

Tajikistan residents are forced to overcome a number of obstacles before being able to test for COVID-19.

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Anora, 23, Dushanbe resident, had a fever above 38°C for two days and she could not brake it. The bone pains and difficulty in breathing appeared later. Prior to starting the treatment, Anora decided to test for COVID-19.

“I was very upset that the fever was not reducing. I know that COVID-19 makes you tired very quickly. When I called the hotlines of the responsible agencies asking where I could get tested, they simply did not know where to direct me,” Anora says.



People have to overcome various difficulties to test for COVID-19. Photo: CABAR.asia

Currently, there are dozens of stories on social networks of people who, just like Anora, want to test, but have to overcome various difficulties for this. Few people can find strength

to go to various clinics and local hospitals, since patients with coronavirus usually get tired quickly of any activity.

According to Anora, the hotlines 511 and 311 do not function. Anora was able to reach the Office of the Ministry of Health and Social Protection of the Population in Dushanbe. They advised her to go to a Military Hospital for COVID-19 testing. The Military Hospital did not receive her, noting that they receive only sick patients and recommended her to go to the Istiqlol City Hospital.

“I called back to the Ministry of Health and told them that the Military Hospital could not test me. The person on the phone replied, “I am sorry, I am only an operator, I do not know anything,” Anora said.

Istiqlol City Hospital also said that they test only received patients. Only Anora’s friend, who was tested previously, suggested that for this procedure she has to go to the Sanitary Epidemiological Surveillance Service at the Ministry of Health and Social Protection of the Population of the country.

However, it turned out that the Sanitary Epidemiological Surveillance Service was not working since it was Sunday. Anora returned home only after they found the numbers of the Service’s Head, who promised to test her in the afternoon. Then, along with six other people, she was able to get tested.



In Tajikistan, only one laboratory can analyze COVID-19 tests. Photo: dw.com

“The Sanitary Epidemiological Surveillance Service works well; they dismiss no one, and laboratory assistants are equipped. They work very quickly,” she says.

According to the Ministry of Health and Social Protection of the Population, there is only one laboratory that can analyze COVID-19 tests in Tajikistan. Clinics from all over the republic send tests to the capital’s Sanitary Epidemiological Surveillance

Service. This laboratory can analyze up to 230-250 tests per day.

A virologist anonymously told CABAR.asia that 250 tests per day is a negligibly small number.

To test 100 thousand people, which is about 1% of the total population, 400 days are required: that is, more than a year.

According to the virologist, testing remains the only way to diagnose a new strain of coronavirus. Computed tomography or chest radiography are good methods to find out if people have pneumonia or other types of lung issues. However, they cannot be used to confirm COVID-19 case.

“It is necessary to increase the number of tests and mobile laboratories, to identify sick persons and isolate them. It is necessary to observe social distancing. Otherwise, we will endanger the lives of many people, and we will reach a plateau only by August,” virologist says.

Meanwhile, World Bank’s analysts in the “Tajikistan Emergency COVID-19 Project” report predict up to 21 thousand deaths and up to 230 500 severe cases of COVID-19 in Tajikistan.

According to analysts, home isolation of COVID-19 cases, voluntary home quarantine, and social distancing of persons over the age of 70, has the potential to reduce the number of critical cases and number of deaths by 49%.

The report’s authors believe that these measures could avert between 3,200 and 10,300 deaths and in the country.


The World Health Organization delegation visited Tajikistan during two weeks. Patrick O’Connor, Head of the WHO COVID-19 mission in Tajikistan, said that in an ideal scenario, it would be necessary to test everyone and quarantine infected persons.

“Given the limitations, we are trying to rationally use the potential and test those in high-risk zones. We are testing those who have been hospitalized, or those with symptoms,” said the WHO representative.

According to him, WHO recommends Tajikistan to expand its testing potential, not only in Dushanbe, but also in cities and regions, including testing in mobile laboratories.

According to Saida Umarzoda, Deputy Minister of Health and Social Protection, Tajikistan today has 44,000 tests provided by Russia, China and Germany.

Since February, according to the Ministry of Health, about 8 thousand people have been tested. According to Umarzoda, the Federal Service for Surveillance on Consumer Rights Protection and Human Wellbeing (Rospotrebnadzor) provided mobile laboratories for Tajikistan to mobilize the testing process. Currently, they are in Khatlon region.

 The World Bank
Tajikistan Emergency COVID-19 Project (P173765)

ANNEX 5: Morbidity and Mortality Modelling

Crude Estimates of the Number of Severe and Critical Cases of COVID-19 Infection and COVID-19 Related Deaths, and the Potential Impact of Non-pharmaceutical Interventions.

Based on the data available today, depending on the prevalence of COVID-19 infection in Tajikistan, the disease may cause between 72,000 and 230,500 severe infections, between 13,600 and 43,500 critical infections requiring intensive care, and between 6,600 and 21,000 deaths (see Table 1).

Table 1: Estimated number of severe and critical cases of COVID-19 infection, and COVID-19-related deaths under different assumptions of the percentage of the population infected.

% of population infected with COVID-19	Number of severe cases	Number of critical cases	Number of deaths
25%	72,000	13,600	6,600
50%	144,100	27,200	13,100
80%	230,500	43,500	21,000

Non-pharmaceutical interventions including: 1.) isolating cases of COVID-19 at home, 2.) voluntary home quarantine, 3.) social distancing for the entire population, 4.) social distancing for the most vulnerable population – people over the age of 70, and 5.) closure of schools and universities, can limit the spread of the disease in the population (see Appendix for the description of the interventions). The most effective combination of those interventions: home isolation of COVID-19 cases, voluntary home quarantine, and social distancing of persons over the age of 70, has the potential to limit the spread of COVID-19 infection and reduce the number of critical cases and number of deaths by 49% (Ferguson et al., 2020). When applied to the estimates of potential morbidity and mortality in Tajikistan, this combination of interventions could avert between 3,200 and 10,300 deaths and between 6,600 and 21,300 of critical cases of COVID-19 infection (see Table 2).

Table 2: Number of critical infections and deaths averted by a combination of non-pharmaceutical interventions under different assumptions of the percentage of the population infected.

% of population infected with COVID-19	Number of critical infections averted	Number of deaths averted
25%	6,600	3,200
50%	13,300	6,400
80%	21,300	10,300

The World Bank believes that Tajikistan can save thousands of lives by taking the necessary measures. Screenshot: worldbank.org



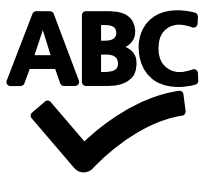
Saida Umarzoda. Photo: asiaplustj.info

“If we strengthen our potential and increase proficiency level of our laboratory staff, we can expand laboratory diagnostics. Also, we are discussing the issue of private laboratories’ involvement in the testing process,” says Saida Umarzoda.

It has been a week and a half since Anora got tested, but she still does not know the results. Anora was able to do computed tomography, which confirmed pneumonia and a ground glass opacity (GGO) symptom (area of increased attenuation in the lung), which could be caused by coronavirus. According to the examination, doctors have already prescribed the treatment.

“It is good that I was immediately isolated in a separate room, and did not allow my relatives to come in. If necessary, they come in to my room wearing gloves and masks. If I waited for the test result, I could infect a lot of people,” concluded Anora.

This article was prepared as part of the Giving Voice, Driving Change - from the Borderland to the Steppes Project.



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