

**PRELIMINARY RESULTS OF
WHO RAPID HEALTH ASSESSMENTS
OF HOSPITAL FACILITIES AND ESSENTIAL DRUG AND RENEWABLE SUPPLIES
IN TAJIKISTAN (DUSHANBE, RRS, SOGHD REGIONS)**

1. Five hospitals were selected for RHA and visits were carried out from 7 to 12 of February 2008.

They were Dushanbe City Medical Centre (Dushanbe), Rudaki Central District Hospital (Rudaki region, RRS), Shahrinav Central District Hospital (Shahrinav, RRS), Khujand Regional Clinical Hospital (Khujand, Soghd), Khujand City Clinical Hospital (Khujand, Soghd), Soghd Regional Maternity Hospital (Khujand) and Kulyab Regional Hospital.

Also the Central District Hospital in Chkalovsk, Soghd Region was visited but there were no patients admitted, although the hospital was considered still open and operative as well as staff (doctors and nurses) were present inside.

Hospital size ranged from 680 Regional referring hospital to 226 beds (Central District Hospital) and 210 (Regional tertiary Hospital for maternity).

Main findings arising from data collected, direct observation and interview to chief doctors can be summarized as follows:

- Primary health care is almost completely paralyzed; no services are delivered to population.
- Shortage of energy, water and food supply has produced sharp increase of inflation rate; higher prices are due also for food, drugs, fuel and portable heaters.
- All hospitals are suffering energy cuts for several hours/day; water supply is also affected and proper heating of hospital wards is impossible.
- Central heating systems of hospitals are almost always not functioning due to lack of maintenance; few medical instruments still operative (diagnostic and curative) are outdated and unreliable, and cannot work without electricity.
- All hospital are therefore unable to deliver assistance and appropriate care, moreover, shortage of resources strongly hamper food and essential drugs supply to patients (on average only 5-10% of their needs is purchased by the hospitals).

- Temperature inside hospitals is extremely low (no more than 5 C) and living conditions are unacceptable for patients but also for healthy subjects and staff.

Access to hospitals is also hampered by other factors (road conditions, lack of money for hospital fees and “unofficial” payment for staff) and obviously poor and unacceptable quality of hospital services.

Nevertheless, primary care has completely vanished and hospitals still represent the only one option for severely sick patients.

In fact we are now observing that:

- Some hospitals have increased up to 50% admissions, although they have cancelled all “non urgent” elective medical and surgical care.
- Hospital activities and beds are “spontaneously” gathered in selected areas of hospital buildings in order to spare energy and optimize use of equipment.
- Hospitals have plans for emergency but these plans are inappropriate to face energy shortage: most of hospitals are continuing to operate trying to maintain all services previously scheduled.

Moreover:

- Some district hospitals are still open and operating (theoretically) although they are not admitting patients anymore, since those who are desperately seeking for hospital care prefer to refer to city hospitals.

PROPOSALS for immediate actions to be taken to improve hospital management:

- Select number of hospitals on geographical, demographical and epidemiological criteria to maintain service provision to the population.
- Close rural and district hospitals unless in remote and isolated areas.
- Save energy, fuel, drugs and resources from closed hospitals and address resources to open hospitals.
- Re-direct hospital staff for assistance to families at territorial level. Utilize ambulances for selected cases.
- Assess carefully appropriate distribution of resources on the basis of population’s needs.
- Establish daily report system from hospitals operating with MoH (WHO support) for strict follow up of clinical and epidemiological findings.

2. Five hospitals were selected for RHA and visits were carried out from 7th to 13th of February 2008. These were Dushanbe City Medical Centre (Dushanbe), Rudaki Central Rayon Hospital (Rudaki region), Khujand Regional Clinical Hospital (Khujand, Soghd), Khujand City Clinical Hospital (Khujand, Sogd) and Sogd Regional Maternity Hospital (Khujand).

In the health facilities that were assessed, which we think appropriately represents the situation in other facilities throughout the country, the following observations were made:

Majority of the hospitals have a very small supply of drugs that are procured independently. This amount represents only 5-10% of actual patient needs. Funds allocated to the health facilities for procurement of medicines are minimal (40 dirhams/day per patient) and a large portion, 50% are available through humanitarian efforts. Some examples (from Rudaki hospital) include,

- HOPE provides funds for meds and supplies for TB patients. Portion of this fund goes towards payment of salaries for TB doctors
- UNICEF provides medications for children
- Dedicated, well kept cold supply chain for vaccines in the immunization department. Freezer provided by UNICEF
- With the donation, the hospital may be able to supply up to 35% of patients needs for essential medicines

The hospitals do not have a dedicated supply room in most instances (except for Rudaki) and medications could be scattered in all departments. Although it was mentioned that these medications are reserved for those patients in dire need or for extreme emergencies, it was not clear as to the criteria for selection of these patients. Patients that were interviewed in some facilities stressed that they have to purchase their own supplies from a private pharmacy upon receipt of a prescription from the hospital.

Private pharmacies are normally located on premises of the health facility.

There is a small amount of drugs stored for emergency, and cold chain is sometimes available.

Current shortages experienced in:

- Blood and blood products
- Wide spectrum antibiotics
- Diabetic medicines (insulin is provided free of charge to the patients)
- Antihypertensive medications
- Analgesics

- Narcotics
- Antiseptics. Hospitals generally lack disinfectants and antiseptics.
- Infusions

Consumable Supplies

This again is acquired through humanitarian activities. In other instances (80%), patients are required to bring disposable supplies of needles, syringes, bandages etc

Action Plan

1. Procure and distribute emergency health kits in collaboration with the Ministry of health after proper assessment of current situation using strict criteria. A list of supplies urgently needed should be provided by facility heads in remote or hard to reach areas. Needs should be assessed in primary and secondary health care facilities as much as possible
2. Recommend re-direction or re-allocation of Primary Health care and excess hospital staff for assistance to families at territorial level. This should also generate needs at the community level. Supplies (non-specialized medicines e.g. paracetamol, amoxicillin, antiseptics) should be made available from donor agencies to utilize in these circumstances
3. Support governmental reforms in the pharmaceutical sector. Increase in drug budget for hospitals as well as reforms in drug procurement, registration and distribution.