

World Health Day

April 7, 2017

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In celebration of the **2017 World Health Day**, the Asian Forum of Parliamentarians on Population and Development (AFPPD) is pleased to share excerpts from an interview with Hon. Ms. Gulbakhor Ashurova, Member of Parliament of Tajikistan and AFPPD Standing Committee Member on Active Ageing. The theme for this year's World Health Day is "**Depression:** Let's Talk," highlighting the largest cause of disability worldwide which affects people of all ages from all countries.

According to the World Health Organization (WHO), the number of people worldwide living with depression has increased by 18% between 2005 and 2015. Although depression can be effectively treated, less than half of those affected worldwide receive treatment. Among the leading factors which contribute to this gap of treatment are lack of resources, lack of trained health care providers, and social stigma associated with mental illness. According to the WHO Mental Health Atlas, it was estimated that the human resource for mental health in Tajikistan in 2014 was 14.8 mental health workers per 100,000 people.

In this interview, Hon. Ms. Ashurova spoke to us about mental health support for depression in her country from the perspective of a policy-maker and a medical doctor. Hon. Ms. Ashurova has been involved with AFPPD activities since 2016. She has most recently participated in the Regional Parliamentarians Conference on Combatting Human Trafficking in March 2017 in Bangkok.

BACKGROUND



Hon. Mrs. Gulbakhor Ashurova *MP, Tajikistan and Member of AFPPD Standing Committee on Active Ageing*

Hon. Mrs. Gulbakhor Ashurova was elected as Member of Parliament of the V Convocation in 2015, and currently serves as member of the Committee on Social Issues, Family and Health Care. She is also a medical doctor, an obstetrician and a gynaecologist. Driven by her strong interest in health, Hon. Mrs. Ashurova has been actively involved in the healthcare system legislation, focusing on reproductive health. From 1998 to 2007, she has worked as a gynaecologist in

numerous national hospitals. In 2008, she became the Chief Specialist of the Organization of Health Services for Mothers and Children and Family Planning of the Ministry of Health. Since January 2014, Hon. Mrs. Ashurova has served as the Director of the National Center for Reproductive Health of the Ministry of Health and Social Protection of Tajikistan.

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INTERVIEW

March 22, 2017

Can you briefly tell us about the situation of depression in Tajikistan? Is there strong government support for mental health issues?

The government has taken numerous initiatives to address the issues of mental health over the years. In 2002, we have adopted the Law of the Republic of Tajikistan "On Psychiatric Care," which is the primary law governing the provision of mental health services in the country. In 2005, Tajikistan has signed the Mental Health Declaration and Action Plan for Europe which called for the establishment of mental health policies, programs and legislations based on consideration for human rights. A special budget line and cabinets were also established to support people living with depression.

At the hospitals level, individuals affected by depression can access in-patient care at both federal and local district levels. Just last month, a new health code was adopted in Tajikistan with articles specifically addressing the provision of mental health care for patients. According to this law, medical staff and nurses who are working on mental health problems have the option to retire early. This is to acknowledge the difficulty and complexity of their work as well as the impacts on their own health and well-being.

Can you comment on key challenges faced by the government in providing support for mental health?

A key challenge is the lack of human resources at the state level. Doctors and medical practitioners are less likely to specialize in psychology and psychiatry, particularly as the salary level is low in these fields.

To address this problem, medical doctors are playing an increasingly critical role in identifying and supporting people with depression syndromes in addition to their specialized practice. Public health financing is also a key challenge. In addition to the government, many civil society and nongovernmental organizations in Tajikistan are also working to provide mental health support. However, a challenge is the lack of cross-sectoral coordination.

According to the World Health Organization (WHO), 13% of women who have just given birth experience a mental disorder, particularly depression. The rate grows to 20% for mothers living in developing countries. Can you comment on the maternal mental health care in Tajikistan and the gaps that need to be filled?

There are different kinds of depression that relate to reproductive and maternal health including post-natal depression.

Still birth, post-delivery child death, post-abortion, and infertility are among other factors which affect the mental state of women and new mothers. There are some non-governmental organizations who are working specifically on these issues in Tajikistan. One solution that we are trying to implement is to teach gynecologists to provide psychological support in addition to their regular work. On the policy level, we are now developing a new maternal health strategy and we aim to address this problem in it as well.

^{1.} According to the WHO, depression is defined as a common mental illness characterized by persistent sadness and a loss of interest in activities that people normally enjoy, accompanied by an inability to carry out daily activities, for 14 days or longer.



Hon. Gulbakhor Ashurova presented at the AFPPD Standing Committee Meeting on Gender Equality and Women's Empowerment, and Investing in Youth in March 2017 in Bangkok, Thailand.

In your opinion, how can parliamentarians play a stronger role in pushing for affordable and comprehensive mental health care?

Parliamentarians have the crucial role of amending laws such as the health code to integrate provisions that address depression.

Secondly, they also have a role in budgeting, particularly to increase mental health financing. And thirdly, parliamentarians have a role in raising public awareness on mental health through media or in-person meetings. In Tajikistan, for example, we meet with our constituency twice a year to discuss issues that affect the community. The women's committee, formed under the government, is also an opportunity for dialogue.

I would also like to highlight one particular district in Tajikistan which has the highest rate of suicide in the country. This is connected with social conditions and the high rate of domestic violence, involving husbands and wives, and sometimes, mothers-in-law and the wives of their sons. Parliamentarians play a crucial role in this case to develop context-based strategies and inform the public on these local issues.

How can AFPPD better support parliamentarians to tackle population issues such as health, gender equality, and investing in youth?

AFFPD can continue to support parliamentarians by conducting national level events and activities to attract more attention to crucial population issues. Field visits and study tours have been useful for us as well as support for national legislation analysis to identify gaps.