

TB Epidemic Hits Tajikistan

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Life below the poverty line means a diagnosis of tuberculosis is a death sentence for many Tajiks.

For the 200 late-stage tuberculosis patients languishing at a bleak and neglected hospital near the Tajik capital Dushanbe, the outlook is grim.

As they lie in the national tuberculosis hospital at Machiton, in freezing wards under a leaky roof that hasn't been repaired for 15 years, many worry that a diagnosis of TB is like a death sentence.

Tajikistan is facing an epidemic, with the actual numbers of people infected believed to be five to six times higher than the official figures, which are already alarming.

Up to 3,500 new cases are recorded every year. Mortality is rising: in 2003, 592 people died compared with 209 in 1999.

In two rural villages - Khoja Sartezi and Sino in the Vose district of southern Tajikistan - almost the entire population of about 400 people are infected.

At Machiton, where glass in the windows has long been replaced by sheets of plastic or blankets, 24-year-old Gulnora Mahmudulayeva is so emaciated she can hardly move.

Ten of her 11 family members have tuberculosis. "My younger brother Ilkhom was recently discharged from here, and before that my elder brother Qurbonali was treated here," she said.

It's Mahmudulayeva's third time at the hospital, where the average stay for patients is six to eight months, an unpleasant prospect in a dark and dismal place with no running water or central heating, and where patients must wash their own clothes and linen.

The disease began spreading with a vengeance following the collapse of the Soviet healthcare system, which used to provide vaccinations and free treatment for all.

Difficult and crowded living conditions, general ill-health and poverty, and the tradition that several people eat from one communal dish with their hands have contributed to the spread.

Prison inmates are particularly vulnerable. Justice ministry figures show that in the first 10 months of 2004, almost 1,700 of the 100,000 prisoners tested had the disease, around 600 of them in the final stages.

Doctors say that each TB sufferer can infect up to 20 others, increasing the incidence of new cases by a multiple of several hundred over a short period.

In a country where more than 60 per cent of the population lives below the poverty line, most can't afford to go to hospital and instead stay at home, infecting their relatives and getting steadily more ill.

Shigeo Katsu, vice-president of the World Bank, estimates that 50 per cent of the Tajik population cannot afford to access the healthcare system. "Figures in this sphere have fallen to the level of sub-Saharan Africa," he said.

The director of the national tuberculosis centre, Sadullo Saidaliev, is unsympathetic, blaming Tajiks themselves for exacerbating the problem by refusing to seek treatment until it is too late for a cure.

"Our patients have yet to be responsible for their own health," he said.

A 6.6 million dollar government programme to combat the disease has fallen on hard times since the funding it was expecting from international organisations has been slow to materialise.

Treating TB is a long and expensive process – 50 dollars to 100 dollars for one course of antibiotics – while Tajikistan's health budget sets aside just two dollars per person for healthcare costs. A follow-up regime of vitamins and healthy food to ensure the disease doesn't return cost up to 200 dollars.

Machiton – one of two specialist TB hospitals in the country – allocates just 11 cents per patient for each meal – enough for watery vegetable soup and a piece of bread.

Patients must live off provisions that relatives bring, cooking meals on home-made stoves in the wards. Many simply go hungry, as the journey from the southern regions where most of them come from costs their families at least 20 dollars – beyond the means of most in this poor country.

Thirty-year-old Khurshed Isomiddinov came to Machiton from the mountainous region of Jirgatal, 300 kilometres east of Dushanbe. He said he was ashamed to stay living with his family, among hungry children whom he couldn't take care of.

He said relatives from Dushanbe occasionally visit and bring along provisions, but most of the time he is fed by kind-hearted fellow patients.

Rural residents like Isomiddinov are particularly vulnerable due to the lack of primary healthcare in the countryside.

Adding to the problem is a lack of funds to pay doctors, many of who go abroad for better wages. In Tajikistan, top level doctors earn just four dollars a month and rely on handouts from their patients and families to survive.

The spread of tuberculosis has grown so serious that people from well-off families who have access to better sanitation and hygiene are also being infected.

Suraya, a 25-year-old resident of Dushanbe, was recently diagnosed. "I would never have imagined that I could catch tuberculosis. I eat well, and always wash my hands and face when I come home. I probably caught the infection in a shuttle taxi," she said.

Many Dushanbe residents like Suraya are now scared to travel on public transport or buy food at markets

and canteens.

“Whenever I get on a shuttle taxi or bus, I see a man or woman coughing who clearly has a ‘consumptive’ flush,” said Mohinisso Umarov. “We’ll probably have to wear gauze masks on public transport soon.”

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