TAJIKISTAN

BURDEN OF CANCER

Total population (2019)

9,321,023

Total # cancer cases (2018) **5,568**

Total # cancer deaths (2018)
4,020

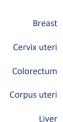
Premature deaths from NCDs (2016)

12,792

Cancer as % of NCD premature deaths (2016)

22.6%

Most common cancer cases (2018)

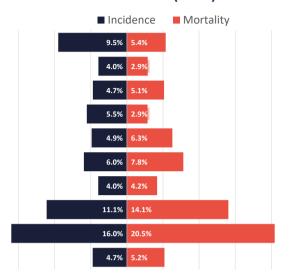


Lung

Non-Hodgkin lymphoma

Oesophagus Stomach

Brain, CNS



27.3%

UV (2012)°

0.8%

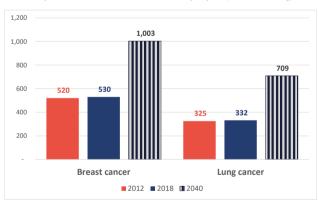
Occupational risk

(2017)^a

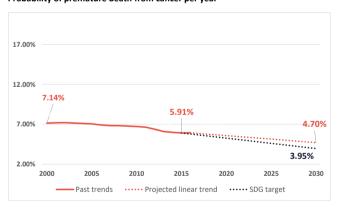
PAFS (population attributable fractions) Tobacco (2017)^a Alcohol (2016)^a Alcohol (2016)^a Infections (2012)^b Obesity (2012)^b PAF, cancer deaths PAF, cancer cases PAF, melanoma cases

TRENDS

Estimated past and future trends in total cases per year (breast and lung)



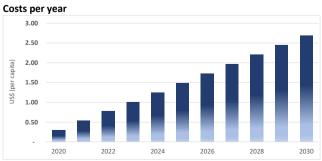
Probability of premature death from cancer per year

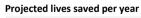


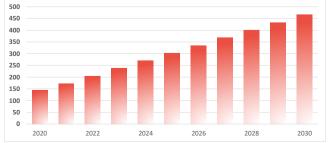
INVESTMENT CASE (2019)

*Low income

At this income level, investing in a package of essential services and scaling-up coverage will:







Other childhood cancer

TAJIKISTAN

| * per 10,000 cancer patients | | | MODEODCE | | |
|--|-----------|-----------------------|--|-----------|---------------------|
| Availability of population-based cancer registry (PBCR)** | 2019 | Registration activity | workforce a per 10,000 concer patients | | |
| Quality of mortality registration*** | 2007-2016 | Low | Available staff in Ministry of Health who dedicates significant proportion of their time to cancer | 2019 | yes |
| # of external beam radiotherapy | | | # of radiation oncologist ^a | 2019 | n/a |
| (photon,electron) ^a | 2019 | 1.8 | # of medical physicist ^a | 2019 | n/a |
| # of mammographs ^a | 2020 | 9.0 | # of surgeons ^a | 2014 | 2350.9 |
| # of CT scanners ^a | 2020 | 18.0 | # of radiologist ^a | 2019 | n/a |
| # of MRI scanners ^a | 2020 | 12.6 | # of nuclear medicine physician ^a | 2019 | 0.0 |
| # of PET or PET/CT scanners ^a | 2020 | 0.0 | # of medical & pathology lab scientists ^a | n/a | n/a |
| FORMULATING RESPONSE | | | | | |
| Integrated NCD plan | 2019 | operational | # Public cancer centres per 10,000 cancer patients | 2019 | 3.6 |
| NCCP (including cancer types) | 2019 | n/a | Early detection programme/ guidelines for 4 cancers (breast, cervix, colon, childhood) | 2019 | 0 cancer(s) |
| MPOWER measures fully implemented and achieved | 2018 | 1 | Pathology services | 2019 | generally available |
| Cancer management guidelines | 2019 | yes | Bone marrow transplantation capacity | 2019 | generally available |
| Palliative care included in their operational, integrated NCD plan | 2019 | yes | Palliative care availability: community/home-based care | 2019 | generally available |
| # of treatment services (surgery, radiotherapy, chemotherapy) | 2019 | 2 | Availability of opioids* for pain management | 2015-2017 | 6 |
| Breast cancer screening program | 2019 | no | *Defined daily doses for statistical purposes (S-DDD) per miliion inhabitants per day | | |
| Breast cancer screening program: Starting age, target population | 2019 | n/a | | | |
| GLOBAL INITIATIVES | | | | | |
| Elimination of Cervical Cancer | | | Global Initiative for Childhood Cancer | | |
| HPV vaccination programme coverage | 2018 | n/a | Annual cancer cases (0-14 years old) | 2020 | 378 |
| Cervical cancer screening | 2019 | no | Early detection programme/guidelines | 2019 | no |
| Screening programme type | 2019 | n/a | Defined referral system | 2019 | no |
| Screening programme method | 2019 | n/a | 4 | | |
| Screening participation rates | 2019 | n/a | Annual cancer cases (0-14 years old) | | |
| Early detection programme/guidelines | 2019 | no | | | |
| Defined referral system | 2019 | no | | ■ Acute | lymphoid leukaemia |
| | 2013 | 110 | 112 | ■ Hodgk | in lymphoma |
| | | | | ■ Burkit | t lymphoma |
| | | | 202 | CNS, I | ow grade tumours |
| | | | 19 | ■ Retino | blastoma |
| | | | 12 | Wilms | tumour |

^{**}The incidence estimates for this country have a high degree of uncertainty because they are not based on population based cancer registry
***The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data