

Tajikistan

Community, Rights and Gender Country Profile

Working Document



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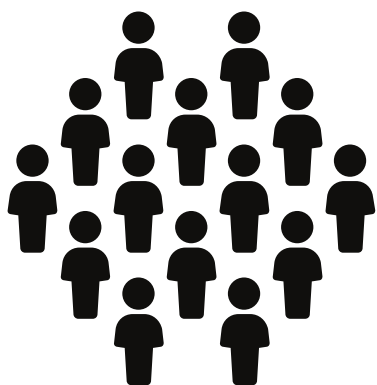


CRG Interventions



CFCS Round 10 Partners

Quick Facts



9.54 million people

Working Document



**High MDR/RR-TB
Burden Country**



**Eastern Europe and
Central Asia**

UNHLM Targets



Resource Needs (2022)

70.17 million (USD)

Available TB Funding 2020 (USD)

Domestic: 6.3 million

International (Excluding Global Fund): 0.0 million

Global Fund: 5.1 million

Funding Needs: 12.9 million

Diagnosis and Treatment Targets (2020)

TB Target: 5,900

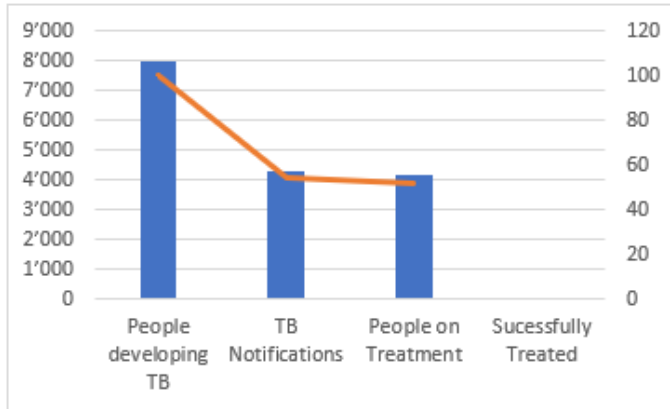
% Target Achieved: 73

National Strategic Plans and Funding Opportunities

- Next National Strategic Plan Development: 2025
- Next Global Fund funding request (proposal development): 2023

TB Situation

Epidemiological Data (2020)



Source: Stop TB Country Dashboard

https://www.stoptb.org/static_pages/MappingTool_Main.html

Major Gaps in TB Prevention and Care

- 3,852 Missing people with TB (270 were children)
- 920 people died because of TB
- 557 Laboratory confirmed people with MDR/RR-TB (WHO data, 2020)

Community, Rights and Gender Data

The CRG assessment conducted in 2020 identified the following:

Accessibility Barriers: include distance to clinics in remote areas where many people live, limited access to social support, Tajik migrants in Russia lack healthcare access and are not screened for TB upon return to Tajikistan, people with prison history lack healthcare access due to lack of ID and poor finances.

Quality issues: lack of confidentiality at DOT leads people to seek treatment outside of their communities. Also, there is distrust of PHC Healthcare workers (HCWs) among PLHIV, PWUD and sex workers.

Acceptability issues: there is compulsory TB testing and treatment, and medical examinations for people entering marriage. Lack of confidentiality in PHCs, stigma and discrimination interfere with TB treatment for people in rural areas.

Discrimination issues: No legal prohibition of TB discrimination though HIV discrimination is prohibited by law. Stigma & discrimination interfere with TB treatment for people in rural areas, often people with TB fear losing their employment resulting in diagnosis and treatment initiation delays.

Freedoms: compulsory TB treatment and testing and compulsory medical examinations for people entering marriage is allowed by law. The right to “preserve medical secrecy” (probably meaning confidentiality in Russian) during TB treatment is recognized by law. However, people avoid PHCs due to lack of confidentiality, and strong fear of disclosure of TB status because privacy & confidentiality is not sufficiently protected.

Gender: women have limited health decision-making power; married women fear divorce and unmarried women fear not marrying due to TB. Often women experience diagnosis delays due to male control of family finances, limited health decision-making power, and deprioritizing their health for household duties. On the other hand, men with TB struggle with job securities.

Key and Vulnerable Populations: prioritized groups include people with diabetes, military personnel, people with prison history, PLHIV, PWUD, migrants working in Russia, sex workers and HCWs. PWUD experience higher risk of drug-resistance and limited access to Opioid substitution treatment. There is distrust of PHC HCWs among PLHIV, PWID and sex workers, Tajik migrants in Russia lack healthcare access & are not screened for TB upon return to Tajikistan, people with prison history lack healthcare access due to lack of ID and poor finances.

Source: HHR: Health and Human Rights Journal: Building the Evidence for a Rights-Based, People-Centered, Gender-Transformative Tuberculosis Response: An Analysis of the Stop TB Partnership Community, Rights, and Gender Tuberculosis Assessment

Community Engagement and Representation

Active National Stop TB Partnership

- Yes

National Network of People Affected by TB

- Yes

TB Network/Community represented on CCM

- Yes

High-Level Engagement with Parliamentarians

- Not available

Celebrities Engagement in TB response

- Yes

Challenge Facility for Civil Society
Round 10

- Association Stop TB Partnership Tajikistan
- Public Organization SPIN Plus

CFCS Round 10 Regional Level
Partners

- TB Europe Coalition (TBEC)
- Center for Health Policies and Studies

Global Network:

- TBpeople
- Lean on me Foundation/
TB Women



Community Rights and Gender



- CRG Assessment Complete ✓
- Costed CRG Action Plan Available ✓
 - In progress
- TB Stigma Assessment Conducted ✗
 - No
- TB Stigma Elimination Plan Available ✗
 - No
- Community-led Monitoring Mechanism in place ✓

CFCS Round 10 Grantees

Association Stop TB Partnership Tajikistan

- **Global Fund Sub recipient**
- Project Location: 5 cities in Tajikistan
- Timeline: January 2022 - January 2023
- Objectives
 - To strengthen community-based treatment adherence and community-led monitoring using digital technology (OneImpact & I LIKE VST) in five cities of Tajikistan.
 - To facilitate the meaningful community engagement in TB advocacy in five cities of Tajikistan.
 - To participate and engage in TB advocacy and accountability initiatives at national, regional, and global levels.

CFCS Round 10 Grantees

Public Organization SPIN Plus

- **Global Fund Sub sub recipient**
- Project Location: Dushanbe City and District of republican subordination
- Timeline: January 2022 - January 2023
- Objectives
 - To build the momentum to integrate HIV and TB community-led activities in Tajikistan.
 - To increase access to TB services for people living with HIV in Tajikistan.
 - To protect and promote the rights of people living with HIV, affected by TB in Tajikistan.
 - To participate and engage in TB advocacy and accountability initiatives at national, regional, and global levels.

Questions? Contact us.

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