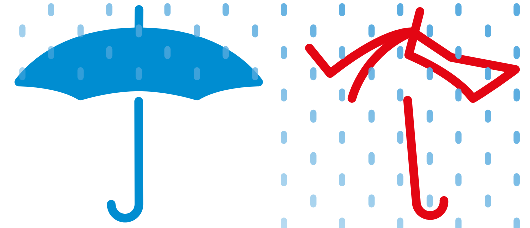
World Health Organization

European Region



Can people afford to pay for health care? New evidence on financial protection in Tajikistan

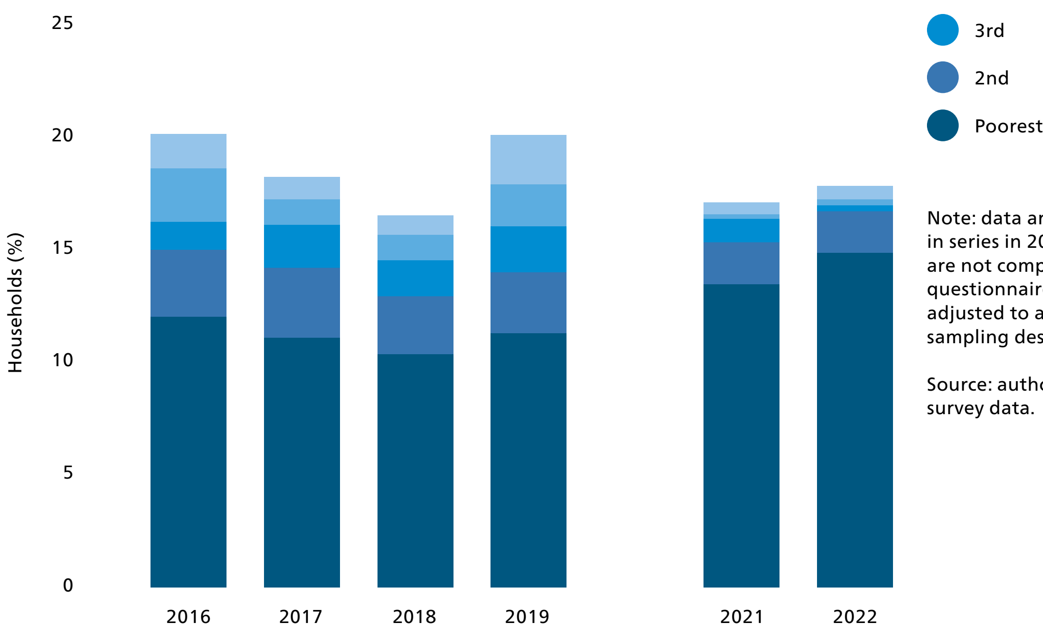
This summary report assesses the extent to which people in Tajikistan experience financial hardship when they use health services and pay out of pocket. Analysis of financial protection usually includes data on unmet need for health care, but these data are not available for Tajikistan. The report draws on microdata from household budget surveys carried out by the Statistical Agency under the President of the Republic of Tajikistan from 2016 to 2019 and 2021 to 2022. Its key findings are as follows.

In 2022 18% of households experienced catastrophic health spending (Fig. 1). Most of these households were also impoverished or further impoverished after spending out of pocket on health care (data not shown).

Households in the poorest consumption quintile are consistently most likely to experience catastrophic health spending (Fig. 1). Catastrophic health spending is also more likely to occur in households that include at least one person aged over 65 years or are headed by an unemployed person (data not shown).

The health services most likely to lead to catastrophic health spending are outpatient medicines and, to a lesser extent, inpatient care (Fig. 2).

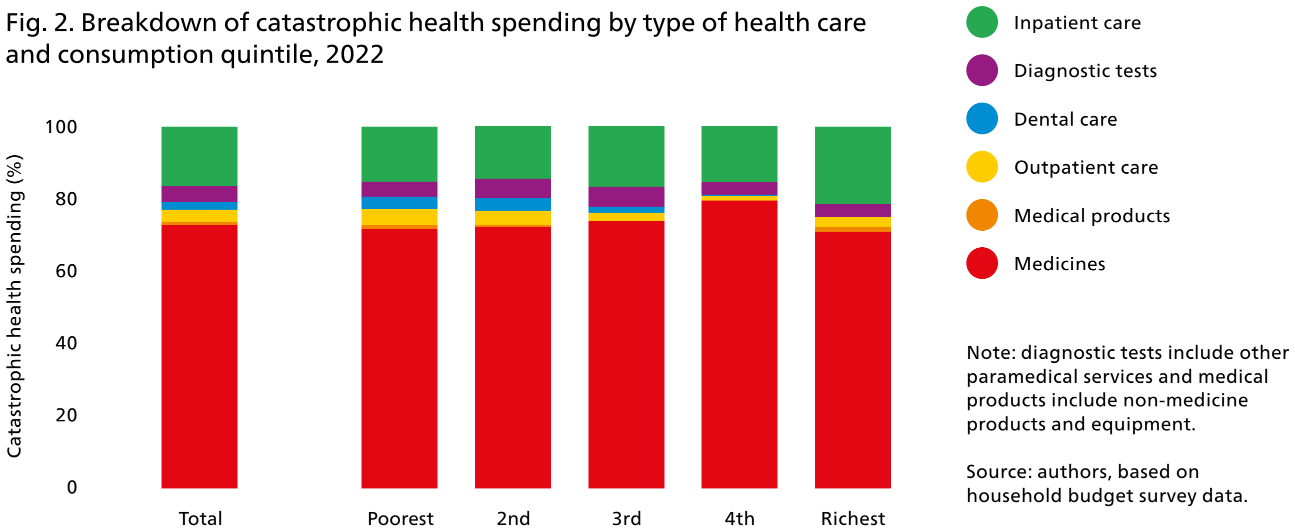
Fig. 1. Share of households with catastrophic health spending by consumption quintile



Note: data are not available for 2020. Break in series in 2021; data before and after 2021 are not comparable due to changes in the questionnaire. Results for 2016 to 2019 were adjusted to address issues with the survey sampling design.

Source: authors, based on household budget survey data.

Fig. 2. Breakdown of catastrophic health spending by type of health care and consumption quintile, 2022



Note: diagnostic tests include other paramedical services and medical products include non-medicine products and equipment.

Source: authors, based on household budget survey data.

How does Tajikistan compare to other countries?

The incidence of catastrophic health spending in Tajikistan is one of the highest in Europe (Fig. 3). It is heavily concentrated in households with low incomes and mainly driven by out-of-pocket payments for outpatient medicines – in common with most other countries with weak financial protection (Fig. 4) (WHO Regional Office for Europe, 2023a).

What undermines financial protection in Tajikistan?

The out-of-pocket payment share of current spending on health in Tajikistan (64% in 2021) is among the highest in Europe and central Asia (WHO, 2024). This not only leads to financial hardship but is also likely to prevent some people from seeking health care, resulting in unmet need.

Heavy reliance on out-of-pocket payments is a direct result of low levels of public spending on health (2% of GDP in 2021) (WHO, 2024).

It also reflects significant gaps in health coverage. Since 2007, Tajikistan has been expanding access to a publicly financed benefits package, which provides all citizens with access to basic primary care and emergency services that are free at the point of use (WHO, 2023b). Some specialist health services are also free at the point of use, but only for people who meet specific social, age and disability criteria and people with certain health conditions; the rest of the population must pay high percentage co-payments for covered specialist care (80% of the price). The benefits package excludes many other types of care – for example, essential primary care services such as diagnostic tests and outpatient prescribed medicines.

Due to underfunding of publicly financed health care, informal and other direct payments accounted for 47% of the revenue of health facilities in 2018, while formal co-payments accounted for 6% (Neelsen et al., 2021). In 2016 nearly half of all households who used publicly financed health care in the previous 12 months reported making informal payments or gifts to providers (Neelsen et al., 2021). This indicates that the introduction of co-payments has not led to widespread formalization of out-of-pocket payments.

How can Tajikistan improve financial protection?

To strengthen financial protection, the Government should focus on reducing the health system's very heavy reliance on out-of-pocket payments and expanding the benefits package for primary care.

Public spending on health as a share of the government budget (7% in 2021) is low compared to other countries in eastern Europe and central Asia (WHO, 2024). More government spending should be allocated to health to improve access to comprehensive primary care services, including better access to outpatient prescribed medicines and diagnostic tests for the whole population.

The benefits package should be reviewed and adjusted to reflect population health needs and the cost-effectiveness of services. A wider range of clinically effective services and essential medicines should be added to the benefits package for the general population, with no co-payment (or minimal fixed co-payments). Less effective services should be excluded from the benefits package.

Efforts should be made to raise awareness among the population regarding their entitlements, so that people do not pay more than they should for services that they are eligible to receive for free or at low cost.

The list of groups eligible for exemption from co-payments for specialist care should be revised. Groups of people who would benefit from greater protection against out-of-pocket payments include frequent users of health care,

Fig. 3. Incidence of catastrophic health spending and the out-of-pocket share of current spending on health in Europe and central Asia, 2019 or the latest available year before COVID-19

Notes: data on catastrophic health spending and out-of-pocket payments are for the same year except in Tajikistan, where the out-of-pocket payment data are for 2021 (latest available year) and data on catastrophic health spending are for 2022. The colour of the dots reflects the incidence of catastrophic health spending: green < 2%, yellow < 5%, orange < 10%, red < 15%, dark red over 15%. Netherlands (Kingdom of the) cannot be compared to other countries because the Dutch household budget survey does not include the annual deductible amount households pay out of pocket for covered health care, biasing the results downwards. See page 4 for country codes.

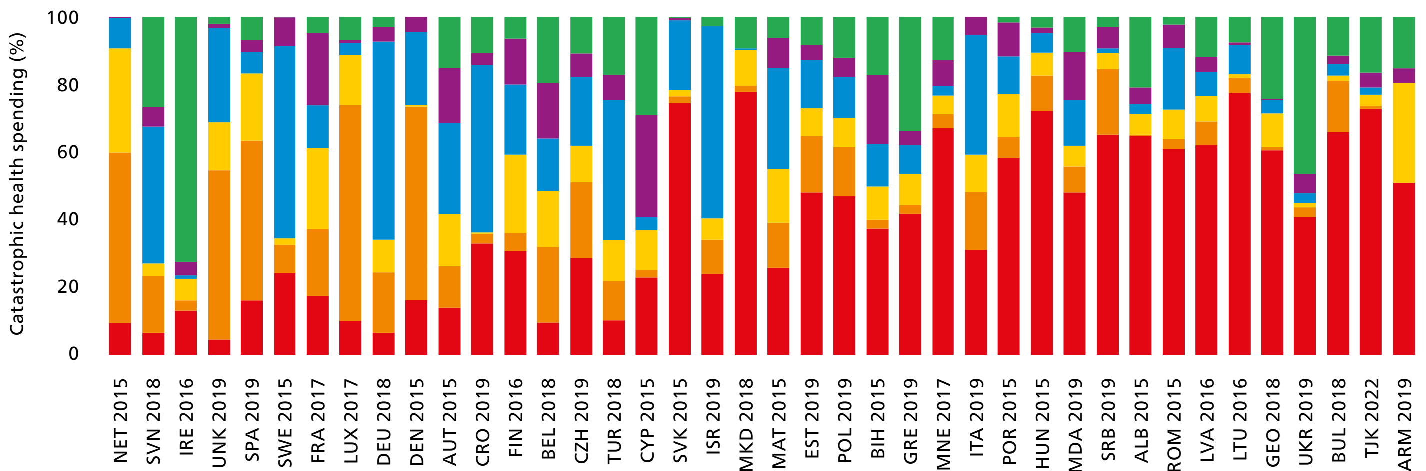
Source: data on catastrophic health spending are from UHC watch (WHO Regional Office for Europe, 2024) and data on out-of-pocket payments are from WHO (2024).

Fig. 4. Breakdown of out-of-pocket payments in households with catastrophic health spending in Europe by type of health care, 2019 or the latest available year before COVID-19

Inpatient care
Outpatient care
Diagnostic tests
Medical products
Dental care
Medicines

Notes: countries ranked from left to right by incidence of catastrophic health spending. See the note on Netherlands (Kingdom of the) in Fig. 3. Data on catastrophic health spending for Tajikistan are for 2022. See page 4 for country codes.

Source: WHO Regional Office for Europe (2023a).



households with low incomes and children and older people who are not already exempt from co-payments.

A recent Decree of the President of the Republic of Tajikistan prohibited cash-based payment for publicly financed health care as of August 2023; instead, payments must be made electronically, using bank cards. Additional steps should be taken to reduce provider dependence on informal payments. This can be achieved through a multi-pronged approach that includes increasing public spending on health, improving the design of the benefits package and strengthening health care purchasing arrangements.

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Monitoring financial protection in Europe

This study is part of a series of country reports generating new evidence on financial protection – affordable access to health care – in health systems in Europe and central Asia. Financial protection is central to universal health coverage (UHC), an indicator of the Sustainable Development Goals, part of the European Pillar of Social Rights and at the centre of the European Programme of Work, WHO/Europe's strategic framework. WHO/Europe monitors financial protection in over 40 countries through the WHO Barcelona Office for Health Systems Financing. See UHC watch for data, analysis and other resources.

Countries

ALB: Albania; ARM: Armenia; AUT: Austria; BEL: Belgium; BIH: Bosnia and Herzegovina; BUL: Bulgaria; CRO: Croatia; CYP: Cyprus; CZH: Czechia; DEN: Denmark; DEU: Germany; EST: Estonia; FIN: Finland; FRA: France; GEO: Georgia; GRE: Greece; HUN: Hungary; IRE: Ireland; ISR: Israel; ITA: Italy; LTU: Lithuania; LUX: Luxembourg; LVA: Latvia; MAT: Malta; MDA: Republic of Moldova; MKD: North Macedonia; MNE: Montenegro; NET: Netherlands (Kingdom of the); POL: Poland; POR: Portugal; ROM: Romania; SRB: Serbia; SVK: Slovakia; SVN: Slovenia; SPA: Spain; SWE: Sweden; SWI: Switzerland; TJK: Tajikistan; TUR: Türkiye; UKR: Ukraine; UNK: United Kingdom.

WHO Barcelona Office for Health Systems Financing

The WHO Barcelona Office is a centre of excellence in health financing for universal health coverage. The Office works with Member States across WHO's European Region to promote evidence-informed policy making. It is also the home for WHO training courses on health financing and health systems strengthening for better health outcomes. A key part of the work of the Office is to assess country and regional progress towards universal health coverage by monitoring financial protection. The Office also provides tailored technical assistance to countries to reduce unmet need and financial hardship by identifying and addressing gaps in coverage. Established in 1999, the office is supported by the Government of the Autonomous Community of Catalonia, Spain. It is part of the Division of Country Health Policies and Systems of the WHO Regional Office for Europe.

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