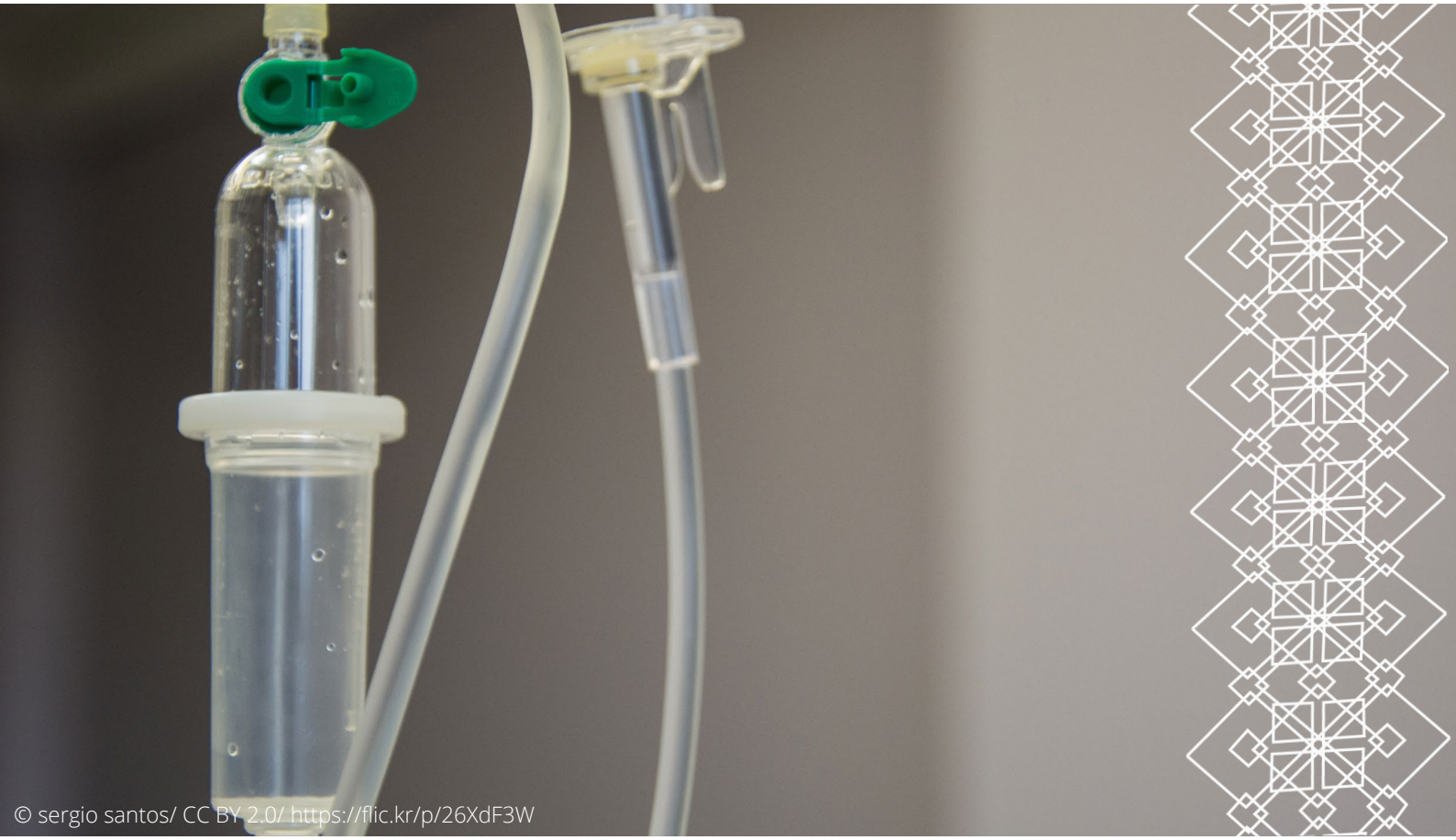

The Alarming State of the Healthcare System in Tajikistan

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Health and healthcare are central to human security, while poor health is intrinsically linked to poverty and under-development. This paper is part of a series looking at the health systems in Central Asia which aims to highlight issues related to human development in Central Asia impacting on state security in the region. This first paper, which is based on internal research and interviews, also provides recommendations for how the international community could contribute to meeting the healthcare challenges in Tajikistan.

The Covid-19 crisis has highlighted shortcomings in healthcare systems around the world, including the unpreparedness of medical facilities and professionals for a pandemic situation. In some states, however, the medical system's shortcomings are part of a much deeper and long-standing problem. This is the case in Tajikistan, one of the poorest countries in Asia, which lacks a sufficient number of medical facilities to serve the 9.5 million population and where those that do exist are in poor shape. Moreover, the country has seen a significant deterioration in the number and quality of its health professionals over the last two decades. Difficult working conditions and the excessively low salaries of doctors and nurses discourage young people from entering into the medical profession, fuel pervasive corruption, and provide incentives for doctors to emigrate.

Of all the states of the former Soviet Union, Tajikistan invests the least in health, *only $ 55 per capita*, an amount essentially equivalent to that in Afghanistan. For more than 30 years, the lack of investment combined with the authoritarian nature of the leadership has had a negative impact on the medical system and has concomitantly undermined the effective communication between the administration, medical staff and civil society that is essential to its improvement. Instead, some of President Rahmon's decisions appear to have been driven more by political concerns than by medical considerations, as evidenced by the pressure put on doctors early in 2020 not to report Covid-19 cases in the country.

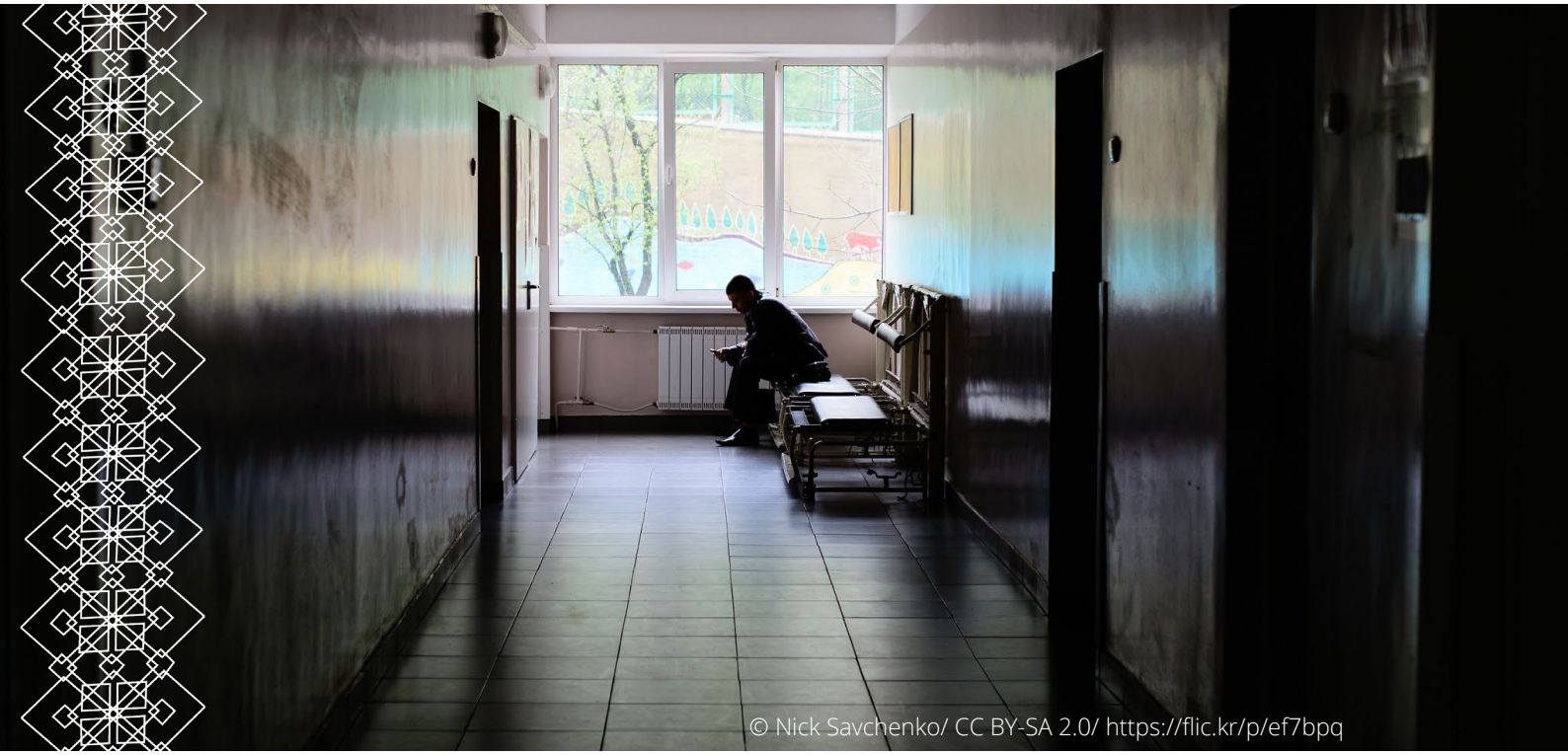
Although undertaking the fundamental reforms necessary to address the challenges facing the health system is the responsibility of the authorities and local stakeholders, international donors could make a real difference in line with the often modest investment capacities of today. Despite the undeniable complexity of providing assistance to authoritarian regimes, some initiatives could provide concrete support and have a direct and positive impact on the local population, including through targeted, smaller assistance programmes and through bolstering the capacity of local civil society.

Medical infrastructure: How Did it Get this Bad?

Since the end of the civil war in Tajikistan in 1997, the government has claimed to be committed to rebuilding and modernizing the healthcare system through several reforms and programmes. For example, the recently extended "Programme of State Guarantees to Provide the Population With Medical and Sanitary Assistance for 2017-2019," envisages the construction of *560 hospitals* and health centers throughout the country.

However, notwithstanding some achievements such as the opening of 12 health centers in the Pamir region in 2017, seven medical centers in the oblast of Khatlon and a hospital in the region of Soghd in 2018, the programme has been opaque and, like earlier ones, has failed to breach the substantial gap between the government's declarations of intent and its actual achievements. Information on the location and opening dates for the planned 560 medical facilities remains vague. Surprisingly for a country where achievements in the social welfare sector are usually widely celebrated by the state-controlled media, those facilities that were built have received very little press coverage. In fact, most of the new medical facilities which were covered by the press in the last three years were not part of this programme, but instead were built with foreign aid coming inter alia from the *Asian Development Bank*, *Islamic Development Bank*, *the Russian Federation*, *Japan*, or the *Turkish Cooperation and Coordination Agency (TIKA)*.

Importantly, what the government alleges to be an improvement in the healthcare infrastructure contrasts sharply with the numerous difficulties experienced by the population. The overwhelming majority of medical facilities were built between the 1930s and late 1970s and have deteriorated significantly since the collapse of the Soviet Union. There has been a lack of funds to modernize the old structures or build new ones. Many medical facilities have outdated or dysfunctional equipment, lack basic medicines or even a satisfactory supply of electricity, water, and heating, as well as a sewage system. The



dilapidated state of medical facilities and the disengagement of political authorities have led the population of some small cities and villagers to take matters into their own hands and *participate in their repair or reconstruction*.

The lack of funding has meant that some hospitals have fallen into serious debt trap situations. In *Bokhtar* (Khatlon province), the central hospital and the regional clinical hospital have become the main debtors of the electricity company, with respectively nearly 50,000 and 19,000 USD of debt. Some medical centers are forced to close in wintertime due to their failing heating systems. Medical facilities in rural areas are in even worse shape. Most rural hospitals are staffed with only one doctor, while other medical facilities are generally staffed with *young inexperienced nurses*, and often lack basic medicines such as pain killers. Hence, many patients prefer to avoid local health centers that are supposed to provide primary care, and instead go to the city or regional hospitals which are meant to provide secondary and tertiary care. As a result, this leads to overcrowding of these regional facilities, which themselves are insufficiently staffed and equipped, and has a detrimental impact on the quality of care/services they can offer.

The Tajikistani medical system also continues to suffer from the inefficient way that Soviet medical system was organized. Many hospitals specialize in specific diseases or areas, such as tuberculosis, cardiology, neurology, or obstetrics and gynecology, leading to duplication and fragmentation of health services. On the other hand, other specialized services such as mental health, or long-term care for persons with disabilities are underdeveloped. Most people affected by such issues cannot afford specialized services and are taken care of by their families.

Moreover, access to medical facilities can be difficult in such a mountainous and poor country. Many Tajikistanis live far away from medical centers. This isolation is compounded by a faulty road system made worse in some areas by harsh winter climatic conditions, and an inadequate public transport system with *poor* connections to cities.

In emergency situations, the lack of easily accessible hospitals is particularly critical. The ambulance service is old and inadequate, even in large cities. Foreign assistance, for example from *India*, although valuable, has been limited to providing a couple of *dozen vehicles* at best. Private transport by unofficial taxis is therefore the main means of reaching medical facilities, including in time-sensitive cases such as heart attack or stroke. This is worrying, as much as 30 percent of the population lives *under the national poverty line* and cannot afford private taxi services. Thus, residents of poorer regions such as the *Gorno Badakhshan province* rely on understaffed and underequipped local health centers even in the most serious health situations.

A Lack of Health Professionals

In the first years following independence, widespread emigration of members of ethnic minorities, in particular Russians, who had previously worked in the health care sector, significantly weakened staff numbers. The dearth of health professionals worsened during the economic crisis which followed the 1992-1997 civil war, and despite a reported increase in the GDP, the poor economic situation persisted and resulted in reduced investment in the medical system and its personnel. The former Health Minister, Nasim Olimzoda, who was dismissed in March 2020, had publicly recognized that Tajikistan lacks *1,000 doctors and 4,000 nurses* and had promised to tackle the issue. At the same time, however, he made light of growing public criticism about the shortage of health professionals, arguing that almost *80% of positions for physicians and 70% of positions* for nurses were filled.

These figures and assertions, however, hide a much darker reality. Despite the government's promises, the number of doctors per capita has declined since the 1990s. Today, with only *170 physicians per 100,000* people, Tajikistan has one of the lowest ratios of doctors to citizens in Central Asia or Europe. It has approximately 444 nurses per 100,000 people, a figure far lower than that in other CIS States. Moreover, as in many countries, the nursing profession in Tajikistan is heavily feminized, and the process of *re-traditionalisation of the Tajikistani society* has led to an increasing number of women remaining as stay-at-home mothers, as illustrated by the increasing number of female health care staff who stop *working after getting married*.

There are also more shortages beyond doctors and nurses. Family medicine remains underdeveloped; while, ideally, a family doctor should serve a *population of 1,500 individuals*, a doctor in Tajikistan serves between *7,000 and 8,000 people*. The country also lacks specialists, including anesthesiologists, dentists, infectologists, narcologists, *epidemiologists*

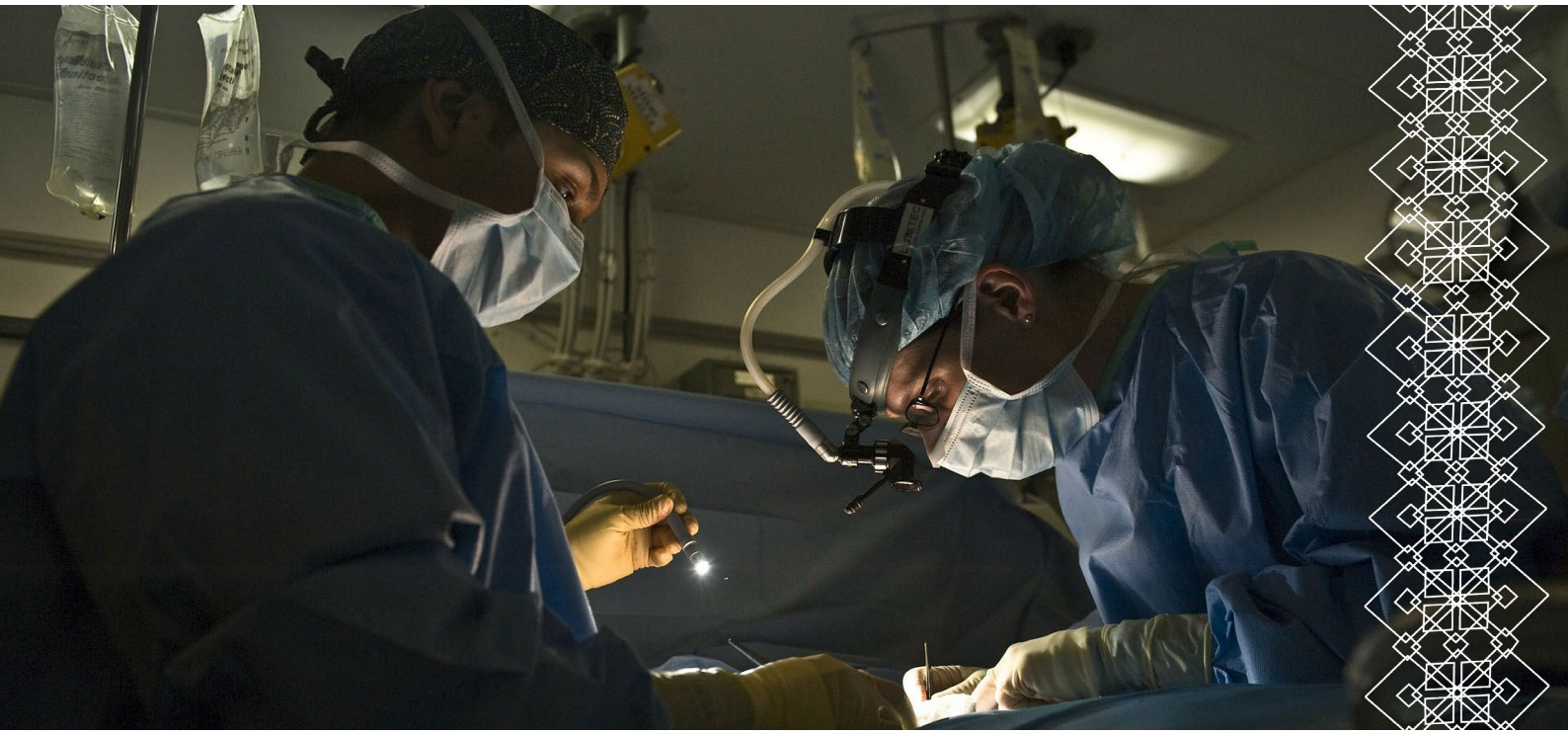
and psychiatrists. Even if the figures cited by the Minister of Health were accurate, many general practitioners have to fulfill the functions of pediatrician, *therapist, gynecologist and midwife*. Doctors are also forced to spend a lot of their time on administrative tasks, which considerably reduces the time they can spend treating patients. Finally, the figures cited include retirement aged doctors who continue to work, and doctors who work in several positions at the same time in understaffed hospitals or medical facilities, especially in the provinces.

Additionally, most doctors work in the capital, Dushanbe, while the provinces and rural areas in particular suffer a serious shortage of health professionals, including administrative staff. The Tajikistani government has attempted to redress this imbalance by prioritizing the admission into training institutes of students from remote cities and villages and by providing material assistance to medical staff who accept to work outside of the capital, such as the allocation of land plots. However, such measures have had only a meager impact so far. Most health professionals from rural areas do not to return to their native region after their medical training and instead seek employment in the capital or in other large cities. Moreover, many of those who have returned complain that the government did not deliver on the promised incentives.

Medical Training

Besides the shortage of staff, inadequate training seriously undermines the health care system. The skills gap stems both from issues related to university level medical studies and the weakness or lack of further medical education/ training.

Training of medical staff is mainly provided by the Tajik State *Medical University Avicenna*, which, like many institutions in the Tajikistani education system, faces many problems. On the one hand, *corruption undermines the entire education system*, with the reported need to pay bribes for admission, as well as for grades during studies. The University of Avicenna lacks



equipment, qualified teachers, and proper laboratories. Teaching methods remain focused on rote learning more than on *competency* and skills-based education, and students do not receive real clinical exposure. Although the Ministry of Health decided to limit the number of students per year in an effort to improve the quality of education, it has not addressed the many structural and methodological issues. Nursing is regarded as a low status profession and although nurses are trained in nursing colleges, they remain under qualified.

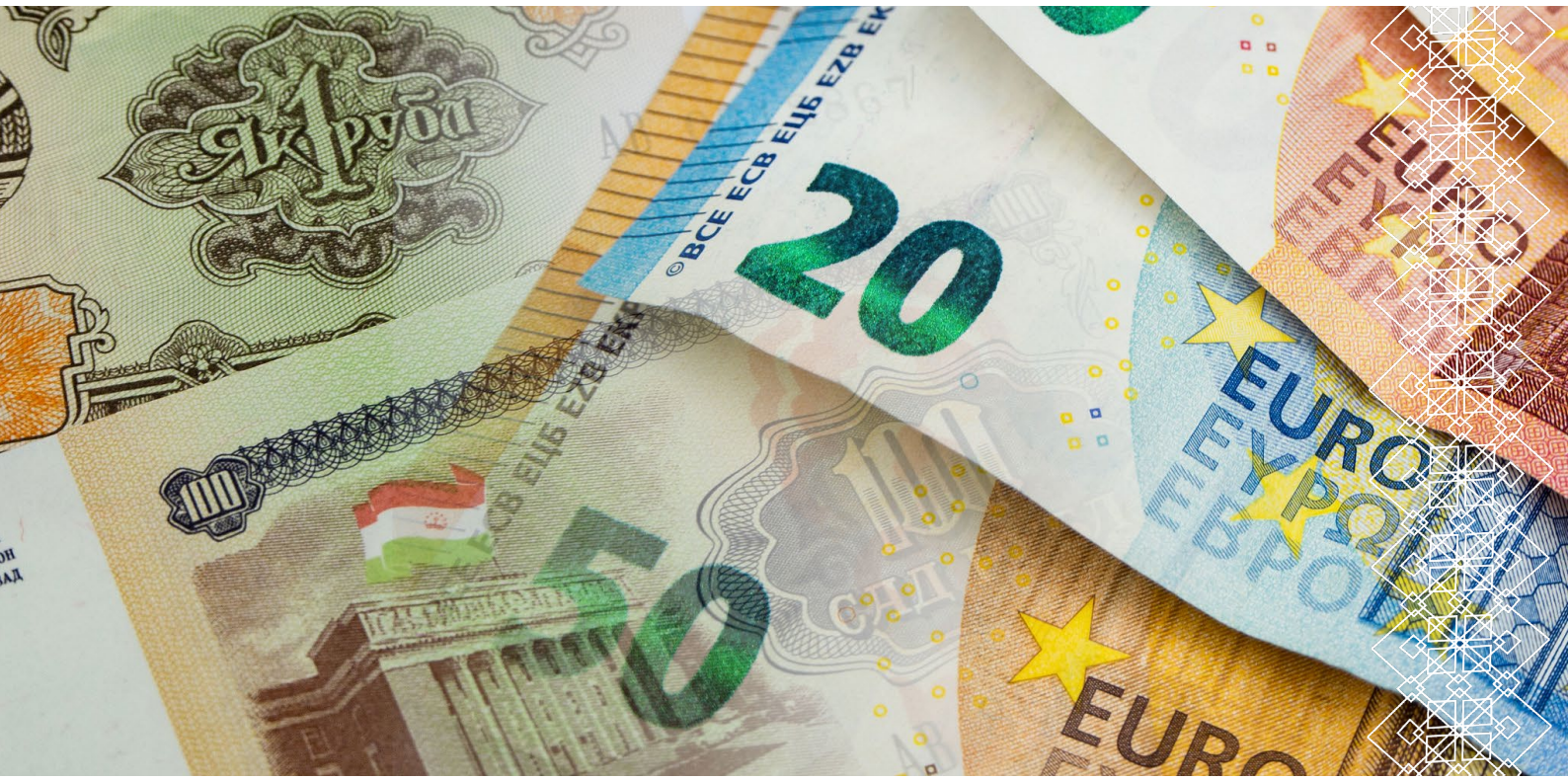
Further medical education, officially compulsory every five years, is in *practice not really implemented*. Many doctors do not have access to the necessary programmes to allow them to update their skills and knowledge. Opportunities for further education are few, and concentrated in Dushanbe, which is not accessible to many doctors for family and financial reasons. The shortcomings in education and further training have an obvious impact on treatment; a lack of training on bedside manner also affects medical staff's relations with patients and their families. According to a *2018 survey* at least a quarter of patients complained about the rude attitude of medical staff.

Poor Conditions Impact Recruitment and Retention of Staff

Tajikistan's medical sector faces significant difficulties in recruiting and hiring. The medical profession has lost much of its prestige due to low salaries and poor working conditions. While the average wage in Tajikistan is about USD 150 per month (not enough to meet basic needs), a doctor earns between *78 and 100 dollars per month, while nurses earn between 50 and 60*. These low salaries are further subject to compulsory deductions beyond regular taxes, such as subscriptions to state-supported newspapers or magazines, or for the maintenance of medical structures. According to the testimonies of several medical staff, these mandatory levies are often opaque and part of a wider pyramidal corruption system which forces some staff to pay the equivalent of between *40 and 50 US* dollars to the chief doctor, a significant sum for underpaid staff. Medical staff members also often have to pay bribes to the administrative services to ensure that reporting is done on time and that they are not accused of administrative violations.

The government *claims to increase* wages regularly in order to alleviate the problem. Professions most affected by staff shortages, such as family doctors and certain specialists, receive bonuses of up to 30 per cent of their salary. However, in practice these measures have had little impact. The high percentage in absolute terms of the increase only adds the equivalent of a few dollars to a salary that remains very low, and significantly lower than inflation.

A second key problem is the brain drain of medical staff. *Many Tajikistani doctors* have emigrated abroad to countries with better working conditions and wages, in particular Russia, but also Yemen, Afghanistan, Egypt, and Libya. Although the government does not provide information or data on this trend, at least *700 Tajikistani doctors work in Moscow* and the surrounding region.



A Profession Plagued by Corruption

The medical sector is one of the *most corrupt sectors* in the country, even according to statements made by the Agency for State Financial Control and Combating Corruption. Despite free medical services, a majority of patients report paying bribes to doctors during consultations or medical staff during hospitalization.

The government claims it is fighting this phenomenon by increasing controls and penalties. Lawsuits have been filed against some corrupt doctors, and a director of the Medical University Avicenna was sentenced to a prison term. According to the authorities, corruption is decreasing, but testimonies from the general public contradict this assertion. The general public blames the state for the systemic problem which they say the state is not doing enough to address.

The government's administrative response is out of step with the daily reality of health professionals and is unlikely to effectively address pervasive corruption. The few doctors who are brought to justice represent a mere drop in the ocean of corruption. Importantly, in many cases, corruption does not stem from dishonesty on the part of health professionals, but rather is caused by the extremely low wages that force doctors and nurses to seek alternative sources of income in order to make a living and support their families. This situation is unlikely to change significantly until fundamental reforms are undertaken including the provision of wages consistent with health professionals' skills and education, reflecting the difficulty of the work and the long hours as well as the cost of living.

There are also reports of truly corrupt health professionals who refuse to treat patients who cannot or will not pay bribes. The majority of the population is *not informed about its rights* or what to do in this kind of situation. A national information campaign is required to raise patients' awareness of their rights, to urge them to exercise them and, if necessary, to contact

the competent authorities with complaints. However, in authoritarian states, governments favour repressive measures, control, and a paternalistic stance demonstrating concern for the general public, and are reluctant to encourage people to assert their rights, fearing that this could stimulate political and social activism directed against the administration and the political authorities.

Corruption in the medical sector is part of a wider problem found in all state services and throughout the Tajikistani administration, generally consisting of paying to access better services that are officially free. In the medical sector, many patients pay bribes which are not directly requested by doctors but which they hope will lead to improved attention and care. This practice is also fueled by the lack of adequately qualified medical personnel, which leads patients to try to bribe their way to receiving treatment by those health professionals with the best reputations.

Importantly, corruption among medical personnel also results from underinvestment in the health sector due to the ongoing economic crisis combined with *state embezzlement* -- which has reduced the budget devoted to health. Additionally, many people blame the Ministry of Health and regional authorities, accusing them of not using the funds provided by the Ministry of Finance for the medical sector as intended, but using them for other purposes or for personal enrichment.

This pervasive corruption leaves the development of the medical sector and its staff stranded in a vicious circle. Despite the severe staff shortages, job applicants are often forced to pay exorbitant bribes to get a job (which can amount to the equivalent of around *$ 5,000 to get a position in a hospital*). This leads to qualified staff remaining unemployed or emigrating, which exacerbates the serious problem of understaffing and further undermines the medical system in the country.

The Damaging Impact of Authoritarianism and Corruption on the Medical System

Despite some political openness and reforms implemented in the late 1990s, President Emomali Rahmon, who has ruled the country since 1994 and has been re-elected three times through elections that the *OSCE found* not to be in accordance with international obligations and standards for democratic elections, has gradually increased repression of the critical voices. Since the banning of the only real opposition party - the Islamic Renaissance Party - in 2014, the already bleak human rights situation has further deteriorated. The authorities have invoked national security and public order concerns to implement more stringent restrictions on freedom of expression and peaceful assembly and to persecute opposition activists, independent lawyers, journalists, human rights defenders, and their families.

Effective healthcare systems and authoritarianism are not necessarily contradictory, as demonstrated by the case of Singapore. However, in Tajikistan, the lack of resources combined with weak government policy has significantly eroded the country's medical infrastructure.

The well-documented misappropriation of the profits from the country's scarce resources by the president's family and close circles, and in particular those of the state aluminum company and biggest national export-earner Talco, have gutted investment in social welfare, including in the health sector. As mentioned in the book *"Dictators Without Borders"*, former US ambassador Tracey Ann Jacobson wrote more than ten years ago in a leaked cable that "the people of Tajikistan effectively subsidize Talco, by living without adequate health services, education or electricity". Since then, the president has further tightened his grip on the country's resources, resulting in further deterioration of the social welfare system.

In addition, the government's investment in medical facilities has been less a real effort to improve and develop the system and more of an effort to bolster its image and reputation. This is reflected in the repeated announcements of improvements in the medical infrastructure which have yet to materialize. This is also demonstrated by the geographical concentration of new medical facilities, which are predominantly in the capital city of Dushanbe, where they are visible as a demonstration of the president's commitment, as well as Khatlon, the region from whence President Rahmon originates, where seven of the eight medical centers pertaining to the 2017-2019 programme were built. This focus on Khatlon is part of the president's strategy to secure the loyalty of the elites of this region on whom *he has heavily relied* since the end of the civil war, but whose political unity has been undermined in recent years by dwindling money and resources.

Finally, some medical or hospital facilities have been built due to a combination of business interests and corruption rather than a logical, rational healthcare objective. According to *local doctors* and collected testimonies, several businessmen with no experience in medical management have been authorized to open medical facilities by paying bribes to the presidential family.

Silencing Local Stakeholders

Since the end of the civil war, international aid and civil society organizations (CSOs) have played a significant role in compensating for the government's underinvestment in health care system. President Rahmon's government, unable to provide a system of social welfare support, has benefitted from the work of CSOs who have stepped in to support the country's healthcare. However, his authoritarianism and fear that activism could undermine him and his government has at the same time led him to impose increasing measures to control civil society, such as tightening financial regulations with the effect of weakening many CSOs which depend on external funding. This has resulted in many CSOs either closing down or becoming dependent on state funding and therefore unable to criticize government policies. Today, most fundamental international principles protecting civil society organizations, as well as the right to free expression and to freedom of peaceful assembly, are not respected in practice.

In this repressive context, trust in national and local decision makers on the part of both medical staff and the general public is low. The lack of accountability is exacerbated by the fact that high level local authorities such as city mayors or district governors are not elected but rather appointed, resulting in them being less receptive and responsive to complaints. This, combined with widespread poverty and a deep feeling of helplessness largely contributes to discouraging citizen initiatives.

More Action Needed from the International Community

It is up to the Tajikistani government to respond to the challenges posed by the shortage of health professionals. This means going beyond certain symbolic measures, such as the misguided attempts to convey a feeling of pride among medical staff by composing an anthem dedicated to the profession, or declaring doctors descendants of the Aryan people and heirs to the famous Avicenna. Rather, the government needs to ensure transparency and cease denying challenging problems. An example of this was the state stance of denial at the beginning of the Covid-19 pandemic despite all the warning signs, and which had a dramatic impact on the health of the people of Tajikistan. Transparency is essential to promote fundamental reforms in the medical sector, which should be based on constructive dialogue, concrete information and data collected from key stakeholders, i.e. health professionals, patients, and from civil society organizations.

It is also essential that the international community acknowledges the seriousness of the situation of Tajikistani health professionals and opens avenues of cooperation with local stakeholders in order to addressing the situation effectively.

Legitimate questions are raised in relation to providing aid to countries where corruption is a problem and accountability for expenditures is difficult. Several studies have shown how such countries' leaders have relied on foreign assistance to alleviate local pressure and put off the implementation of reforms, including those aimed at improving healthcare systems. Moreover, the engagement of foreign actors can have the *unintended consequence* of sustaining inadequate government policies. Consequently, many donors have concluded it is easier and more accountable to provide assistance to more democratic countries.

However, there is a troublesome contradiction between disengaging from authoritarian states because of their corruption and human rights violations while developing economic relations (most Western countries have trade relations with Tajikistan), and yet still hoping to promote democracy, good governance and development. Moreover, in Tajikistan, those who lack access to healthcare are not the elites who hold the power and have access to the best hospitals in the country or who can afford to be treated abroad, but the vast majority of the population, which is largely impoverished and living in remote locations. There is a moral duty to help the hundreds of thousands of vulnerable people who are victims both of the poverty of their country and of the ineffective policies of the president and his administration concerning the development of the medical sector.

Moreover, based on numerous studies and assessments of foreign assistance over the past three decades by scholars working on development issues, it may be better to turn away from grand utopian assistance plans which generally impose one-size-fits-all reforms. What has been termed by some development specialists as a "big push" that promised great things, too often has been devised by outside planners who have lacked grassroots knowledge and have thought of local issues as more of a technical engineering problem that they could easily solve. Health sector problems, like many other issues in Tajikistan, are a complicated tangle of political, social, historical, institutional, and technological factors, and solutions are likely to be more effective if they adopt a homegrown approach. Rather than advocating for a "big push" from outside, assistance through projects that are modest, less costly and hence in line with what donors today can invest are more likely to bring concrete results to the most vulnerable populations. This approach also allows for the development of direct contacts with local stakeholders and therefore helps them to share their concerns and expectations concerning the local medical infrastructure and health system. In addition, more modest projects make it possible to involve a larger number of actors, such as CSOs or businesses through corporate social responsibility programs. Finally, while funds to support national programs have been difficult to track in Tajikistan, more localized assistance also mitigates the risk of having the resources appropriated by high level predatory elites.

Recommendations

The following list of recommendations is not exhaustive. Moreover, some are not new but have been included because, despite their effectiveness on the ground, they have been underutilized. All the recommendations can be debated, and their implementation will rely on stakeholders' ability to adapt them to the local context. However, based on the premise that the international community needs to be more proactively and differently engaged, while recognizing the significant risks and difficulties related to assistance in authoritarian and corrupt countries, all seek to open avenues to bring more support to a population that has been severely impacted by the country's lack of resources as well as the authoritarian nature of its political system.

A. IMPROVING THE OVERALL HEALTHCARE SYSTEM

1. Develop eHealth in Tajikistan. In a country with a complex geography, eHealth, i.e. the use of information and communication technologies for health care, can be an *efficient tool* to offset the lack of medical infrastructure, general practitioners and specialists. Teleconsultations can provide substantial assistance to many vulnerable poor and isolated people who cannot easily access medical centers and qualified medical staff. They would be able to interact with medical personnel, receive advice on treatment, or to be referred to other competent medical services. eHealth could also bring together providers based at separate institutions in order to offer coordinated care to patients. Computers or other equipment could be provided in an accessible location, such as a local administration or other public building.

   Some eHealth and teleconsultations have been initiated in Tajikistan by the Aga Khan Development Network (AKDN) and are proving to be particularly *effective*. However, these programmes have so far received little support from other donors. The Aga Khan Foundation, despite its efforts and goodwill, cannot meet the significant demand that the development of eHealth would require if used on a broader scale. Many donor states or organizations, with their knowledge and skills, could contribute to this initiative.

2. Coordinate initiatives with those already undertaken by other donors. It is important to avoid duplication in a sector with such substantial needs. An example would be to coordinate any project to develop eHealth with those implemented by the AKDN.

3. Support the development of civil society organizations. CSOs are an essential link to the medical reality on the ground, but their activities are currently restricted. Foreign actors can help these organizations develop by insisting that the government adheres

to international standards, by publicizing their work in a transparent manner, and by developing their links with other organizations which share common interests. Finally, giving visibility to small and often isolated CSOs is also a means of protection; authoritarian governments generally find it more difficult to silence CSOs that are known and have connections outside of their country.

4. Promote access to information inside Tajikistan. Collecting and disseminating information from Tajikistani medical staff, patients and their families is essential to circumvent censorship, informing future changes and reforms. This could be done by helping CSOs and journalists to collect and disseminate information. For example, in South Africa, Health-e has been developed to encourage investigative journalists to produce their own stories and use social media through substantive and technical training. The journalists investigate stories in places and about medical staff and people who seldom gain coverage. Despite the crackdown on freedom of expression in Tajikistan, many journalists or citizens continue to try to disseminate alternative information, and likely would be willing to be trained to share information about social issues.

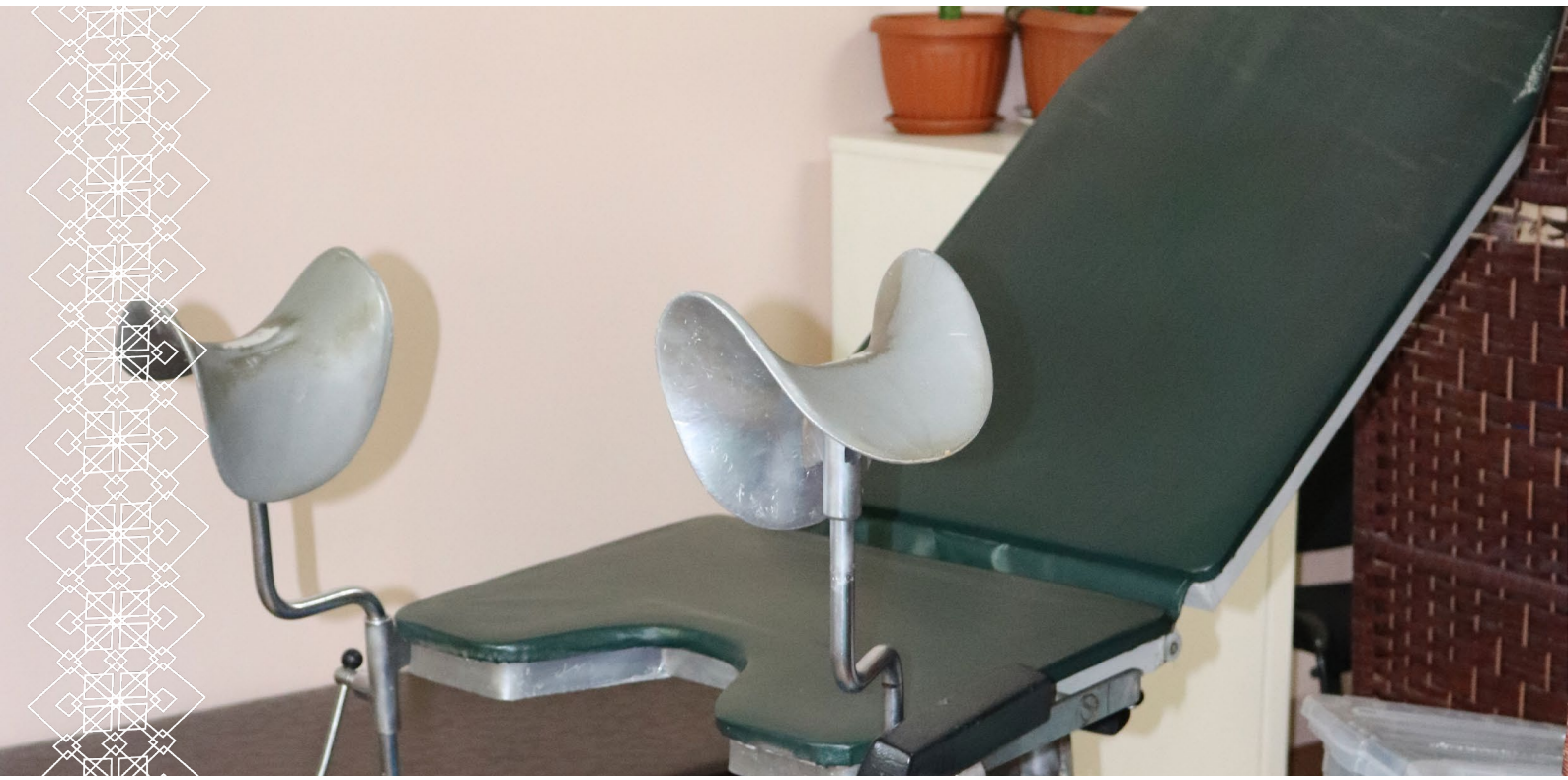
5. Support dialogue between political authorities and local stakeholders. It is important to improve communication amongst government representatives, medical staff and the population. Foreign actors, and especially diplomats and their regular interaction with many actors both inside and outside the government, can contribute to increasing dialogue around the changes and reforms that must be inspired primarily by local stakeholders.

6. Raise visibility about the state of the medical sector in Tajikistan on an international scale. The health situation in Tajikistan remains little known outside of diplomatic circles and international organizations working on healthcare issues. Moreover, such information and data from authoritarian countries are often derived from reports published by a few international organizations which are bound by diplomatic rules not to publicize their findings. This has occasionally led to unfortunate disconnections from reality on the ground, as exemplified in April 2020 by the World Health Organization endorsement of the Tajik government's denial of the Covid-19 crisis in the country. Foreign actors could contribute by disseminating information collected from local CSOs and journalists.

B. IMPROVING THE MEDICAL INFRASTRUCTURE

7. Contribute to the development of local, medium sized, medical structures. Few donors, whether states or CSOs, can provide the substantial funding needed to build large hospital structures. This will be even more the case the global economic crisis due to Covid-19. However, most donors could build or participate in the development of the less costly, local medical facilities that are sorely lacking in the country, and which facilitate access to quality medical care for many vulnerable Tajikistanis.

8. Focus on sustainability. Building new facilities or supplying existing medical centers and hospitals with more medical equipment is highly desirable. However, foreign assistance in infrastructure development has often been criticized for providing a container, i.e. the building, without sufficient appropriate content, i.e. trained staff and sufficient equipment, or for providing equipment without ensuring its proper use. Developing



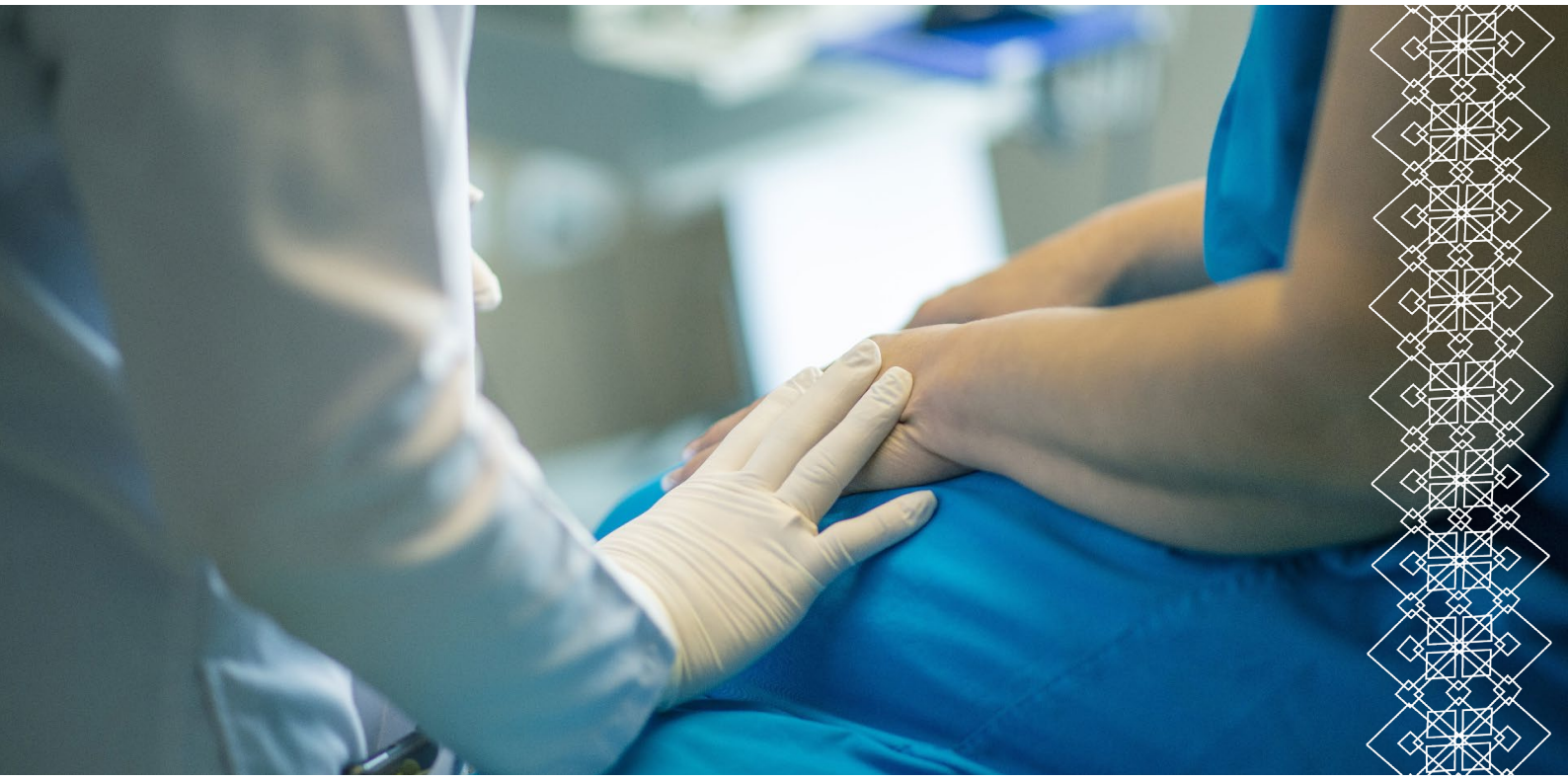
small facilities requires less staff and therefore makes recruitment easier, and eases the acquisition of costly medical equipment. Moreover, sustainability requires proper training of staff who will be using new equipment, as well as ensuring that personnel are able to maintain the equipment after delivery.

9. Ensure that construction of new medical facilities is coupled with good recruitment. A major error in foreign aid has been to open new medical facilities and staff them with staff from other medical institutes or hospitals in the country. This has deprived existing facilities of indispensable staff attracted by higher wages and better working conditions. It is important to couple the construction of new medical facilities with training of staff and recruitment of newly graduated health professionals or by bringing back those who emigrated.

10. Increase aid outside the capital. Since independence, although foreign aid has been committed for the development of medical infrastructure in Tajikistan, it has been largely concentrated in the capital and a few large cities. A rare exception is the AKDN, which has made significant efforts to develop the medical system in remote areas, including in the Pamirs. It is necessary to focus more attention on the development of medical facilities in the provinces, in particular in isolated regions which particularly lack medical facilities.

11. Improve access to health facilities. First, this means helping to develop emergency transport services such as ambulances, which would help save lives in situations where people cannot get to an adequate facility fast enough or die because they were picked up too late or transported in inadequate conditions. Second, donors could contribute to the development of transportation connections between isolated areas and medical facilities or hospitals. This could be something as simple as providing a bus with regular and reliable connections between medical centers and surrounding rural areas.

C. SUPPORTING LOCAL MEDICAL PROFESSIONALS



12. Contribute to local medical education by increasing access of Tajikistani students to foreign medical educational institutions. This could mean not only funding them to complete medical degrees abroad, but also to participate in internships as part of continuing education or training in specializations which Tajikistan lacks.

13. Develop eLearning in the medical sector. This can be done through online medical courses, translated into Tajik or Russian on learning platforms, particularly those intended for targeted audiences such as that of the former USSR. These courses could prioritize specific training in areas which are lacking, including mental health, palliative care, and rehabilitation. Supporting local eLearning could also be facilitated by subsidizing subscriptions to existing platforms for local doctors or staff, who may not be able to afford the registration fees.

14. Develop the teaching of medical English. The majority of Tajikistani medical personnel have a superficial command of English, but this should be improved. Enhanced English language skills would allow health professionals to take part in online courses beyond the Russian-speaking former Soviet space, to access research on the medical sector, much of which is published in English, and to participate in major conventions and other gathering of the medical sector. The development of medical English could be done online or physically with, for example, the support of retired doctors.

15. Send doctors and specialists to Tajikistan to contribute to the training of local staff. Some countries, in particular Russia and *Turkey*, are already sending medical trainers to Tajikistan. Highly skilled medical personnel from other countries could contribute to teaching or updating local knowledge on new medical techniques and the utilization of equipment.

16. Support medical training institutes. This means contributing to improving learning conditions, textbooks, laboratory equipment, and training courses (both on site or abroad), for teaching staff whose teaching methods are outdated.

17. Help bring Tajikistani medical personnel out of isolation. This could be done by developing more opportunities for interaction with health professionals abroad, for example by subsidizing doctors to take part in major medical conventions. Lack of resources is an essential obstacle to the participation of Tajikistani medical personnel in foreign conventions.

18. Subsidize local access to international online databases, by making it free of charge or at a very low rate. Online medical databases are an essential source of information and knowledge for further education of health professionals, but in Tajikistan they remain difficult for most to access due to their high cost.