

# Social Contexts of Treatment and Care: Tuberculosis in New Tajikistan

BY HANNAH REISS  
UNIVERSITY OF CALIFORNIA, LOS ANGELES



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## **SOCIAL CONTEXTS OF TREATMENT AND CARE: TUBERCULOSIS IN NEW TAJIKISTAN**

*Hannah Reiss*

*Department of Anthropology, University of California, Los Angeles  
hreiss@ucla.edu*

The Social Science Research Council Pre-Dissertation Award was used to investigate tuberculosis treatment delivery by state hospitals and clinics and support to families of tuberculosis patients in Dushanbe, Tajikistan. Tuberculosis epidemics are linked to rapid social change and conditions of poverty and inequality that intensify the burden of illness and structure the distribution of disease. The Republic of Tajikistan is the poorest country in Central Asia. It has experienced recent political upheaval, civil war, and ongoing structural changes to the health delivery system. USAID (2009) and WHO (2011) report that Tajikistan has the highest incidence rate of tuberculosis in the WHO's European Region, which includes all the countries of the former Soviet Union, and it is one of the highest burden countries for multi-drug resistant tuberculosis. Multi-drug resistant tuberculosis (MDR-TB) is strains of tuberculosis that are resistant to at least the two most powerful anti-TB drugs, isoniazid and rifampicin. This resistance makes it more complicated to treat effectively.

### **Scope of the Problem**

Directly Observed Treatment Short-course (DOTS) is the World Health Organization's recommended strategy to ensure successful completion of tuberculosis treatment. The strategy combines five components: political commitment; case detection using high quality bacteriology; a standardized treatment regimen directly observed by a healthcare worker; a regular drug supply; and a standardized recording and reporting system that assesses treatment results. Outside Tajikistan, DOTS is efficient and cost-effective in controlling and curing tuberculosis. It improves patient adherence and completion of therapy through treatment supervisors who monitor patients daily. However, in Tajikistan, treatment failure, default and death are high (WHO 2011). Barriers to treatment and care remain.

### **Access to Tuberculosis Treatment in Tajikistan**

The DOTS program was first implemented in Tajikistan in 2002. Steady funding and support from international organizations such as the Global Fund, WHO, USAID, Project HOPE and others keep treatment accessible and available for patients. In collaboration with the Ministry of Health of the Republic of Tajikistan, the Department of Sanitation and the local DOTS clinics track family members and other contacts of infected individuals who are at risk of developing tuberculosis. Currently, all treatment is subsidized. The intensive phase of therapy where patients must be hospitalized is free of cost and the package of medication provided by the Global Fund's STOP TB initiative means that patients should be free of bearing any of the financial burdens for medication or hospitalization. In response to ongoing nutritional problems in Tajikistan, the World Food Programme (WFP) offers incentives for patients who adhere to treatment for the entire course. All MDR-TB patients are given subsidized treatment and care in the specialized tuberculosis hospital outside of Dushanbe in Machiton until they are no longer contagious and can continue supervised treatment at a community clinic.

## Call to Action

As the most widely spread, preventable and curable infectious disease in the world, facilitating adherence to tuberculosis treatment is critical for containing the spread of the epidemic, particularly in high burden regions. The continued spread of tuberculosis in Dushanbe, where DOTS has been most actively implemented, suggests that other social aspects of the illness may be impediments to successful treatment. Meetings in Tajikistan with treatment specialists, practitioners, and development agencies and NGOs confirmed interest in and support for further investigation of social support during tuberculosis treatment, the psychological burden of treatment for patients and their caregivers, and the economic burden of treatment and care on family caregivers.

The research identified the following three policy recommendations:

**Social Support:** Recently, Project HOPE has established the first social support groups for individuals with tuberculosis and their family caregivers in DOTS clinics in the capital city of Dushanbe. These meetings involve both clinical and outreach staff in discussions with tuberculosis patients about their illness and treatment. Three months out, treatment outcomes have improved, justifying further investigation and an expansion of these efforts to other areas.

**Psychological Support:** Depression during tuberculosis treatment has been shown to lead to increased morbidity and mortality from the disease. Mental health care in Tajikistan has been virtually absent since independence and mental health problems are considered to be a serious health risk, particularly for women. Depression has been linked to default from the treatment course. In interviews, clinical caregivers discussed the aggressive and at times psychotic behavior caused by strong doses of medication during the intensive phase of treatment for active MDR-TB. Psychological support for these patients and their families is imperative.

**Economic Support:** Although treatment is subsidized, economic factors remain a major barrier to treatment. The unaddressed economic burden of treatment is lost income. Further research is needed on the ways in which this influences treatment failure and default. Economic factors must be investigated and understood in the context of contemporary family organization and social and economic pressures. Over 20% of the 7,000 new cases of tuberculosis each year are migrant workers returning to Tajikistan for treatment (interview with the director of Tajikistan's National Tuberculosis Program). This has pushed patients to return to work before completing their treatment. Social and economic support that takes into account the impact of lost income should therefore be considered.

## References

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