Palliative Care Development in Tajikistan
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Abstract
Tajikistan’s health system has undergone a series of complex changes associated with reforms aimed at the transition to a more sophisticated control mechanism, financing, and operation. As in many developing countries, there is an increase in morbidity and mortality from cancer and chronic diseases, including tuberculosis and HIV. Attention is needed by the state for the development of cost-effective palliative care that will be integrated into the existing public health system.

A recent palliative care country needs assessment identified the following areas of work that need to be addressed for palliative care to be implemented:
- educating and training of health care professionals,
- raising public awareness about palliative care,
- making essential palliative care medicines available,
- developing the necessary regulatory documents for palliative care development,
- developing educational curricula and materials,
- integrating palliative care into the medical and nursing universities and schools,
- creating models of palliative care services for home and inpatient facilities.

Key Words
Palliative care, education, resolution, drug availability, association, Tajikistan

Introduction
According to the Population Division of the Department of Economic and Social Affairs of the United Nations, the rate of growth of the world population is 1.2% per year or 82 million people per year.1 By 2025, those people aged 60 years and older will equal the number of adolescents and young people aged 15–25 years (about 1.2 billion people in each group) around the world. The number of people with life-limiting illnesses is also increasing.2 Meeting the health care needs of these patients is the responsibility of the public health system, which mandates the cooperation of all government ministries and departments, medical, academic, and research institutions, as well as the mass media.

As of January 1, 2016, the population of Tajikistan was 8.5 million with a median age of 23.2 years (www.stat.tj). The Human Development Index lists health at 0.754, education at 0.710, and income, the lowest, at 0.451. Tajikistan is ranked 125 of 177 countries reviewing data. Life expectancy at birth is 66.72 years (men 63.63 years and women 69.97 years), ranking Tajikistan 166. Infant mortality is 36.16 deaths per 1000 live births, ranking 64 of 233 countries, and death rates from diarrheal and prenatal conditions are high. Annually there are 250,000 live births (Palliative Care Needs Assessment for Tajikistan, 2012 Stephen R Connor, PhD, OSI International Palliative Care Consultant Washington DC. Unpublished Report). Most of the population lives in rural areas (64.1%)
and 1.2 million individuals work abroad, mostly in Russia.

There are 3003 outpatient clinics, 426 inpatient units with roughly 16,000 physicians and an estimated 32,000 nurses. At the moment, the state remains the main funding supplier of health care services in Tajikistan, including the oncology service.

According to the State Statistics Committee of the Republic of Tajikistan, the annual number of deaths is around 48,000 with cardiovascular diseases ranking first at 38% followed by cancer and respiratory diseases at 8.5% (Palliative Care Needs Assessment for Tajikistan, 2012 Stephen R Connor, PhD, OSI International Palliative Care Consultant Washington DC. Unpublished Report).

Each year, more than 3000 people are diagnosed with cancer, with 29%—50% being diagnosed in stage III or IV, when palliative care for the patient and family are the most needed.

The annual increase in patients with cancer led to the first study performed by the Republican Cancer Research Center to assess the country’s need for palliative care. The results of this research identified the main areas of work for the development of palliative care: educating health care professionals, increasing public awareness about palliative care, making oral opioid analgesics available for cancer patients, improving the legal and regulatory framework governing palliative care implementation, and developing the necessary curricula and materials for medical and nursing and social work professionals.

In May 2014, Tajikistan was a signatory of the World Health Assembly’s 2014 resolution, “Strengthening of Palliative Care as a Component of Comprehensive Care throughout the Life Course.” One hundred ninety-four member states of the World Health Organization (WHO) made the commitment to ensure access to palliative care as an integral part of the right to a continuous medical care.

The narrative that follows highlights Tajikistan’s efforts to develop and implement palliative care by following the recommended WHO Public Health Strategy for Palliative Care.

**Policy**

With the support of the WHO, the “Concept of Health Reform in Tajikistan” and the “National Strategy for Health in the Republic of Tajikistan” were approved by the government for 2010—2020. The policies ensure equal access to health services, and include the provision of palliative care for adults and children. The main objectives of the strategy for the next decade are to increase the number of palliative care services for patients at home and in inpatient facilities; continue the integration of palliative care in the training programs for all physicians and nurses; review the existing legal and regulatory documents to facilitate palliative care implementation; and ensure the availability of essential palliative care medicines.

The 2010–2015 Government Resolution No. 587 on the prevention, diagnosis, and treatment of cancer included the improvement of the quality of palliative care services for cancer patients at home, in primary health care institutions, and specialized cancer institutions.

A palliative care needs assessment was performed in 2006 and confirmed the leading causes of death and the number of patients who would benefit from palliative care services, and suggested the number of trained health care professionals who would be needed to care for these patients and families, and the possible number of palliative care programs (home care, inpatient care) required. The needs assessment drew special attention to the large number of patients living in remote, rural areas who lack access to basic health care services in the winter because of closed roads due to weather.

In the second needs assessment for palliative care conducted in 2013, 15,000 patients were estimated to need palliative care, translating to 2365 patients per day, with 90% of them needing care at home and 10% in inpatient facilities. The assessment recommends 275 inpatient palliative care beds for the country. Approximately, 20% of the need for palliative care in Tajikistan is for cancer patients and 80% for other conditions such as cardiovascular disease, chronic obstructive pulmonary disease, drug resistant TB, HIV, diabetes, cirrhosis, kidney disease, and other complex chronic conditions. Children also need palliative care services both in the neonatal period and from congenital malformations and other chronic conditions.

National standards for the provision of palliative care have been developed and approved by the Ministry of Health and Social Protection.

**Education and Training**

To facilitate the efforts of the state to implement palliative care, several Tajik translations of important policy documents were done, including the WHO “Pain Management and Palliative Care in Cancer Guidelines” in 2007, and the American Association of the Colleges of Nursing “End of Life Nurses Education Consortium (ELNEC)” curriculum in 2008.

An international faculty of physicians and nursing palliative care experts presented ELNEC courses in 2008 and 2009. Health care decision makers were introduced to palliative care through study visits to palliative care centers of excellence in Romania,
Belarus, Poland, and Ukraine between 2010 and 2012. Numerous health care professionals interested in palliative care attended international and regional palliative care courses and the annual American Austrian Foundation’s Salzburg Seminar on Palliative Care. A palliative care resource training center was established at the State Institution Cancer Research Center in 2010.

Palliative care education is now included as a compulsory subject in the curriculum of the State Medical University, and all 11 nursing schools and four medical colleges have added palliative care as a compulsory subject, and all nursing students are receiving basic education in palliative care. The Postgraduate Institute of Medical Specialists has also included palliative care education refresher courses for all medical subspecialties.

In 2015, the Republic of Tajikistan’s Association of Social Workers, in collaboration with the National University and the University of Kulob Departments of Social Work developed palliative care programs for teachers and students. It is interesting to note that a working group under the supervision of the Ministry of Health and Social Protection is currently developing a curriculum for law enforcement professionals at the Police Academy. The goal of this curriculum is to inform law enforcement officials about palliative care so they understand and appreciate the needs of patients for controlled medicines for pain relief.

In 2015, the first National Palliative Care Conference took place in Dushanbe with presentations by national, regional, and international palliative care experts who offered sessions on multiple palliative care topics to the 200 policy makers and health care professionals from Eastern Europe and Central Asia who participated.

In 2015, the National Palliative Care Association of the Republic of Tajikistan was established and became the umbrella organization for all those involved in palliative and end-of-life care. The mission of the association is to improve the quality of life of patients and families; promote excellent care for all patients with progressive illness through the development of standards for training and clinical practice; raise public awareness and provide practical information to patients and families; promote palliative care research; advocate for the right of every patient to receive the highest quality of care and support wherever they live, and whatever the illness; and to remove existing barriers to effective pain management.

### Essential Medicine Availability

In 2010, an analysis of the legal and regulatory frameworks for opioid availability for patients with life-threatening illnesses was carried out in Tajikistan. In 2012, a Central Asian Drug Policy Conference for Tajikistan, Kazakhstan, and Kyrgyzstan was held in Barcelona, Spain to discuss the lack of available oral opioid analgesics for cancer patients in the region, and to develop plans to make these essential medicines available. Participants included drug control authorities, representatives from WHO, Ministries of Health, Ministries of Internal Affairs, international palliative care experts, academic medical leaders, and pain and palliative care professionals. The goal of the conference was to present country examples of how the legal and regulatory frameworks governing opioid analgesics were amended and to discuss how the three countries might begin working on this issue. Kyrgyzstan has reviewed and revised their drug control regulations and began importing morphine tablets in 2016. In addition, oral morphine is included in the list of essential drugs in Tajikistan in the following forms: solution for oral administration 10 mg/5 mL, immediate release 10 mg tablets, and slow release 10 mg, 30 mg, 60 mg tablets. The Republican Cancer Center developed the Clinical Protocol on Pain Management and Breathing Difficulties. The protocol includes an algorithm on cancer pain management, describes the various factors that influence pain perception, cancer pain syndromes, and recommendations for pain assessment and management, including the use of oral morphine for patients who have difficulty breathing.

### Implementation

In 2012, three inpatient units were established with 12 beds at the Hospital for Nursing Care and two inpatient units with eight beds were established at the Republic Research Center in Dushanbe. Two beds were also established in the Province Cancer Center in the Gorno-Badakhshan Autonomous Oblast, a region close to the Afghan border. Palliative care day care centers with three mobile palliative care teams each were developed in Dushanbe and in the Gorno-Badakhshan Autonomous Oblast. In 2015, the inpatient unit at the Hospital of Nursing in Dushanbe received government approval and is now totally funded from the local health care budget. In addition, there are three palliative care services in cancer hospitals and one in a TB hospital and together they are caring for about 500 patients each year.

### Future Directions

The future implementation of palliative care in Tajikistan will require the further development of pediatric palliative care; clinical guidelines and protocol
development; a financial analysis of the costs of palliative care integration; increasing the number of home care teams and inpatient units; and additional education of drug control authorities, law enforcement bodies, government officials, and the Minister of Internal Affairs.

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References


