



**ACTION PLAN FOR THE STRATEGY
ON HEALTH CARE OF THE POPULATION
OF THE REPUBLIC OF TAJIKISTAN FOR
THE PERIOD UP TO 2030**

2024–2026

TAJIKISTAN



Government of Republic of Tajikistan

RESOLUTION

March 30, 2024

No. 197

Dushanbe

**On the Action Plan of 2024–2026
for the Strategy on Health Care of the Population
of the Republic of Tajikistan for the Period up to 2030**

In compliance with the Article 16 of the Constitutional Law of the Republic of Tajikistan “On the Government of Republic of Tajikistan.” Article 12 of the Law of the Republic of Tajikistan “On Strategic Planning and State Forecasts” and with the purpose of implementing the Strategy on Health Care of the Population of the Republic of Tajikistan for the period up to 2030, as endorsed by the Resolution of the Government of Republic of Tajikistan, No. 414, dated September 30, 2021, the Government of Republic of Tajikistan herewith

RESOLVES TO:

1. Approve the Action Plan of 2024–2026 for the Strategy on Health Care of Population of the Republic of Tajikistan for the period up to 2030 (enclosed).
2. Instruct the Ministry of Finance of the Republic of Tajikistan in collaboration with the Ministry of Health and Social Protection of Population of the Republic of Tajikistan to take relevant actions to mobilize investments to implement activities as stipulated under this Action Plan.
3. Instruct the Ministry of Health and Social Protection of Population of the Republic of Tajikistan to submit progress reports on implementation of this Action Plan on annual basis before January 20 of every year.

Chairman,
Government of Republic of
Tajikistan

Emomali Rahmon

Approved by the Resolution of the
Government of Republic of Tajikistan,
No. 197, dated March 30, 2024

Action Plan of 2024–2026 for Strategy on Health Care of the Population of the Republic of Tajikistan for the Period up to 2030

No.	Description of Activities	Investment Needs	Timeline	Implementing Agency	Funding Sources
1. IMPROVE ACCESS TO, QUALITY, AND RESPONSIVENESS OF PRIMARY HEALTH CARE SERVICES					
1	<p><i>Develop a Master Plan to rationalize infrastructure of health care sector.</i></p> <p>Development of a Master Plan, for example, mapping of all health care facilities across the country, including infrastructure of PHC^a facilities and hospitals, along with their geographic distribution and access to health care services. The Master Plan will include detailed functional assessment of every health care facility, including potential for their rehabilitation (to ensure their compliance with modern standards) and resource needs (including equipment and furniture). The Master Plan shall guide infrastructural investments with overall objective of optimizing health care networks in the Republic of Tajikistan.</p>	International and/or national technical assistance (consulting firm) to carry out the data collection and analysis needed for the master plan, and two (2) workshops—one to validate the methodology and one to review and validate the results.	2024–2026	Ministry of Health and Social Protection of Population of the Republic of Tajikistan (MoHSPP RT)	United States Agency for International Development (USAID), Asian Development Bank (ADB), World Bank (WB), World Health Organization (WHO)
2	<p><i>Improve and modernize PHC infrastructure:</i></p> <p>1) Construction of eight (8) new city health centers, five (5) new district health centers,</p>	Works (construction and renovation), furniture, and equipment as well as international and national technical assistance to support the development of	2024–2026	MoHSPP RT, ^b State Committee on Investments and	USAID, ^c Japan International Cooperation Agency (JICA),

^a PHC – primary health care

^b MoHSPP RT – Ministry of Health and Social Protection of Population of the Republic of Tajikistan

^c USAID – United States Agency for International Development

No.	Description of Activities	Investment Needs	Timeline	Implementing Agency	Funding Sources
	<p>56 new rural health centers, and 168 new health houses.</p> <p>2) Renovation of one (1) city health center, 12 district health centers, 34 rural health centers, and 80 health houses; and</p> <p>3) Necessary equipment and furniture for 364 new and renovated health facilities (including for medical waste management and provisions for energy efficiency and green technologies).</p>	functional/engineering requirements, supervision of construction and renovation, and the delivery and installation of equipment.		State Property Management (SCISPM)	Islamic Development Bank (IsDB), ADB, ^d European Union (EU), WB, ^e GIZ, ^f United Nations Children's Emergency Fund (UNICEF)
3	<p><i>Set up a new PHC Service Delivery Model in Tajikistan as demonstration district (districts) for best practices.</i></p> <p>Setting up and launching a model of a redesigned PHC service delivery model in one or two rayons, which would serve as a demonstration pilot for future reforms (beyond the timeline of the action plan).</p>	Additional equipment for PHC centers in the rayons for the pilot, training for about 46 physicians and 138 nurses in the pilot districts; international and national technical assistance to help MoHSPP RT design the new service delivery model; two workshops, one for consultation on the design of the new model, and one for a review after the first year of implementation; and a survey of PHC service users in the pilot district to collect information on patient experience and quality of care to inform the review of the pilot.	2024–2026	MoHSPP RT	JICA, ^g EU, ^h WB, GIZ, WHO

^d ADB – Asian Development Bank

^e WB – World Bank

^f GIZ – German International Cooperation Agency (Deutsche Gesellschaft für Internationale Zusammenarbeit)

^g JICA – Japanese International Cooperation Agency

^h EU – European Union

No.	Description of Activities	Investment Needs	Timeline	Implementing Agency	Funding Sources
4	<p><i>Design an approach to incentives programs with a focus on retention of family doctors and nurses in rural settings.</i></p> <p>Designing a system of financial and nonfinancial incentives to attract and retain primary care personnel in rural areas.</p>	International and national technical assistance to support the MoHSPP RT in designing the incentives program and regulatory framework to accommodate the implementation of incentives as well as financing of the cost of consultation workshop at the oblast level on the new incentive framework: two (2) workshops in each oblast, the rayons of republic subordination (RRS), and Dushanbe city; ten (10) workshops total.	2024–2026	MoHSPP RT, Ministry of Finance of the Republic of Tajikistan (MoF RT), Ministry of Economic Development and Trade of the Republic of Tajikistan (MEDT RT)	WB, WHO
5	<p><i>Roll out incentives to recruit and retain health workers in regions with deficit of health care personnel.</i></p>	Costs for the first round of incentives for about 200 family medicine doctors and about 600 family medicine nurses in rural areas.	2024–2026	MoHSPP RT, MoF RT ⁱ	WB, Global Fund to Fight AIDS, TB and Malaria (GF), United Nations Development Program (UNDP)
6	<p><i>Develop and introduce Clinical Practice Guidelines (CPGs) for PHC:</i></p> <ol style="list-style-type: none"> 1) Revising selected clinical guidelines for PHC Service based on burden of diseases, including the prevalent non-communicable diseases (NCDs). 2) Translating, adapting, and disseminating the World Health Organization (WHO) Pocketbook for newborn, child, and 	International and national technical assistance to support MoHSPP RT in the inventory of available CPGs, including approval of calendar for CPGs revision; updating and revisions of the guidelines and development of the training curriculum and materials for PHC health care professionals; eight (8) regional consultation workshops to review and validate new guidelines; and operating	2024–2026	MoHSPP RT	USAID, IsDB, ^j WB, Global Alliance for Vaccines and Immunization (Gavi), EU, GIZ, WHO, UNICEF ^k

ⁱ MoF RT – Ministry of Finance of the Republic of Tajikistan

^j IsDB – Islamic Development Bank

^k UNICEF – United Nations Children Emergency Fund

No.	Description of Activities	Investment Needs	Timeline	Implementing Agency	Funding Sources
	<p>adolescent health for primary health care service providers.</p> <p>3) Training around 4,500 health care professionals (physicians, nurses, and midwives) on the updated CPGs.</p> <p>4) Carrying out information campaign targeting PHC providers.</p>	expenses related to the carrying out of the training for 4,500 health care professionals, and the cost of an information campaign.			
7	<p><i>Strengthen capacity for assessing the quality of health care services at PHC, obstetric, and pediatric care facilities.</i></p> <p>Preparation and implementation of mechanisms and tools (e.g., adapting WHO quality of care (QoC) tools and protocols) to assess the quality of health care services to women and children/adolescents at PHC, obstetric, and pediatric care facilities, including training of specialists at the central and regional level as well as PHC providers in the use of the quality-of-care tools developed.</p>	Training for 50 central-level staff, 65 specialists at the rayon level, and 200 PHC providers in the use of the quality-of-care tools; international and national technical assistance to support the development/adaptation of the QoC ^l tools; and two (2) workshops to review and validate the QoC tools.	2025–2026	MoHSPP RT	UNSAID, JICA, IsDB, EU, GIZ, WHO, UNICEF
8	<p><i>Support rational prescribing practices and availability of essential medicines.</i></p> <p>Supporting the regular review and updating of the Essential Medicines List (EML) and conducting a study on rational prescribing practices and availability of essential medicines at the PHC level, which will help the government to create the foundation for access to pharmaceuticals for vulnerable groups.</p>	International and national technical assistance for the MoHSPP RT in conducting a study on rational prescribing practices and availability of essential medicines at the PHC level; the review and revision of the EML; ^m and cost of two (2) workshops to review and validate the results of a study and revised EML.	2025–2026	MoHSPP RT	GIZ, WHO

^l QoC – quality of care

^m EML – Essential Medicines List

No.	Description of Activities	Investment Needs	Timeline	Implementing Agency	Funding Sources
9	<p><i>Review the existing pharmaceutical regulations and develop by-laws for the new Law of the Republic of Tajikistan on Medicines, Medical Products and Pharmaceutical Activities to facilitate access to essential medicines at the PHC level:</i></p> <ol style="list-style-type: none"> 1) Review the existing regulation and development of by-laws relating to the adoption of a new Law of the Republic of Tajikistan on Medicines, Medical Products, and Pharmaceutical Activities to facilitate the availability of essential medicines at the PHC level, including rules, regulations, and practices concerning prescribing medicines at the PHC level. 2) Review and update the curriculum at the undergraduate and postgraduate levels of medical and pharmaceutical education to train health care providers and pharmacy workers on rational use of medicines; and 3) Carry out information and education campaigns for the public on patient rights and obligations related to rational use of medicines. 	International and national technical assistance to assist the MoHSPP RT in revising and developing the pharmaceutical regulations, including prescribing rules and regulations; supporting review and update the curriculum at the undergraduate and postgraduate levels of medical and pharmaceutical education; and conducting an education and information campaign through traditional and social media (material development, media buys).	2025–2026	MoHSPP RT	EU, GIZ, WHO
10	<p><i>Downsize the number and volume of reporting for PHC facilities.</i></p> <p>Reviewing, downsizing, and streamlining existing reporting forms, and create a solid foundation for establishing an electronic system for the management of health information at the PHC level.</p>	International and national technical assistance to support the MoHSPP RT in developing a minimum set of key performance indicators (KPIs), data requirements, and piloting and developing regulations to introduce optimized reporting; and cost of two (2) national workshops with key stakeholders to review and validate the	2024–2026	MoHSPP RT	USAID, JICA, WB, WHO, UNICEF

No.	Description of Activities	Investment Needs	Timeline	Implementing Agency	Funding Sources
		list of indicators and data entry and reporting tools.			
11	<p><i>Support evidence-based decision making through the development of a PHC dashboard.</i></p> <p>Developing the PHC dashboard for better evaluation of the results of PHC reform efforts and to support evidence-based decisions. The dashboard will also enable PHC managers and the MoHSPP RT to ensure better monitoring of situation in the PHC network and its needs, including staffing and equipment.</p>	Services of a local consultant/firm to develop the dashboard concept, develop, test, and implement the information technology (IT) solution/platform, including support to troubleshoot during the first year of implementation; one (1) consultation workshop with MoHSPP RT stakeholders; and a one-day training for 3,008 PHC staff in the use of the dashboard.	2024–2026	MoHSPP RT	USAID, WB, GIZ
12	<p><i>Develop an information system for the PHC level to support the contracting mechanism.</i></p> <p>Developing an information system for the PHC level to manage the flow of information between the purchasing agency (see the health financing section below) and contracted PHC facilities to support the contracting mechanism, including mechanisms for an independent audit of self-reported data that are related to facility payments.</p>	Services of a local consultant/firm to support development, testing and implementation of the information system to support the contracting mechanism between the purchasing agency and PHC facilities; one (1) consultation workshop with MoHSPP RT stakeholders; and a one-day training for 3,008 PHC staff in the use of the information system.	2025–2026	MoHSPP RT	WB, GIZ, EU, WHO
13	<p><i>Support Early Childhood Development (ECD) interventions, including early detection of genetic disorders.</i></p> <p>Implementing the comprehensive ECD approach on the PHC level. Specifically, it includes facility and community-based parenting programs, the development of the early childhood interventions (ECI) roadmap, support for implementation of</p>	Procurement of necessary medical and nonmedical equipment—including CPAP ^o devices, ABL-800, incubators, multifunctional monitors, infusion pumps, nebulizers, portable X-rays, Ambu bags, laryngoscopes, skin bilirubinometers, transcutaneous gas analyzers to improve delivery of Mother and Child Health (MCH) services and	2024–2026	MoHSPP RT	IsDB, WB, GIZ, WHO, UNICEF

^o CPAP – continuous positive air pressure

No.	Description of Activities	Investment Needs	Timeline	Implementing Agency	Funding Sources
	Childhood Intervention Standards, support for the National ECD ⁿ Coordination Council, and infrastructure investments in selected PHC facilities to provide expanded ECD/I services.	<p>equipment for anthropometry, glucometers, hemoglobinometers, test strips, ultrasonography (USG) devices; procurement of iron sulfate, folic acid, vitamin mixes and micronutrients for 900 PHC facilities at district level;</p> <p>International technical assistance to assist MoHSPP RT in updating medical care standards related to ECD in PHC settings; and</p> <p>Cost of organizing a three-day training for about 1,000 health care workers on ECD, including training on development disorders for a subgroup of trainees.</p>			
14	<p><i>Support family planning and contraceptive assistance.</i></p> <p>Covering the annual needs in contraceptive commodities and training PHC staff in family planning.</p>	Annual cost of procurement of essential family planning commodities; development of guidelines for PHC providers on reproductive health and family planning; and five-day training for 3,008 PHC staff (one staff per facility) in family planning counseling and service delivery.	2024–2026	MoHSPP RT, MoF RT	GIZ, WHO, United Nations Population Fund (UNFPA)
15	<p><i>Develop a strategy and policy to integrate Gender-based Violence (GBV) services into the health care system.</i></p> <p>Developing and adopting a strategy to integrate programs and services to address GBV^p into service delivery at the PHC level, including the</p>	International and national technical assistance to support MoHSPP RT in developing the strategy document and two (2) national workshops to review and validate the strategy document.	2025–2026	MoHSPP RT	WB, GIZ, WHO

ⁿ ECD – early childhood development

^p GBV – gender-based violence

No.	Description of Activities	Investment Needs	Timeline	Implementing Agency	Funding Sources
	development of a results assessment measures, a single database, and guidelines for local government to address GBV.				
16	<p><i>Support actors promoting healthy lifestyle and providing service at PHC Level:</i></p> <ol style="list-style-type: none"> 1) Training of health care workers in health promotion in clinical settings. 2) Training of community facilitators and health care workers on community engagement and mobilization in 37 districts included in the “Partnership with Communities on Health Issues” pilot program; and 3) Setting up a system of monitoring of the engagement between PHC facilities and the Republican Healthy Lifestyle Center (RHLSC). 	Training for 3,008 PHC doctors and nurses (one staff per facility) on health promotion in clinical settings; printing of communication materials (posters, leaflets); training for 120 community facilitators and 2,285 health care workers on community engagement; and international and national technical assistance to support the MoHSPP RT in developing the system of monitoring the engagement between RHLSC and PHC facilities.	2024–2026	MoHSPP RT	USAID, JICA, IsDB, ADB, EU, GIZ, WHO, UNICEF
17	<p><i>Improve PHC providers’ accountability to the community</i></p> <p>Conducting a survey among users of PHC Services to evaluate patients’ experience and quality of care at PHC level from patients’ perspective</p>	Covering the cost of survey data collection and analysis and two (2) workshops to validate and disseminate the results.	2026	MoHSPP RT	USAID, WB, EU, GIZ
18	<p><i>Support community engagement on public health-focused risk communication</i></p> <p>Facilitating the preparation of a risk communication and community engagement (RCCE) action plan.</p>	Two workshops to discuss and approve the action plan on RCCE, ⁹ as well as international and national technical assistance to support the MoHSPP RT in development of this plan.	2024–2026	MoHSPP RT	USAID, WB, EU, GIZ, WHO, UNICEF

⁹ RCCE – risk communication and community engagement

No.	Description of Activities	Investment Needs	Timeline	Implementing Agency	Funding Sources
19	<p><i>Inform the population and promote to use of Sexual, Reproductive, Maternal, Neonatal, Child and Adolescent Health (SRMNCAH) services.</i></p> <p>Creating and implementing a communication strategy promoting the use SRMNCAH^f services, including a social and behavior change communication package (SBCCP). It also involves dissemination of mother and child health handbooks, as well as mobilization of community health volunteers to support dissemination of messages and awareness raising on using SRMNCAH services.</p>	Financing for multimedia campaigns through social medial, TV, radio, print, as well as SMS (through the Mobile Engage system); and international and national technical assistance (consultants or firms) to support the MoHSPP RT in designing the communication campaigns.	2025–2026	MoHSPP RT	USAID, JICA, EU, GIZ, WHO, UNICEF, Agha-Khan Foundation (AKF)
20	<p><i>Change population's behavior related to nutrition, including the prevention of malnutrition.</i></p> <p>Supporting communication campaigns to change social and behavioral patterns among the population on nutrition issues to prevent malnutrition among children under five (5) years, adolescents, and women of reproductive age.</p>	Financing for multimedia campaigns through social medial, TV, radio, print as well as SMS (through the Mobile Engage system); and international and national technical assistance (consultants or firms) to support the MoHSPP RT in the design of the communication campaigns.	2024–2026	MoHSPP RT	USAID, IsDB, EU, GIZ, ADB, WHO, UNICEF
2. SUSTAINABLE FINANCING					
21	<p><i>Advocate to increase government spending on health care services.</i></p> <p>Conducting analytical work and evidence-based advocacy to support increasing mobilization of domestic resources for health based on the WHO study on budgetary space analysis. The advocacy campaign will also incorporate existing tools</p>	Financing international and local consultants to support analysis and development of analytical products, and organization of two (2) dissemination workshops.	2024–2026	MoHSPP RT	USAID, WB, Gavi, ^s WHO, UNICEF, EU

^fSRMNCAH – sexual, reproductive, maternal, neonatal (Newborn), child and adolescent health

^sGavi – Global Alliance for Vaccines and Immunization (Gavi, the Vaccine Alliance)

No.	Description of Activities	Investment Needs	Timeline	Implementing Agency	Funding Sources
	with focus on identifying medium and long-term options for increasing domestic financing for health.				
22	<p><i>Improve capacity of the MoHSPP RT to plan, execute, and monitor health spending including the strengthening the Mid-term Expenditure Framework (MTEF) as a tool for health care budget planning by:</i></p> <ol style="list-style-type: none"> 1) Establishing of a specialized unit under the MoHSPP RT that will be responsible for health care budgeting and financing reforms and capacity strengthening of the Health Analysis Unit (HAU); and 2) Training on MTEF^t and health budgeting and planning, including supportive supervision for the introduction and rollout of program-based budgeting at the district, oblast, and republican level on an annual basis. 	<p>Renovation of office space for HAU;^u</p> <p>Procurement of office equipment for 10 staff;</p> <p>International and local consultants to assist in the development of trainings; organization of a three-day training for about 400 specialists at the rayon and oblast level, a three-day training for about 60 specialists at the national level, and four (4) annual workshops on the progress and bottlenecks of the implementation of public financial management reforms; and</p> <p>A study tour for HAU and selected specialists.</p>	2024–2026	MoHSPP RT	USAID, WHO, EU
23	<p><i>Institutionalize the System National Health Accounts.</i></p> <p>Developing a country-tailored methodology that will enable conducting an annual analysis of health expenditure using the existing System National Health Accounts.</p>	<p>International and local consultants to develop the methodology and software and conduct training; organization of a training for about (ten) 10 national specialists within the MoHSPP RT, MoF RT, and the Agency on Statistics under the President of the Republic of Tajikistan (who will lead the health expenditure studies on an annual basis; one (1) national workshop to review and</p>	2024–2026	MoHSPP RT	WHO, EU

^t MTEF – mid-term expenditure framework

^u HAU – Health Analysis Unit

No.	Description of Activities	Investment Needs	Timeline	Implementing Agency	Funding Sources
		validate the data collection methodology and tools; and three (3) annual workshops to review and validate results.			
24	<p><i>Update normative guidelines for estimating current expenditures for health facilities.</i></p> <p>Updating the costing methodology of indirect costs within the basic benefits package of hospitals for nonclinical treatment services (such as food rations and norms for chronic patients).</p>	Local consultant to support MoHSPP RT in reviewing the requirements related to financing and public and legal administration mechanisms and to help in drafting the normative guidance document; and financing for two (2) workshops.	2024–2026	MoHSPP RT	ADB, WHO
25	<p><i>Develop a single national Basic Benefits Package.</i></p> <p>Creating a single national basic benefit package to provide equitable social guarantees for the entire population of Tajikistan, with particular focus on benefits for vulnerable population groups. It is envisioned that the work will start with identifying the specific package at the PHC level and gradually expand to other levels of the health system.</p>	<p>International and local consultants to assist the MoHSPP RT in developing the national basic benefits package;</p> <p>A consultation workshop for the key stakeholders on the benefit package; and</p> <p>Development and implementation of training and information materials for 3,008 health care workers at the PHC level (development of training and information materials, cost of conducting the training).</p>	2024–2026	MoHSPP RT	USAID, WB, EU, WHO
26	<p><i>Conduct information and communication campaigns for the population on the national benefit package including copayment rules.</i></p> <p>Designing and implementing a multimedia information and communication campaign for the population on the national benefit package, including awareness of copayment mechanisms, using posters, leaflets, SMS notifications, social networks, and mass media.</p>	<p>National technical assistance/consulting firm to support the MoHSPP RT in development of communication products and materials; and</p> <p>Dissemination of materials and products—e.g., media buys and information materials in health facilities; printed communication materials 100</p>	2026	MoHSPP RT	WB, EU, WHO, GIZ

No.	Description of Activities	Investment Needs	Timeline	Implementing Agency	Funding Sources
		leaflets per facility, and two (2) posters in each facility.			
27	<p><i>Define a mechanism to establish a single-payer organization:</i></p> <ol style="list-style-type: none"> 1) Developing a legal and regulatory framework. 2) Developing an operational plan to define a mechanism for setting up of the single payer agency that will function as a single pooling mechanism. 3) Setting up the infrastructure for governance structure of the single-payer organization (office space, equipment, staff); and 4) Training and capacity building for the staff in the sector in this area. 	<p>International and local consultants to support the MoHSPP RT in the development of the regulatory and legal framework and an operation plan for setting up the agency (statement of work, terms of reference, management and staffing plans);</p> <p>Renovation/set up of the office spaces for staff at governance structure of the single payer organization; and</p> <p>Recruiting around 35 staff, operational costs (rental, utilities, internet, etc.); and Training and capacity building—two (2) study tours for the managers of the single-payer agency.</p>	2024–2026	MoHSPP RT	WB, WHO, EU
28	<p><i>Improve public purchasing of health care services:</i></p> <ol style="list-style-type: none"> 1) Developing an operational plan for financing PHC (based on capitation combined with active purchasing) using the single-payer model. 2) Supporting introduction of changes in the legal status and the level of autonomy of PHC providers to enable them to contract with the single payer agency; and 3) Training specialists at the republican, oblast, and district levels on active purchasing and contracting. 	<p>International and national technical assistance to support the MoHSPP RT in preparing the operational plan;</p> <p>Local consultants to assist the MoHSPP RT and the Ministry of Justice of RT (MoJ RT) in developing and introducing changes in the legal status of PHC facilities;</p> <p>Cost of one (1) national level training of top specialists from regional branches (30 participants), a series of regional</p>	2025–2026	MoHSPP RT	ADB, WB, WHO, EU

No.	Description of Activities	Investment Needs	Timeline	Implementing Agency	Funding Sources
		level training for specialists from districts (175 participants); and Three (3) workshops/consultations on the rollout of new purchasing models at the PHC level.			
29	<i>Improve managerial capacity at the central, oblast, and rayon levels.</i> Improving managerial capacity within the service delivery network, including contractual arrangements within facilities and with the government. In addition, comprehensive training on the new financing mechanisms and contracting and contract management is planned to cover 251 managers/specialists (including 88 representatives of district level PHC facilities, eight oblast, and two national level health authorities, and 65 representatives of the district financial departments).	Cost of training of trainers and a training program for a total of 251 participants on introduction of new health care financing mechanisms.	2025–2026	MoHSPP RT	ADB, WB, WHO, EU
30	<i>Conduct Feasibility Study on implementation of the Law of the Republic of Tajikistan “On Health Insurance in the Republic of Tajikistan”</i>	International and national technical assistance to: 1) Calculate cost estimates for setting up of the governance structure and overall costs for implementation of health insurance in the Republic of Tajikistan. 2) Determine estimated number of privileged groups of population with health insurance fees to be covered from state budget. 3) Determine needs to amend the Law of the Republic of Tajikistan “On	2024 – 2025	MoHSPP RT, MoF RT; National Bank of Tajikistan (NBT)	WB, WHO

No.	Description of Activities	Investment Needs	Timeline	Implementing Agency	Funding Sources
		Health Insurance in the Republic of Tajikistan”			
3. HEALTH MANAGEMENT INFORMATION SYSTEMS AND DIGITAL HEALTH					
31	<p><i>Conduct a legal review of related norms and regulations and adopt appropriate legislation.</i></p> <p><i>Assess the legislation with a focus on introducing a single personal identifier across all health information systems and platforms, and confidentiality and protection of personal data.</i></p> <p>Developing country-tailored approaches and solutions that consider the best international practices in this area.</p> <p>The activity entails a study tour for a multidisciplinary team of experts (lawyers, security and IT professionals, health system specialists); analysis of regulatory framework and consultations with the key stakeholders to identify the needs and discuss and agree on the most suitable approaches; and developing of new or adjustment of existing legal acts based on international experience.</p>	Financing of six (6) one-day national consultations for 60 people; a study tour for four (4) local experts; and International and national technical assistance to support the MoHSPP RT in reviewing the legislation, synthesizing international best practices.	2024–2026	MoHSPP RT	WHO, EU
32	<p><i>Pilot digitalization by integrating information systems across vertical programs.</i></p> <p>Developing a country-tailored solution to integrate vertical (disease/public health program) information management streams into a national database (new/updated HMIS platform—see Activity 35) unified platform.</p>	Operational costs for two (2) years, four (4) workshops—two (2) per year—and international and national technical assistance to support the MoHSPP RT in developing a solution to integrate data from the vertical programs.	2026	MoHSPP RT	WHO

No.	Description of Activities	Investment Needs	Timeline	Implementing Agency	Funding Sources
	Under the current timeframe of the PAP, this approach will be piloted for two (2) years for two (2) or three (3) vertical (program-specific or disease-specific) systems.				
33	<p><i>Conduct assessment of existing non-electronic practices and harmonize national standards with international best practices.</i></p> <p>Conducting a study of the existing data collection and reporting practices and comparing them with similar practices abroad.</p> <p>The study will identify options for improving national data reporting standards to harmonize with international best practices.</p>	Investment needs include two workshops, a study tour for four (4) officials from the MoHSPP RT, and international and national technical assistance to support the MoHSPP RT in analyzing best practices.	2024–2026	MoHSPP RT	WHO, GAVI, UNICEF
34	<p><i>Optimize the routine reporting requirements for service providers by developing a minimum set of national indicators.</i></p> <p>Developing a minimum set of indicators for measuring the health system performance at different levels. The results will be discussed with the key stakeholders, along with the requirements of each indicator for data collection, processing, and computation. The recommendations will lead to creation of two sets of KPIs.^v The first set can be introduced in the short run and will focus on PHC-level indicators with the aim of reducing the reporting burden at the PHC level. The second group will be introduced gradually, conditional upon the</p>	Conducting two (2) consultative workshops, and international and national technical assistance to support the MoHSPP RT in developing the KPIs.	2025–2026	MoHSPP RT	USAID, WHO, UNICEF

^v KPIs – key performance indicators

No.	Description of Activities	Investment Needs	Timeline	Implementing Agency	Funding Sources
	advances in digital health and the capacity of health care providers or other actors.				
35	<p><i>Develop and maintain effective Health Management Information Systems (HMIS) and health digital services.</i></p> <p>Developing an updated organizational and functional model of the HMIS.^w It is envisaged that the new HMIS will be based on electronic patient records (EPR)/electronic medical records (EMR). A series of consultations will enable the key stakeholders to achieve consensus on the main parameters of the model, followed by the development of a business requirements document (BRD).</p> <p>The MoHSPP RT and partners will use the BRD^x to contract system developers, design required applications, prepare end-users, and install the necessary equipment for its deployment.</p> <p>It is planned that the development of the HMIS and its rollout will start at the PHC level and will later (beyond the current timeline of the PAP) encompass other levels of care.</p>	<p>Engaging a firm to conduct the IT needs assessment and to develop a system a provide maintenance for two (2) years;</p> <p>Procurement of IT equipment for 65 district health offices;</p> <p>Organizing four (4) workshops; and</p> <p>International and national technical assistance to support the MoHSPP RT in conceptualizing the system and developing the BRD.</p>	2025–2026	MoHSPP RT	USAID, ADB, GIZ, UNICEF
36	<i>Mobilize sufficient and sustainable funding based on future needs of maintaining both software (upgrades) and hardware.</i>	Operational budget for 3,008 PHC facilities for three (3) years to maintain a functional HMIS at the PHC level;	2024–2026	MoHSPP RT	

^w HMIS – health management information system

^x BRD – business requirements document

No.	Description of Activities	Investment Needs	Timeline	Implementing Agency	Funding Sources
	Developing an IT ^y inventory and budget planning to ensure that sufficient funds are available for operating HMIS at the PHC facility level.	Annual workshops—three (3) in total—to present and validate the annual plan; and International and national technical assistance to support the MoHSPP RT in the development of the inventory and the operational business plan.			
37	<i>Build national, regional, and dedicated networks (intranet) for HMIS implementation and provide health institutions and personnel with needed IT equipment.</i> Investment in physical infrastructure through the purchase and installation of modern equipment at the workplaces and internet connection. It also entails the certification of the IT infrastructure (network and equipment) and essential information systems and databases. In addition, the activity covers financial support for the maintenance of hardware and software for up to three (3) years.	Hardware for PHC-level facilities—two (2) additional PC workstations per facility, on average—and district level health offices and the cost of internet connection; and International and national technical assistance to develop the physical infrastructure plan, including a mechanism for its monitoring.	2025–2026	MoHSPP RT	USAID, JICA, WB, EU, GIZ, GF, ^z UNICEF, UNDP ^{aa}
38	<i>Set up an electronic disease surveillance system.</i> Setting up an electronic disease surveillance system for notifiable diseases to transition to electronic notifications about a detected case of notifiable diseases, access to it from the information systems of three departments,	Cost of developing an online application (software) for notifications; training of staff at the PHC level; Two workshops/consultations to review the application;	2025–2026	MoHSPP RT	

^y IT – information technology

^z GF – Global Fund to Fight AIDS, TB and Malaria

^{aa} UNDP – United Nations Development Program

No.	Description of Activities	Investment Needs	Timeline	Implementing Agency	Funding Sources
	coordination of algorithms for the exchange of information between departments on epidemiological investigation, and response and transition.	Computers for 77 district branches of the Service of State Sanitary and Epidemiological Surveillance (SSSES); and International technical assistance to support the MoHSPP RT in developing the terms for reference for the development of the application and synthesizing best practices.			
39	<i>Build capacity of post-graduate institutes in the digital health area.</i> Improving skills and knowledge of the faculty at the local post-graduate education institutions in health information systems and digital health. It entails fostering collaboration with international universities and training local faculty members in health and supporting development of the evidence base digital health in Tajik language and populating it with knowledge originally created in the Tajik language, and translated guidelines, recommendations, technologies, models, policies, best solutions, training programs, and courses regarding the development of the health care system and medical care.	Funding for operational costs of trainings of up to 75 faculty of medical training institutions; Study tours/participating in overseas trainings for up to 15 participants; and Engaging international and local faculty and trainers to conduct capacity building activities for the MoHSPP RT.	2026	MoHSPP RT	WHO
40	<i>Strengthen administrative and human capacity for HMIS and digital health services.</i> Reviewing training programs on the digitalization of health care to provide short-term	Investment needs include two (2) workshops to review and validate the results of the review; A high-level round table for 30 people;	2026	MoHSPP RT	USAID, WB, WHO

No.	Description of Activities	Investment Needs	Timeline	Implementing Agency	Funding Sources
	and long-term training opportunities in digital health and programs of digital health care to health care providers and local health authorities. It will conduct comprehensive training courses to improve skills which may include computer sciences, informatics and information technologies, strategic planning, finance, and management.	Financing a three-day training for about 180 people; and International and local technical assistance to support MoHSPP RT in drafting the training curriculum on digitalization.			
41	<i>Deploy and train the personnel involved in HIS^{bb} implementation and further administration at various levels.</i> Providing technical support to conduct oblast-level two-day training of PHC facility representatives in charge of using or working with DHIS2 at the facility level.	International and national technical assistance to develop an online training curriculum and to conduct training of trainers at the regional and district level (75 people total).	2026	MoHSPP RT	ADB, WB, GIZ, WHO, AKF ^{cc}
42	<i>Establish and build capacity of an HIS/HMIS Unit within the MoHSPP RT:</i> 1) Developing organizational structure and operational guidelines. 2) Developing terms of reference for key staff. 3) Hiring personnel	Trainings for the HMIS unit staff (about 10 people); Procurement of office and IT equipment for staff; Training and study tours/participation in international workshops; and International technical assistance to support the MoHSPP RT in developing the organizational structure, operating manual, and ToR ^{dd} for staff.	2026	MoHSPP RT	WB, WHO

^{bb} HIS – health information system

^{cc} AKF – Agha Khan Foundation

^{dd} ToR – terms of reference

No.	Description of Activities	Investment Needs	Timeline	Implementing Agency	Funding Sources
	1. ENSURING SUSTAINABLE HUMAN RESOURCES DEVELOPMENT				
43	<p><i>Develop, pilot, and roll out a national registry of human resources in health care (HRH), including a regulatory framework and an electronic database.</i></p> <p>Supporting the development and rollout of a national HRH^{ee} database, based on the currently ongoing pilot in Faizabad, Rasht, and Shamsiddin Shohin districts.</p> <p>This will include the development of software, provision of hardware, training, and maintenance of the system for the first three years.</p>	<p>Cost of developing a IT application/software, a server to host the data base;</p> <p>Equipment for 312 HR^{ff} specialists at the national, regional, and district level (312 computers: three (3) additional computers per district, 60 additional computers at the regional level, and 57 computers at the republican level);</p> <p>Training for the 312 HR specialists at the central and district level in the use of the system;</p> <p>Supporting a team of consultants/staff managing the system for the first three (3) years of operations (20 FTEs) at the national and regional level; and</p> <p>International and local technical assistance to support the MoHSPP RT in drafting the functional requirement, standard operating procedures (SOPs), and appropriate regulations for the system.</p>	2024–2026	MoHSPP RT	ADB, WHO, UNICEF
44	<i>Generate evidence for HRH policy at the PHC level.</i>	Financing for data collection, two consultation workshops, and international and local technical	2024–2026	MoHSPP RT	ADB, WHO

^{ee} HRH = human resources for health

^{ff} HR – human resources

No.	Description of Activities	Investment Needs	Timeline	Implementing Agency	Funding Sources
	Supporting a comprehensive assessment of staffing needs at the PHC level (skill mix, education needs) including a survey of PHC staff.	assistance to support the MoHSPP RT in developing the design of the assessment.			
45	<p><i>Review and update guidelines and norms for strategic planning of HRH.</i></p> <p>Revising and updating the process of strategic planning for HR including development of new staffing norms and training of HR specialists. It will also include updating the norms and requirements for medical staff (including norms and requirements for various medical specialties).</p>	<p>Training of the 312 HR specialists at the national, regional, and local levels in the updated guidelines;</p> <p>Two (2) workshops to review and validate the staffing guidelines;</p> <p>Six (6) workshops to review and validate the updated requirements for medical specialties; and</p> <p>International and local technical assistance to support the MoHSPP RT in updating the HRH norms and in the review and update of the requirements for medical specialties.</p>	2024–2026	MoHSPP RT	ADB, WB, WHO
46	<p><i>Improve regulations for allowing foreign-trained medical specialists to work in Tajikistan.</i></p> <p>Developing a proposal to change the existing regulations to facilitate the hiring of medical specialists trained abroad.</p>	Conducting two (2) workshops to discuss and validate the proposed revisions to the regulations, and local technical assistance to support the MoHSPP RT in reviewing the existing regulations and proposing revisions.	2025–2026	MoHSPP RT	
47	<i>Improve the infrastructure of existing medical education training institutions and establish new training/education centers and online portals.</i>	Costs of construction / refurbishment of new premises for the RCTCFM ^{gg} (about 1,500 square meters);	2025–2026	MoHSPP RT, SCISPM ⁱⁱ	USAID, GIZ, UNICEF, EU

^{gg} RCTCFM – Republican Clinical Training Center of Family Medicine

ⁱⁱ SCISPM – State Committee on Investments and State Property Management

No.	Description of Activities	Investment Needs	Timeline	Implementing Agency	Funding Sources
	Supporting construction/refurbishment of premises for a training center for the Republican Clinical Training Center of Family Medicine (RCTCFM) in Dushanbe, the establishment of a learning portal for PHC professionals, and the development of training and information materials and their distribution within the PHC network.	<p>Additional office equipment, including equipment needed to establish a data center and IT infrastructure for the online learning platform;</p> <p>Hiring and training additional staff to support the learning platform (about 12 FTEs^{hh});</p> <p>Software development; and</p> <p>Production of print materials for the staff of the RCTCFM.</p>			
48	<p><i>Assess the medical education system at all levels of education—undergraduate, post-graduate, and continuous professional education.</i></p> <p>Conducting a comprehensive assessment of the medical education system. Concrete recommendations will be made to streamline undergraduate and postgraduate education.</p>	<p>Financing for two (2) workshops to discuss and support implementation of the medical education concept;</p> <p>Capacity building—one (1) study tour—for staff from medical education institutions to study medical education systems in a relevant country; and</p> <p>Local technical assistance to support the MoHSPP RT in conducting the assessment and implementing the medical education concept.</p>	2024–2026	MoHSPP RT	WHO, GAVI, GIZ, GF, EU, UNDP
49	<p><i>Assess and modernize post-diploma specialization training.</i></p> <p>Creating a working group to develop a procedure for the transition to a two-year clinical residency,</p>	Financing for three (3) workshops to review and discuss the updated guidelines for post-graduate medical education requirements, and international and local technical assistance to support	2024–2026	MoHSPP RT	EU, WHO, GIZ, GF, UNDP

^{hh} FTE – full-time employee

No.	Description of Activities	Investment Needs	Timeline	Implementing Agency	Funding Sources
	and revision of professional standards and the educational standard for all medical specialties at the postgraduate level of education.	the MoHSPP RT in reviewing and updating the guidelines.			
50	<p><i>Assess and develop a plan of action for the introduction of CMEⁱⁱ for family medicine.</i></p> <p>Developing an action plan to introduce CME requirements into family medicine to ensure that staff at the PHC level meet the requirements defined by the clinical guidelines/standards.</p>	Financing two (2) study tours for six (6) people to study CME systems in the region, one (1) workshop to review and validate the plan, and international and local technical assistance to assist the MoHSPP RT in developing the action plan.	2025–2026	MoHSPP RT	USAID, ADB, WB, WHO, EU, GIZ, UNICEF
51	<p><i>Support training of medical specialists abroad in the specialization not available in Tajikistan.</i></p> <p>Provision of educational grants for health care professionals to be trained outside Tajikistan in specialties for which the training/educational programs are not available in the country. It will also support engaging foreign faculty to train specialists in Tajikistan—in person and/or online.</p>	Financing of two (2) grants annually for three (3) years.	2024–2026	MoHSPP RT, MEDT RT	USAID, ADB
52	<p><i>Empower nursing and midwifery within the health system.</i></p> <p>Supporting review and revision of the professional requirements and scope of work of nurses and midwives, revisions and adjustment of medical education curricula based on international best practices, and in-service training for nurses and midwives at the PHC level based on the updated requirements.</p>	<p>Financing for the training of about 1,500 nurses and midwives;</p> <p>Capacity building (study tour for about 20 people from the relevant training institutions) to study international best practices in nursing and midwifery training;</p> <p>Four (4) workshops to discuss and validate the updated norms, scope of work, requirements, and curricula; and</p>	2026	MoHSPP RT	USAID, EU, WHO, GIZ

ⁱⁱ CME – continuous medical education

No.	Description of Activities	Investment Needs	Timeline	Implementing Agency	Funding Sources
		International and local technical assistance to support the MoHSPP RT and relevant medical education institutions in the development of revisions of scope of work and requirements as well as training curricula for nurses and midwives.			

NOTES

1. The Action Plan for 2024–2026 of the Strategy on Health Care of the Population of the Republic of Tajikistan for the Period up to 2030 (hereinafter referred to as *the Action Plan*) is developed with focus on implementation of the Strategy on Health Care of Population of the Republic of Tajikistan for the period up to 2030 (hereinafter referred to as *the Strategy*) during the next three years covering 2024–2026.
2. The Action Plan will facilitate coordination of assistance provided by development partners with key priorities of the Government of Republic of Tajikistan in health care sector.
3. Development partners will extend full or partial financial and in-kind support aimed at implementation of activities stipulated thereunder. Estimated financial needs indicated in Annex 2 may be addressed in full or in part by financing provided from development partners.
4. Monitoring and Evaluation of the Action Plan's implementation will be the part of monitoring of the Strategy's progress and will focus on output and outcome indicators, as indicated under Annex 1, with consideration of other indicators as stipulated under the legislation.
5. Monitoring of the Action Plan's implementation will be carried twice every year. Outcomes of semiannual review will be presented and discussed at the meeting of the Intersectoral Working Group on Cooperation under the Global Financing Facility (GFF) for Women, Children and Adolescent Health with engagement of the Health Care Technical Working Group under the Donor Coordination Council.
6. Annual progress will be presented and discussed with health care system's stakeholders under the Joint Annual Reviews of the Strategy implementation.
7. Outcomes of these discussions will be consolidated and will be submitted to the government of Republic of Tajikistan along with Action Plan's Progress Report as per established procedures.

*Annex 1 to the Action Plan for 2024 - 2026
under the Strategy on Health Care of the
Population of the Republic of Tajikistan for the
Period up to 2030*

**Monitoring and Evaluation Framework for the Action Plan for 2024–2026 under the Strategy on Health Care
of the Population of the Republic of Tajikistan for the Period up to 2030**

Area	Actions	Indicator	Description of Activities	Description of Indicator	Goal	Data Source	Data Collection Agency
1. IMPROVING ACCESS, QUALITY, AND RESPONSIVENESS OF PRIMARY HEALTH CARE							
1	1	1	Prepare a master plan to rationalize health care infrastructure	Master plan is developed and approved by the MoHSPP RT	Yes	Report (Database)	MoHSPP RT
1	2	1	Improve and modernize PHC facility infrastructure	Number of district/city health centers constructed	13	Report (database)	Directorate of Reforms, Primary Health Care, and International Relations, MoHSPP RT (DRPHCIR)
1	2	2		Number of rural health centers constructed	56	Report (database)	DRPHCIR ^{kk}
1	2	3		Number of health houses constructed	168	Report (database)	DRPHCIR
1	2	4		Number of district/city health centers renovated	13	Report (database)	DRPHCIR
1	2	5		Number of rural health centers renovated	34	Report (database)	DRPHCIR
1	2	6		Number of health houses renovated	80	Report (database)	DRPHCIR
1	3	1	Establish of a new PHC model in Tajikistan as a demonstration district(s) of excellence	New PHC model developed, and pilot initiated at least in one rayon	Yes	Report	DRPHCIR
1	4	1	Develop an approach for incentives programs for the	Approach developed and formally adopted by the	Yes	MoHSPP RT Report	Directorate of Medical and Pharmaceutical Education,

^{kk} DRPHCIR – Directorate of Reforms, PHC and International Relations, MoHSPP RT

Area	Actions	Indicator	Description of Activities	Description of Indicator	Goal	Data Source	Data Collection Agency
			retention of family medicine doctors and nurses in rural areas	Resolution of the Government of Tajikistan			Human Resources, and Science, MoHSPP RT (DMPEHRS), Directorate of Economics and Budget Planning for Health Care and Social Protection of the Population, MoHSPP RT (DEBPHSPP)
1	5	1	Introduce incentives to attract and retain health care staff in the regions with a shortage of medical specialists	Number of doctors who received incentives according to government standard incentive guideline	200	MoHSPP RT Report	DMPEHRS, ^{ll} DEBPHSPP ^{mmm}
1	5	2		Number of nurses who received incentives according to the government standard incentive guideline	600	MoHSPP RT Report	DMPEHRS, DEBPHSPP
1	6	1	Develop and roll-out of the PHC guidelines on clinical practices	Selected PHC CPGs updated and approved	Yes	Report	DRPHCIR
				WHO Pocketbook is adapted and translated	Yes	Report	DRPHCIR
1	6	2		Number of PHC doctors and nurses trained in updated PHC CPGs	4,500	Report	DRPHCIR
1	7	1	Strengthen capacity for assessing the quality of health care services for women and children at PHC,	Quality of care assessing tools are approved by the MoHSPP RT	Yes	Report	DRPHCIR, Directorate of Mother and Child Health Care and Family Planning, MoHSPP RT (DMCHFP)

^{ll} DMPEHRS – Directorate of Medical and Pharmaceutical Education, Human Resources, and Science, MoHSPP RT

^{mmm} DEBPHSPP – Directorate of Economics and Budget Planning for Health Care and Social Protection of the Population, MoHSPP RT

Area	Actions	Indicator	Description of Activities	Description of Indicator	Goal	Data Source	Data Collection Agency
			obstetric, and pediatric care facilities				
1	7	2		Number of central and district level staff and PHC personnel trained on quality assessing tool	315	Report	DRPHCIR; DMCHFP ⁿⁿ
1	8	1	Support rational prescribing practices and availability of essential medicines	Essential medicine list is revised and approved by the MoHSPP RT	Yes	Report	Directorate of Pharmaceutical and Medical Products, MoHSPP RT (DPMP)
1	9	1	Review the existing pharmaceutical regulations and develop by-laws for the new Law of the Republic of Tajikistan on Medicines, Medical Products and Pharmaceutical Activities to facilitate access to essential medicines at the PHC level	Prescribing rules are updated and approved by the MoHSPP RT	Yes	Report	MoHSPP RT
1	9	2		Number of PHC providers and pharmacists trained on updated prescribing rules	3,138	Report	MoHSPP RT
1	10	1	Downsize the number and volume of reporting for PHC facilities	An updated set of KPIs is developed and approved by the MoHSPP RT	Yes	Report	Republican Center for Statistics and Medical Information (RCSMI)
1	11	1	Support evidence-based decision-making through the development of a PHC dashboard	The PHC dashboard is developed	Yes	Report	DRPHCIR
1	12	1	Develop an information system for the PHC level to	The PHC contract management electronic system is functional	Yes	MoHSPP RT Report	DRPHCIR; Legal Department, MoHSPP RT

ⁿⁿ DMCHFP – Directorate of Mother and Child Health Care and Family Planning, MoHSPP RT

Area	Actions	Indicator	Description of Activities	Description of Indicator	Goal	Data Source	Data Collection Agency
			support the contracting mechanism				
1	13	1	Support ECD interventions, including early detection of genetic disorders	PHC facilities with new equipment	65	MoHSPP RT Report	DPMP ^{oo}
1	14	1	Support family planning and contraceptive assistance	Number of PHC facilities with regular availability of FP commodities	TBC	Report	DMCHF
				Number of PHC staff trained on FP—one (1) staff per facility			
1	15	1	Develop a strategy and policy to integrate GBV services into the health care system	A strategy to integrate GBV services is developed and adopted by MoHSPP RT	Yes	Report	DMCHF
1	16	1	Support actors promoting healthy lifestyle and PHC	Number of PHC doctors and nurses trained on health promotion (healthy lifestyle) in clinical settings	3,008	Report	Directorate of Sanitary and Epidemiological Safety, Emergencies and Urgent Medical Care, MoHSPP RT (DSESEUMC); DRPHCIR
1	16	2		PHC doctors and nurses trained on community engagement	2,285	Report	DSESEUMC, ^{pp} DRPHCIR
1	17	1	Improve PHC providers' accountability to the community	PHC facilities using the PHC score card	3,008	Report	DRPHCIR
1	18	1	Support community engagement on public health-focused risk communication	RCCE Action Plan is developed and approved by MoHSPP RT	Yes	Report	DSESEUMC, DRPHCIR

^{oo} DPMP – Directorate of Pharmaceutical and Medical Products, MoHSPP RT

^{pp} DSESEUMC – Directorate of Sanitary and Epidemiological Safety, Emergencies and Urgent Medical Care, MoHSPP RT

Area	Actions	Indicator	Description of Activities	Description of Indicator	Goal	Data Source	Data Collection Agency
1	19	1	Inform the population and promote to use of SRMNCAH services	IEC on SRMNCAH is implemented	Yes	Report	DMCHFP, DSESEUMC, DRPHCIR
1	20	1	Change population's behavior related to nutrition, including the prevention of malnutrition	IEC on behavior change is implemented	Yes	Report	DMCHFP, DSESEUMC
2. SUSTAINABLE FINANCING							
2	1	1	Advocate to increase government spending on health care services	A study describing strategies to increase domestic spending on health is developed and approved by the MoHSPP RT	Yes	Report	DEBPHSPP
2	2	1	Improve capacity of the MoHSPP RT to plan, execute, and monitor health spending including the strengthening the Mid-term Expenditure Framework as a tool for health care budget planning as a tool for health care budget planning	HAU is established	Yes	Report	MoHSPP RT
2	3	1	Institutionalize the National Health Accounts	Roadmap for institutionalization of NHA ⁹⁹ developed	Yes	Report	MoHSPP RT
		2		NHA report is prepared and validated by the MoHSPP RT	3	Report	MoHSPP RT
2	4	1	Update normative guidelines for estimating current	Normative guidelines are developed and approved by the MoHSPP RT	Yes	Report	DEBPHSPP

⁹⁹ NHA – national health accounts

Area	Actions	Indicator	Description of Activities	Description of Indicator	Goal	Data Source	Data Collection Agency
			expenditures for health facilities				
2	5	1	Develop a single national health benefit package	A single national benefit package is developed and approved by the MoHSPP RT	Yes	Report	DEBPHSPP
2	6	1	Conduct information and communication campaigns for the population on the national benefit package including copayment rules	IEC on the national benefit package is implemented	Yes	Report	DEBPHSPP
2	7	1	Establish a single-payer organization	The single-payer organization is established	Yes	Report	DEBPHSPP
		2		Regulatory and legal framework and an operation plan for setting up the agency is developed	Yes	Report	DEBPHSPP
2	8	1	Improve public purchasing of health care services	Operational plan for financing PHC is developed	Yes	Report	Interagency Expert Group under the MoF RT
2	8	2		Draft of regulatory changes in the status of PHC facilities is prepared	Yes	Report	IEG ^{rr}
2	8	3		Changes in the legal status of PHC facilities are introduced	Yes	Report	DRPHCIR
2	9	1	Improve managerial capacity at the central, oblast, and rayon levels	PHC managers/specialists trained on contracting mechanisms	251	Report	DRPHCIR; DMPEHRS

^{rr} IEG – Interagency Experts Group under the Ministry of Finance of RT

Area	Actions	Indicator	Description of Activities	Description of Indicator	Goal	Data Source	Data Collection Agency
3. HEALTH MANAGEMENT INFORMATION SYSTEMS AND DIGITAL HEALTH							
3	1	1	Conduct a legal review of related norms and regulations and adopt appropriate legislation	A report on legislative changes needed (personal data and single personal identifier) is developed and approved by MoHSPP RT	Yes	Report	MoHSPP RT
3	2	1	Pilot digitalization by integrating information systems across the vertical program	A system integrating vertical program reporting is introduced	Yes	Report	MoHSPP RT; RCSMI ^{ss}
3	3	1	Conduct assessment of existing nonelectronic practices, and harmonize national standards with international best practices	A study report is prepared and approved by the MoHSPP RT	Yes	Report	MoHSPP RT; RCSMI
3	4	1	Optimize the routine reporting requirements for service providers by developing a minimum set of national indicators	A set of national KPIs is developed and approved by the MoHSPP RT	Yes	Report	MoHSPP RT; RCSMI
3	5	1	Develop and maintain effective HMIS and health digital services	A new HMIS system is developed	Yes	Report	MoHSPP RT; RCSMI
3	5	2		Decision taken on the organizational and functional model of HIS and the development of digital health technologies		Report	MoHSPP RT; RCSMI
3	5	3		Number of district-level health authorities and		Report	RCSMI

^{ss} RCSMI – Republican Center of Statistics and Medical Information under MoHSPP RT

Area	Actions	Indicator	Description of Activities	Description of Indicator	Goal	Data Source	Data Collection Agency
				PHC representatives trained in transitioning to ICD-11			
3	6	1	Mobilize sufficient and sustainable funding based on future needs of maintaining both software (upgrades) and hardware	Number of district level offices supplied with new IT equipment	67	Report	MoHSPP RT; RCSMI
3	6	2		Number of PHC facilities receiving budget to operate and maintain the new HMIS system	3008	Report	MoHSPP RT; DEBPHSPP; RCSMI
3	7	1	Build national, regional, and dedicated networks (intranet) for HMIS implementation and provide health institutions and personnel with needed IT equipment	IT physical infrastructure plan is developed	Yes	Report	MoHSPP RT; RCSMI
3	7	2		Number of PHC facilities equipped with necessary IT equipment	3008	Report	MoHSPP RT; RCSMI
3	8	1	Set up an electronic disease surveillance system	An electronic system is developed	Yes	Report	MoHSPP RT; RCSMI
3	9	1	Build capacity of post-diploma institutes in the digital health area	Faculty of medical training institutions trained in HMIS	75	Report	MoHSPP RT; RCSMI
3	10	1	Strengthen administrative and human capacity for HMIS and digital health services	MoHSPP RT and regional and district health staff trained in HMIS and digital reporting system	180	Report	MoHSPP RT
3	11	1	Deploy and train the personnel involved in HIS implementation and further	Regional and district level staff trained through TOT on DHIS2	75	Report	MoHSPP RT; RCSMI

Area	Actions	Indicator	Description of Activities	Description of Indicator	Goal	Data Source	Data Collection Agency
			administration at various levels.				
3	12	1	Establish and build capacity of an HIS/HMIS Unit within the MoHSPP RT	HMIS unit within the MoHSPP RT is established and fully staffed, with ten (10) staff	1	Report	MoHSPP RT; RCSMI
4. ENSURING SUSTAINABLE HUMAN RESOURCES DEVELOPMENT							
4	1	1	Develop, pilot, and roll out a national registry of human resources in health care (HRH), including a regulatory framework and an electronic database	National Registry for Human Resources in Health Care is established	Yes	Report	DMPEHRS
4	1	2		Percentage of health workers registered in the HRH database	20%	Report	DMPEHRS; RCSMI
4	2	1	Generate evidence for HRH policy at the PHC level	Comprehensive assessment of HR needs at the PHC level is developed and approved by MoHSPP RT	Yes	Report	DMPEHRS
4	3	1	Review and update guidelines and norms for strategic planning of HRH	Updated staffing norms is developed and approved by MoHSPP RT	Yes	Report	DMPEHRS
4	3	2		Number of HR specialists trained in new staffing norms	312	Report	DMPEHRS
4	4	1	Improve regulations for allowing foreign-trained medical specialists to work in Tajikistan	A proposal for updated regulations is developed and approved by MoHSPP RT	Yes	Report	DMPEHRS
4	5	1	Improve the infrastructure of existing medical education	New premises for a training center for the	Yes	Report	DMPEHRS

Area	Actions	Indicator	Description of Activities	Description of Indicator	Goal	Data Source	Data Collection Agency
			training institutions and establish new training/education centers and online portals	RCTCFM is constructed/refurbished and equipped			
4	5	2		Online learning infrastructure/portal is established	Yes	Report	DMPEHRS
4	6	1	Assess the medical education system at all levels of education—undergraduate, post-graduate, and continuous professional education	Assessment of the medical education system is completed and approved by MoHSPP RT	Yes	Report	DMPEHRS
4	7	1	Assess and modernize post-diploma specialization training	Guidelines for post-gradual education are updated and approved by MoHSPP RT	Yes	Report	DMPEHRS
4	8	1	Assess and develop a plan of action for the introduction of CME for family medicine	A plan of action for the introduction of CME for family medicine is developed and approved by MoHSPP RT	Yes	Report	DMPEHRS
4	9	1	Support training of medical specialists abroad in the specialization not available in Tajikistan	Number of Grants provided for specialist training abroad	6	Report	DMPEHRS
4	10	1	Empower nursing and midwifery within the health system	Number of Nurses and midwives trained	9500	Report	DMPEHRS

**Financial Needs for Implementation of the Action Plan for 2024–2026 under the Strategy on Health Care
of the Population of the Republic of Tajikistan for the period up to 2030**

#	Description of Activities	Estimated Financial Needs (in USD)
1. IMPROVING ACCESS, QUALITY, AND RESPONSIVENESS OF PRIMARY HEALTH CARE		69,593,000.00
1	Prepare a Master Plan on Optimization of Infrastructure in Health Care Sector	907,000.00
2	Improve and modernize infrastructure for PHC Facilities Network	42,647,000.00
3	Create a new PHC Model in Tajikistan as demonstration district(s) of excellence	256,000.00
4	Develop approaches to incentivization programs for retention of family doctors and nurses in rural areas	64,000.00
5	Introduce incentives aiming at recruitment and retention of health care personnel in region with deficit of health care workers	4,200,000.00
6	Develop and introduce Clinical Practice Guidelines for PHC	864,000.00
7	Strengthen capacity to assess the quality of care in PHC Facilities, including obstetrical and pediatric care	88,000.00
8	Support the rational prescription practices and provision with essential medicines	57,000.00
9	Revise existing regulatory framework in the area of pharmacy, and development of by-laws under the Law of the Republic of Tajikistan “On Medicines, Medical Products and Pharmaceutical Activities” to ensure access to essential medicines at the PHC Level	346,000.00
10	Downsize the number and volume of reporting for PHC Facilities	47,000.00
11	Support evidence-based decision making through development of PHC Dashboard	221,000.00
12	Develop an information system to support contracting at the PHC level	271,000.00
13	Support activities to promote early childhood development, including early detection of genetic disorders	16,434,000.00
14	Support family planning and provision of contraceptive care	1,861,000.00
15	Develop strategy and policies on integration of GBV Services in health care system	28,000.00
16	Support entities in healthy lifestyle promotion and providing services at PHC level	405,000.00
17	Improve accountability of PHC providers to the communities	103,000.00
18	Support community engagement to share information on risks with focus on health of population	48,000.00
19	Raise awareness of population on the services in sexual, reproductive, maternal, neonatal (newborn), child and adolescent health, as well as promotion of their use	373,000.00
20	Change behavioral patterns and context of target population with regard to nutrition, including prevention of malnutrition	373,000.00

#	Description of Activities	Estimated Financial Needs (in USD)
2. SUSTAINABLE FINANCING		4,129,000.00
21	Advocate to increase the public expenditure on health care	103,000.00
22	Build capacity of the MoHSPP RT in planning, execution and supervision of health expenditures, including improved application of Mid-Term Expenditure Framework as a health budgeting tool	429,000.00
23	Institutionalize the System of National Health Accounts	260,000.00
24	Update guidelines and norms to assess current expenditure	20,000.00
25	Develop single national Basic Benefits Package	390,000.00
26	Conduct awareness-raising campaigns among population on national basic benefits package, including copayment rules	413,000.00
27	Define the mechanism for establishment and operations of the single-payer organization	2,250,000.00
28	Improve the mechanism for public purchasing of health services	139,000.00
29	Improve the managerial capacity at central, oblast and district levels	22,000.00
30	Conduct Feasibility Study on Implementation of the Law of the Republic of Tajikistan "On Health Insurance in the Republic of Tajikistan"	103,000.00
3. HEALTH MANAGEMENT INFORMATION SYSTEMS AND DIGITAL HEALTH		29,520,000.00
31	Review regulatory framework and adoption of relevant legislation	160,000.00
32	Pilot digitalization through integration of information systems under vertical programs	89,000.00
33	Assess existing non-electronic practices to streamline national standards with international best practices	72,000.00
34	Optimize routine reporting requirements for service providers through development of minimal set of national indicators	39,000.00
35	Develop and operate effective health management information system and digital health care	1,214,000.00
36	Mobilize sufficient and sustainable financing considering the future needs in maintenance of both software (updates), and hardware	5,443,000.00
37	Create national, regional and specialized networks (intranet) to introduce health management information systems and providing health facilities with necessary IT equipment	21,138,000.00
38	Establish the system of electronic surveillance of diseases	227,000.00
39	Strengthen capacity of institutions in post-graduate education in the area of digital health	325,000.00
40	Strengthen the administration and human resource capacity on health management information systems and digital health care	266,000.00
41	Deploy health management information system and training personnel engaged in introduction and subsequent management of this system on different levels	119,000.00
42	Create and develop capacity at the structural unit for health information systems / health management information systems under the MoHSPP RT	428,000.00

#	Description of Activities	Estimated Financial Needs (in USD)
4. ENSURING SUSTAINABLE DEVELOPMENT OF HUMAN RESOURCES		4,566,000.00
43	Develop, plan and introduce national registry of human resources in health care, including regulatory framework and electronic database	1,770,000.00
44	Generate evidence base for development of policies in the area of human resources for health care at national and district levels	167,000.00
45	Review and improve guiding principle and norms for strategic planning of human resources for health care	119,000.00
46	Improve the procedures to enable employment of foreign health care professional in Tajikistan	5,000.00
47	Improve infrastructure of existing institutions in medical education and creating new training / education centers and online-portals	1,112,000.00
48	Assess the system off medical education on all levels of education – undergraduate, post-graduate and continuous medical education	135,000.00
49	Assess and improve post-graduate specialized education and training	135,000.00
50	Assess and develop an action plan to introduce the system of continuous medical education on family medicine	118,000.00
51	Support training of health care professional abroad on specialties that are not available in Tajikistan	680,000.00
52	Empower the nursing and midwifery in health care system	325,000.00