

# Tajikistan

## Community, Rights and Gender Country Profile

*Working Document*



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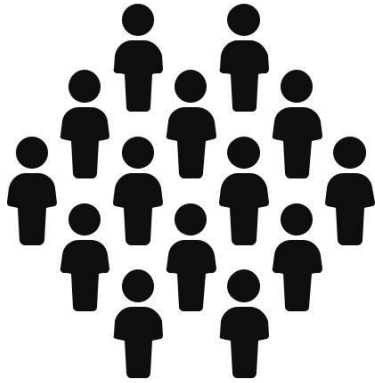


**CFCS Round 10 Partners**



**CFCS Round 11 Partners**

# Quick Facts



**9.8 million people  
(2021)**

Working Document



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



**Eastern Europe and  
Central Asia**

# UNHLM Targets



**Resource Needs (2022)**  
70.17 million (USD)

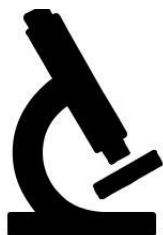
**Available TB Funding 2020 (USD)**

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 : 5900

% Target Achieved:73



**Prevention Therapy (2022)**

Total PT Targets: 8,760

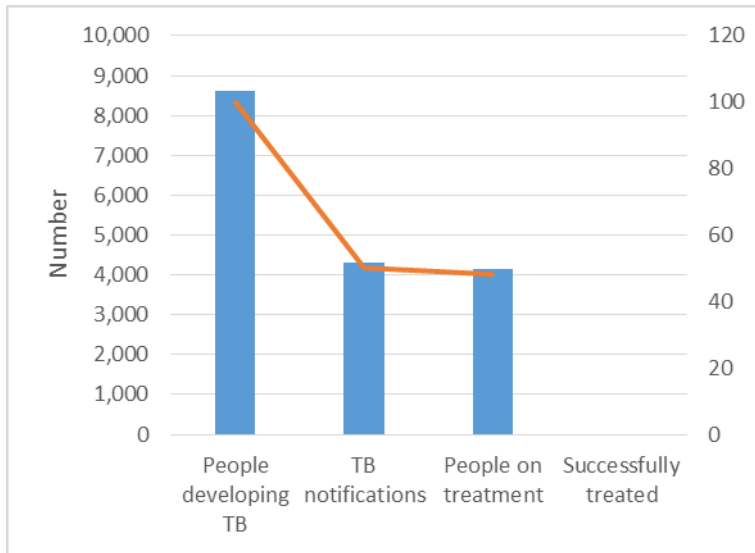
\*Please note that this will be updated in October after 2023 UNHLM on TB  
Source: [Stop TB Partnership Dashboard](#)

# National Strategic Plans and Funding Opportunities

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

# TB Situation

## Epidemiological Data (2021)<sup>1</sup>



### Major Gaps in TB Prevention and Care

- 4442 Missing people with TB (329 were children)
- 1300 people died because of TB
- 477 Laboratory confirmed people with MDR/RR-TB (WHO data, 2021)

**Acceptability issues:** Compulsory TB testing and treatment, as well as mandatory medical examinations for individuals entering marriage, were identified as problematic practices. Lack of confidentiality in Primary Healthcare Centers (PHCs), along with prevailing stigma and discrimination, posed obstacles to tuberculosis treatment 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 faced limitations in health decision-making power. Married women feared divorce, while unmarried women feared not being able to marry due to tuberculosis. Women often experienced delays in diagnosis, as male control over family finances and limited decision-making power regarding health led to their health needs being deprioritized in favor of household duties. On the other hand, men with TB struggled with job security concerns.

**Key and Vulnerable Populations:** these included people with diabetes, military personnel, people with a history of imprisonment, PLHIV, PWUD, migrants working in Russia, sex workers, and HCWs. People who use drugs were particularly at risk of drug resistance and faced limited access to Opioid Substitution Treatment. Distrust of PHC HCWs was prevalent among PLHIV, People Who Inject Drugs (PWID), and sex workers. Additionally, Tajik migrants in Russia lacked access to healthcare and were not screened for TB upon their return to Tajikistan, while people with a history of imprisonment faced barriers to healthcare due to lack of identification and financial resources.

**Source:** HHR: Health and Human Rights Journal (2021): 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, Rights and Gender Data

The [CRG assessment](#) conducted in 2020 identified the following:

**Accessibility Barriers:** encompassed factors such as the distance to clinics in remote areas, limited access to social support, and the lack of healthcare access for Tajik migrants in Russia who were not screened for tuberculosis upon their return to Tajikistan. Additionally, individuals with a history of imprisonment faced difficulties in accessing healthcare due to the lack of identification and financial resources.

**Quality issues:** The lack of confidentiality at Directly Observed Treatment (DOT) centers led people to seek treatment outside their communities. Furthermore, there was a prevailing distrust of Primary Healthcare Workers (HCWs) among People Living with HIV (PLHIV), People Who Use Drugs (PWUD), and sex workers.

<sup>1</sup> Source: [Stop TB Partnership Interactive Map Dashboard](#)

COUNTRY PROFILE TAJIKISTAN

# 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 Regional Partners

TB Europe Coalition (TBEC)

Center for Health Policies and Studies

CFCS Round 11 Regional Level

Partners

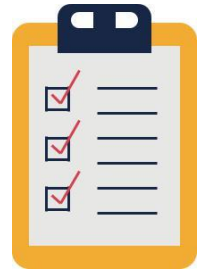
Center for Health Policies and Studies

Global Network:

Lean on me Foundation



# Community Rights and Gender



CRG Assessment Complete



Costed CRG Action Plan Available



TB Stigma Assessment Conducted

◦ No



TB Stigma Elimination Plan Available

◦ No



- Community-led Monitoring Mechanism in place



- Legal and Human Rights Scorecard Assessment

- Planned for 2023 (under CFCS R11 with co-financing)





COUNTRY PROFILE TAJIKISTAN

# 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.

COUNTRY PROFILE TAJIKISTAN

# 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.

COUNTRY PROFILE TAJIKISTAN

# CFCS Round

## 11 Grantees

Association 'Stop TB Partnership,  
Tajikistan'

**Project Location:** Penitentiary system of Tajikistan (15 colonies).

**Timeline:** March 2023 – March 2024

**Aim:**

- To improve the reach of TB services among the population of remote areas and enabled a collaborative environment among Government bodies, NGOs/CSOs to address barriers to TB care and services thus contribute to achieving the country UNHLM targets.

**Objectives:**

- To scale-up community-based treatment adherence and community-led monitoring using digital technology (OneImpact & I LIKE VST) in 10 cities and districts of Tajikistan.
- To facilitate meaningful community engagement in TB advocacy in 10 cities and districts of Tajikistan
- To participate and engage in various TB advocacy and accountability initiatives at national, regional and global levels with a particular focus on UNHLM TB and NFM4

# CFCS Round 11 Grantees

## Branch of Caritas International in Tajikistan

**Project Location:** Sougd, Khatlon, and Central regions.

**Timeline:** March 2023 – March 2024

**Aim:**

- To promote CRG in the penitentiary system of Tajikistan to increase early detection of TB among the key group.

**Objectives :**

- To raise awareness of the key group and community about TB to increase early TB diagnostic in PS.
- To build awareness and reduce TB stigma (self-stigma) and discrimination against the target group.
- To increase mobilization and meaningful engagement of community and key affected groups in TB response.
- To promote patient-centered TB care in PS by putting into practice its key elements.
- To participate and engage in various TB advocacy and accountability initiatives at national, regional and global levels with particular focus on UNHLM TB and NFM4.

# Country-level Platform Partnership

## Stop TB Partnership, Tajikistan

**Project Location:** Tajikistan

**Timeline:** Nov 2022-May 2024

**Overall Aim:**

- To generate high level advocacy targeting at country stakeholders and decision makers to ensure a person centered TB Response in alignment with the UNHLM and End TB Targets

**Objectives**

- To conduct key stakeholders dialogues on country preparation for UN HLM 2023.
- To participate in World TB Day 2023 – high level.
- To participate and engage in various TB advocacy and accountability initiatives at regional and global levels.

# Questions? Contact us.

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