

Concept Note

Development of Health Financing capacities in Tajikistan

Through the Health Financing Course by WHO Regional Office for Europe

1. Project Background

The German Development Cooperation is part of the international P4H Social Health Protection Network, a partnership between major bi- and multilateral investors in Universal Health Coverage (UHC). The network includes, among others, the World Health Organization (WHO).

The Gesellschaft für internationale Zusammenarbeit (GIZ), through the Sector Project “P4H” (SP P4H) implements a direct contribution by the German Government to strengthen the network and its work. In line with the GIZ’s overall mission, the SP P4H focuses on capacity building for successful UHC reform – including capacities of policy frameworks, implementing organizations and acting individuals.

The SP P4H has been working on these issues in close alignment with the WHO and the World Bank / World Bank Institute (WBI) and, as well as other partners. In 2012, the SP P4H concluded Financing Agreements with both WHO and WBI to conduct several training activities for practitioners and teaching staff.

In September 2013, the BMZ allocated unspent finances of the European Development Fund to the SP P4H for the purpose of conducting additional activities for UHC capacities in partner countries. Therefore, the SP P4H aims to expand the scope of the previous agreement with WHO to conduct a country specific health financing training in Tajikistan under the umbrella of P4H.

2. Background: Health Financing in Tajikistan

Tajikistan inherited the classic promise of the former Soviet Union countries to provide nearly all health care to the population at no charge at the point of access. Having been the poorest of Soviet republics (and as one of the 20 poorest countries in the world until today), public funding for health care collapsed after independence in 1991 and the situation was aggravated through several years of civil war. In the following years of transition, private out-of-pocket payments have increasingly filled the health-financing gap. In Tajikistan, for a long time this increase of out-of-pocket payments did not trigger governmental activity for change to ensure better financial protection and foster equity.

In 2011, public expenditure on health was 1.7% of GDP whereas private expenditure was 4.3% of GDP, which means that public share was below 30% of the total amount. The share of private expenditure on health still remains high, although there can be seen a declining trend over the past five years. External funds made up around 7-9% of THE on average during 2007-2011.

Since 2003 the government has become more proactive with regards to health financing policy and reform. Based on the initiative of MoH and MoF, a Strategy of Health Care Financing 2005–2015 was developed. This document was finalized and approved by the Government in May 2005.

Further, health financing being one of the four pillars of the Tajik National Health Strategy 2010-2020 it is recognized by the government as a major area of work and needed reform in the national health care system.

In the past years there has been some progress made. Raising the salaries of health workers, a new methodology to calculate the reimbursement rates for PHC, the further development and improvement of the „Basic Benefit Package“ to ensure financial protection of the population and the installation of National Health Accounts as a continuous monitoring instrument are examples of the achievements so far. The results are monitored and documented by the joint annual review of the Health Strategy implementation (for a more detailed description please refer to the JAR 2011-2012 report).

Despite these positive results, the overall implementation of reform measures in Tajikistan is extremely slow and often stagnating for extensive periods of time.

The continuous challenges on country level are on the one hand the limited capacity of the MoH which is understaffed and underfinanced. Further, the relation between MoH, MoF and the local authorities (oblast level) is rather strained than collaborative. Despite some ongoing inter-ministerial dialogue, there is a lack of trust, common understanding and language to foster reform implementation. The knowledge on sector specifics is missing in the MoF which makes it difficult to explain, discuss and find solutions regarding possible reform options suggested by MoH in cooperation with the DPs.

One example of such discordance is the law on mandatory health insurance which was approved in 2008. The implementation became stagnant due to technical difficulties but also mostly due to the skepticism of MoF concerning changes in the institutional structures. As a result of a missing compromise the implementation work was postponed up to 2015.

3. Aim of the course in Tajikistan

To foster the progress of reform and national strategy implementation, a corner stone is considered to be capacity development. Apart from technical questions which remain to be solved in the future, it seems crucial to work on the cross-sectoral dialogue between the ministries involved (especially MoH and MoF). The dialogue so far remains limited by the lack of a common understanding and needs further strengthening and development.

Measures are specifically needed to improve the working relationship at this crucial interface MoH and MoF to allow the system to move forward.

4. Content, timing and design of the course

The WHO Euro course on Health Financing will provide basic introduction to effective policy instruments to improve health system performance through better health financing policy. The overarching theme of the course is moving towards and sustaining a universal coverage of the population. The course is built around modules and will be tailored to the country specific demand.

Apart from the technical topics on health system functions including service delivery, health financing, the course should be targeted at the current obstacles in the country specific reform process. Therefore the issues of political process and collaboration among governance structures will be reflected in the course design.

Apart from lecture inputs the course will contain interactive group work sessions where the participants will work on their current system challenges. Therefore the context of the course will be tailored for Tajik environment and use an interactive approach to allow for exchange and relation building.

The WHO Euro office will be responsible for the design and content of the course in consultation with the country structures. The course should take 5 days and take place in the first quarter of 2014. The course will be held in English with simultaneous translation to Russian.

5. Participants

At least 30 representatives from the MOF, MOH, Ministry of Social and Labor Affairs, Parliamentarians, local authorities as well as provider representatives will participate. Participants' level is envisaged to be at the level of deputy ministers, heads of relevant departments and directors of large hospitals. The selection of participants will be done by MoH in consultation with WHO country office.

The participation of development partners involved in the area of health financing is encouraged as to foster a common understanding not only among national structures but also to harmonize the technical support provided.

6. Trainers

The trainers will be selected by WHO Euro in consultation with the country office and the MOH of Tajikistan. The involvement of the Tajik State Medical University is encouraged. As such a mix of local/regional and international trainers should be provided (WHO staff plus international expert).

7. Funding

Core funding for the course will be provided by the GIZ Sector Project P4H through a Grant Agreement with WHO Headquarters. Additional supplementary funding might be provided by development partners engaged in the sector.

8. Logistics and technical support

The technical support to the design of the course will be provided by the WHO country office TJK, the German Sector Project P4H, the GIZ Regional Health Program country office, as well as other P4H partners on country level.

The WHO country office will be responsible for the logistical organization of the course.