The potential impact of energy crisis in the Health sector in Tajikistan

Health Coordination Meeting - Dushanbe 5 February 2008

The purpose of the Health Coordination meeting was to show results and impact of the assessment conducted by Ministry of Health, to identify gaps, define priorities and resources needed in action.

Results of the Assessment by Ministry of Health

<table>
<thead>
<tr>
<th>Region</th>
<th>Number of hospitals</th>
<th>Power cut more than 2 hours per day</th>
<th>Gas provided</th>
<th>Water not available</th>
<th>% hospitals with power cut</th>
<th>% hospitals without water</th>
</tr>
</thead>
<tbody>
<tr>
<td>RSS</td>
<td>14</td>
<td>7</td>
<td>7</td>
<td>50</td>
<td></td>
<td>50</td>
</tr>
<tr>
<td>Dushanbe</td>
<td>9</td>
<td>1</td>
<td>8</td>
<td>11</td>
<td>89</td>
<td>11</td>
</tr>
<tr>
<td>Sogd</td>
<td>22</td>
<td>17</td>
<td>9</td>
<td>77</td>
<td>41</td>
<td>59</td>
</tr>
<tr>
<td>Kurgan-tube</td>
<td>12</td>
<td>7</td>
<td>1</td>
<td>9</td>
<td>58</td>
<td>41</td>
</tr>
<tr>
<td>Kulyab</td>
<td>17</td>
<td>6</td>
<td>1</td>
<td>17</td>
<td>35</td>
<td>65</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>74</strong></td>
<td><strong>38</strong></td>
<td><strong>2</strong></td>
<td><strong>50</strong></td>
<td></td>
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</tr>
</tbody>
</table>

Population

Energy crisis would cause problems for the population with:
- cold temperature
- use of alternative heating devices at home (gas, kerosene, stoves with wood and charcoal)
- lack of running water
- isolation of people

Health impact of cold weather:
- Higher incidence of Acute Respiratory Infections, both upper and lower.
- Worsening of health conditions of chronic diseases.
- Most vulnerable groups children under five and elderly

Health impact of lack of running water:
- Worse hygiene.
- Increase of diarrhoeal diseases.
- Increase of skin diseases.

Health impact of alternative heating devices
- increase number of accidents (e.g. fire)
- higher number of burns.
- more cases of gas or smoke intoxications.
Health Care services

Lack of electricity supply will have impact on healthcare services, essential drug and vaccines supplies and to the health status of the population.

Hospitals

Of the 448 hospitals in Tajikistan:
- 100 are day hospitals and more than 200 are in rural location
- about 100 hospitals are in central district (city and tertiary/republican hospitals)
- 80 units and hospitals are for children and
- 75 maternity hospitals.

Main problems with:
- heating,
- water supply and hygiene,
- technology and therefore diagnosis,
- laboratory investigation,
- emergency care,
- Intensive Care Units,
- safe delivery,
- sterilization,
- communication & recording,
- drug and food supply,
- food preparation,
- safety and access for patients and staff

In Central district hospitals the services in risk:
- Trauma and emergency care,
- Delivery,
- Neonatal care,
- Diagnosis (Rx laboratory),
- Surgery and anesthesia,
- Food & Drug supply,
- Safety and quality of services
- Dialysis,
- Intensive Care Units,
- Surgery,
- Diagnostic procedures (image technology, CT, ECG, EEG, US),
- Specialized surgery,
- Neonatal & premature care
Drug supplies

Drugs stockpile assessment
- Emergency Stockpiles (essential drugs and supplies)
- Currently stored at the RMPC (secured and temperature regulated)
- New Emergency Health Kits (NEHK)
  - UNICEF
  - MoH
  - WHO

In stock
- WHO NEHK Basic Unit Kit (10 boxes/Kit, 2 Kits, # 1-10)
  - 19 boxes present, identical in contents *
    - Drugs (non injectible), Medical Supplies, and some essential equipment
    - Simple treatment guidelines based on symptoms
    - One box for 1000 people for 3 months (19,000 people for 3 months)
    - For use by primary health care workers with limited training

- Supplementary Unit Kit (14 boxes/Kit, 2 Kits, # 11-24)
  - 21 boxes present *
    - Contains Medicines, Essential infusions, Medical Devices and Equipment
    - Manual of STG for target diseases
    - Kit for 10000 people for 3 months (21,000 people for 3 months)
    - To be used by physicians and senior health care workers
    - Must be used together with at least one or more basic unit

* Remainder of boxes used in emergency situation during 2007

Quantification of Medicines
The estimation of medicine requirements is based on average morbidity patterns among displaced population, use of standard treatment guidelines and figures provided by agencies with field experience.

Procurement and Deployment
- Request for procurement made from Copenhagen (prepositioned units)
- Justification of needs made by RHA + projected urgent needs
- Flash appeal or CERF application considered
- Current stock positioned in RMPC
- Can be deployed on short notice (within 24 hours within city of Dushanbe)

Recommendations for hospitals
- Select limited number of hospitals (geographical & demographical distribution)
- Discharge non acute patients,
Concentrate wards & personnel,
Postpone elective surgery & routine diagnostic investigation,
Assess emergency response (drug storage, generators, fuel, food and supply),
Assess emergency communication (radio VF, VHF)
Brief staff,
Inform population

Recommendations in Public Health
• Strengthen surveillance system. Weekly reporting for the moment.
• Reinforce water testing laboratory capacity.
• Prepare water treatment and distribution contingency plans (Chlorine).
• Stockpile basic drugs for respiratory infections.
• Prepare contingency plans for emergencies.
• Inform the population of contingency plans.

Request for Procurement of drugs
• 4 units of each of Basic and Supplementary Kits requested
• Ensure cold chain maintenance during energy crisis for vaccines and some drugs.