
State Center of Medical Statistics and Information	Sayfidinov S.R. Director  Tursunzoda str.31 Dushanbe	Ministry of Health
National Center of Reproductive Health (its research department)	Kurbanov Sh.M. Director  Tursunzoda str. 37 Dushanbe	Ministry of Health
Republican Training and Clinical Center of Family Medicine	Zaripov S.Z. Director  Michurina str. 8 Dushanbe	Ministry of Health
<b>(iii) Academy of Sciences (AS) of Republic Tajikistan (Council on coordination of Scientific - research works) Science and Technology department (other research institutes)</b>		
Coordination Council on Scientific Research	Buhorizade Rano .A. Head of Council Rudaki aven. 33 Dushanbe	Ministry of Economy
Department of Medical Biology Science under AS	Rudaki aven.33 Dushanbe	Ministry of Economy

Demography Assessments Department of AS	Rudaki aven. 33 Dushanbe	Ministry of Economy
Scientific Research Institute of Gastro Enterology of AS	Mehrodjev G.K. Director  Mayakovskogo str. 38 Dushanbe	Ministry of Economy
Scientific Research Institution of Nutrition of AS	Rudaki aven. 33 Dushanbe	Ministry of Economy
Project of International Scientific - Technical Center (ISTC) under Academy of Sciences RT	Rudaki aven. 33 Dushanbe	USAID
<b>(iv) Other government departments involved in health research (e.g. Army, mining, ...)</b>		
Department of Science and Education under Government of RT  <i>(as Coordination Council on financing issues under GRT)</i>	<i>Note: Plays role in decision - making and ratification of budget allocation for all research activities for all institutions and branches of sciences; applies with approved programmes and budget (or priorities) to government session and parliament.</i>	
<b>(d) Non-profit institutions(i.e. civil society, charitable institutions, national non-governmental organisations, professional bodies, community organisations): <sup>16</sup></b>		
Centre of Sociological Assessments Zerkalo (national NGO)	Kahramon Bakiyev Director Dushanbe (Tel: 2 23-21-00; 2 23-55-57)	No data
Association Scientific and Technical Intelligentsia (ASTI)  (Sogd oblast of RT)	Farrukh Turaev Head Shota Rustavelli St., 29 Tel.: 6-57-92; 2-79-96; Khudjand <a href="mailto:asti@asti.khj.tajik.net">asti@asti.khj.tajik.net</a>  <i>Note: ASTI conducted various studies which provided baseline information for their projects (i.e. survey on reproductive health of teenagers which was followed by workshops for pupils in secondary schools).</i>	
NGO Avesto Dushanbe	Firuz Abdullaeva Director	World Bank; JICA

16 Collected data on national NGOs/agencies, involved into health programs/projects implementation was developed by AKDN/AKF Mission in 2003. Some examples are included in the table. The full report can be obtained from AKDN/AKF Office, Health Programme Unit (contact person Faromuzova Katoyon R., Tel.: 2 24 - 76 - 50; 2 24- 74 - 90).

	<p>Tel.: 2-21-26-14. Dushanbe <a href="mailto:chairman@avesto.taj.net">chairman@avesto.taj.net</a></p> <p><i>Note: Avesto conducted various studies which provided baseline information for their projects (i.e. survey on providing potable water to the poor; survey of people with mental and physical health problems)</i></p>	
<p>NGO Najoti Kudakon (Kulyab region, Khatlon oblast)</p>	<p>Kurbongul Kosimova, Head Tel.: 2-51-09; 2-48-30; Kulyab city, Khatlon oblast</p> <p><i>Note: Najoti Kudakon conducted various studies which provided baseline information for their projects (i.e. sociological survey on women's situation in Kulyab; survey on violence against women)</i></p>	Government support
<p>NGO Hamroz (Kurgan - Tube region, Khatlon oblast)</p>	<p>Ashurova Safia Head Tel.: 2 - 11 - 93; Bokhtar district, Kurgan - Tube region <a href="mailto:safiyash@yahoo.com">safiyash@yahoo.com</a></p>	
<b>(e) Business /industry (i.e. pharmaceutical and biotechnology companies):<sup>17</sup></b>		
Tajik Pharmaindustry Committee	<p>Dr Djamshed Djamshedov (State committee)</p>	
Institute of experimental sciences for elaboration of new drugs	(State institute)	
Tajpharmprominvest	<p>Dr Davlatkadamov Saidkadam Muborakkadamovich General Director Tel 224 3910 (private sector)</p>	
<b>(f) International NGOs (health research/assessments in frame of health oriented programmes/projects)<sup>18</sup> International research/development community: (Aid agencies, foreign universities)</b>		
Action Against Hunger (AAH, UK)	<p><a href="http://www.aahuk.org">www.aahuk.org</a> Dushanbe; 11 Samad Ghani St.; 24-86-74; 21-51-73; 24-86-74 (fax), 873 762 060 558 (sat ph.); <a href="mailto:aah@aah.tajnet.com">aah@aah.tajnet.com</a> Florence Kadir, <i>Head of Mission</i> <a href="mailto:hom@aah.tajnet.com">hom@aah.tajnet.com</a></p>	ECHO-WFP
ACTED (France)	<a href="http://www.acted.org">www.acted.org</a>	SIDA, CIDA,

<sup>17</sup> Regarding to the information provided in MoH, there is pharmaceutical industry in RT/Dushanbe, but doesn't execute any health/medical researches.

<sup>18</sup> Detailed information on all international agencies working on health issues in Tajikistan is available on web-site [www.untj.org](http://www.untj.org) (Who is doing What, Where). The list of agencies with contacts is included in this table.

	<i>Dushanbe</i> , 15 Academicians Rajabov St. 21-92-89, 24-65-83; 270367; 51-01-12 (fax); <a href="mailto:dushanbe@acted.org">dushanbe@acted.org</a> Luca Pupulin, Regional Coordinator [luca.pupulin@acted.org]	OSCE
AKDN (AKF)	<a href="http://www.akdn.org">www.akdn.org</a> The Aga Khan Development Network; <i>Dushanbe</i> ; 8-10 Ghani Abdullo St.; 24-65-00, 24-64-96; 21-51-18, 24-84-99; 51-00-66 (sat.tel/fax); 873-761-242-665/666 (sat.tel/fax); <a href="mailto:frontdesk@akdntjk.automail.com">frontdesk@akdntjk.automail.com</a> ; Munir Merali, <i>Resident Representative</i> [resrep@akdntjk.automail.com] Muzaffar Jorubov, <i>Administrative Officer</i>	GTZ
AKF (Aga Khan Foundation)	<i>Dushanbe</i> ; 137 Rudaki Ave. 21-84-06, 21-96-11; 24-76-50, 21-37-36; 51-00-61 (sat.tel/fax), 24-34-42 (fax); 873 762 560 065/066 (sat. tel/fax); <a href="mailto:akfdushanbe@atge.automail.com">akfdushanbe@atge.automail.com</a> ; Yodgor Fayzov, <i>Chief Executive Officer</i> [yodgor.faizov@akdn.org]	
AKHS (Aga Khan Health Service)	<i>Dushanbe</i> ; 137 Rudaki Ave.; 21-84-06, 21-96-11; 24-76-50, 21-37-36; Lia Van Amtwerpen	
CARE International	<a href="http://www.careusa.org/careswork/projects/cindex_99.asp">www.careusa.org/careswork/projects/cindex_99.asp</a> <i>Dushanbe</i> , 25 Behzod St., 21-17-83, 24-43-06, 210091, 217542, 217871; 21-17-78 (fax), 51-00-36 (sat.fax); <a href="mailto:care@care.tajnet.com">care@care.tajnet.com</a> . Louis Alexander, <i>Country Director</i> Becky Myton, <i>Assistant Country Director</i>	
CARITAS (Switzerland)	<i>Dushanbe</i> , 19a Aini St. 4; 2- 21-48-66; 21-55-25, 21-74-57(fax); <a href="mailto:caritas@noma.tj">caritas@noma.tj</a> Zarangez Makhmudova, <i>Administrator of Dushanbe Office</i>	SDC
CARITAS	<i>Dushanbe</i> , 21 Drive, Titov St. 10; 223-42-69; <a href="mailto:JuanCarlosSack@Caritas.org">JuanCarlosSack@Caritas.org</a> Juan Carlos Sack, <i>Director</i>	
CESVI - Cooperation and Development (Italy)	<a href="http://www.cesvi.org">www.cesvi.org</a> <i>Dushanbe</i> , 84 Hamza Hakimzoda St.; 246519, 213723, 241997; <a href="mailto:dushanbe@cesvi.tajik.net">dushanbe@cesvi.tajik.net</a> Anna Crescenti, <i>Head of Mission</i>	EXHO, EU-TACIS, CIDA
COOPI (Cooperazione Internazionale (Italy))	<a href="http://www.coopi.org">www.coopi.org</a> <i>Dushanbe</i> , 5 Timurmalik St.; 224-39-23; 2 - 24-39-23 (tel/fax); <a href="mailto:dushanbe@coopi.org">dushanbe@coopi.org</a> Fulvio Peppucci, <i>Country Director/Administrator</i>	
HOPE - Project (USA)	<i>Dushanbe</i> , 31 Nosiri Khisrav St.; 2246251, 2244919, 2244922; <a href="mailto:hopepm@projecthope.tj">hopepm@projecthope.tj</a> ; Tatyana Vinnichenko, <i>Tuberculosis Program Manager</i> 13B Aini St. 1; 221-03-40; 246251 (tel/fax), <a href="mailto:mchope@tojikiston.com">mchope@tojikiston.com</a> ; Malika Mahkambaeva, <i>Humanitarian Aid Manager</i>	
ICRC (International Committee of Red Cross)	<a href="http://www.icrc.org">www.icrc.org</a> <i>Dushanbe</i> , 71 Sovetskaya St.; 21-68-23, 24-76-36; 21-17-62; 21-86-60; 51-00-53 (fax);	

	<p><a href="mailto:dushanbe.dus@icrc.org">dushanbe.dus@icrc.org</a>  Almandokht Ahmadipour, <i>Head of Mission</i>  Mowhem Arab, <i>OrthoProject Manager</i>  Johanness Hoffmann, <i>Logistician</i></p>	
MCT (Mercy Corps Tajikistan /USA)	<p><a href="http://www.mercycorps.org">www.mercycorps.org</a>  Dushanbe, 13 Pushkin St.; 21-08-60, 23-00-06; 21-08-64, 21-36-21; 21-08-79, 24-30-04; 51-01-33 (sat. fax/tel); <a href="mailto:mct@mct.tajnet.com">mct@mct.tajnet.com</a>  Gary Burniske, <i>Country Director</i>  Mary Helen Caruth, <i>Financial &amp; Admin. Director</i></p>	
MERLIN (Medical Emergency Relief International /UK)	<p><a href="http://www.merlin.org.uk">www.merlin.org.uk</a>  Dushanbe, 8 Karamov St.; 21-47-64, 24-89-48; 24-45-89; 51-01-20 (tel/fax); 873-762-059-214 (sat. phone); <a href="mailto:tajikistan@merlin.org.uk">tajikistan@merlin.org.uk</a>  Tarik Kadir, <i>Country Manager</i> [<a href="mailto:taj-cm@merlin.org.uk">taj-cm@merlin.org.uk</a>]  Firuza Azizova, <i>Administrator</i></p>	
PSF-CI (Pharmaciens Sans Frontieres)	<p><a href="http://www.psfci.org">www.psfci.org</a>  Dushanbe, 68 Gagarin St.; 24-67-16, 24-34-40; 24-64-33; 24-51-64 (sat. fax); <a href="mailto:psf@psf.tojikiston.com">psf@psf.tojikiston.com</a>  Pascal Bernard, <i>Head of Mission</i>  [<a href="mailto:pascal.bernard@psf.tojikiston.com">pascal.bernard@psf.tojikiston.com</a>]</p>	
RCST (Red Crescent Society of Tajikistan)	<p>Dushanbe, 120 Umari Khayom St.; 24-03-74;  <a href="mailto:rcstj01@mail.ru">rcstj01@mail.ru</a>; <a href="mailto:rcstj02@mail.ru">rcstj02@mail.ru</a>  Jura Inomzoda, <i>President</i>  Davron Muhammadiev, <i>Vice-president</i></p>	
SCF (UK) (Save the Children Fund)	<p>Dushanbe, 14 1st drive Rustaveli St.; 21-40-23, 27-54-47; 21-70-84; 51-00-75 (sat.fax); <a href="mailto:office@scuk.tojikiston.com">office@scuk.tojikiston.com</a>  David Lokatelli, <i>Program Director for CA</i>  Alinazar Shambiev, <i>Advocacy&amp;Progr. Coordinator</i>  [<a href="mailto:alinazar@scftajikistan.tajnet.com">alinazar@scftajikistan.tajnet.com</a>]</p>	
Swiss Center for International Health (Sino Project)	<p>Dushanbe, 37/1 Shota Rustaveli St.; 21-56-64; 27-10-77; 227-16-76 (fax); <a href="mailto:sino@scih.tojikiston.com">sino@scih.tojikiston.com</a>  Robin Thompson, <i>Project Manager</i></p>	
UNDP (United Nations Development Program)	<p><a href="http://www.undp.tj">www.undp.tj</a>  Dushanbe, 39 Aini St.; 21-06-70; 21-06-80; 21-06-86; 51-00-21 (fax); 873-382-420-321(sat.tel);  William Paton, <i>Resident Representative</i>[Off: 21-06-79]  Igor Bosc, <i>Deputy Resident Representative</i> [Off: 21-06-85]</p>	
WHO (World Health Organization)	<p>Dushanbe, 106 Druzhby Narodov St.; 21-48-71, 21-96-76; 21-01-08; 21-48-71(tel/fax); <a href="mailto:lotjk.who@tajnet.com">lotjk.who@tajnet.com</a>  Nazira Artykova, <i>Liaison Officer</i></p>	
UNICEF (United Nations Children Fund)	<p><a href="http://www.unicef.org">www.unicef.org</a>  Dushanbe, 110/1 Shevchenko St.; 21-82-61, 21-81-96; 24-90-36; 24-91-08; 247788 (tel/fax); (8 917) 704 543 (cell); <a href="mailto:dushanbe@unicef.org">dushanbe@unicef.org</a>  Yukie Mokuo, <i>Representative</i>  Niloufar Pourzand, <i>Program Coordinator</i>  Shilane Gunaratna, <i>Operations Officer</i></p>	

WFP (United Nations World Food Program)	<a href="http://www.wfp.org">www.wfp.org</a> Dushanbe, 7 Tolstoy St.; 21-09-07, 21-57-15; 21-09-19, 23-38-75; 51-00-87 (sat. fax/tel); <a href="mailto:wfp.dushanbe@wfp.org">wfp.dushanbe@wfp.org</a> Daniela Owen, <i>Country Director</i> Ei-Aouni Zouhair, <i>Finance/Admin. Officer</i>	
World Bank / IBRD (International Bank for Reconstruction and Development)	<a href="http://www.worldbank.org/tj">www.worldbank.org/tj</a> Dushanbe, 91-10 Shevchenko St.; 21-07-56, 21-67-43; 21-03-81, 21-15-18; 51-00-42 (sat. fax); Cevdet Denizer, <i>Country Manager</i>	
<b>(g) Other (institutions that do not fit within the categories described above): NONE</b>		

## 2.2. Health research coordination mechanism

The hierarchical structure of relationships between all national research and medical science related institutions operating in the health sector remains as it was during the Soviet times, and can be described in three levels:

- All institutions engage in the research process by developing research proposals, conduct research and develop research papers and documents;
- The priorities for research are elaborated at the middle level - by the Medical University, the Scientific and Research Institutes, and by the Department of Medical Science of the Ministry of Health. Although the Department of Medical Sciences is mentioned in relation to defining priorities, its exact role in regulating and coordinating public health research is not clear.
- The approval procedure (of priorities and of research projects) is taking place at a higher level - by the Coordination Council on Scientific Research (of the Academy of Sciences) and, finally, by the Department of Science and Education affairs operating under the Government of the Republic of Tajikistan. This body is responsible for presenting all research, science and education programmes to the Parliament and Government. The Academy of Sciences is functioning as coordinating body (involving experts and commissions) for all scientific institutions, including the health and medical oriented institutions. All listed research priorities have to be approved by the Academy experts' commission, after which funds can be allocated and approved by the Ministry of Finance. The decision making, final ratification and approval process remains at this level, the implementing institutions work within the frame of these top-level governmental programmes.

Another important group of institutions that can contribute to the Tajik health research system are the international agencies and programmes implementing health projects within the republic, which often include a research component. These studies specifically aim to provide data that support the implementation of the health programmes, and are often short-term projects. The health programmes themselves cover a variety of countries' public health priorities. The financial support for these research projects is provided by the donor and development agencies supporting the programmes. Due to the short-term nature of the projects, and the aim of providing data to support the implementation of the project's health programmes; the effective contribution of these internationally supported studies to the development and strengthening of the Tajik health research system, the Tajik health research institutions, and the decision makers that can build policies and strategies on these studies, is unclear. In addition, the availability of financial resources allows international partners to attract the best national health professionals, who, in effect, become 'lost' to the national health research system.

Currently no mechanism in the country brings all interested parties in the field of health research for development together (including the foreign health and health research

programmes), and ensures a minimum level of coordination. Such coordination is needed to avoid duplication, and increase the chances that data is being used in decision-making. The Ministry of Health could play a key role in ensuring this coordination.

### 2.3. Policies supporting health research in Tajikistan

Tajikistan has not yet developed a national health research plan or defined a consolidated national health research agenda. At the same time, the importance of strengthening research and sciences within the health sector is highlighted as an integral part of development process, and included in documents such as:

- Law of Republic Tajikistan on “Public Welfare” (1997)
- Parliament Decree on improvement and additions to the RT Law “Public Welfare” (2004).
- Health Sector Reform Concept Paper (2002, Dushanbe)<sup>19</sup>
- Strategy of Public Health Protection in Republic of Tajikistan<sup>20</sup>

No information was found about governmental policy or strategy regarding regulations of ethical aspects and control of health research taking place in the country.

The state law on sciences, including health, is an official legislative document related to health research.

In 2006, the State Medical University, in partnership with the Ministry of Health, started drafting a national health science strategy paper.

### 2.4. Financial resources for health research

The procedure for allocating financial resources to health research follows hierarchical lines as described in section 2.2:

- Lists of research priorities are collected by the Ministry of Health, annually, from all institutions and facilities operating under the Ministry of Health;
- The Ministry of Health prepares a list, which is send to the Coordination Council of the Academy of Sciences. This expert committee approves the priority list;
- The Ministry of Finance approves the budget and allocates resources;
- The approved list and the monetary allocations for it are returned to the Ministry of Health through the Academy of Sciences.

The budget for health research is allocated within the general budget of the Ministry Health. The Ministry of Health is the only governmental body in the country that has a budget line for health research. Data on the actual level of this allocation and documents that describe the priority health research list are not available.

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<sup>19</sup> Government of the Republic of Tajikistan (2002). Conception of Health Reform in Republic Tajikistan. Dushanbe.

<sup>20</sup> Government of the Republic of Tajikistan (2002). Strategy of Public Health Protection of Republic Tajikistan, for the period 2010. Dushanbe. See *Chapter 4, Objectives 16-18*



## 2.5. Informational sources on health research and medical data

The State Centre of Medical Statistics is collecting routine medical statistic data. The Asian Development Bank, in collaboration with the World Bank and the State Centre of Medical Statistics, is currently implementing a project on Health Management Information System (HMIS) in pilot districts.

During a HMIS Working Group Coordination meeting (February 2006), the main directions of HMIS strategy were described as: the development of human resources and of an Information Technology system to create mechanisms for data collection that provide reliable information. This project is implemented in 53 districts out of 63. The strategy, which is in development, will be for 2006-2015.

The two principle national medical newspapers are issued by the Ministry of Health and used for disseminating health research information:

- 1) "Zdravoohraneniye Tadjikistana" (Tajikistan Welfare) newspaper - quarterly based publications; distributed throughout the republic;
- 2) "Vestnik Avicenni" (Herald of Avicenna) newspaper - quarterly based publication, distributed throughout the republic.

## 2.6. Other information

Within the Health Sector Reform, various national health programs have been set up, each addressing a specific health priority, i.e.: Protecting the health of the population (1997); The family code of the Republic of Tajikistan (1999); Reproductive health and reproductive rights (2002); Iodized salt (2002). These programmes have contributed to the development of a legislative framework for mother and child protection<sup>21</sup>.

MDG Needs Assessment Report 2005, and Health Reform Concept Paper consist of an evaluation of health situation in the country (Chapters 4, 5 and 6). See for further information Annex 3.

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21 United Nations Development Programme (2005) Investing in Sustainable Development: Millenium Development Goals Needs Assessment, Full Report. (This report includes a chapter on the health MDG's: lowering child (MDG 4) and maternal (MDG 5) mortality rates, and combating the spread of infectiuous diseases (MDG 6))

## Annex I

### **Agenda of workshop on health research in Tajikistan Organised by Ministry of Health and COHRED**

Date and time: 17 November 2005- (9:00 - 16:40)

Venue: Hall of Hotel "Kayon - 2"

#### **Aim and objectives of the workshop:**

- Inform the participants about COHRED and Tajikistan Project.
- To review and learn from national and regional health research experiences.
- To discuss/ brainstorm on priorities for research system strengthening and the role of the various stakeholders in this process.

#### **Thursday, 17 November 2005**

<b>Time</b>	<b>Activities</b>	<b>Facilitator/ presenter</b>
8.30 - 9.00	<b>Registration of participants and opening of the workshop</b>	Assistant
9.00 - 9.10	Opening speech and introducing into the role of health research within the health sector.	Dr Miraliyev, Head Department Health Reform Planning, Ministry of Health
9:10 - 9:15	Opening speech and introducing. Introduction round of all participants.	Sylvia de Haan, Head Projects and Programmes; COHRED/Geneva
9:15 - 9:20	Greetings of participants.	Daniel Züst, Country Director SDC Office in Tajikistan
9:25 - 9:30	Speech of welcome to participants.	Artykova Nazira P., Liaison Officer of European Regional Bureau of WHO in Tajikistan

#### ***Health research for development - Tajikistan.***

9:30 - 9:45 (15 min)	COHRED and health research initiatives for development.	Sylvia de Haan, Head Projects and Programmes of COHRED/Geneva
9:45 - 10:00 (15 min.)	The Project COHRED in Tajikistan. Strengthening of National Health Research System capacity.	Zarina Iskhakova COHRED Tajikistan Project Coordinator
10:00 - 10:20 (15-20 min.)	General discussion on presentations.	All participants
<b>10:20 - 10:40</b>	<b>Coffee - break</b>	

**Regional perspectives and experiences on health research and evidence-based approach for the health system reforming.**

10:40 - 10:50 (10 min.)	Health Policy Analysis in Kyrgyzstan.	Nurdin Akunov, Policy Specialist, Manas Health Policy Analysis Project, Ministry of Health, Kyrgyzstan
10:50 - 11:00 (10 min)	The perspectives of WB support in research of health and evidence - based decision making in Kyrgyzstan.	Chinara Seitalieva/ Director, Technical Coordination Unit; Health Sector Reform Project-2; World Bank/MoH Kyrgyz Republic
11:00 - 11:15 (15 min)	Health sector reform and evidence-based decision-making.	Mohir Ahmedov/ Associate Professor, Public Health and Health Management, Tashkent Medical Academy, Uzbekistan
11:15 - 11:30 (15 min)	Health Research in Kazakhstan.	Bakhyt Sarymsakova / School of Public Health in Kazakhstan
11:30 - 11:50 (15 - 20 min)	General discussion on presentations.	All participants

<b>11:50 - 13:10</b>	<b>Lunch</b>	
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**Examples of Research studies and their use in health policy and decision making in Tajikistan.**

13:10 - 13:25 (15 min)	Patients' Satisfaction Survey Analysis.	Shukufa Ibodova/ Project Implementation Specialist of Sino Project
13:25 - 13:40 (15 min)	Aga Khan experiences in health system's data analyze (to be approved).	Shazeen Virani /Director of Education, Communication and Learning Unit, Aga Khan
13:40 - 13:55 (15 min)	The potential, vision, and progress on health research and health education in Tajikistan.	M Zoirova, Deputy of Vice Rector of Science and Scientific Publications, Tajik State Medical University
13:55 - 14:15 (15-20 min.)	General discussion on presentations.	All participants

<b>14:15 - 14:30 (15 min)</b>	<b>Coffee - break</b>	
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***Working Groups discussion - brainstorming on main issues.***

14:30 - 15:30 (1 hour)	Discussion on strengths and weaknesses of the current health research system in Tajikistan.	Working groups (3)
15:30 - 16:30 (1 hour)	Feedback of working group's discussion to the group, followed by general discussion.	Chair of workshop
16:30 - 16:50 (20 min.)	Summary and closure.	Chair of workshop, Sylvia de Haan, Head of projects and programmes COHRED/Geneva

***Workshop chairpersons: Miraliyev S.R. and Mirzoyeva Z.A.***

## Annex 2

### List of the workshop participants

Date: 17 November 2005; 9 00 - 16 40

Venue: Dushanbe, Hall of Hotel "Kayon - 2"

	Name	Place of work	Position
1	Miraliyev S.R	Ministry of Health of RT	Head of Department on coordination, planning and introducing of health reform of MoH RT
2	Atadjanov Temur Vafoevich	Scientific and Research Clinical Institute of Obstetrics, Gynecology and Pediatrics (it is the same time called as Safe Motherhood and Childhood) of MoH RT	Vice-director of SRI SM&Ch.
3	Odinayev F.I.	Scientific and Research Institute of Preventive Medicine of MoH RT	Director of SRI Preventive Medicine
4	Zoirova Malika	Tajik State Medical University	Research Assistant of Vice-rector of TSMU on science
5	Mirzoyeva Z.A.	Tajik Institute of Postgraduate Education of Medical Staff MoH RT	Head of Family Medicine Faculty of TIPEMS, MoH RT
6	Zaripov S.Z.	Republican Center of Training and Clinical Practice of Family Medicine MoH RT	Director of RCTCP FM
7	Artykova N.P	Office of European Regional Bureau WHO, Office in Tajikistan	Liaison Officer WHO Office in Tajikistan
8	Daniel Zust	SDC Office/ Dushanbe	Country Director, Counsellor, Consul
9	Djamalova Muazamma Dj.	Swiss Agency fir Development and Cooperation, Dushanbe	National Programs Officer for Health
10	Sylvia de Haan	COHRED Office Geneva/ Switzerland	Head of project and programmes
11	Zarina Iskhakova	COHRED Tajikistan	COHRED Tajikistan Project Coordinator
12	Khamidova A.	US Agency of International Development (USAID)	Health Projects Management Specialist
13	Djafarov A.	ZdravPlus Office in Tajikistan	Health System Development Coordinator
14	Kaspar Wyss	Swiss Center on International Health, STI / Basel	Project Sino Manager
15	Robin Thompson	Tajik - Swiss Health Sector Reform and Family Medicine Support Project	Long-term Technical Coordinator of Sino

		(Sino Project)	Project
16	Abdudjabbarov N.A.	Tajik - Swiss Health Sector Reform and Family Medicine Support Project (Sino Project)	Health Sector Reform Coordinator of Sino Project
17	Ibodova Sh.	Tajik - Swiss Health Sector Reform and Family Medicine Support Project (Sino Project)	Project Implementation Specialist
18	Nina Schild	Tajik - Swiss Health Sector Reform and Family Medicine Support Project (Sino Project)	International Consultant on health research/study
19	Faromuzova K.R.	Health Programmes Unit Aga Khan Foundation	Health Programmes Manager
20	Nuridin Akunov	MANAS Project on Health Policy Analyze Project/ Kyrgyzstan	Policy Specialist of MANAS Project
21	Chinara Seitaliyeva	Health Sector Reform Project-2; World Bank/MoH Kyrgyz Republic	Director, Technical Coordination Unit; Health Sector Reform Project-2;
22	Bakhyt Sarymsakova	Public Health Institute of Kazakhstan	Specialist of School of Public Health of Kazakhstan
23	Mohir Ahmedov	Public Health and Health Management, Tashkent Medical Academy, Uzbekistan	Associate Professor, Public Health and Health Management
24	Iskandar Usmonov	COHRED Tajikistan Project	Independent journalist, workshop assistant

## Annex 3

### References and further reading

The following resources provide useful information on health, health sector and health sector reform in Tajikistan:

**European Observatory on Health Care Systems (2000). Health Care Systems in Transition, Tajikistan**

Available from: <http://www.euro.who.int/document/e69820.pdf>  
(accessed June 10, 2006)

This country profile provides an overview of the historical background of the country. The Republic of Tajikistan acquired its independence, from the USSR, in 1991. Nearly three quarters of its 6.1 million population live in rural areas. Seventy percent of the population is younger than 30 years. Many people left the country during and after the post-independence civil war.

The health sector has not been spared the effects of the transition, and, to varying degrees, had to engage in health sector reform. The report provides an overview of the health system in Tajikistan, its organizational structure and management, the health care finance system and financial allocations, and the health care delivery system. It also reports on the start of health sector reforms (see the reference of the 2003 concept paper on health sector reform for more information on this).

**World Health Organization, European Office (2006). Highlights on Health in Tajikistan 2005**

Available from: <http://www.euro.who.int/countryinformation>  
(accessed June 10, 2006)

A summary of some key data:

**Life expectancy:** According to estimates, a person born in Tajikistan in 2003 can expect to live 61 years on average: 63 if female and 59 if male. Life expectancy (LE) in Tajikistan is the second lowest in the region; however, these WHO estimates differ considerably from the official LE figures based on regular registration of deaths in the country's statistical system, which are about 72 years for the both sexes combined, 73.9 years for women and 70.2 years for men.

**Infant mortality:** In 2001, the regular infant mortality rate in Tajikistan is high: 28 deaths per 1000 live births. Although trends are very difficult to assess due to the large fluctuations in reported figures year to year, it appears that the rate has fallen by 30% to 50% since 1990, a remarkable achievement given the extremely difficult period of civil war and economic transition in this poorest country in the region. There are no recent reports of neonatal mortality. The figures for 1997 are around 8 deaths per 1000 live births, which would be a very good achievement but the data is not internationally comparable.

**Main causes of death:** In 2003, non communicable diseases accounted for about 85% of all deaths in Tajikistan, external causes for about 3%, communicable diseases for about 4% and ill-defined conditions about 8%.

## Government of the Republic of Tajikistan (2002). Conception of Health Sector Reform in Republic Tajikistan

Available from: <http://www.cohred.org>

This Concept document identifies **eight main objectives** and related strategies for health care reform in country<sup>22</sup>:

1. Prioritization - revising the state's role in health sector: During the Soviet era and the first decade of transition, the state held the exclusive legal responsibility for providing health services in Tajikistan. In June 2003, an amendment to the constitution abolished the state guarantee of free health care and implicitly recognized the de facto system of private payments that currently supports most health services in the country. The change in the legal framework opens the door for the introduction of new policy measures that would formally recognize and regulate private fee for service arrangements.
2. Strengthening primary health care services: Strengthening the accessibility and quality of the primary health care system is as a key goal for the sector. Provision of improved community health services could have a significant impact on health outcomes in the country by making quality basic health services more accessible to households. At present many residents bypass low-quality primary care institutions and appeal directly to hospitals for care.
3. Distributing resources according to need - strengthening health care financing: Informal fee charging is a main source of funding for health institutions and probably comprises the greater part of payments to labour in the sector. Private, out of pocket expenditures on health have been estimated to absorb as much as 30 % of household expenditures. Authorities are developing new financing norms to better direct resources to where they are most needed. This will mean giving more weight to primary care services and abandoning norms that allocate funds to the hospital system according an inefficient "per-bed" formula.
4. Developing human resources: The policy emphasis on strengthening general care services underscores the need for new staffing and training norms. The distribution of staff, particularly deployment to rural areas, should be improved. Redressing extremely low health sector wages is one of the most pressing needs in the health system. The health service has been weakened by the flight of skilled professionals to other sectors and countries. Remaining personnel have low morale and little training in modern medical practices.
5. Rationalization of services - rationalization the hospital sector: Streamlining secondary and tertiary hospital care is an important complement to the development of the primary health care system. The match between resources and needs in the hospital system needs to be improved. Authorities have already begun reducing the high concentration of hospital beds to save money and consolidate resources. De facto financing norms continue to concentrate financing in tertiary facilities. Clarifying financing norms for the hospital system will be an important step for improving overall allocative efficiency in the sector.
6. Improving quality of care - raising awareness on basic public health and hygiene; managing drug supply. Although spending on medicines is the single largest expense in the health system, most activity takes place in the largely unregulated private market. High levels of spending indicate that resources are available for purchasing medicines, but lack of regulation has at best encouraged ineffective use of medicines and at worst served to develop drug resistance in the population and allow improper,

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<sup>22</sup> This summary of the objectives of the Tajik Health Sector Reform is provided in: *United Nations Development Programme (2005). Investing in Sustainable Development: Millennium Development Goals Needs Assessment Tajikistan, Full report*



sometimes harmful use of pharmaceuticals to grow. Availability of vaccines is also a concern, as the population is increasingly exposed to a range of epidemics, including malaria and tuberculosis.

7. Strengthening management capacity and improvement monitoring and information system. Raising awareness about diseases, nutrition, hygiene and available medical services is an important element in the strategy to improve health outcomes. Policy formulation and resource allocation is inhibited by weak data collection. Health reforms also aim to improve the dissemination of information about basic public health and hygiene.
8. Creating personal responsibility for their own health among population: Health care reforms should address the needs of the population and it is important to consider public opinion in developing the structure and the health care sector activity.

**Government of Tajikistan and United Nations (2003) Progress Toward the Millennium Development Goals Tajikistan**

Available from: <http://www.untj.org>

(accessed June 10, 2006)

This report is a joint document of the Government of Tajikistan and the United Nations and aims to provide an accurate picture of past achievements and the challenges Tajikistan still faces in achieving the MDG's. It includes data on the health related MDG's and summarizes the likelihood that the targets within these MDGs are met as follows:

- Reduce by two thirds the under-five mortality rate and reduce maternal mortality ratio by three quarters by 2015: Official statistics and independent studies yield different results on trends in the reduction of maternal and infant mortality after 1990. However, available data indicates that Tajikistan by itself is unlikely to be able to reduce child mortality by two thirds by 2015.
- Have halted by 2015, and begun to reverse, the spread of HIV/AIDS: The National Strategic Plan for the Prevention of HIV/AIDS foresees that Tajikistan may potentially be able to lay the ground for a stabilization of HIV/AIDS by 2015. This will, however, only be possible if the efforts undertaken under the Plan continue to garner full internal and external support.
- Have halted and begun to reverse, by 2015, the incidence of malaria and other diseases and reduce morbidity rates: Unlikely. Exact epidemiological information on the current spread of malaria is not available, though indicators suggest that malaria is now endemic in large areas of the country. Without massive investments into malaria control activities, this target will not be met.

**United Nations Development Programme (2005). Investing in Sustainable Development: Millennium Development Goals Needs Assessment Tajikistan, Full report**

Available from: <http://www.untj.org>

(accessed June 10, 2006)

One part of this report is dedicated to the health related MDGs (MDG's 4, 5 and 6). To estimate the costs of meeting these health related MDG's a study examines the political priorities and financial requirements to stabilize core pillars of the primary care service (i.e. the rural health houses, rural health centres, reproductive health centres, urban polyclinics, general hospitals etc). These institutions represent the mainstays of the basic health system and provide the platform from which interventions to address all priority healthcare services.

The assessment showed that improving the standard of health services would require not only increased financial resources but also significant structural reforms to ensure that

physical, financial and human assets are allocated more efficiently within the sector. The progress in Tajikistan will be regulated in large part by the success of these reforms, especially the reorientation of the health system away from hospital - based care towards preventive and primary health service, and to result - oriented policy.

Over the past decade both the quality and accessibility of health care has deteriorated sharply in Tajikistan. Strained by economic transition and the hardships of civil war, spending on the health sector has fallen from 4.5% of GDP in 1991 to less than 1% of a much lower level of GDP in 2002. Public expenditure on health was just US\$2.2 per capita in 2003. As the government's role in health care declines, the sector is becoming increasingly dependent on informal private payments to pay for basic services and on foreign aid to relieve the acute shortage of essential drugs and medical equipment. In 2003, total private spending in the health sector was US\$ 12 per capita, one of the lowest levels of health spending in the world.

**Accessibility and quality of health services:** Many facilities in rural areas of the country have severely deteriorated over the course of the last two decades and lack sufficient resources to offer quality care to the population. Patients from rural areas commonly bypass the primary health system and travel to seek care at hospitals and urban polyclinics. Mistrust of the primary health system is so deep that even fully rehabilitated and equipped local facilities may have trouble attracting patients. Rehabilitation of services will also require time and effort to strengthen the links between the health system and local communities.

**Child mortality:** UNICEF estimated (in 2000) the infant mortality rate at 89.0 deaths per 1000 live births - the highest in the former Soviet Union. The most recent official figure, 13.5 in 2003 according to the Ministry of Health, almost certainly underestimates the true scale of infant mortality in the country.

**Maternal mortality:** Officially, the Republican Centre of Medical Statistics reported maternal mortality rate of 36.5 deaths per 100.000 live births for 2003. This figure is much lower than estimates from surveys carried out by international organisations. A WHO study estimated Tajikistan's maternal mortality rate at 123 per 100.000 live births in 1995.

## **Annex 4**

### **List of people and institutions consulted**

The following people and institutions were contacted and consulted to obtain the information presented in the national health research system map of Tajikistan. A distinction is made between the people and institutions contacted and consulted prior to the national workshop in November 2005, and those consulted following the workshop. These later consultations were held to complete data, and fill the information gaps defined during the national workshop.

#### **May - November 2005**

1. Miraliyev S.R. Head Department Health Reform, Coordination and Planning, Ministry of Health.
2. Fayzulloyev A.H. Deputy Head of Science and Human Resources Department, Ministry of Health.
3. Zoirov P.T. Vice-rector on Science and Publications, Tajik State Medical University named after Abu Ali ibni Sino (Avicenna).
4. Kadiraova D.A. Head of Family Medicine Cathedra, Tajik State Medical University named after Abu Ali ibni Sino (Avicenna).
5. Artykova N.P. Liaison Officer, WHO.
6. Buhorizade R.A. Head of Coordination Council on Scientific Research, Academy of Sciences.
7. Kurbanov Sh. M. Director of National Reproductive Health Centre, Ministry of Health.
8. Abdujabborov N.A. Health Reform Coordinator, Project Sino.
9. Pirova Z. Health Service Quality Improvement Coordinator, ZdravPlus.
10. Faromuzova Katoyon. R. Health Programs Manager, Aga Khan Foundation.

#### **December - March, 2006**

1. Miraliyev S.R. Head Department Health Reform, Coordination and Planning, Ministry of Health.
2. Bobokhadjayev O. I. Head of Health Service Management Department, Ministry of Health.
3. Tabarov M.S. Head of Branch of Medical Science, under the Department of Human Resource and Science, Ministry of Health.
4. Sadikova D. Deputy Head of PMU of Health Sector Reform Project (ADB funded), Ministry of Health.
5. Artykov K.P. Vice-rector on Science and Publications, Tajik State Medical University named after Abu Ali ibni Sino (Avicenna).

6. Mirzoyeva Z.A. Head of Family Medicine Chair, Tajik Postgraduate Institute of Medical Staff.
7. Kadiraova D.A. Head of Family Medicine, Tajik State Medical University named after Abu Ali ibni Sino (Avicenna).
8. Nasridinova B. Acting Head of Faculty of Public Health and Social Hygiene, Tajik State Medical University.
9. Sayfitdinov S.R. Director of State Centre of Medical Statistic and Information, Ministry of Health.
10. Kurbanov Sh. M. Director of National Reproductive Health Centre, Ministry of Health.
11. Buhorizade R.A. Head of Coordination Council on Scientific Research, Academy of Sciences.
12. Artykova N.P. Liaison Officer, WHO.
13. Abdujabborov N.A. Health Reform Coordinator, Project Sino.
14. Akobirshoyev I. National Programme Officer, Sida.
15. Kurbanova B. Coordination Manager ADB funded Health Sector Reform Project, ADB.
16. Pirova Z. Health Service Quality Improvement Coordinator, ZdravPlus.
17. Faromuzova Katoyon. R. Health Programs Manager, Aga Khan Foundation.