Guaranteed Medical Services

International Labour Office

Tajikistan

The Guaranteed Medical Services (GMS) pilot programme serves as the main instrument to deliver healthcare in Tajikistan. It is a State guarantee for a basic package of healthcare services, provided free of charge to some vulnerable groups of people and on the basis of co-payments to others in pilot regions. The pilot regions include 19 districts and cities and have a population of 1.5 million people or 17 per cent of the total population. The benefit package mainly includes emergency medical care, primary healthcare, specialized healthcare at an outpatient level, hospital-based care and birth assistance.

The GMS pilot programme is a product of intensive work carried out in recent years to reform and modernize the healthcare sector in Tajikistan. It aims to improve the effectiveness and outreach of healthcare services, universalize coverage by bringing more people into the healthcare system and reduce out-of-pocket payments.

A new Compulsory Medical Insurance scheme, which is planned to be implemented, is expected to deliver better financial protection for beneficiaries and improve the quality of healthcare.

The Recommendation on Social Protection Floors, 2012 (No. 202) stipulates establishing basic social security guarantees to ensure access to essential healthcare and income security for all, including children, people of working age and older persons.

The Sustainable Development Goal 1.3, part of the UN 2030 agenda, aims to implement nationally appropriate social protection systems and measures for all, including floors, supported by the Universal Social Protection partnership (USP2030).

This brief presents a successful experience of a country in extending social protection.

Main lessons learned

- In a country where many people especially in remote mountainous areas still use traditional medical care, a basic healthcare package such as GMS can help to increase access to public healthcare facilities.
- Since its inception, GMS has been gradually expanded to different regions of the country and is planned to eventually cover the whole country (i.e. all 58 districts). This shows that universal healthcare coverage can be achieved progressively in lower-middle income countries in line with their expanding fiscal capacity.
- Out-of-pocket (OOP) expenditure in Tajikistan remains high, at 62 per cent of the country's total health expenditure. This highlights the need to establish a sustainable mechanism that would financially protect and allow all people, especially the poor, to use medical care. This can be achieved through the provision of free, subsidized basic healthcare and introduction of the Compulsory Medical Insurance scheme.
- In addition to guaranteeing a package of basic healthcare services and ensuring financial protection, it is important to develop the supply-side infrastructure to increase utilisation of healthcare services.

1. Public Health Programmes in Tajikistan

The healthcare policy of Tajikistan aims to ensure people's access to affordable healthcare and quality nutrition, cultivate a healthy lifestyle and introduce high-tech medical services.

The Guaranteed Medical Services pilot programme currently serves as the main instrument of healthcare delivery in Tajikistan. A Law on Compulsory Medical Insurance (Law No. 408) was passed on the 18th of June 2008, however its implementation has been postponed several times. Most recently, it has been postponed to 2021 due to challenges in identifying the financing sources. Once implemented, it is expected to provide affordable primary and higher healthcare services as well as medicines to every insured person.

2. Guaranteed Medical Services programme

The programme was first developed in 2005 by the Ministry of Health[1] as the State Guarantee Benefit Package. At the time, it guaranteed free preventive health services as well as supplementary health services based on co-payments. In Tajikistan, the primary point of contact is the family doctor whose role is to provide basic health services and referrals for secondary and tertiary health services. The State Guarantee Benefit Package helped people to approach primary healthcare establishments rather than rely on traditional healers.

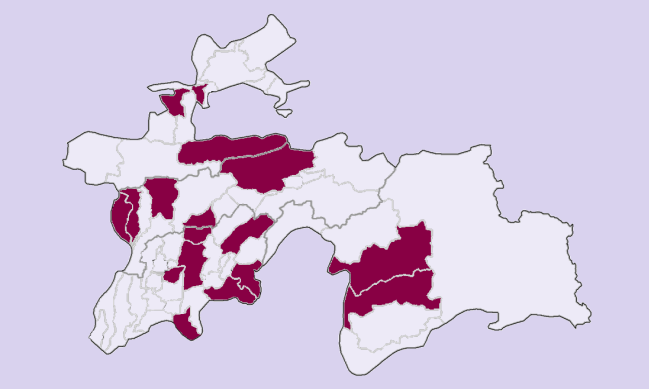
Since 2005, the State Guarantee Benefit Package has been reformed and expanded in stages. After its last phase of expansion in January 2017, the Guaranteed Medical Services programme currently covers 19 districts and cities including Nurek, Tursunzoda, Istaravshan, Dangara and Rasht (see Figure 1). It is planned to be implemented in other regions of the country over time.

Legal framework: The GMS programme is supported by the following main legislation:

- Healthcare Code No. 1413 dated 30.05.2017, which regulates the activities of public and private health service providers;
- Government Decree No. 90 dated 25.02.2017 on the "Programme of State Guarantees for Provision of Health Care in the Pilot Areas of the Republic of Tajikistan for 2017-19", which stipulates the eligible beneficiary groups and benefit package.[2]

Coverage: The GMS programme is currently being implemented in 19 districts and cities of Tajikistan. According to latest data, it covers 1,533,900 persons or 17 per cent of the total population (TajStat, 2015).

Figure 1: Coverage of GMS, 2018



Source: Government of the Republic of Tajikistan, 2017.

Healthcare services are provided either free of charge or on the basis of co-payments by patients.

The groups of people that qualify for free healthcare include war veterans, military personnel with disabilities, citizens affected by the Chernobyl incident, people with disabilities caused by employment-related injuries, children with disabilities and adults living with disabilities since childhood, children without parental care, infants, pregnant women undergoing regular health check-ups, low-income citizens and citizens over the age of 80. Children having common childhood diseases and patients suffering from leprosy, tuberculosis, AIDS and other specified illnesses are also entitled to free healthcare.

All other people in these geographical areas can receive healthcare services on the basis of co-payments.

Service delivery: In Tajikistan, healthcare services are provided at four levels; village, district or city, regional and national. At the village level, primary healthcare is provided by family doctors, paramedics, nurses and midwives in healthcare centres. At the district or city level, family doctors and specialists provide outpatient services. Secondary and tertiary healthcare services are provided at the regional and national levels. Family doctors play an important role in encouraging patients to approach the public medical system.

[1] As part of a healthcare sector reform, the Ministry of Health was transformed into the Ministry of Health and Social Protection of the Population in 2013-14.

[2] Previous decrees supporting the GMS programme spanned over a period of 2-3 years each, with the last decree being valid for the period 2014-16.

Benefit package: Under GMS, patients are entitled to emergency medical care, primary healthcare (including prevention, diagnosis, treatment and medical examination for conscripts), specialized healthcare at an outpatient level, medicines and vaccinations at an outpatient level, immunization, hospital-based care, childbirth assistance to pregnant women who have had regular examinations, dental care, assistive devices and rehabilitation for people with disabilities, sanitary and hygiene measures as well as anti-epidemic measures.

People suffering from some infectious diseases and common childhood illnesses are entitled to free medication and treatment under special programmes. Examples of these include the Global Fund to Fight AIDS, Tuberculosis and Malaria; Directly Observed Treatment, Short-course for Tuberculosis (DOTS) and Integrated Management of Childhood Illness (IMCI) to reduce child mortality and promote their well-being and growth.

Financing and operations: GMS is financed by the State budget and through co-payments by patients. The State health budget for 2018 stood at 2.3 per cent of GDP. Decree No. 90 makes provisions for additional financing whenever possible, from local executive bodies, international donors and other sources that are in harmony with national legislation.

The Ministry of Health and Social Protection of the Population oversees the programme.

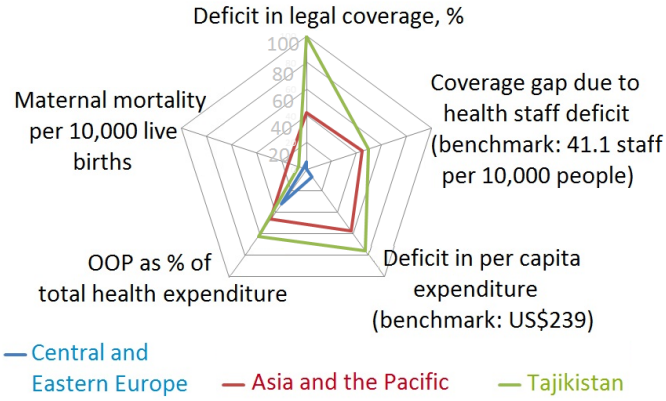
3. Health indicators in Tajikistan

According to Recommendation No. 202, universal health protection should be based on entitlements prescribed by law and constitute services that meet the criteria of availability, accessibility, acceptability and quality. Figure 2 shows five indicators used to measure the deficits in effective access to health care in Tajikistan, compared with the average for Central and Eastern Europe and Asia and the Pacific.

The GMS is not enshrined in law but promulgated by a Decree for the period 2017-19. The law on Compulsory Medical Insurance (Law No. 408) was passed on the 18th of June 2008, however it is yet to be implemented. There were 20.8 qualified doctors for every 10,000 people in 2015, about half the international benchmark.

In 2013, the total health expenditure amounted to 6.6 per cent of GDP, which constituted 1.9 per cent of public expenditures, 4.1 per cent of OOP expenses and 0.6 per cent of donor assistance. A large share of the total expenditure is made up of OOP, which can have devastating impacts on families as income levels are already low (ILO, 2018). The total per capita health expenditure in Tajikistan was US$ 193 and the per capita public health expenditure was estimated at US$ 58, which is below the international benchmark of US$ 239. One of the main challenges facing the healthcare sector in Tajikistan is long-term underfunding (WHO, 2015).

Figure 2: Effective access to health care



Source: ILO, 2017; WHO, 2015.

4. Challenges and way forward

Despite stipulating a package of basic healthcare services in the Decree, supply-side issues limit the effective access to healthcare. For example, medical equipment is often poorly maintained due to a lack of skilled workers, mountainous terrain covering most of the country makes travelling to health centres difficult and available medicines are of poor quality. Furthermore, the prices of medicines are not regulated, making essential medicines expensive.

Information about healthcare services is not easily available to the people. Steps are being taken to implement a modern information and communication technology system and to train family doctors in an effort to increase people's utilisation of primary healthcare. Above all, the major barrier lies in limited fiscal resources, leading to low public health expenditure and consequently, high OOP expenses by patients.

GMS currently covers 1.5 million people in the designated geographical areas or 17 per cent of the total population. The programme is being gradually expanded to other parts of the country. At the same time, measures are needed to establish a sustainable programme that would allow all people, especially the poor, to access quality and specialized medical care. This can be achieved through the introduction of the Compulsory Medical Insurance scheme.

REFERENCES

Asia-Plus. 2017. "President signs Tajikistan's first health care code", 30 May. Available at: https://news.tj/en/news/tajikistan/power/20170530/240406 [26 Apr. 2018].

Government of the Republic of Tajikistan. 2017. *Decree No. 90 dated 25.02.2017 on the Programme of State Guarantees for Provision of HealthCare in the Pilot Areas of the Republic of Tajikistan for 2017-2019* (Dushanbe).

ILO. 2018a. *Assessment-based National Dialogue on social protection in the Republic of Tajikistan* (Dushanbe).

—. 2018b. "Project Workspace for the Assessment-based National Dialogue on social protection in the Republic of Tajikistan". Available at: www.social-protection.org/gimi/gess/ShowProject.action?id=3053 [26 Apr. 2018].

—. 2017. *World Social Protection Report 2017-19* (Geneva).

Khodjamurodov, G.; Rechel, B. 2010. "Tajikistan: Health system review", in *Health Systems in Transition*, Vol. 12, No. 2, pp. 1–154. Available at: www.euro.who.int/__data/assets/pdf_file/0009/119691/E94243.pdf.

Ministry of Health of the Republic of Tajikistan. 2010. *National Health Strategy 2010-2020* (Dushanbe).

Ministry of Finance of the Republic of Tajikistan. 2010. *The Government Medium-Term Expenditure Framework for 2011-2013* (Dushanbe). Available at: http://minfin.tj/downloads/files/MTEFfinalTajikenglish.pdf.

WHO. 2015. *Global Health Expenditure Database*. Available at: http://apps.who.int/nha/database/

Social Protection Floors in Action: 100 success stories to achieve **Universal Social Protection** and **SDG 1.3**

This brief was written by Loveleen De and Artiom Sici, and reviewed by Satish Mishra of WHO, Yusuf Kurbonkhojaev of UNICEF and Jasmina Papa of ILO.

The Social Protection Floors in Action brief series is edited by Isabel Ortiz, Valerie Schmitt and Loveleen De, Social Protection Department, International Labour Organization (ILO).

For more information, contact: socpro@ilo.org

www.social-protection.org

INTERNATIONAL LABOUR OFFICE

4, route des Morillons
1211 Genève 22
Switzerland

Follow us on:

www.facebook.com/SPplatform
www.linkedin.com/company/social-protection-platform
www.twitter.com/soc_protection
www.youtube.com/user/ILOTV