

## USAID – Tajikistan Partnership

Tajikistan emerged from a civil war in the 1990s with most of its infrastructure and social services, including its health care, in a precarious state. The country's health institutions faced a host of serious challenges, from shortages of medication and supplies at its medical facilities to



shortages of teachers and teaching materials at its medical schools. The United States responded to these concerns with two partnership programs designed to improve the delivery and execution of health care practices in Tajikistan.

The U.S. Agency for International Development (USAID)<sup>1</sup> and the American International Health Alliance (AIHA)<sup>2</sup> worked with the Boulder (Colorado) Community Hospital on projects involving four Tajik medical facilities and educational institutions dedicated to serving that country's health care needs. Funding provided by USAID enabled medical staff from Tajikistan to travel to Colorado to receive training and attend medical conferences. It was also used to purchase medical supplies and equipment. AIHA coordinated the program implementation and logistics, which included developing, monitoring, and evaluating an annual work plan in consultation with Boulder Community Hospital and one of the Tajik institutions. Boulder Community Hospital contributed money, medical equipment and supplies, educational materials, and human resources. During the seven-year period covered by the two partnerships, more than one million dollars in leveraged funding and in-kind contributions was secured. The leveraged funds helped cover the expense of staff exchanges, medical equipment, and other direct costs associated with the partnerships.

For the first partnership, from 1994 to 1998, Boulder Community Hospital signed a Memorandum of Understanding with the City Medical Center, Tajik Medical University, and Tajik Medical College to achieve the following objectives:

- Reform medical education in Tajikistan.
- Provide training in hospital management and inventory control.

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<sup>1</sup> USAID is an independent federal government agency that provides social and economic development and humanitarian assistance to advance U.S. economic and political interests overseas. For an overview of USAID's activities in Tajikistan, go to the following website:

[http://www.usaid.gov/regions/europe\\_eurasia/car/pdfs/overtaj.pdf](http://www.usaid.gov/regions/europe_eurasia/car/pdfs/overtaj.pdf)

<sup>2</sup> AIHA is a nonprofit organization that works to advance global health through volunteer-driven partnerships that mobilize communities to better address health care priorities, while improving productivity and quality of care. For more program details, visit AIHA's website at

<http://www.aiha.com/english/partners/partners.cfm?countryID=28>

- Conduct training courses focusing on women's health, such as childbirth education, prenatal care, contraception, and nutrition.
- Present basic infection control techniques to health care professionals.
- Train physicians and nurses in basic critical care and provide the City Medical Center with a model intensive care unit.
- Strengthen the role of nurses in the country through education reform, the establishment of a nursing association, and annual nursing conferences.

The second partnership, from 1999 to 2001, built upon the first, and involved an agreement between the Boulder Community Hospital and the Republican Training Center for Family Medicine (RTCFCM) in Dushanbe. The purpose of this partnership was to improve the delivery of primary health care services in Tajikistan by strengthening RTCFCM's ability to train local medical professionals. Together, Boulder Community Hospital and the RTCFCM would develop curriculum and educational materials in subjects such as emergency medical services, family practice, and primary care. Stated objectives of this partnership were as follows:

- Provide urgent care training through an Emergency Medical Services Training Center located within RTCFCM.
- Develop skills-based training modules in family medicine and nursing.
- Establish a Nursing Resource Center to support primary care nursing and nursing education at RTCFCM.

A major centerpiece of both partnerships was a series of 127 staff exchanges between Dushanbe and Boulder. During these AIHA-arranged exchanges, participants took part in intensive training seminars and meetings to learn more about the health care system, medical practices, and techniques of their partner country. These institution-to-institution relationships encouraged the sharing of best practices that were sensitive to indigenous realities – factors that made the effects of the exchanges on the Tajik health care system sustainable and successful.

The partners achieved their main objectives, as evidenced by the numerous program outcomes and results outlined below.

In 1995, the Tajik Nursing Association was established, and courses in newborn assessment were administered to physicians and nurses from the City Medical Center and other city maternity hospitals and to medical students from Tajik Medical University. That same year, health care managers from Dushanbe participated in a series of financial management seminars. The managers learned to assess the effectiveness of hospital operations at City Medical Center, and evaluated its pay structures, hiring practices, employee benefits, and union responsibilities.

The following year, more than 250 people from across Tajikistan attended a nursing conference in Dushanbe. The conference, which emphasized patient assessment, focused on increasing the skill level and professionalism of nurses in the Republic. Each conference participant received a stethoscope donated by the Boulder Community Hospital staff.



In 1997, Boulder Community Hospital donated \$150,000 in equipment and supplies to the City Medical Center.

Biomedical engineers installed the equipment, creating a state-of-the-art intensive care unit. Boulder Community Hospital also held several conferences and training programs with physicians and nurses in Tajikistan throughout the year.

Soon, the resultant changes occurring in Tajikistan's health care system began to have an impact on government policy decisions. Utilizing input from partnership representatives, the Tajik Ministry of Health proposed major changes in medical education in 1998 and 1999: reducing medical school class size to meet accreditation standards, focusing on family medicine, and retraining under-employed physicians.

In July 2000, the Ministry of Health issued an order to increase the number of family medicine training centers. It directed the RTCFM to take a primary role in training faculty in family medicine and to identify qualified leaders for additional training centers.

In March 2001, the partners opened the Nursing Resource Center (NRC) in Dushanbe. The Ministry of Health assigned staff to the NRC so that it could serve as a center for the education and training of primary care nurses.

By the end of 2001, the RTCFM had been transformed from a struggling training center into a regional resource recognized for medical know-how. In late 2002, the RTCFM moved into new facilities and opened a family medicine center on its premises so that the faculty could demonstrate a model for primary care. Today, the RTCFM continues to improve the delivery of primary health care services by providing post-graduate training to health care professionals.

As a result of the two partnerships, Tajikistan's health care system has improved considerably. The Tajik medical community gained the necessary skills to continue improving health care services and medical curriculum, champion reforms in Tajikistan's health care system, and expand and intensify the expertise of health care personnel. Tajik exchange participants now educate and train hundreds of health care professionals and workers in their own country every year.

Although the bi-country collaboration had much success, the partnerships did face some challenges related to logistics and the use of volunteer labor:

- Logistical issues: Because the partnerships spanned two countries on opposite sides of the ocean, coordination and implementation of program initiatives was sometimes slower than desirable. A significant amount of time sometimes lapsed before an agreement was reached or an idea was implemented.
- Volunteer labor: While the use of U.S. volunteers increased human input much beyond what could be purchased with hard currency, volunteers did not operate under the same set of incentives and constraints as employees or paid consultants. Volunteers sometimes had difficulty meeting deadlines or adhering to a schedule because of the demands of their own jobs. Efficiency and accountability were sometimes sacrificed due to the need for flexibility. Still, peer-to-peer interactions and the willingness of partners to share and learn from each other were positive outcomes.

Overall, the USAID-AIHA collaborative effort serves as a useful model for other countries seeking progress in their health care system. Currently, AIHA is supporting a partnership

associated with a similar family medicine training program in Turkmenistan, involving a partnership (initiated in 1999) between the University of North Dakota, the North Dakota State Health Department, the Ministry of Health and Medical Industry in Turkmenistan, and the Polyclinic #11 in Ashgabat, Turkmenistan.

AIHA and its North Dakota partners are also working with the Tajikistan Ministry of Health and RTCFM to prepare more trainers to serve additional family medicine training centers outside of Dushanbe. The centers are meant to further the education of family medicine physicians in Tajikistan.

Other partnerships between USAID and AIHA in Eurasia are as follows:<sup>3</sup>

Kazakhstan: A linkage between the Kazakhstan School of Public Health (KSPH) in Almaty and Virginia Commonwealth University in Richmond, Virginia, aims to strengthen KSPH's ability to train a new generation of highly resourceful and professional health care managers and administrators. Another linkage, with the City Health Administration in Astana and Mercy Health System in Pittsburgh, Pennsylvania, has resulted in the creation of a model family medicine center; this center has stimulated improvements in other family medicine group practices in Astana.

Kyrgyzstan: The Kyrgyz State Medical Academy and the University of South Florida Health Sciences Center (Tampa), in cooperation with the University of Nevada School of Medicine in Reno, are working together to enhance the quality of education in family medicine, nursing, and health care administration in Bishkek.

Uzbekistan: The Republican Center for Emergency Medicine in Tashkent joined with Grady Health System in Atlanta, Georgia, to create a model regional urgent care system in the Ferghana Valley that can be replicated in other parts of the country. In addition, a new partnership was initiated in fall 2002 to advance health management education in Uzbekistan. The U.S. partner is the University of Kentucky, Lexington; the two Uzbek partners are the First Tashkent State Medical Institute and the Second Tashkent State Medical Institute.

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<sup>3</sup> For more details on these partnerships, go to the following website:  
[http://www.usaid.gov/regions/europe\\_eurasia/car/briefers/health\\_partnerships.html](http://www.usaid.gov/regions/europe_eurasia/car/briefers/health_partnerships.html).