

## March 24 - World TB Day

**i can stop TB**

The purpose of the World TB Day is to raise awareness about global tuberculosis epidemic and efforts to eradicate this disease. Our next issue of «Cooperation» enclosure is devoted to this day.

## The Global Fund Investment for Programmes to Combat Tuberculosis

On March 17, 2009, a Press Conference on "Joint Efforts to Combat TB" was held. Along with other governmental officials and representatives of international organizations, Saleban Omar, HIV/AIDS, TB and Malaria Project Manager of the Global Fund did his presentation.

Presently, the Global Fund's (GF) 5 grants are implemented in Tajikistan to fight HIV/AIDS, Tuberculosis (TB) and Malaria. The total requested amount is more than \$ 134 million. The funds will be disbursed by tranches within five year programme in line with the bilateral agreement between the GF and the Government of Tajikistan.

To date, \$70 million out of the total amount has been approved. This country received \$ 27 million, which are under UNDP and Project HOPE's implementation. In the nearest future is expected to start realization of four additional GF Grants with more than \$ 90

million budget.

The total amount requested by Tajikistan on TB is \$ 48 million. The country received only \$ 9 million by now.

After the collapse of the USSR, Tajikistan had neither a systematic work to combat TB nor a standard treatment regime. Therefore, a problem called multi-resistant (drug-resistant) TB form has occurred. This year we plan to begin the treatment of 50 patients diseased with this TB form, and in the future - about 700 patients. Treatment of multi-resistant form of TB cases is not an easy task: primary TB infection treatment lasts 6 to 8 months while a multi-resistant form requires 24-36 months.

Accordingly, the financial cost is higher.

One of the challenges we face now in the Ministry of Health of the Republic of Tajikistan is a staff shortage. A high staff diversion and low motivation contributes and confronts solution of local issues related with TB cases.

Another challenge is funding. The international community, the Government of Tajikistan and the Health Ministry of Tajikistan try to increase both the capacity and donor investments to the possible extent.

TB problem is not only for health authorities, but also for the society as a whole. The role of local hukumats and journalists is crucial to reduce further prevalence of TB cases in Tajikistan, since the media is a source of information. If information reaches people properly, they can individually take decisions related to

prevention and prevalence of TB cases.

With regard to the implementation of the GF Grant's Round 6, a project consists of several parts: diagnosis, treatment, infrastructure, training and support to specialists. The GF is working with sub-recipients like state institutions, NGOs, international NGOs and the UN. We hire sub-recipients through a transparent tender procedure; develop terms of reference and select appropriate organizations that have capacity on project implementation. We make an assessment of technical facilities, reputation, experience and capacity in the management of projects and funds. We sign a contract only after verification of organization's capacity to carry out the project.

Each organization-grantee has to achieve certain outcomes. Since, the GF grants



are not free gifts for the country. These are funds linked to an objective to achieve.

We believe that our joint efforts enable us to control this infection and implement our planned activities.

Safo Safarov

## We Can Stop TB

The United Nations Development Program, as a main recipient of the Global Fund's Grant to Fight against HIV/AIDS, Tuberculosis (TB) and Malaria, contributed significantly to prevention and control of TB cases in Tajikistan. Zumrad Makhsumova, TB Grant Manager, PIU/UNDP says about the ongoing projects to fight against TB cases.

Tajikistan is one of those countries where tuberculosis is a serious problem for both the state and the society. According to official data, annually 4000 to 6000 new TB cases are registered, and numbers are increasing, especially among migrant workers and contingent of penitentiary labor institutions.

The National TB Program (NTP) is currently implementing in Tajikistan for the period of 2003-2010. In addition, Directly Observed Treatment, Short-course (DOTS) has been approved. The programme goal is to stop prevalence of the disease, gradually reduce morbidity and mortality, as well as prevent development of drug resistance. Objectives include achieving success treatment of at least 85% and 70% detection of new TB cases.

### Investment to Fight against TB

In August of 2007, UNDP and the Global Fund Programme to Fight against HIV/AIDS,

Tuberculosis and Malaria have signed a grant agreement on realization of a Project "Expansion and Strengthening of DOTS in Tajikistan", as well as an appeal to address new challenges on TB control according to the WHO "Stop TB" strategy. This is a five year project (2007-2012) which divides into 2 phases with total budget of more than \$ 14.5 million.

#### The project objectives are:

1. Strengthen the management capacity of NTP in the Republic of Tajikistan;
2. Improve detection and treatment of TB cases through strengthening DOTS program, including involvement of primary health centers to fight against TB cases;
3. Effective advocacy, communication and social mobilization activities to fight against TB cases. This component involves reduction of stigma associated with the disease and improvement of knowledge about TB among the public, patients and their families as a result of the



nationwide information and educational campaigns;

4. Strengthen fight against TB cases in the penitentiary system. This component plans to expand DOTS in prisons by strengthening the managerial capacity of the medical service units of the Internal Affairs Department, Ministry of Justice of the Republic of Tajikistan, including the provision

of training and organization of regular examination, laboratory diagnosis and infrastructural modernization, as well as providing equipment for the detection and treatment of cases;

5. Treatment of drug-resistant forms of TB cases;

6. Effective collaboration to fight against TB/HIV co-infections;

7. Operational research to determine needs of vulnerable populations (migrant workers) and strengthen health system to combat TB cases.

It should be noted that the GF Grant's Round 6 incorporates new components such as fight against TB cases in prisons, introduction of treatment of multiple drug-resistant tuberculosis (MDR-TB) and combat TB/HIV co-infections. These components are new directions not only for Tajikistan but also for Central Asia as a whole.

The National Coordinating Committee assigned UNDP Grant Implementation Unit a primary grant recipient. Four sub-recipients in realization of activities are National TB Center (NTC), World Health Organization, Project HOPE and Caritas Luxembourg.

### Management Capacity Building

53 heads of the Ministry of Health of the Republic of Tajikistan, medical departments of the Ministry

of Defense and the Ministry of Justice of the Republic of Tajikistan have been trained in the framework of the National TB Programme on managing TB programs, planning, epidemiology, monitoring and evaluation. The international consultants with wide experience on management of TB programs and projects in Central Asia and Europe have been invited to conduct this training.

In addition, a Training Center under the Tajik State Medical University has been established and renovated where the medical professionals and students can enhance their knowledge and skills within the framework of TB program. Similar centers also opened in Khatlon and Sughd areas.

### Coordination and cooperation

GIU/UNDP plays an active role in coordination of partners dealing with implementation of TB programs in Tajikistan, such as NTC, Project HOPE, Caritas Luxembourg, Project Sino and American Red Cross, AIDS Foundation/East and West. Working groups conducted meetings on various components of the programme on TB and HIV, including implementation of TB programs in prisons, information and educational activities, etc.

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# We Can Stop TB

In addition, together with NTP specialists, the project carried out monitoring visits to districts to assess implementation of the program and provide organizational and methodological assistance in the fields. It should be noted that Round 6 covers new pilot areas where DOTS program has been introduced in 2007. Staff shortage in primary health centers significantly complicates the programme implementation. UNDP has repeatedly initiated working meetings with NTC and other partners and discussed issues related to monitoring results and proposed solutions to improve the quality of TB activities.

## Improved detection and treatment of TB cases

Improve detection of TB cases requires integration of primary health care centers with services providing anti-TB assistance. With this purpose, the Grant scheduled a basic DOTS training to health specialists of primary health centers. GMU/UNDP, as a main grant recipient, signed an agreement with the National TB Center to accomplish this task. In 2008, experts of the National Programme trained 245 doctors and PHC nurses on DOTS basis and principles.

## Awareness Rising among Population

More than 150 thousand information materials (brochures, booklets, leaflets, posters, banners) have been published within the project over the last year and given to the National TB Center. Dissemination of materials to the population is carried out to draw attention of the local community organizations to this issue.

## Tuberculosis in prisons

Activities to combat TB cases in prisons are implemented together with a sub-recipient - international organization Caritas Luxembourg. In August 2007, the Ministries of Justice and Health of Tajikistan and Caritas Luxembourg signed a Memorandum of Interaction on DOTS Intervention in Penitentiary Labor Institutions in Tajikistan. Currently, DOTS has covered 90% penitentiary institutions (Dushanbe city and Sogd Oblast).

Caritas, as a sub-recipient of Round 6, together with KNCV international consultants provides technical assistance in revision of legislation and guidelines to control TB cases in prisons. In May, within the framework of this grant, a DOTS training has been conducted to 11 doctors-physicians and chiefs of health units of Internal Affairs Department of the Ministry of Justice of the Republic of Tajikistan. Also, two professionals from medical institutions of Internal Affairs Department attended an international training on implementation of DOTS in prisons.

Monthly monitoring of health units in penitentiary institutions is carried out to improve diagnosis and treatment of TB cases, where NTC specialists actively provide consultation. It is planned to closely cooperate and integrate civil sector to address human resources problem and enhance diagnostic basis.

## Treatment of resistant forms of TB cases

In May 2008, the country launched a research to determine level of resistance to anti-TB drugs in two pilot districts: Dushanbe city and Rudaki district. To date, the research covered 279 patients.

The Ministry of Health of the Republic of Tajikistan with technical assistance of an international consultant prepared a proposal to Green Light Committee for access and procurement of 2 series of anti-TB drugs. Proposal has been approved, which allows starting the procurement process of these drugs and treatment to 50 patients with drug-resistant forms of tuberculosis before the end of 2009.

Besides, TB program managers, physicians and nurses (31 persons) were trained on management of multi-resistant forms of TB cases in cities of Riga (Latvia), Tomsk and Orel (Russia), where we had the opportunity chance to see implementation of similar programs and explore key issues in this field.

## Tuberculosis and HIV

A National TB/HIV Strategy for 2008-2012 has been developed to enhance integration between two vertical programmes of TB and AIDS and accomplish the assigned tasks. The document is produced by technical assistance



Team of specialists of Anti-TB Grant, GIU/UNDP

of international consultant and approved by the thematic working group. This strategy translated into Tajik and approved by the Ministry of Health of the Republic of Tajikistan.

## Food Provision

GIU/UNDP signed an agreement with World Food Program (WFP) in the framework of the GF Grant's Round 6 of GF. Since the beginning of the project, 6500 TB patients in 32 districts and cities received food aid (flour, oil, iodized salt and beans). Patients receive hot food during the treatment of TB disease in the National TB Clinical Hospital "Shifo" (Vahdat district), regional TB hospitals in Kulyab and Khujand cities, TB in-patient-hospitals in Farkhor, Hissar, Penjikent, Kumsangir, Rasht, Nurobod and Hamadoni districts. Food package provision continues with home delivery for the entire course of treatment, every 2 months. WFP provides food aid also to family members of TB patients during the entire course of treatment.

## Buildings Reconstruction

The present programme is implemented in accordance with a list of facilities requiring major reconstruction approved by Ministry of Health of Tajikistan. To

improve detection, diagnosis and treatment of patients, the project rehabilitated, in the first year, 25 buildings providing service for TB patients: 2 Central TB Hospitals in GBAO and Sogd Areas, 3 training centers in Dushanbe and Khujand cities, 9 DOTS clinics and 9 microscopic laboratories, as well as 2 bacteriological laboratories throughout the country.

## Equipment and drugs

National and regional centers to fight TB cases received full sets of computer equipment, multimedia projectors, office furniture and other equipment required for the normal functioning of the program. The GF Grant covers also office and communication costs, and fuel expenses.

Besides, 28 microscopes are purchased to improve detection of TB cases. Binocular microscopes Olympus CX21FS1-3 with an autonomous power have been granted to 9 anti-TB centers. The National Reference Laboratory equipped with modern facilities to conduct bacteriological tests which improves diagnosis of TB cases. Also, necessary quantity of furniture and office equipment for treatment of TB patients with multi-resistant form delivered to NTC "Shifo".

For the effective implementation of the programs funded by the Grant, the National TB Center received two vehicles

of Nexia and Niva brands. Also Internal Affairs Department of the Ministry of Justice of the Republic of Tajikistan received some vehicles (2 ambulances of Nissan and VAZ brands) to implement anti-TB activities in prisons.

27 pathogenesis drugs were procured in the framework of the Grant. Drugs are distributed in 73 anti-TB institutions of provinces and districts of the country, including prisons, NTC "Shifo" and Dushanbe Children TB Hospital.

## Achievement

One of the key achievements of 2008 is that GIU/UNDP provided technical assistance to prepare a proposal on tuberculosis to the Global Fund (Round 8). Currently, a positive response received to the proposal for this round.

In addition, GIU/UNDP provided technical assistance to the Health Ministry to submit a proposal for access to procurement of second-line anti-TB drugs for treatment of patients with resistant TB forms.

Thus, the ongoing project makes a significant contribution to strengthening national capacity to effectively control TB cases and facilitates to implementation of commitments of the Government of Tajikistan to ensure carrying out the necessary long-term activities.

Safo Safarov

## TB Situation Analysis in Tajikistan

From 9 to 19 March of the current year in Tajikistan has been evaluated the National Program to Combat Tuberculosis (TB).

With this purpose, a delegation of experts from the WHO Regional Office in Europe visited the country. The Mission was organized by request of the Ministry of Health of the Republic of Tajikistan under the GF and WHO financial support.

During the visit, international experts acquainted with the existing legislative and technical documents developed by specialists of the Ministry of Health of Tajikistan and the National TB Center, as well as with the provision of medical care, the process of detection and registration of TB patients, monitoring of treatment, and their conformity with the international standards. Also, analysis has



been made on achievements and available challenges of anti-TB programmes, statistics on TB cases, DOTS implementing process, strategy and results of studies on resistant forms of TB cases. To comprehensively study a situation on TB cases in Tajikistan, international experts met with Nusratullo Salimova, Health Minister of Tajikistan, khukumats' representatives of some districts, heads of municipal and district health

departments, specialists of the Ministry of Justice of the Republic of Tajikistan, local and international NGOs. The European delegation also got acquaintance with activities of the metropolitan and regional TB centers, visited NTC "Shifo" in Vahdat district.

The mission valued a political commitment to control TB cases at central level (adoption of the National TB Program for 2003-2010;

establishment of the National Coordinating Committee to Combat TB cases under the Ministry of Health of the Republic of Tajikistan). One of the noted accomplishments was DOTS strategy nationwide intervention in 2007. Besides, the Global Fund approved three proposals for grants to combat TB, HIV/AIDS and Malaria, as well as WHO Green Light Committee approved a request of the Ministry of Health of the Republic

of Tajikistan on procurement of drugs for treatment of patients with resistant forms of TB cases. At the same time, cooperation between Ministries of Justice and Health fosters carrying out the joint activities to control TB cases in the penitentiary system.

At final meeting held on 18 March 2009 at UNDP in Tajikistan, international experts informed on major challenges identified during the visit. The representatives of the Ministries of Health and Justice of the Republic of Tajikistan, international organizations, as well as leading national experts on TB field, participated in the meeting. Following up on the assessment mission, the European consultants provided recommendations to improve quality of anti-TB activities that has to be taken into account while developing a new national program to combat TB in the Republic of Tajikistan for 2010-2015.

# Stop TB with Empathy

On March 17, a Press Conference "Joint Efforts to Combat TB" was held with participation of Sohibnazar Rahmonov, Deputy Health Minister of the Republic of Tajikistan, Tracey Ann Jacobson, US Ambassador to Tajikistan and other state officials and representatives of the international organizations. The Press Conference was organized in the framework of two days training for journalists by the Ministry of Health of the Republic of Tajikistan and Independent Journalism School "Tajikistan - XXI century" under USAID financial support by Project HOPE and the Global Fund's Programme on TB, HIV/AIDS and Malaria.

During the Press Conference, Sohibnazar Rahmonov, Deputy Minister of Health of the Republic of Tajikistan expressed his ideas:

Horrible affects of the Civil War in Tajikistan are still felt. Health related issues on tuberculosis are negative outcomes of that period. A person born in 1992 is seventeen years old now. We visited many hot points of the country, including Vose and Hamadoni districts. We were informed that immunization covers 95 % of these districts' schoolchildren; however during the assessment of children under 12 we could track immunization only in 32 % of them. It means that a generation of the conflict period was out of health support.

## Programmes

In 1996, the country adopted a National Programme to Combat TB. Unfortunately, we could not achieve outcomes of the programme, because the government was unable to allocate funds at that time and financial assistance by international organization was out of adequate level. Therefore, in 2002 another programme was adopted to fight against TB up to 2010.

Presently, the Ministry of Health established a competent Working Group to develop a Programme to Combat TB for the next five years (2010-2015) and submit to the government.

This is both sectoral and national programme. The programme would be only sectoral in case to be relevant the health sector alone. Since TB is a social disease and the Ministry of Health cannot lonely ensure solution of this issue, the programme is also a national one. A National Coordination Committee is also established under the Government of the Republic of Tajikistan which is chaired by the Deputy Prime Minister. All respective ministries and committees contribute to achieve outcomes of the programme and solve issues which are under their responsibility.

## Achievements

State budgeting three fold increased in 2008 compared to 2004. We received funds from

the Global Fund Programme to Combat TB, HIV/AIDS and Malaria for procurement of drugs till 2014. As a result of the programme implementation, the financial and technical basis has been strengthened. TB research centers of the Health Ministry in cities and districts received 52 vehicles, 80 computers and printers and recording facilities. Likewise, 3 TB centers and 4 TB hospitals were built, 17 laboratories for phlegm analysis fully and 37 other laboratories partially renovated. We received 18 X-Ray equipments and 112 binocular microscopes.

## Assistance

The Global Fund provided US D 2 million 200 thousand for Round 3 for the period of 2004-2008 for programme implementation. Later, Round 6 allocated 14 million for 2007-2012. This component is under implementation now. A country which received 2 rounds assistance doubts to have a next round allocation. Fortunately, as official sources informed, Tajikistan would get further assistance to combat TB in Round 8 with budget of USD 30 million.

We should not forget that no international organization provides assistance without a political will of the Government of the Republic of Tajikistan and adequate level of common wisdom in the country.

## Remuneration

Besides of the state budgetary salary, the Global Fund allots additional 100 Somoni to each TB doctor and 50 Somoni to each nurse. This year is expected to increase salary of TB specialist. Presently, this issue is under consideration of the respective ministries and authorities. Besides, during the official visits and meetings of the field monitors, deputy minister or minister himself with the local authorities, we present ideas how to support TB specialists, for instance with provision of land or other type of assistance.

## Statistics

Annually more than 9 million TB cases are registered globally and 2 million out of them are fatal (more than 5000 per day). In our country, 406 persons died in 2007 and 404 persons in 2008, which rates 5.7 to 100 000 population. For instance, in 2005 this rate was 9.1 to 100 000 population in Tajikistan.

Totally, in Tajikistan 15484 persons with TB disease are under dispenser registration. In 2008, 6115 patients identified first time and received full remedy. Out of total number of patients being under medical observation, 83 % fully recovered, 4% died and 4% terminated their treatment.

Detection of more cases in various districts of the country says about good work of medical staff in the health sector. Absence of statistics in the

previous year does not mean absence of this disease. Patients were available; however either distrust to doctors or limited conditions prevented them to apply. Upon building diagnosis units, providing conditions, giving privileges and requirements, applications and statistics increased. Low figures in other areas of the country do not say about lack of outbreak of this disease there. In contrary, it proves that responsible people of the health sector do not properly work with the community and population.

## Full Course Treatment

According to the rules, a patient receives treatment in the hospital in the first 2 months when exists a threat to spread infection. Afterwards, he will be released to home. An importance of DOTS method is that a remedy should be under observation. Unfortunately, some of our citizens terminate their remedy. They do not follow doctors' recommendations. It provides a ground for a multi-resistance form of the disease to appear. This is a deadlock circle. We have to protect all rights of patient given him by law. However, a sick citizen should realize that he is a threat to infect other people.

## Multi-resistant form of TB

Analysis shows that one of the critical issues in Tajikistan is prevalence of multi-resistant form of TB cases as an impact of the Civil War. A treatment for one person lasts 24 month and costs US D 7000, while treatment of a primary diseased person requires USD 150 for 6 months.

Where did a multi-resistant TB form appear from? During the unrest period, health sector had no opportunity to immunize children for TB prevention. Another factor is that doctors in health institutions prescribed anti-TB drugs as they wish and made a micro-bacterium resistant to those medicines. A Tajik family has 7 members in average. Once any member got a resistant form of the disease, his surroundings, in case of infection, also receive the same form.

## Vulnerable groups

**Labour migrants.** As a Survey held in 2008 states, 1026 out of total numbers of TB patients are labour migrants. So, labour migrants are first in the list of vulnerable groups, which is more than 16 %.

To stop this process, a Working Group within Eurasia Economic Coordination was set up by Tajikistan proposal which is chaired by the President of our country. To solve labour migrants issues, a health certificate is developed and agreed by all member states, which has to be adopted this year. Every labour migrant has to pass medication examination before going abroad to reduce his



expenses and procedures in a country of destination. Official statistics say that 600 thousand annually go abroad for labour migration from Tajikistan, though unofficial data is quite higher. Last year, I did analysis, which shows that 7100 persons passed medical examination before their travel. 45 persons out of total numbers were identified as HIV positive. Their travel was postponed to pass additional tests.

Those passed medical examination with a little hint to TB disease are referred to the TB Center for diagnosis. Unfortunately, in regards to those coming back from migrations after 5-6 months of working abroad with an open or resistant TB form, we are unable to stop them at the airport for immediately check.

Therefore, we should provide information to and prepare family members and religious leaders using mass media means. People should know about importance of prevention and ways of diagnosis and treatment.

**Prisoners.** Last year, observation programme was fully introduced to penitentiary institutions of the country. It means that in case of any TB case, its remedy will be free of charge.

Another issue: previously those released from prisons did not inform anybody about their diseases. TB outbreak dominates in prisons compared to the civil sector. Therefore, we decided together with management bodies of the penitentiary institutions to send a patient to hospital if ambulatory treatment is necessary before releasing him from prison. Moreover, before discharging a diseased prisoner, we receive a letter from prison authorities and further inform sanitary services of his residential area to keep him under the medical observation of doctors for a certain period. This is one of the ways to eliminate TB prevalence. The Ministry of Health works in this direction for the last six months and certain regulations are functioning at places.

## Why "Death Valley"?

Nowadays, some journalists call Vose district a "Death Valley". This is not a death valley. According to official statistics, Rushon and Kulob districts are in more severe situation compared to Vose. However, some people in certain parts of the country used to get food aid or supply for repairing electricity and water facilities once such kind of article is published. This is not a solution of problem.

## Need for Cooperation

Mass Media has a capacity to assist us to prevent and control TB cases. All social layers - from family to state, from kindergarten to university have to talk by one voice. If a religious leader in a mosque sees any coughing person, he should tell by the end that people who cough and expectorate should once pass a medical test and get the necessary treatment.

We jointly can eliminate TB through advocacy activities and rising public awareness about this disease.

Tracey Ann Jacobson, US Ambassador stated in Tajik language during the press conference:

This activity happens by assistance of the Global Fund Programme to Fight against HIV/AIDS, TB and Malaria. We, the Government of America, are proud to be a main contributor to this fund. The Government of America assisted Tajikistan to fight against TB from 2004 more than USD 2 million 800 thousand. In the framework of this programme, USAID supported 13 district where resides 1.8 million or 26 % of Tajikistan population. In the results of our joint efforts with the Health Ministry and other international partners, treatment statistics of TB patents improved in those districts.

TB treatment is free in Tajikistan, however people need to find out through mass media how to get medicines. They should realize a necessity of treatment from this dangerous disease.

Safor Safarov

# Volunteers prevent TB prevalence

**In Vahdat district operates a programme which supports detection and treatment of TB patients by volunteers's assistance.**

Firuz Askarova, Community Mobilization Officer in Vahdat informed about details of this productive experience:

Tajik Red Cross Society implements this programme in Vahdat district from January 2007. A goal of the programme is to prevent new TB cases, decrease TB related fatal cases, as well as ensure full course remedy of patients by Directly Observed Treatment (DOTS). In two years period of the programme, 311 volunteers were trained in 150 villages. Presently, advocacy activities are carried out by male population and female volunteers with female population to decrease stigma and discrimination from disease. Some villages feel shortage of doctors and our trained volunteers keep control of patients' treatment in those areas.

We select our volunteers among the population by their own willingness and sign contracts with them. There are some married women who do carry out their professional work. Besides, teachers and drivers, pensioners and peasants, and unemployed and house-sitters are involved to the programme. Some villages have high religious believes. In such cases, we work with the local religious leaders, as their voices have more power. We even have some volunteers among religious representatives.

We also cooperate with UN Development Programme to provide material support to TB patients. To encourage a patient, we provide him and two family members of him every three months 72 kg of flour, 7 kg of peas or lentils, 3 liter of oil and 1 kg of salt.

It should be noted that we implement our programme by support of Red Crosses of America, Finland, Sweden and Norway provided by International

Federation for Red Cross and Red Crescent.

## Mehrobod Volunteers

Mustafo Sattorov, a volunteer informed about his activities as follow:

We meet with people once or twice per month. We give lectures and explain how to identify TB disease' symptoms to 11 grade students, farmer societies, and mosque visitors. People who discover those symptoms come to my place for counseling. Some of them come incognito and we keep confidentiality of those cases. We recommend them to pass medical test. I took one of them for a test and diagnosis detected a disease.

We also disseminate leaflets on ways to prevent this disease.

Another volunteer from Mehrobod - Fasolat Ahmadova says:

We work with the population more than 2 years. We organize meetings with women and explain them the ways of TB prevention. People accept out statements positively and visit the village ambulatory. I detected three TB patients. They receive medicines from doctors.

## Local physician

Mavluda Shafatova, a doctor of Health Center in Mehrobod expressed her ideas about work of volunteers in detecting patents:

Volunteers found patents and inform me accordingly. We refer them to the Health center for diagnosis.

I distribute drugs every morning. These are 5 kind of free drugs. 5 patients, who received full course treatment of these drugs, now recovered. At present, 2 more patients are under treatment. There are 7 patients in our village and 2 out them are labour migrants.



## "People will shame me"

A patient's story: I was sick 3-4 years. Doctors of many hospitals could not diagnose my disease. I was coughing and had phlegm, fever and lost my weight. During the meeting, Fazolat told me that I got TB disease. I visited doctor and got free drugs. My health state was improving day by day. I got assistance three times. I received a warm blanket, 5 bags of flour, 10 kilo of oil and peas. Now, I feel well and do all kind of work. I began my treatment 1 year ago. My daughter also got TB. We were treated in "Machiton" Hospital for 3 months. My daughter is under treatment for 6 months. Now, we both are healthy. I have 9 children. I, my husband and children are unemployed. A month ago, we all passed medical examination. They said we are healthy.

Before farewell, my interlocutor requested: "Please, do not publish my name, people will shame me."

## Contribution of Religious Representatives

Ahamdjon inbi Muhammadsharif, Imam of Mehrobod village also stressed

on importance of raising public awareness about TB disease:

- In our every presentations and meetings with the people, we underline that if anybody coughs with high expectoration should visit doctor and diagnose phlegm just in case of TB disease.

## Official position

Shokir Kholov, First Deputy Chief Doctor of the Central Vahdat Hospital presented his ideas about works of health facilities and joint decisions of state institutions on TB prevention and control:

-Medical staff of all primary health centers received trainings on timely detection of TB symptoms. A person having co-infections in the central hospital has to pass all tests such as for kidneys, liver and other parts of the body for diagnosis and upon detecting any TB symptom, a TB doctor will be invited to record a case and provide adequate treatment.

Every month, a meeting of Coordination Council on Timely Detection and Treatment of TB cases is organized and chaired by Mirzotillo Umrizov, Chief Doctor of the Central Vahdat Hospital, identifies and addresses existing challenges. Ruqiakhon Rahmatzoda, Deputy

Chairs of Vahdat district also participates in the meeting.

## Situation is under control

Alisherjon Islomov, Head of TB Center in Vahdat city stress on significant role of volunteers in TB prevention and control:

- In 2006, in Vahdat city 156 patients, in 2008 446 patients have been registered at dispensary by volunteers' assistance and in 2008 25 patients accordingly. We provide free treatment to patients. Now, 58 out of 295 patients from 2008 are under free treatment. In the current three months, 59 more patients were detected who are under observation and treatment. We obtain drugs from the National TB Center and have double drugs stockpile for now.

Patients with TB bacillus are referred to the National Hospital located in "Shifo" area. A patient gets treatment for 2-3 months until a TB bacillus dies. After discharge from the Hospital, he continues treatment for 4-5 more months in our center.

In general, epidemiological TB situation in Vahdat city and districts is under control by assistance of volunteers and support of the state and international institutions.

Safo Safarov

# Significant Role of Mass Media to Control TB

In 16-17 March, in Dushanbe was conducted a training round for journalist "Coverage of TB prevention and control issues in mass media of Tajikistan". 21 journalists from print media, radio and TV and news agencies of Dushanbe, Sogd, Khatlon and GBAO regions participated in the training. A purpose of this activity was to train journalists to professionally cover TB issues in mass media.

During the training, Jumaboi Sanginov, a member of Majlisi Oli of the Republic of Tajikistan delivered a speech in his capacity as legal specialist. He explained legal angles of TB disease: "in 2006, the Parliament of the Republic of Tajikistan adopted a Law "About protection of the population for TB Disease". We adopted this law according to civil situation and global experience of other countries. It stipulates a number of norms and specifies cultural and religious impact to our people"



In respect to legal basis of covering TB disease in mass media and access to information, Jumaboi Sanginov said: TB disease is not a state secret issue. A concern raised today by Tajik journalists in regards to health institutions activities and actual opportunities to fight TB is for the

benefit of this situation.

Unfortunately, sometime an official position is not covered positively. A tool used by journalists as headline of "sensation" has a sub-meaning of charity of cooperation of "forth governments" with health institutions of the country and law enforcement bodies. We

should pay attention to formative issues. A journalist is also a citizen of Tajikistan and concerns about various process related to health of the populations.

Some heads of institutions ask permission by the Health Ministry if a journalist applies to them. Such formality has to be destroyed, since TB issue is not a secret to the society. A position of the Health Ministry is also to support provision of information, clarify situation and give statistics without hiding anything from journalist".

During the training, Kurbongul Zokirova, Chief Specialist of the Health Ministry of the Republic of Tajikistan and Saodat Kosymova, Public Relations and Small Grants Coordinator of Project HOPE in the Republic of Tajikistan presented in details to journalists an epidemiological TB situation in Tajikistan and medical angles of this disease.

Subhia Nazarova, Programme Manager of International Association "Bonuvoni Navovar" and Mavjuda Kosymova, Head of Public Association "Nabzi Solim" presented information about a role of non-governmental organizations to prevention and control of TB.

Journalists, taking into account information received during the two day seminar and press conference with participation of state and international institutions, presented their ideas in the practical exercises.

The training was conducted by the Ministry of Health of the Republic of Tajikistan and the Independent School of Journalism "Tajikistan - XXI century" under financial support of USAID by Project HOPE and the Global Fund's Programme to Combat HIV/AIDS, TB and Malaria.

Safo Safarov