

Tajikistan intervention

The panel discussion on rehabilitation “Fostering Cooperation for Rehabilitation”

First of all, I would like to thank the Committee on VA and the Committee on Enhancement of Cooperation and Assistance for hosting this panel devoted to one of the crucial components of VA – rehabilitation!

Let me briefly share with you Tajikistan experience in Cooperation in Rehabilitation. In recent years, Tajikistan has adopted policies and national strategies to strengthen the rights of people with disabilities and to improve the provision of assistive products. In 2016 the government adopted a multi-sectoral national rehabilitation programme, which laid out a comprehensive plan for developing the assistive technology (AT) sector. Through this programme, the first National Priority Assistive Products List (APL) was developed, which includes 30 priority assistive products that are essential to support people with disabilities, older people and people with non-communicable diseases, among others. Beside this, the CRPD was signed in March 2018. By signing, the government has strengthened its commitment towards the provision of assistive products.

In Tajikistan, public provision of APs is centralized under State Enterprise of Prosthetic-Orthotic Plant (SEOP)/the National Orthopaedic Centre (NOC), run by Ministry of Health and Social protection, which is responsible for the procurement, production and distribution of all publicly funded assistive products. Survivors and other persons with limb amputations are usually provided by free prosthesis, orthosis, wheelchairs and other Assistive Products in the National Orthopedic Center located in Dushanbe and its three satellites located in the regional centers: in Khujand (north), Kulyab (south) and Khorog (GBAO). ICRC has been supporting physical rehabilitation in the NOC for more than decade, Khujand and Kulyab satellites were renovated and they expanded their service from minor repair to manufacture of prosthesis. Khorog satellite in the GBAO is under renovation now (with support from Japan Government and ICRC).

The NOC primarily focused on mobility devices (including walking aids, wheelchairs and artificial limbs), which were available at national and regional level but not at a primary healthcare level. In 2019, within 2-year project period, WHO supported the

Government of Tajikistan to expand and strengthen its Assistive Technology sector, both in terms of the service provision infrastructure and the range/quality of products available. A ‘one-stop-shop’ Assistive Technology service provision model was piloted in Dushanbe and Rudaki districts to showcase the benefits of an integrated approach and consolidate lessons learned in order to create a pilot initiative of 1stop integrated priority assistive products provision. Thus, 1200 Assistive Products were purchased, and service provided in the NOC and Rudaki district primary health care center. The current product range was expanded and included other priority assistive products for vision, hearing, self-care, communication and cognition. In addition, capacity building was organized for procurement unit to procure high quality, affordable assistive products from the National APL; capacity of designated staff at primary health care centers to provide simple assistive products was built: in 2021, 15 healthcare workers and 30 participants from the MHSPP completed 5 days of training to develop skills and competencies in providing AT services at primary health care centres in Tajikistan. WHO is going to scale up its project and expand its coverage from pilot Rudaki district

to other districts/regions soon. Integration of rehabilitation into health systems is one of the steps to improve rehabilitation.

Despite of this, Tajikistan still is facing following challenges in ensuring the delivery of quality rehabilitation services: the situation in the National Orthopedic Center is of particular concern owing, thus new building and modern equipment is needed, we still face shortage of specialists in the Rehabilitation field, no training on P/O in the country, quality of prosthesis manufactured in satellites sometimes needs improvement, young amputees needs more functional prosthesis.

One of the practical, realistic and sustainable steps that should be taken to increase access to existing rehabilitation services - is organizing outreach services. Since 2019 a project “Mobile orthopedic service” was successfully piloted: during COVID-19 pandemic, when PWDs couldn’t come to the capital, mobile team of specialists served up to 10 PWDs per month.

Another side of projects is addressing myths that rehabilitation and accessibility is only for PWDs and landmine survivors. US Department of State supported

Improving Accessibility Solution project in Tajikistan. In addition to construction of accessibility means, one of the important project activities was awareness raising campaign explaining to population that not only PWDs, but other groups - elderly people, pregnant women, women carrying babies in strollers, or people with non-infectious diseases will benefit from accessibility solutions.

In order to improve rehabilitation services in mine affected countries, and in particular in rural and remote areas, Cooperation and assistance between Government, UN agencies, Development partners and specialized INGOs should be strengthened to improve rehabilitation services. In our opinion, increasing cooperation, competition and competitive market is a long-term solution to break monopolies in production and marketing of assistive products to ensure availability, accessibility and affordability of assistive technology. Support to organizations involved in manufacturing Assistive Products should be provided from both sides: Government and donors.

Thank you very much for your attention!