

Country Briefs: Social Health Protection and Health Financing Reforms

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BRIEFING NOTE: TAJIKISTAN

Health care in Tajikistan remains largely dependent on publicly funded free health services; however, efforts are being made to gradually introduce a statutory health insurance scheme that would provide a defined package of benefits with copayments for some services.

After gaining independence in 1991, Tajikistan experienced a period of political turmoil and was severely impacted by a five-year civil war that broke out in 1992. A period of economic growth began in the early 2000s, including a considerable increase in the total expenditure on health from 4.3% of gross domestic product (GDP) in 2000 to more than 7.1% of GDP in 2019 (1). However, the total health expenditure per capita remains one of the lowest in the Commonwealth of Independent States (CIS), estimated at just around US\$ 251 (purchasing power parity, PPP) in 2019 (1).

Underfunding has limited the health system's capacity to respond to population needs with reported shortages in workforces, equipment, and facilities (2)(3). Geographic distribution of health resources has also been unequal, concentrated primarily in urban areas, while the population of Tajikistan remains predominantly rural (2).

As a result, the population of Tajikistan has experienced significant gaps in access to health care, caused not only by the limited availability of services, but also by a lack of financial protection (4)(3). While the publicly funded system was supposed to ensure free access to the services provided at public health facilities, private and informal payments have been widespread (4). Out-of-pocket payments accounted for as much as 79% of total health spending in 2000, then gradually declined to 62% in 2013, before rising to more than 71% in 2019 (1).

Since 2005, attempts have been made to launch a basic benefits package and a statutory health insurance programme to guarantee equitable access to a partly or fully subsidized package of services, but the implementation has been postponed several times (4)(2). In preparation for the reform, the government worked on strengthening and restructuring the primary health care system, introducing a capitation-based financing approach, expanding the institutional capacity of public health providers, working with development partners on improving service delivery and availability and implementing a range of pilot projects and programmes (4). Some important improvements were achieved and there has been a substantial increase in life expectancy – from 59.7 years in 1997 to 71.1 in 2019 (5). However, maternal and child mortality remain comparatively high, and there is also a growing burden of non-communicable diseases (5).

By 2019, a basic benefits package programme had been rolled out in 19 regions of Tajikistan (out of 62 regions), covering around 21% of the population (6)(2). The basic benefits package entitles all residents in those regions to free emergency care, free basic preventative and primary care, free basic diagnostic testing, and free specialist consultations upon referral (6). Copayments of 50% (with referral) to 70% (without referral) are required for other health services, except for vulnerable population groups (including the poor, infants and adults over 80) who are exempt from user fees (6). In the regions where the basic benefits package is not active, the existing regulations mandate a State Guaranteed Benefits Package that provides a similar package of benefits but requires higher copayments for service sought on referral – 80%. The cost of services accessed without referral is paid in full by the patient (6).

In addition, the government has been planning the introduction of mandatory health insurance for 2022, but the details of this scheme have not yet been elaborated (2). The National Development Strategy of Tajikistan through the year 2030 identifies the integration of health insurance as one of the priority action areas for improving population health and longevity (7).

BRIEFING NOTE: UZBEKISTAN

Since its independence in 1991, Uzbekistan has been operating a state-run health care system with a publicly financed package of benefits (8). The package guarantees free access to a list of essential health services to all citizens of Uzbekistan and also offers a list of complimentary services to specified vulnerable population groups at different levels of care (also provided free of charge) (8).

Over the past two decades, several reforms have been implemented to strengthen the health system's capacity to effectively provide health care to the population. As part of the reforms, investments have been made in upgrading the health care infrastructure, passing laws and decrees to better regulate the work of public and private health institutions, strengthening primary and emergency health care, launching several programmes to improve medical education and training, creating specialized clinics and medical research centers and making efforts to modernize secondary- and tertiary-level health facilities.

Between 2000 and 2019, the life expectancy at birth continued to grow – from 67.2 to 71.6 years (5). Substantial reduction in maternal and child mortality was achieved, though those rates remain comparatively high with a clear need for more effort (9). There is also a growing need to strengthen the national response to non-communicable diseases (10) and certain communicable diseases (e.g. HIV/AIDS and multidrug-resistant tuberculosis) that remain a risk to the population (9).

One of the constraints on the health system has been financing, as the total health expenditure in Uzbekistan has remained lower than in the majority of other CIS countries, averaging around 5.2% of GDP between 2000 and 2019 (1). The share of the government budget allocated to health grew between the early 2000s and 2012 but has since declined, leading to an increase in out-of-pocket payments (1). Currently, these payments account for the largest share of health funding in Uzbekistan.

Many health services are currently not covered by the state-guaranteed benefits package, which hinders effective financial protection and access to care for the majority of the population (9). In addition, while service availability has improved over the past decades, challenges remain, especially in remote rural areas.

In 2018, Presidential Decree No. 5590 approved the Concept of Health System Development in the Republic of Uzbekistan for 2019–2025. One of the overarching goals of the concept is to improve health financing and the organization of health care to achieve equal access to medical care, financial security and a fair distribution of resources. The concept further sets an objective to gradually introduce a compulsory medical insurance in Uzbekistan and to create a national medical insurance fund to accumulate and distribute financial resources for the needs of health care (11). As part of the ongoing reforms, an expanded package of benefits is being piloted in the Syrdarya region (9). The government has been investing in further strengthening the primary health care system and improving the coverage of preventive screening programmes. In addition, there has been a gradual adoption of telemedicine and eHealth solutions to increase the efficiency and reach of health services, with several major projects piloted in 2020 and 2021 (9).

References

- [1] Global Health Expenditure Database [online database]. Geneva: World Health Organization (<https://apps.who.int/nha/database/Select/Indicators/en>, accessed 11 February 2022).
- [2] Health-related SDG targets in Tajikistan: implementation of policies and measures to achieve SDG health-related targets. Copenhagen: WHO Regional Office for Europe, 2020 (https://www.euro.who.int/__data/assets/pdf_file/0010/459946/Health-related-SDG-targets-in-Tajikistan-eng.pdf, accessed 5 April 2022).
- [3] Yaroslavsky N. A Closer Look at Healthcare in Tajikistan,” Borgen Magazine. 3 September 2021 (<https://www.borgenmagazine.com/healthcare-in-tajikistan>, accessed 5 April 2022).
- [4] Khodjamurodov G, Sodiqova D, Akkazieva B, and Rechel B. Tajikistan: health system review. Copenhagen: WHO Regional Office for Europe; 2016 (<https://apps.who.int/iris/handle/10665/330246>, accessed 3 April 2022).
- [5] WHO Global Health Observatory. Geneva: World Health Organization (<https://www.who.int/data/gho>, accessed 11 February 2022).
- [6] Neelsen S, Egamov F, Dorgabekova H, and Madeville K. Review of Public Health Expenditure in the Republic of Tajikistan: Discussion Paper. World Bank: Washington, DC, July 2021 (<https://openknowledge.worldbank.org/handle/10986/36125>, accessed 5 April 2022).
- [7] Национальная Стратегия Развития Республики Таджикистан на Период до 2030 Года. 2016. (<https://andoz.tj/docs/strategy/1.%D0%9D%D0%B0%D1%86%D0%B8%D0%BE%D0%BD%D0%B0%D0%BB%D1%8C%D0%BD%D0%B0%D1%8F%20%D1%81%D1%82%D1%80%D0%B0%D1%82%D0%B5%D0%B3%D0%B8%D1%8F%202030.pdf>, accessed 5 April 2022).
- [8] Azimov R, Mutalova Z, Huseynov S, Tsoyi E, and Rechel B. Uzbekistan: health system review. Copenhagen: WHO Regional Office for Europe, 2014 (<https://apps.who.int/iris/handle/10665/151960>, accessed 3 April 2022).
- [9] Robinson S. Health Systems in Action: Uzbekistan. Copenhagen: WHO Regional Office for Europe and European Observatory on Health Systems and Policies, 2021 (https://d2s5011zf9ka1j.cloudfront.net/sites/default/files/2022-03/Uzbekistan%20report%20by%20Eur%20Observatory_eng.pdf, accessed 3 April 2022).
- [10] Farrington J, Kontsevaya A, Small R, Ermakova Y, Kulikov A, Gamgabelii L, et al. Prevention and control of noncommunicable diseases in Uzbekistan: the case for investment. Copenhagen: WHO Regional Office for Europe, 2018 (<https://www.euro.who.int/en/countries/uzbekistan/publications/prevention-and-control-of-noncommunicable-disease-in-uzbekistan.-the-case-for-investment-2018>, accessed 7 April 2022).
- [11] Presidential Decree No. 5590 on Comprehensive Measures for Improvement of the Healthcare System of the Republic of Uzbekistan. 2018 (<https://lex.uz/docs/4096199#4099852>, accessed 7 April 2022).