

## Health Status and Health Needs of Foreign Migrant Workers in Tajikistan

Legal, Social, Community, and Individual Aspects

*Niveaux de santé et de besoins des travailleurs migrants au Tadjikistan*

*СОСТОЯНИЕ ЗДОРОВЬЯ И ПОТРЕБНОСТИ В ОБЛАСТИ ЗДРАВООХРАНЕНИЯ*

*ТРУДОВЫХ МИГРАНТОВ В ТАДЖИКИСТАНЕ: ИНДИВИДУАЛЬНЫЕ, ОБЩИННЫЕ,  
СОЦИАЛЬНЫЕ И ПРАВОВЫЕ АСПЕКТЫ*

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# **Health Status and Health Needs of Foreign Migrant Workers in Tajikistan**

## **Legal, Social, Community, and Individual Aspects**

Rukhshona KURBONOVA, Ilhom BANDAIEV  
and Marya SAMUILOVA<sup>1</sup>

### **Introduction**

While thousand Tajiks work abroad, Tajikistan is also an attractive destination for foreign labour force due to improvements in the country's investment climate, the arrival of major foreign companies engaged in production and construction sectors and the growth of small and medium businesses. Common borders, similar culture and languages are additional pull factors contributing to the growing community of foreign migrant workers from the neighbouring countries in Tajikistan.

According to statistics, the first largest community of foreign workers in Tajikistan are the citizens of China (59 %), followed by Afghanistan (15 %). The citizens of Iran and Turkey appear to be less represented in Tajikistan, amounting to 5 % of registered migrant workers. The number of migrants from Uzbekistan and Pakistan is 3 % and 2 %, respectively.

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According to the State Committee on Investments and State Property Management of the Republic of Tajikistan, the foreign investments in Tajikistan have increased between 2002 and 2014: in 2002 they accounted for USD 87.3 million while in 2014, the Republic of Tajikistan implemented 225 projects with an indicative budget of USD 183.3 million. During the period 2002-2014 Tajikistan received in total USD 2.7 billion foreign investments. Thirty-eight per cent of the bilateral organizations' aid came from China (USD 1 billion). Major donors also include European Union (USD 350,607 thousand or 12.8 %), United States of America (USD 339,501 thousand or 12.4 %), Japan (USD 272,685 thousand or 10 %), Germany (USD 210,131 thousand or 7.7 %) and Switzerland (USD 147,960 thousand or 5.4 %). In 2014 the soft loans were provided by China, amounting to USD 38.2 million (56.1 % of total loans in 2014), France (USD 13.3 million or 19.0 %), Saudi Arabia (USD 6.5 million or 9.3 %), Kuwait (USD 4.7 million or 6.7 %) and European Union (USD 2.7 million or 3.8 %). Other important sources of finance direct investment (FDI) include the Russian Federation, United Kingdom and Northern Ireland, and the Islamic Republic of Iran. China's investment programme targeted the transport (37.1 %) and energy (62.9 %) sectors. One of the investment conditions of the Chinese government was the employment of Chinese migrant workers in the implementation of respective projects. This is one of the main reasons for the increased presence of Chinese citizens among the foreign workforce in Tajikistan, in addition to migrants from the neighbouring countries such as Afghanistan and Uzbekistan; similar to China, Iran and Turkey also have investment projects in the country.

Most foreign migrant workers in Tajikistan are employed in the construction, trade and services sectors. Respectively, Chinese citizens work in the construction and manufacturing industries, while most of the migrants from Afghanistan and Uzbekistan are engaged in private entrepreneurship and or trade. Turkish and Iranian migrant workers are mostly employed by construction and manufacturing companies. Dushanbe and the Regions of Republican Subordination are hosting 80 % of all foreign workers.

The initial literature review suggested that the presence of foreign migrant workers is poorly documented in Tajikistan and especially research of their social and health status and needs. This article is an attempt to

fill some of the gaps in respect to the dynamic migration processes to Tajikistan, considering the health aspect of the discussion and analyzing the health needs of foreign migrant workers and their access to health care services in Tajikistan.

## **Methodology**

The research was conducted by using mixed methods approach: secondary data collection (review of published documents, reports, official data) and primary data collection (semi-structured interviews and survey).

### *Desk review:*

The desk review included a review of existing documents with historical information and statistics including information sources related to the migration situation and health status of foreign nationals in the Republic of Tajikistan. Reports, national and international policy and legislative documents, official data issued by the Tajik Ministry of Health and Social Protection and Tajik Ministry of Labour, Migration and Employment were used as a secondary collected data.

A literature review was conducted using Google search and applying the following keywords: foreign nationals in Tajikistan, health of foreign nationals, Chinese in Tajikistan, HIV among foreign nationals in Tajikistan, TB among foreign nationals in Tajikistan, refugees' health in Tajikistan. The time span covered the period between 2007 and 2012.

### *Mixed-methods:*

Semi-structured interviews were organized with 13 experts (migration and health authorities, Ministry of the Interior Affairs, Ministry of the Foreign Affairs, representative of the Chamber of Commerce and Industry of Tajikistan, academia), and 10 key informants (representatives of non-governmental organizations, employers, the administration of markets, community leaders, representatives of the trade union). Random stratified sampling using the snowball technique and interviews with the key informant was applied. The stratification of the sample was conducted according to occupational groups:

- 1) construction (including road construction);
- 2) traders or workers at markets or catering services;

- 3) industry labourers;
- 4) agricultural workers/farmers.

A survey of 422 respondents was carried out through individual face-to-face interviews at foreign migrant workers' job sites. The worksites choice by type and number of employees were identified based on the results of the desk review and interviews with the experts and key informants. The research sample was prepared on the basis of the official migrant's statistic provided by the migration authorities divided as follows: 59 per cent citizens of China; 15 per cent from Afghanistan; 5 per cent respectively from Iran and Turkey; and migrants from Uzbekistan and Pakistan 3 per cent and 2 per cent, respectively. The remaining 11 per cent covers other countries that were not covered by the study. The majority of respondents were men (88 %), and the most numerous age group included respondents aged 30-39 years old (42 %). Multilanguage interviewers and translators working at the construction work sites were hired for conducting the survey. All interviewers attended a training organized before they start interviews, explaining the aim and objectives of the survey, specifics of the "face to face" interview, the sampling methodology and discussing each of the survey's questions. Data processing was conducted using Statistical Package for the Social Sciences (SPSS) software. A letter of support for conducting the research was obtained from the Ministry of Health and Social Protection of the Republic of Tajikistan. All interviewed persons signed a consent form agreeing to participate in the study.

## **Results**

### ***General description of foreign workforce in Tajikistan***

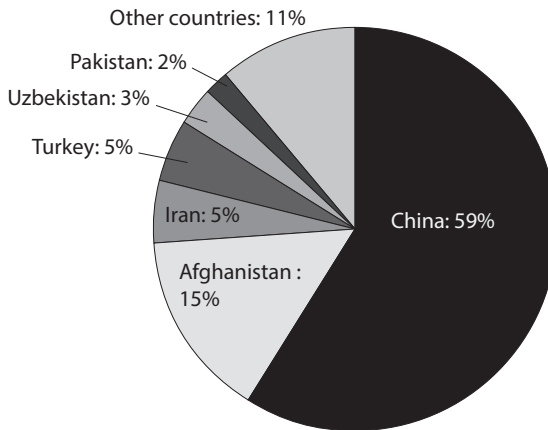
Taking into consideration the lack of information about the foreign workforce in the Republic of Tajikistan and the growing interest in this phenomenon, we decided to describe in more detail the characteristics of this target group below.

According to the official data of the Migration Service of the Republic of Tajikistan, the total number of foreign migrant workers in Tajikistan reached four thousand people in 2012. A more detailed breakdown of the foreign workers by country is shown in Figure 1.

The breakdown suggests that 59 per cent of all foreign workers in Tajikistan are citizens of China, while another 15 % are from Afghanistan. The citizens of Iran and Turkey less often travel to work in Tajikistan, amounting to 5 % of registered migrant workers. The number of migrants from Uzbekistan and Pakistan is 3 % and 2 %, respectively. The vast majority of foreign migrant workers in Tajikistan are men. In early 2011, of 2,360 foreign migrant workers in Tajikistan, 2,225 were men, and only 136 were women. This was also supported by data from the Migration Service of Republic of Tajikistan, which showed that between January and May 2012, 1,430 foreigners received work permits, of which only 127 were women, while the rest (1,303) were men. The largest number of migrant workers in Tajikistan was found to fall into the age group of 23-42 years.

Figure 1

*Distribution of foreign workers in Tajikistan by country of origin  
(%, total number – 3,932 people)*



Dushanbe and the Districts of Republican Subordination (DRS) are the most attractive destinations for foreign migrant workers, hosting 80 % of them. Also, 11 % and 9 % of the total migration flows go to the Sughd and Khatlon Districts respectively. Gorno-Badakhshan Autonomous Oblast proved to be the least attractive to migrants. The distribution of the migrant population was reported by the State Migration Service and explained with the concentration of the businesses and construction works during the period of research. Foreign migrant workers must have a visa to enter and exit Tajikistan, as well as to stay and travel in the country. The decision to grant or refuse a work permit is made by the Migration Service

of the Ministry of Labour, Migration and Employment of the Republic of Tajikistan within 15 days of submission of the documents. Work permits are granted within the quota approved annually by the Government of the Republic of Tajikistan. To secure a work permit, an employer or an employee must provide along with other required documents a medical certificate that confirms the absence of drug abuse and potentially dangerous infectious diseases as per a list of the Government of the Republic of Tajikistan. The work permit is provided to foreign nationals up to one year. Whenever foreign citizens update their work permit, they have to pass a health assessment and submit a health certificate as part of the required documents to the State Migration Service. It is important to underline that according to the national legislation even in case of detection of any communicable or other diseases, foreign nationals are not deported; they have an opportunity to get treatment in Tajikistan. At the same time, during the research, it was found that in practice some employers recommend to their employee who got sick to return home for treatment.

*Map of the Republic of Tajikistan*



According to official data the majority of Chinese migrant workers are employed in the construction and processing sectors. Some Chinese migrants in Tajikistan also work in trade, agriculture and the service sectors. Most of the citizens of Afghanistan and Uzbekistan are engaged in





Table 2  
*Distribution of respondents within employment sector  
 (breakdown by citizenship, %, N=422)*

Countries	Trade	Restaurant	Service sector	Road work	Construction	Agriculture	Industry	TOTAL
China	20.9		1.5	31.7	27.6	2.6	15.7	100.0
Afghanistan	43.8	18.8	10.9		23.4		3.1	100.0
Iran	13.3	43.3					43.3	100.0
Turkey	26.7	16.7	6.7		50.0			100.0
Uzbekistan	93.3		6.7					100.0
TOTAL	29.4	7.1	3.6	20.1	24.6	1.7	13.5	100.0

As for the construction of roads, Chinese migrants work on joint Chinese-Tajik projects, which require the recruitment of staff amongst the citizens of China. At the time of the research, there were several large projects underway related to the reconstruction of key motorways in Tajikistan, including those that have now been completed and or are nearing completion:

- Dushanbe – Kulob – Khorugh – Murgab – Kulma Pass – Chinese border;
- Dushanbe – Jirgatal – Kyrgyz border;
- Dushanbe – Khujand – Buston – Chanak;
- Dushanbe – Tursunzoda

For the most part, these projects employ (or have employed) Chinese nationals through Chinese road-building companies. The same is true for projects related to the reconstruction of roads in the capital. A significant number of Chinese migrants work in small private enterprises in the central and southern parts of Tajikistan run by Chinese businesses: brick and chemical plants, as well as concrete production and foundries, which are usually built on the ruins of Soviet factories. Some examples are a brick plant in Hissar, a foundry in Dushanbe, chemical plants in the Yaavan District and Kurgan-Tube. The Zarafshan gold mine in the Penjikent District should also be on this list. Chinese companies are currently implementing a number of major projects in the construction sector as well. For example, the Chinese company TVEA is working on a new 270 MW power station in Dushanbe and

a series of residential and office buildings in the capital. TVEA also built the power line “South-North” in Sughd. Also, Chinese workers perform maintenance of high-voltage transmission lines and substations. The number of migrant workers from China engaged in trade showed a rapid increase after 2008 when a Chinese market was opened in Dushanbe. About 940 people work in the capital alone in two markets – “Korvon” and the “Chinese Market.” Furthermore, there is a large market in Khujand, “Atush,” where the sellers work closely with the Chinese market “Kara-Suu” in Kyrgyzstan. Besides Khujand, Chinese vendors are active in the cities of Istaravshan and Kayrakkum in Sughd District. Regarding agriculture, Chinese migrants have been engaged in the cultivation of rice and cotton. The Government of Tajikistan is planning to lease out 2,000 hectares of abandoned land in Qumsangir and Bokhtar districts to Chinese companies. The Ministry of Agriculture said that 1,000 foreigners are expected to arrive soon to work in this sector. The variety of industrial sectors employing Chinese workers of various professions and skill levels has also stimulated the development of services aimed at tourists from China. This has included the services offered by the restaurants and traditional Chinese cuisine cafes, as well as traditional Chinese medicine facilities.

The second largest number of migrants in Tajikistan is represented by the citizens of Afghanistan. It should be noted that due to the political and economic situation in Afghanistan, many migrants from this country are considered refugees. Several types of Afghan migrants in Tajikistan were identified by the national experts: 1) defectors, 2) political refugees, 3) people affected by ethnic persecution, and 4) economic migrants. The present research was focused on the fourth group – economic migrants. Afghan migrant workers are primarily involved in the trade (perfumes, sweets, etc.), processing of the non-ferrous metals, construction, architecture, and auto repair. Remaining three groups Iranian, Turkish and Uzbek nationals are most often engaged in trade and restaurant businesses with half of the registered Turkish visas engaged in construction.

The reasons for coming to Tajikistan include a favourable investment climate for implementing infrastructure projects in the framework of intergovernmental agreements, shortage of jobs in the cross-border areas in Uzbekistan, a common language for Afghan and Iranian migrants and safety concerns (for Afghan migrants).



It is clear that nearly one in three respondents from China worked in the road construction and repair sector, and less often in other construction, trade and industry sectors. Half of the respondents from Turkey also worked in the construction sector. Respondents from Uzbekistan and Afghanistan, for the most part, were engaged in the trade sector. The central economic sectors for the respondents from Iran were the catering, food services and industry.

A relative majority of respondents worked in small firms (less than 50 employees). Every fourth employee of the services and trade sectors worked alone. Majority of respondents were employees or self-employed migrant workers. The great part of the self-employed migrants came to Tajikistan from Uzbekistan (Table 4).

Table 4  
*Position*

Answers	China	Afghanistan	Iran	Turkey	Uzbekistan	TOTAL
Nationality (citizenship)						
Manager	3.0	4.7	33.3	26.7		6.9
Specialist	22.4	9.4	33.3	30.0	3.3	20.4
Employee	53.0	45.3	26.7	33.3	16.7	46.0
Self-employed	20.5	37.5	6.7	6.7	80.0	25.4
Other	1.1	3.1		3.3		1.4
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0

Majority of respondents (41.5 %) reported that they work in small companies that in the service sector, agriculture, restaurant and or trade. Medium size companies were mentioned mostly by the road workers. Self-employers were indicated mostly in trade, service sector and restaurant business (Table 5).

Table 5  
*Size of companies that employed respondents*  
*(breakdown by sectors of employment, %)*

Size of companies	Trade	Restaurant	Service sector	Road work	Construction	Agriculture	Industry	TOTAL
Large (more than 1,000 employees)	3.2			1.2	20.2		14.0	8.1
Medium-Large (less than 1,000 employees)	1.6			1.2	20.2		5.3	6.4
Medium (less than 500 employees)	16.1	3.3		57.6	24.0	28.6	47.4	29.4
Small (less than 50 employees)	51.6	60.0	73.3	34.1	31.7	71.4	26.3	41.5
Migrant worker was the only employee	25.8	13.3	26.7	5.9			3.5	11.1
Respondents did not know	1.6	23.3			3.8		3.5	3.6
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Data analysis of the employment sectors disaggregated by country of origin demonstrated that respondents from China work in the road work, trade and construction; Afghanistan nationals mostly work in the trade sector and construction; migrants from Iran in the restaurant and industry businesses; respondents from Turkey in construction and trade; and vast majority of migrants from Uzbekistan in the trade (93.3 %) and services (6.7 %). The details are illustrated in Table 6.

The average monthly wage of foreign migrant workers surveyed was at minimum 300 USD. The highest level of earnings was observed in the service sector (respondents who refused to tell the amount of their wage were not taken into account). Part of the money earned by many of the foreign workers interviewed was reported to be sent home – on average 41 % of their total earnings. This calculation does not include the respondents who did not send money home (Table 7).

Table 6  
*Distribution of respondents by employment sector*  
*(breakdown by citizenship, %, N=422)*

Countries	Trade	Restaurant	Service sector	Road work	Construction	Agriculture	Industry	TOTAL
China	20.9		1.5	31.7	27.6	2.6	15.7	100.0
Afghanistan	43.8	18.8	10.9		23.4		3.1	100.0
Iran	13.3	43.3					43.3	100.0
Turkey	26.7	16.7	6.7		50.0			100.0
Uzbekistan	93.3		6.7					100.0
TOTAL	29.4	7.1	3.6	20.1	24.6	1.7	13.5	100.0

Table 7  
*Respondents' remittances*  
*(breakdown by citizenship, %.)*

Share of remittances of wages earned	China	Afghanistan	Iran	Turkey	Uzbekistan	TOTAL
10 to 30 %	20.1	25.0	33.3	30.0	13.3	22.0
35 to 50 %	41.8	26.6	40.0	26.7	26.7	37.2
More than 50 %	12.3	6.3	6.7	30.0		11.4
Did not send money home	25.7	42.2	20.0	13.3	60.0	29.4
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0
Average share of remittances in wages earned (%)	42.8	37.5	38.1	46.2	39.6	41.9

More than two-third of the respondents reported that they spend 120-200 USD per month for food. Other 42 per cent of the respondents spend less than 200 USD for food, and only 8.8 percent of migrants indicated that they could afford to spend for food more than 200 USD (Table 8).

Table 8

*Responses to the question “How much money (in USD) do you spend on food per month?”*

*(breakdown by citizenship, %, N=422)*

	China	Afghanistan	Iran	Turkey	Uzbekistan	TOTAL
Less than 100 USD	20.9	14.1	10.0	26.7	43.3	21.1
100 USD	23.5	29.7	6.7	13.3	23.3	22.5
120 to 200 USD	39.2	42.2	50.0	30.0	30.0	39.1
More than 200 USD	7.8	10.9	6.7	23.3		8.8
Refuse to answer	8.6	3.1	26.7	6.7	3.3	8.5
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0

One-third of the respondents faced with situations when they had to deny themselves basic needs due to lack of money. The respondents from China, Afghanistan, Iran and Uzbekistan reported about cases of refusal from food due to money shortage. Citizens of Afghanistan and Uzbekistan reported more frequently about such situations. Almost every fifth respondent faced a situation to deny himself from buying clothes and shoes. Approximately every sixth migrant could not afford medical care and medicines (Table 9).

Table 9

*Responses to the question “Have you ever denied yourself any of the following things because of a lack of money?”*

*(breakdown by citizenship, %, N=422)*

	China	Afghanistan	Iran	Turkey	Uzbekistan	TOTAL
Food	6.1	28.1	6.7		30.0	10.8
Clothes or shoes	20.5	31.3	6.7		36.7	20.8
Medical care or drugs	9.8	34.4	3.3		40.0	14.6

Entertainment/ leisure	1.5	9.4		3.3	3.3	2.9
Could afford everything	67.0	39.1	90.0	96.7	53.3	65.6
Refuse to answer	6.1	6.3				4.8

Citizens of Afghanistan and Uzbekistan more frequently than other respondents reported problems with the access to food, accommodation and health services due to lack of money. (Table 10).

Table 10

*. Positive responses to the question “Have you ever experienced the following problems while working in Tajikistan?”  
(breakdown by citizenship %, N=422)*

	China	Afghanistan	Iran	Turkey	Uzbekistan	TOTAL
No food for more than one day because of a lack of money	2.6	20.3	3.3		20.0	6.4
No nightly accommodation for more than one day	10.1	12.5	6.7		23.3	10.4
No money to call the doctor when sick	9.0	37.5	3.3		3.3	11.8
Inability to buy drugs due to a lack of money	6.7	23.4			20.0	9.2

## Legal status

According to most respondents, their stay in Tajikistan was a result of a visa application process. At the same time, 35 of 422 respondents responded “No” or “I don’t know” to the question “Do you need a visa to stay in Tajikistan?” It is likely that these people were irregularly present in the Republic of Tajikistan or came with a company visa.

The assumption that the above individuals may have remained in Tajikistan irregularly was confirmed by their responses to the question as to whether they had a registration with the Office of Visas and the Ministry of Internal Affairs (Table 11). Five people (all citizens of China and Uzbekistan) said they did not have a registration. 20 foreign migrants refused to answer the question; 12 of them were citizens of Uzbekistan.



Table 11

*Do you have a registration from the Office of Visas and Registration of the Ministry of Internal Affairs?*

Answers						TOTAL
Nationality (citizenship)	China	Afghanistan	Iran	Turkey	Uzbekistan	
Yes	253	60	24	29	14	380
No	2				3	5
Refuse to answer	7	1			12	20
Don't know	6	3	6	1	1	17
TOTAL	268	64	30	30	30	422

Reasons provided for not having a registration (five respondents only):

- “It is difficult to get a registration” – 2 persons (citizens of Uzbekistan, one man and one woman);
- “I arrived without a visa” – 1 person (citizen of Uzbekistan, a woman);
- “I don't know, we were invited by a company” – 2 persons (citizens China, men only).

The vast majority of migrant workers surveyed had a work permit. The six respondents who didn't know whether or not they had a work permit were citizens of Iran.

107 people (25.4 %) of respondents stated that they had lived in Tajikistan for four or more years. Those who had lived in Tajikistan the longest were citizens of Afghanistan: 22 persons (34.4 %) reported that they have lived in Tajikistan for more than five years.

More than one-third of respondents or 177 people (41.9 %) had come to Tajikistan for the first time. The data showed that every 9<sup>th</sup> of the Afghani respondents reported more than five visits to Tajikistan: 7 respondents (10.9 %) in comparison with 22 people (6.3 %) from China and one person from Iran and Turkey which is 3,3 per cent among respondents from Iran and Turkey.

It is important to note that big investors (contributing to the country's economy not less than 500 thousand USD), heads and workers of foreign companies operating on the basis of interstate/ intergovernmental and or investment/preferential credit agreements are exempted from obtaining a work permit in Tajikistan. In this regard, we can assume that the real number of foreign nationals in Tajikistan is exceeding the number provided in the available sources.

National experts also noted the presence of irregular migrants in Tajikistan. Thus, irregular migrants from China and Uzbekistan were detained and deported to their respective countries for the first time in September 2008. Based on the available data, the number of irregular migrants in Tajikistan is estimated between 11,000-13,000 people.

## **Working conditions**

### *Policy on occupational safety and health*

The Republic of Tajikistan guarantees labour rights of citizens and is aimed at ensuring respect for the legitimate interests of workers, employers and the state. Becoming in 1993 a member of the International Labour Organization (ILO), the Republic of Tajikistan ratified 46 International Conventions including 29 Conventions that relate to labour safety. The Occupational Safety and Health (OSH) Convention ratified by Tajikistan on 21 October 2009 supplements Chapter 11 of the Labour Code and provide legal framework of the regulation the relations between employers and workers. Foreign citizens and stateless people working in the Republic of Tajikistan are covered by the same legislation framework on occupational safety and health of the Republic of Tajikistan unless otherwise provided by an international agreement.

The OSH legislation covers all sectors and branches of economic activity without any exemptions. Each ministry has a specific department that is responsible for the control of the OSH.

The Ministry of Labour, Migration and Employment of the Republic of Tajikistan (MOLME) is a Central Executive Authority on labour safety. The Agency on Labour and Employment is a structure of the MOLME responsible for the labour agreements, cooperation with the employers and trade unions to improve the well-being of the employees, inspection of the

labour safety, providing methodology assistance to employers on national implementation regulations on safety and health.

The control-supervision bodies conduct a risk assessment to identify the level of harassment for the life and health of the population, property interests, society safety, preservation of the environment taking into consideration the grade of the burden of the consequences as a result of the operation of the economic body. The supervision conducted in the working places, during projectization of the building and reconstruction of the industrial units, during license of the specific types of the activities, according to the request of the court, management entities on labour safety, employers, union of the employers, trade unions, and other representatives of the employees. The conclusion of the investigation of the labour conditions is a basis for a closing organization, or it's division due to a violation of the requirements of the labour safety.

The Ministry of Health and Social Protection of RT is responsible for the healthcare in the country including occupational health. Republican Clinical Center on Occupational Diseases conducts regular medical assessment according to Plan of the activities of the Labour Safety Programme in the Republic of Tajikistan. Supervision for the following of the sanitary legislation provided by the State Service of the Sanitary epidemiologic supervision under the Ministry of Health and Social Protection of RT. Supervision for the medical activity conducted by the State Supervision Service for the medical activity and social protection of the population.

The State Supervision Service on regulation in the transport sector controls the implementing safety regulations in the automobile, water, railway, air, electrical and industrial transport and road. The specific department of the Ministry of the agriculture of the Republic of Tajikistan conducted state supervision of the technical conditions of the vehicle and equipment.

The Agency on Social Insurance and Pensions under the Government of RT conduct supervision and control of the legislation and other regulations of the Republic of Tajikistan; provide consultation of the citizens and employers relating their rights and obligations and order of the registration of insurance payments, by the people registered in the system of the obligation social insurance.

In addition to central apparatus of the labour safety supervision 60, state labour inspectors working at the Gostrudnadzor branches are involved in this process. Although state agencies responsible for the supervision of the occupational safety and health 38 labour inspectors of the Republican Federation of the Independent Trade Union have rights to conduct public control of the labour safety.

According to Tajik legislation, any organization with more than 50 workers should have labour safety service. In fact, the State of the Supervision Service on labour, migration and employment found that employers do not address the requirement of the article 355 of the Labour Code of the Republic of Tajikistan: labour safety services were not established at any job places.

The Programme on cooperation between three party partners of the RT and International Labour Organization for 2015-2017 indicates that “all working citizens have rights for the allowance of social insurance in case of the temporary/provisional unemployment. Although the system of the social insurance should cover wide sectors of the population not only hired workers but also self-employed, in fact, the coverage is not universal.

For the several years, the project of the law on obligatory insurance from the industry traumatism and occupational diseases is under review and still is not accepted by the Government of the Republic of Tajikistan.

### **Foreign nationals and occupational safety and health**

Literature review demonstrated lack of studies and information on occupational safety and health in Tajikistan. To address this gap requires investigation of the working conditions of migrant workers regarding work hours, health risks at work and the presence of accidents and their effect on the individual health was integrated to the present research. The findings from this block of questions reveal that the working hours vary among the respondents according to the sector they work. In total, 241 respondents (57 %) work up to 8 hours a day. At the same time more than 40 per cent of the respondents from the services and restaurant sectors: 6 and 14 people respectively) report about work for more than 10 hours per day which is the largest proportion in comparison with other sectors.

Table 12

*Length of working day (breakdown by sector employment, %, N=422)*

Trade	Restaurant	Service sector	Road work	Construction	Agriculture	Industry	TOTAL	
7 hours or less	32.3	3.3	6.7	9.4	14.4	57.1	8.8	17.5
8 hours	32.3	16.7	26.7	21.2	74.0	42.9	33.3	39.3
9 to 10 hours	24.2	33.3	26.7	44.7	11.5		43.9	28.2
More than 10 hours	11.3	46.7	40.0	24.7			14.0	14.9
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Six days working weeks are rather the norm for respondents (89 %) with seven-day working weeks typical for the trade, services and construction sectors employees. The most unfavourable working conditions for foreign migrant workers have been observed in the road construction and repair industry according to the following health risk factors: manual labour; work with faulty equipment; work with old equipment; work with high-temperature equipment; faulty wiring; and working on heights.

Working conditions for migrant workers in the agricultural sector, however, were found to be the poorest amongst all sectors in respect to the following factors: lack of sanitary conditions at the workplace, work on weekends and holidays, unfavourable temperature conditions, and lifting and carrying heavy loads. The presence of hazards often leads to accidents. A total of 101 interviewed foreign migrant workers admitted that they had received various kinds of work-related injuries. However, among 139 respondents who reported about the experience of work-related injuries only 101 (72.6 %) tried to seek treatment. Agricultural workers report they have never gone to see a doctor when injured.

A significant number of respondents reported that they were forced to work in violation of the labour laws. The most common violation, i.e. overtime work without extra pay, was primarily observed in the services (i.e. restaurants) (51 %) and agriculture (42 %) sectors. Coerced work despite health problems was most common in the trade (35 %) and services (26 %) sectors.

## Living conditions

It is well known that living conditions can negatively impact health status. Poor living conditions play a significant role in the aetiology of infectious diseases, while noise, lack of comfort and peace in the premises influence the mental health of the people. To investigate the link between living conditions and migrant's vulnerability to health issues a number of questions regarding access to water, electricity supply, a number of respondents living with, nutrition, etc. were included in the survey.

Almost all of the foreign migrant workers interviewed live with families, friends, relatives and colleagues. Half of the respondents indicated that they live with four or more other people. Fifty-four percent of the Chinese employees interviewed reported that they live either in dorms or in construction camps owned by their employers.

Regarding quality of the living conditions, most of the foreign migrant workers (80 %) evaluated their living conditions in Tajikistan as satisfactory with occasional problems related to heating and humidity of their accommodations, reported by about 20 per cent.

Table 13

*“How many people live with you in the same room?” (breakdown by citizenship, %, N=422)*

	China	Afghanistan	Iran	Turkey	Uzbekistan	TOTAL
One person	6.7	3.1	23.3	13.3	3.3	7.6
2 to 3 people	44.8	29.7	40.0	50.0	56.7	43.4
4 to 5 people	29.9	42.2	33.3	36.7	26.7	32.2
6 to 10 people	15.3	25.0	3.3		13.3	14.7
More than 10 people	3.4					2.1
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0

At the same time, 16 (25 %) respondents from Afghanistan, 40 (15 %) of the Chinese people and 4 (13.3 %) of the Uzbek migrants reported that they share a room with 6-10 people. Besides, 9 (3.4 %) of the Chinese migrants mentioned that they share a room with more than 10 people.

Regarding dietary specifics, most (295 or 70 %) of the respondents reported that their daily menu included the most basic food products such as vegetables, rice and bread. A more imbalanced diet was reported by 9 (30 %) citizens of Uzbekistan, who were the most likely to report that they never ate meat or beans (10 people or 33 %). The average monthly spending on food items as reported by respondents was USD 136. The highest amounts were spent by the citizens of Turkey (USD 158) and the lowest by the citizens of Uzbekistan (USD 102); 13 (43 %) of foreign workers from Uzbekistan reported to be spending less than USD 100 per month on food.

In response to the question “Have you ever denied yourself the following things because of lack of money?” 10 per cent of respondents said that they denied themselves certain foods, 14 per cent noted an inability to receive necessary medical treatment and essential drugs and 20 per cent said that they had chosen not to purchase clothing and or footwear. The largest share of such foreign workers was amongst the citizens of Uzbekistan. The citizens of Turkey showed the highest levels of financial prosperity.

In terms of health and other basic needs, 46 (11 %) of the respondents reported situations in which they could not afford to call the doctor when sick, or in which they could not find overnight accommodation for more than 1 day (42 or 10 %), 38 respondents could not buy drugs (9 %), 25 respondents did not eat for more than 1 day (6 %). Again, the experience varies regarding migrants’ nationality: most of these difficult situations were faced by migrants from Afghanistan and Uzbekistan, while the Turkish nationals reported never having experienced any of the above problems.

### **Social adaptation in Tajikistan**

The social adaptation of foreign nationals in Tajikistan has not been studied before and therefore was of particular interest to the researchers. The topics of interest were languages spoken, friendship with local people, communication with people at home as important elements of the individual quality of life and respective mental and physical well-being.

It is well known that three languages are used in the daily life in Tajikistan: Tajik, Uzbek and Russian. The survey revealed that 219 of the respondents (52 %) could speak Tajik, while the overall level of proficiency in spoken Russian and Uzbek was significantly lower (143 respondents

or 34 % and 105 (25 %) of respondents, respectively, could speak these two languages).

At the same time, the main problem faced by most of the respondents (241 people or 57 %) during their stay in Tajikistan was a language problem. This problem was of different relevance for people from different countries, and to the greatest extent affected the citizens of Iran and China. Most likely, this was due to their lack of knowledge of the Cyrillic alphabet in use in Tajikistan.

Many migrants had found friends in Tajikistan, and 253 respondents (60 %) gave a positive reply to the question “Do you have friends among the citizens of Tajikistan with whom you can talk about personal problems?” The lowest percentage of those likely to have acquired Tajik friends was noted amongst 3 citizens of Iran (10 %) and 20 respondents from China (7.5 %). It should be noted that women tended to have more friends among locals than did men (31 women or 63 % versus 220 men or 59 %). The most “friendly” age group of respondents was young people aged 18-29 years old. When asked about migrant’s typical leisure activities, 55 (13 %) of respondents said they meet with Tajik friends.

The vast majority of respondents (397 people or 94 %) had the opportunity to communicate with their friends and family at home. The most common channels of communication reported were the telephone and Internet.

### **Access to health services**

Access to health care services plays a key role in health status and health outcomes of the migrants. To improve knowledge on the situation with migrant’s access to health care in Tajikistan a number of questions helped to identify the main barriers foreign nationals face in Tajikistan.

The Republic of Tajikistan has ratified the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families in 2002. The national legislation ensures the right to health care to foreign nationals residing in the Republic of Tajikistan. Foreign nationals residing permanently have the right to receive medical services on the same basis as Tajik citizens. Foreign citizens with a temporary and permanent resident status have the right to receive voluntary medical insurance. At the same time, it is important to note that health insurance system is



not well established in Tajikistan. Implementation of the mandatory health insurance postponed to 2020 due to lack of the state budget.

The survey found that 164 (38.9 %) of the respondents said that their employers provided them with health care services which included, most importantly, compulsory medical examinations and paid sick leave. Data analysis by citizenship demonstrated that more than half of the citizens from China and Turkey enjoyed social package provided by the employer. Majority respondents from Iran which is 26 (86.7 %) people informed that employers do not cover any medical services (Table 14).

Table 14  
*“Does your employer cover medical services?” breakdown by citizenship, %, N=422*

Answers	China	Afghanistan	Iran	Turkey	Uzbekistan	Total
Yes	56.3	31.3	6.7	63.3	36.7	38.9
No	36.9	65.6	86.7	36.7	63.3	57.8
Refused to answer	6.7	3.1	6.7	0	0	3.3
Total						100

In terms of most socially significant infectious diseases, foreign citizens as well as the citizens of Tajikistan, are guaranteed with the free treatment of tuberculosis in accordance with the Law of the Republic of Tajikistan “On the Protection of Population from Tuberculosis” (lost the power in May 2017) and “Health Code” approved by the Government in May 2017. Foreign nationals in Tajikistan have access to free antiretroviral therapy in case of HIV.

The vast majority of respondents (83 %), or 338 persons who had used the health services of the Republic of Tajikistan evaluated their quality as “good” or “very good. Ninety-three per cent of the respondents or 392 people believe that the last time they visited a medical institution, the doctors have helped them.

Regarding the main challenges faced in accessing health services in Tajikistan, 143 (34 %) respondents report they did not encounter difficulties while 219 (52 %) people said they did. Reported challenges included: the cost of treatment and medical consultations, communication difficulties due to the workers' poor language proficiency, as well as the inconvenient work schedule of health institutions. Fourteen respondents said that during a visit to a health facility they had been denied medical care, while another 14 (3.3 %) reported that they had been discriminated against by medical workers on the basis of their race or gender.

Only half 215 (51 %) of the respondents provided positive responses to the question, "Are foreign nationals residing in Tajikistan eligible for free HIV treatment?" Another 194 (45.9 %) people provided positive responses to the question, "Are foreign nationals residing in Tajikistan eligible for free tuberculosis treatment?". These findings demonstrate that only half of the foreign migrants know their rights for free access to HIV and TB treatment.

Availability of the HIV and TB related health services heavily depend on an international support such as Global Fund to Fight AIDS, Tuberculosis and Malaria, USAID and others. Unfortunately, foreign migrants are not in the focus of the projects supported by the international donors. The vulnerability of the foreign nationals to health issues is not considered during project development.

### **Migrants health monitoring**

To improve understanding on cross-border control of the migrant's health, several questions were focused on pre-departure health assessment among foreign migrants before arriving in Tajikistan and health assessment passed by the foreign migrants in Tajikistan as a country of destination.

Two third of the respondents which is 304 (72 %) have undergone a medical examination in their respective countries before coming to Tajikistan. One in four respondents had not undergone a medical examination in their country before arriving in Tajikistan. The highest proportions of migrants who neglected this step were observed among 38 young people aged 18-29 years (32.4 %), that include 17 citizens of Iran (56.7 %), and 14 citizens of Afghanistan (48.4 %). Upon arrival in Tajikistan, 257 (61 %) of

the respondents underwent a medical examination. The data demonstrated that the larger proportion of the respondents passed a medical exam in their home country rather than in Tajikistan, except for 25 (81.8 %) migrants from Iran (Table 15). In total, 281 (66.7 %) of all the respondents were tested for tuberculosis while staying in Tajikistan. At the same time, tuberculosis incidence among foreign nationals is not reflected in the official health statistic.

Table 15

*Percentage of respondents who had taken diagnostic tests before and after arriving in Tajikistan (breakdown by citizenship, %)*

	China	Afghanistan	Iran	Turkey	Uzbekistan	TOTAL
Fluorography						
In home country	77.4	45.5	69.2	96.6	83.3	75.7
In Tajikistan	69.1	39.0	81.8	92.3	93.3	68.6
Test for HIV						
In home country	85.4	84.8	61.5	93.1	55.6	83.3
In Tajikistan	81.8	58.5	72.7	92.3	53.3	77.1
Test for Hepatitis						
In home country	79.2	54.5	61.5	93.1	66.7	76.4
In Tajikistan	77.0	41.5	72.7	88.5	53.3	70.9
Test for STIS						
In home country	77.8	48.5	61.5	93.1	38.9	73.1
In Tajikistan	73.9	43.9	72.7	80.8	40.0	67.8
Sputum analysis						
In home country	71.2	54.5	61.5	89.7	38.9	68.9
In Tajikistan	67.3	56.1	72.7	88.5	46.7	66.7

The Republic AIDS Control Center reports about 6,779 foreign nationals underwent HIV testing and three foreign nationals that receive antiretroviral treatment (ARVT) in 2017. IOM study found that Tajik AIDS Control Center has experience on cross-border cooperation with the countries of origin of the foreign nationals. The follow-up of the ARVT of the HIV positive foreign nationals from the Russian Federation had a place through communication with the Russian doctors who continue providing ARVT to HIV patients referred from Tajikistan. Nonetheless, the systematic mechanism of the

cross-border cooperation for case management between HIV services of the Tajikistan and countries of origin of foreign nationals living with HIV is not set up. The National Center on tropical diseases registered malaria cases among foreign nationals mostly from Afghanistan: nine from 14 registered cases in 2013 and four from seven registered cases in 2014. The Ministries of health for Tajikistan and Afghanistan work together for cross-border malaria control through providing diagnosis and treatment services along the border. Unfortunately, data collection on non-communicable diseases is not broken down for migrants and countries of origin and collected for Tajik citizens only.

Eleven state medical centres have been established by the Tajik Ministry of Health and Social Protection in the different districts of Tajikistan as part of the mechanism of migrants health monitoring. These medical facilities provide health examination services to Tajik migrants who plan to go abroad for a job and foreign nationals. On the basis of this examination, foreign migrants are issued a medical certificate that serves as the official basis for getting work permission in Tajikistan. The certificate reflects the status of a migrant's substance abuse or lack thereof, and the existence, if any, of potentially dangerous infectious diseases.

The research has revealed the inadequacy of statistical records and control over the stay of foreign citizens in the Republic of Tajikistan. The data provided by the Migration Service, Ministry of Internal Affairs, Ministry of Foreign Affairs and the Ministry of Health and Social Protection of the Republic of Tajikistan all vary significantly. According to the Ministry of Health and Social Protection of the Republic of Tajikistan, 98 medical examination certificates were issued from October to December 2011, and 507 – for the period of January to June 2012. But the number of foreign nationals who received permission to work is more than the number of those who passed a medical examination through assigned medical facilities. Probably some foreign nationals passed a medical examination at other health facilities, for example, primary health care. This could be a reason for the difference between data provided by migration and health authorities.

## **Foreign migrant workers' health status**

Some publications proved that health assessments conducted by the people themselves are valid health status indicators regarding middle-aged populations, and can be used in cohort studies and population health monitoring. In this connection, questions on migrant's perception of their health status were included in the survey. Most of the foreign migrant workers assessed their health as "good" or "very good": 190 (45 %) respondents and 156 (37 %) migrants respectively. The highest proportion of positive health assessment was observed among 366 young people aged 18-29 years old (the sum of positive ratings – 86 %). Regarding gender, 310 (83 %) men, in general, reported better health than 38 (77 %) women. The respondents had the opportunity to select several answers on health problems they currently have. The most common health problems that the respondents reported were associated with their respiratory (60 responses or 14,2 %) and gastrointestinal tracts (56 answers or 13,3 %), as well as impaired hearing and vision (mentioned in more than 10 % of the filled questionnaires). Women were less likely than men to report problems with their cardiovascular system (4 % and 10 % responses respectively), musculoskeletal system (4 % and 10 % respectively) and vision (respectively 4 % and 11 %), while they more frequently suffered from hearing disorders (15 % and 10 % respectively) and gastrointestinal problems (18 % and 12 % answers accordingly). Problems of colds, skin, or venereal diseases were mentioned by women more frequently than by men. Only 29 per cent of the interviewed workers visit doctors for annual preventive examinations. As for the citizens of Iran and Uzbekistan, only 10 per cent of them reported visiting doctors for a check-up. Thus the study illustrated that vast majority of the respondents come to Tajikistan healthy, two third of the respondents ignore regular medical checkup. One in three respondents (32.5 %) postponed a visit to a doctor until the progressing of the disease to a serious health issue. The greater part of these respondents was Chinese citizens. Late approach to health providers among foreign migrant workers can be explained by the fact that majority of the respondents are male who are breadwinners and interested in keeping the job regardless of their health status.

## **Foreign migrant workers' awareness of STIs, HIV/AIDS, malaria and tuberculosis**

Questions on awareness and health-seeking behaviour took a significant part of the survey to understand migrant's needs and gaps in health promotion interventions. Results revealed that the most respondents have heard of HIV/AIDS, STIs and tuberculosis: 346 (82 %) respondents, 262 (62 %) respondents, and 283 (67 %) respondents respectively. The greatest levels of awareness of HIV, STIs and tuberculosis were demonstrated by citizens of Turkey. Television, cited by 295 (70 %) of the respondents, the Internet indicated by 181 (43 %) – 219 (52 %) respondents for various diseases and print media mentioned by 148 (35 %) – 169 (40 %) people were reported as the key source of the information on health.

Only 24 of the respondents reported about receiving information about HIV at their place of employment. This group did not include any respondents from Uzbekistan. More than half (56 %) of respondents who have been provided with HIV prevention information at their workplace believed that HIV infected people would lose their jobs in the company.

The awareness about HIV infections was higher than about sexually transmitted infections (STIs) and tuberculosis. The citizens of Turkey were the most knowledgeable about HIV prevention. Chinese nationals showed the lowest level of awareness about the transmission of HIV and the symptoms of tuberculosis, while workers from Afghanistan knew very little about the symptoms of STIs. One in ten respondents, which is 51 (12 %) migrants reported that "Tajikistan is a country where HIV/AIDS is widespread," while 181 (43 %) migrants were unable to assess the extent of the disease in the country. Amongst respondents from Uzbekistan, 15 (50 %) migrants said that they preferred self-treatment in case of the HIV, STIs or tuberculosis, which was less often cited by other migrant workers for self-treatment of these conditions. In terms of gender, women who suspected that they had been infected with HIV, STIs and tuberculosis, were more inclined to self-treatment than men. Only half of the respondents claimed that in Tajikistan HIV or tuberculosis infected foreign citizens could get free treatment. Two-thirds of respondents which are 262 (62 %) reported that tuberculosis could be cured. However, 50 % of the thirty Turkish and Uzbek citizens said the opposite. Half of the respondents reported they believe that an HIV positive person would lose his/her job. The greatest



Almost a third of foreign workers reported that while staying in Tajikistan, they did not engage in sexual intercourse at all. Another 152 (36 %) migrants reported that they engaged in intercourse with their husbands or wives. In particular, Chinese migrants more than other migrants reported about relations with occasional, permanent partner or sex workers. Thirty-nine (9.5 %) respondents confirmed that some of their friends used services of the sex workers. Thirty-four respondents from China (12.7 %), two migrants from Afghanistan (4.7 %) and three Iranians (10 %) reported their friends had used services of the commercial sex workers (Table 17).

Table 17

*Responses to the question “Do you know if your friends have used services of sex workers?”*

*(breakdown by citizenship, %, N=422)*

	China	Afghanistan	Iran	Turkey	Uzbekistan	TOTAL
Yes, they have	12.7	4.7	10.0			9.5
No, they have not	43.7	45.3	16.7	40.0	66.7	43.4
Refuse to answer	9.0	14.1	6.7	3.3	26.7	10.4
I do not know	34.7	35.9	66.7	56.7	6.7	36.7
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0

A total of 13 respondents admitted that they did not use condoms during sexual intercourse with occasional sexual partners or commercial sex workers; 12 of these respondents were citizens of China, and one migrant was from Turkey. The reasons given for not using condoms, broken down by respondents' citizenship, are shown in Table 18 (respondents could give multiple answers). The most common reason provided was, “I prefer immediate contact.”



Table 18

*Reasons for not using condoms during sexual intercourse with an occasional sex partner or commercial sex worker  
(breakdown by citizenship, N=13)*

	China	Turkey	TOTAL
I trust my partner	2	1	3
I prefer immediate contact (not protected)	5		5
My partner may think I am HIV-infected or diseased	2		2
It is difficult to buy condoms	3		3
Refuse to answer	2		2
I do not know	1		1
TOTAL	12	1	13

Risk behaviour experienced by the foreign nationals in Tajikistan need to be addressed during implementation raising awareness campaigns in the country.

## Discussion

The research reveals that foreign migrant workers have different health needs depending on their country of origin, various level of health knowledge, as well as living and working conditions.

Violation of the Tajik labour legislation observed in the road construction, repair industry, agriculture and restaurant service including cases of coercion to work despite the health problems raises the need on improving attention of the relevant Tajik state supervisory services to the working conditions of foreign nationals. Mechanism of the protection of the rights of foreign migrant workers including through trade union should also be taken into consideration.

Despite respondent's satisfaction of their living conditions (80 %), 53.3 per cent of the Chinese, Uzbek and Afghan migrants live in conditions that can negatively impact their vulnerability to health issues (sharing room with 6-10 people), 3.4 per cent of the Chinese migrants mentioned about sharing room with more than 10 people. This fact needs to be taken into consideration by the employers in terms of the providing better housing conditions that meet sanitary epidemiologic requirements.

Migrant workers from Uzbekistan and Afghanistan should be included to the priority list of the social and health promotion programmes aimed at addressing vulnerable foreign migrants. They are more frequently than others faced with situations when they could not afford the basic needs (food, medical aid, and accommodation).

Special attention needs to be paid to undocumented 35 (8 %) migrants and self-employed 107 (25 %) migrants through providing legal and health services and social support to reduce their vulnerability. Trained Tajik non-governmental organizations can help Tajik Ministry of Health and Social Protection of RT to reach these vulnerable migrants and improve their access to health services.

The lack of a mechanism of the data exchange between countries, the absence of the data information on TB and some other diseases among foreign nationals in the statistic of the Tajik Ministry of Health and Social Protection complicate monitoring of the migrant's health.

The language barrier (57.3 %) was mentioned by respondents as the main problem for social adaptation. Migrants from China (68.7 %) and Iran (73.3 %) more frequently indicated this issue. Centers for social adaptation with a focus on the study of Tajik language need to be discussed by the State Migration Services, Tajik Ministry of Culture and public organizations. Involving translators and mediators to serve foreign nationals, need to be taken into consideration by the Tajik Ministry of Health and Social Protection as well.

Health personnel needs improving their professional skills on working with foreign nationals. The Tajik State Institute of Postgraduate Medical Education should include in their curricula a training on migration and health, national and international instruments adopted by the Republic of Tajikistan on foreign national's rights to health, as well as on cultural competence.

A great number of foreign migrant workers reported having passed through a health assessment before arrival to Tajikistan which is a positive example of one of the important components of the cross-border control and care that need to be extended and coordinated between Tajikistan and countries of origin. Nonetheless, monitoring of the migrant's health and cross-border collaboration between countries of origin and the Republic

of Tajikistan is one of the key gaps found as a result of the current study. The coordination between migration related Tajik state structures and Tajik Ministry of Health and Social Protection needs to be improved.

Poor health seeking behaviour among female migrants calls for addressing women's needs during tailoring health promotion interventions among women migrants.

The study demonstrated that the national strategy on HIV in the context of International Labour Organization recommendation #200 needs to be strengthened among foreign nationals due to the high level of fear among foreign migrant workers to lose their job in case of HIV positive status as revealed during the study.

Misunderstanding and lack of health knowledge on STIs, HIV and TB prevention among foreign migrants need to be addressed. The Republic Center on Healthy Lifestyle Promotion of the Tajik Ministry of Health and Social Protection should regularly develop information and education materials in the native languages of foreign migrants, involve translators and mediators in information campaigns, promote peer education among foreign nationals and mobilize employers for improving migrant's access to health services.

Healthy lifestyle promotion campaigns need to target Chinese male migrants due to their high level of alcohol consumption, drug use and practising risky sexual behaviour without using condoms as found in this study. Migrants from Turkey, Iran and Afghanistan should be in the focus of condoms promotion interventions due to their self-reported lack of knowledge and usage of condoms and practice of risky sexual behaviour.

## **Conclusion**

The findings of the research demonstrate that in the face of the country's economic difficulties, the health care system in Tajikistan experiences additional challenges due to the growing community of foreign migrant workers. Extending bilateral agreements between the Republic of Tajikistan and countries of origin of the migrant workers can improve cross-border collaboration through joint activities, data exchange, monitoring of the health of the migrants, as well as joint research activities. It is important to recognize by donors the vulnerability of foreign migrant workers in

Tajikistan and economic issues of the country that complicate addressing foreign migrant's needs in health. The international partners should consider the integration of foreign migrants to the project's target groups. The multisectoral approach needs to be applied for reducing migrant's vulnerability to health issues by mobilizing trade unions, employers, relevant ministries and diaspora to address the needs of the migrants. Establishing a system of regular research of migration trends, the epidemiologic situation in the countries of origin of foreign migrants, developing evidence-based migration health promotion strategies, exploring best international practices on providing migrant friendly services, discussing the different aspects of migration that can influence mental health are very much needed. Recent rapid assessment of the migrant's access to TB and TB/HIV services in Tajikistan demonstrated that findings of the research of 2012 is still unique and deserve the attention of the public health and migration authorities, researchers and practitioners.

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## Abstract

The article presents the results of the research conducted in the Republic of Tajikistan in 2012-2013 among foreign migrant workers from the Islamic Republic of Afghanistan, People’s Republic of China, the Islamic Republic of Iran, the Republic of Turkey and the Republic of Uzbekistan. The research reconfirms that migrant experience different levels of vulnerability to health issues depending on their legal status, working and living conditions, as well as depending on the extent of knowledge on their right to health, the barriers they may face in terms of access to healthcare, and their level of integration in the host society. The limited cross-border cooperation between the Republic of Tajikistan and countries of origin of migrant workers and the lack of a system to monitor the health of migrants has negative effects on the proper management of migrants’ health both from the perspective of receiving and sending countries. A policy review of the Republic of Tajikistan illustrated that the country has adopted and ratified a number of international and national instruments which guarantee equal rights and access for foreign nationals to health services in Tajikistan. Despite the country’s economic difficulties and limited funding of the health care system, Tajik government is putting forth efforts to meet the health needs of foreign nationals residing in the country by providing access to health services, for example providing free TB treatment and antiretroviral therapy. At the same time, international support in strengthening the healthcare system response to the needs of foreign migrant workers, facilitating collaboration between sending countries and Tajikistan, and providing technical support on developing cross-border mechanisms on migrant



health promotion is recommended. The study findings suggest that regular research of foreign migrant workers' health is very much needed to improve the knowledge on migration dynamic in Tajikistan and its impact on public health.

**Keywords:** foreign nationals, migrant workers, migrant's health, access to health-care, Tajikistan

## **Niveaux de santé et de besoins des travailleurs migrants au Tadjikistan**

### **Résumé**

L'article présente les résultats de la recherche menée en République du Tadjikistan en 2012-2013 auprès de travailleurs migrants étrangers venus d'Afghanistan, de République populaire de Chine, d'Iran, de Turquie et d'Ouzbékistan. Au niveau individuel, la recherche révèle une vulnérabilité différente aux problèmes de santé selon le statut juridique, les conditions de travail et de vie, notamment une connaissance insuffisante de leurs droits à la santé, des barrières à l'accès aux soins, de l'intégration dans la société d'accueil. En outre, la coopération transfrontalière limitée entre le Tadjikistan et les pays d'origine des travailleurs migrants, ainsi que l'absence de système de surveillance de la santé des migrants ont des effets négatifs sur la bonne gestion de la santé des migrants tant du point de vue des pays d'accueil que des pays d'origine. Un examen de la législation nationale de la République du Tadjikistan révèle que le pays a adopté et ratifié un certain nombre d'instruments internationaux et nationaux qui garantissent l'égalité des droits et l'accès des ressortissants étrangers aux services de santé au Tadjikistan. En même temps, face aux difficultés économiques du pays et au financement limité du système de santé, les bailleurs de fonds qui financent les programmes nationaux de soins de santé accordent peu d'attention au renforcement des capacités du système de santé à répondre aux besoins des travailleurs migrants étrangers, facilitant la collaboration entre les pays d'origine et le Tadjikistan, et apportant un soutien technique au développement de mécanismes transfrontaliers de promotion de la santé des migrants. Les résultats de l'étude suggèrent que des recherches régulières parmi les migrants étrangers sont nécessaires pour améliorer les connaissances sur la dynamique de la migration au Tadjikistan et son impact sur les migrants et la santé publique.

**Mots-clés :** ressortissants étrangers, travailleurs migrants, santé des migrants, accès aux soins de santé, Tadjikistan

## **Состояние здоровья и потребности в области здравоохранения трудовых мигрантов в Таджикистане : индивидуальные, общинные, социальные и правовые аспекты.**

### **Аннотация**

В статье представлены результаты исследований, проведенных в Республике Таджикистан в 2012-2013 годах среди иностранных трудовых мигрантов из Исламской Республики Афганистан, Китайской Народной Республики, Исламской Республики Иран, Турецкой Республики и Республики Узбекистан. Исследование подтверждает, что мигранты испытывают различные уровни уязвимости к проблемам здравоохранения в зависимости от их правового статуса, условий труда и жизни, а также в зависимости от объема знаний о своем праве на здоровье, о барьерах, с которыми они могут столкнуться в плане доступа к медицинскому обслуживанию и уровня интеграции в принимающем обществе. Ограниченное трансграничное сотрудничество между Республикой Таджикистан и странами происхождения трудовых мигрантов и отсутствие системы мониторинга состояния здоровья мигрантов оказывают негативное воздействие на надлежащее управление здоровьем мигрантов как с точки зрения принимающих, так и направляющих стран. Политический обзор Республики Таджикистан показал, что страна приняла и ратифицировала ряд международных и национальных документов, гарантирующих равные права и доступ иностранных граждан к услугам здравоохранения в Таджикистане. Несмотря на экономические трудности страны и ограниченное финансирование системы здравоохранения, правительство Таджикистана прилагает усилия для удовлетворения потребностей в области здравоохранения иностранных граждан, проживающих в стране, предоставляя доступ к медицинским услугам, например бесплатное лечение туберкулеза и антиретровирусную терапию. В то же время рекомендуется международная поддержка в укреплении системы здравоохранения в ответ на потребности иностранных трудовых мигрантов, содействие сотрудничеству между направляющими странами и Таджикистаном и оказание технической поддержки в разработке трансграничных механизмов по укреплению здоровья мигрантов. Результаты исследования свидетельствуют о том, что для улучшения знаний о динамике миграции в Таджикистане и его воздействии на общественное здоровье очень важно регулярное исследование состояния здоровья иностранных мигрантов.

**Ключевые слова** : иностранные граждане, трудящиеся-мигранты, здоровье мигрантов, доступ к здравоохранению, Таджикистан