

MCHIP Country Brief: Tajikistan



Selected Health and Demographic Data for Tajikistan	
Maternal mortality ratio (deaths/100,000 live births)	65
Neonatal mortality rate (deaths/1,000 live births)	19
Under-five mortality (deaths/1,000 live births)	43
Infant mortality rate (deaths/1,000 live births)	34
Modern contraceptive prevalence rate	26
Total fertility rate	3.8
Skilled birth attendant coverage	87%
Antenatal care, 4+ visits	53%

Sources: World Bank, World Health Organization, UNICEF, Demographic and Health Survey. USD: US dollar.

Health Area:

- Immunization



Program Dates	February 2011 to September 2013					
Total Mission Funding	Redacted					
Geographic Coverage	No. (%) of provinces	National TA	No. of districts	N/A	No. of facilities	N/A
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INTRODUCTION

Despite Tajikistan being certified polio free in 2002, and consistently reporting immunization coverage above 90%, the country experienced the world's largest polio outbreak in 2010, with 458 laboratory confirmed cases of paralytic poliomyelitis, or one half of all cases reported in that year. UNICEF's Tajikistan Living Standards Survey (TLSS) in 2007 had given a clear warning that such an outbreak was imminent when it revealed that only 50% of Tajik infants nationwide had received a third dose of oral polio vaccine (OPV3). Unfortunately, this warning was not heeded in time, the outbreak occurred, and a very expensive mass polio campaign was required to control it.

The United States Agency for International Development (USAID)/Central Asia provided the Maternal and Child Health Integrated Program (MCHIP) with funding, beginning in late 2011, to strengthen routine immunization in both Tajikistan and Kyrgyzstan. The goal was to assist the ministries of health to prevent future outbreaks of polio and other vaccine preventable diseases. MCHIP conducted an assessment and planning mission in September 2011; this was followed by a series of external technical assistance visits and the hiring, in January 2012, of a national coordinator who worked under the direction of MCHIP's regional and U.S.-based immunization technical officers and was an active participant on the national Interagency Coordination Committee (ICC) and other Ministry of Health (MoH) and Republican Center for Immunoprophylaxis (RCIP) working groups.

Upon the resignation of the national coordinator in September 2013 after challenges with the registration, instead of attempting to recruit a new coordinator and continue with registration for a short period, USAID/Tajikistan made the decision to suspend the work and approved MCHIP's proposal to shift all remaining funding to the MCHIP program in Kyrgyzstan.

KEY ACHIEVEMENTS

From January 2012 through September 2013, MCHIP/Tajikistan:

- Participated in and provided technical assistance during the planning for the first and second rounds of Tajikistan's nationwide diphtheria vaccination campaign;
- Played a key technical role, in collaboration with the MoH and other international partners, in Tajikistan's National Immunization Program Review, which produced recommendations to the MoH for further strengthening routine immunization and maintaining high levels of coverage;
- As a member of the ICC and the Maternal and Child Health and Reproductive Health Advisory Council (MCH & RHAC), forged relationships with national-level partners and contributed to National Immunization Program decision making;
- Completed a baseline assessment in two villages across two districts and identified key areas for district-level support; and
- Provided financial and technical assistance for the 2013 World Immunization Week.

WAY FORWARD

Programmatic

MCHIP/Tajikistan faced a challenging startup, both administratively and programmatically. The unexpected departure from the project of MCHIP's Bishkek-based regional immunization consultant in January 2013 (the same month the Letter of Implementation with the MOH was signed) made it difficult for MCHIP to provide the continuous guidance and support needed by the national coordinator during the year. The delayed decision to register John Snow, Inc. (JSI), the MCHIP lead organization in Central Asia, and subsequent delays in securing the registration itself, resulted in an insecure situation for the national coordinator, in particular, and it also limited the support that MCHIP was able to provide at district level. These challenges resulted in the resignation of the national coordinator. With only three months left in program implementation and in light of these challenges, it was decided that moving forward with registration would not be possible. Unfortunately, without registration in place, MCHIP was not able to achieve full program implementation. In the future, whether working under a bilateral agreement between the U.S. Government and the Republic of Tajikistan, or another country, registration of USAID implementing partner organizations should be given the highest priority.

National Technical

As Tajikistan looks ahead to plan for the introduction of new vaccines, there are a number of challenges that need to be addressed. Serious issues with data quality and the monitoring of immunization coverage persist; irregular training and problems with the retention of qualified health workers make it difficult to achieve quality immunization services; and vaccine management, injection safety, and an aging cold chain that is non-existent below the district level in many areas are all problems that Tajikistan and its partners must continue to address. If investments and technical support to the National Immunization Program do not increase to address these fundamental weaknesses in the health system, the country will continue to be susceptible to outbreaks of vaccine preventable diseases and to require costly episodic vaccination campaigns.