

Social Protection Assessment-Based National Dialogue

Towards a Nationally Defined Social Protection Floor
in the Republic of Tajikistan

Artiom Sici and Grigorii Degtiarev produced this report
on behalf of the Social Protection Floor (SPF) Working Group in the Republic of Tajikistan

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Preface

The Republic of Tajikistan has been steadily developing based on effective national policies and strategies, as well as due to long-term social sustainability, institutional transformation, and socio-economic reforms.

In line with the 2030 Agenda for Sustainable Development, Tajikistan has adopted the National Development Strategy of the Republic of Tajikistan for 2016–2030 and the Mid-Term Development Programme of the Republic of Tajikistan for 2016–2020. These Strategies have been designed taking into account the outcomes of regular international and national consultations and dialogue, which have identified the priorities of Tajikistan’s development, and helped formulate the concepts and measures to achieve the established strategic goals of sustainable development, including in the social area.

The Decent Work Country Programme of the Republic of Tajikistan, 2015–2017, agreed between the tripartite partners of the Republic of Tajikistan and the International Labour Organization, includes a key priority of improving working conditions and enhancing social protection coverage through the introduction of social protection floors.

Social protection floors provide the basic social security guarantees throughout the life cycle for each member of the population. They ensure that all in need have access to essential health care and that working-age and older people are provided with a level of basic income security for children.

The ILO Social Protection Floors Recommendation, 2012 (No. 202), calls on countries to establish and maintain, in accordance with growing national social and economic capacities, social protection floors within strategies for the extension of social security coverage, as well as to ensure social security is provided for as many people as possible, guided by international standards.

The Constitution of the Republic of Tajikistan establishes the right of every person to occupational health and safety, unemployment protection, health protection, and care, in addition to social security for old age, sickness, invalidity, disability, survivors, as well as in other cases defined by law. The Concept of Social Protection in Tajikistan was adopted in 2006, with extensive and detailed social security laws being developed and continuously improved.

In 2017–2018, International Labour Organization in cooperation with the Ministry of Health and Social Protection of the Republic of Tajikistan, government bodies, social partners,

civil society, academics, and international organizations conducted the Assessment-Based National Dialogue on Social Protection Floors (ABND-SPF) in the Republic of Tajikistan.

The discussions and exchange of ideas helped participants of the Dialogue achieve a common understanding of the current social issues, identify gaps, and finally develop a series of proposals and recommendations aimed at strengthening social protection in the Republic of Tajikistan, providing social protection for all in need, and ensuring higher levels of social protection.

The assessment process was effective through technical consultations with relevant government organizations and institutions, workers' and employers' organizations, and UN agencies in the Republic of Tajikistan.

In the course of the broad national dialogue, the stakeholders identified a number of policy gaps and inconsistencies, determined the barriers to social protection, and proposed a number of strategies aimed at overcoming these barriers. In addition, the stakeholders made a comprehensive assessment of the current national social protection system and adopted the National Dialogue Recommendation with national priorities. Based on the ILO Rapid Assessment Protocol, future costs were estimated for various scenarios, including an increase in the minimum levels of social non-contributory benefits.

The objective of this study is to inform relevant government bodies and institutions, workers, employers, civil society, donor organizations, and the general public about the concepts of social protection floors and opportunities for their implementation in the Republic of Tajikistan.

I hope that the results of the Assessment-Based National Dialogue and the social policy recommendations provided in this report will be used as guidelines for a design of national social protection programmes in the Republic of Tajikistan.



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and Country Office for Eastern Europe and Central Asia

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The authors are grateful to the social partners including the Union of Employers, the Federation of Independent Trade Unions, civil society organizations, and colleagues from UN agencies who participated in the Working Group for the assessment of social protection floors in the Republic of Tajikistan.

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Executive summary

Highlights

- The Tajikistan civil war, which took place between 1992 and 1997, caused the death of tens of thousands of people, with many others being forced to leave the country. The national economy, as well as the social and cultural spheres, were severely damaged. Once peace had been established, the social and economic system in Tajikistan began to develop rapidly.
- In the early years of independence, Tajikistan used the Soviet model of social security based on a relatively wide coverage. Currently, Tajikistan has all nine social security branches covered by ILO Social Security (Minimum Standards) Convention, 1952, in place.
- Although the scope of social security coverage is broad, Tajikistan faces a number of challenges, including low levels of benefit payments, as well as a lack of social protection for labour migrants and informal workers. Additionally, the assistance that is provided is generally of a poor quality.
- The levels of public expenditure for social protection and health care are not sufficient to provide decent standards of living.
- Public awareness of social security and rights to social protection is relatively high; however in terms of this indicator, Tajikistan comes in at the last place among other countries of Eastern Europe and Central Asia.

Introduction

The Republic of Tajikistan has adopted the strategic documents which identify development priorities and targets and formulate the basic concepts and measures aimed at the achievement of sustainable development, including in social sector.

The main strategic document – the National Development Strategy for the period up to 2030 – sets the following priorities and guidelines: education; health care; employment; the reduction of inequalities; anticorruption efforts; food security and nutrition; efficient management; social protection; conflict prevention; energy security; environmental protection; and, finally, the control of demographic processes.

The purpose of the second document – the Mid-Term Development Programme for 2016–2020 – is to provide a degree of coherence and coordination to the sectorial and regional mid-term development programmes, as well as to ensure their consistency with

the National Development Strategy for the period up to 2030, and other strategic policy documents of the Government of the Republic of Tajikistan.

The country makes active efforts to develop new laws on social protection, with the existing social security system for all workers being transformed into the social protection system, which aims to target the most vulnerable persons in need. Social mechanisms are established with a focus on poverty reduction, increasing the wellbeing of the population, and creating a middle class. The Government is tasked with systematically increasing the level of social protection expenditures.

However, the State system of social protection has a number of issues. Firstly, it fails to ensure that people in need have access to basic income security and to essential health care; secondly, most beneficiaries receive a relatively low level of benefits, in addition to people having to pay out of pocket costs for health care; thirdly, social and health care services are generally of poor quality; fourthly, labour migrants and informal workers are not covered by the system of social protection; fifthly, the poverty rate is relatively high; and, finally, the administration of the social protection system is not efficient.

1. Social and economic context

Agriculture is the biggest sector in Tajikistan, comprising more than 1/4 of GDP in 2015. Smaller sectors include industry, trade, transport, communication and telecommunication, the service sector, and the construction sector.

GDP per capita was steadily growing in 2001–2014, with the exception of a minor decline in 2009. However, GDP per capita fell in 2015 and 2016, measuring USD 796 in 2016. Tajikistan is a low-income country.

Demographic situation

In 2016, the population of Tajikistan was 8.74 million people, of which 73.6 per cent lived in rural areas. Out of the total population, 4.34 million (49.8 per cent) were women and 4.38 million (50.2 per cent) were men. The average life expectancy at birth was 73 years and 7 months, with 71 years and 9 months for men, and 75 years and 7 months for women.

The population is growing due to high birth rates, with persons under the working age accounting for 34.42 per cent, persons of working age constituting 60.31 per cent, with the share of older persons being only 5.26 per cent of the total population.

Compared to global trends, Tajikistan has a favourable demographic situation with a moderately expanded reproduction where the annual population growth is more than two per cent. The average annual rate of population growth in Tajikistan is one of the highest in Eastern Europe and Central Asia.

Employment

Tajikistan has a big and still growing labour potential which will become a key factor in future economic growth in the medium term. In 2016, the working-age population (those aged between 15 and 75) in households made up 5.31 million, of which 2.55 million were men and 2.75 million were women. People are mainly employed in agriculture (45.8 per cent), in wholesale and retail trade, car and motorcycle repair activities (10.6 per cent), the construction sector (8.6 per cent), and the education sector (8.1 per cent).

According to the 2016 Labour Force Survey, the total employment in Tajikistan consists of 45.5 per cent of those self-employed, 34.8 per cent of employed workers, 10.7 per cent of employers, and 8.5 per cent of contributing family workers.

The information on informal employment in Tajikistan varies, with different sources indicating that informal work accounts for between 30 and 50 per cent of total employment, with most being in the agricultural sector. As accurate and reliable data on informal employment is not available, this assessment is based on the 2016 Labour Force Survey, which does not include data on the agricultural sector.

The labour market in the Republic of Tajikistan provides limited opportunities, in particular for women and part-time workers. This issue is especially prominent in rural areas. Youth employment raises concerns because young people comprise about 40 per cent of labour force, however their training and education do not always meet modern standards and requirements.

Limited opportunities in the labour market force many working-age people to leave their country for working abroad. In 2016, the number of labour migrants was 553,858, of which 526,787 (95.1 per cent) were men and 27,081 (4.9 per cent) were women. The primary reason for labour migration is the lack of well-paying jobs for high, middle, and low-skilled workers in Tajikistan. Most labour migrants leave to work in the Russian Federation.

Living standards

Since the early 2000, Tajikistan's poverty rate has been steadily declining. After 2012, the greatest success in poverty reduction has been achieved in the poorest regions of the country. The poverty rate in Tajikistan was 30 per cent in 2016. An increase in labour earnings accounted for half the poverty reduction, while remittances of labour migrants for about one third in the same metric.

In the period of sustainable economic development, Tajikistan's Human Development Index increased at an average of 1.07 per cent per year. According to this Index, Tajikistan ranked 129 out of 188 countries in 2015. In 2014, Tajikistan had the Gender Inequality Index of 0.357 and ranked 69 out of 155 countries.

Natural disasters, climate, and environment

More than half of the country's territory consists of mountains with an altitude of more than 3,000 meters. Tajikistan is vulnerable to natural disasters such as earthquakes, landslides, floods, avalanches, and extreme climatic conditions.

The agricultural sector plays an important role in the economic development of the country, however climate change has had a direct impact on the efficiency of cultivation practices, with this factor increasing the vulnerability of agricultural households and their incomes. The implementation of appropriate agricultural technologies based on local environment conditions may contribute to the improvement in standards of living and the health of rural population.

According to forecasts, average annual temperatures will increase by between 0.2 to 0.4 °C in many regions in Tajikistan. Climate risks are likely to have significant impacts on the key social and economic sectors in Tajikistan. Glacial melting, as well as fluctuations in water level and flow of the main rivers will negatively affect hydropower generation and agriculture.

2. Assessment-Based National Dialogue

The Assessment-Based National Dialogue (ABND) was conducted in Tajikistan in line with the Social Protection Floors Recommendation, 2012 (No. 202). The Recommendation calls on countries to establish basic social guarantees over the life cycle for all. This ensures access to essential health care and that working-age and older people are provided with basic income security for children.

In addition, the ILO Social Security (Minimum Standards) Convention, 1952 (No. 102) was taken into account during the performance of the assessment.

ABND was conducted under the Decent Work Country Programme of the Republic of Tajikistan, 2015–2017, between the tripartite partners of the Republic of Tajikistan and the International Labour Organization, approved by Decree of the Government of the Republic of Tajikistan No. 103 of February 28, 2015.

ABND in the Republic of Tajikistan included three coordinated stages:

- Build the Assessment Matrix of the Social Protection System in the Republic of Tajikistan and calculate various scenarios based on the ILO Rapid Assessment Protocol. Mainly, the scenarios were calculated for cash social transfers and benefits.
- Design the key recommendations and identify national priorities and proposals.
- Prepare and submit an analytical report to the Government of the Republic of Tajikistan.

ABND members assessed the established social protection floors and possible ways for extending the coverage and increasing the levels of benefits. In the course of the assessment process, the gaps and barriers, particularly in legal and financial areas, which hamper the realization of the existing social protection programmes, were identified and relevant recommendations were proposed.

Review and consultations in ABND were conducted with participation of the Government of the Republic of Tajikistan, workers' and employers' organizations, civil society, UN agencies, international financial organizations, development partners, and independent experts. The analytical report, with its evaluations and recommendations, has been agreed on by all the stakeholders, and thus has a particular importance with regards to politics and analytics.

3. Social protection and health care: gaps, recommendations and scenarios

Social protection and health care in Tajikistan includes: (1) health care services; (2) State pensions for military personnel; (3) State social insurance designed to protect employed and self-employed persons in the event of positive social risks such as maternity, as well as negative social risks such as sickness and disability; (4) State pension insurance and non-contributory social pensions for persons who are ineligible to receive social insurance pensions; (5) social assistance programmes to protect the poor and vulnerable; and (6) social services.

Health care: gaps and recommendations

Tajikistan has established a number of free of charge programmes for health care services. These programmes include free emergency medical aid, free placement at social health care facilities, free orthopedic equipment, as well as a pilot programme of guaranteed health care services, which is being gradually extended. Other health care services are provided on a paid basis in the form of co-payments.

Although the Law “On Health Insurance in the Republic of Tajikistan” No. 408 was adopted in 2008, it has not been realized so far. In 2014, a comprehensive process was launched to explore the possibilities of financing reforms in the country’s health care system. After a feasibility study looking at future reforms, a decision was made to prepare a Road Map for the implementation of mandatory health insurance in 2017. The Road Map included measures such as extended payment in cases of treatment at inpatient facilities and an accumulation of funds at regional level. However, these efforts have not resulted in the ultimate goal of the introduction of mandatory health insurance.

*The Programme of guaranteed health care services*³, the main programme of Tajikistan’s health care system, regulates: the provision of primary health care (prevention, diagnosis, treatment); specialized health care at an outpatient level; provision of medicines and vaccines at an outpatient level; immunization; and health care in hospitals and dental care. The Programme is financed from the government budget and through co-payment by beneficiaries.

Guaranteed health care services are currently not throughout the country, however the programme is being gradually extended to more regions and districts. At present, the programme has been established in 19 cities and districts.

In the process of the Assessment-Based National Dialogue on social protection, the following gaps, recommendations, and scenarios were identified:

Gaps

- I. Essential health care coverage is not universal in Tajikistan. In many cases people make out-of-pocket payments to cover part of the cost of health care services. Out-of-pocket payments account for a significant share of health expenditures. This puts a heavy burden on people in Tajikistan, taking into account the relatively low income of its households.
- II. Free primary health care under the Programme of Guaranteed Health Care Services has not achieved universal coverage. These services are not provided within the total territory of Tajikistan. The Programme specifies a high level of out-of-pocket payments in some cases, while primary health care does not include all types of essential care services.
- III. In Tajikistan there were 20.8 health care professionals at all levels of health care system per 10,000 people. This amounts to roughly half of international minimum rate of 41.1 health care professionals per 10,000 people, which is required for the provision

³ Decree of the Government of the Republic of Tajikistan No. 90 of 25 February 2017 ‘On State guarantee programme for provision of health care in pilot regions of the Republic of Tajikistan for 2017–2019’.

of quality health care. The country also faces difficulties in the area of service standardization and arrangement of health services; impeding and hampering the efforts to strengthen the performance of the health care system.

- IV. Current challenges in the health sector of Tajikistan are mainly caused by the fact that this sector has experienced underfunding for many years. Additionally, the level of health care expenditure is low.

Recommendations and scenarios

- I. Guarantee free essential health care services to all population, thus excluding out-of-pocket payment (co-payment) by people (particularly those belonging to vulnerable groups) for essential health care services.
- II. Although the coverage of the Programme is not universal, it is expected that the Programme will extend to the entirety of the population in the nearest future. It has been proposed to continue this extension and eliminate, as much as possible, out-of-pocket payment for essential health care services. In particular, it is required to protect the poor and vulnerable against these risks, which may be achieved through the provision of free health care services to vulnerable groups.
- III. To address the lack of physicians, a scenario to increase the rate from 20.8 to 41.1 health care professionals per 10,000 people has also been proposed. This possible scenario can be calculated using the Rapid Assessment Protocol, a tool developed by the ILO. This scenario shall certainly include not only an increase in the number of qualified health care workers, but other comprehensive measures as well.

| Scenario | Beneficiaries | Benefit amount | Payment period | Increase rates | Administrative costs |
|--|---------------|---|--|---|--|
| Increase the number of health care professionals to 41.1 per 10,000 people | All citizens | From 20.8 to 41.1 health care professionals per 10,000 people | During the total life period of people | 25% new workers by 2021, 50% by 2024 and 100% by 2030 | 20% (assumed due to high cost of training) |

Additionally, the standardisation and organization of health services and the development of advanced training programs for qualified health personnel at all levels is required.

- IV. Increase, as appropriate, the level of public expenditure for health care and ensure that these are used efficiently.

State social insurance and pension insurance system and non-contributory social system: gaps, recommendations, and scenarios

The social and pension insurance system in Tajikistan ensures comprehensive coverage, with the support of additional schemes of non-contributory social pensions, as well as benefits provided to workers who have not completed the qualifying period of contributions. State social insurance covers workers with employment contracts, individual entrepreneurs, individuals, and members of *dekhan* farms who are registered with the social

insurance system. Therefore, only formally registered workers are covered by the social and pension insurance system. Insurance contributions are collected as social tax paid on a mandatory basis. Non-contributory social pensions (benefits) are financed from the State budget.

Citizens of the Republic of Tajikistan, including labour migrants, may pay the social tax on a voluntary basis if they submit a relevant application in writing to the local tax authorities in their place of residence in Tajikistan.

Under social and pension insurance, two types of cash benefits are paid to replace possible losses of earnings. Cash benefits of the first type are paid on a long-term basis or for life. These benefits include: old age pensions or occupational pensions, which have not been fully implemented, disability benefits (pensions), and survivors' benefits (pensions). Persons who have not completed the qualifying period of contributions are entitled to non-contributory social benefits. These persons are provided with non-contributory social old-age pensions, disability benefits (pensions), and survivors' benefits (pensions). Cash benefits of the second type are paid for a certain short period. This type of benefits includes: temporary disability (sickness) benefits, maternity benefits, unemployment benefits, child benefit paid as a lump sum, child benefits paid on monthly basis, and funeral benefits for a poor family member.

Formally employed workers have a relatively good level of social protection in relation to their wages. According to preliminary estimation, duration of entitlement and the level of benefit exceed the minimum standards established in Convention No. 102. The level of benefit accounts for between 60 and 100 per cent of previous earnings.

Workers in informal employment, non-standard employment, vulnerable categories of workers in rural and urban areas, domestic workers, unskilled workers, and even formally registered unemployed persons, are not covered by the comprehensive schemes of social protection. These are vulnerable groups of population at a higher level of social risk compared to other groups.

State statistical reports do not include accurate data on the level of informal employment in Tajikistan, therefore it is difficult to estimate the rate of male and female informal employment. However, experts estimate that the level of informal economy in Tajikistan is rather high. Informal workers are not covered by labour and social protection and work in informal low-skilled jobs.

In the process of the Assessment-Based National Dialogue on social protection the following gaps, recommendations, and scenarios were identified:

Gaps in State social insurance system

Temporary disability benefit

- I. In the event of employment injury and occupational disease, the employer directly finances the benefit. In the event that the employer is not honest, there may be a certain risk of late payment of the benefit or the employer's refusal to pay the benefit.

Maternity protection

- II. Unregistered unemployed women, informal female workers, and women in seasonal work are not covered by State system of maternity protection.
- III. Unregistered unemployed women and non-working women are vulnerable to social risks. They are not covered by State programmes of maternity protection, including maternity benefits.
- IV. In general, the existing system of maternity protection is not perfect. Rooms for breast-feeding are often not provided near the workplaces or, if provided, the rooms are in poor sanitary-hygienic conditions. Employers abuse their power and request a woman to have pregnancy test before employment or extension of the employment contract.

Family and child benefits

- I. Tajikistan does not provide a universal child benefit, which could contribute to the favourable development of children at all stages of childhood and positively affect family development.
- II. In line with the Family Code of the Republic of Tajikistan, a child shall mean any person under the age of eighteen (the age of majority). However, only children under 16 who suffer from HIV/AIDS are entitled to HIV/AIDS benefit.

Recommendations and scenarios for State social insurance system

Temporary disability benefit

- I. Separate the employment injury benefit scheme from the temporary disability benefit scheme and establish a separate social insurance scheme where contributory benefits are paid by government agencies.

Maternity protection

- I. Take measures to extend the coverage of maternity protection to all working and un-employed women, including employed female workers, informal female workers (particularly those in seasonal work), and registered unemployed women.

| Scenario | Beneficiaries | Benefit amount | Payment period | Increase rates | Administrative costs |
|--|--|---|---------------------------------|--|---|
| Provide maternity benefit of 45 % of average wage to registered unemployed women | Registered un-employed pregnant women | 45% of average wage, adjusted for inflation | 140 days during maternity leave | 15% of average wage by 2020, 30% by 2022 and 45% by 2024 | 12% (due to implementation of new scheme for a certain category of women) |
| Provide maternity benefit of 2/3 of average wage to registered unemployed women | Registered un-employed pregnant women. | 2/3 of average wage, adjusted for inflation | 140 days during maternity leave | 1/3 of average wage by 2021 and 2/3 by 2024 | 12% |

- II. Implement, as appropriate, a new programme of maternity benefits to cover all pregnant women.

| Scenario | Beneficiaries | Benefit amount | Payment period | Increase rates | Administrative costs |
|---|--|---|---------------------------------|--|---|
| Provide maternity benefit equal to value of poverty line to all women | All pregnant women including working women | Value of poverty line, adjusted for inflation | 12 weeks during maternity leave | 25% of value of poverty line by 2021, 50% by 2024 and 100% by 2030 | 10% (due to implementation of new universal scheme) |

- III. Improve the system of maternity protection and provide good conditions for pregnant women and women with breastfed children. In particular, as appropriate, rooms for breastfeeding shall be arranged at or near the workplaces and in good sanitary-hygienic conditions. Forbid, by law, requesting a woman to have a pregnancy test prior to employment or the extension of the employment contract.

Family and child benefit

- I. Implement a universal child benefit through the gradual extension of coverage to all children. According to the preliminary estimation, the level of this benefit shall be 1.5 or 3 per cent of the average wage per each child under 18. This is an efficient measure of poverty eradication among children, and improvement of living standards.

| Scenario | Beneficiaries | Benefit amount | Payment period | Increase rates | Administrative costs |
|---|---------------|--|-----------------------|---|---|
| Implement a universal child benefit (in addition to TSA), equal to 1.5% of average wage | All children | 1,5% of average wage per child with adjustment for inflation | Up to 18 years of age | 0–4 years by 2021, 0–9 years by 2024, 0–14 years by 2027 0–17 years by 2030 | 10% (due to implementation of new universal scheme) |
| Implement a universal child benefit (in addition to TSA), equal to 3% of average wage | All children | 3% of average wage per child with adjustment for inflation | Up to 18 years of age | 0–4 years by 2021, 0–9 years by 2024, 0–14 years by 2027 0–17 years by 2030 | 10% |

- II. Increase the eligibility age of children who are beneficiaries of HIV/AIDS benefits from 16 to 18 years old. Taking into account the small number of children who suffer HIV/AIDS, it will be easy to realize the scenario of increasing the eligibility age of beneficiaries up to 18 years.

| Scenario | Beneficiaries | Benefit amount | Payment period | Increase rates | Administrative costs |
|--|--|---|-----------------------|----------------|-----------------------------|
| Extend the coverage of HIV/AIDS benefits to all children | All children who suffer HIV/AIDS (from 0–15 to 0–17 years) | At the current level of TJS 350, adjusted for inflation | Up to 18 years of age | 100% by 2019 | 5% (due to existing scheme) |

Gaps in State pension insurance system and non-contributory social system

Old-age pension

- I. Tajikistan's pension system does not have a basic component which would ensure a basic level of social security for all old-age persons. The minimum level of old-age pension does not correspond to the subsistence minimum.
- II. The expected period of payment of old-age pension (180 months) does not correspond to the life expectancy at the age of retirement. The same life expectancy is taken for men and women, despite this not being correct since male and female life expectancies at the age of retirement are different.
- III. The level of non-contributory social pension is low, even lower than the basic pension (TJS 156).

Disability benefit (pension)

- I. In 2013 and 2015, large-scale inspections of entitlement to disability benefits were conducted, revealing mistakes in the establishment of disability groups.

Survivors' benefit (pension)

- I. The same minimum level of survivors' benefit is established for three and more surviving children. The non-contributory social benefit for three and more children surviving after the death of one parent is 120 per cent of the basic pension. After dependent children have lost both parents, they are entitled to survivors' benefit at the level of 200 per cent of the basic pension. Therefore, a family of 4 children or even 10 children will receive the benefit of the same level as a family of 3 children. This is a major gap in social protection policies.

Recommendations and scenarios for State pension insurance system and non-contributory social system

General recommendations

- I. Currently, the same formula is used to calculate all three types of benefits (pensions). It is recommended to design and apply different formulas for different contingencies.
- II. Over the previous period, little attention has been paid to advocacy and raising of awareness for the involvement of informal workers and labour migrants in the new pension system. It is recommended to strengthen the raising of awareness and to involve labour migrants and informal workers in social and pension insurance schemes.
- III. When draft laws, concepts and strategies of social protection are designed, it is required to conduct a wide public discussion of the draft documents with the involvement of both experts and civil society, including trade unions and employers' representatives. This would significantly decrease social and economic risks of future reforms and ensure an efficient social dialogue.
- IV. To collect, on a regular basis, data on the number of beneficiaries and workers, the level of pensions and benefits, as well as other social indicators, which will help correctly estimate the social protection system, identify risks and enact efficient reforms.

Special recommendations

Old-age pension

- I. The pension system should include components that guarantee both basic income security and poverty reduction. This means that Tajikistan should introduce a basic component of its pension system, ensuring a basic level of social security for all old-age persons who have had low income or a small length of formal employment in their lives. It is very important to begin to progressively ensure the higher levels of all minimum pensions with the aim of approaching the subsistence minimum;
- II. It is recommended to review the expected period of payment of pension (180 months) and adjust it to the actual period of payment of old-age pension;
- III. It is recommended to increase the level of old-age non-contributory social pension step-by-step in 2020 and 2025 and make the level of old-age non-contributory social pension equal to the value of the poverty line by 2030.

| Scenario | Beneficiaries | Benefit amount | Payment period | Increase rates | Administrative costs |
|--|---|--|----------------|---|-----------------------------|
| Increase non-contributory social pension to 80% of basic pension | All men over 63 and women over 58 ineligible to contributory pensions | 80% of basic pension, adjusted for inflation | To death | 70% of basic pension by 2021, 80% by 2024 | 5% (due to existing scheme) |

Disability benefit (pension)

- I. Taking into account available mistakes in the establishment of the disability group, it is required to review and improve the mechanism for the establishment of disability and entitlements to disability benefits.

Survivors' benefit (pension)

- I. It is recommended to increase pro rata the level of non-contributory survivors' benefit paid to a family of more than 3 surviving children; provide social non-contributory survivors' benefit to children who lost one or both parents and are ineligible to contributory benefit, thus covering 4 and 5 children through non-contributory survivors' benefit increased on pro rata basis.

| Scenario | Beneficiaries | Benefit amount | Payment period | Increase rates | Administrative costs |
|--|---|---|-----------------------|----------------|-----------------------------|
| Increase pro rata the level of non-contributory survivors' benefit paid for a family of more than 3 children | Children who lost one or both parents and are ineligible to contributory survivors' benefit | After death of 1 parent: 150% of minimum benefit to a family of 4 children; 180% for a family of 5 children. After death of both parents: 250% for a family of 4 children, 300% for a family of 5 children | Up to 18 years of age | 100% in 2019 | 5% (due to existing scheme) |

Social assistance

Today, social assistance is a complex and intricate system, which includes various social non-contributory benefits, cash transfers, and allowances provided in fragmented way to different categories of citizens. Thus, Tajikistan has more than 540 types of social guarantees, transfers, benefits and subsidies financed from the government budget and provided to 92 categories of citizens (veterans, disabled persons, children, unemployed persons, students, poor families and others)⁴. Non-contributory social pensions and targeted social assistance (TSA) are the most important schemes of social assistance in terms of funding and coverage.

The targeted social assistance programme is aimed at improving living conditions of the extremely poor population through social transfers and better targeting of the programme. TSA is currently being implemented in regions stage-by-stage and will be progressively extended to the entire country.

Based on an application for social assistance, social transfers are paid to a poor family in the amount of TJS 400 a year, in the form of TJS 100 per quarter. The eligibility of a poor family or individual to targeted social assistance is determined by certain indicators of the family's wellbeing, including the data on family members, income and property of every family member, the level of education of the household head, information on the condition of the house, in particular the roof, floor, and foundation material.

Gaps

- I. TSA level is low and fails to reduce poverty in Tajikistan.
- II. The targeted approach has many shortcomings (mistakes in including and excluding from the beneficiary list). However this approach may be adopted at the initial stage in the areas with insufficient government revenues.

Recommendations and scenarios

- I. It is recommended to introduce, at least, an adjustment of social transfers to maintain purchasing power in line with growing food and service prices. This scenario does not include any significant changes, except for the adjustment of social transfers, and requires the lowest level of spending. Other scenarios require a higher increase of public expenditure. For example, some scenarios propose the increase of the level of social transfer to be equal to one third of the poverty line, while others propose an increase to the total value of the poverty line with the monthly provision of social transfers.

| Scenario | Beneficiaries | Benefit amount | Payment period | Increase rates | Administrative costs |
|---|---------------------------------|---|---|---|--|
| Extend TSA coverage to all poor families providing the same level of social transfers | Families below the poverty line | TJS 400 a year for a family with adjustment for inflation | As long as family is below the poverty line | 50% of new families by 2021, 100% by 2024 | 10% (due to existing scheme with infrastructure) |

⁴ The Concept of Social Protection of Population of the Republic of Tajikistan approved by Decree of the Government of the Republic of Tajikistan No. 783 of 29 December 2006 (Article 7).

| Scenario | Beneficiaries | Benefit amount | Payment period | Increase rates | Administrative costs |
|---|---------------------------------|--|---|---|----------------------|
| Extend TSA coverage to all poor families and increase the level of social transfer to one third of poverty line | Families below the poverty line | One third of poverty line for a family with adjustment for inflation | As long as family is below the poverty line | 50% of new families by 2021, 100% by 2024 | 10% |
| Extend TSA coverage to all poor families and increase the level of social transfer to the value of poverty line | Families below the poverty line | Value of poverty line for a family with adjustment for inflation | As long as family is below the poverty line | 50% of new families by 2021, 100% by 2024 | 10% |

- II. Taking into account the numerous shortcomings of the targeting approach, it is recommended to extend, as appropriate, the coverage to all, as this is the most efficient way to protect the population against risk of poverty.

Social services

Social care services are provided by social service providers to support people in difficult life situations. Social care services are rendered by social service providers at home, residential social service institutions, and temporary placement institutions. Various combinations of social care services on both long-term and regular bases are provided for social support (casework), social adaptation, and rehabilitation.

Social services are provided to children, disabled persons, unemployed persons, and old-age persons who cannot, either partly or in full, care for themselves. The system of social care services is financed from the government budget.

In the process of the Assessment-Based National Dialogue on social protection the following gaps and recommendations were identified:

Gaps

- I. The system of social services aimed at vulnerable groups is in the initial stage of development. Up to now, institutional services have prevailed while the active efforts of persons in difficult life situations have not been required, creating a dependency pattern of behaviours, preventing the inclusion of these persons in society, leading to stigmatisation. These services require a large level of budget expenditures. If the concepts of social services do not change, expenditures will increase.
- II. The low quality of provided social services and poor qualification of social workers.

Recommendations

- I. It is necessary to develop monitoring mechanism and sanctions for non-compliance of provided social services with established social standards. It is recommended to establish social service standards and create an independent monitoring system to inspect the quality of social services including through public oversight;
- II. To strengthen institutional capacities, it is required to extend the net of social service centres and improve the qualification of social workers.

List of abbreviations

| | |
|-----------------|--|
| ABND | Assessment-Based National Dialogue |
| ASIP | Agency for Social Insurance and Pensions |
| CEACR | ILO Committee of Experts on the Application of Conventions and Recommendations |
| CEB | UN Chief Executives Board for Coordination |
| CIS | Commonwealth of Independent States |
| EU | European Union |
| FITUT | Federation of Independent Trade Unions of Tajikistan |
| GDP | gross domestic product |
| HIV/AIDS | human immunodeficiency virus/acquired immune deficiency syndrome |
| ILC | International Labour Conference |
| ILO | International Labour Organization |
| IMF | International Monetary Fund |
| IOM | International Organization for Migration |
| LFS | labour force survey |
| MDGs | Millennium Development Goals |
| MF | Ministry of Finance |
| MHSP | Ministry of Health and Social Protection of Population |
| MLME | Ministry of Labour, Migration and Employment of Population |
| MTDP | Mid-Term Development Programme of the Republic of Tajikistan for 2016–2020 |
| NDS | National Development Strategy of the Republic of Tajikistan |
| NGPF | non-governmental pension fund |
| PHC | primary health care |
| PRS | Poverty reduction strategy |
| RAP | Rapid Assessment Protocol |
| SPF | social protection floors |
| STIs | sexually transmitted infections |
| TSA | targeted social assistance |
| UE | Union of Employers |
| UN | United Nations |
| UNDAF | United Nations Development Agreement Framework |
| UNDP | United Nations Development Programme |
| UNICEF | United Nations International Children’s Emergency Fund |
| UNHCR | United Nations High Commissioner for Refugees |
| UNWPP | UN World Population Prospects |
| WHO | World Health Organization |

Introduction

The right to social security is not only a fundamental human right set out in the Universal Declaration of Human Rights, 1948, the International Covenant on Economic, Social and Cultural Rights, 1966, and other international human rights instruments, but it is also a vital element of social and economic life in every country.

In 2001, before the 50th anniversary of the Social Security (Minimum Standards) Convention, 1952 (No. 102), the International Labour Conference (ILC) at its 89th Session confirmed that social security is a basic human right and recognized that the extension of social security to all in need is an integral element of the ILO's mandate. The International Labour Conference formulated and adopted comprehensive conclusions on social security and recognized that the highest priority should go to policies and initiatives to extend social security to those who are not covered by existing systems.

In 2003, the ILO launched the Global Campaign on Social Security Coverage for All. Its purpose is to provide social protection for individuals and households through access to health care and basic income security in cases of old age, unemployment, sickness, invalidity, work injury, maternity, or loss of a breadwinner. Adopted at the 97th session of the International Labour Conference, the ILO Declaration on Social Justice for a Fair Globalization confirmed the commitment to the extension of social protection to all in need within the framework of Decent Work Agenda.

The global financial and economic crisis of 2008 resulted in drop in standards of living in many countries due to declining incomes for members of the population, as well as reduced access to social services, benefits, monetary funds, and credits. The ILO study shows that social programmes and measures aimed to stimulate economic growth are equally important for employment promotion.

The High Level Committee on Programmes of the UN Chief Executives Board formulated a number of comprehensive measures to combat the unfavourable social and economic situation in the world. In April 2009, the UN Chief Executives Board adopted the Social Protection Floor Initiative. In June 2009, the 98th session of the International Labour Conference recognized a key role of social protection policies in recovering from the crisis. The Global Jobs Pact calls on the Member States to consider, taking into account national circumstances, building adequate social protection for all, drawing on basic social protection floors.

In 2009–2010, the ILO Committee of Experts on the Application of Conventions and Recommendations prepared a general review of the application of ILO social security stan-

dards. Based on replies from 116 Member States, the Committee concluded that existing legal instruments are insufficient for the extension of social protection coverage to all, in particular to informal workers, labour migrants, the extremely poor, and other vulnerable groups. A global approach to social security requires that the existing legal framework with still actual standards should be complemented by a new dynamic legal instrument which would consider social security in the context of newly developed concepts and would be formulated in such way that all Member States could adopt and apply the new instrument taking into account national circumstances and capabilities.

Further discussions at the sessions of International Labour Conference in 2011–2012 confirmed the urgent need to design a legal instrument for social protection floors (SPF) and comprehensive social protection systems. With the support of G20, UN, governments, in addition to employers' and workers' organizations of Member States, Social Protection Floors Recommendation No. 202 (further referred to as Recommendation No. 202), was adopted on June 14, 2012.

Complementing and systemizing existing standards, Recommendation No. 202 provides guidelines to Member States in building social protection floors to ensure that all in need have access to essential health care and basic income security.

It is widely recognized that efficient and sustainable national systems of social security support incomes, prevent and reduces poverty and inequality, contribute to social inclusion, and ensure the dignity of people.

Social security is also an economic necessity: a well-designed social security system supported by policy measures fosters higher labour productivity, enhances employment opportunities, plays the role of a social and economic stabilizer that mitigates the consequences of the crisis, and contributes to economic recovery as well as growth.

Recommendation No. 202 provides an action plan for ILO Member States on building national social protection systems and the extension of social security coverage through the establishment of social protection floors for all in need. The Recommendation focuses on ensuring that, over the life cycle, all in need have access to, at least, basic social security guarantees.

Social protection floors consist of the following basic social security guarantees defined at national level:

- Access for all to essential health care, including maternity and childhood protection.
- Basic income security for children, at least at a nationally defined minimum level, providing access to quality nutrition, portable water, education, care, and any other necessary goods and services.
- Basic income security for persons who are unable to work, in particular in cases of sickness, unemployment, maternity, and disability.
- Basic income security and social services for elderly persons.

Experience shows that social protection programmes are an important political tool to mitigate the social and economic consequences of financial shocks and crises. With political will and adequate resources, any ILO Member, irrespective of its social and economic position, can start a well-designed process of building a basic social protection system, including social protection floors, with broad public support.

The Republic of Tajikistan has consistently implemented, for the second decade, national development strategies which emphasise the role of social protection in alleviating poverty, ensuring adequate standards of living, assisting persons in overcoming main social risks and difficult life situations, and contributing to the adaptation to social changes.

Recognizing the need to identify the realities and potential of the social protection system in Tajikistan to better understand which elements of SPF are in place and where legal or other gaps in the system exist, the ILO has collaborated with relevant government agencies and institutions, social partners, UN agencies, civil society, and academics to conduct the Social Protection Assessment-Based National Dialogue (ABND).

ABND on national social protection floors is an important and timely step towards the development of optimum approaches to building the efficient social protection system in the Republic of Tajikistan, particularly in view of the implementation of the National Development Strategy for 2016–2030 and Mid-Term Development Programme for 2016–2020.

The results and findings of the national dialogue on establishment of a national SPF may be used, under established procedure, for the design of national mid-term and long-term social development strategies and the improvement of social security laws.

1 Review: socio-economic context, development strategy, and social protection system in the Republic of Tajikistan

1.1. Socio-economic context: territory, demographic situation, economic development, living standards, poverty reduction, and prospects of sustainable socio-economic development of the Republic of Tajikistan

Territory

The Republic of Tajikistan is located in the south-west of Central Asia, with a territory of 142,600 sq km. It is bordered by Uzbekistan to the west and north, Kyrgyzstan to the east and north, Afghanistan to the south and China to the east. Tajikistan consists of four administrative divisions: two provinces (viloyat), Khatlon in the south and Sughd in the north; the autonomous province of Gorno-Badakhshan; and the central Region of Republican Subordination controlled directly by the national government. Each region is divided into smaller administrative units, called districts ('nohiya'). There are 58 districts, 17 cities, and 57 urban-type villages in Tajikistan. The majority of the country (93 per cent) is mountainous; thus, only 7 per cent of the territory is suitable for economic land use. Water streams that have their source in the country's mountains account for over 60 per cent of water resources of the Central Asian region.

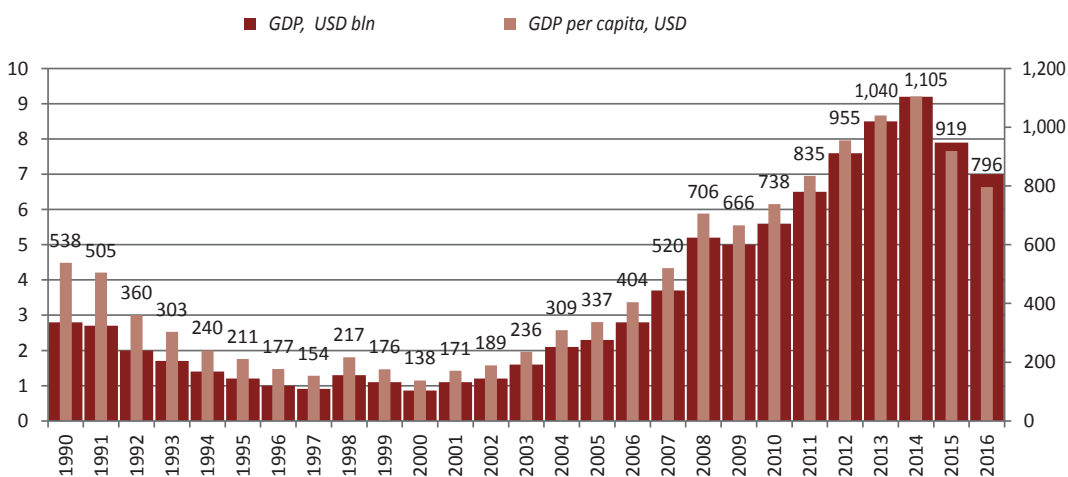


Economy

After independence, the Republic of Tajikistan had a difficult transition period exacerbated by the civil war of 1992–1997. As a result, the country's gross domestic product (GDP) fell from USD 2.8 billion in 1990 to USD 860 million in 2000. During that period, inflation rose sharply while social spending decreased significant. In 2000, the national economy began a gradual recovery, which was followed by an economic recession due to the 2008 global financial crisis, as well as the 2016 national bank crisis related to the drop in the value of national currency and reduced remittance inflows.

The national economy recorded positive trends, with GDP per capita steadily growing in the period of 2001–2014, with the exception of a minor decline in 2009. However, GDP per capita fell in 2015 and 2016, measuring USD 796 in 2016. Poverty has declined from 72.4 per cent in 2003 to 47 per cent in 2012³, with the poverty rate continuing to decrease steadily in the country. However, Tajikistan remains a low-income country.

Figure 1. GDP of the Republic of Tajikistan, 1990–2016



Source: UN statistics, <http://data.un.org/Default.aspx>

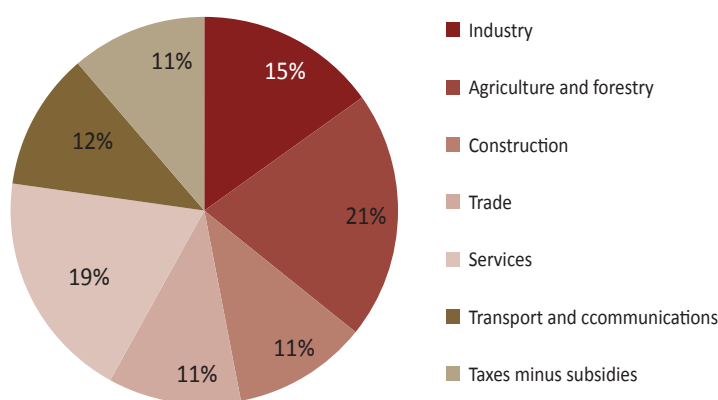
The global economic crisis of 2008–2009 had an adverse impact on Tajikistan's economy. However, growth recovered and averaged over 7 per cent annually during 2010–2015. Recovery was spurred on by remittance inflows, which rebounded sharply and achieved nearly USD 4 billion in 2013. Remittances supported private consumption and, to a much lesser extent, investment, which in turn contributed to a strong growth in services, accounting for more than half of the country's total growth in 2013. Agriculture growth accounted for one fifth. In line with lower international food and fuel prices and a relatively stable exchange rate, consumer price inflation declined from close to 10 per cent at the end of 2010 to 3.7 per cent by the end of 2013.

Consistent with national strategies and programmes for socio-economic development, continuous structural economic reforms, in combination with reforms in education, health

care, and social protection, have formed favourable grounds and conditions for the sustainable development of the Republic of Tajikistan.⁴

Agriculture and services are the biggest sectors in Tajikistan, with more than 1/3 of GDP in 2016. Smaller sectors are industry, trade, transport, communication and telecommunication, the service sector, and the construction sector. Cotton is the main agricultural crop in Tajikistan, with up to 90 per cent of picked cotton being exported. Other crops cultivated in Tajikistan include grain crops, vegetables, fruit, tobacco, and potatoes; additionally, people are engaged in livestock raising.⁵

Figure 2. Indicators of real economy and taxes, % of GDP, 2016



Source: <https://www.stat.tj/ru/macroeconomic-indicators/>

Tajikistan possesses rich resources of silver, gold, iron, lead, antimony, coal, common salt, and precious stones. Explored mineral deposits provide raw materials for chemical, mining, metallurgical, and machine-building industries. It is worth noting that power generation is a well-developed and promising industry. Furthermore, Tajikistan is a significant exporter of electric power. The country is ranked the eighth in the world in terms of hydro-power resources. Many companies in Tajikistan are involved in processing agricultural textile raw materials; in addition to this there are carpet mills, garments, and knitted-goods factories. Local companies produce good quality products at low cost, which makes these products popular among local population and in other countries.⁶

The biggest foreign investments in Tajikistan originate from Russia and China. In the period of 2007 to 2015, China's investment totalled USD 1.5 billion, while Russia's investment totalled USD 1.4 billion. The main trading partners of Tajikistan are Russia, China, Kazakhstan, and Turkey.⁷

Over a 15-year period (2000 to 2015), the budget revenues of the Republic of Tajikistan increased 55.3 times. Foreign trade, which was only USD 131.1 million in 1991, grew 33 times over the 25 years of independence of the Republic of Tajikistan.

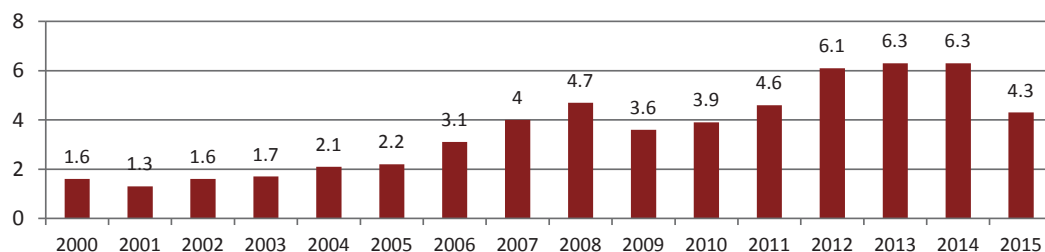
⁴ Economic reforms and development of private sector // www.president.tj/ru/taxonomy/term/5/156

⁵ Statistics Agency // www.stat.tj/ru/macroeconomic-indicators/

⁶ CIS legislation database, the Republic of Tajikistan, <http://tj.spininform.ru/>

⁷ CIS legislation database, the Republic of Tajikistan, <http://tj.spininform.ru/>

Figure 3. Foreign trade in 2000–2015 (USD billion)



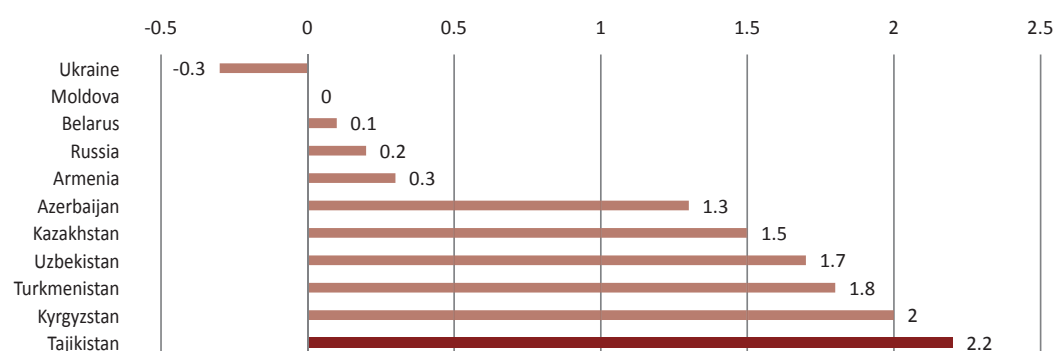
Source: Economic reforms and development of private sector, <http://www.president.tj/ru/taxonomy/term/5/156#mastchoh>

Demographic situation

In 2016, the population of Tajikistan was 8.74 million people, of which 73.6 per cent was rural population. Out of the total population, 4.34 million (49.8 per cent) were women and 4.38 million (50.2 per cent) were men.⁸ The average life expectancy at birth was 73 years 7 months, with 71 years 9 months for men and 75 years 7 months for women (at the end of 2016).⁹ The population is growing due to high birth rates, with persons under the working age accounting for 34.42 per cent, persons of working age constituting 60.31 per cent, and the share of older persons being only 5.26 per cent of the total population (at the end of 2016).¹⁰

Compared to global trends, Tajikistan has a favourable demographic situation with moderately expanded reproduction rate, where the annual population growth is more than two per cent. The average annual rate of population growth in Tajikistan is one of the highest in Eastern Europe and Central Asia.

Figure 4. Annual average population growth rate in CIS countries, 2011 to 2016, %



Source: Statistical bulletin 'CIS statistics'.

Central Asian countries have the highest population growth rates among CIS countries. The average annual growth of the population in Tajikistan was 2.2 from 2011 to 2016.

⁸ World Bank, <https://data.worldbank.org/indicator/SP.POP.TOTL?locations=TJ>

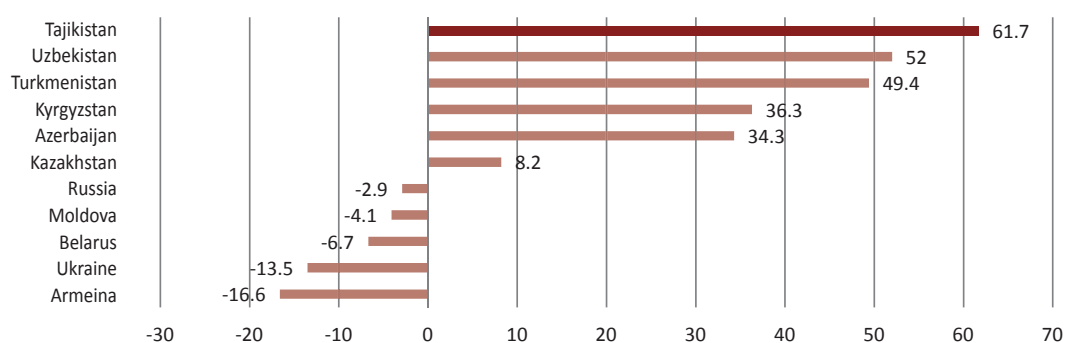
⁹ Statistics Agency under the President of the Republic of Tajikistan. 2018. /Socio-Demographic Department.

¹⁰ Statistics Agency under the President of the Republic of Tajikistan. 2018./ Database/ Amount of resident population in 1998–2016.

Kyrgyzstan is in the second place with 2 per cent and Turkmenistan is the third with 1.8 per cent of annual growth. Also, Uzbekistan, the most populous country in Central Asia, has a high population growth (1.7 per cent per year). Relatively moderate growth of population is in Belarus (0.1 per cent), Russia (0.2 per cent) and Armenia (0.3 per cent). Meanwhile, Ukraine has negative population growth rates.¹¹

Generally, as a demographic window closes, birth rates go down resulting in an ageing population, an increase in the share of older persons in population, higher dependency ratio, the creation additional burden on the declining population of working age, as well as fewer opportunities to get funds for the provision of social benefits and economic growth.

Figure 5. Population growth in CIS countries, 1991–2016, %



Source: Statistical bulletin 'CIS statistics'.

Because of the rapid population growth in Central Asian countries, the share of children and teenagers in the total population is high. The share of children and teenagers aged 0–14 in the total population is 35.2 per cent in Tajikistan, 31.5 per cent in Kyrgyzstan, 30.8 per cent in Turkmenistan, 28 per cent in Uzbekistan and 27.4 per cent in Kazakhstan. At the same time, the proportion of population aged over 65 is more than 13 per cent in Russia, Belarus, and Ukraine, illustrating the growing tendency of population ageing.

While developed countries tend to have ageing populations, the proportion of young people in the Republic of Tajikistan is growing. As the average age is 26, it gives opportunities to maintain the financial sustainability of the pension system in Tajikistan over the mid-term period. To take advantage of this demographic window, it would be necessary to link the management of the demographic process with current education and health care reforms, the employment policies promoting economic opportunities for the population, and the efficient use of the labour potential while keeping national traditions.¹²

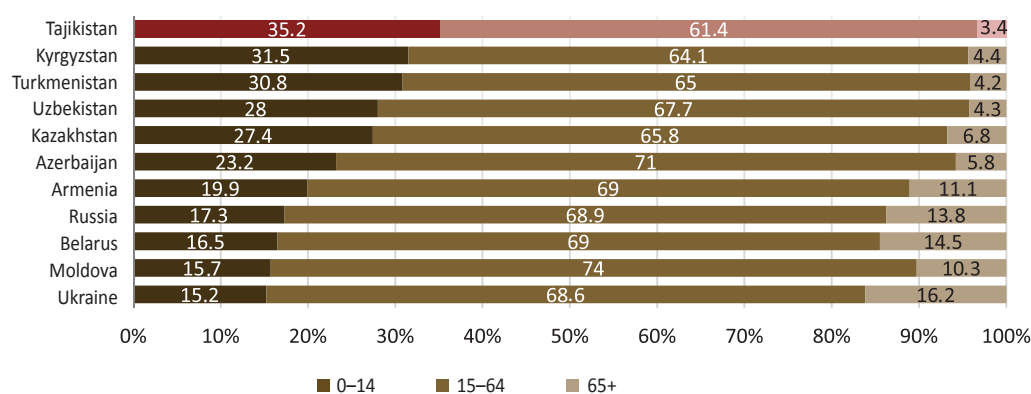
According to UN estimations, the population of Central Asia will reach between 73.1 and 74.5 million by 2020, and between 78.6 and 85.3 million by 2030. Uzbekistan, Tajikistan, and Kyrgyzstan will see the highest rates of population growth, while Kazakhstan will have minor dynamic changes. The population will remain relatively young, which not only

¹¹ Tajikistan has the highest population growth in CIS. NIAT Khovar comments the new UN World Population Prospects // <http://news.taj.su/?p=7300>

¹² National Development Strategy of the Republic of Tajikistan for the period up to 2030.

proves the high vitality of the countries in the region and their potential for future socio-economic growth, but also implies that the burden on social institutions and labour market will be high for a relatively long time period.

Figure 6. Age structure of population in CIS countries, 2016, %



Source: Statistical bulletin 'CIS statistics'.

Box 1. Dependency ratio, 2017 ¹³

The dependency ratio is used to measure pressure on society and economy from those not in the labour force (the dependent part of population). The dependent part includes persons younger than 15 and older than 64. Working age population (the productive part of population) makes up the population between 15 and 65.

The dependency ratio indicates potential public expenditure for social policies. Increase in the ratio results in increased expenditure on education, social protection, health care and so on.

The total dependency ratio is defined as the ratio of the dependent part to the working age population or the productive part.

The total dependency ratio in Tajikistan is 59.5 per cent. This means that social burden in the country is relatively high.

The child dependency ratio is defined as the ratio of persons under working age to the persons of working age.

The child dependency ratio in Tajikistan is 54.1 per cent.

The aged dependency ratio is defined as the ratio of persons over working age to persons of working age.

The aged dependency ratio in Tajikistan is 5.4 per cent.

Labour market and productive employment

a) Labour market

The sustainable development goals and targets, economic growth strategies, and objectives of improving living standards in the Republic of Tajikistan are identified taking into account population growth, the gender and age structure of population and the proportion of urban and rural population.

Tajikistan has a big and still growing labour potential, which will become a key factor of further economic growth in the medium term. According to estimates, the working age population is expected to reach 6.04 million, or 61.1 per cent of the total population by 2020, increasing at average of 122,000 persons annually¹⁴. Thus, a minimum of 100,000 new jobs should be created every year up to 2020. Compared to the urban population, the growth rates of rural working age population are higher; therefore more efforts are required to create new jobs in these rural areas.

Population growth, including of the working-age population, was reflected in national strategies, in particular the National Development Strategy of the Republic of Tajikistan for the period up to 2030 (hereafter NDS–2030)¹⁵ and the Mid-Term Development Programme of the Republic of Tajikistan for 2016–2020.¹⁶

Policy makers are expected to formulate national social policies, taking into account increases in the number of jobs pro rata with population growth, as well as to make efforts aiming to promote employment, ensure access to education, training and retraining, provide health care and social security, as well as to develop the food and housing markets.

Box 2. A Resolution of the 19th International Conference of Labour Statisticians

A Resolution concerning Statistics of Work, Employment and Labour Underutilization adopted at the 19th International Conference of Labour Statisticians sets the following guidelines to determine the working-age population:

- a) the lower age limit should be set taking into consideration the minimum age for employment and exceptions specified in national laws or regulations, or the age of completion of compulsory schooling;
- b) no upper age limit should be set, so as to permit comprehensive coverage of work activities of the adult population and to examine transitions between employment and retirement.

The statutory minimum age for employment in Tajikistan is 15 years old. The labour force survey of 2016 defined the upper age limit of working age population as 75 years. In 2016, the working-age population aged between 15 and 75 in households made up 5.31 million, of which 2.55 million were men and 2.75 million were women¹⁷. The number of persons in the labour force of working age was 2.25 million. The labour force participation rate was 42.4 per cent. The share of employed persons in the total population of working age was 39.4 per cent. The indicators in Tajikistan are relatively low compared to other countries where these indicators vary from 50 to 70 per cent.

The working age population in Tajikistan increased from 3.98 million in 2004 to 5.31 million in 2016, thus the annual growth rate was about 2 per cent in the period between 2004

¹⁴ Mid-Term Development Programme of the Republic of Tajikistan for 2016–2020 – Dushanbe, 2016, p. 54.

¹⁵ National Development Strategy of the Republic of Tajikistan for the period up to 2030 approved by Majlisi Namoyandagon Majlisi Oli of the Republic of Tajikistan Decree No. 636 of 1 December 2016.

¹⁶ Mid-Term Development Programme of the Republic of Tajikistan for 2016–2020 approved by Majlisi Namoyandagon Majlisi Oli of the Republic of Tajikistan Decree No. 678 of 28 December 2016.

¹⁷ Situation in the Labour Market in the Republic of Tajikistan (Report prepared based on the Labour Force Survey conducted during the period of July 20 to August 20, 2016) project 'Implementation of the national strategy for development of statistics'. ECASSTAT No. TF017852 – Dushanbe, 2017. – P. 16.

and 2016. During this period, the annual growth rates of urban and rural working age population were 1.8 per cent and 2.3 per cent respectively.

The labour force in urban areas grew from 536,000 in 2004 to 579,000 persons in 2016. However the labour force in rural area decreased from 1.79 million persons to 1.55 million persons in the period between 2004 and 2009 and then increased to 1.67 million persons in 2016. The number of persons in labour force, including migrants¹⁸, decreased slightly from 2.64 million persons in 2004 to 2.61 million persons in 2009, then the number began to grow and reached 2.80 million persons in 2016.

Figure 7. Working age population (15–75), 2004, 2009, and 2016

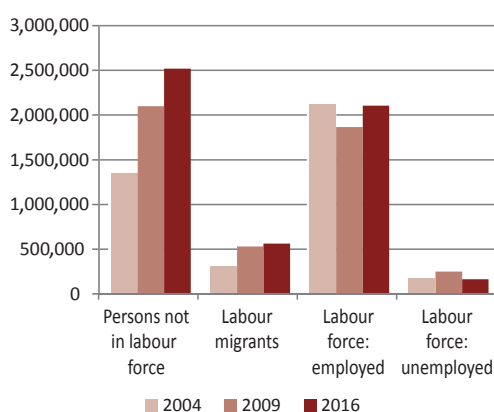
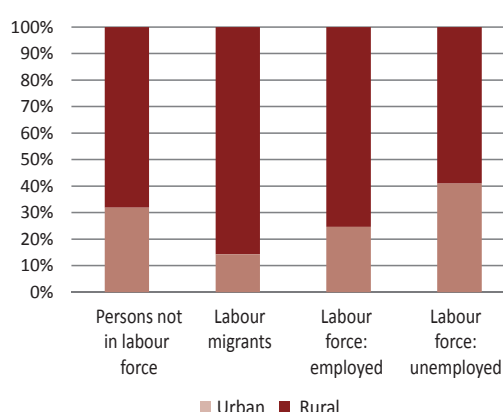


Figure 8. Working age population (15–75) in urban and rural areas, 2016



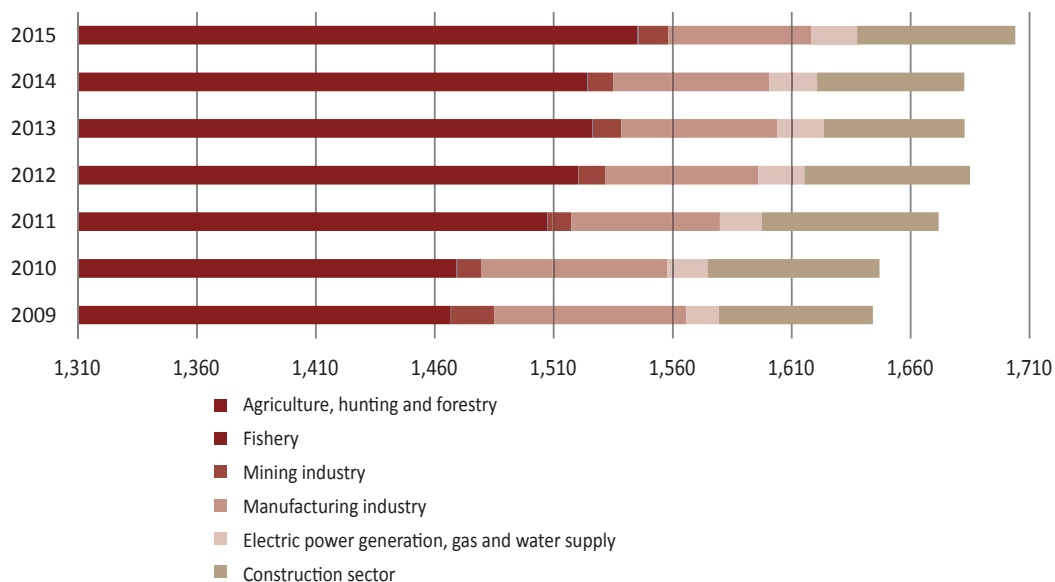
Source: Labour Force Survey, 2016.

Similar trends can be observed in employment in urban and rural areas. In 2016, the total number of employed workers was 2.1 million. The proportion of urban employed workers as a proportion of all employed workers increased from 20 per cent in 2004 to 24.6 per cent in 2016. Meanwhile, the proportion of rural employed workers decreased from 80 per cent in 2004 to 75.4 per cent in 2016. The prevalence of agricultural employment can be explained by the industrial and agricultural orientation of national economy and the fact that a large number of people live in rural area. At present, rural employment has been gradually decreasing while urban employment has gone up due to the measures taken to promote industrialisation. However, efforts should be made to increase productivity in agriculture to provide higher earnings for agricultural workers and free up surplus labour, which could then be deployed to other sectors of national economy.

People are mainly employed in agriculture (45.8 per cent), in wholesale and retail trade, car and motorcycle repair activities (10.6 per cent), the construction sector (8.6 per cent), and the education sector (8.1 per cent).

¹⁸ In addition to the number of persons in labour force, the number of persons in labour force, including labour migrants, is calculated taking into account the labour migrants which are away up to three years but keep in touch with their families or households and regular make remittances to the homeland.

Figure 9. Number of employed workers in real economy, thousands of people



Source: Labour market in the Republic of Tajikistan, 2016

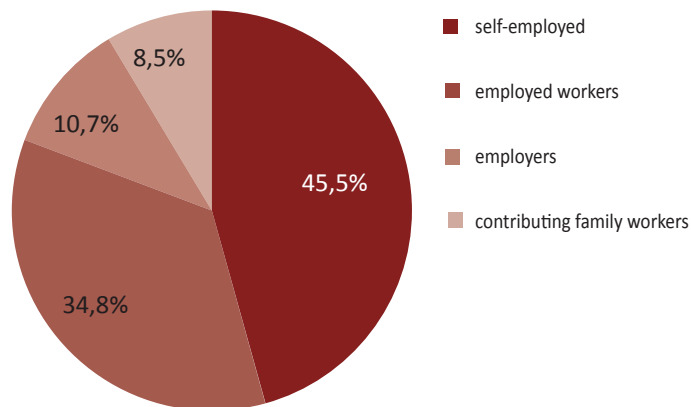
The main occupational groups of employed workers included unskilled workers (27.4 per cent), professionals (14.8 per cent), and service and sales workers (11 per cent).

Among young employed persons, 58.7 per cent had a level of education that did not match the level of skills required in the jobs; with this indicator being 50.2 per cent for persons aged 30-75. The level of skills of the labour force is determined to a certain extent by the level of education received by employed persons. It is necessary to establish a retraining system to maintain the high level of employment and to increase labour productivity. In the period between 2009 and 2016, the share of employed workers with higher education in Tajikistan increased from 15 per cent to 17 per cent, the share of employed workers with secondary vocational education increased from 7 per cent to 9 per cent, while the share of persons with complete secondary education increased from 51.8 per cent to 54 per cent. At the same time, the portion of employed workers with incomplete secondary education fell from 15 per cent to 14 per cent, while the share of employed workers with primary education remained at the same level of 2 per cent.

According to the 2016 Labour Force Survey, the total employment in Tajikistan consists of 45.5 per cent of self-employed, 34.8 per cent of employed workers, 10.7 per cent of employers, and 8.5 per cent of contributing family workers. Since the LFS of 2009, employment patterns have changed significantly: the proportion of employed workers decreased from 52.2 per cent to 34.8 per cent and the proportion of self-employed decreased from 46.7 per cent to 45.5 per cent. The share of employers rose from 0.4 per cent to 10.7 per cent, while the share of contributing family workers increased by more than 22 times from 0.4 per cent up to 8.5 per cent. Thus, it may be concluded that in the period between 2009 and 2016 there was a significant shift in the employment patterns in Tajikistan. In 2009, more than half of the working population were employed workers, while in 2016 about

65 per cent of the working population were self-employed, i.e. they independently provided themselves with income¹⁹.

Figure 10. Employment patterns, 2016, %



Source: Labour Force Survey, 2016.

b) Productive employment

NDS–2030 states that enabling conditions shall be created to expand productive employment, increase productivity, as well as to provide decent wages and safe working conditions. By 2020, at least 100,000 new jobs shall be created every year. The high growth rates of the rural working age population demand the creation of more jobs with new structures in rural area. Also, efforts should be made to increase productivity in agriculture to provide higher earnings for agricultural workers and to free up a labour surplus, which can be deployed in other sectors of national economy.

MTDP–2020 underlines that the national labour market has a number of interconnected challenges, which hamper the transition to productive employment in Tajikistan. These challenges include:

- A mismatch between the high growth rates of the working age population and insufficient rates of the creation of decent jobs.
- The quality of labour force does not match the demand in skills in the labour market. There is a deficit of skilled workers, including engineers, technical specialists, and high-skilled industrial blue-collar workers. Vocational training system does not provide a sufficient number of certain categories of specialists for agriculture, the construction industry, information and communication technologies, as well as housing and the utility sector.
- High levels informal employment, coupled with low wages in the formal economy, are the factors which reduce revenues paid in the form of social and other taxes

¹⁹ Situation in the Labour Market in the Republic of Tajikistan (Report prepared based on the Labour Force Survey conducted during the period of July 20 to August 20, 2016) project ‘Implementation of the national strategy for development of statistics’ ECASTAT No. TF017852.– Dushanbe, 2017 – p. 44.

to budgets at all levels, therefore restricting the capacity for social spending and pursuing efficient wage and income policies;

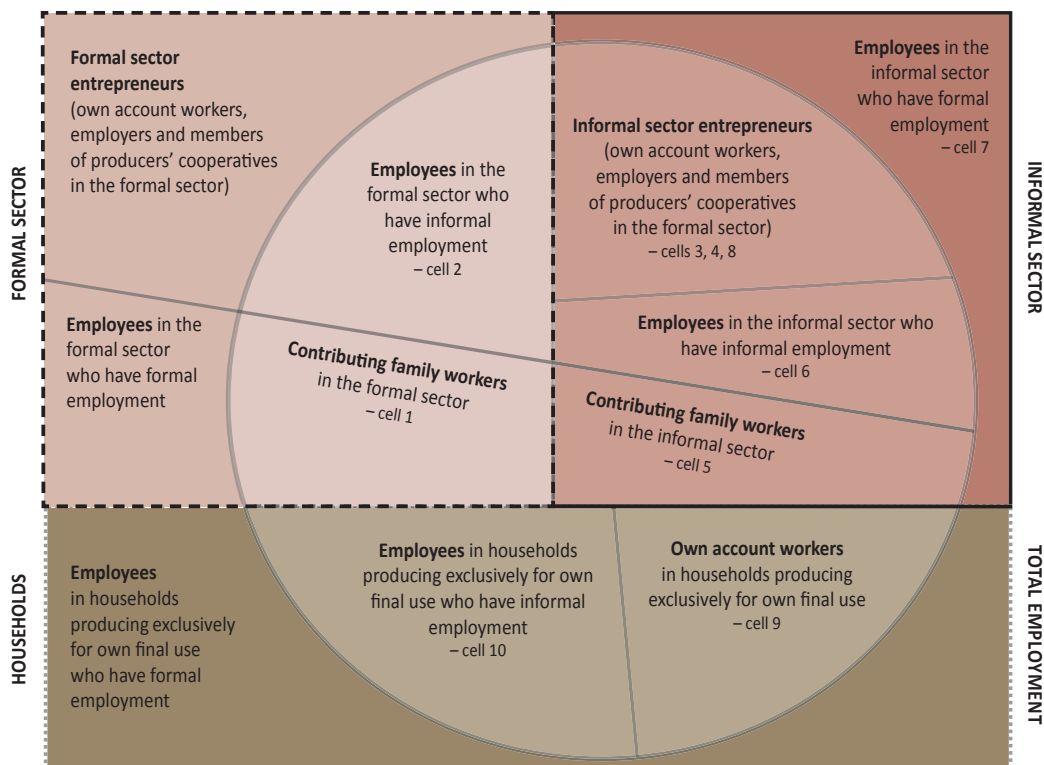
- The income of many people, in particular in rural area, depends on remittances of labour migrants who are mainly employed in the labour market of the Russian Federation, which creates serious risks for the budgets of these households.

The growing demand for skilled labour in the main industries and small business requires major adjustments in the vocational training system, the development of special retraining programmes for unemployed persons, and advanced training programmes for employed workers. Greater efforts should be made to extend formal employment, diversify migration flows, control the labour migration process, and provide social protection for migrants.

Formal and informal employment

As specified in the 2016 Labour Force Survey, formal employment includes workers who regularly receive wages under employment contracts, have certain guaranteed rights, and exercise these rights, for example, paid leave, sick leave, etc. Informal employment is defined as the total number of informal jobs, regardless of whether work is performed in formal sector enterprises, informal sector enterprises, or in households during the reference (surveyed) period.

Figure 11. Elements of informal employment (recommendations of the 17th International Conference of Labour Statisticians)

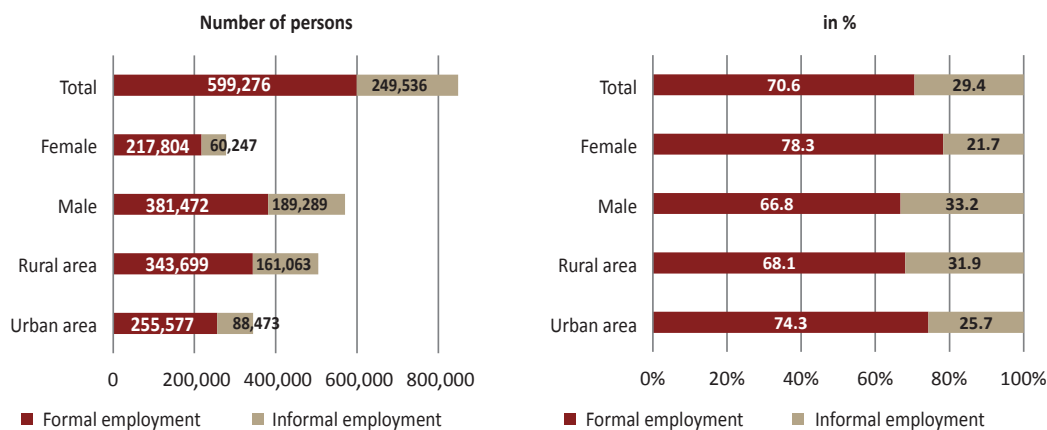


Source: ILO. 2013. Measuring informality: A statistical manual on the informal sector and informal employment.

Accurate reliable data on informal employment in Tajikistan is not available. Different sources say that informal employment in Tajikistan measures between 30 and 50 per cent, with the most informal workers in agricultural sector. While accurate reliable data on informal employment is not available, the assessment is based on the 2016 Labour Force Survey data, which is considered the most reliable. It is worth noting that the survey does not include any data on informal employment in agricultural sector.

At the time of the Labour Force Survey, the total number of employed workers, excluding agriculture, amounted to 848,800 persons out of whom 249,500 persons (29.4 per cent) were in informal employment, of which 189,300 were men and 60,200 were women. This means that every third worker works informally²⁰.

Figure 12. Informal employment at the main work*, 2016



Source: Labour Force Survey, 2016.

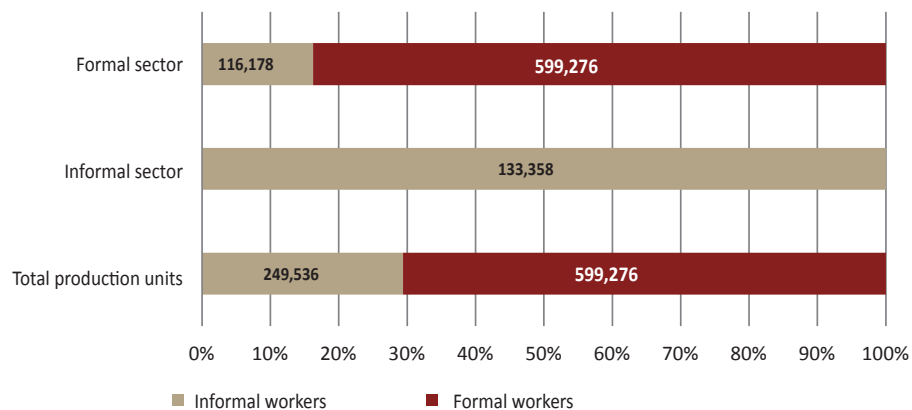
* Excluding agriculture

According to the 2016 LFS data, 15.7 per cent of workers (133,400 persons) were employed in the informal economy, while 84.3 per cent of workers (715,500 persons) were employed in the formal economy. Compared to 2009, the share of informal workers in the formal economy fell by one third while the share of workers employed in the formal economy increased from 51.0 per cent to 84.3 per cent in 2016. The number of informal workers (who work without employment contracts, have no right to paid leave, sick leave or social benefits) in the formal economy was 116,200 persons, or 16.2 per cent of total workers employed in the formal sector. In 2009, informal workers made up 479,600 (53.8 per cent) people. By 2016, informal employment fell by 24.4 per cent²¹.

²⁰ Situation in the Labour Market in the Republic of Tajikistan (Report prepared based on the Labour Force Survey conducted during the period of July 20 to August 20, 2016) project 'Implementation of the national strategy for development of statistics' ECASSTAT No. TF017852.– Dushanbe, 2017 – p. 55.

²¹ Labour Force Survey, 2016.

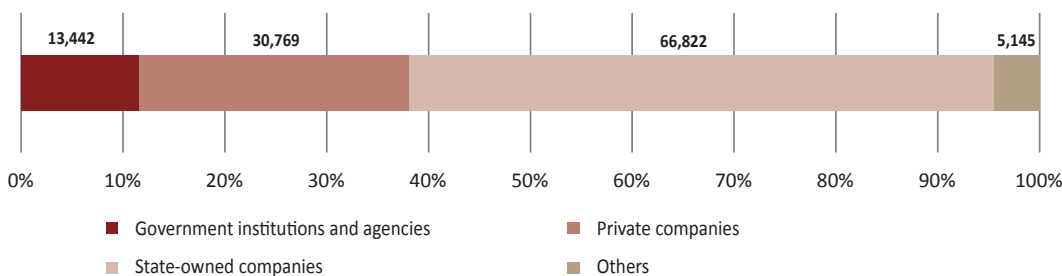
Figure 13. Cross-classification of employment as per the informal or formal workplaces and employment in the informal and formal sectors*, 2016



Source: Labour Force Survey, 2016.
*Excluding agriculture

High levels of informal employment are observed in the construction sector (76.2 per cent), manufacturing industry (41.9 per cent), hotels and restaurants (39.1 per cent), transport (51.1 per cent), and other services (37.9 per cent). The per centage of informal workers among male workers is 33.2 per cent compared to 21.7 per cent among female workers²².

Figure 14. Informal employment in the formal sector by type of organization (enterprise), persons



Source: Labour Force Survey, 2016.

The analysis of data disaggregated by type of organizations and enterprises shows that out of a total of 116,000 informal workers, 66,000 (57.5 per cent) worked in private companies, 30,000 (26.5 per cent) worked in State-owned companies, and 13,000 (11.6 per cent) worked in government institutions and agencies.

Unemployment

According to 2016 LFS, the youth unemployment rate (15-29 years) was 10.6 per cent and was two times higher than among persons aged 30-75 years, and exceeded the average national indicator by 1.5 times; this is clear evidence of an inverse relationship between

²² Labour Force Survey, 2016.

unemployment and age. The unemployment rate is higher in urban areas than in rural area. As people grow older, their risk of unemployment decreases, though the unemployment duration in these age groups is increasing.

Table 1. Unemployment rate by sex, age groups, urban and rural areas, and education level, %

| Category | Total | M | F | Urban area | | Rural area | |
|--|-------|------|-----|------------|------|------------|------|
| | | | | M | F | M | F |
| Total | 6.9 | 7.9 | 5.5 | 12.1 | 9.1 | 6.3 | 4.4 |
| By age groups | | | | | | | |
| • 15–19 | 9.9 | 12.4 | 6.6 | 40.4 | 35.1 | 6.4 | 3.7 |
| • 20–24 | 12.5 | 14.7 | 9.4 | 22.0 | 18.8 | 12.1 | 7.8 |
| • 25–29 | 9.3 | 10.2 | 7.8 | 10.6 | 10.6 | 10.0 | 7.1 |
| • 30–75 | 4.2 | 4.8 | 3.1 | 7.7 | 4.7 | 3.7 | 2.5 |
| By education level | | | | | | | |
| Higher education | 7.9 | 6.8 | 9.9 | 15.9 | 19.0 | 9.0 | 14.5 |
| Secondary vocational education | 5.0 | 5.1 | 4.1 | 11.0 | — | 3.4 | 0.6 |
| Primary vocational education | 4.3 | 5.1 | 0.4 | 13.4 | 11.3 | 7.3 | 4.9 |
| Secondary (complete) general education | 7.5 | 8.7 | 6.0 | 21.7 | 5.0 | 6.8 | 3.2 |
| Incomplete secondary general education | 6.4 | 6.4 | 3.4 | — | 15.9 | 4.4 | 0.3 |

Source: Labour Force Survey, 2016.

Although the official unemployment rate is low, the labour market in Tajikistan provides limited opportunities for employment, in particular for women and for workers in part-time employment, an issue that is especially prevalent in rural areas. Youth employment gives rise to concerns because young people comprise about 40 per cent of the labour force, with their training and education not always meeting modern standards and requirements.

In 2016, registered unemployed persons totalled 54,200, of which 53.8 per cent were women (27,100). Only a small part of unemployed persons are registered with employment agencies. The reason for this may be the low level of unemployment benefits, as well as a poor awareness among the population of these benefits. Persons without vocational training and those who have lost their skills due to a long break in work form a significant portion of registered unemployed persons (79.9 per cent of the total registered unemployed or 43,100). At the same time, 62.8 per cent of registered unemployed persons have completed secondary general education or incomplete secondary education (31,600), these factors limiting their employment opportunities²³. Obviously, persons without vocational training are at higher risk of unemployment.

Outward labour migration

Outward labour migration means the temporary migration of Tajik citizens with a view of being employed outside of Tajikistan. Outward labour migrants were included in the em-

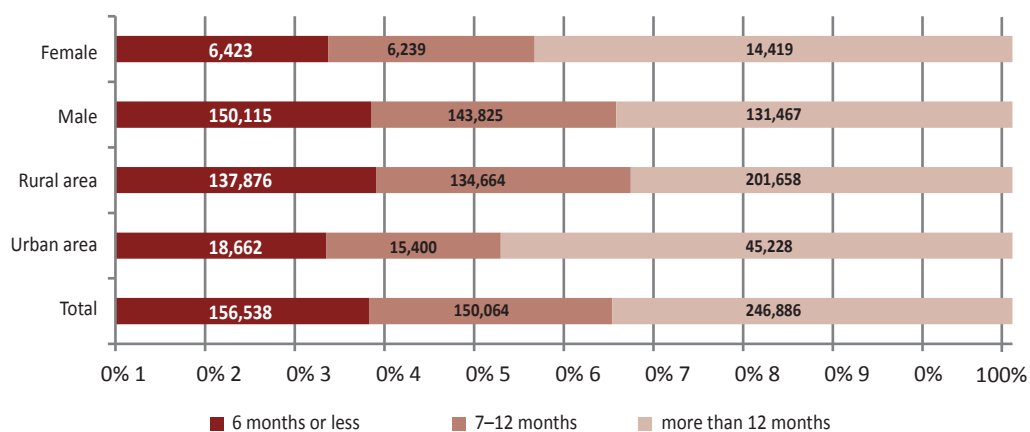
ployed workers of the Republic of Tajikistan in the 2004 LFS. However, under ILO methodology labour migrants should be excluded from the counted number of employed workers in the country of origin. Therefore the 2009 LFS and the 2016 LFS provided separate data on labour migrants. Statistics on outward labour migration take into account the following parameters:

- Migration flows, which refer to the number of trips of labour migrants entering or leaving for work this country during a reporting period of time (year)²⁴.
- Labour migration rate, defined as a number of labour migrants on a certain date, for example at the time of survey.

Migration services state that in the period between 2005 and 2013 the labour migration significantly increased from 412,000 to 799,700, rising on average by 40,000 every year. Between 2014 and 2016, the flow of labour migrants decreased. In 2016, the number of labour migrants was 553,858, of which 526,787 were men (95.1 per cent) and 27,081 were women (4.9 per cent).

The LFS counted the labour migration rate based on the following temporal criteria: a labour migrant is out of the country less than 6 months, 7 to 12 months or more than 12 months.

Figure 15. Number of labour migrants by length of stay outside the country of origin



Source: Labour Force Survey, 2016.

Most labour migrants, 71.7 per cent, stay out of their households for more than 6 months (27.1 per cent – less than 12 months and 44.6 per cent – more than 12 months). The majority of labour migrants are people of working age. Among labour migrants, 251,547 persons (45.4 per cent) are young people aged 15–29, 218,871 persons (39.5 per cent) are people aged 30–44, and 83,450 persons (15.1 per cent) are people aged 45–65. Out of the total number of labour migrants, 474,578 persons are from rural areas (85.7 per cent), while 79,290 persons (14.3 per cent) are from urban areas. The average age of labour migrants is 32.8 years (compared to 30.0 years according to the 2009 LFS).

²⁴ Records are maintained by the Migration Service of the Ministry of Labour, Migration and Employment of Population of the Republic of Tajikistan according to the migration cards.

The 2016 LFS collected information on the education level and marital status of labour migrants which is not available from the Migration Service of the Ministry of Labour, Migration and Employment of the Republic of Tajikistan:

- 122,026 (22.0 per cent) are, in general, young people who have never been married;
- 411,813 (74.3 per cent) are registered married;
- 20,029 (3.7 per cent) are divorced, widowed or separated.

Table 2. Education level of labour migrants, 2016

| | Post-graduate education (postgraduate programmes, medical residency) | Higher vocational education | Secondary vocational education | Primary vocational education | Secondary (complete) general education | Secondary incomplete general education | Without basic general education | Total |
|------------|--|-----------------------------|--------------------------------|------------------------------|--|--|---------------------------------|---------|
| Persons | | | | | | | | |
| Total | 315 | 37,214 | 30,787 | 15,237 | 397,991 | 68,932 | 3,393 | 553,868 |
| Urban area | 315 | 10,263 | 7,873 | 656 | 50,966 | 9,217 | – | 79,290 |
| Rural area | – | 26,950 | 22,915 | 14,581 | 347,023 | 59,715 | 3,393 | 474,198 |
| Male | 315 | 34,251 | 27,812 | 15,237 | 379,408 | 66,371 | 3,393 | 526,787 |
| Female | – | 2,962 | 2,976 | – | 18,581 | 2,561 | – | 27,081 |
| % | | | | | | | | |
| Total | 0.1 | 6.7 | 5.6 | 2.8 | 71.9 | 12.4 | 0.6 | 100.0 |
| Urban area | 0.4 | 12.9 | 9.9 | 0.8 | 64.3 | 11.6 | 0.0 | 100.0 |
| Rural area | 0.0 | 5.7 | 4.8 | 3.1 | 73.2 | 12.6 | 0.7 | 100.0 |
| Male | 0.1 | 6.5 | 5.3 | 2.9 | 72.0 | 12.6 | 0.6 | 100.0 |
| Female | 0.0 | 10.9 | 11.0 | 0.0 | 68.6 | 9.5 | 0.0 | 100.0 |

Source: Labour Force Survey, 2016.

By level of education, labour migrants formed the following groups: 68,392 persons (12.3 per cent) had secondary incomplete education; 397,989 persons (71.9 per cent) had secondary (complete) general education; 470,314 persons (84.9 per cent) had only secondary school education; 15,237 persons (2.8 per cent) had primary vocational education (vocational training in lyceums or primary vocational technical schools); 30,788 persons (5.6 per cent) had secondary vocational education (vocational training in secondary vocational technical schools or colleges); and 37,528 persons (6.8 per cent) had higher education.

and better opportunities on the labour market, including relatively high wages, make these countries attractive to labour migrants. Thus, 548,941 (99.1 per cent) labour migrants moved to the Russian Federation and 2,842 (0.5 per cent) moved to other CIS countries. Other countries throughout the world hosted 0.4 per cent (2,085 persons) of Tajik labour migrants.

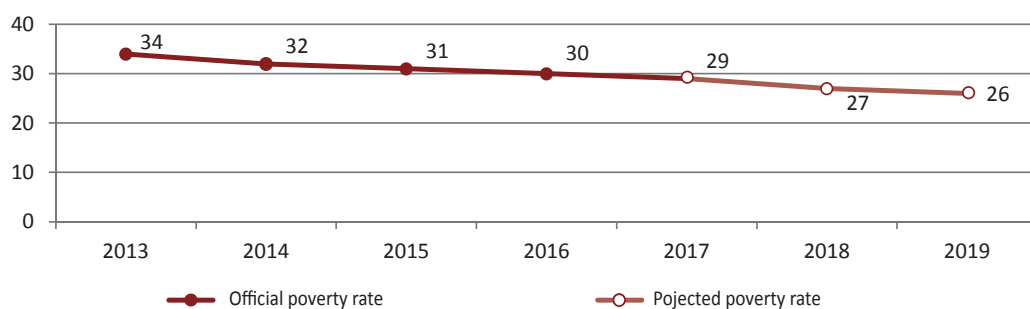
In the period between 2011 and 2014 remittances of labour migrants made up not less than 40 per cent of the national GDP.²⁵ In recent times, the outward labour migration has been going down; this may exert pressure on the national economy and necessitate the creation of productive jobs and the expansion of productive employment. Meanwhile, Tajikistan is not capable of creating a sufficient number of new jobs, and labour migration continues to play a key role in the labour market.

Standards of living

Tajikistan has made significant efforts to reduce poverty. Since the early 2000, Tajikistan's poverty rate has been steadily declining. After 2012, the greatest success in poverty reduction was achieved in the poorest regions of the country. The poverty rate in Tajikistan was 30 per cent in 2016.

In the period of sustainable economic development, Tajikistan's Human Development Index increased at an average of 1,07 per cent per year. According to this Index, in 2015 Tajikistan was ranked 129 out of 188 countries. In 2014, Tajikistan had a Gender Inequality Index of 0.357 and ranked 69 out of 155 countries.

Figure 16. Poverty rate in the Republic of Tajikistan, 2013–2019, %



Source: World Bank, <http://pubdocs.worldbank.org/en/932721508239302708/Tajikistan-poverty-IG-1-ru.pdf>

Increases in labour earnings accounted for half the poverty reduction, and remittances of labour migrants for about one third. Consumption by the poorest 40 per cent grew faster than that of the population at large. However, economic mobility was volatile and higher in rural compared to urban areas. Moreover, poverty reduction for women was lower than for men; with the gender wage gap narrowing.

It is essential to reduce non-monetary poverty, which means to extend access to high quality education, health care, water supply, and electricity. Limited or no access to sec-

²⁵ World Bank Group Country Partnership Strategy for Tajikistan for the period 2015–2018, 2014

ondary and higher education, heating and sanitation are the main barriers that hamper the reduction of non-monetary poverty. These services are unequally distributed, with access to education varying by income level, and with heating and sanitation differing according to location.

Access to basic public services such as electricity, heating, clean water, and sanitation — remains very limited in rural areas where most of the poor sections of the population live. Particularly, potable water supply remains a serious challenge, especially in the countryside where only 48 per cent of rural communities have access, and over 60 per cent of water available meets neither local nor the World Health Organization standards.

Non-monetary indicators of poverty indicate growing deprivation and inequality. Poverty remains widespread and linked to specific factors such as continued high fertility (at 3.8, the highest in the CIS), insufficient jobs, in particular for young people, accounting for over 40 per cent of the population and 60 per cent of registered unemployed, and the uneven impact of migrants' remittances on different population groups.

Disparities especially in access to education remain significant contributors to poverty. The key issues include: disparities in favour of boys throughout the education system, but especially at university level; gender-based sectoral and occupational segregation, resulting in earnings inequities; and weak implementation of gender policies.

Inequality in Tajikistan is not high and is lower than in Kyrgyzstan and Georgia. Nonetheless, the poor continue to be disadvantaged by limited access to high quality education and health care. At present, they receive little help from a weak social protection system. Social benefits remain small and poorly targeted, with a lot of the poor and vulnerable not being covered by social protection.

Natural disasters, climate, and environment

The high vulnerability to natural disasters is making the link between the environment and poverty explicit. With more than half of the country's territory covered by high mountains above 3,000 meters, Tajikistan is particularly vulnerable to natural disasters, such as earthquakes, landslides, floods, avalanches, and extreme climate conditions. Efforts to improve climate adaptation are critical, not only to improve longer-term trends, but also to reduce the short-term vulnerability of the population and the economy (for example, agriculture) to extreme events that would have lasting negative impacts. In fact, the majority of the population derives their livelihoods from agriculture activities, a sector of the economy that is very sensitive to climate impacts. In this respect, it is estimated that damages caused by natural disasters amount to roughly 4.8 per cent of GDP.²⁶

The poorest part of the population is the most impacted by natural disasters, as it lives in areas highly exposed to hazards. These people lack the financial and logistical means to prevent crisis and enhance further recovery.

Agriculture is one of the main sectors in Tajikistan, however climate change has a direct impact on the efficiency of cultivation practices and this factor increases the vulnerability of agricultural households and their incomes.

Women make up the largest portion of the active labour force in rural area due to the fact that the majority of the male population are migrant labour workers in other countries. Women are heads of rural households, bearing responsibility for decision making on various everyday issues, and play the role of the breadwinner. Women usually work in agriculture and have no other skills but cultivation of crops.

According to meteorological experts, the average annual temperature will increase by 0.2 to 0.4°C in most regions in Tajikistan. These projections are in line with the trends observed in the country over the last 15–20 years. Climate-related risks have significant impact on the key social and economic sectors (agriculture, forestry, power generation (mainly, hydropower generation), water conservation and water consumption, transport, construction, housing and utilities management, and health). Up to 500 various natural disasters per year are registered in Tajikistan, while associated annual losses and damages are estimated to be in the region of USD 20 million to 100 million. Glacial melting, fluctuations in water level, and flows of the main rivers with adverse impacts on hydro-power generation and agriculture are only a few examples of impacts of climate change in Tajikistan. Compared to previous decades, when glaciers covered 6 per cent of the territory of the country, by 2013 the glacier area was about 5 per cent. This process has led to changes in water resources and river runoff. Climatic risks pose a significant threat to the development of agriculture. For example, the drought of 2001–2002 resulted in a tremendous decrease in crop productivity (by 30–40 per cent) in the extremely dry areas, while a drought in 2008 caused the fall of crop productivity by 40 per cent.

The agricultural sector is an important element in the development of Tajikistan's economy. At present, the glasshouse industry is one of the most economically and ecologically efficient forms of growing crops. The implementation of appropriate agricultural technologies based on local environmental conditions may contribute to improvement of living standards, as well as the overall health of the rural population.

1.2. National development strategy and programme of the Republic of Tajikistan

In 2000, the Republic of Tajikistan signed the United Nations Millennium Declaration and, taking into consideration the Millennium Development Goals (MDG), adopted the long-term National Development Strategy (NDS) of the Republic of Tajikistan for the period up to 2015 (NDS–2015). To realize this strategy and achieve the MDGs, the Government of Tajikistan approved three mid-term strategies: the Poverty Reduction Strategy (PRS) for 2007–2009, the Poverty Reduction Strategy for 2010–2012, and the Living Standards Improvement Strategy of Tajikistan for 2013–2015.

After the timeframe of previous strategies had elapsed, Tajikistan adopted the next strategic documents articulating the prospects, goals, and objectives of further development in late 2016. These strategic documents include:

- The National Development Strategy of the Republic of Tajikistan for the period up to 2030 (further referred to as NDS–2030) approved by Majlisi Namoyandagon Majlisi Oli of the Republic of Tajikistan Decree No. 636 (2016);
- The Mid-Term Development Programme of the Republic of Tajikistan for 2016–2020 (further referred to as MTDP 2016–2020) approved by Majlisi Namoyandagon Majlisi Oli of the Republic of Tajikistan Decree No. 678 (2016).

Based on the National Development Strategy of the Republic of Tajikistan, sectoral programmes and regional development strategies have been adopted, however no social protection strategy has been implemented so far, which is a major gap in strategic framework.

In addition to national programmes and strategies, the United Nations Development Assistance Framework (UNDAF) was agreed between the Government of Tajikistan and the United Nations on December 18, 2015. This framework is the strategic programme for the period 2016–2020.

1.2.1. National Development Strategy of the Republic of Tajikistan for the period up to 2030

National consultations identified the priorities and targets of national development, key concepts and lines of activities which became the basis of NDS–2030, including education, health care, employment, reduction of inequality, anti-corruption measures, food security and nutrition, good governance, social protection, prevention of potential conflicts, energy security, environmental protection, and management of demographic processes.

NDS–2030 states that foreign policies should focus on fostering favourable external conditions for national development, protection of rights, freedoms and interests of Tajik citizens abroad, strengthening the position of the State in the international arena. At the same time, domestic policies have the following targets: to reduce economic vulnerability and dependence on external conditions and threats; explore and develop effective mechanisms and internal sources for sustainable economic development; ensure stable economic growth, productive employment, including the growing formal employment and productivity, decent level of wages and safe working conditions, sustainable access to energy resources, and enabling business environment.

NDS–2030 clearly defines that the main element of this growth model is the human capital and its core components – education and science – as the key factors for enhancing national security and encouraging national economic competitiveness. The industrial and innovative development of the country will likely be based on natural resources, including high hydropower potential, clean fresh water, favourable land and climate, rich flora and fauna, and significant labour resources.

The ultimate goal of the long-term development of Tajikistan is to improve the living standards of population based on sustainable economic development. To achieve this goal, during the next 15 years it is required to:

- Ensure energy security and efficient use of electric power.
- Solve the problem of limited connectivity and make Tajikistan a transit country.
- Ensure food security and access to good quality nutrition.
- Expand productive employment.

NDS–2030 sets the following priorities in social area:

- Ensure the protection of public health in the context of better standards of living through: systematic reforms of health care system; improvement of access, quality and efficiency of health care services; and the promotion of healthy lifestyles;
- Enhance social protection through: institutional modernization of social protection system; ensuring the long-term sustainability of the pension system; combination of supporting and stimulating approaches to social protection of vulnerable population.

1.2.2. Mid-Term Development Programme

The Mid-Term Development Programme for 2016–2020 is based on indicative planning, which facilitates the introduction of systematic changes into the national legal framework with the aim of achieving the main target – provision of national security and the achievement of living standards. To reach this target, the country should keep high sustainable rates of economic growth through: the rapid development of skills, knowledge and technologies; modernization and diversification of business activities; the creation of a dynamic system of national and local development; and finally the reduction of vulnerability to and dependence on the external factors.

MTDP 2016–2020 foresees that structural reforms at the new stage of social and economic transformation will contribute to:

- A higher level and increased importance of formal employment in economic development, resulting in the expansion of budget revenues bringing more contributions to State social insurance, pension, and health insurance.
- The provision of stable and uninterrupted access to power resources for both the population and businesses.
- Overcoming the low level of food self-sufficiency.
- The comprehensive development of regions and the provision of equal access to social services.

The purpose of the Mid-Term Development Programme for 2016–2020 is to provide coherence and the coordination of sectoral and regional mid-term development programmes, and to ensure their consistency with the National Development Strategy in the period until 2030, as well as other strategic policy documents of the Government of the Republic of Tajikistan. Therefore, a social protection development programme for the

current period of time should be designed in accordance with the standards and priorities established in NDS–2030 and MTDP 2016–2020.

MTDP 2016–2020 identifies sectoral and intersectoral priorities in social area:

- Extend access to telecommunication services;
- Develop human potential;
- Increase efficiency of social reforms;
- Improve the quality of services provided in social area;
- Increase the importance of public institutions in national development;
- Enhance the institutionalization of public and private sectors;
- Create efficient instruments of local development.

The Programme sets the following intersectoral priorities:

- Ensuring human rights and the rule of law;
- Reduce gender inequality;
- Increase the social inclusion of vulnerable groups.

It is noted in MTDP 2016–2020 that an open national economy through its impact on economic growth plays a key role in the reduction of extreme poverty, while free labour migration and free trade contribute to the reduction of poverty. Reforms towards the creation of favourable conditions for foreign trade have a significant impact on current account balance and balance of trade, investment activities, and economic growth rates, which consequently contribute to the improvement of living standards.

Since the National Development Strategy and Mid-Term Development Programme provide for large-scale reforms of total socio-economic area, it is very important to include the outcomes of these strategies in intermediate strategic programmes, including in programmes of social protection development.

1.3. Social protection concepts, subsistence minimum, social protection and health care system in the Republic of Tajikistan

1.3.1. Concept of social protection in the Republic of Tajikistan

The social protection system in Tajikistan is based on the Constitution adopted in 1994. Article 1 of the Constitution says that *‘Tajikistan is a social state; its policy is aimed at providing conditions ensuring a dignified life and a free development for everyone’*. Furthermore, Article 39 of the Constitution states: *‘Every person is guaranteed social protection in old age, in the event of sickness, disability, loss of ability to work, loss of a*

breadwinner or in other cases provided by law'. However, Article 34 indicates: '*Majority age children capable to work are responsible for care and social security of their parents*'. Therefore, in addition to State guarantees, the Constitution has established the responsibility and, thus, obligation of children to provide support and care for their old parents.

In 2006, Tajikistan adopted the Concept of social protection (hereinafter referred to as the Concept), which includes a package of social protection programmes provided by the State. The Concept was designed following significant social and economic changes. Owing to economic growth, the social protection system in the Republic of Tajikistan is sustainable. However a lot of coverage and benefit adequacy gaps remain. The Concept proposes step-by-step increases of the minimum wages, pensions, scholarships, benefits, and other social transfers up to the subsistence level, taking into account the financial capabilities of the State. The Concept plays a key role in the establishment of social protection floors in Tajikistan. In addition, the Concept suggests the provision of targeted social assistance on a means-tested basis. However, the Social Protection Floors Recommendation, 2012 (No. 202), calls on countries to gradually extend social protection to all persons, including households and persons who have roughly the same income as the poor, on the basis of social solidarity and inclusion.

According to ILO Recommendation No. 202, the basic social guarantees should, at minimum, ensure that, over the life cycle, all in need have access to essential health care and to basic income security, which in combination secures effective access to goods and services defined as necessary at the national level. Universal access to social protection should be provided through the implementation of extension strategies with established targets and terms²⁷.

The Concept suggests two separate but interrelated approaches to the social protection system in the country:

- State (compulsory) social insurance against social risks for different categories of employed persons who receive income from labour, occupational, or entrepreneurial activities.
- Targeted social assistance to vulnerable groups (families) that do not have regular sources of income.

Although the Concept is an important step towards the establishment of social protection floors, it should be reviewed to ensure the gradual transition from targeted social assistance to universal coverage and social protection guarantees for all.

²⁷ Social Protection Floors Recommendation, 2012 (No. 202)

1.3.2. Minimum social standards, subsistence minimum, and minimum consumer budget

The Concept specifies that national social policies shall be based on the State minimum social standards, designed in view of two objectives:

- a) The justification of standards which regulate the monetary income of citizens to secure access to minimum goods and services provided on paid basis.
- b) Coverage by minimum essential social services provided on free of charge basis.

State minimum social standards should be established on the basis of the subsistence minimum determined for the main social and age groups as the cost of the minimum consumer basket, which includes food, non-food products and services, in addition to mandatory payments and charges (contributions). The consumer basket is defined in general for the country as a whole and separately for three main social and age groups (children, working age persons, and old age persons), which have very different requirements and thus varying sets of consumer goods and services.

Subsistence minimum is defined in the country to:

- Track changes in standards of living to support the design and implementation of social policies and State social programmes.
- Justify the minimum wage and define the level of scholarships, benefits and other social transfers.

The Concept provides that the approval procedure and frequency of review of the subsistence minimum shall be as set forth in normative legal acts of the Republic of Tajikistan.

In accordance with the Concept and recommendations of UN Committee on Economic, Social and Cultural Rights and civil society, the Law of the Republic of Tajikistan No. 521 of 19 May 2009 'On subsistence minimum' was adopted. While it has not entered into force so far, the relevant regulations and acts have however been adopted. Under this Law, the subsistence minimum defined in general in the country shall be used to:

- Estimate living standards.
- Support the design and implementation of social policies and targeted social assistance programmes.
- Analyse and project standards of living. Justify the provision of State targeted social assistance to the poor population.
- Achieve the same levels of the established minimum wage, pensions, benefits, and other social transfers step by step.
- Determine the poverty line and provide social assistance to population.

Box 3. Main terms used in definition of the minimum standards and groups of population

Consumer basket means the minimum set of food products, non-food products and services adequate to maintain human health and provide life support.

Minimum consumer budget means the cost of the minimum consumer basket, which includes food products, non-food products and services, mandatory payments and charges.

Subsistence minimum means the cost of consumer basket and the amount of mandatory payments.

Poverty line means the estimated minimum level of income needed to secure the necessities of life.

Main social and age groups mean groups of people with the same gender, age, social status and level of income (working age people, old age people, children).

Living standard means the level of wealth and comfort available to persons to meet their essential needs.

State social assistance means provision of tax-financed social benefits, subsidies, compensations, essential goods and services to poor households or poor persons.

The poor mean families (single persons) with per capita income lower than subsistence minimum for reasons beyond their control.

Per capita income of a family (single person) means total average monthly income divided by the number of family members (received by a single person).

State social standards mean standards and rates established by the government to provide the realization of social rights granted by the Constitution of the Republic of Tajikistan and the procedure of granting the social rights.

As provided by the Concept, pensioners are persons who receive old-age pensions. However, the Law on Contributory and State Pensions states that a pensioner is a person who is granted and receives any of three types of pensions, which include old-age pensions, disability benefit (pension) and survivors' benefit (pension). Therefore, a working age disabled person is a pensioner too. Thus, it is proposed to use the term 'old age people' instead of 'pensioners'. This term corresponds to the list of age groups (children, working age people, and old age people) and better describes this particular social and age group.

The subsistence minimum determines the poverty line. The amount of the subsistence minimum can be used to estimate the number of individuals within the population who are poor. However, as the law on the subsistence minimum has not been put in force so far, the estimations are made using the minimum levels of consumption in Tajikistan:

- Extreme poverty line refers to food poverty line, which is calculated as the cost of the daily nutrition requirement per capita (2,250 kcal in Tajikistan). The average value of 1 kcal for a household in the reference group is estimated as TJS 0,00180560073/kcal.
- The total poverty line refers to the minimum level of consumption of food and non-food products and services.

As specified in the Methodology Note on Poverty Measurement in Tajikistan²⁸, the total poverty line (Z) can be defined as the sum of two components, namely a food poverty line (ZF) and non-food consumption (ZNF):

$$Z = ZF + ZNF$$

where ZF is a food poverty line and ZNF is a non-food part.

The value of the food poverty line is calculated as follows:

$$ZF = 2,250 \text{ kcal/day} \times \text{TJS } 0,00180560073/\text{kcal} = \text{TJS } 4,06/\text{day or}$$

$$ZF = \text{TJS } 4,06/\text{day} \times 365 \text{ days}/12 \text{ months} = \text{TJS } 123,57/\text{month} \sim = \text{TJS } 123,57/\text{month}.$$

A non-food portion of the poverty line calculated according to 2015 Methodology Note is TJS 158,71/month – TJS 123,57/month = TJS 35,14/month.

$$ZL = ZF + ZNF: \text{TJS } 158,71/\text{month} = \text{TJS } 123,57/\text{month} + \text{TJS } 35,14/\text{month}.$$

Therefore, the total poverty line for 2014 is determined as TJS 158,71/month. This is a base value for the estimation of social protection floor extension scenarios.

Minimum social standards are applied in Tajikistan's health care system, social protection programmes, and social services. The minimum social standards of the health care system include:

- List and scope of certain health care services provided free-of-charge by public health care facilities;
- Categories of citizens provided with health care services free of charge;
- List of main medicines with regulated and fixed prices, as well as categories of persons entitled to receive these medicines free of charge or at reduced price;
- Sanitary and epidemiological regulations and standards;
- Rates of public expenditure on health care per capita;
- Procedure of financing health care facilities from budgets at national, regional, local, or other levels.

The minimum social standards for social assistance and social services include:

- The procedure of the establishment and operation of non-budget social funds;
- Categories of citizens in need of social assistance;

- Lists and rates of consumption of social services and social assistance provided by social service centres to the population free-of-charge, or on a preferential basis;
- The procedure of financing social protection institutions from budgets at national, regional, local, or other levels.

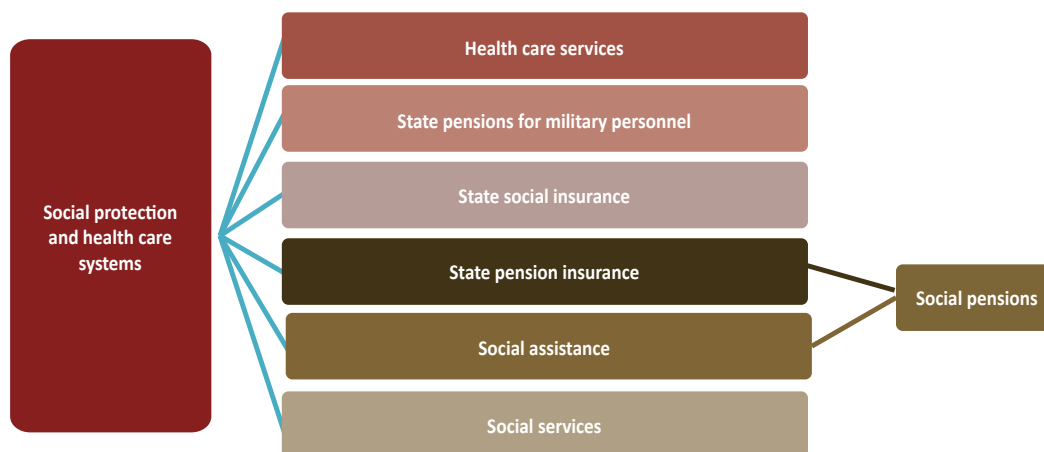
In accordance with the Law on Subsistence Minimum, in 2009 the value of the minimum consumer basket was estimated and established. However, since then this value has not been re-estimated, preventing the adequate assessment of social protection floors. Therefore, the assessment was made based on indicators defining the poverty line of TJS 158.71, and other indicators reflecting the wellbeing of households and individuals.

1.3.3. Social protection and health care

Social protection and health care in Tajikistan includes:

- (1) health care services;
- (2) State pensions for military personnel;
- (3) State social insurance to protect employed and self-employed persons in the event of positive social risks, such as maternity, and negative social risks such as sickness and invalidity;
- (4) State pension insurance and non-contributory social pensions to persons ineligible to receive social insurance pensions;
- (5) social assistance programmes to protect the poor and vulnerable; and
- (6) social services.

Figure 17. Social protection and health care



Source: Figure prepared by authors based on Assessment Matrix and Legal Framework of the Republic of Tajikistan.

1.3.3.1. Health care

Health care policies focus on providing access to health care and quality food, promoting a healthy life style, and implementing high-tech health care services. The main policy

priorities include the integration of primary health care services based on family medicine, restructuring the hospital sector, and strengthening government monitoring of health care and pharmaceutical operations. Intensive efforts for updating the health care legal framework create favourable conditions for successful process of further reforming.

Tajikistan has established a number of programmes of free of charge health care services. These programmes include free emergency medical aid, free placement at social health care facilities, free orthopaedic equipment, and the pilot programme of guaranteed health care services that is gradually being extended.

The following documents form the strategic framework for development of health care system in the Republic of Tajikistan:

- National Health Strategy of the Republic of Tajikistan, 2010–2020;
- Nutrition and Physical Activity Strategy for the Republic of Tajikistan, 2015–2024;
- Programme on Training Health Care Professionals, 2010–2020;
- National Programme of Healthy Lifestyle in the Republic of Tajikistan, 2011–2020;
- Programme on Improvement of the Provision of Safe Drinking Water to the Population of the Republic of Tajikistan for 2008–2020;
- Strategy on Prospects for Prevention and Control of Non-communicable Diseases and Injuries in the Republic of Tajikistan for 2013–2023.

In 2013–2014, intensive efforts were made to strengthen and improve the administration of the health care system and create an affordable, sustainable, and transparent system of health protection in Tajikistan. The Ministry of Health of the Republic of Tajikistan was transformed into the Ministry of Health and Social Protection of Population of the Republic of Tajikistan (MHSP), which, in addition to health and health care, also became responsible for the social protection of population.²⁹

The following outcomes were achieved through measures taken in the period of 2011–2016: relatively high life expectancy at birth, increased share of primary health care expenditures in total health expenditures, decrease in incidence of first-time diagnosed diseases, reduction of infant mortality, and some improvements in the level of food consumption. However, there is still much to be done with regards to improving dietary patterns, in particular addressing the deficiency of micronutrients such as iodine, iron, and vitamin A.

a. Health insurance

Although the Law ‘On health insurance in the Republic of Tajikistan’ No. 408 was adopted in 2008, it has not been realised so far. In 2014, a comprehensive process was launched to explore the possibilities of financing reforms in Tajikistan’s health care system. After a study on the feasibility of future reforms, it was decided to prepare a Road Map for the

²⁹ Decree of the President of the Republic of Tajikistan № 12 of 19 November 2013 ‘About improvement of structure of executive bodies of state authority of the Republic of Tajikistan’.

implementation of mandatory health insurance in 2017. The Road Map included measures such as extended payment for cases where treatment in inpatient facilities is required, as well as an accumulation of funds at a regional level. However, these efforts have not resulted in the introduction of mandatory health insurance.

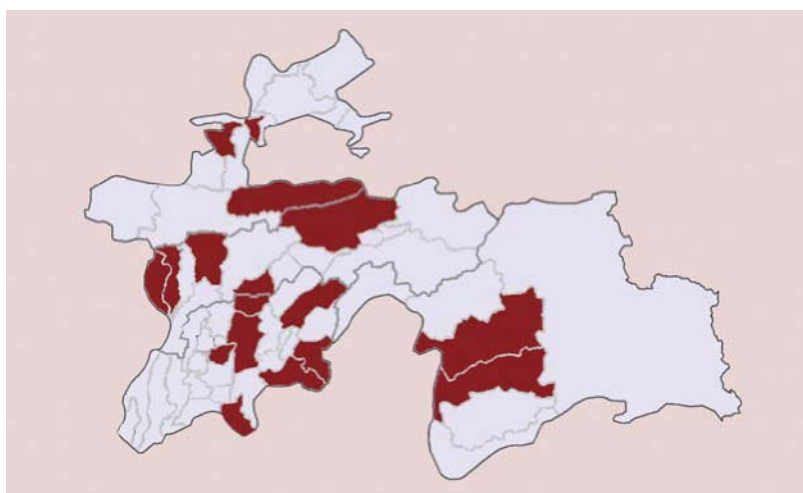
According to the Law, the Programme of Mandatory Health Insurance consists of basic and supplementary schemes. The basic scheme covers the provision of free health services and medicines to Tajik citizens within the framework of programmes of State guarantees for health services, regardless of the amount of contributions in the single payer system. The supplementary scheme covers the provision of health services and medicines, rehabilitation, and health-improving measures on a co-payment basis, including payments by insured citizens.

The law 'On health insurance' specifies that citizens employed under employment contracts and individual entrepreneurs shall be covered by mandatory health insurance through contributions. In addition to this, participants of the Second World War, non-working retired persons, disabled persons unemployed persons registered with the employment agencies, children, and students shall be covered by mandatory health insurance through government financing.

b. Guaranteed health care services

The Programme of Guaranteed Health Care Services³⁰ is the main programme of Tajikistan's health care system. Its role is to regulate the provision of primary health care (prevention, diagnosis, treatment); specialised healthcare at an outpatient level; the provision of medicines and vaccines at an outpatient level; immunization; health care in hospitals; and dental care. The Programme is financed from the government budget and through co-payment by beneficiaries.

Figure 18. Coverage of the Programme of Guaranteed Health Care Services



Source: Figure is prepared by authors.

³⁰ Decree of the Government of the Republic of Tajikistan No. 90 of 25 February 2017 'On State guarantee programme for provision of health care in pilot regions of the Republic of Tajikistan for 2017–2019'.

Guaranteed health care services are not provided all over the country, however the Programme is gradually being extended to more regions and districts. It has been decided to continue the realization of the Programme in cities including Sarband, Nurek, Tursunzade, Istravshan, and in the districts such as Dangara, Panj, Mir Said Alii Khamadoni, Spitamen, Asht, Shugnan, Rasht, Shakhrinav, Varzob, and Faizobod, as well as to extend the Programme on January 1, 2017, to the city of Istiklol and districts such as Kukhistoni Mastchokhskom, Khovaling, Rushan, and Shamsiddin Shokhin.

In the pilot areas, health care services are provided at four levels: firstly, at the rural area level; second, at the district and city level; third, at regional level; and fourth, at the national level. People in rural areas receive primary health care from family doctors in rural health centres or from primary health workers, nurses, and midwives in rural health houses. Health centres at the district and city level have family doctors and specialized health care professionals who provide outpatient services. The structure of district and city health centres can differ.

The Ministry of Health and Social Protection of the Population ensures access to primary health care services through a basic package of services. According to Governmental Decree, vulnerable groups are exempt from payment for certain types of health care services, while other groups make co-payment as specified in the official price list³¹. The Government has approved the following documents:

- Procedure for providing health care services to citizens of the Republic of Tajikistan by public health care facilities;
- Price list of health care services provided to citizens of the Republic of Tajikistan by public health care facilities;
- List of free health care services provided to citizens of the Republic of Tajikistan by public health care facilities.

Progress in the provision of primary health care services has been achieved due to the strengthening of family medicine with the following positive results: the development and standardization of health care services, a sufficient number of family doctors in health care facilities, continuous improvement in the quality of health care services. Family medicine is a key component of primary health care services. The family medicine programme requires extension and strengthening of family medicine, which provides a patient's first contact with the system.

1.3.3.2. Pensions for military personnel are provided as the remuneration for duty to military personnel, as well as law enforcement officials and their family members. These include long service pensions, disability pensions, and survivors' pensions. Pensions for military personnel are financed from State budget. Relevant state institutions of the law enforcement system are responsible for management and administration of pensions for military personnel.

³¹ Decree of the Government of the Republic of Tajikistan No. 600 of 2 December 2008 'On the procedure for providing healthcare services to citizens of the Republic of Tajikistan by public health institutions'.

1.3.3.3. State social insurance and pension insurance

State social insurance in Tajikistan covers workers with employment contracts, individual entrepreneurs, individuals, and members of dehkan farms. Insurance contributions are collected as a social tax paid on a mandatory basis. In general, social tax is paid by³²:

- Legal entities – employers which pay wages to employees and pay individuals for services rendered under employment contracts;
- Workers with employment contracts;
- Individual entrepreneurs;
- Members of dehkan farms without corporate status.

When a worker is employed, in accordance with their employment contract, a standard rate of social tax is paid, specifically 25 per cent by the employer and 1 per cent by the worker.³³ The social tax at the rate of 25 per cent includes: social insurance contributions, pension insurance contributions, and unemployment insurance contributions. An employed worker pays the pension insurance contribution, which is deducted from 1 per cent of their wage, which is taxed and transferred to the individual's savings account.³⁴

Individual entrepreneurs working under certificate pay the social tax at the rate of 1 per cent of their taxable income. The taxable income of individual entrepreneurs and members of dehkan farms is determined as the declared income in money and (or) in kind. Individual entrepreneurs working under patent pay for the patent, and a part of this payment makes up their insurance contributions.³⁵

Labour migrants, who are citizens of the Republic of Tajikistan, may pay the social tax on a voluntary basis if they submit a relevant application in writing to the local tax authorities at their place of residence in Tajikistan.

Under social and pension insurance, two types of cash benefits are paid to replace a loss of earnings. In the first case, cash benefits are paid for a long-term period or for life. This type of benefit includes: old-age pensions or occupational pensions, which have not been implemented in full, disability benefits (pensions), and survivors' benefits (pensions). In the second case, cash benefits are paid for a specific short period. This type of benefit includes: temporary disability (sickness) benefits, maternity benefits, unemployment benefits, child benefit paid as a lump sum, child benefits paid on monthly basis, and funeral benefit for a poor family member. Therefore, State social insurance in Tajikistan secures the provision of the following benefits:³⁶

³² Article 212 of Tax Code of the Republic of Tajikistan.

³³ Article 213 of Tax Code of the Republic of Tajikistan.

³⁴ Article 23 of Law of the Republic of Tajikistan No. 517 of 13 December 1997 'On State social insurance'.

³⁵ Decree of the Government of the Republic of Tajikistan No. 451 of 31 August 2012 'On approval of tax rules for individual entrepreneurs operating under patents or certificates' Instructions on calculation and payment of social tax, approved by Decree of Tax Committee under the Government of the Republic of Tajikistan No. 1-F of 11 January 2013.

³⁶ Article 9 of Law of the Republic of Tajikistan No. 517 of 13 December 1997 'On State social insurance'.

- Old-age pension, disability benefit (pension) and survivors' benefit (pension);
- Occupational pension;
- Temporary disability benefit;
- Maternity benefit;
- Family benefit;
- Unemployment benefit;
- Funeral benefit for a poor family member;
- Spending on health improvement of workers and their family members, as well as on other activities aimed at the provision of occupational health and safety and health improvement of workers and their families;
- An additional pension component financed through contributions of the insured to individual savings account.

The Agency for Social Insurance and Pensions and its territorial offices are responsible for the administration and management of the State social insurance system. The Agency keeps individual records of all working citizens to determine their entitlement to pension. The Tax Committee oversees the collection of insurance contributions. The Agency and the Committee are both subordinate to the Government of the Republic of Tajikistan.

a. State social insurance

Temporary disability benefit

Temporary disability benefits are provided in the case of employment injury, occupational disease, or general sickness.³⁷ Temporary disability benefits account for 60 to 100 per cent of the wage. The level of this benefit amounts to 100 per cent of the wage in case of employment injury or occupational disease. In case of general sickness, the benefit is paid in the amount of 60 to 70 per cent of the wage depending on the qualifying insurance period of up to 8 years or longer. Individual entrepreneurs covered by the State social insurance system are entitled to temporary disability benefits in accordance with general practice.

Maternity benefit

Maternity benefits are paid in the amount of total earnings over the full period of maternity leave taken, regardless of the number of days in the prenatal and postnatal portions of the maternity leave. Women are entitled to a period of maternity leave of 70 calendar days before childbirth, and 70 calendar days after childbirth. In the event of complications during childbirth, this period can be extended up to 156 days, and in the event of multiple births, maternity leave can be extended up to 180 calendar days.

Family benefit

In connection with childbirth, a lump-sum child benefit and monthly child benefits are paid. The benefits are paid in the company or education institution where one of the parents works or studies.

The lump-sum benefit is paid after childbirth. When maternity leave is given to care for a child up to the age of one and a half, the monthly benefit, financed by the social insurance fund, is paid in the amount of 100 per cent of the indicator for calculations, namely TJS 50, over the entire leave period, in the company where the parent works. The indicator for calculations is a unit used to calculate social benefits and allowances; it is established every year according to the Law on government budget.³⁸

Additionally, targeted social assistance is provided upon a family demonstrating proof of need. This type of benefit will be discussed in detail in the section 'Social assistance'.

Unemployment benefit

Unemployment benefit is temporary support guaranteed by the State and provided to registered unemployed persons entitled to it. The entitlement to and payment procedure of the unemployment benefit is established in the Law 'On the promotion of employment'. The period of payment of the unemployment benefit is no more than three calendar months per year.

The amount of the unemployment benefit is as follows: in the first month it measures 50 per cent of the average wage received in the last job using the last six months of work, however this figure cannot be lower than the statutory minimum wage (TJS 400)³⁹. In the second and third month of receiving unemployment benefits, the per centage figure drops to 40 and 30 per cent respectively.

b. State pension insurance system and occupational pensions

State pension insurance

The Law of the Republic of Tajikistan 'On contributory and non-contributory social pensions', enacted on January 1, 2013, states that the amount of a pension depends on the sum of contributions, amount of the wage, and period of contributions (period of employment). Thus, the longer the period of employment of the insured person, the higher the amount of the contributory pension received. In accordance with the Law, the following types of contributory pensions are paid:

- *Old-age pensions*: on a general basis, is provided to men aged 63 who have completed 300 months (25 years) of contributions, as well as to women aged 58 who have completed 240 months (20 years) of contributions. Men aged 63 and women aged 58 who do not satisfy the minimum qualifying period of contributions are entitled to apply for the non-contributory pension.

³⁸ Article 1 of Law of the Republic of Tajikistan No. 350 of 5 January 2008 'On the indicator for calculations'.

³⁹ Article 27 of Law No. 44 of 1 August 2003 'On the promotion of employment'.

- *Disability benefit (pension)*: in the event of a contingency, this is provided to an insured person who has completed, prior to the contingency, 60 months of contributions. Persons ineligible to receive contributory benefits are entitled to apply for non-contributory benefits.
- *Survivors' benefit (pension)*: in the event of a contingency, this is provided to an insured person who has completed, prior to the contingency, 60 months of contributions. Persons who are ineligible to receive contributory benefits are entitled to apply for non-contributory benefit.

State non-contributory social pensions and benefits financed from State budget are paid as specified by Law. This type of pensions and benefits is discussed in details below in the Section 'Social assistance'.

The contributory pension has two components: a solidarity component and an individual component. A basic pension is used as a unit to calculate pensions.

- *The solidarity component* is calculated as the factor of the period of contributions multiplied by the notional capital of the insured person and divided by the number of expected months of payment (180 months). The factor of the period of contributions is determined as the period of contributions of the insured person divided by the qualifying period of contributions, which is equal to 300 months for men and 240 months for women.
- *The individual component* of contributory pension is calculated based on the total amount of the 1 per cent contributions transferred by the insured worker to individual savings account. The sum of the solidarity component and individual component make up the total amount of the contributory pension.
- *The basic pension*, a unit used for the calculation of pensions and supplements, is paid to those persons whose solidarity component of contributory pension is less than the statutory minimum pension, i. e. TJS 156. Out of all of the above, only this difference is covered from the State budget.

Occupational pensions

Occupational pensions to employed workers shall be financed by employers due to hazardous and hard working conditions, with the possibility to lead to the loss of capability to work before the retirement age. This type of pension insurance is established by law, however the law has not been implemented, the contributions and pensions are not currently being paid out, the list of relevant productions, jobs, and occupations has not been finalized so far, and neither the efficient collection mechanisms nor monitoring have been realized, which has led to this law being 'in limbo'.

1.3.3.4. Social assistance

Social assistance in many countries, in particular developing countries, is a complex and intricate system, which includes a number of various non-contributory social benefits, cash transfers, and allowances provided in fragmented ways to different categories of

citizens. Thus, Tajikistan has more than 540 types of social guarantees, transfers, benefits, and subsidies financed from government budget, which are provided to 92 categories of citizens (veterans, disabled persons, children, unemployed persons, students, poor families, and others).⁴⁰ This Section focuses on non-contributory social pensions and targeted social assistance as the most important programmes in terms of spending and coverage.

a. Non-contributory social pensions

Laws and regulations of the Republic of Tajikistan set forth that a person ineligible, for whatever reason, to receive contributory pension is provided with the following types of non-contributory social pensions:

- Old-age non-contributory pension (men aged 63 and women aged 58);
- Disability non-contributory benefit (pension);
- Survivors' benefit (pension).

Social non-contributory pensions and benefits are paid at the rate of 60 to 200 per cent of the basic pension (TJS 156). The old-age non-contributory pension is paid at the rate of 60 per cent of the basic pension, while the amount of disability non-contributory benefit varies from 60 to 100 per cent. Survivors' benefit ranges between 60 and 120 per cent, or between 100 and 200 per cent of the basic pension, depending on the number of dependent children surviving after the death of one or both parents.

b. Targeted social assistance

In 2017, applications for targeted social assistance were received from 59,643 families, 48,421 applications, including personal data on the property of each family member, were downloaded in the database. After data processing, it was decided to provide targeted assistance for 41,241 applicants.

Taking into account the weight of each indicator, a family application is individually assessed and a family wellbeing index is determined as a number of points. The points are calculated using automatic data processing programmes with separate formulas for rural and urban residents. The region of residence of the family is also considered. A family is recognized as poor when the wellbeing index measures 222 points or lower.

The Law of the Republic of Tajikistan No. 1396 of 24 February 2017 'On targeted social assistance' came into force on January 1, 2018.

1.3.3.5. Social services

Social care service providers act to support people in difficult life situations through social care services. This is a situation when a normal life of a person is disturbed, or a person is not able to overcome difficulties themselves. These include: disability, old age, sickness, consequences of employment injury or occupational disease, loss of a breadwinner,

⁴⁰ The Concept of Social Protection of Population of the Republic of Tajikistan approved by Decree of the Government of the Republic of Tajikistan No. 783 of 29 December 2006 (Article7).

loneliness, loss of parents, neglect, homelessness, addiction, consequences of violence or situations involving risk to life, as well as other difficult situations.

Social care service providers render social care services at home, in residential social service institutions, and at temporary placement institutions. Various combinations of social care services on long-term and regular basis are provided for social support (casework), social adaptation and rehabilitation with the aim of recovering the normal life of a person after a difficult life situation.

Social services are provided to children, disabled persons, unemployed persons, and old-age persons who are unable to, either in full or in part, care for themselves. The system of social care services is financed from the government budget.

Other social services rendered in Tajikistan include: free use of State-owned sports and recreation centres, health resorts, as well as training and education services which are not provided on a mandatory basis to vulnerable persons (in the case of poverty, disability). Training and education services are guaranteed by the State in the following forms: free secondary general education and primary vocational education, secondary and higher vocational education; free one-time vocational education at different levels; free promotion of employment; as well as vocational training, retraining and advanced training. These services mainly focus on personal development and better interaction in society, including efficient labour activities, rather than on the immediate solutions to the social problems of a person.

1.4. Social expenditures on health, education, social protection, social insurance, and pension insurance

State finance in the Republic of Tajikistan is a system of money relations, with regards to the establishment, distribution and use of funds, accumulated cash, and other financial resources through central and local government budgets, as well as government special funds.

The State budget of Tajikistan has two levels. The first level consists of the central government budget and government special funds. Local government budgets of regions, cities and districts form the second level.

The budget of government special fund consists of monetary resources which shall be used for realization of rights of citizens to health protection, free health care services, old-age pensions and social security, protection against unemployment, etc.

In 2017, public social expenditures in Tajikistan totalled TJS 9 bln 93 mln, which was 15.4 per cent of GDP. Out of the total sum, TJS 3 bln 581 mln was spent on education, TJS 1 bln 441 mln on health care, TJS 822 mln on culture and sports, TJS 3 bln 249 mln was spent on social insurance and social protection with account of social taxes, which made up 5.5 per cent of GDP. A significant portion of 2017 budget, namely TJS 2 bln 578 mln, was allocated to the payment of pensions. Compensation payments and targeted social assistance accounted for TJS 252 mln, at the same time only TJS 57 mln was spent on social

care services, including the funding of social service centres.⁴¹ In 2018, this indicator fell to 5 per cent of GDP.

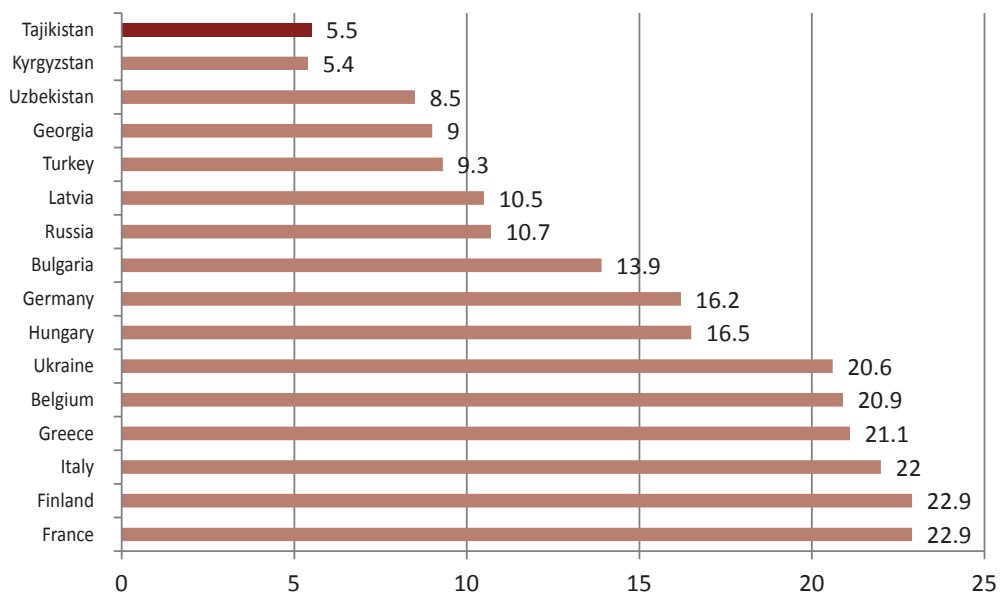
Figure 19. Structure of State budget of the Republic of Tajikistan



Source: Karimova M. T., Vazirov S. Z., Makhkamov B. B., Narziev Kh. Sh. Practicum of Budgetary Analysis-Dushanbe, Irfan, 2015. P. 8.

For comparison, total social protection expenditures in Europe and Central Asia are, on average, higher than in other areas of the world, estimated at around 16.5 per cent of GDP. In many countries, social protection expenditure to GDP ratios have increased, partly as a result of the recession and higher unemployment rates (ILO, 2017). In other countries, expenditure on social protection as a per centage of GDP has decreased as part of fiscal consolidation measures. Tajikistan is among these countries.

Figure 20. Public social protection expenditure (excluding health), % of GDP, 2017



Source: World Social Protection Report 2017–19 (latest available year); Ministry of Finances (data of Tajikistan for 2017).

⁴¹ Ministry of Finances of the Republic of Tajikistan.

The variation between countries is significant: while total social protection expenditure in Finland and France reaches about 23 per cent of GDP, the Russian Federation allocates around 11 per cent, while Tajikistan allocates only 5.5 per cent of their GDP to social protection. In fact, when comparing the regions, Northern, Southern and Western Europe led with an expenditure level of 17.7 per cent of GDP, followed by Eastern Europe with 12.5 per cent. The level of social protection expenditure in Asian countries is 9 per cent of their GDP.

Although social protection and health care expenditures as a per centage of GDP have decreased in Tajikistan, some positive trends can be observed. Social protection and health care expenditures, in monetary terms, have been growing gradually. In 2017, the government special funds for health care and social protection, including social insurance and social assistance, accounted for TJS 1 bln 441 mln and TJS 3 bln 249 mln respectively. In 2018, these amounts were increased by TJS 110 mln and TJS 109 mln, and made up TJS 1 bln 551 mln and TJS 3 bln 358 mln respectively. Health care and social care expenditures increased by 7.6 per cent and 3.4 per cent respectively.

Figure 21. Public social protection expenditure (excluding health), % of GDP, 2017

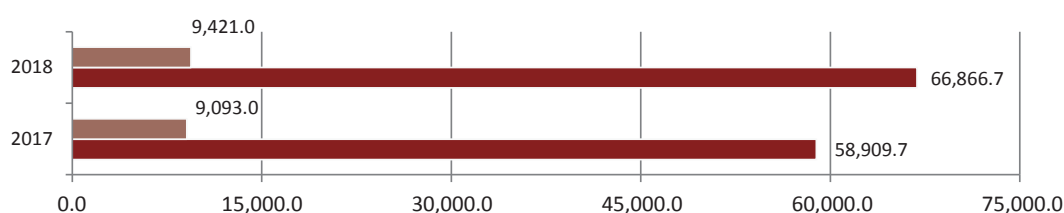


Figure 22. Budget of government special funds for social expenditures, TJS mln

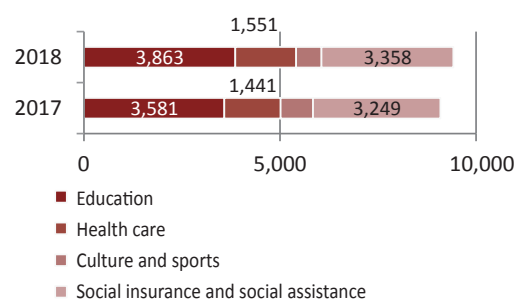
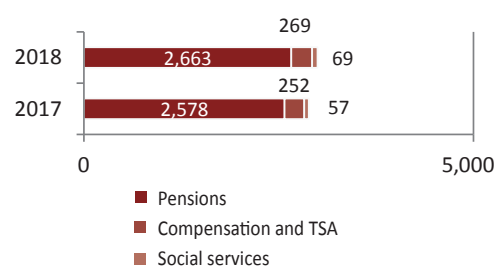


Figure 23. Budget of social insurance and social assistance, TJS mln



Source: Ministry of Finances, 2017.

Compared to other countries in the region, the level of health care and social protection expenditures in Tajikistan is relatively low, mainly due to the low level of pensions and benefits. Financial reforms should focus on two main challenges:

- Low health care and social protection expenditures, high levels of out-of-pocket payments for health care services which prevents access to essential health care services, in particular for vulnerable groups, low levels of pensions and benefits, as well as the informal sector and labour migration;

- Poor capacity of government institutions, outdated processes of resource generation, and distribution restrain the accumulation of funds required to ensure equal access and equity for all; obsolete infrastructure prevents the transition to the management models based on the efficient distribution of expenditures.

Financial policies in the area of health care and social protection should be continuously improved, including the realisation of cost-efficient measures. It is required to focus on the design of performance indicators and stimulate areas that perform better in these indicators. Efforts should be made to improve the quality of the protection of mothers and children, provide better social insurance, the expansion of the formal sector, strengthening the capacity of sectoral government bodies responsible for design of efficient social policies, including the provision of efficient funding in every area of social policy.

2 Assessment-Based National Dialogue on social protection in the Republic of Tajikistan: targets, methodology, and process

2.1. Targets and objectives

The Ministry of Health and Social Protection (MHSP) of the Republic of Tajikistan, in cooperation with government bodies, social partners, civil society, academics, UN agencies, and development partners in the Republic of Tajikistan, have decided to conduct the Assessment-Based National Dialogue on social protection floors. The target of this dialogue is to provide an assessment of the national protection system, to establish new levels of social protection, and to extend the coverage of social protection.

The Assessment-Based National Dialogue on social protection floors has the following objectives:

- To provide an assessment of the social protection system in the Republic of Tajikistan. The following stakeholders should be engaged in the dialogue: the government of the Republic of Tajikistan, including government agencies and institutions, social partners, UN agencies, civil society, academics, and social protection experts. A working group need to be formed.
- To run training workshops and deliver lectures about social protection floors for the dialogue participants who are expected to reach a final agreement on the issue of the extension of social protection floors.
- To realise social protection measures specified in the mid-term national development strategies of the Republic of Tajikistan. In particular, this requires the arrangement of the discussion among tripartite constituents about the ratification of Social Security (Minimum Standards) Convention, 1952 (No. 102), and to introduce the provisions of the Social Protection Floors Convention, 2012 (No. 202), into the national legislation of the Republic of Tajikistan.
- To identify priority areas for development of social protection for the mid-term and long-term periods; design measures to establish universal and comprehensive social protection system ensuring universal access and the main human right to social protection.
- To propose the various options of SPF extension to the Government and President's Office that may be included in future national strategies for mid-term and long-term periods.

2.2. ABND methodology in the Republic of Tajikistan

Four main SPF guarantees are assessed, including guarantees such as health care for all, social protection for children, social protection for working-age persons, and social protection for older persons. The working group is expected to discuss the existing programmes of social protection and social insurance for each of the four guarantees, as well as to identify policy gaps and implementation issues. Furthermore, the working group will develop relevant recommendations and calculate the funds required for the implementation of proposed recommendations. When the funds for immediate or progressive realisation of the proposed scenarios have been calculated, the forecasts will be made for mid and long-term periods. Recommendations and scenarios are expected to address, first of all, the horizontal and vertical dimensions of SPF extension, which will be followed by the development of the national social protection system in general. The following sections describe the proposals given in the framework of the ABND in the Republic of Tajikistan.

2.2.1. Building assessment matrix

The assessment matrix compiles integrated data on the social protection system of the Republic of Tajikistan, with regard to the four main SPF guarantees. The matrix lists and describes the existing and planned social security schemes, including their legal and effective coverage, identifies policy gaps and implementation issues, while providing policy recommendations related to every gap and barrier. The proposed recommendations focus on the provision of guaranteed social protection floors for all residents.

The assessment matrix shows whether current and planned national social protection standards comply with international standards or not, and includes recommendations for the elimination of identified gaps and non-compliances with regard to the four SPF guarantees. At the same time, the matrix is used to design scenarios and to agree on priority recommendations to achieve specific social protection floors.

2.2.2. Estimation of expenditures for implementing the identified priority recommendations and relevant scenarios

Based on the assessment matrix and in line with the review and evaluation of national social protection schemes, including identified gaps, barriers, and recommendations, the working group agreed on priority activities and proposed certain measures and scenarios. The scenarios were estimated using the ILO Rapid Assessment Protocol (RAP). The Rapid Assessment Protocol is a simplistic projection model that aims at estimating the current and future costs of extending the coverage and increasing the levels of one or more benefits.

The first section of RAP sets the social and demographic statistic indicators of the Republic of Tajikistan. These indicators include demographic, labour market, and macroeconomic frameworks and changes in the government's revenues and expenditures.

Figure 24. Structure of assessment matrix

Description of existing social protection programmes

| Scheme | Over-view | 1 | | 2 | | 3 |
|---|-----------|---|-----------------|---|-----------------|--|
| | | Policy gaps | Recommendations | Obstacles for implementing the scheme | Recommendations | Comments |
| General system gaps/difficulties in health care system | } | SPF guarantees not achieved and recommended solutions | | Obstacles to achieve SPF guarantees and recommended solutions | | Additional comments of the working group members |
| Schemes | | | | | | |
| General system gaps/difficulties in social protection for children | | | | | | |
| Schemes | | | | | | |
| General system gaps/difficulties in social protection for working age persons | } | Four SPF guarantees | | | | |
| Schemes | | | | | | |
| General system gaps/difficulties in social protection for older age persons | } | | | | | |
| Schemes | | | | | | |

Source: The complete assessment matrix is built by ILO and ABND Working Group in the Republic of Tajikistan. For further information refer to: <http://www.social-protection.org/gimi/gess/ShowProject.action?id=3053>

‘The proposed recommendations and identified priorities may be considered for including in the current and future national development strategies and programmes such as Social Protection Development Strategy and other strategies aimed at promoting the wellbeing of people of the Republic of Tajikistan in the mid-term and long-term periods.’

Recommendation adopted at the Third Assessment-Based National Dialogue on Social Protection Floors in the Republic of Tajikistan, December 1, 2017

The second section helps estimate the future costs related to the higher levels of benefits and coverage extension. Various scenarios of SPF extension have been designed in accordance with the proposed recommendations, while the scenario costs are evaluated using the tool provided in the second section. ILO preliminary estimations of scenarios were submitted to the working group for consideration during the third round table of the ABND. After a discussion on the submitted scenarios, the working group identified the most efficient and feasible scenarios for the mid and long-term periods.

The third section presents the final results of the priority scenarios proposed by the working group and estimated by ILO specialists with the help of the Rapid Assessment Protocol model. The estimated future costs are presented in the national currency, as a percentage of GDP and, as a percentage of government expenditure. The applied estimation methods and obtained results for the priority scenarios are described in detail in Section 2.4.

2.3. ABND in the Republic of Tajikistan: process and recommendations

The Ministry of Health and Social Protection of the Republic of Tajikistan, in cooperation with government bodies, social partners, civil society, and UN agencies in the Republic of Tajikistan, decided on February 9, 2017, to conduct an Assessment-Based National Dialogue on Social Protection Floors (ABND-SPF) to provide an assessment of the national protection system, identify gaps, and prepare recommendations for SPF establishment and extension.

The ABND was conducted in accordance with the Decent Work Country Programme of the Republic of Tajikistan, 2015–2017, between the tripartite partners of the Republic of Tajikistan and the International Labour Organization (hereinafter referred to as the Decent Work Country Programme) approved by Decree of the Government of the Republic of Tajikistan No. 103 of 28 February 2015.

The main steps of National Dialogue in the Republic of Tajikistan:

1. To build the assessment matrix of the social protection system and to identify gaps with regard to the basic guarantees set forth in the Social Protection Floors Recommendation, 2012 (No. 202);
2. To develop recommendations and scenarios of coverage extension and higher levels of social protection for various groups of the population;
3. To submit to the Government and President Office the approved recommendations and identified priorities with proposals to include them in the current and future national development strategies.

2.3.1. The first step: assessment matrix

On February 9, 2017, the Ministry of Health and Social Protection of the Republic of Tajikistan and the International Labour Organization held the first round table as a part of the ABND. The round table combined more than 70 participants from ministries, government agencies and funds, social partners' organizations, UN agencies, NGOs, and universities. The participants recognized the importance of the ABND in Tajikistan and decided to start the process of the national dialogue.

Review of social protection laws: October to December 2015 and November 2016 to January 2017

According to the signed Decent Work Country Programme, the ILO made a preliminary legal assessment of the social protection system and built the first version of the

assessment matrix. In June 2016, the ILO initiated a project to provide technical support to the Republic of Tajikistan during the general assessment, national dialogue, and design of recommendations aimed at the establishment and enhancement of social protection floors. In late 2016, the ILO, in cooperation with relevant stakeholders, completed the first stage of building the assessment matrix, which covered all existing and planned schemes of social protection.

Start of the National Dialogue: the first meeting of social protection experts and establishment of a working group (February, April, and May, 2017)

In line with the Decent Work Country Programme and at the initiative of Ministry of Health and Social Protection, on February 9, 2017, the first round table was held where the participants discussed the SPF and the start of the national dialogue in the Republic of Tajikistan.

Recognizing the relevance and timeliness of the Assessment-Based National Dialogue, the participants of the first high-level round table agreed to arrange the first meeting of experts and establish a working group.

On April 25 to 27, 2017, the first round of discussions took place in Dushanbe within the framework of the Assessment-Based National Dialogue on social protection floors in the Republic of Tajikistan. For the first round of discussions, in line with ILO Recommendation No. 202, the assessment matrix of social protection schemes of four SPF guarantees was built. The participants of the first round identified policy gaps and implementation issues, and designed recommendations for overcoming existing difficulties and barriers. On May 16, 2017, the Ministry issued Order No. 978 about the establishment of an SPF working



Launch of the National Dialogue, February 9, 2017, Dushanbe, Tajikistan

group. It was established at two levels: (a) a Steering Committee, and (b) an Expert Working Group. The group included experts from ministries, government agencies and funds, civil society organizations, academia, social partners' organizations, UN agencies, international financial institutions, and donors. Thus, the working group became an integrated working platform with the ability to carry out in-depth analysis and discuss general and specific issues of social protection.

The second meeting of experts and steering committee: May 2017

On May 24 to 25, 2017, Dushanbe hosted the second round of the Assessment-Based National Dialogue on Social Protection Floors in the Republic of Tajikistan. On May 24, the ABND participants of the second round table updated the assessment matrix and added newly identified gaps and recommendations.

On the completion of the second round on May 25, the assessment matrix was submitted to the ABND Steering Committee. A round table of the Steering Committee discussed and approved the Resolution of the second Assessment-Based National Dialogue on Social Protection Floors in the Republic of Tajikistan of May 25, 2017.



The first meeting of experts, Dushanbe, April 25—27, 2017

It is worth noting that the participants of the first and second meetings revealed the following common challenges existing in every area of social protection:

- Low awareness and poor knowledge of social rights by citizens;
- A lack of accurate and complete information on beneficiaries and structure of those beneficiaries who receive specific health care services and various types of social assistance;

- A lack of complete information on the sources of funds, such as the government budget, social taxes, donor funds, personal savings, charity funds, etc., allocated to the social protection of vulnerable groups;
- A lack of common agreed minimum standards and failure to make regular calculations of the subsistence minimum established by national laws.



The second meeting of experts, Dushanbe, May 24, 2017



The second meeting of experts, Dushanbe, May 24, 2017

2.3.2. The second step: identification of national priorities and implementation scenarios

The third meeting of the expert working group and the second round table of the Steering Committee

On November 28 to December 1, 2017, the ABND Working Group was convened to formulate recommendations and propose priorities and policy scenarios in social protection area.

This round of the national dialogue included wide consultations and the discussions of key issues. Using the ILO Rapid Assessment Protocol, the participants calculated the expected costs of introducing higher levels of benefits and pensions for various scenarios. The priority measures and scenarios determined at the final consultations were submitted to the ABND Steering Committee. With this in mind, the Steering Committee agreed to the extension of social protection floors and adopted the Recommendation of the third Assessment-Based National Dialogue on Social Protection Floors in the Republic of Tajikistan of December 1, 2017. Please, refer to Box 3 for the recommended measures.



The third meeting of the expert working group, Dushanbe, November 28, 2017



The second round table of the Steering Committee

Box 4. Recommended measures

As a result of discussions and consultations at the Third ABND, the following recommendations and national priorities in social protection are identified:

Health care for all

Ministries, government institutions, and agencies propose to:

- Introduce mandatory health insurance;
- Enhance access to guaranteed health care services.

Civil society and social partners propose to:

- Guarantee the provision of good-quality and affordable (in terms of geographical access and financial affordability) health care services;
- Ensure good quality free emergency medical aid.

International organizations propose to:

- Increase the number of health care workers, including family doctors, and to raise the wages of health care workers;
- Extend the package and coverage of guaranteed health care services to all regions of Tajikistan.

Social protection for children

Ministries, government institutions, and agencies propose to:

- Provide good-quality targeted social assistance to children;
- Provide good-quality and affordable legal protection for children.

Civil society and social partners propose to:

- Provide access to good-quality preschool, school, and vocational education, as well as good and healthy nutrition;
- Provide higher levels of all social benefits and increase the eligibility age of beneficiaries with disabilities to 18 years (children who suffer HIV, diabetes, tuberculosis, etc.).

International organizations propose to:

- Increase the level of targeted social assistance benefits and extend the coverage to children under 18, with the provision of required social services;
- Improve the quality of and access to education.

Social protection for working age persons

Ministries, government institutions, and agencies propose to:

- Increase the level of child benefit up to two indicators for calculations;
- Make unemployment benefit equal to the minimum wage.

Box 4 (continuation)

Civil society and social partners propose to:

- Ensure social protection guarantees for labour migrants (health care and social insurance);
- Extend maternity protection coverage and pay maternity benefits to all women (non-working women and those employed in informal or agricultural sectors).

International organizations propose to:

- Establish a pension security system for labour migrants;
- Extend the group of beneficiaries of non-contributory social benefits (informal workers, persons who have left a residential care facility).

Social protection for older persons

Ministries, government institutions and agencies propose to:

- Improve the calculation method of contributory pensions;
- Increase the amount of non-contributory old-age pensions to 80 per cent of the established amount of the basic pension.

Civil society and social partners propose to:

- Increase the amount of non-contributory old-age pensions;
- Provide a decent and good-quality long life for older persons, through equal access to health services, pension security, social care services, and labour.

International organizations propose to:

- Extend the coverage and provide social services to older persons who suffer mental disorders;
- Provide more and better-trained care workers (social workers, psychologists, lawyers) to render care services for older persons.

Taking into account these key recommendations, ABND participants agreed on the following national social protection priorities for the Republic of Tajikistan:

- Guarantee affordable health care services of good quality to all;
- Increase the level of social child benefits and extend the coverage to all children under 18;
- Extend the coverage of maternity and childhood protection to all women and children;
- Increase the amount of non-contributory old-age pensions to 80 per cent of the established amount of the basic pension.

2.3.3. The third step: issue and submission of the analytical report to the working group

Issue of the report: December 2017 to March 2018

The ILO, as a member of the ABND Working Group and a partner that provided technical support during the total process of the national dialogue, prepared the analytical report in the period between December, 2017 and March, 2018. A draft analytical report was submitted to the ABND Working Group for comments and amendments. The final revision of the analytical report is published in Russian and translated into English.

The last round of the national dialogue on social protection: May 2018

The final revision of the analytical report, including agreed recommendations and preliminary calculations of the costs required for implementation of SPF extension scenarios, was submitted to the Government, workers', and employers' organizations, non-government organizations, and UN specialized agencies for formal approval in 2018. Meanwhile, some activities have been conducted with the goal of the fulfilment of priority measures, including the review of maternity protection laws and regulations, as well as the consideration of opportunities for the design of new schemes or the extension of existing ones. A figure below shows the activities carried out at three steps of ABND.

Figure 25. ABND steps in the Republic of Tajikistan



Source: Figure is prepared by the authors.

2.4. Translation of recommendations into scenarios and Rapid Assessment Protocol estimation methods

2.4.1. Translation of recommendations into scenarios

After the assessment matrix and recommendations were designed, different national policy options were discussed and the recommendations were transformed into scenarios for further evaluation and calculation.

Recommendations for the Republic of Tajikistan, as for many other countries, may be of two types:

- ‘The cost of implementing such recommendations may be estimated by the RAP’: these recommendations can be transformed into scenarios and the cost of scenario implementation can be estimated using the RAP model. For example, a number of scenarios developed for Tajikistan imply the extension of social protection coverage, higher levels of benefits, or the introduction of new tax-financed scheme of social protection.
- ‘The cost of implementing such recommendations may not be estimated by the RAP’: these recommendations are beyond the scope of the ABND, and therefore require additional detailed study and evaluation, particularly actuarial calculations. This type of recommendation includes: the introduction of mandatory health insurance, the introduction of social insurance against unemployment, the extension of pension social insurance, access to good quality pre-school, school, and vocational education and training, the improvement of social care services, targeted social assistance schemes, etc.

Following the proposed recommendations, the working group estimated about twenty possible scenarios. Some recommendations (for example, the guarantee of access to efficient and affordable health care services for all, the improvement of the calculation method for the contributory old-age pension, etc.) could not be assessed by means of the RAP tool because they required in-depth study, evaluation, and actuarial calculations. Priorities were given to recommendations that could be estimated using the RAP model. These recommendations included: an increase in the number of health care workers, higher levels of child benefits and extension of social protection coverage to all children under 18, universal coverage of maternity and a childhood protection system, and an increase in the level of non-contributory social pension to 80 per cent of the established level of basic pension. Since these recommendations were in line with current national priorities, they were converted into corresponding scenarios and were estimated with the help of the RAP.

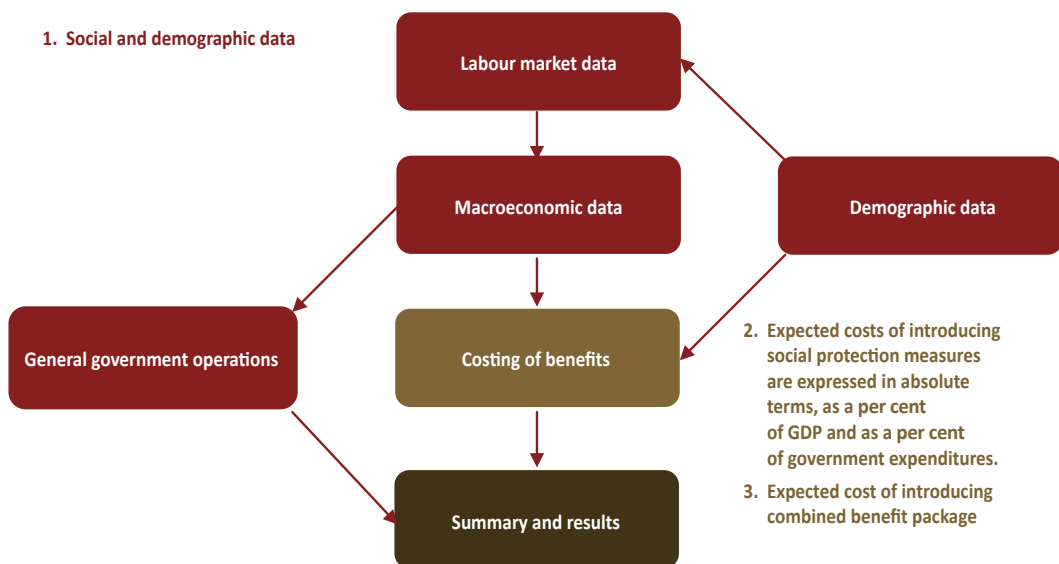
2.4.2. Estimation method: Rapid Assessment Protocol tool

The ILO has used a range of estimation models and tools for the building of national statistical reporting systems, actuarial evaluation, economic and budgetary analyses, the development of social budget models, and the process of conducting research on social protec-

tion concepts, methodology, and policy issues. The RAP is one of these tools, but unlike others, its application does not require special skills or experience. Using RAP model, one can make a quick, simplified evaluation of expected costs when introducing various policy options.

Estimations with the RAP tool formed a part of the second step of the ABND. After converting recommendations into policy options (scenarios), the cost of introducing the proposed social protection measures were evaluated and projected over a seven to twelve year period, with the help of the ILO RAP model. The purpose of this evaluation was to provide cost estimates to be used for discussions on available fiscal space and government budget reallocations. Therefore, the evaluation will contribute to the identification of priority social protection policy options.

Figure 26. Rapid Assessment Protocol model



Source: Social protection assessment based national dialogue: A global guide. Joint United Nations response to implement social protection floors and achieve the Sustainable Development Goals, 2016.

Advantages of RAP model:

- It is a simplistic model that helps illustrate the different scenarios of SPF enhancing;
- It provides practical discussion points on which an efficient national dialogue process can be initiated, in particular for the discussion of social protection reforms in general, as well as the identification of priorities;
- It allows participants to determine the long-term sustainability of social protection programmes by comparing the cost of implementation based on economic indicators such as GDP and government expenditures;
- It applies for the establishment and enhancement of SPF.

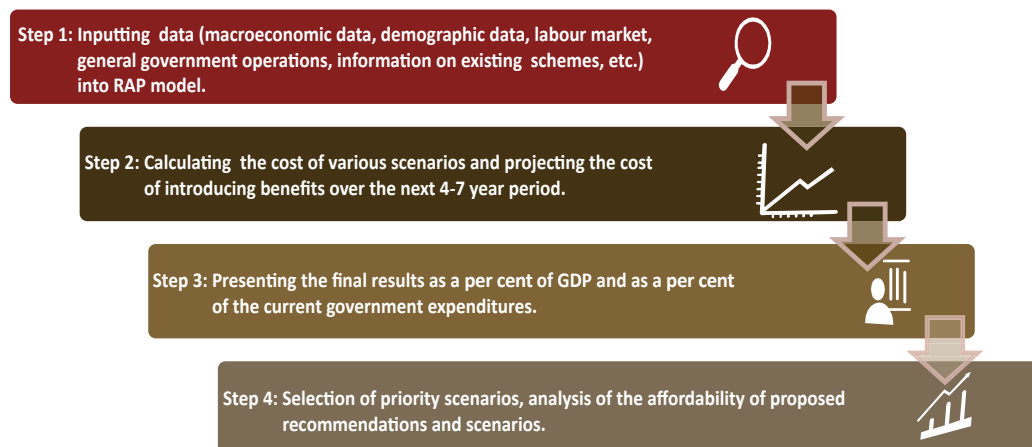
Limitations of RAP model:

- The results are simplistic and approximate (and use a large number of assumptions);
- It cannot be used to calculate social insurance schemes (further, more detailed actuarial studies are required);
- It cannot be used to calculate the costs of ILO convention ratification. Detailed legal and financial evaluation is required to determine the costs related to the ratification of ILO conventions.

2.4.3. Steps of SPF estimation in Tajikistan

A four-step approach was used for the SPF estimation. At every step, certain measures were taken, including data collection, estimation, and the submission of scenarios to the working group, as well as the approval of priority scenarios by the expert working group and high-level group within the framework of the national dialogue.

Figure 27. Steps of assessment of SPF extension



Source: Figure is prepared by the authors

Step 1: Inputting data into RAP model

Statistical data from the Republic of Tajikistan was entered into the five worksheets of the RAP model. The data covered areas such as the population of the country, the labour market, the economic situation and forecasts, as well as government operations. Below is a detailed description of the five worksheets and additional paragraph about the four SPF guarantees.

- (1) Demographic framework: Population data per single age and sex; population projections.
- (2) Labour participation rates and economically active population were entered as male and female labour participation rates and labour force per age group, coupled with projections.

- (3) Macroeconomic framework: various recorded and projected economic indicators, including the inflation rate, average monthly wage, minimum wage, poverty line, poverty rate, GDP growth rate, GDP at constant price, GDP at current price, GDP deflator, labour productivity, unemployment rate, etc. These indicators were used to calculate and project the cost of the social protection extension and to express these cost estimates as a per centage of GDP.
- (4) General government operations: the worksheet provides information on the government's tax and non-tax revenues and expenditures. This information will be used to express the cost estimates of the proposed policy options as a per centage of the government's expenditure and GDP.
- (5) Information about various national social protection programmes of the four SPF guarantees (health care for all, social protection for children, social protection for working age persons and social protection for older persons) was prepared and submitted.

a. Sources of data

A lot of data obtained from various sources was used in the ABND in the Republic of Tajikistan. These sources include: ministry reports, census and households surveys, national accounts, GDP growth estimates, inflation rates, poverty rates, labour force, population, and wage statistical data. Various sources of information were used, including from national and international organizations:

- Statistics Agency under the President of the Republic of Tajikistan;
- Census and national surveys;
- Ministries and government institutions;
- Birth rates and projections from the UN World Population Prospects (UNWPP) and International Monetary Fund (IMF);
- Data from the ILO, UNDP, UNICEF, WHO, and other UN agencies.

A number of scenarios were selected because of the availability of input data for calculations. When data was not available, reasonable assumptions were made.

b. Assumptions

In the process of designing scenarios, collecting information, and making assumptions for cost, calculations were performed in consultation with specialists in appropriate technical areas. When assumptions were made, the levels of benefits were reasonably linked to the poverty line, minimum, and average wages, in addition to other indicators. The coverage rate was ascertained based on the per centage and growth rate of a target group.

The following assumptions were made to calculate scenarios:

- Population growth over the projected period is assumed to be in line with the average birth rates projected in UNWPP;

- Birth rates for certain age groups (national data) are projected based on the estimates of average population growth (UNWPP);
- The identified minimum level will be adjusted in line with inflation;
- GDP and government expenditures are based on IMF projections;
- Administrative cost is assumed to be up to 15 per cent of the total cost of benefits;
- It is assumed that all potential beneficiaries can be covered immediately as maternity protection programmes are already in place in the country. As an alternative option, the coverage rate may be lower at the first stage and progressively increased after implementation.

Step 2: Calculating the cost of various scenarios and evaluating the cost of introducing benefits

After statistical data was collected, this information was used to calculate the costs of the implementation of the SPF extension scenarios. The cost was calculated in absolute terms and expressed in the national currency TJS, as a per centage of GDP, and as a per centage of government expenditure. The costs were then projected until 2025, with relevant recommendations being proposed for the period to 2030. The cost of implementing a scenario was calculated as:

$$\text{Cost} = \text{number of people in the target group} \times (\text{cost of benefits per head (household)} + \text{administrative cost}^{42})$$

A target group includes the persons covered by a certain social protection programme, as a per centage of the total population of the country (for example, poor persons, informal female workers, pregnant female workers in informal economy, etc.). The number of people in the target group over the period until 2025 was determined based on the total population growth, employment rates, and birth rates.

The cost of benefit per head was calculated using various minimum levels (floors) established by national laws and international standards. The following indicators were used as minimum levels (floors):

- The total poverty line is the level of food consumption as a monetary value (extreme poverty line) plus the level of consumption of non-food products and services determined as essential;
- The Standards of Social Security (Minimum Standards) Convention, 1952 (No. 102) and the Maternity Protection Convention, 2000 (No. 183). In this case, the following form of assessment of social protection was used: the average level of pensions and benefits were compared with the average level of payment for work in national economy, i.e., the relative incomes of benefit beneficiaries were compared with the income of employed persons. However, for the purpose of convention ratification, a more sophisticated analysis and more detailed calculations are required.

⁴² ILO assumes that administrative costs are maximum 15 per cent of the total cost of benefits, however the government may change this indicator in accordance with national practices.

Step 3: Presenting the final results as a per cent of GDP and a per cent of current government expenditures

After the cost of the SPF extension or coverage extension were calculated in absolute terms, the obtained value was calculated as a per centage of GDP and as per cent of current government expenditure. A general estimation method is given in Table 3.

Table 3. General estimation method

| Parameter | Actual level of benefits and coverage | Level of benefits and coverage which the country seeks to achieve |
|------------------------------|--|--|
| Level and period of benefits | Actual level of benefits in line with the existing programme | Future level of benefits considering inflation, increase in wages, etc. |
| Target group | Actual number of people in target group | Future number of people in target group based on general population growth, projected growth of certain groups |
| Coverage | Actual number of potential beneficiaries covered | Extension of coverage depending on take-up rate |
| Cost of coverage extension | Actual cost is calculated based on the above parameters | Estimated future cost in absolute terms, as a per cent of GDP, as a per cent of government expenditures depending on GDP growth rates, projected government expenditures |

Source: Based on general concepts of ABND.

Step 4: Selection of priority scenarios, analysis of the affordability of proposed recommendations and scenarios

After the results were presented and discussed during the Third meeting of the ABND experts, the SPF working group identified priority policy options, which were estimated as various scenarios with the calculations of implementation costs. The priority scenarios, selected by the working group and detailed calculations of each scenario, including a combination of scenarios, are given in Chapter 3.

3 Strategy for the extension of social protection floors, social protection programmes, gaps, recommendations, and scenarios for the Republic of Tajikistan

3.1. Strategy for the extension of social protection floors in the Republic of Tajikistan

The social protection system of Tajikistan is based on the Constitution adopted in 1994, Article 1 of the Constitution says that *‘Tajikistan is a social state; its policy is aimed at providing conditions ensuring a dignified life and a free development for everyone’*. The key goals of the national policies include improving living standards of the population and providing social protection to the poor and vulnerable.⁴³ Social protection is an area of social policy.

Figure 28. Areas of social policies in the Republic of Tajikistan



Source: Figure is prepared by authors

The government takes measures to improve the living standards of the population, however not all measures have been successfully realised due to difficulties with the implementation of social policies. Differentiation of levels of income is very high: workers employed in agriculture, health care, culture, training, and education sectors are paid low wages, while workers in credit, insurance and financial organisations, private sector, construction, communication, transport, and industry have high earnings. Informal employment and

⁴³ Message of President of the Republic of Tajikistan in 2006.

labour migration remain high. State social insurance funds are too small to provide decent social transfers and minimum social security guarantees. The level of most social transfers is low. Social transfers do not cover a significant portion of the poor and vulnerable.

The ILO proposes various measures aimed at addressing challenges in the social area. Many countries follow the ILO Social Protection Floors (SPF) Recommendation, 2012 (No. 202), which provides the following important guidelines for the establishment of a social protection system. Social protection is:

- A main human right, a right of all citizens, regardless of their residence, to minimum social security guarantees;
- An economic and social necessity as a tool to prevent and reduce poverty and social exclusion, to promote development, social justice, and equal opportunity;
- Social protection floors are economically feasible and can be established, extended, or guaranteed in any country with due account of national circumstances and level of development;
- Social protection floors should consist of, at least, the following four basic social security guarantees: access to essential health care and to basic income security, which in combination secure the effective access to goods and services defined as necessary at the national level for all citizens, including children, people of working age, and older age people⁴⁴;
- Social security extension strategies should be formulated reflecting the growing national economic and fiscal capacities, in addition to considering ILO appropriate standards.⁴⁵

The Recommendation underlines that countries do not need to delay the establishment of basic social guarantees and the general development of social protection systems: countries with any level of development may start building social protection floors, gradually extending the coverage and increasing standards of social protection.

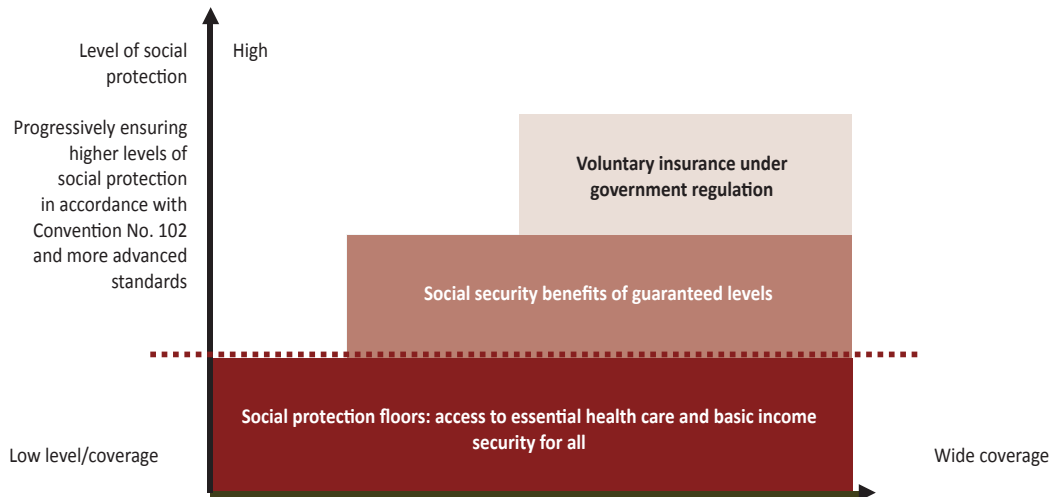
The ILO's two-dimensional social protection strategy includes the extension of SPF coverage to poor and vulnerable groups (horizontal dimension) and higher levels (standards) of social protection (vertical dimension).

Horizontal extension implies the establishment and maintenance of social protection floors for the entirety of the population, in particular for the poor and vulnerable, as a fundamental element of national social security systems. The vertical extension reflects the development of social security systems, progressively ensuring higher levels (standards) of social protection in line with ILO standards.

⁴⁴ ILO Social Protection Floors (SPF) Recommendation, 2012 (No. 202) and Social Security Minimum Standards Convention, 1952 (No. 102).

⁴⁵ Equality of Treatment (Social Security) Convention, 1962 (No. 118); Employment Injury Benefits Convention, 1964 (No. 121); Invalidity, Old-Age and Survivors' Benefits Convention, 1967 (No. 128); Medical Care and Sickness Benefits Convention, 1969 (No. 130); Maintenance of Social Security Rights Convention, 1982 (No. 157); Employment Promotion and Protection against Unemployment Convention, 1988 (No. 168); Maternity Protection Convention, 2000 (No. 183).

Figure 29. Strategy for the extension of social protection floors



Coverage rate of means-tested social assistance to individuals/households in need. Horizontal dimension: coverage extension and progressive provision of guaranteed access to essential health care and basic income security for all in accordance with Recommendation No. 202.

Source: ILO strategy on building social protection floors and universal social security systems.

The basic social guarantees should ensure that, over the life cycle, all in need have access to essential health care and to basic income security, which in combination secure effective access to goods and services defined as necessary at the national level.

The four social guarantees referred to as social protection floors should comprise:

- a) Access to a nationally defined set of goods and services, constituting essential health care, including maternity care, that meets the criteria of availability, accessibility, acceptability, and quality;
- b) Basic income security for children, at least at a nationally defined minimum level, providing access to nutrition, education, care, and any other necessary goods and services;
- c) Basic income security, at least at a nationally defined minimum level, for persons in active age who are unable to earn a sufficient income, in particular in the event of sickness, unemployment, maternity, and disability; and
- d) Basic income security, at least at a nationally defined minimum level, for older persons.⁴⁶

Recommendation No. 202 provides guidelines to countries, while ratifying the Social Security (Minimum Standards) Convention, 1952 (No. 102), Member countries accept the obligation to bring their national legislation into compliance with Convention provisions. Convention No. 102 and other ILO conventions are legally binding international agreements. The ratification of the aforementioned conventions obliges Member countries to bring in

⁴⁶ Social Protection Floors Recommendation, 2012 (No. 202).

the main provisions of the conventions into national legislation, as well as to perform them.

Convention No. 102 covers nine main social policy areas: health care; sickness benefits; unemployment benefits; old-age pensions; employment injury benefits; family benefits; maternity benefits; invalidity benefits, and survivors' benefits.

This Chapter describes the types of social risks and sources of funding of benefits and pensions.

3.2. Health care services

Health Care Code specifies that people in Tajikistan are provided with pre-doctor care, primary health care, qualified health care, special health care, highly qualified health care, and health-social care.

These health care services are provided under a number of health care programmes, ensuring free emergency medical aid, free placement at social health care facilities, and free orthopaedic equipment. The pilot programme of guaranteed health care services is currently at the stage of extension; while two more programmes, specifically mandatory and voluntary health insurance, while enshrined in legislation, they are not as of yet implemented.

It is required to design and implement new programmes to provide access to specialized and qualified health care services for the population, in particular for poor groups. This challenge may be addressed through the implementation of mandatory health care insurance.

The following laws regulate the provision of health care services to the population:

- Health Care Code No. 1413 (2017);
- Law No. 408 (2008) 'On health insurance', not applied;
- Decree of the Government of the Republic of Tajikistan No. 90 (2017) 'On the State guarantee programme for provision of health care in pilot regions of the Republic of Tajikistan for 2017–2019';
- Decree of the Government of the Republic of Tajikistan 'On the procedure for providing health care services to the citizens of the Republic of Tajikistan by public health institutions' No. 600 (2008);
- Law No. 1196 (2015) 'On the protection of children's right';
- Law No. 675 (2010) 'On the social protection of disabled people';
- Decree of the Government of the Republic of Tajikistan No. 604 (2011) on 'Regulations for the provision of disabled persons with technical means of rehabilitation' (as amended by Government Decree No. 448 (2015)).

Box 5. Health as a human right

Health, a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity, is a main human right. Achievement of the highest level of health is a key social target that requires joint effort. National governments are responsible for the health of their citizens that can be provided through appropriate medical and social interventions. The key instrument for achieving this goal is the delivery of primary health care at community level as the first stage of a continuous process of public health protection.

Non-Communicable and Chronic Diseases: preventive approach

The disease management approach to the chronically ill in Tajikistan should be profoundly changed. It is required to:

- Focus the professional mentality of health care providers to the management of chronic illness, centred on the prevention of disease incidence;
- Develop family medicine practice and provide that sporadic patient-initiated visits will give way to a well thought-out case management plan, including a pre-established periodicity and schedule of patient contacts with the primary care physician and nurse, and for some conditions, directly with a specialist;
- Emphasize the importance of continuous patient control over their condition and a premeditated plan for both the avoidance and occurrence of crises;
- Provide purposeful patient education and information work on the best ways of rational co-existence with their respective ailment.

A transfer of a range of chronic conditions under the responsibility of family medicine practices will involve a prolonged transition, during which family doctors and nurses will be working in close partnership with specialists. Their collaboration will take various shapes, including jointly seeing patients, joint case analysis, and co-participation in patient education sessions. Accurate reporting of patient condition will be set up, both in a family medicine setting and in the patient's home, to ensure proper control of chronic conditions.

Chronic disease management that emphasises patient self-control will increase the role of patient monitoring by a qualified health care provider. Patient understanding of their illness and patient skills in managing illness will be supplemented with effective medication and medical devices, provided to a patient and their family (e. g., in cases of asthma, diabetes, hypertension, etc.).

Infectious Diseases: prevention and control

The measures aiming to control HIV/AIDS shall be applied to the entire population of Tajikistan, while special attention shall be paid to the prevention and treatment of HIV/AIDS, STIs, tuberculosis, malaria, and other diseases that affect demographic and labour potential.

The first case of HIV-infection in the Republic of Tajikistan was registered in 1991. Afterwards, the number of identified cases remained low, however this number began to

grow and achieved its maximum value in 2010 due to extended coverage of HIV testing, particularly in at-risk groups.⁴⁷ Wide scale and intensive prevention measures on HIV/AIDS are aimed at stabilizing the spread of infection at a level of no more than 1 per cent of the total population by 2020.

HIV-positive people are at higher risk of developing clinical tuberculosis, therefore it is necessary to facilitate better coordination mechanisms between centres for TB treatment, HIV centres, and PHC facilities at national, regional, and district levels, as well as to improve the timely discovery and diagnosis of HIV-infection among TB patients and tuberculosis infection among HIV/AIDS patients.

Injecting drug users are a major source of HIV transmission. Preventive programmes, voluntary consulting and HIV testing, in addition to activities in fighting HIV infection shall be mainly targeted at high risk groups, including intravenous drug users, sex workers, prisoners, and other vulnerable groups (labour migrants, their family members and youth).

To prevent the transfer of waterborne diseases, the following interventions are expected for the period up to 2020:

- Decreasing pollution levels to regulated hygiene norms in water reservoirs that are used for drinking water and recreational purposes;
- The coordination of activities of concerned services and authorities responsible for the operation and technical control of the water supply and disposal facilities;
- The installation of required equipment in rural settlements;
- The improvement of drinking water cleaning technology for pipelines which supply water from surface sources; the reconstruction of cleaning devices for the improvement of the water cleaning processes;
- Raising the level of professional competence and responsibility within staff that operate the systems for water supply and disposal;
- Providing operative laboratories with up-to-date equipment;
- Other activities in accordance with sanitary standards and hygiene requirements for drinking water.

Maternity and childhood

Within the framework of state guarantee programmes, free (essential) health care services related to the antenatal, childbirth, neonatal care, as well as the prevention and treatment of most common childhood diseases, should be delivered by qualified providers. This will

⁴⁷ National Strategy to Prevent HIV/AIDS Epidemics in the Republic of Tajikistan for the period 2015–2017 was approved by Decision of National Coordination Committee on HIV/AIDS, Tuberculosis and Malaria Prevention of the Republic of Tajikistan, MOM No. 27 of 18 July 2014.

be guaranteed to all women, newborns, and children, regardless of their income status and place of residence.

These guarantees may be achieved under the following conditions:

- A clear determination of targeted free care entitlements;
- Strengthening the competencies of, and incentives for, family practitioners;
- Improvement of transportation systems in rural areas;
- Strengthening the diagnostic and curative capacity of district-level health care facilities;
- The modernization of obstetric/gynaecological and neonatal beds in hospitals all over the country.

It is proposed that in Tajikistan obstetric care will be provided at the following three levels:

- 1) Normal deliveries will be managed in rural health centres and obstetric departments of local hospitals (or local maternities);
- 2) Moderately complicated deliveries will be managed at maternity wards in central district and urban hospitals (maternities);
- 3) Planned and emergency admission of women on specialty obstetrics and gynaecology beds of general hospitals and second-level maternities will be managed with a proper account of the maternal health risks, congenital pathology, and acute conditions at birth.

Since a sizeable share of the nation's population resides in remote and sparsely populated areas, up to 10 per cent of risk-free and uncomplicated childbirths will be managed at home through mandatory home-based care, administered by a qualified provider. Additionally, antenatal care during the second half of a pregnancy will be provided through home-based care.

The effective prevention of childhood diseases lies primarily in the hands of the parents: parents shall provide parental supervision and control of the quality of nutrition, adequate care, the competent identification of child illnesses, and prudent health care seeking. Self and mutual care in the family and community settings is viewed as a preeminent factor in the caring for children and supporting their health. An important objective will be to enable ongoing support for families and communities with information and practical skills training for the sake of strengthening their individual and group responsibility for the health and wellbeing of their children. The strengthening of family and community resources used for children's health is of particular importance to families with scarce means, residing in sparsely populated rural areas. That is where limited incomes and low education, worsened by geographic remoteness, create socio-economic vulnerability,

which is a precondition of poor children's health. Turning the family and the community into a stronghold of children's health care will significantly reinforce the efforts of qualified health care providers, however this will not be a substitute for those efforts.

The integrated management of childhood illnesses will be transformed into an integral part of primary health care, which is based on family health practices. This approach to children's health care will guide health care providers in their daily effort of seeing children for regular check-ups, shielding them from infections, addressing malnutrition, treating them, and providing them with support at the PHC level.

Working in close alliance with families and communities, qualified health care providers will accomplish a reduction in infant mortality to 20 per 1,000 live births by 2020; while the mortality of children under five will decrease to 20 per 1,000 live births in 2020.

Priority attention should be given to supplying infants and children aged up to three with normal feeding, particularly with micronutrient vitamins and minerals. Exclusive breastfeeding from birth up to six months is the main strategy for infants' feeding. If a nursing mother displays symptoms of iron deficiency she will be supplied with appropriate ferrous supplements; ferrous therapy and iodine salt will be prescribed to children with severe anaemia from six months up to five years old. The prevention and treatment of illnesses related to iodine and other micronutrient deficiencies among children will be one of the main tasks for the next decade.

As a combined result of the measures listed above, the prevalence of stunting will decline from 34 per cent in 2007 to 20 per cent in 2020, while the prevalence of anaemia among children will decrease to 25 per cent in 2020. Acute malnutrition in children under the age of five will fall to 4 per cent, with chronic malnutrition falling to 30 per cent by 2020.

A big portion of the costs related to the feeding of children, including at schools, is covered by international donors' investments. For this reason the school meals system is unstable and faces the risk of suspension. It is critical to ensure, as appropriate, a progressive transition to school meals programmes (primary school) funded through the government budget and internal resources. In addition, the categories of pupils entitled to school meals, to free school meals and to partially paid school feeding, as well as the entitlement procedure, shall be determined.

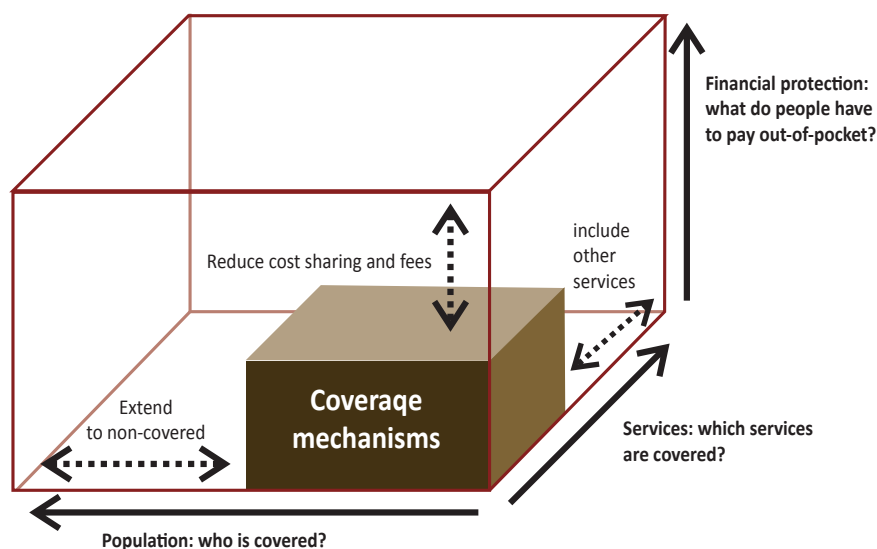
Health care coverage, affordability, and quality

Free essential health care coverage is still not universal in Tajikistan. Therefore, the main reforms in the health care sector shall be aimed at ensuring the sustainability and access to preventive, curative, and rehabilitative health for all. One of the main objectives is to improve the quality of diagnostics and health care, in addition to reorienting the health system towards a more preventive-focused approach. The long-term target is to extend and maintain primary health care coverage to 100 per cent of the country. Strengthening primary health care based on family medicine practice is the only way to achieve universal coverage and improve the overall health of the population. The government is actively working to extend the coverage of guaranteed health care services, including PHC.

In many cases, health care services are partially paid for by patients. It is unacceptable that people slide into poverty because they have poor health and seek health care services.⁴⁸ A realistic long-term public policy goal is to shield families from a drastic reduction in their wellbeing due to seeking health care.

The WHO approach to universal health care coverage measurement may be efficiently applied in Tajikistan's context. The WHO three-dimensional approach determines: (i) which groups of the population are covered by health care; (ii) which health care services are provided; and (iii) the level of government subsidies for health care. For example, a sufficient level of government subsidies for health care will exempt vulnerable groups from co-payment, thus preventing impoverishment due to out-of-pocket payments.

Figure 30. Three-dimensional measurement of health care coverage



Source: World Health Organization

Primary health care under the Programme of Guaranteed Health Care Services has not achieved universal coverage. Firstly, PHC services are not provided within the total territory of Tajikistan. Secondly, the Programme specifies a high level of out-of-pocket payments in some cases, and thirdly, the primary health care does not include all types of essential care services.

Equal access to health sector resources for all is set out as the determinant of social efficiency and fairness; this implies legal, spatial, and socio-economic equality of access.

- Legal equality of access to health services is guaranteed by the Constitution and legislation of the Republic of Tajikistan.
- Spatial (geographic) equality of access is provided through the active development of health care provider networks in sparsely populated, remote areas, and the extension of primary health care services and family medicine practices. As the practice scope of PHC grows, any small geographic area covered by family medi-

⁴⁸ Health-21. Policy concepts to achieve health for all in WHO European region. – Copenhagen, 1999.

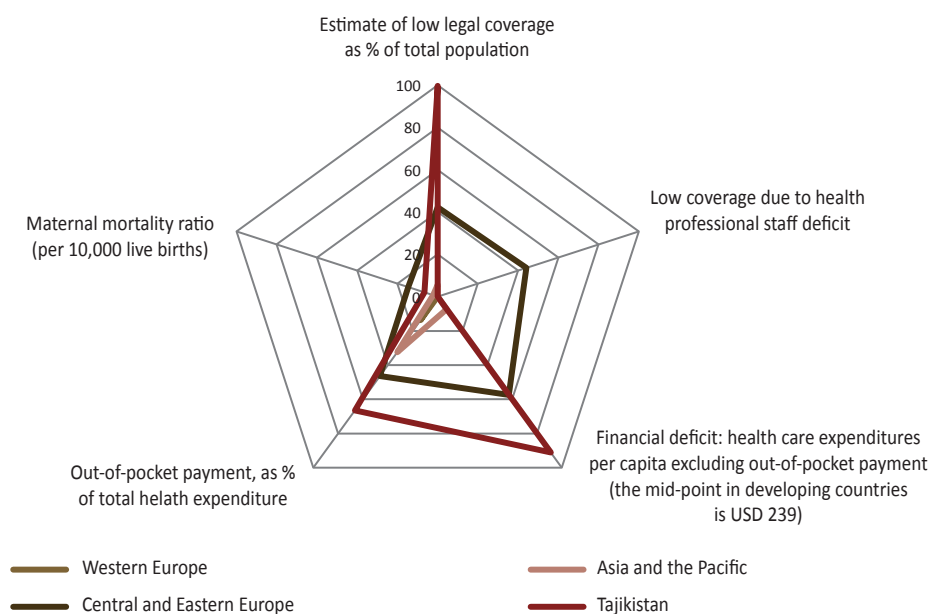
... will improve its access to health services. The task, thus, will be to promote rural health houses to the sparsely populated and remote areas. The ratio of the number of physicians compared to the total population should be increased.

- A serious barrier to equitable access is posed by patient payment (partial payment) at the point of service at levels that are unaffordable for the patient and their family, as well as the existence of under the table payments.

There is a large share of households where, due to financial reasons, family members are not likely to seek health care in the event of illness. In 2009, as many as 53 per cent of households in the lowest income quintile said that they did not seek health care due to financial reasons (compared with 23 per cent in the highest income quintile). Financial reasons as a barrier to seeking health care services were mentioned by about 31 per cent of households.⁴⁹

In 2013, the total health expenditures were TJS 2,677 million (6.6 per cent of GDP), of which government expenditures accounted for TJS 770 million (1.9 per cent of GDP), with out-of-pocket payments accounting for TJS 1,646 million (4.1 per cent of GDP), while international donors invested TJS 262 million (0.6 per cent of GDP). The biggest share of expenditures came from patients' out-of-pocket payments. This puts a very heavy burden on people in Tajikistan, taking into account the relatively low income of households. Therefore, out-of-pocket payments for essential health care should be reduced and people, in particular the poor and vulnerable, should be protected against these risks. This may be achieved through the provision of free health care services to vulnerable groups.

Figure 31(a). Health care coverage in the world and Tajikistan

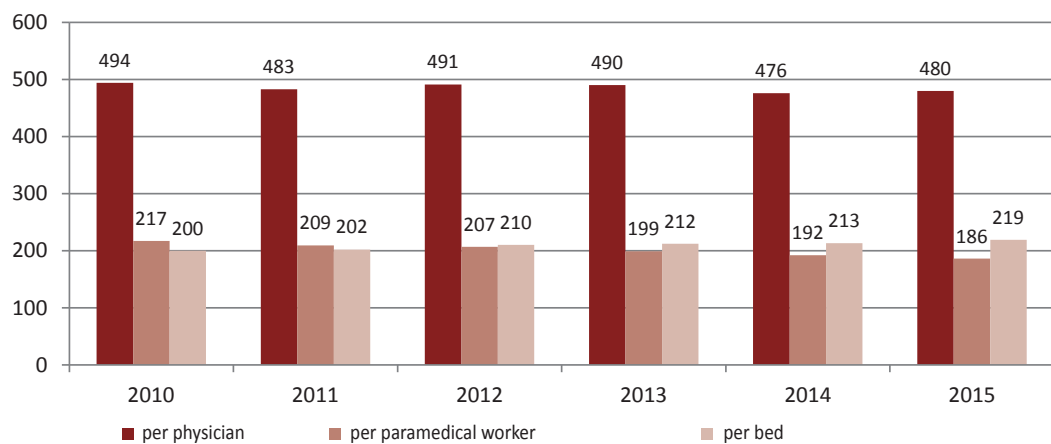


Source: Figure is prepared by authors based on data from World Social Protection Report 2017–2019 and database of Statistics Agency of the Republic of Tajikistan.

⁴⁹ Report No. 89181-TJ. Republic of Tajikistan. Notes on public expenditures. Note No. 2. Review of public expenditures for health care. August 2013.

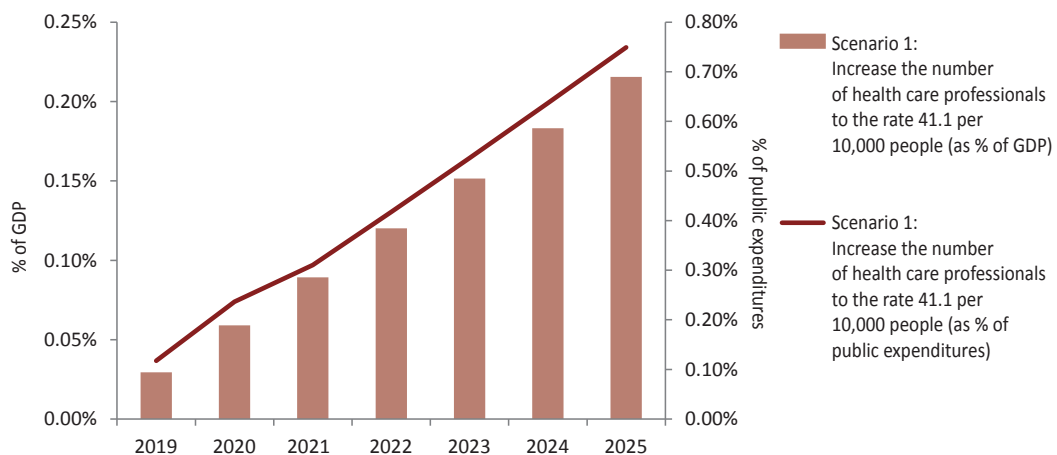
Health care reform in the Republic of Tajikistan shall take the main direction towards the implementation of the Family Medicine model as a systemic foundation for primary health care services. Consistent with the PHC's organizational diversity, family medicine practices may be organized as a solo practice or as a family medicine department within health centres. The choice of a practice setting will be made with the consideration of provider qualifications, geographic location, patient population profile, epidemic risk, disease trends, and the situation pre-existing health care provider network.

Figure 31(b). Provision of population of the Republic of Tajikistan with health care, number of people



Source: Statistics Agency of the Republic of Tajikistan.

Figure 32. Scenarios to increase the number of health care professionals



Source: Calculations based on scenarios approved by ABND Working Group.

In Tajikistan there were 20.4 physicians and 49.1 paramedical staff per 10,000 members of the population in 2013. The corresponding figures in Central Asian countries are, on average, 28.2 and 75.5 respectively, while in European countries these figures measure 33.9 and 72.7, while in the Commonwealth of Independent States these amount to

37.7 and 79.4 respectively (WHO). In 2015, the number of health care professionals of all specialties was 20.8 per 10,000 population. This is half of the international minimum rate of 41.1 health care professionals per 10,000 population required for the provision of quality health care services.

To address the lack of physicians, a scenario to increase the rate of health care professionals per 10,000 people is proposed. This possible scenario can be estimated using RAP tool.

When calculating the scenario, the following assumptions were made:

- population growth during the forecast period fits in with the average fertility scenario of the UN World Population Prospects (UNWPP);
- salaries of highly qualified medical workers will grow at the same rate as the average wages in the economy;
- the average wage will be adjusted in accordance with inflation and labour productivity;
- inflation growth is in line with the average values in recent years;
- labour productivity growth is based on the changes in employment and GDP;
- employment rates are based on the ILO estimates;
- the data on GDP growth and government expenditures are provided by the Ministry of Finance, and the forecasts are based on the average growth in recent years;
- administrative costs will make up to 20 per cent of the total cost due to high staff training expenditures;
- by 2030 the country is expected to fulfil the scenario by 100 per cent.

This is a simplified scenario, which only includes spending on wages paid to health care professionals. When the number of health care professionals increases, additional measures shall be taken into account, including expenditures for free training in universities, the establishment of a system that consists of continuous retraining, as well as advanced training. In addition to this, the development of occupational standards and the establishment of minimum requirements for health care professionals are important for achieving universal health care coverage and qualified health care services.

Sources of financing

Medical services in the Republic of Tajikistan are financed mainly at the expense of the national budget and personal costs of citizens (partial payment for services).

In the period between 2007 and 2015, national budget expenditures on public health care increased 6.3 times, amounting to 1.9 per cent of GDP in 2015. Nevertheless, the level of health care expenditures in Tajikistan remains low. The public and personal health expenditures per capita in Tajikistan amounted to USD 185 in 2015. According to the international median, public health expenditures (excluding personal expenditures) alone should amount to at least USD 239 per capita. It is considered that this level of expenditure

should provide a person with necessary medical care. Long-term underfunding can generally be attributed as the cause of the problems in the health sector in Tajikistan. According to the NDS-2030 for the achievement of national development priorities, the level of total expenditures on health care should be increased by between roughly 2 and 2.5 percentage points of GDP by 2030.

In view of the insufficient growth rates of the national budget expenditures on health care, the important system reform in health care is the introduction of insurance financing mechanisms. To solve this problem, it is proposed to 'unblock' the law on health insurance in the Republic of Tajikistan; which was adopted in 2008, but has never entered into force.

**Box 6. Recommendations of the Workshop
with the participation of employees of state institutions of the Republic
of Tajikistan 'Prospects of the development of mandatory health insurance
in the Republic of Tajikistan using the case study from the Republic of Moldova'
(November, 2017)**

Introduction

The need to change the system of financing the health care system in the Republic of Moldova in the beginning of the 21st century was caused by a significant deterioration in the health of the population and, as a consequence, a decrease in life expectancy from 69.1 years (1989) to 66.5 years (2002), as well as an increase in morbidity, including infectious diseases, the degradation of the material and technical bases of health care, inequality in access to health services, and an increase in personal costs for patients.

To overcome this situation, in 2004 the Republic of Moldova introduced a mandatory health insurance system, which is a state-guaranteed system of financial protection of the population in the field of health care. The system is based on forming trust funds on the principle of solidarity through insurance contributions, with these trust funds being intended to cover the costs of treatment of patients' conditions caused by the occurrence of insurance events.

The history of the implementation of the mandatory health insurance in the Republic of Moldova began in 1998, when, as a result of multilateral analysis, this economic model of the system was recognized as the most suitable for local conditions.

It should be noted that all existing health systems are reduced to three main economic models. These models do not have generally accepted definite names, but the description of their main parameters when given by specialists are generally the same. These are chargeable medical services based on market principles, using private health insurance, public medicine with a budget financing system, and a health care system based on the principles of social insurance and market regulation, with a multi-channel financing system.

In the Republic of Moldova, the Government chose the model of mandatory health insurance, because the principles of equal access to health services and the prevalence of social priorities were put above any other considerations. Of course, the state model was also in line with such principles, but at that time the Republic of Moldova was characterized by a deep national budget deficit, and therefore it was not reasonable to rely on the efficiency of the state model of the health care system. The goals set could be achieved only in the conditions of the correct functioning of medical institutions, which in turn required their uninterrupted financing. Only the social insurance model with its multi-channel funds formation system (from insurance fees, contributions from wages, national budget, etc.) was able to solve this problem.

Box 6 (continuation)

The additional criteria for choosing the mandatory health insurance model were as follows:

- The fact that this health care model is based on the principles of a mixed economy combining the medical services market with a developed system of state regulation and social guarantees;
- The state plays the role of a guarantor in satisfying socially necessary needs;
- The application of the solidarity principle in payment for medical assistance;
- The fact that this model makes everyone equal in receiving medical services as provided in the programme of guarantees;
- Targeted financing: contributions are not added to the general budget, but directly to health care, providing the payers with a guarantee of return of these funds in the form of medical services.

Recommendations of the Workshop participants

The participants of the Workshop 'Prospects of development of mandatory health insurance in the Republic of Tajikistan using the case study from the Republic of Moldova', held on November 29, 2017 in Dushanbe, came to the following conclusions: (a) the implementation of mandatory health insurance (MHI) is possible despite the long-term non-application of the law on mandatory health insurance; (b) the implementation of mandatory health insurance is possible in the context of the conditions of the health financing crisis, despite the opinion of some experts who believe that the introduction of MHI is only possible after the country achieves the status of a developed economy; and, (c) preparatory work for the implementation of the MHI can be successfully carried out within a relatively short time period (2 years).

The following recommendations have been formulated for their implementation of mandatory health insurance in the Republic of Tajikistan:

- I. As a next step it is necessary to establish a National Health Insurance Fund, which is a public independent non-profit organization. To this end, it is necessary to prepare a relevant government decree, as well as a government decree on the approval of the Charter of the National Health Insurance Fund, which will represent the rights and obligations of the Fund, management bodies, the structure and staff, organization of financial activities, etc. It is preferable that the Government of the Republic of Tajikistan establishes the Fund.
- II. The National Health Insurance Fund, together with the Ministry of Health and Social Protection, the Ministry of Justice, the Ministry of Economy, the Tax Service, and other state authorities and in consultation with trade unions and employers, should develop and present for implementation a Law on the size, procedure, and timing of the payment of mandatory health insurance contributions, which should establish:
 - a). The legal basis for the determination of the size, procedure, and terms of payment of contributions;
 - b). The categories of payers of mandatory medical insurance contributions;
 - c). The basis for calculation and the procedure used to determine contributions;
 - d). The procedure for the payment of contributions, for accounting, and control of the MHI fund;
 - e). The timing of payments;
 - f). The liabilities of contribution payers, etc.
- III. It is necessary to prepare a legislative act providing for the creation of a Mandatory Health Insurance Fund.

Box 6 (continuation)

- IV. It is necessary to develop and approve a programme of compulsory health insurance guarantees, which should include a list of diseases and states that require medical care, as well as establish the scope of medical services provided to insured persons by health care institutions.
- V. It is necessary to develop and approve a standard agreement on the provision of medical care under mandatory health insurance.
- VI. It is necessary to optimize the structure of health care providers.
- VII. It is necessary to pay off the existing debts of medical institutions.
- VIII. It is necessary to create an initial fund for the financial support for the implementation of the new system .
- IX. It is necessary to develop the structure and scheme of document circulation between the different participants in the system .
- X. It is necessary to develop and implement certain information systems (accounting of insured persons, accounting of contract performance, etc.)

For the successful implementation of MHI, a number of training workshops should also be held for managers, economists, and accountants in medical institutions to familiarise them with the requirements of the health insurance financing system.

In 2018, further amendments were made concerning the postponement of the introduction of mandatory health insurance up to 2022. Delaying the introduction of mandatory health insurance has had a negative impact on the overall health of the population. The main reason for this is the uncertainty of the source of financing. At the proposal of the Ministry of Health and Social Protection of the population, the programmes should be financed from the social tax (at the rate of 6 per cent). However, the Pension Fund is already experiencing financial difficulties. The deduction of and additional 6 per cent would result in a social insurance funds deficit.

Per capita financing of primary health care is only a part of the state budget financing, amounting to about 10 per cent of the total expenditure on primary health care. Most government resources are still allocated on an article-by-article basis, limiting incentives to improve the efficiency and quality of primary health care.

Addressing the problems related to the implementation and extension of health care system reforms in various aspects, including the reform of financing and resource provision, involves streamlining certain processes, including the registration of providers, the development of educational programmes, licensing, as well as the creation of a continuing medical education system, which is a key factor in the health system reform and performance improvement. In reforming health financing, it is important to achieve maximum results.

Conclusions

The development of health care in Tajikistan is constrained by underfunding and low public health care spending efficiency, inequality in the provision of health services, and the high level of costs placed on citizens. Currently, public health care expenditure is insufficient. Almost three quarters of the total health expenditure is financed by private personal costs, increasing the risk that the cost of treatment may be an unsustainable burden on low-income families, plunging them into poverty. Only an increase in public expenditure will limit high personal treatment costs for citizens.

It is crucial to rationalize other components of the national budget, opening the door to additional health expenditures. The Government of the Republic of Tajikistan, along with the extension and deepening of financial reform and management improvements in the health care sector, is recommended to drastically address the issue of rationalising the public health care system⁵⁰.

There is a significant portion of households in which, for financial reasons, family members avoid seeking medical care in case of illness. The households from the lowest income quintile tend to not seek medical care for financial reasons.

Imperfections in the standardisation of medical services and organisation of health care, as well as the lack of qualified health personnel at all the levels, complicates and impedes improvement in its efficiency. A lack of coordination between primary care physicians and specialists limits the flow of patients at transfer points from one level of the primary care to another.

Priority is given to new construction, reconstruction, and overhaul of primary medical care facilities in rural areas, which is aimed to be the base at which the majority of family doctors will work. It is important to ensure the harmonisation of institutional mechanisms, functions, and responsibilities to provide health services at all levels of the health care system. With the emergence of a number of new participants in the system and the significant volume of their activities, it is important to improve the interaction between them and to optimize their functions and responsibilities in order to enhance the coordination of their activities. This harmonisation is vital in bridging the gap between policy and practice. In addition, investments in the institutional capacity of the health care system will be essential.

3.3. State social insurance

State social insurance is a system of state-guaranteed types of security for insured persons in the event of a loss of earnings or income due to illness, work injury or occupational disease, disability, pregnancy and childbirth, old age, unemployment, loss of a breadwinner, death, as well as in other cases established by the laws of the Republic of Tajikistan, financed from mandatory social taxes of employers and citizens.⁵¹

⁵⁰ Report No. 89181-TJ. The Republic of Tajikistan. Policy Notes on Public Expenditures. Policy Note No. 2. Review of Public Expenditures on Health. August 2013.

⁵¹ Article 1 of Law of the Republic of Tajikistan No. 517 of 13 December, 1997 (Revision of 28 December, 2013) 'On State Social Insurance'.

In Tajikistan, the following main types of benefits under the state social insurance are established⁵²: temporary disability (or sickness) benefits; maternity benefits; family benefits; unemployment benefits; funeral grant for a poor family member; as well as expenses for the health improvement of employees and their families and for the implementation of other activities that are consistent with the tasks and functions of labour protection and health improvement of workers and their families.

3.3.1. Temporary disability benefit

Temporary disability (or sickness) benefits are granted in case of disease (injury) with loss of ability to work, the need to care for a sick family member, the requirement of quarantine, and the need for the provision of prosthetics. The allocation and payment of temporary disability benefits, as well as measures for health improvement are regulated by the following legal acts:

- Labour Code (2016);
- Law No. 518 (1997) 'On State Social Insurance';
- Decree of the Government of the Republic of Tajikistan No. 630 (2014) 'On the procedure and terms of payment of temporary disability benefits, maternity, and family benefits';
- Law No. 1377 (2016) 'About the State Budget of the Republic of Tajikistan for 2017'.

A temporary disability benefit is granted up to an individual's ability to work again for a period of no longer than four consecutive months, or no longer than twelve months in case of tuberculosis. After the expiration of the term, a worker shall be sent to the State Service of Medical and Social Expertise to determine the extent of their disability.

Qualifying conditions for granting a temporary disability benefit

The grounds for granting a temporary disability benefit is a sick leave certificate (certificate of disability) issued by a medical institution in accordance with established procedures. Other documents cannot be the grounds for the benefit payment. In case of loss of a sick leave certificate, the benefit may be paid on the basis of a duplicate approved by the medical institution. Authorised medical institutions are tasked with carrying out sickness examinations on citizens. In case of a domestic injury, the benefit is granted from the sixth day of disability. If the injury is the result of a natural disaster (earthquake, flood, fire, etc.) or an anatomical defect of the victim, the benefit is paid for the entire period of the disability, according to general procedure.

The benefit for the care of a sick family member is paid for no more than three calendar days. The extension of the benefit beyond three calendar days is made only in exceptional cases depending on the severity of the family member's disease and living conditions, however this length of this payment in total will not exceed more than seven calendar days.

⁵² Article 9 of Law of the Republic of Tajikistan No. 517 of 13 December, 1997 (Revision of 28 December, 2013) 'On State Social Insurance'.

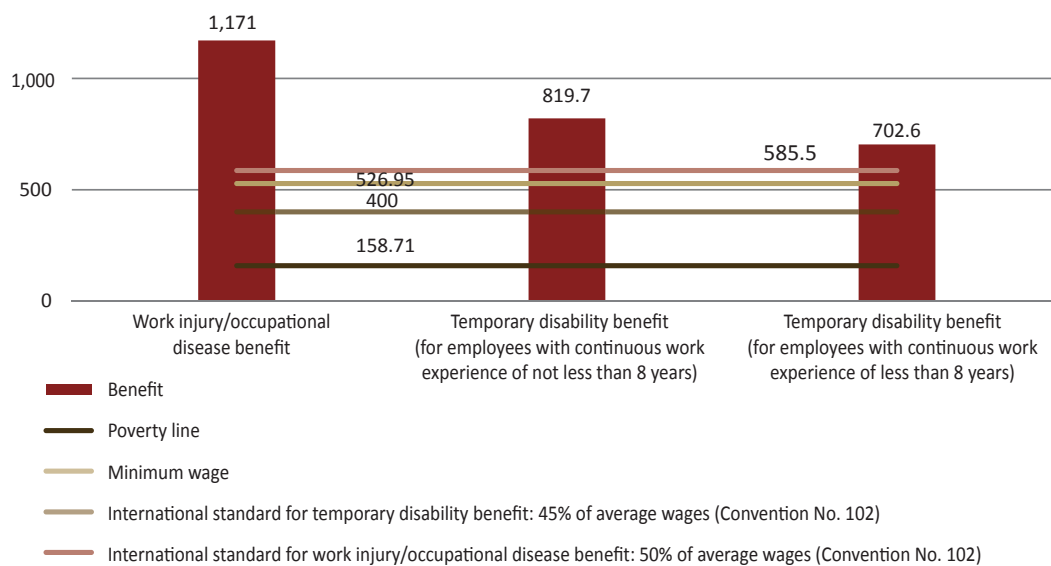
Benefit coverage and rate

The right to disability benefits is given to workers engaged in labour activity under an employment agreement and individual entrepreneurs who pay contributions.

Employees, as well as seasonal or temporary workers, are entitled to temporary disability benefits owing to a work injury or an occupational disease on a common basis. Individual entrepreneurs who paid contributions are also entitled to temporary disability benefits on a common basis. The payment of this benefit is provided upon submission of a social insurance declaration by offsetting the amount of the benefit due to the individual against the insurance contributions paid.

The rate of the benefit varies between 60 and 100 per cent of wages, depending on the category of beneficiaries. People who have been injured at work or received an occupational disease are entitled to the benefit at a rate of 100 per cent of their wage. Employees with continuous work experience of 8 years or more, as well as employees with three or more dependent children, are entitled to the benefit at the rate of 70 per cent of their wage. Employees with continuous work experience up to eight years are also entitled to the benefit at the rate of 70 per cent of their wages.

Figure 33. Average benefits vs minimum social indicators* as of 2017



Source: Figure was developed by the authors in accordance with the data of the Statistics Agency for 2017 and the Ministry of Labour, Migration and Employment.

*International standard was defined in accordance with the operational and rough estimates

Employers have the obligation to pay for work injury benefits. Although the amount of the benefit is 100 per cent of the worker’s wage, such a mechanism of payment, if abused by an unscrupulous employer, may create significant risks for employees. An employee who has sustained an injury or an occupational disease is the most vulnerable and should be provided with timely medical care and the payment of a benefit that substitutes their lost wages. However, an unscrupulous employer may delay or not pay these benefits at all.

Moreover, in developing countries, where the share of informal employment is high, the mechanism of direct benefits payment by employers can create risks for employees and their families for the same reasons.

One of the possible solutions to this problem is the social insurance mechanism. Social insurance is implemented by the state as a guarantor, with benefits being paid on time and in full. Even with a high frequency of work injuries or occupational diseases, an employer does not bear large costs, but only pays a monthly insurance contribution, which is accumulated in a special state fund. Social insurance costs are redistributed among the payers of insurance contributions on the principle of solidarity.

Benefits were calculated, with average amount of benefits being determined taking into account average wages and provisions enshrined in law. For the purposes of the rough estimate used in this report, it is considered that the replacement rate is legally established above the minimum standard under Convention No. 102.

Conclusions

Taking into account the replacement rate, the size of benefits is set at a relatively high level. In no case does this level fall below the international minimum standard.

The problem of the informal sector is still open. Informal employment is not covered by social insurance and informal workers are not protected. Migrant workers and informally employed persons often do not receive necessary assistance in the case of illness, injury at work, or occupational disease. However, if employers are legally obliged to make direct payments for disability benefits in the event of employment injury or occupational disease, workers can be put in a vulnerable position, because unscrupulous employers may decide not to pay or delay payments.

3.3.2. Maternity benefit

One of the maternity protection measures is the payment of maternity benefits to pregnant women and mothers of newborn children. These benefits are granted and paid in accordance with the legal acts as follows:

- Labour Code (2016), Law No. 518 (1997) 'On State Social Insurance';
- Decree of the Government of the Republic of Tajikistan No. 630 (2014) 'On the procedure and terms of payment of temporary disability benefits, maternity, and family benefits';
- Decree of the Government of the Republic of Tajikistan No. 313 (2007) 'On approval of the Rules for the calculation of average wages in case of vacation payments, severance payments, temporary disability benefits, and other cases related to average wages';
- Law of the Republic of Tajikistan 'On the indicator for calculations';
- The Law 'About the State Budget of the Republic of Tajikistan' (on fixing the indicator for calculations).

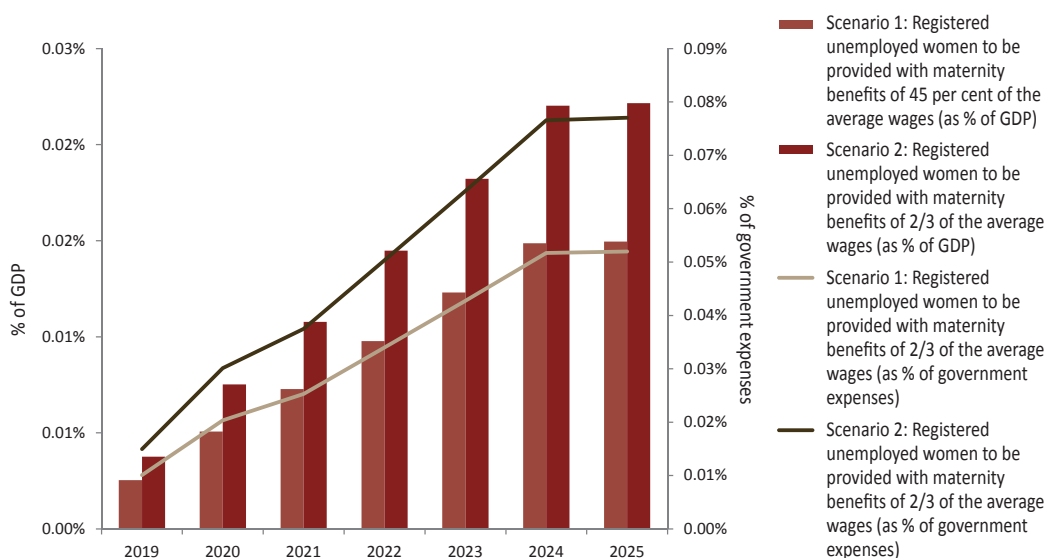
Coverage

Under the laws of the Republic of Tajikistan, women insured in the social insurance system, i.e. employees, individual entrepreneurs, and persons working for them, are entitled to receive maternity benefits for pregnant women and mothers of newborn children. The implementation of the right to the benefit depends on the certain conditions: a) a woman must be insured; b) a contingency should occur during the period of work; and c), an application for the benefit should be made no later than six months after the end of the maternity leave. The amount of benefits is also influenced by the specifics of the maternity leaves (multiple birth, complicated childbirth, adoption of a child).

In developing countries, maternity benefits generally tend to cover formally employed women, with Tajikistan being no exception. Under this approach, informally employed women, women involved in atypical forms of employment, vulnerable categories of employed women in rural and urban areas, domestic workers, migrants, unskilled women workers, and even officially registered unemployed women, are not covered by comprehensive maternity protection measures.

With regards to this, there are several scenarios to extend maternity benefit coverage. According to the first two scenarios, it has been proposed to cover officially registered unemployed women, who just happen by chance to become unemployed, but whose former employers paid social tax for them before. In the first case, it is proposed to refer to Convention No. 102 and to provide an unemployed woman with a benefit of at least 45 per cent of the previous wage. In the second case a scenario with a higher benefit size is proposed, that is 2/3 of the previous wage (Convention No. 183).

Figure 34. Scenarios on the coverage of officially registered unemployed women



Source: Calculations are made by the ABND Working Group and based on the scenarios approved.

When calculating the scenario, the following assumptions were made:

- population growth during the forecast period fits in with the average fertility scenario of the UN World Population Prospects (UNWPP);
- fertility rates by the individual age categories (national data) are estimated basing on the average population growth scenario of the UNWPP;
- average wages will be adjusted in accordance with the inflation and labour productivity;
- inflation growth is in line with the average values in recent years;
- labour productivity growth is based on the changes in employment and GDP;
- growth in employment and labour force activity are based on the ILO estimates;
- forecasted growth of registered unemployment is based on the average values in the previous years. It is possible that with raising the benefit, the coverage (registration) of the unemployed population will increase;
- the national legislation guarantees payment of the benefit during 140 days;
- the data on GDP growth and government expenditures are provided by the Ministry of Finance, and the forecasts are based on the average growth in recent years;
- administrative costs will make up to 12 per cent of the total amount of benefits due to the targeted nature of the benefit;
- by 2024 the country is expected to implement the 100 per cent coverage scenario;
- 45 per cent of the average wages is taken as an approximation to the standards of ILO Convention No. 102; 2/3 of the wages is taken as an approximation to the standards of ILO Convention No. 183. In the both Conventions there is a more complicated definition of the minimum standards of maternity benefits based on standard wages of a standard beneficiary.

The effective extension of maternity protection coverage for informally employed women will help in settling these, as well as other issues, such as the protection of women and their children. While measures targeted at employment formalisation are often both costly and difficult to implement, whereas the scenario for universal coverage of women with maternity benefits is easy to implement and adjust in terms of ensuring the rights for all women to maternity protection. Thus, it has been proposed to provide all women – both those employed formally and those not in employment – with a benefit at the poverty level for 12 weeks (84 days). In the long term, this benefit should be revised and replaced with a new higher minimum standard.

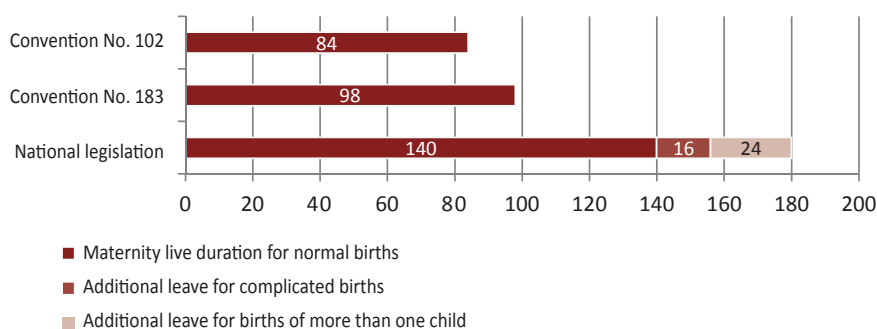
In any case, when reforming social insurance schemes, it is necessary to take into account the interests and capabilities of all relevant stakeholders, with these schemes being adapted to the needs of these groups. It is also necessary to involve both employers and employees in formal employment.

Maternity benefit rate and duration

Insured women are entitled to a maternity benefit of 100 per cent of their wages. Thus, the maternity benefit is paid in the amount of full wages during the entire period of maternity leave granted to a woman in connection with pregnancy and childbirth. This provision exceeds the international standard, which stipulates for the benefit of 45 per cent of wages (Convention No. 102). Moreover, this provision exceeds even the higher international standard under Convention No. 183, which stipulates for payment of at least 2/3 of wages. Nevertheless, it remains necessary to address the questions related to assessment of adequacy between the benefit amounts and mothers' ability to provide themselves and their children with decent sanitary conditions, as well as to have an adequate standard of living.

The normal maternity leave duration is 70 calendar days before and 70 after childbirth. In the event of complicated deliveries, the total duration of maternity leave amounts to 156 calendar days. In the case of the birth of two or more children, the postnatal part of maternity leave is increased by 40 calendar days and the total duration of the maternity leave is 180 calendar days (seventy calendar days before birth and one hundred and ten calendar days after birth). These provisions exceed international standards, which require 98 calendar days and 84 calendar days respectively.

Figure 35. Maternity leave duration in days



Source: Labour Code of the Republic of Tajikistan, Social Security (Minimum Standards) Convention No. 102, Maternity Protection Convention No. 183.

The Labour Code contains progressive standards in this regard. Various aspects of granting holidays are taken into account: multiple pregnancy, birth of more than one child, adoption. The period of leave is calculated in total, regardless of the number of days actually used before the birth and the duration of work in the organization.

According to the Labour Code (Article 90, Article 114), maternity leave is a form of social leave provided for employees. In this case, the right of an employee to social leave does not depend on the duration, place and type of work, name, or the institutional and legal form of the organization. The Labour Code establishes that women are granted maternity leave on the basis of a certificate of disability issued. The procedure for the examination of the temporary disability for citizens in medical and preventive treatment institutions instructs that certificates of disability for pregnancy and childbirth are issued by an obstetrician-gynaecologist or, in the absence of this, a family doctor.

There is no clear ban on an employer mandating a pregnancy test, both legally and in practice, hindering the effective implementation of anti-discrimination policies. A general ban on pregnancy discrimination is not enough, so prohibiting taking an employment pregnancy test should be clearly fixed in national laws and applied effectively in practice.

3.3.3. Family and child benefits

In Tajikistan, several types of family and child benefits are granted and paid, namely: (1) lump-sum and monthly family benefits for childbirth, and (2) monthly state benefit for children living with HIV/AIDS. Poor families are also provided with targeted social support. This type of benefit will be described separately in another section.

The lump sum and monthly family benefits, as well as the monthly state benefit for children living with HIV/AIDS, are granted and paid in accordance with the legal acts as follows:

Family benefit for childbirth

- Labour Code (2016);
- Law No. 518 (1997) 'On State Social Insurance';
- Law No. 224 (2015) 'About the State Budget of the Republic of Tajikistan for 2016' (fixes the indicator for calculations on the annual basis);
- Decree of the Government of the Republic of Tajikistan No. 630 (2014) 'On the procedure and terms of payment of temporary disability benefits, maternity and family benefits'.

Monthly state benefit for children living with HIV/AIDS

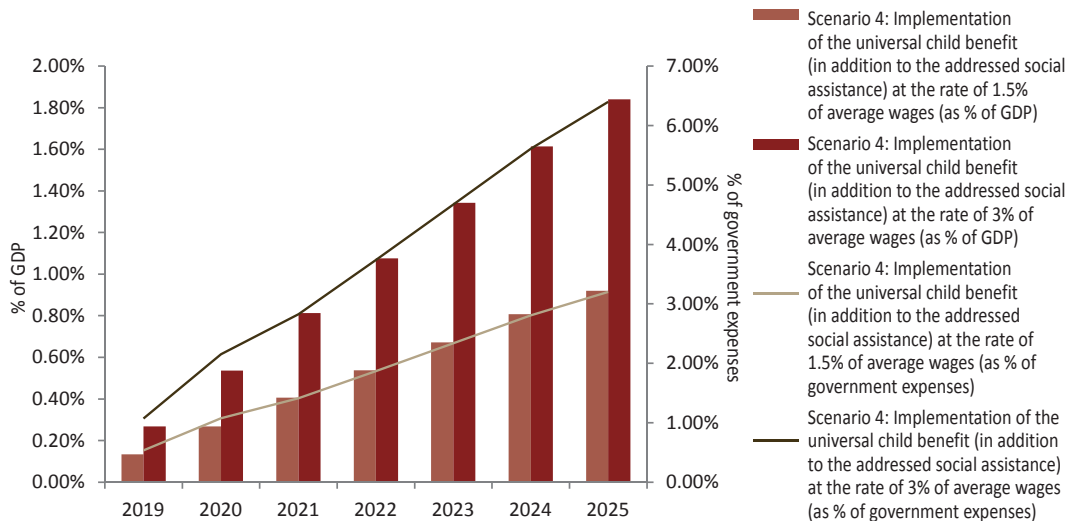
- Law No. 1078 (2014) 'On combating the human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS)';
- Decree of the Government of the Republic of Tajikistan No. 232 (2010) 'On the procedure and terms of payment of the state benefit to children under the age of 16 who are infected with the human immunodeficiency virus or suffering from the acquired immunodeficiency syndrome'.

Benefit coverage and rate

A lump sum and monthly family benefits are granted to an insured person upon the birth of a child (or children), with family benefits being paid by the employer at the expense of the social tax. Benefits are not paid prior to employment or after dismissal. Consequently, social protection measures of this type only cover formally employed people. Families with informally employed breadwinners, labour migrants, breadwinners who are seasonal workers, etc., remain uncovered. Therefore, taking into account the provisions of Convention No. 102 concerning the benefit rate, a scenario is proposed that establishes the right to family benefits of 1.5 per cent and 3 per cent of the average wages for all children. In principle, this benefit should be assigned to all family dependents, but considering the already limited capacity of the national budget of Tajikistan, as well as the budget of the Agency of Social Insurance and Pensions, it has proposed within the ABND to only consider children as a priority for the main category of beneficiaries of this benefit.

It has been suggested to gradually increase the age of children eligible for the benefits from 0–4 years in 2021 up to 18 years in 2030.

Figure 36. Scenarios to implement the universal child benefit



Source: Calculations are made by the ABND Working Group and based on the scenarios approved.

When calculating the scenario, the following assumptions were made:

- child population growth during the forecast period fits in with the average fertility scenario of the UN World Population Prospects (UNWPP);
- average wages will be adjusted in accordance with the inflation and labour productivity;
- inflation growth is in line with the average values in recent years;
- labour productivity growth is based on the changes in employment and GDP;
- employment rate is based on the ILO estimates;
- the data on GDP growth and government expenditures are provided by the Ministry of Finance, and the forecasts are based on the average growth in recent years;
- administrative costs will make up to 10 per cent of the total amount of benefits due to universality of the benefit;
- by 2021 the country is expected to fulfil the 100 per cent coverage scenario for the children under 5 years old;
- 1.5 per cent of wages is taken as the standard for programmes with universal coverage and 3 per cent of wages is taken as approximation to the standards of ILO Convention No. 102. In the Convention there is a more complicated definition of minimum standards for family benefit payments.

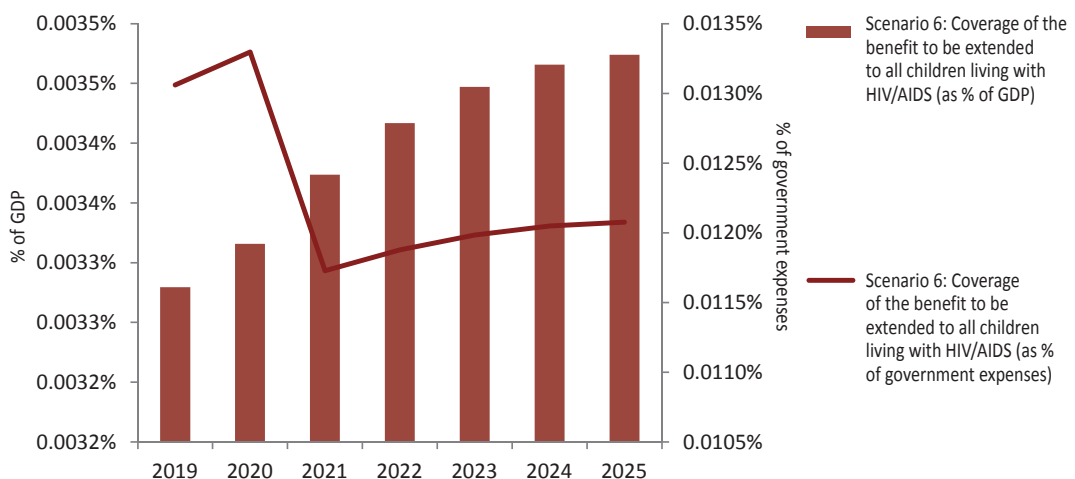
The beneficiaries of the monthly benefit for children living with HIV/AIDS are only those who are under 16 years old, despite the fact that, according to the Family Code, a child is a person under the age of eighteen. Within the framework of the national consultations, it

has been suggested that the age of entitlement to a monthly allowance for children living with HIV/AIDS be increased from 16 to 18 years (see Figure 37 below).

As of January 1, 2017, the number of beneficiaries was 437 children. Given this low, the scenario of increasing the age of beneficiaries to 18 years should easily be implemented. This scenario is aimed at extending the range of beneficiaries of the minimum levels of social protection, with the size of this benefit being expected to reach the subsistence level by 2030.

A lump sum benefit is granted upon the first childbirth in the amount of three indicators for calculations, on the second childbirth in the amount of two indicators for calculations, on the birth of the third or more children in the amount of one indicator for calculations.

Figure 37. Scenarios to extend coverage of the benefit for children living with HIV/AIDS



Source: Calculations are made by the ABND Working Group and based on the scenarios approved.

When calculating the scenario, the following assumptions were made:

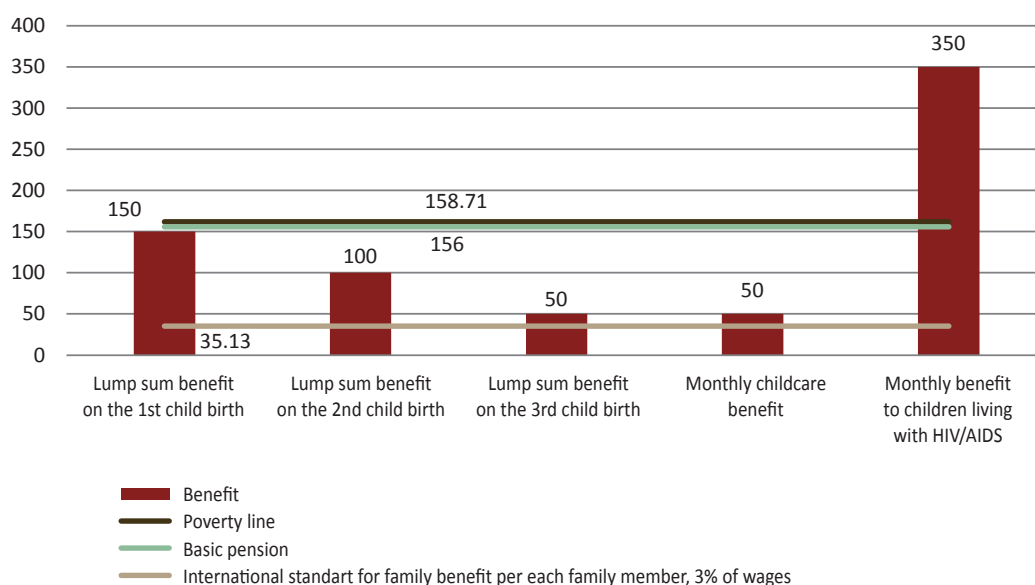
- the child population with HIV/AIDS grows at the same rate as the child population during the forecast period and fits in with the average fertility scenario of the UN World Population Prospects (UNWPP);
- the benefit amount will be adjusted in accordance with the inflation;
- inflation growth is in line with the average values in recent years;
- the data on GDP growth and government expenditures are provided by the Ministry of Finance, and the forecasts are based on the average growth in recent years;
- administrative costs will make up to 5 per cent of the total amount of benefits due to the fact that the infrastructure for payment of the benefits has been already developed;
- by 2019 the country is expected to fulfil the 100 per cent coverage scenario for the children with HIV/AIDS under 18 years old.

A lump sum benefit is granted upon the birth of the first child in the amount of three indicators for calculations; for the second child in the amount of two indicators for calculations; and for the birth of the third or more children in the amount of one indicator for calculations.

The benefit is paid by one of the parents' place of work or study. If a woman is granted leave for child-care until the child is 18 months old, she is paid a monthly childcare benefit at the place of work from the social insurance funds in the amount of 100 per cent of the calculations indicator.

The law on the state budget is used annually to establish the calculations indicator for the relevant year, which usually takes into account the anticipated rate of inflation. The indicator is set as an amount of money that is used to calculate taxes, duties, other mandatory payments and penalties, as well as to calculate the value of marginal (lower or upper) values, social benefits, and supplementary allowances. In 2017, the indicator amounted to TJS 50.

Figure 38. Benefits vs minimum social indicators*as of 2017, in TJS



Source: Figure was developed by the authors in accordance with the data of the Statistics Agency for 2017 and the Ministry of Labour, Migration and Employment.

*International standard was defined in accordance with the operational and rough estimates.

3.3.4. Funeral grant for a poor family member

A funeral (ritual) grant for a poor family member is paid in the event of death of an insured or uninsured person, as well as in the event of death of a dependent family member. The amount of the funeral grant is twenty times the size of the indicator for calculations⁵³.

⁵³ Article 16 of Law of the Republic of Tajikistan No. 517 of 13 December, 1997 (revision of December 28, 2013) 'On State Social Insurance'.

Depending on the status of a deceased citizen, a funeral grant for a poor family member is paid from the funds of the Agency of Social Insurance and Pensions, as well as from the local executive state authorities of cities and regions.⁵⁴

At the expense of the Agency, the grant is provided to insured citizens, dependants of an insured person, citizens temporarily out of work who, at the date of death were classed as unemployed and received unemployment benefits, students who were, at the date of death, studying in higher or secondary professional educational institutions, and persons receiving a pension at the date of death.

At the expense of the local executive and the state authorities of cities and regions, the funeral grant is provided in case of death of:

- unemployed citizen who at the date of death do not have the official status of unemployed;
- homeless people;
- disabled member of family headed by non-working citizen, and who do not have the official status of unemployed;
- disabled member of pensioners' family;
- citizen who does compulsory military service.

Therefore, in the first and second cases, only citizens of the country are covered by this measure of social protection. Refugees and stateless persons, who are, as a rule, in a very vulnerable position, remain uncovered.

3.3.5. Unemployment benefit

In Tajikistan, in the event of an individual being unemployed, an appropriate benefit is granted and paid. In addition to cash benefits, measures are being taken to promote employment through skills development and job search assistance. The allocation and payment of unemployment benefits, as well as measures to promote employment, are regulated by the legal acts as follows:

- Labour Code No. 417 (1997);
- Law No. 44 (2003) 'On the promotion of population employment';
- Decree of the President No. 1493 (2013) 'On measures to strengthen the level of social protection of the population, to increase the current salaries of civil servants, employees of budget institutions, organizations, pensions and scholarships'.

The Law 'On the promotion of employment', introduces important concepts. For example, 'social support for unemployed citizens' refers to the promotion of employment, the payment of unemployment benefits and scholarships for vocational training, as well as the

⁵⁴ Decree of the Government of the Republic of Tajikistan No. 293 of 3 July, 2013 (Revision of 5 November, 2014) 'On the procedure and conditions of payment of a funeral grant for a low-income family member'

retraining of unemployed citizens, the provision of material assistance to family members under the age of 15 who are dependent on an unemployed person, etc.

Sources of financing

Unemployment benefits and measures to promote employment are mainly financed from the funds of enterprises and organisations included in the public employment service system, as well as from social insurance funds that are formed by contributions paid by employers from individuals' payrolls (25 per cent of the total payroll).

Social insurance funds are targeted and used only for unemployment benefits, professional orientation and training, skills development and retraining of the unemployed, including payment of scholarships, subsidizing the costs of paid public works, creating jobs for unemployed citizens in need of social protection, etc.

Unemployment benefit and measures to promote employment

Unemployment benefit is the temporary material support guaranteed by the state to officially registered unemployed citizens entitled to receive it.

The registration of citizens registering at the employment service at the place of permanent residence as unemployed and job seekers is carried out in person upon the presentation of a passport, an employment record or documents substituting for them, as well as documents certifying professional qualifications and a statement of average wages for the last two months at the previous place of work.

For citizens whose total length of service entitles them to retirement, but have one year left before reaching the retirement age established under the law for the awarding an old-age pension (including a pension on preferential terms), the duration of the unemployment benefit payment period shall be increased to 12 calendar months.

In order to receive unemployment benefits, citizens must have at least 18 calendar months of employment over the last three years, as well as having paid mandatory social security contributions from their wages for this period⁵⁵. Unemployment benefits are awarded in the first, second, and third month at the rate of 50, 40, and 30 per cent of the average wages at the previous place of work (taking into account the coefficients) respectively, which is calculated for the last six months, but not less than the established minimum wage.

Citizens who were engaged in paid work for less than 18 calendar months over the last three years before applying to public employment services and have been recognised as unemployed shall be awarded with unemployment benefits in the amount of the minimum wage established in the Republic of Tajikistan.

If unemployed citizens have unemployable dependents aged up to 15, according to the decision of local Majlis of people's deputies, unemployment benefits may be increased by an additional allowance of 10 per cent for each dependent, which is to be paid from the local budget subject to over-performance of budget revenues and absence of debts under the firewalled items of the local budget.

Unemployed citizens registered with public employment services, in accordance with established procedures, are entitled to:

- Training or retraining courses, as well as scholarships during these courses;
- Consulting services and financial support in self-employment and during the process of starting a small business;
- The opportunity to participate in public works programmes;
- Social support in the field of labour and for unemployment benefits.

The employment promotion programmes include activities to provide for the creation of new jobs, mediation in the labour market, workforce professional development, social support to repatriated labour migrants, promotion in women's and youth employment, private business development, and state social guarantees in the event of unemployment.

Therefore, according to the State Programme on the promotion of population employment of the Republic of Tajikistan for 2016–2017 (hereinafter referred to as the Programme 2016–2017), taking into account all sources, it was planned to create 302,300 new jobs, of which 26,800 jobs would be in the public sector; 38,900 jobs in the collective sector; 58,900 jobs at the enterprises and organizations of various types of property; and 175,900 jobs in the private sector.

According to the Programme 2016–2017, it was planned:

- To cover 495,700 citizens with various types of employment, including 193,300 people to whom the assistance of public employment services was due;
- To provide 73,900 people with permanent employment at enterprises and organizations, 60,800 of these would find work through job fairs;
- To send 36,200 people for vocational training and retraining, as well as to send 11,300 to public works;
- To allocate and grant preferential credits to 6,600 people for starting their own business;
- To grant unemployment benefits to 13,000 people;
- To certify the labour skills of 6,000 citizens.

The financing of the Programme 2016–2017 was achieved at the expense of social insurance and pension funds, the budgets of local executive state authorities, employers, and investments. The total budget of the Programme was TJS 35,769,800, including TJS 31,170,000 from social insurance and pension funds and TJS 4,599,800 from budgets of local executive state authorities, employers' funds, as well as from domestic and foreign investments.

According to the forecast of the socio-economic development of the Republic of Tajikistan, in 2018–2019 using all sources in all sectors of the economy of the Republic,

326,800 jobs will be created: 161,900 in 2018 and 164,900 in 2019, including 177,100 (54.2 per cent) in the real sector of the economy and 149,700 (45.8 per cent) in the service sector.⁵⁶

Thus, in the Republic of Tajikistan active measures are being taken to promote employment. The question of adequacy of the unemployment benefit is still open.

3.3.6. Conclusions and recommendations on state social insurance

Formal employees have a relatively good level of social protection. In particular, the period of payment of the unemployment benefit and its amount exceed the requirements set by Convention No. 102, which establish relevant minimum standards. The amount of the benefit paid is between 60 and 100 per cent of the previous wages.

Informal employees, workers involved in atypical forms of employment, vulnerable categories of workers in rural and urban areas, domestic workers, migrants, unskilled workers and even officially registered unemployed are not covered by comprehensive social protection measures. These categories of the population are vulnerable and therefore more exposed to social risks.

The official statistics do not provide accurate data on the rate of employment in the informal sector of the economy in Tajikistan, so it is very difficult to assess the degree of participation for both women and men in the informal economy. Nevertheless, according to experts, informal employment plays a significant role in the lives of Tajik workers, which leads to lack of labour protection and social protection for them, as well as their involvement in informal, low-skilled jobs.

Recommendations

Temporary disability benefits

- I. To separate the payments for labour injury or occupational disease from sickness benefits and to create a separate scheme with a social insurance mechanism.

Maternity protection

- I. To take steps to extend the coverage of maternity protection over all working and unemployed women, in particular, employees, informal employees, seasonal workers, and officially registered unemployed women.
- II. Whenever possible, to introduce a new programme for the payment of maternity benefits upon the event of pregnancy and childbirth to all women.
- III. As much as possible, to provide for the arrangement of rooms for breastfeeding with proper sanitary and hygienic conditions at or near the workplace.

⁵⁶ The State programme on promotion of population employment in the Republic of Tajikistan for 2018–2019 was approved by Decree of the Government of the Republic of Tajikistan No. 499 of 24 October, 2017.

- IV. Using national legislation, to prohibit employers requiring women to take a pregnancy test when applying for a job or extending an employment contract (agreement).

Family/child benefits

- I. To introduce a universal child benefit and to gradually extend its coverage to all children. The amount of the benefit should be set at the rate of 1.5 to 3 per cent of the average wage for each child up to the age of 18.
- II. To increase the age of beneficiaries of the monthly benefits for children living with HIV/AIDS from 16 to 18 years.

3.4. Pension provision: contributory pensions and non-contributory social pensions

The integrated pension system includes contributory (insurance) pensions and state pensions. Under Law No. 595, the following types of contributory pensions are granted and paid: first, contributory old-age pensions, second, pensions in the case of invalidity, and finally, survivors' pension benefits. The following types of non-contributory state (social) pensions are granted and paid from the state budget: state old-age pensions, invalidity pensions, and survivors' pension benefits.⁵⁷

The contributory old-age and invalidity pension benefits consist of a contributory part and a personal account part. The contributory portion of the benefit is the main part of the pension awarded to a person involved in the mandatory (notional defined) contributory pension system, depending on the amount of the notional pension capital recorded in the system. The personal account portion of the contributory pension is a component awarded based on the volume of a person's individual pension savings deposited into the mandatory contributory pension scheme and calculated on the basis of the data contained in the special portion of the individual account of the insured person. The survivors' contributory pension consists of only a contributory part.

The procedure used for granting, awarding, calculation, and payment of all types of pensions is determined by the Law on the Provision of Pensions to Citizens, as well as the Law on Contributory Pensions and Non-contributory Social Pensions. The provision of pension benefits is financed from two sources. Contributory pensions are financed from the social tax, while non-contributory social pensions are financed from the national budget.

In view of the above, pension provision (contributory pensions and non-contributory social pensions) will be considered in the special section.

⁵⁷ The merit pensions and years-of-service pensions are not included in this list and the procedure for award and payment of these pensions are regulated by Law of the Republic of Tajikistan No. 796 of 25 June, 1993 'On the provision of pensions to citizens' (Revision of 18 March, 2015)

3.4.1. Old-age pensions: contributory pension and non-contributory social pension

In Tajikistan, there are three types of old-age benefits: contributory old-age pensions, non-contributory social old-age pensions, and the years-of-service pensions for military personnel. Moreover, in 2011 the law on the occupational contributory pension scheme for people working in particularly difficult working conditions was developed and adopted, however this law has not been implemented effectively, for instance, the collection of contributions for occupational pensions has been inefficiently organised.

The social protection upon reaching a certain age is regulated by the legislative acts as follows:

- Law No. 796 (1993) 'On the provision of pensions to citizens';
- Law No. 595 (2010) 'On contributory pensions and non-contributory social pensions';
- Law No. 1106 (1994) 'On the provision of pensions to military personnel';
- Law No. 790 (2011) 'On mandatory occupational contributory pension scheme';
- Decree of the President No. 1493 (2013) 'On measures to strengthen the level of social protection of the population, to increase the current salaries of civil servants, employees of budget institutions, organizations, pensions, and scholarships' (establishes the minimum pension amount);
- Law No. 945 (2017) 'About the State Budget of the Republic of Tajikistan'.

Box 7. Mandatory occupational contributory pension scheme

In 2011 the law on the mandatory occupational contributory pension scheme was adopted. This type of social protection is defined as a system of relations established by the state to form the funds necessary for the mandatory occupational pension contributions paid by employers to employees engaged in special working conditions, as well as to use these funds for pensions awarded in connection with special working conditions.

Occupational work experience refers to the duration of a person's work under special conditions during which mandatory occupational pension contributions were paid for them. The occupational pension is a monthly cash benefit in the form of an early or additional occupational pension at the expense of occupational pension savings.

With the exception of certain articles, this law came into force on January 1, 2013, however with regards to payments from the mandatory occupational pension fund to persons who have worked in workplaces with special working conditions and for whom the employer has paid occupational pension contributions, the law came into effect on January 1, 2017.

Sources of financing

Only two per cent of the 25 per cent of social taxes paid by employers goes to social benefits, with 22.5 per cent going to contributory pensions, i.e. the contributory part of pensions, or as it is called, the distributive part of the pensions. Contributions of one per cent deducted directly from employees' wages constitute the individual account part of the

contributory pensions. In reality however, social benefits amount to 5.3 per cent, contributory pensions constitute 19.2 per cent, with unemployment benefits making up 0.5 per cent. This gap in funding is reimbursed by the national budget in the form of subsidies. So, for the period of 2007–2014, TJS 188 million was reimbursed from the national budget.

The budget of the Agency of Social Insurance and Pensions provides for the payment of state pensions, which are not included in the mandatory contributory pensions and should be reimbursed from the national budget. It is necessary to make appropriate amendments to the law on state finance and to adopt a Budget Code that would establish rules for the formation and differentiation of national and local budgets, social insurance, as well as mandatory contributory pension funds.

The implementation of the mandatory contributory pension system requires a revision of the concept of social tax and the allocation of mandatory pension contributions in its structure. To do this, it is necessary to adopt a law on pension contributions, as well as to clearly distinguish between the budget of the mandatory contributory pension system and the state pension budget to avoid a conflict of departmental interests.

The old-age social pensions and pensions for years-of-service are financed entirely from the national budget.

Qualifying conditions (rights and liabilities)

The full contributory pension is granted for the qualifying contributory period (the period of paid contributions) of least 300 months for men and 240 months for women. In order to have a contributory pension awarded, data on the following are required: the length of the contributory period; the level of insured income; the amount of notional pension capital; the amount of pension savings in an individual savings account; as well as other information. The period of paid contributions is calculated on the basis of a personal record in the contributory pension system. It should be noted that personal account savings are considered only as a supplement to the old-age contributory pension.

Box 8. Non-state pension provision in Tajikistan

The Law of the Republic of Tajikistan No. 149 of December 2005 'On non-state pension funds' defines a non-state pension fund (hereinafter referred to as NPF) as a special institutional and legal form of a specialized non-profit organisation for the provision of pensions to citizens on a voluntary basis. The NPF operates independently of the state pension system, and acts as a supplement to it. The NPF accumulates pension contributions and assets, invests pension assets in order to receive investment income, keeps records of pension obligations, and also awards and pays non-state pensions to beneficiaries.

So far, the establishment and functioning of NPFs is considered only a promising trend, as well as formation and development of the non-banking segment of the financial market in the Republic of Tajikistan, connected with the adoption of the Law 'On Non-State Pension Funds' No. 149 of 28 December, 2005. The implementation of NPFs will be possible only if the conditions of the developed state mandatory contributory pension system and financial market are met, in addition to the establishment of an effectively functioning banking system and proper system of informing of the people involved.

If the contributory period is not enough for granting a full old-age contributory pension to a citizen who reached the established retirement age after January 1, 2013, the right is given to insure the income for the period from January 1, 1999 to January 1, 2013, however this can only be done once.

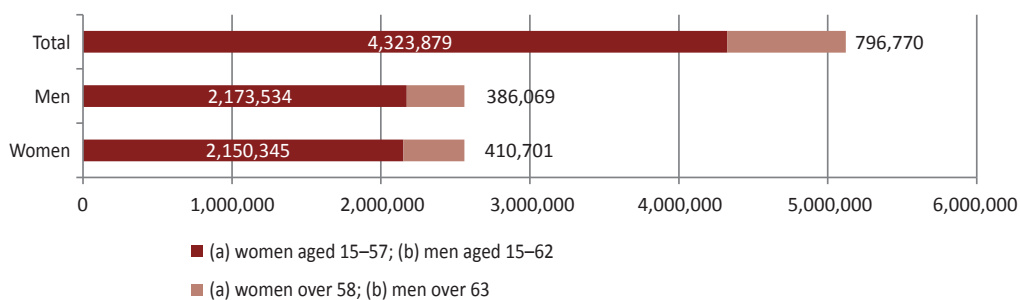
In 2015, some important changes were made to the Law ‘On contributory pensions and non-contributory social pensions’. The original wording ‘qualifying conditions for awarding a partial contributory pension’ was replaced with ‘qualifying conditions for awarding a pension for incomplete qualifying period’, which is correct, because it is difficult to give the definition of a partial contributory pension.

If the qualifying contributory period is incomplete, with certain exceptions, the contributory pension is awarded to people who have at least 60 months of paid contributions upon reaching the age of 63 years for men and 58 years for women. However, the incorrect terms are still used in a part of this Article. The award and payment of a partial contributory pension are made upon the occurrence of a contingency to the person.

Coverage

The situation regarding pensions depends directly on the status of the contributory pension budget and the national budget. A significant part of the working-age population of Tajikistan is a labour migrant, and other considerable parts of the population are engaged in informal work. Both of these groups do not pay taxes and pension contributions in Tajikistan. Therefore, though the demographic situation in Tajikistan is different from that in European states – with Tajikistan having a higher birth rate and lower life expectancy, the ratio of working citizens to pensioners is about 2.2, which is very unfavourable. The burden on the officially employed, whose income taxes and contributions are the source of pension payments, is quite serious. The total number of pensioners receiving all three types of pensions is 553,787, while the number of the elderly women above 58 years alone is 410,701, while the number of men over 63 years is 386,069. The total number of persons of the retirement age is 797,770. Consequently, about 243,983 people do not receive an old-age pension (UNICEF, 2017). The number of persons receiving a pension for years of service is insignificant - in 2016 only 3,400 people received such a pension, while 410,000 people received an old-age contributory pension.

Figure 39. Number of people of working age and retirement age



The pressing question is whether or not citizens are aware of their basic rights and liabilities. The personal financial strategy of a citizen and activity of their participation in the contributory pension system has a significant impact on the size of their future pension. Taking into account the risks associated with the implementation of the new system, certain vulnerable groups of the population, particularly migrant workers and informally employed citizens, may face difficulties in confirming their contributory period. Effective communication becomes crucial for the successful implementation of the pension reform, as well as the acceptance and perception of its results by the population.

The reform of the social insurance system in the part of the mandatory contributory pension system is focused both on the maximum coverage of the employed population and on reducing the level of informal employment. The more beneficial the contributory system, the more people will be willing to participate in it. This approach is relevant for the social protection of migrant and informal workers, as well as the economically inactive part of the population such as women engaged in homemaking, etc. The new law has opened up opportunities for them to voluntarily joining the mandatory contributory pension system, since the qualifier is not years of work but the period of paid pension contributions, with paid social taxes becoming important. However, it is worth asking again the same question about the level of awareness of the population, i.e. whether citizens are aware of their rights and liabilities and the extent to which they are informed about social protection and contributory pension programmes.

The main principle of the notional defined contribution (NDC) pension system is the conformity between *'the amounts of the contributory pension granted, on the one hand, and the pension rights and amount of income accumulated by a participant in the mandatory contributory pension system, on the other hand'*. This system is designed to motivate citizens to form their contributory period by paying voluntarily pension contributions in order to receive a higher pension. Persons who have not completed the relevant qualifying contributory period (of at least 300 months for men and 240 months for women, except for preferential categories) can expect only state social pensions, the amount of which depends on the 'basic pension'. The amount of the basic pension is determined with due regard for the very modest actual capacity of the national budget.

Pension amount

According to the Statistics Agency, the average pension in January 2017 amounted to TJS 272.13, and the average monthly wages for 2017 was TJS 1,171, i.e. the average replacement rate was equal to 23.23 per cent. First of all, the reason of the low replacement rate is the change in the pension formula. If an earlier employee's period of paid contributions was taken into account, it does not currently affect the pension amount. Starting from January 1, 2017, the number of months of the expected pension payment period increased to 180 months (15 years) from a previous period of 120 months (10 years). The change of this parameter in the formula resulted in a decrease in the amount of contributory pensions. Moreover, this measure does not meet the present life conditions of the population, in particular life expectancy. The life expectancy is 75.7 years for women and 71.9 years for men, with the life expectancy after retirement is 18.7 years for women and 9.9 years for men. In this case, it is correct to make calculations taking into account the duration of life after retirement instead of life expectancy, however it is necessary to use the second option, because no data is available about the duration of life after retirement.

Nevertheless, even this calculation allows us to estimate the state of the pension system in Tajikistan.

The main purpose of the pension reform launched in 2012 is to reduce the budget deficit of the Agency of Social Insurance and Pensions by cutting down the size of pensions and decreasing the Treasury expenses for pensioners. As a result, the replacement rate has reached a critical minimum for certain categories of pensioners. This is the only way to explain the changes in the pension system, with no other explanations being offered. Regardless, it is necessary to compensate the losses sustained by older generations as a result of this pension reform. The system should be reformed in such a way that people are not disadvantaged or driven into poverty, but rather so they can achieve a higher and better level of social protection. Ensuring the human right to social protection should be the 'cornerstone' of any reform.

In 2012, the Law of the Republic of Tajikistan 'On contributory pensions and non-contributory social pensions' was amended and supplemented. The law defines the 'basic pension' as the contributory pension part guaranteed by the government and as the standard by which to calculate other types of pensions, i.e., the basic pension is defined only as a 'value for calculation of pensions and supplements to pensions.' Thus, the 'basic pension' has lost any meaning and connection with the parameters characterising the standard of living of pensioners (cost of living, consumer basket). The original semantic definition of the basic pension as part of the contributory pension was replaced with a kind of abstract '*value for the calculation of pensions and supplements to pensions*', which is not explicitly associated with the contributory pension.

The amount of the basic pension is annually established by the President of the Republic of Tajikistan in accordance with the indicators provided by the Law of the Republic of Tajikistan 'On the state budget of the Republic of Tajikistan'. Thus, the mandatory norm to establish annually the basic pension amount depending on the capacity of the national budget of the Republic of Tajikistan has been relaxed. In fact, a norm of establishing a basic 'discretionary' pension amount has been adopted, taking into account national budget constraints.

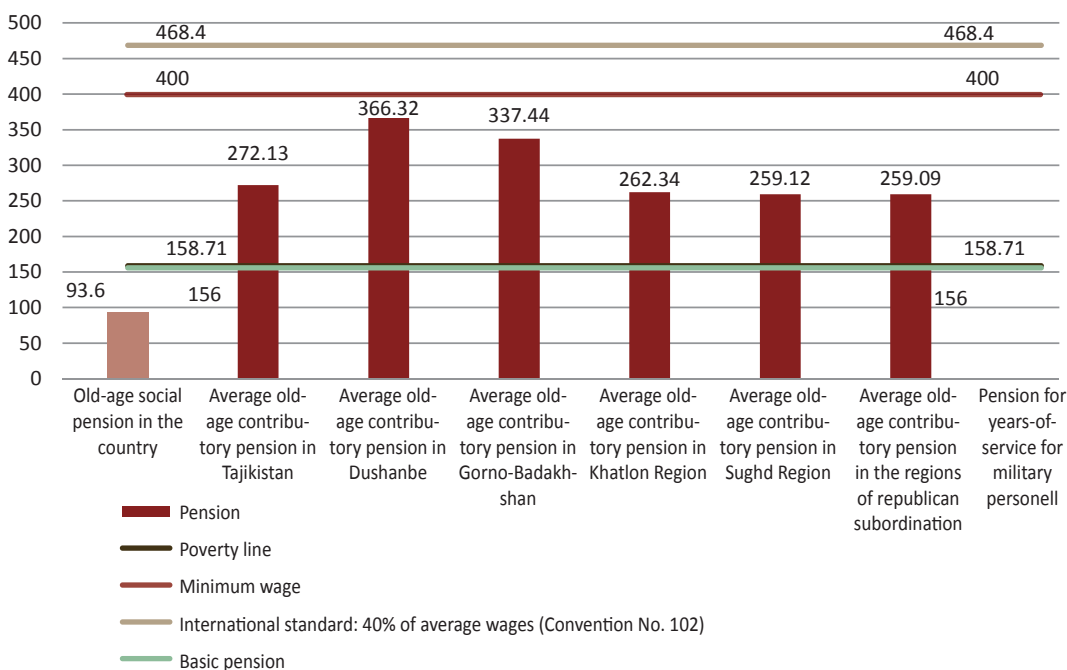
The new pension system aims to ensure that employees themselves take care of their future in a timely manner by contributing to the pension system, so it is important to ensure the transparency, accessibility, and attractiveness of this system. When moving from a solidary (distributive) system to a notional defined contributory scheme, it is necessary to pay off the accrued-to-date implicit pension debt of the pension system. During the transition period, the state is obliged to find the financial resources in order to fulfil the obligations to pensioners who have retired in accordance with the provisions of the pension law.

Under the new law, only one pension calculation formula is used for the three types of contributory pensions, regardless of contingency specifics. The inconsistency of the parameters of the calculation formulas in the reformed pension scheme made it impossible to ensure the fair recalculation of the pensions already granted and forced a number of pensioners to make an appeal to the Constitutional Court of the Republic of Tajikistan. Obviously, it is impossible to apply the same parameters when calculating an old-age contributory pension and a survivors' contributory benefit.

The old-age social pension provided to persons who are not entitled to a contributory pension is granted at a rate of 60 per cent of the established amount of the basic pension (TJS 156), specifically, TJS 93.6. In 2016, the amount of people over the working age numbered 460,000.⁵⁸ Since 410,300 people⁵⁹ received an old-age pension in 2016, we can conclude that the old-age social pensions of TJS 93.6 per month are paid to about 50,000 elderly people who have not completed the qualifying period of paid contributions and the right to an old-age contributory pension.

Within the performed assessment of the social protection system, the participants of the National Dialogue (ABND) decided to propose an increase to the rate of the social pension from 60 to 80 per cent of the basic pension, with further gradual growth. This measure was proposed as one of the priority measures to improve the minimum levels of social protection.⁶⁰ The recommendation proposed during the ABND means the social pension should be increased by TJS 31.2, rising to TJS 124.8.

Figure 40. Pension amount vs minimum social indicators* as of 2017, in TJS



Source: Figure was developed by the authors in accordance with the data of the Statistics Agency for 2017 and the Ministry of Labour, Migration and Employment

*International standard was defined in accordance with the operational and rough estimates

If this recommendation is implemented, the expenditures for the payment of the old-age social pension will be about TJS 1,560,000 per month (TJS 18,720,000 per year). In view of the country's budget capacity, this measure may be difficult to implement. From the budget of social insurance and pensions, an expenditure of TJS 2,665,823 million was approved for 2018, coupled with subsidies from the national budget in the amount of TJS

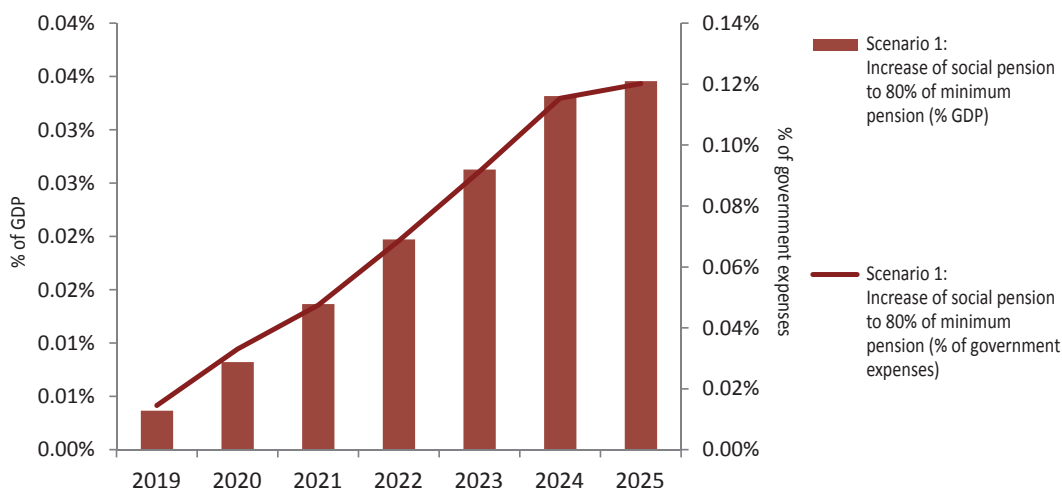
⁵⁸ Law No. 595 (2010) 'On contributory pensions and non-contributory social pensions'.

⁵⁹ Data on social insurance and pensions in 2017.

⁶⁰ Recommendations of the Third Assessment Based National Dialogue in Tajikistan of 1 December, 2017.

65 million. Therefore, it has been proposed to implement a gradual increase by 2020 and 2025, as well as to make the size of social pension equal to the poverty line by 2030.

Figure 41. Scenarios for increasing old-age social pension benefits



Source: Calculations are made by the ABND Working Group and based on the scenarios approved.

When calculating the scenario, the following assumptions were made:

- child population growth during the forecast period fits in with the average fertility scenario of the UN World Population Prospects (UNWPP);
- the benefit amount will be adjusted in accordance with the inflation;
- the minimum pension will be adjusted in accordance with the inflation and will not be changed by the law (for example, there will be no change in the pension formula);
- inflation growth is in line with the average values in recent years;
- the data on GDP growth and government expenditures are provided by the Ministry of Finance, and the forecasts are based on the average growth in recent years;
- administrative costs will make up to 5 per cent of the total amount of benefits due to the fact that the infrastructure for payment of the benefits has been already developed;
- by 2024 the country is expected to fulfil the 100 per cent coverage scenario for the entire population of retirement age.

This scenario is a significant step in increasing the minimum standards of social protection, however this is not enough to ensure a minimum standard of living for the whole of the elderly population. Therefore, by 2030, it has been proposed to equate the size of the social pension with the poverty line, or, at best, equate it with the subsistence minimum, which should, by this time, be established and applied effectively.

3.4.2. Invalidation benefit

In Tajikistan, in the event of disability, contributory and social pensions are awarded and paid. The pension award and payment are regulated by the legal acts as follows:

- Law No. 595 (2010) ‘On contributory pensions and non-contributory social pensions’;
- Law No. 675 (2010) ‘On the social protection of disabled people’;
- Decree of the President of the Republic of Tajikistan No. 697 (2016) ‘On measures to strengthen the level of social protection of the population, to increase the current salaries of civil servants, employees of budget institutions, organizations, pensions and scholarships’.

In Tajikistan, views on disability have changed significantly in recent years, from the perception of persons with disabilities as beneficiaries of health services and state benefits to generally being viewed as citizens with equal rights. The approach based on human rights is increasingly being reflected in the laws and policies that are being developed and adopted: it is required to ensure equal participation of persons with disabilities in the society, to meet their needs and to ensure access to health services, rehabilitation, education, employment, vocational training, culture, sports, as well as to entertainment, transport, public places, and information technologies.

Coverage

A wide range of persons are entitled to disability pension benefits, including citizens of the country and foreign citizens, as well as stateless persons living in the territory of Tajikistan who have acquired the status of a disabled person. People who work and make pension contributions are entitled to a contributory pension. Only citizens who have not completed the minimum qualifying contributory period are entitled to a social pension. This means that foreign citizens living in Tajikistan and stateless people who have not paid contributions to the social insurance fund remain uncovered.

Table 4. Data on registered persons with disabilities (adults and children under 18, total number and new cases, absolute and relative figures, in 2010–2014)

| Item | 2010 | 2011 | 2012 | 2013 | 2014 |
|---|---------|---------|---------|---------|---------|
| Total population, millions | 7.53 | 7.62 | 7.81 | 7.99 | 8.16 |
| Disability prevalence | | | | | |
| Total number of persons with disabilities (thousands) | 156,716 | 161,341 | 171,447 | 166,593 | 167,865 |
| Persons with disabilities per 1,000 of the population | 21 | 21 | 22 | 21 | 21 |
| Children with disabilities under 18 | 20,348 | 24,013 | 30,133 | 26,226 | 24,493 |
| Children with disabilities per 10,000 children | 65 | 72 | 86 | 79 | 73 |
| Invalidity incidence | | | | | |
| New cases registered | 12,805 | 12,899 | 12,194 | 8,085 | 9,320 |
| per 1,000 of the population | 17 | 17 | 16 | 10 | 11 |

Source: Situational analysis. Status of Rehabilitation in the Republic of Tajikistan. World Health Organization. Geneva. 2015.

Moreover, according to international estimates, more than a billion people worldwide (15 per cent of the world population) have some form of disability, including about 95 million children (5.1 per cent). With Tajikistan's population of about 8.74 million people as of 2016, it can be assumed that about 1.3 million people with disabilities have lived in the country during this period, while according to official data, the total number of registered persons with disabilities in 2015 was only 171,447 people.⁶¹

Table 5. Number of persons with disabilities registered with social protection authorities

| | 2012 | 2013 | 2014 | 2015 |
|--|---------|---------|---------|---------|
| Total number of persons with disabilities who receive disability benefits, social pensions and benefits: | 166,593 | 167,865 | 147,048 | 142,382 |
| per 1,000 of the population | 21 | 21 | 18 | 17 |
| Total number of children with disabilities under 18 who receive social pensions: | 26,226 | 24,493 | 24,982 | 23,749 |
| per 10,000 children | 99 | 69 | 73 | 69 |
| Disabled children per 10,000 children | 65 | 72 | 86 | 79 |

Source: Situational analysis. Status of Rehabilitation in the Republic of Tajikistan. World Health Organization. Geneva. 2015.

Under the Law 'On the social protection of persons with disabilities' of 2010, a person with a disability is a person who has a health problem with a persistent disorder of body functions caused by diseases, injuries, physical, and mental issues, resulting in limiting a person's life, creating the need for social protection. The limitation of a person's life is defined as the complete or partial loss of ability or capacity to serve oneself, to carry out movement, orientation, communication, to control one's own behaviour, and to work. Three levels of disability exist, specifically Disability Groups 1, 2, and 3, based on the levels of limitation to life a person experiences. The first level of disability is recognized as the most limited life activity, the second one is limitation of an average levels, and the third level is refers to those least limited.

Labour migrants without the required qualifying period of paid contributions will not be covered by contributory pensions. They can expect only a social disability pension of 100 or 60 per cent of the established basic pension, depending on their disability group. In view of the high level of labour migration, a large number of labour migrants may fall into the category of poor because of the very low size of social pensions.

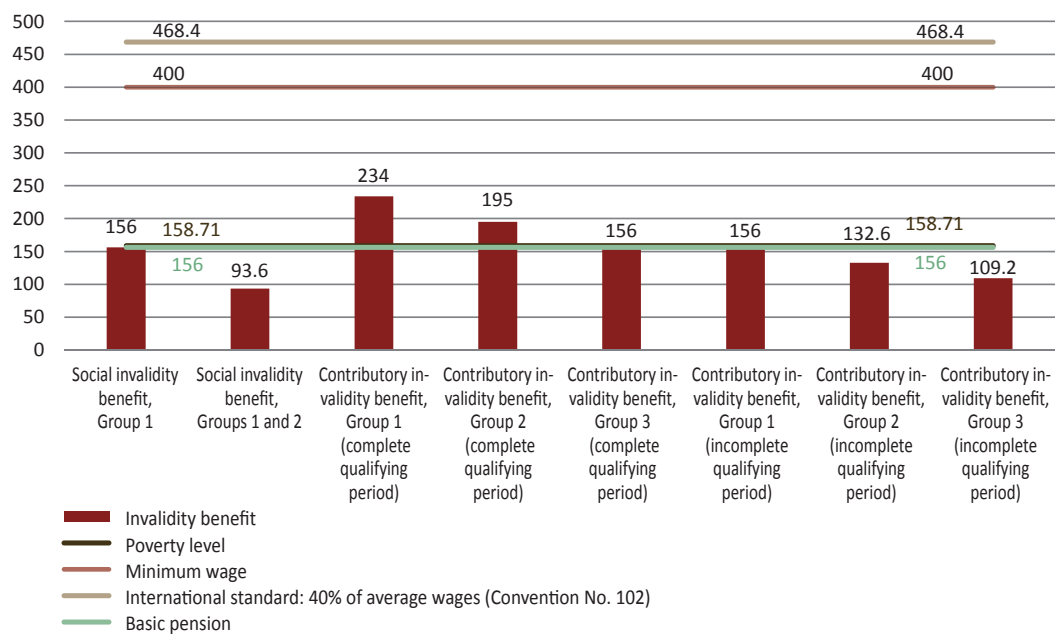
It is necessary to eliminate the negative factors that impact the welfare of a number of disabled persons, such as low life expectancy, the prevalence of chronic conditions of disease and injuries, as well as ineffective medical aid in the case of critical or complicated health conditions. Measures in the social sphere should first of all be aimed at improving the overall health of the population and creating favourable conditions for life and work. Such measures contribute to the reduction of disability and help decrease state expenses for pensions and disability benefits.

⁶¹ Situational analysis. Status of Rehabilitation in the Republic of Tajikistan. World Health Organization. Geneva. 2015. – p. 12.

Benefit rate

The rate of the contributory pension is established depending on the availability of the qualifying contributory period, in particular whether this is complete or incomplete, as well as which disability group a person is classified as. In case of a complete qualifying contributory period, disabled persons of Groups 1, 2, and 3 are granted a benefit of at least 150, 125, and 100 per cent of the basic pension amount respectively. In case of an incomplete qualifying period, disabled persons of Groups 1, 2 and 3 are granted a pension benefit of at least 100, 85 and 70 per cent of the amount of the basic pension respectively. Citizens with disabilities who have not completed the minimum qualifying contributory period are entitled to a social disability pension at two rates: first, 100 per cent for Disability Group 1, people disabled since childhood of Groups 1 and 2, as well as children with disabilities; and second, 60 per cent for Groups 2 and 3, in addition to people disabled since childhood of Group 3.

Figure 42. Invalidation benefits vs minimum social indicators as of 2017, in TJS



Source: Figure was developed by the authors in accordance with the data of the Statistics Agency for 2017 and the Ministry of Labour, Migration and Employment and the laws of Republic of Tajikistan.

*International standard was defined in accordance with the operational and rough estimates.

Even the maximum average disability contributory pension for Group 1 does not reach the level of the minimum standard established by Convention No. 102, therefore it is essential to reform the pension system in such a way that the contributory pension amount will meet national and international minimum standards at a minimum, and be able to ensure at least the minimum standard of living by 2025 and a decent standard of living by 2030 for disabled people.

Monetary assistance to persons with disabilities must certainly be complemented by the use of social services, since persons with disabilities are a vulnerable category of the popu-

lation, who almost always need additional assistance provided through these social services. In recent years, the Republic of Tajikistan has increased the availability of a wide range of social services for persons with disabilities. However, these are still insufficient at meeting the demands of all people in need, both in terms of their accessibility and quality. The main problems are as follows: (a) a lack of professional staff; (b) a lack of rehabilitation services at all levels, especially in rural areas where the majority of the population lives; (c) a lack of quality standards and adequate monitoring of services in the field of disability and rehabilitation; (d) limited funding for activities in the field of disability and rehabilitation; (e) a low level of coordination among the few partners who work to support activities in the field of disability and rehabilitation in the Republic of Tajikistan; (f) limited participation of persons with disabilities in decision-making; etc.

Source of financing

The sources of financing of contributory pensions are social contributions at the rate of 25 per cent of the payroll, which are paid by employers, and at the rate of one per cent of wages, which are paid by employees. In other cases, individual entrepreneurs working under certificates make contributions of one per cent of their gross income per month, but no less than TJS 135 for themselves, in addition to 25 per cent of the payroll for the persons working for them. Entrepreneurs working under a patent pay a fee for the patent, which includes pension contributions. The social pension is paid from the state budget.

However, in the case of this pension, as well as in the cases of financing other kinds of pensions, such as old-age and survivors' pensions, the funds for financing the social and contributory pensions are actually pooled together. Therefore, it has been proposed to clearly distinguish between the mandatory contributory pension budget and the social state insurance budget, in order to avoid a conflict of departmental interests. It is also necessary to revise the concept of social tax and to allocate mandatory pension contributions from its structure. To do this, it is necessary to adopt a law on pension contributions.

Qualifying conditions (rights and liabilities)

The contributory pension is granted for the qualifying contributory period of least 60 months. The contributory period is calculated based on the personal record in the mandatory contributory pension system.

If a person has not completed the minimum qualifying contributory period, they are granted a social pension, i.e., it is paid to disabled people who are not eligible to receive a contributory pension. Both the contributory and social pensions are paid within the period of incapacity for work.

Management and coordination bodies

The management bodies of the social disability benefit system are the Ministry of Health and Social Protection, the Agency for Social Insurance and Pensions, the State Medico-Social Examination Service, and the State Savings Bank 'Amonatbank', which makes payments directly.

The Ministry, the Agency, and the State Service jointly develop laws and regulations in the field of social protection of persons with disabilities, as well as in the field of organising

medico-social expert examinations, and also approve the rules for medico-social expert examination.

The State Medico-Social Examination Service carries out medico-social expert examinations and determines Disability Groups taking into account the degree of the disorder of to bodily functions and limitations of life, causes, duration, onset date, and degree of disability, as well as studies the causes, conditions, and status of disability, executes monitoring, and forms the centralised information bank of disabled persons' data. For example, in the process of a medico-social examination of a person, the State Medico-Social Examination Service establishes a disability and determines the causes, duration, onset date, as well as the degree of disability and the extent of the need for social protection.

In view of the complexity of disability issues, the success of interventions in this area depends on the nature of cooperation, integration, and intercommunication amongst the various departments involved in the health care, rehabilitation, and social protection of persons with disabilities, as well as on the ability to promote innovation and to apply new approaches and methods.

Taking into account the importance of interdepartmental coordination to ensure the effective and successful implementation of the policy, the Coordination Council on Health, Rehabilitation, and Social Protection⁶² has been formed under the Ministry of Health and Social Protection of the Republic of Tajikistan, as well as the health departments of cities and regions.

The integration of disability issues within the competence of the new Ministry of Health and Social Protection of the population has high potential and demonstrates leadership in the coordination of multi-sectoral and interdisciplinary response interventions, which requires the development of appropriate legislation, as well as ensuring the implementation and development of human resources among specialists of related non-medical professions in accordance with international standards. These measures should provide for the finding and reaching of a consensus on an adequate service delivery model with a particular focus on the decentralisation of rehabilitation services, actions to remove obstacles to providing rehabilitation services, and support in the development of an accessible and non-discriminatory environment with due account of the needs of persons with disabilities.

3.4.3. Survivors' benefit

In Tajikistan, contributory and social survivors' benefits are provided. The right to a contributory survivors' benefit is given to dependent members of the family of a deceased breadwinner who are unable to work, on the condition that the breadwinner had a contributory period of at least 60 months. The contributory pension benefit is paid to a dependent until they reach the ability to work. The contributory period for determining the size of the contributory pension includes the work periods during which mandatory pension contributions were paid. If the contributory period is less than 60 months, a social

⁶² Decree of the Government of the Republic of Tajikistan No. 834 of 31 December, 2014 'On the establishment of the National Coordination Council on Health and Social Protection of Population under the Government of the Republic of Tajikistan'.

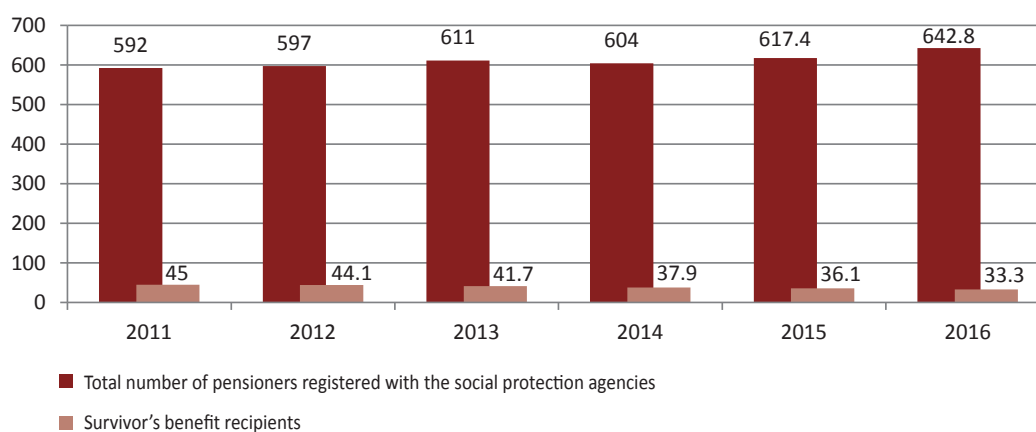
pension benefit is granted. The award and payment of contributory and social survivors' benefits are regulated by the legal acts as follows:

- Law No. 595 (2010) 'On contributory pensions and non-contributory social pensions';
- Decree of the President of the Republic of Tajikistan No. 697 (2016) 'On measures to strengthen the level of social protection of the population, to increase the current salaries of civil servants, employees of budget institutions, organizations, pensions and scholarships'.

Coverage

The right to a contributory survivors' pension benefit is given to dependent members of the family of a deceased breadwinner who are unable to work. The following people are recognized as members of a deceased breadwinner family who are unable to work: minor children, brothers, sisters, and grandchildren; parents and grandparents, regardless of the age and ability to work, as well as a deceased breadwinner's siblings or children who have reached the age of 18, if they are engaged in caring for deceased breadwinner's children, siblings, or grandchildren under 14, are all entitled to a contributory survivors' benefit; the parents and the spouse of a deceased breadwinner, if they have reached the established age, or if they are disabled; the grandparents of a deceased breadwinner, if they have reached the retirement age, but do not receive a contributory pension, or if they are disabled, in the absence of persons who are obliged to support them.

Figure 43. Pensioners registered with the social protection agencies (mandatory contributory pensions , pensions for years of service), thousands persons



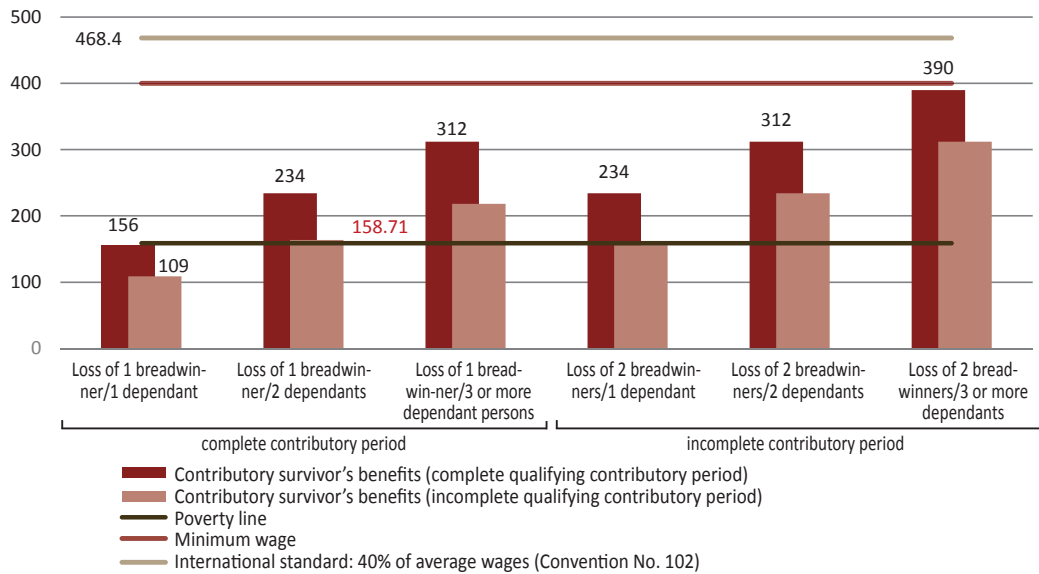
Source: Agency of Social Insurance and Pensions, 2017.

Benefit amount

The contributory survivors' pension, depending on the number of family members applying for a pension, is calculated in equal shares of the contributory pension to which the breadwinner would have been entitled to at the time of contingency. The contributory survivors' benefit for children who are unable to work (dependents) who have lost both parents shall be granted in the size of the contributory pensions for which both breadwin-

ners would have had the right to at the time of the contingency. In any case, a survivors' pension benefit cannot be lower than a certain per centage of the basic pension, which amounts to TJS 156.

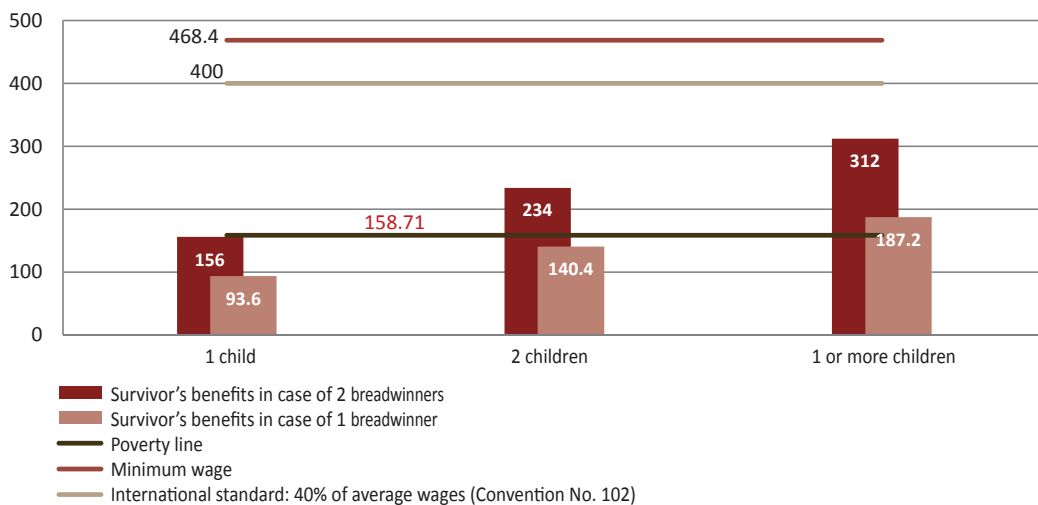
Figure 44. Contributory survivors' benefit vs minimum social indicators* as of 2017, in TJS



Source: Figure was developed by the authors in accordance with the data of the Statistics Agency for 2017 and the Ministry of Labour, Migration and Employment and the laws of Republic of Tajikistan.

*International standard was defined in accordance with the operational and rough estimates.

Figure 45. Social survivors' benefit vs minimum social indicators* as of 2017, in TJS



Source: Figure was developed by the authors in accordance with the data of the Statistics Agency for 2017 and the Ministry of Labour, Migration and Employment and the laws of Republic of Tajikistan.

*International standard was defined in accordance with the operational and rough estimates.

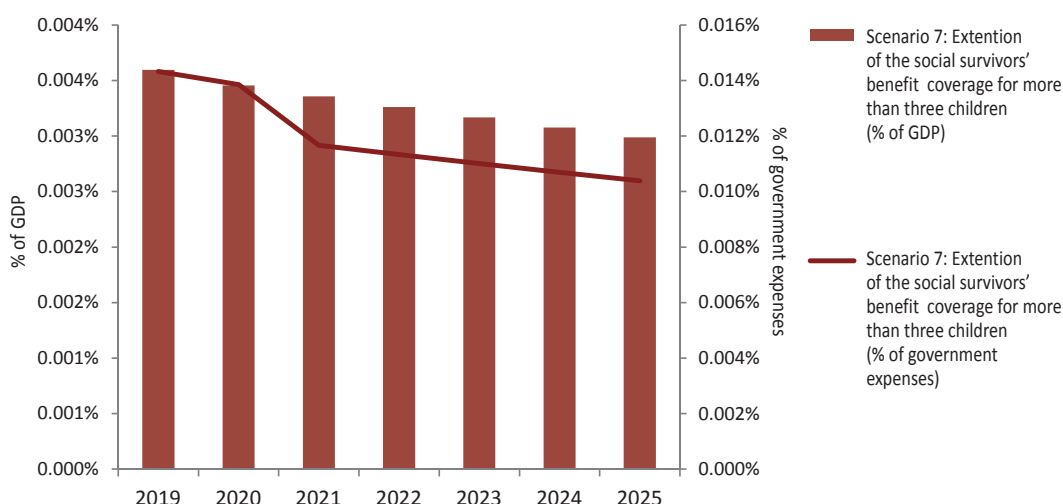
The amount of the contributory pension in the event of a person’s death in connection with performing duties during compulsory military service may not be less than 150 per cent of the established amount of the basic pension for each family member who is unable to work. In this case, the social pension is granted in the amount of 100 per cent of the established amount of the basic pension.

Social survivors’ pensions are lower and paid only to a deceased breadwinner’s children. A child under 18 or a student of educational institutions in full-time education and not older than 23 years, who has lost his father or mother, shall receive a social pension of 60 per cent of the basic pension. Two children shall receive 90 per cent, and three or more children shall receive 120 per cent the basic pension.

If one child has lost both parents, the child is paid a social pension of 100 per cent of the basic pension. If two children have lost both parents, then they are paid 150 per cent of the basic pension, and three or more children are paid 200 per cent of the basic pension.

As to the amount of contributory and social pensions, the same minimum payment is established for three or more children. For example, the social pension for three or more children, if the children have lost one parent, is 120 per cent of the basic pension. If children have lost both parents, they are entitled to 200 per cent of the basic pension. This social pension does not take into account the number of children of the deceased parent or parents, consequently, a family of four or even ten children has to make do with the same money as a family of three children in the event of the death of a parent or parents. This is a significant omission, especially for such countries as Tajikistan, where the average number of children in a family can often be four or more.

Figure 46. Social survivors’ benefit increase scenarios



Source: Calculations are made by the ABND Working Group and based on the scenarios approved.

In view of the above, it has been proposed to increase the amount of the survivors’ benefit by 30 per cent, if there is a fourth child in the family, and by 50 per cent in the case of five children. Thus, the amount of social survivors’ benefit for the loss of one or both of

the breadwinners should be 150 and 250 per cent of the basic pension respectively. It has also been proposed to extend this proportionate increase for the families of six, seven, and more children by 2030.

When calculating the scenario, the following assumptions were made:

- child population growth during the forecast period fits in with the average fertility scenario of the UN World Population Prospects (UNWPP);
- inflation growth is in line with the average values in recent years;
- the data on GDP growth and government expenditures are provided by the Ministry of Finance, and the forecasts are based on the average growth in recent years;
- administrative costs will make up to five per cent of the total amount of benefits due to the existing infrastructure for payment of the benefits;
- by 2019 the country is expected to fulfil the 100 per cent coverage scenario for the children under five years old.

When increasing the social survivors' pensions, it is also necessary to establish new rates of the contributory survivors' pensions for four and five children respectively. The relation between insurance and social pension should be harmonious and meet the expectations of the population, so that the population was interested in participating in contributory social insurance. By 2030, it has been proposed to proportionally set both types of pensions at a level no lower than the subsistence minimum.

Source of financing

The social pension is paid from the state budget. The contributory pension is paid from social contributions, which consists of the one per cent of wages paid by employees and 25 per cent of the payrolls paid by employers. In other cases, individual entrepreneurs working under certificates make contributions of one per cent of gross income per month, but not less than TJS 135 for themselves and 25 per cent of payroll for the persons working for them. Entrepreneurs working under a patent pay a fee for the patent, which includes pension contributions. Actions to increase the social insurance fund should primarily be aimed at creating an attractive pension system and, as a result, reducing the size of the informal economy, as well as facilitating the more effective collection of social tax within the framework of formal employment. The social pension is paid from the state budget, with expenditures on the social sector of which should certainly be increased.

Qualifying conditions (rights and liabilities)

In order to ensure a dependent's right to a contributory survivors' pension, a deceased breadwinner must have had a contributory period of at least 60 months. The pension is paid to the dependent until they reach the working age. The social survivors' pension is granted differently, it is provided to dependents that are unable to work who have lost one or both breadwinners who have not completed the 60-month qualifying contributory period. The social pension is also paid until the person is able to work. The social pension is paid to those dependents whose deceased breadwinners have paid into the contributory pension for a period of less than 60 months.

3.4.4. Conclusions and recommendations: mandatory contributory pensions and non-contributory social pensions

Owing to the historical conditions and socio-economic situation, as well as the tragic consequences of the civil war in Tajikistan, the main part of the population initially had an extremely low base. However, due to the steady growth and development over the previous period, the budget capacities of the Republic and the Agency of Social Insurance and Pensions have strengthened.

Taking into account the possibilities of the national budget, minimum (basic and social) pensions are established. It should be noted that, although the rate of growth of social and basic pensions over the past years has been significantly higher than the rate of economic growth, their level remains significantly lower than the cost of the consumer basket and the estimated subsistence minimum of pensioners.

The positive effect media coverage and public discussion of pension regulations and reform plans always outweigh anticipated risks. Active communication can attract additional intellectual and, possibly, financial resources that will ensure support for the reforms, as well as the sustainability of the results achieved. Information secrecy, on the contrary, inevitably leads to a decrease in public confidence and increases scepticism of citizens and the expert community about reform initiatives.⁶³

In Tajikistan the views on disability have changed significantly in recent years, from the perception of persons with disabilities as beneficiaries of health services and state benefits to a more universal perception of these people as citizens with equal rights. A wide range of persons, including citizens of the country and foreign citizens, as well as stateless persons living in the territory of Tajikistan with the status of a disabled person, are entitled to the disability pension benefits. However, foreign citizens and stateless persons living in Tajikistan, who have not made contributions to the social insurance fund, are not covered by the benefits.

The problems of low pensions and benefits still remain. The amount of benefits and pensions does not reach even the minimum national and international standards. The pension system should be improved with a focus on expanding social protection standards for informal workers and labour migrants, increasing benefits and pensions, and securing administrative efficiency of the government institutions.

General recommendations

- I. It has been proposed to develop and apply different pension formulas for different pension contingencies. Currently, the same formula is used to calculate all three types of pensions.
- II. In the past, insufficient attention has been paid to the raising of awareness, promotion, and educational efforts aimed at involving informal and migrant workers in the new pension system that is being formed. It has been proposed to actively raise awareness and to attract labour migrants and informal employees to partici-

pate in the social insurance and contributory pension schemes.

- III. In the process of elaborating draft laws, concepts, and strategies for social protection, it is necessary to hold broad public discussions of these documents involving both the expert community and civil society, in particular, trade unions and representatives of employers in the process. Such an approach can significantly reduce the socio-economic risks of the reforms and ensure a quality social dialogue.
- IV. It is necessary to regularly collect data on the number of beneficiaries and employees, the amount of benefits and pensions, as well as other social indicators, which will help assess adequately the social protection system, in order to identify risks and implement effective reforms.

Special recommendations

Old-age benefit provision

- I. The pension system should include elements that ensure a basic level of income and poverty reduction. This means that there should be a basic component of the pension system in Tajikistan that provides a basic level of social security in old age for all persons who had a low level of income during their life or a short period of formal employment. Naturally, this depends on whether the country has the appropriate fiscal capacity, which is not yet the case. Thus, the purpose of the pension systems should be to guarantee at least a basic income for all persons in old age, i.e., to ensure to the extent possible that benefits and pensions are gradually increased up to the subsistence minimum;
- II. It has been recommended to revise the expected pension duration (180 months) and bring it in line with the actual period of old-age pension payment;

Invalidity benefit

- I. In 2013 and 2015, massive inspections to check the accuracy of the invalidity examination were carried out, during which a number of faults were identified in establishing disability groups. It is necessary to revise and improve the mechanism for establishing disability groups.

Survivors' benefit

- I. It has been recommended to increase the amount of social survivors' pension for families with more than three children; to cover the children who have lost one or both parents and do not receive contributory pensions; thus, to cover the 4th and 5th child with a proportional increase in the benefit.

The pressing question is whether or not citizens are aware of their basic rights and liabilities. The personal financial strategy of a citizen and their participation in the contributory pension system has a significant impact on their material rights to social benefits and pensions. The risks related to the transition of certain vulnerable groups, especially migrant and informal workers, to the new system can cause difficulties, primarily in the confirming of their contributory period. Effective communication becomes crucial for the successful implementation of the pension reform, as well as the acceptance and perception of its

results from the public.

The reform of the social insurance system in respect of the mandatory contributory pension scheme is aimed both at achieving maximum coverage of the employed population and at reducing the level of informal employment. The more cost-effective the contributory pension system, the higher the willingness for people to take part in it. This approach is relevant for the social protection of migrant and informal workers, the economically inactive part of the population such as homemakers, etc.

3.5. Targeted social assistance

In Tajikistan there is a special programme aimed at poverty reduction. The so-called Targeted Social Assistance (TSA) is provided to low-income families with dependents. The purpose of the TSA programme is to improve the living conditions of the poorest part of the population (families with children and other dependents) by paying cash benefits or providing material assistance based on the targeted assistance mechanism. Within the framework of this programme, a cash benefit is awarded and paid, with material assistance being provided.

The law clearly defines the objectives of the programme, which primarily consist of easing a difficult life situation and supporting the poor, creating conditions and opportunities to improve the living standards of low-income citizens, as well reducing the share of the poor population, among other objectives.

This kind of assistance is regulated by Law No. 1396 (2017) 'On targeted social assistance'.

Low-income families have discounts on their electricity consumed. Such families are reimbursed an amount equal to the cost of 250 kWh of electricity per month. Money is not given to families. An inspector visits a poor family and determines the amount of electricity consumed and, on the basis of a certificate issued, the Ministry of Finance reimburses *the Barqi Tojik Company* for the amount specified.

The state social assistance should be provided mainly on the basis of an application, since in this case there is no reason for the often-raised question of the legality of the requirement for additional verification of information on the incomes of candidates for social assistance. With the application principle, getting social assistance is an exclusively voluntary matter and applicants, in order to prove their low income, knowingly disclose information on it.

It should also be possible to combine the application principle with the principle of offering social assistance. Social protection agencies can initiate the provision of state social assistance to those who cannot apply for assistance on their own (single elderly and helpless citizens, children, invalids, etc.).

Social assistance is most effectively provided by the authorities at the applicant's place of residence, since in this case it is easier to collect necessary information, to verify it, and to provide assistance in the form most appropriate to the applicant.

Box 9. Project to strengthen the social protection system

In 2011, an Agreement was signed between the Republic of Tajikistan and the International Development Association, a member of the World Bank Group, on financing a project aimed at strengthening the social protection system. The project focuses on improving the capacity in planning, monitoring, and managing the provision of social assistance to the poor, establishing the National Registry of social assistance, and introducing a national system of targeted social assistance to the poor. The Agreement was approved by the Decree of the President of the Republic of Tajikistan No. 1148 of 7 October, 2011.

The components of the project aimed at strengthening the social protection system are as follows:

1. The National Registry of Social Protection. Low-income households eligible for social assistance are included in this Registry on the basis of indirect needs assessment. This is the way to create a platform for the development of additional social protection programmes. The Registry enables the tracking and monitoring of payments made under social assistance programmes. Under this component, computers, printers, scanners, telephone/Internet, and other equipment necessary for maintaining the Registry was supplied.
2. Capacity building. Under this component the civil servants at the central and local levels will be trained to acquire knowledge and skills necessary to implement and use the Registry. Capacity building activities are to be undertaken to use the Registry for monitoring, verifying, and ensuring the transparency of social assistance payments.
3. Project management. This component supports the management and coordination of the project, including procurement, financial reporting and accounting, auditing and other project reporting.

In the targeted social assistance project (hereinafter referred to as TSAP), at the initial stage, the social assistance under two large programmes was combined into a single benefits, with a special formula being used to identify and target the poorest people in Tajikistan, which, according to the World Bank, is about 15 per cent of the total population.

Coverage

As of November 2016, over 97,000 low-income families in more than 25 pilot regions and cities of the country have received targeted state social assistance in the amount of TJS 400 per year. In 2017, another 15 cities and regions of the country were additionally covered.

In order to record and monitor the proper and timely provision of targeted social assistance to citizens (families), a registry of targeted social assistance was formed, which includes personal data received from applicants and beneficiaries of targeted social assistance, as well as from the database of public authorities.

Low-income families eligible for social assistance are included in this registry on the basis of an indirect assessment of need. The registry allows the tracking and monitoring of payments made within the social assistance programmes. In order to provide effective management of the registry, capacity building measures have been undertaken due to which public servants at the central and local levels have been trained and have acquired the knowledge and skills necessary to implement and use the registry.

Targeting is narrowing the circle of persons who are considered to be in need of state assistance. The indirect assessment of need is used to ensure TSA. Information received from applicants is automatically processed by the information system. The targeting mechanism has a number of shortcomings, so it is preferable to use universal coverage as much as possible.

Some shortcomings of the targeted approach, which are common in global practice, are as follows:

- International practice has shown that it is not possible to identify the poorest sections of the population. The use of the targeting mechanism can result in exclusion of the poor and inclusion of the people who do not need the social assistance.
- The use of the targeted approach is rather expensive. To maintain up-to-date information about the poverty level and the number of the poor is quite expensive and difficult, especially in the countries where incomes are growing rapidly. In many low- and middle-income countries, a large proportion of the population moves from the low-income to the well-to-do category on a seasonal or annual basis. Therefore, do not expect that the data collected in one year will be relevant after a while.
- Targeting is detrimental to social cohesion. The selection can be random and inaccurate that they include one family and excludes a neighbouring one with almost the same income, which inevitably creates envy and social tension.
- The targeted approach creates a growth medium for dishonesty. With a growing understanding of how the system operates, some families may begin to conceal real incomes and property. There is also a possibility that authorized government officials could consciously grant a benefit to families they are not entitled to. This leads to damage to the morality of the society.
- This contributes to stigmatisation. The targeted approach often has the opposite effect on the poor. In contrast to the effective social protection programmes that are aimed at the protection and inclusion of the poor, publicity given to the names of poverty benefit beneficiaries, i.e. their public announcement, leads to the stigmatisation of vulnerable people rather than protection of their rights and involvement in community life.

The lack of adaptability in the determination of the need thresholds also has a negative impact on the wellbeing of those who are in need of social assistance. When the family's income is one somoni more than the state's threshold of need, such a family is automatically excluded from the list of beneficiaries and as a result can fall steeply into the category of poor.

In April 2015, Tajikistan adopted the new national poverty measurement methodology, with the transition to a new calculation formula being explainable by the unique features of Tajikistan. International experts talk about the 'cycle of poverty', a process when some people move from the poor to the middle-income category and vice versa from season to season. Such changes are associated with the specifics the active population's life in

Tajikistan, which is characterised by high rates of informal employment, labour migration, and a large share of people employed in agriculture. However, the new methodology has not solved the problem of ‘exclusion’ and ‘inclusion’. Therefore, it has been proposed to provide comprehensive social assistance and to gradually cover the whole population with it, based on the capacity of the national budget.

If the use of the targeted approach is continued, it is very important to determine an adequate indicator (the minimum consumer budget) to identify the poor and to provide adequate benefits accordingly.

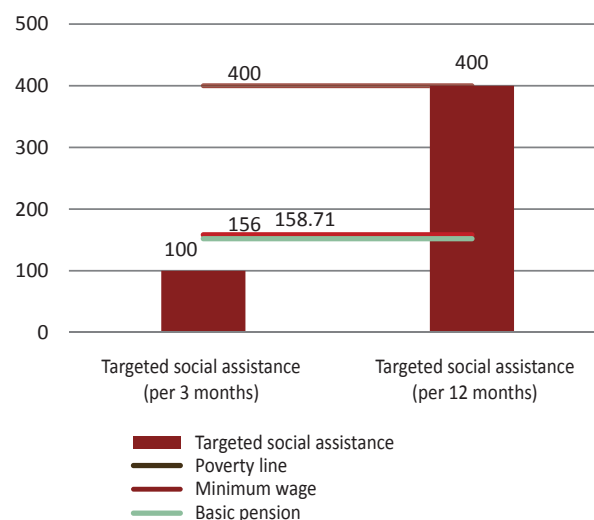
Targeted social assistance benefit amount

Successful applicants are paid a benefit of TJS 400 per family annually, TJS 100 per quarter (3 months), resulting in a monthly benefit of TJS 33.3. These benefits are paid at the designated branch of Amonatbank.

Taking into account that provisions of the law, which stipulates for easing a difficult life situation and supporting the poor, but not transfer of families from the category of the extremely poor, poor, or needy into the category of families with living standards above the poor or with middle income, it can be concluded that TSA is not intended to address the issues of poverty reduction. This social assistance only contributes insignificantly to the easing of difficult life situations that low-income families go through, evidenced by the extremely low amount of the benefit.

The TSA benefit amount is negligible, and thus unable to reduce poverty in Tajikistan, so it has been proposed to begin with benefit indexation at least so that the amount of the benefit, established earlier, does not lose its purchasing power with the growth of prices for products and services. This scenario does not involve significant changes, except for the application of the benefit indexation, so it is one of the lowest costing.

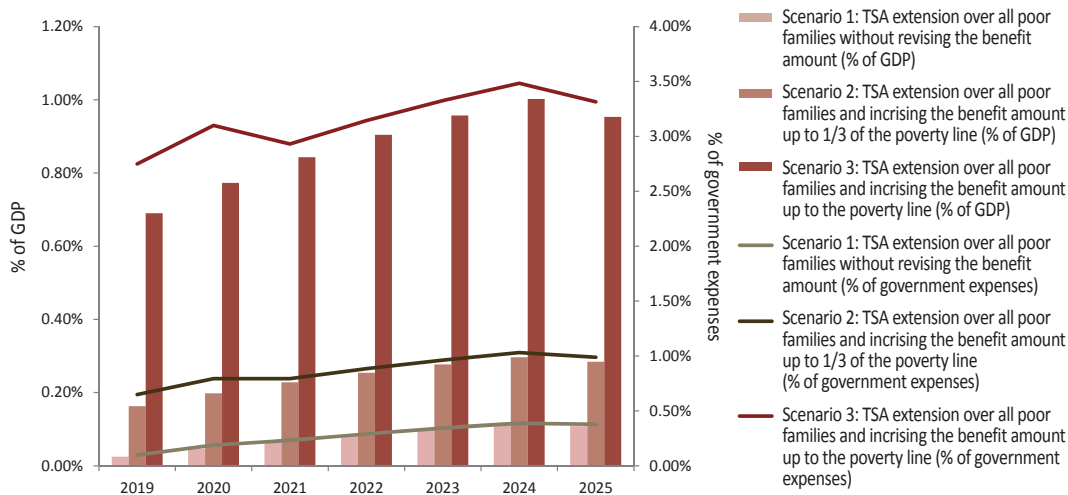
Figure 47. Benefit vs minimum social indicators* as of 2017, in TJS



Source: Calculations are made by the ABND Working Group and based on the scenarios approved.

*International standard was defined in accordance with the operational and rough estimates.

Figure 48. Scenarios for TSA extension



Source: Calculations are made by the ABND Working Group and based on the scenarios approved.

When calculating the scenario, the following assumptions were made:

- population growth during the forecast period fits in with the average fertility scenario of the UN World Population Prospects (UNWPP);
- the poverty line will be adjusted according to the inflation;
- the growth of poverty indicators will be negative due to the logarithmic trend in recent years;
- inflation growth is in line with the average values in recent years;
- the data on GDP growth and government expenditures are provided by the Ministry of Finance, and the forecasts are based on the average growth in recent years;
- administrative costs will make up to 10 per cent of the total amount of the benefits;
- by 2024 the country is expected to fulfil the 100 per cent coverage scenario for low-income households.

The second and third scenarios are more expensive, as they provide for monthly payment of benefits and increase the amount of benefits to 2/3 of the poverty line and to the general poverty line.

Overall, as already noted, the targeted approach is not very welcome because of its many shortcomings. However, initially this approach can be applied in developing countries, where the problem of lack of sufficient national budget funds is very acute. In the future, it is necessary to move towards the universal coverage of the population, which is the most effective way of protecting people from the risk of falling into poverty.

Source of financing

The targeted social assistance is financed from the national budget on the basis of the approved quarterly distribution of funds. Given the TSA amount, it is clear that the funding for this assistance is insufficient. In 2017, TJS 70 million was spent on targeted social assistance. In order to achieve an adequate level of social protection, it has been proposed to gradually increase the financing, to extend social protection coverage, and to raise the benefit amount.

It is advisable to involve all levels of government in charge for budget execution into the financing of targeted social assistance. Moreover, extra-budgetary sources should also be used, however, the main burden falls on the national budget. Since social assistance is provided at a local level, it is necessary to use the funds of local budgets while ensuring the transfer of the necessary material and financial resources from the national budget according to the current legislation.

Qualifying conditions and targeting (rights and liabilities)

Targeted social assistance is granted on the basis of the targeting mechanism, taking into account the level of household wellbeing. Low-income families' eligibility for targeted social assistance is qualified in view of the family wellbeing indicators, which include household composition, the income and property of all family members, the education level of the household head, the characteristics of the dwelling, and the materials used in for the roof, floor, and foundation. Based on the weight of each indicator, an individual assessment is made, a family wellbeing index is determined, and a certain number of points are assigned. The number of points is calculated automatically by the automated information processing programme using a special formula for a separate calculation for urban and rural residents. The region of residence of the family is taken into account. The lowest wellbeing index of a poor family, i.e., the poverty threshold, is 222 points. Persons who have not been provided with the TSA, in case of changes in the level of welfare and family composition, have the opportunity to apply for a social assistance benefit again after six months.

Tajikistan has developed an indicator to identify poor families that takes into account household income, the number of family members who are able to work, the number of children, disabled people, etc. The data for the calculation of the indicator are entered into a special programme. If a household receives less than 222 points, it is considered poor. If the income for each family member is less than TJS 250, such families will be included in the relevant registry of poor families.

In order to receive the TSA benefit, it is necessary to submit an application, an identity document, a certificate about the composition of a low-income family, as well as information about income and property of all family members. The local social protection authority must then enter the applicant's data into the unified database of the TSA information system within ten days. However, in view of vulnerability and poverty of the families in question, a valid identity document may simply be unavailable, or too difficult to obtain financially. Therefore, it has been proposed to accept any identity documents (such as a birth certificate), even if they are not valid.

In the event that inauthentic documents are provided, the information about family incomes is false, and generally deceiving social protection authorities, decision to terminate, refuse, or deprive the family of social assistance should be made. If violations on the part of the beneficiary are discovered after the assistance has been provided, any funds received will be subject to return. Applicants and beneficiaries of social assistance have the right to appeal a decision by the social protection authorities to terminate, refuse, or deprive them of the state social assistance, as well as against the amount, type, and frequency of its provision.

The targeting mechanism has been permanently improved. Thus, from January to March 2017, a new questionnaire was tested in 750 households across the country. Moreover, the traditional method of collecting information about household budget indicators for new questionnaires has been replaced by electronic data collection, using tablet computers and an electronic programme for the population survey (the transition from the traditional paper collection method to the up-to-date information technology of data collection).

Conclusions

The state should develop medium and long-term strategic documents that outline its vision of the gradual transition to universal social assistance coverage and benefit increase.

Recommendations

- I. It has been recommended to make provisions for gradual the increase of the benefit amount;
- II. It has been recommended to move on from the targeted approach to universal social assistance coverage.
- III. It has been proposed to consider a reform to the TSA, as well as to establish of universal child benefit on the principle of universal coverage, implementing this measure gradually in view of financial and institutional capacities.

3.6. Social services

The concept of the development of the social service system in the Republic of Tajikistan (hereafter referred to as the concept), developed in accordance with the Law 'On social services', determines the objectives and priorities of the state policy of social modernization and the creation of an effective system of social services, the means of achieving them, and the specifics of its stage-by-stage implementation.⁶⁴

Social servicing includes a range of social services within which social support agencies provide social household services, as well as medical, psychological and pedagogical, legal and other services. Provisions are also made for financial assistance, as well as social adaptation and rehabilitation services for citizens in difficult situations. Thus, the concept of social services is meaningfully defined as social care carried out by providing the population with household, medical and health, cultural, educational, legal, sports, and health social services.⁶⁵

⁶⁴ The Concept of Development of the Social Service System in the Republic of Tajikistan approved by Decree of the Government of the Republic of Tajikistan No. 446 of 4 October, 2013 (Revision of 2 July, 2015).

⁶⁵ Article 17 of Law No. 359 of 5 January, 2008 'On Social Services'.

Social support and social services provided to vulnerable groups and segments of the population are considered the main forms of the social protection. As components of social policy, the consistent implementation of these is one of the main functions of the social state.⁶⁶

The provision and development of social services in Tajikistan are stipulated and regulated by the legal acts as follows:

- Law No. 359 of 2008 'On Social Services';
- Law No. 528 of 2009 'On State Social Standards';
- Governmental Decree No. 724 of 2012 'On the Procedure and Extent of provision of free social services';
- The Concept of Development of the Social Service System in the Republic of Tajikistan approved by Decree of the Government of the Republic of Tajikistan No. 446 of 4 October, 2013.

Box 10. Social services

Law No. 359 of the Republic of Tajikistan of 5 January, 2008 'On Social Services' gives the following definitions (Article 2):

Social servicing is a range of social services related to the activities of social service agencies for the social support, delivery of social household services, as well as medical, psychological and pedagogical, legal and other services or financial assistance, in addition to the social adaptation and rehabilitation of citizens in difficult life situations;

Social service agencies are organizations (regardless of form of ownership) or individual entrepreneurs that provide social services;

Social services are activities and work aimed at meeting the needs of citizens carried out in their interests to assist in difficult life situations and to prevent them;

A social worker is a citizen engaged in labour relations with social service administration authorities or social service agencies whose main labour duty is to provide social services;

A social service user is a citizen or a group of citizens who are in a difficult life situation and therefore provided with social services;

A difficult life situation is a situation that objectively interferes with the normal life of a citizen, or a situation that they cannot overcome themselves, which include, but are not limited to:

- Disability;
- Advanced age (old age);
- Disease;
- Consequences of occupational injury and disease;
- Loss of breadwinner, loneliness, being orphaned, neglect;
- Lack of a permanent place of residence;
- Persistent mental dependence, consequences of violence or life-risk situations;
- Other difficult life circumstances.

⁶⁶ 'Tajikistan is a social state whose policy is aimed at creating conditions that ensure a decent life and free development of a person' (Article 1 of the Constitution of the Republic of Tajikistan).

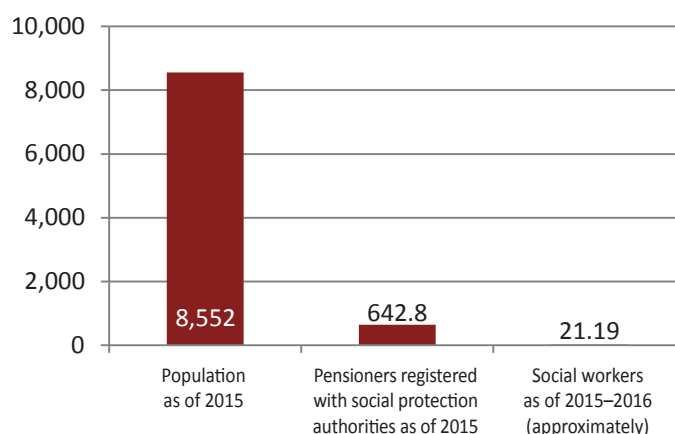
The social service system is aimed at on older citizens, disabled citizens, children deprived of parental care, and is focused on three main types of social care: at home; in institutions (permanent or temporary stay); and in day-care centres. All measures of social services are aimed only at citizens of the country, with foreigners, stateless persons, and refugees living in Tajikistan not being covered.

Despite some positive changes, the system of delivery of social services to vulnerable segments of the population is only at the initial stage of development. So far, institutional services generally do not expect active measures from persons in difficult life situations, leading to the formation of dependent behaviour, a lack of contribution to the adaptation of such persons to the community, as well as stigmatisation. Such services are costly for the national budget. If the approaches to the essence and understanding of social work are not, these costs will increase further.

The Law ‘On State Social Standards’ defines the legal basis for the establishment and application of standards and regulations that ensure the implementation of citizens’ social rights. The law establishes the minimum standards of social care as a guarantee for the minimum rights of recipients of social services. Service providers may also adopt their own standards of care that exceed these minimum standards. However, these have not yet been fully adopted and their application is not currently being monitored effectively.

It is necessary to develop a mechanism for the monitoring and control of social services with the social standards adopted, as well as penalties for non-compliance. Compliance with social standards is the main focus of state policy in order to protect the rights of recipients and to guarantee of the implementation of the state social order in accordance with the agreement, as well as to guarantee both fair and transparent social care tenders in addition to the impartial selection of the best provider of social services.

Figure 49. Population, number of pensioners and social workers as of 2015–2016 in thousands persons



Source: Figure was developed by the authors in accordance with the data of the Ministry of Finance for 2017.

The number and level of training of social workers greatly impacts the quality of the provision of social services. Depending on the requirements of specific groups of people in

need, specialists with various professional backgrounds such as teachers, psychologists, physiotherapists, lawyers, etc. work together.

In 2016, the number of employees of the health and social services sector amounted to 85,000, while in 2015 the number of doctors of all specialities and the number of nurses amounted to 17,000 and 46,000 respectively. Therefore, the estimated number of social workers can be assumed to be about 21,000 in 2015–2016. These workers must be prepared to support 642,800 people registered with the social protection authorities.

The national classification of occupations of the Republic of Tajikistan includes professions such as a social worker and a specialist in social work. The training of specialists in social work involves five years of higher education. At the same time, however, there are neither secondary vocational programmes nor educational institutions that provide training for mid-level social workers. This profession has not yet been duly recognised and requires serious support.

Experts point out that most often a social worker in Tajikistan is a person with incomplete secondary education, who has taken short-term training courses, and is suitable for such work by personal qualities. The criteria for professional suitability have not yet been formulated, while short-term training courses do not take into account the level of previous education, and there are no unified educational programmes for the training of social workers. As a result, most of ‘social workers’ are not able to assess the individual needs of persons in their care, develop an assistance programme, flexibly implement it and evaluate its effectiveness, nor mobilize family members and the community to support people in difficult life situations.

The use of the term ‘social worker’ in Tajikistan does not meet the accepted international definition. According to the definition of the International Federation of Social Workers, a social worker is a specialist with higher education and a bachelor’s degree. However, as the practice of social services in Tajikistan shows, employees of social protection agencies perform supporting functions that do not require higher education. The requirement of the professional development and further training of social workers employed is still a pressing matter.

Sources of financing

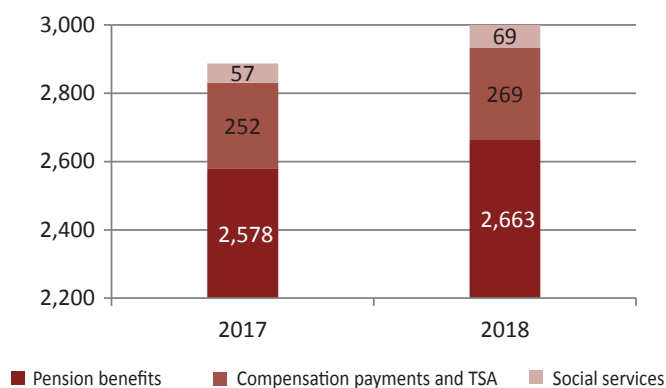
Free social servicing is defined as the provision of social services at the expense of the national budget without involvement of citizens’ personal costs.

In 2017, TJS 57 million was spent on social services. In 2014, TJS 14.0 million was spent on the care for the disabled, TJS 24,800 of which was for day care services. 1,371 disabled people received technical aids (prostheses, orthoses, wheelchairs and other devices for movement, technical aids). Services for persons with disabilities, including those provided by stationary, non-stationary, and day care facilities, are mainly financed from the national budget.

The problem of the insufficient development of relevant legislation and insufficient financial resources at the local level remains urgent. This prevents the population from being provided required high quality social services, and also complicates the management of

the social service sector, its monitoring, recruiting qualified personnel, and the purchasing of materials and technical equipment.

Figure 50. Expenditures for social services vs expenditures for pensions, compensation payments, and TSA as of 2017–2018, TJS mln



Source: Figure was developed by the authors in accordance with the data of the Ministry of Finance for 2017.

When social assistance and social service programmes are elaborated, legislative authorities and government representatives should pay attention to four main factors⁶⁷ that determine the quality of social services and the level of protection given to vulnerable groups:

- a) **Accessibility.** It is imperative social protection programmes are accessible to all. Obstacles such as a lack of information, as well physical and administrative barriers that prevent the most excluded or disadvantaged groups in society from accessing social protection programmes on an equal basis with the rest of the population must be removed.
- b) **Affordability** (financial accessibility). Social protection programmes must be economically accessible to all. The processes of applying and registering with a social protection programme should not be costly. It can be difficult for people to apply for social services to regional centres if, for example, it requires certain transportation costs, something that is especially pronounced in rural and remote areas. There is also the possibility that registering with a social service programme brings more financial losses than benefits.
- c) **Adaptability** (applicability). Social protection programmes must be adapted to the varying conditions and needs of the different groups of the population and take into account the local contexts of a particular region of the country, as well as people’s life experiences and skills. Programmes should take into account the potential risks and challenges related to cultural values (e.g. of indigenous peoples), as well as technological challenges (e.g. when social services programmes use electronic registration methods or require vulnerable people to provide certain registration documents that may not be available). All these issues require particular attention.

⁶⁷ Sepulveda Carmona, Magdalena. ‘Ensuring inclusion and combatting discrimination in social protection programmes: The role of human rights standards’, ISSA review 2017, p.19

- d) **Gender sensitivity and non-discrimination.** Social protection programmes must eliminate all forms of discrimination that elderly people, women, persons with disabilities, national minorities, refugees, and other vulnerable categories of the population face, providing them with equal opportunities both when applying for social services, as well as during their delivery.

Management and coordination bodies

The adoption of the Law (No. 482) 'On State Social Orders' contributed to the involvement of public organisations and the most active citizens from the local communities into the social services system, which resulted in bringing services closer to their users, making services accessible, as well as allowing for targeting and more effective assistance to vulnerable groups of citizens. This law creates the legal conditions necessary for the development implementation of social programmes and projects aimed at solving social problems both at the national and local levels.

Social services are provided by the following structures:

- Territorial centres;
- Day-care centres for elderly people;
- Day-care centres for children with disabilities;
- Departments of social assistance at home;
- Stationary institutions for people with disabilities.

The potential of local executive authorities in identifying of needs in social services, their practical provision, and rational budget coordination, planning, and provision of services is enormous, but has had little study and has not yet been in demand practically in Tajikistan.

In most countries where such a procurement mechanism is used, local authorities are the main recipients of social services. As they are closer to service users and more aware of their needs, local public authorities can offer the most affordable and low-cost solutions for the provision of social services.

Social services for most categories of users are oriented towards social inclusion and it is most rational to provide them within a local community. Such a model is rather complicated, and requires the development of an appropriate legislative framework and a flexible financing mechanism.

For Tajikistan, the problem of imperfect methods of collecting, analyzing, as well as the use of statistical data and results of sociological surveys in all areas of social protection is quite typical. This is also relevant to the provision of social services, making it impossible to assess the actual extent of social risks, the true number of people in need of social services, especially the number of children with disabilities, which, according to various estimates, is much higher than official statistics show. In addition to this, there is no effective planning and forecasting of the trends and dynamics of the demand for and supply of social services in the country. Among other problems there exists an imperfect system of management and administration of functions in the process of the delivery of services,

a lack of coordination between central, local, and public administrations of social services, as well as the absence of a single information system for collecting, storing, processing, transferring, and using data.

Conclusions and recommendations

In developing countries, the vast majority of older persons, persons with disabilities, and other vulnerable persons live with family members, particularly adult children. The proportion of older persons living alone is quite small (less than ten per cent). Changes in family composition and living conditions in terms of providing support to older and disabled people, as well as the provision of care given to them, depend on the specifics of a particular country. In countries where older persons and persons with disabilities have limited access to formal social protection mechanisms, there is a necessity for them to rely on the family or local community.

While in developed countries it is necessary to expand the formal system of long-term care for older people, persons with disabilities, and children, including the network of nursing homes, as well as to develop alternative services, developing countries face different and bigger challenges, as these countries usually lack both basic infrastructure (water, sewerage, etc.) and a social services system for vulnerable groups of the population.

Recommendations

- I. It is necessary to implement new modern approaches in the field of social management and provision of social services to vulnerable groups of the population, which are based on the principles of deinstitutionalisation, increasing the role and responsibility of the community for the state of vulnerable groups of the population; on stimulating communities to develop a system of social services with maximum consideration for the individual needs of community members; on the introduction of new categories of social services that would prevent the stigmatisation of the most vulnerable population groups (disabled and older people) and negative behaviour patterns among youth and children.
- II. It is necessary to improve the level of proficiency of people working in the social protection and service system; to create a multi-level system of training and retraining of various categories of social workers; to implement new progressive methods and technologies of social work and rehabilitation, as well as in the training of professional personnel.
- III. To improve the quality of the provision of social services, it is necessary to standardise social services and create an independent system, with components of public control, to monitor the quality of services provided; introduce new, modern, and effective forms of social services; to ensure the professionalisation of social work by creating a multi-level system for training and upgrading the skills of social workers; to introduce a system of accreditation of social service providers to eliminate corruption and other bureaucratic risks; to ensure social guarantees and create appropriate working conditions for social workers; to strengthen the material and technical base of social services.
- IV. In order to develop the institutional sphere of social services, it is necessary to extend the network of social services, including specialised and multidisciplinary

services, in order to ensure equal access to social services for those in need living in urban and rural areas; to extend the networks of social services for those who require assistance the most, especially families, as well as keeping a child in the family, the creation of favourable conditions for the integrated development and life activities of children in difficult life situations; to develop a system of social services for people living at home and the formation of alternative forms of it; to elaborate a system of coordination and integration of social services based on the principle of 'one window'; to develop and implement a centralised information system of social services.

- V. In order to develop social markets and expand the non-traditional and non-governmental sector of social services, it is necessary to ensure the formation of a competitive sector of alternative social services providers through state support measures, including the development of state social orders; as well as to involve both the private and state sector in providing social services.
- VI. In order to ensure the dynamic and sustainable development of the social service system, it is necessary to create the conditions for multi-channelled financing by attracting extra-budgetary funds, including funds from individuals and entrepreneurs; to rationalise the use of financial and material resources; to develop and implement an optimal model of financial decentralisation; to foster innovation; to improve the management of the social service system.

3.7. Fiscal space for social protection

In different countries it is often possible to hear the opinion that during the adjustment of a system it is impossible to maintain effective social protection measures and that reducing government spending on social protection is a necessary measure. Tajikistan is not an exception in this respect. As in many other developing countries, in Tajikistan it is often argued that it is not possible to increase the costs of social protection.

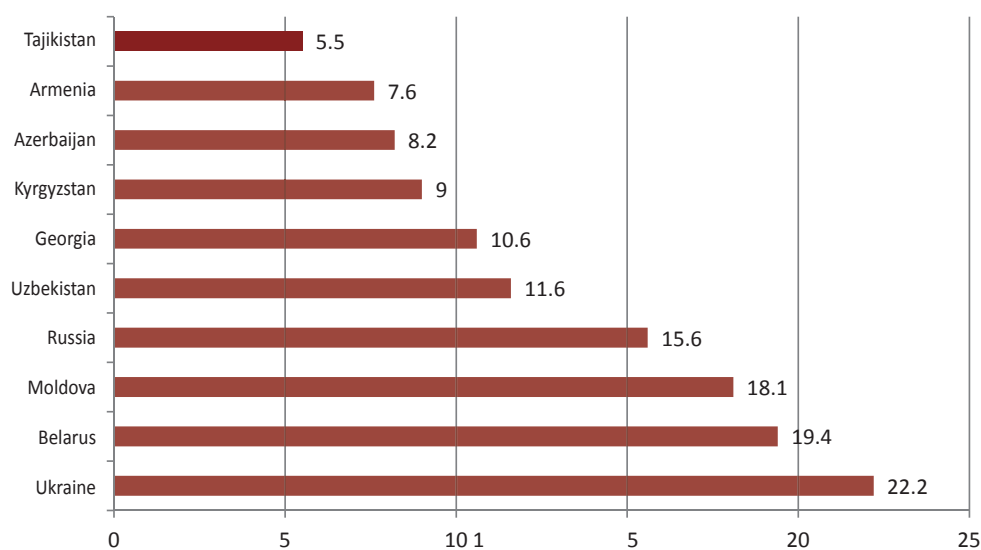
The availability of budget space opportunities for economic and social development is of great importance for achieving a high level of national development, for the continuous development of human potential, in particular the potential of children and women, and for the implementation of human rights, especially during economic stagnation. But even in developing countries such as Tajikistan, solutions can be found. This section summarises eight ways that should be considered and that can help find fiscal space and mobilise resources, both for establishing and extending minimum levels of social protection, as well as for the development of the social protection system as a whole. More detailed information on these ways can be found in the document jointly prepared by the ILO, UNICEF, and UN Women⁶⁸.

Starting the assessment and search for fiscal opportunities, it is important to understand that public spending and incomes vary considerably across countries. The Government of Tajikistan should study all possible options of using fiscal space. The fundamental principle is that countries should use all possible resources to protect human rights, but many coun-

⁶⁸ Ortiz I., Cummins M., Karunanethy K., 'Fiscal Space for Social Protection and the SDGs: Options to Expand Social Investments in 187 Countries', ILO, UNICEF, UN WOMEN, 2017.

tries do not do this because they have limited government revenues and expenditures. The Government of Tajikistan also allocates a relatively limited amount of public funds for social protection. It is important to understand that the financing (both the extent and means) of the social protection system is a political choice of each country.

Figure 51. Public expenditure on social protection (excluding health care costs) for 2014–2017, in % of GDP



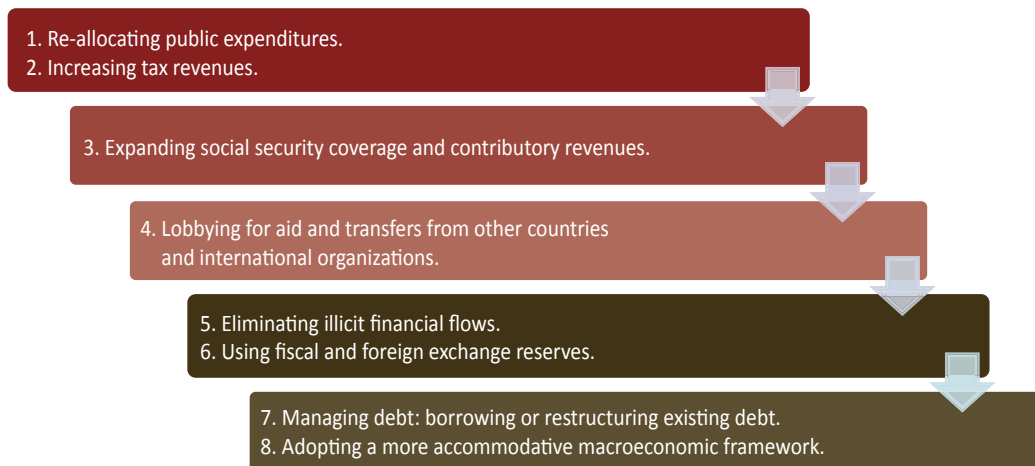
Source: Report on social protection in the world in 2017–2019; Ministry of Finance of the Republic of Tajikistan (the data about the Republic of Tajikistan is provided for 2017, the data about other countries is presented for 2014–2016).

While some governments use all available fiscal space, others fail to do so. Many countries, even during periods of economic recession, have managed to mobilise substantial resources for social protection. By using all possible means to increase funding in this area, such countries have been able to ensure the continued interrelated growth of the economic and social sectors, which allows them to find more and more resources.

This Section describes eight ways to find fiscal space for the implementation of the Social Protection Floors Recommendation of 2012 (No. 202), in particular, the implementation of the recommendations and scenarios proposed by the participants of the ABND in the Republic of Tajikistan. The ways to implement and extend social protection programmes in countries around the world include:

- **Re-allocating public expenditures:** this is the most orthodox option, which includes assessing on-going budget allocations through Public Expenditure Reviews (PERs). Thus, instead of financing costly policies and inefficient investments, funds can be aimed at more effective and meaningful socio-economic objectives that will yield good results, both from a socioeconomic and political point of view. The elimination of inefficient costs from public expenditures is also part of this option.
- **Increasing tax revenues:** this is a main channel achieved by altering different types of tax rates – e.g. on consumption, corporate profits, special financial activities, personal income, property, imports or exports, natural resource extraction, and by put-

ting a tax on the sale of alcoholic beverages and tobacco products – or by strengthening the efficiency of tax collection methods and overall tax compliance control.



- **Expanding social security coverage and contributory revenues:** in existing social insurance systems, increasing coverage of pension and social protection, and therefore collection of contributions is a reliable way to finance social protection as well as redirect public funds to social assistance financing only. The release of budgetary resources for other social purposes and tasks, such as increasing social benefits or introducing new social assistance programmes, contributes to the expansion of minimum levels of social protection and the formalisation of the informal economy.
- **Lobbying for aid and transfers from other countries and international organizations:** this requires engaging with other donor governments or international organizations and their assistance in creating a favourable socio-economic environment in the region.
- **Eliminating illicit financial flows:** the amount of resources that illegally escape developing countries each year is estimated at ten times total aid received. It is necessary to crack down on money laundering, bribery, tax evasion, and other financial crimes that deprive the government of revenues needed for social and economic development.
- **Using fiscal and foreign exchange reserves:** this includes drawing down fiscal savings and other state revenues stored in special funds, such as sovereign wealth funds, and/or using excess foreign exchange reserves in the central bank for domestic and regional development.
- **Managing debt: borrowing or restructuring existing debt:** this involves active exploration of domestic and foreign borrowing options at low cost, including concessional, following a careful assessment of debt sustainability. For countries under high debt distress, restructuring existing debt may be possible and justifiable if the legitimacy of the debt is questionable and/or the opportunity cost in terms of worsening deprivations of vulnerable groups is high.

Such borrowings can be taken either from commercial banks or development banks and funds. Borrowings from international commercial banks are less preferable as they are generally offer higher credit rates and more stringent terms.

- **Adopting a more accommodative macroeconomic framework:** macroeconomic policy objectives can range from supporting economic growth, stabilizing prices and controlling inflation to making a soft transition between economic cycles, reducing unemployment and poverty, and promoting social justice. In recent decades, macroeconomic measures have been aimed at short-term stabilization of the economy, in particular at controlling inflation and fiscal deficits. In the long term, such measures are aimed at liberalization of the economy, integration of the national market into the world markets as well as attraction of investment. When elaborating such macroeconomic measures, many developing countries run the risk that other important objectives, such as employment growth and social development, may be considered as secondary and non-priority.

The United Nations Organization and international financial institutions support all of the financing options described in this section. Governments around the world have been applying them for decades, showing a wide variety of results. For example:

- Costa Rica and Thailand reallocated military expenditures for comprehensive social protection programmes.
- Indonesia, Ghana, and many other developing countries are using fuel subsidies to develop social protection programmes.
- Bolivia, Mongolia, and Zambia are financing universal old-age pensions, child benefits and other schemes from taxes on mining and gas.
- Ghana, Liberia, and the Maldives have introduced taxes on tourism.
- Argentina, Brazil, Tunisia, Uruguay, and many others have expanded social security coverage and, respectively, contributory revenues of pension and social funds have increased.
- Algeria, Mauritius, and Panama, among others, have complemented social security revenues with high taxes on tobacco.
- A number of lower income countries, such as El Salvador and Guinea-Bissau, are receiving grants and loans from other governments and international organizations, while other countries are fighting illicit financial flows and cracking down on tax evasion through stricter control.
- Chile, Norway, and Venezuela are using fiscal reserves to support social development.

Each country is unique, and all possible options for Tajikistan should be carefully examined, taking into account the potential risks and trade-offs. As a result, there exists the option of selecting a combination of options, or just one of them. Such decisions should be made within the framework of a social dialogue, with the solution of such a task being connected with the state's duty as the main guarantor of human rights protection, as well as the development of human potential and social protection.

4 General conclusions

Conceptually, the two main (key) types of gaps in social security systems have been identified. These include the under-coverage of vulnerable groups and segments of the population (horizontal coverage) and the inadequate level of social benefits paid (vertical coverage). The presented analytical report and the data contained therein are aimed at identifying these key gaps, as well as others and developing appropriate recommendations.

In order to protect the population against main social risks across the lifespan, full and sufficient social guarantees, according to the national social protection floors (standards), should be aiming towards progressive coverage extension.

The available gaps are mainly related to the adequacy of social benefits paid, the amount of which should ensure the ability to purchase or use essential goods and services, including health care, to persons in need of any age. Their incomes should be above the poverty line and reach the minimum level established by national legislation. To achieve the above, it is recommended first of all to ascertain the minimum levels (subsistence minimum, minimum consumer budget) and to set the amount of benefits to a level no lower than these indicators.

The possibilities of covering the population with adequate health care, social payments, and benefits in the Republic of Tajikistan are closely related to trends in employment, its formal and informal structure, as well as migration processes. The assessment based national dialogue on social protection floors fully took into account national circumstances, including the high proportion of people living in rural areas, as well as the high percentage of labour migrants in the population.

In the interests of the social protection of employees working under employment contracts and receiving a regular recorded income (wages, remuneration), social insurance systems are created, including medical insurance, whose financial funds are formed by insurance contributions collected from employers and employees. At the same time, workers in the informal sector of economy and their families, as a rule, are not provided with social insurance and are, in the event of unforeseen circumstances, particularly exposed to various social risks.

It is necessary to develop and implement a reform strategy as soon as possible and to choose the mechanisms that will allow for the transformation of the social protection system, which, in turn, will ensure the creation of a competitive economy and the wellbeing

of the entire population of the country. It is also necessary to develop a new concept of social protection of the population and a medium-term strategy that takes into account the significant changes that have occurred, which lays the foundation for subsequent reforms. Effective measures focused on the above will lead to better functioning of the labour market, the health care system, the social protection of the population, and state social insurance, as well as migration.

Annexes

Annex I. Health care for all

1. MANDATORY HEALTH INSURANCE (not valid)

| | |
|------------------------------|---|
| Laws and regulations | <ul style="list-style-type: none"> • Law No. 408 on Health Insurance in the Republic of Tajikistan adopted in 2008 (still not yet entered into force); • Decree of the Government of the Republic Tajikistan 'On the procedure for providing healthcare services to citizens of the Republic of Tajikistan by public health institutions' No. 600 (2008). • National Health Strategy of the Republic of Tajikistan for 2010–2020 . |
| Target groups | <p>(1) Formally employed citizens of Tajikistan;</p> <p>(2) Preferential categories of beneficiaries:</p> <ul style="list-style-type: none"> • Participants of the World War II and persons of equivalent status; non-working pensioners and disabled persons; • Unemployed persons registered in employment agencies; • Children under 16 (pupils of comprehensive secondary schools up to the end of their education but until they turn 18); • Students of vocational schools, full-time students, students of secondary vocational schools and higher vocational schools until they turn 23). |
| Coverage | <ul style="list-style-type: none"> • The Programme has not come into force. |
| Sources of financing | <ul style="list-style-type: none"> • Employers' contributions (payment of contributions). • Preferential categories have to do with the programme at the expense of the state budget. |
| Types of health care | <ul style="list-style-type: none"> • By law, mandatory health insurance consists of (1) the basic programme and (2) the supplementary programme. • <i>The basic programme</i> covers health services and medicines within the programs providing state guarantees of health care for citizens of Tajikistan free of charge regardless of the size of contributions. • <i>The supplementary programme</i> covers the provision of health services, medicines, rehabilitation, and health-improving activities, the payment of which insured citizens take part in (co-payment). |
| Governing and funding bodies | The Mandatory Medical Insurance Fund has not been established. The law states that the Fund should be created by the government and must be directly subordinate to the government. |

2. Voluntary Medical Insurance (not valid)

| | |
|----------------------|---|
| Laws | Law No. 408 on Health Insurance in the Republic of Tajikistan adopted in 2008. |
| Target group | Citizens of Tajikistan, stateless persons, foreign citizens temporarily or permanently residing in Tajikistan. |
| Coverage | No coverage – the Programme has not come into force. |
| Sources of financing | Voluntary contributions of insured persons under a contract with state or non-government insurance organizations. |
| Types | Individual or collective insurance. |

3. Guaranteed Health Services

| | |
|------------------------------|--|
| Laws | <ul style="list-style-type: none"> • Health Code No. 1413 (2017). • Decree of the Government of the Republic of Tajikistan No. 90 (2017) 'On State guarantee programme for provision of health care in pilot regions of the Republic of Tajikistan for 2017–2019'. • Decree of the Government of the Republic of Tajikistan 'On the procedure for providing health care services to citizens of the Republic of Tajikistan by public health institutions' No. 600 (2008). |
| Target group | <p>The programme is implemented in 19 pilot districts and cities, specifically: Norak District, Varzob District, Sarband District, Shahrinaw District, Tursunzoda District, Danghara District, Rasht District, Spitamen District, Istaravshan District, Asht District, Faizobod District, Shughnon District, Panj District, Hamadoni District, Istiklol, Kuhistoni Mastchoh District, Khovaling District, Rushon District, and Shamsiddin Shohin District</p> <p>1. Free medical services are provided to the following persons:</p> <p>(a) Participants and disabled veterans of World War II and persons of equivalent status; Heroes of the Republic of Tajikistan, Heroes of the Soviet Union, and persons awarded the Order of Glory of 3 degrees; Heroes of Socialist Labour; soldiers-internationalists, veterans of military operations in the territory of other countries;</p> <p>(b) Citizens injured as a result of the Chernobyl nuclear power plant accident left without the care of their family members; disabled persons injured and maimed while performing military service;</p> <p>(c) Those disabled since childhood; disabled children aged up to 18; orphans living in state orphanages, family orphanages (foster families), boarding schools for orphaned children, children left without parental care; children under 1 year;</p> <p>(d) Group I and II disabled due to work injury, occupational, or systematic disease;</p> <p>(e) Citizens aged 80 and over; citizens living in nursing homes and residential homes for older persons;</p> <p>2. Other categories of patients in the pilot areas receive health services on the co-payment basis.</p> |
| Sources of financing | Medical services are financed from the national budget and due to patient co-payment. |
| Conditions | Free of charge or patient co-payment. |
| Coverage | <p>Norak District – 27 thousand, Varzob District – 72.7 thousand; Sarband District – 27.4 thousand, Shahrinaw District – 108.2 thousand; Tursunzoda District – 214.9 thousand; Danghara District – 136.1 thousand Rasht District – 113.7 thousand, Spitamen District – 128.7 thousand, Asht District – 151.6 thousand, Istaravshan District – 185.6 thousand, Faizobod District – 92.3 thousand, Shughnon District – 35.8 thousand, Panj District – 104.9 thousand, Hamadoni District – 135 thousand, and new districts and cities: Istiklol, Kuhistoni Mastchoh District, Khovaling District, Rushon district, and Shamsiddin Shohin District.</p> <p>Total: 1,533.9 thousand people in 14 districts and cities (<i>Source</i>: Statistics Agency).</p> |
| Governing and funding bodies | Ministry of Health and Social Protection. |

| | |
|------------------|--|
| List of services | <ul style="list-style-type: none"> • blood test for RW – 2 times; blood test for HIV – 2 times; general urinalysis – 2 times; urinalysis for proteinuria – 4 times; bacterial urine analysis (if necessary); microscopy of vaginal secretions; US scanning – 2 times). • Provision of medicines and vaccines on the outpatient basis (free of charge in case of emergency medical care, for children under 5 in cases of diarrhoea and acute respiratory diseases under the Protocol, blood and its components under the Protocol for haemophilia patients, for tuberculosis patients under the DOTS program under the standard treatment scheme, for patients with diabetes insulin-dependent under the Protocol or treatment scheme, HIV-infected and AIDS patients within the programme of the Global Fund to fight AIDS under the Protocol); • Immunoprophylaxis; • Medical care in hospitals (obstetric aid for women who are registered and under regular supervision and who have passed at least 4 examinations during the present pregnancy); • Dental care (free preventive oral examinations twice a year for children and pregnant women; oral sanitation for children from 2 to 7 years and women who have registered for pregnancy; emergency dental care). |
|------------------|--|

4. Free first aid and emergency medical care (ambulance and hospital)

| | |
|------------------------------|---|
| Laws and regulations | <p>Health Code No. 1413 (2017);</p> <p>Decree of the Government of the Republic of Tajikistan No. 90 (2017) 'On State guarantee programme for provision of health care in pilot regions of the Republic of Tajikistan for 2017–2019';</p> <p>Decree of the Government of the Republic of Tajikistan 'On the procedure for providing healthcare services to citizens of the Republic of Tajikistan by public health institutions' No. 600 (2008).</p> |
| Sources of financing | National budget |
| Target group | All population |
| Conditions | <p>Conditions that are threatening the life of a citizen or those around him, caused by sudden illness, accidents, injuries and poisoning, complications of pregnancy and childbirth, until the patient is brought out from life-threatening state (surgery and other manipulations required to stabilize the patient in hospital are also included). All necessary medical care after the threatening situation has passed and a stable condition has been achieved is provided on a paid basis.</p> |
| Coverage | <p>Norak District – 27 thousand, Varzob District – 72.7 thousand; Sarband District – 27.4 thousand, Shahrinaw District – 108.2 thousand; Tursunzoda District – 214.9 thousand; Danghara District – 136.1 thousand, Rasht District – 113.7 thousand, Spitamen District – 128.7 thousand, Asht District – 151.6 thousand, Istaravshan District – 185,6 thousand, Faizobod District – 92.3 thousand, Shughnon District – 35.8 thousand, Panj District – 104.9 thousand Hamadoni District – 135 thousand, and new districts and cities: Istiklol, Kuhistoni Mastchoh District, Khovaling District, Rushon district and Shamsiddin Shohin District.</p> <p>Total: 1,533.9 thousand people in 14 districts and cities (Source: Statistics Agency)</p> |
| Governing and funding bodies | Ministry of Health and Social Protection |

5. Free accommodation in social and medical institutions

| | |
|------------------------------|--|
| Laws | Law No. 1196 (2015) 'On protection of children's rights'; Decree of the Government of the Republic Tajikistan 'On the procedure for providing healthcare services to citizens of the Republic of Tajikistan by public health institutions' No. 600 of 2 December, 2008. |
| Target group | Orphans children and children left without care of parents who are disabled. |
| Coverage | No data. |
| Sources of financing | National budget, target budgets. |
| Governing and funding bodies | Ministry of health and social protection. |

6. Free medical prosthetic and orthopaedic devices including wheelchairs

| | |
|------------------------------|--|
| Laws | Law No. 675 (2010) 'On social protection of disabled people'. Decree of the Government of the Republic of Tajikistan No. 604 (2011) on 'Regulations for provision of disabled persons with technical means of rehabilitation' (as amended by Government Decree No. 448 (2015)). |
| Target group | Orphans children and children left without care of parents who are disabled. |
| Coverage | Data on the number of beneficiaries are unavailable. |
| Sources of financing | National budget, targeted budgets. |
| Governing and funding bodies | Ministry of Health and Social Protection. |

Annex II. Social protection programmes for children

1. Targeted Social Assistance

| | |
|------------------------------|---|
| Laws and regulations | <ul style="list-style-type: none"> • Law No. 1396 (2017) 'On targeted social assistance'. • Decree of the Government of the Republic Tajikistan 'On the procedure for awarding, financing and payment of targeted social assistance to low-income families and citizens' No. 437 (2014). • Decree of the President 'On measures to strengthen the level of social protection of the population, to increase the current salaries of civil servants, employees of budget institutions, organizations, pensions and scholarships' No. 1493 (2013). • Decree of the Government of the Republic Tajikistan 'On the payment of benefits to low-income families with children studying in comprehensive secondary school' No. 244 (2007). |
| Target groups | <ul style="list-style-type: none"> • Low-income families and citizens from Ishkashim District, Rushan District, and Shugnan District of the Gorno-Badakhshan Autonomous Region; the cities of Khujand, Istaravshan, Konibodom, Panjikent; Ayni and Kuhistoni-Mostchoicocom Districts of the Sughd Region; Kurgan-Tyube, Norak; Baljuvon, Muminabad, Panj, Khovaling, Shuro-obod, Farkhor and Yovon Districts of the Khatlon Region; Rasht, Tavildara, Tojikobod, Jirgatol, Hisor and Faizobod Districts. • Low-income families or citizens have the right to assistance when the wellbeing index of a citizen (family) is below the established minimum (222 points). |
| Benefit package | <ul style="list-style-type: none"> • The total amount of TJS 400 per year is paid quarterly in the amount of TJS 100 to low-income families and citizens. • Quarterly payment (payment per months is TJS 100. The total amount of TJS 400 per year). |
| Executive and funding bodies | <ul style="list-style-type: none"> • The State Agency for social protection under the Ministry of Health and Social Protection of the Republic of Tajikistan. <p>In 2016 the amount of TJS 3,937,030 was spent to pay the benefits.</p> |
| Sources of financing | National Budget. |
| Number of people covered | No data. |

2. State social survivors' pension

| | |
|---------------------|---|
| Laws | <ul style="list-style-type: none"> • Law No. 595 (2010) 'On contributory pensions and non-contributory social pensions'. • Decree of the President of the Republic of Tajikistan No. 697 (2016) 'On measures to strengthen the level of social protection of the population, to increase the current salaries of civil servants, employees of budget institutions, organizations, pensions and scholarships'. |
| Target group | Children under 18 (full-time students under 23) who have lost one or both parents and not entitled to a survivors' contributory pension. |
| Coverage | No data on the number of beneficiaries of the survivors' social pension. The total number of recipients of the state social pensions (<i>including old-age pension, disability pension and survivors' pension</i>) is 106,225 people, including 68,778 women and 37,447 men. |
| Source of financing | National budget. |

| | |
|------------------------------|--|
| Conditions | Children who have lost one or both parents and are not entitled to a survivors' contributory pension. The pension is paid until the age of majority. The social pension is paid to those dependents whose deceased breadwinners have not completed the qualifying contributory period of 60 months. |
| Benefit rate | <ul style="list-style-type: none"> Children under 18 who have lost their father or mother (pupils or students of educational institutions with full-time education until the end of these institutions, but no longer than up to 23 years) are paid: per one child – 60 per cent, per two children – 90 per cent, three or more children – 120 per cent of the established basic pension. Children who have lost both parents (pupils or students of educational institutions with full-time education until the end of these institutions, but no longer than 23 years) are paid: per one child – 100%, per two children – 150%, per three or more children – 200% of the established basic pension. The basic pension is TJS 156. |
| Governing and funding bodies | Agency for social insurance and pensions. |

3. Survivors' contributory pension (also paid to other dependents of other age)

| | |
|--------------------------|--|
| Laws | <ul style="list-style-type: none"> Law No. 595 (2010) 'On contributory pensions and non-contributory social pensions'. Decree of the President of the Republic of Tajikistan 'On measures to strengthen the level of social protection of the population, to increase the current salaries of civil servants, employees of budget institutions, organizations, pensions and scholarships' No. 697 (2016). |
| Target group | <ul style="list-style-type: none"> Children under 18 who study on full-time basis in educational institutions, except for additional educational institutions, who lost their able to work parents (parent), up to completion of the education, but no longer than up to the age of 23; or older, if they became disabled under the age of 18. Deceased breadwinner's children who have reached the age of 18 years, if they are engaged in caring for the children, siblings, or grandchildren of a deceased breadwinner under the age of 14 and are entitled to a survivors' contributory pension. |
| Coverage | No data on the number of beneficiaries of the survivors' contributory pension. The total number of beneficiaries of contributory pensions (<i>including old-age, invalidity and survivors' pensions</i>) is 503,085 people among which 302,047 women and 201,038 men. |
| Source of financing | <ul style="list-style-type: none"> Pension contributions (1% of wages is paid by the employees and transferred to the individual savings account and 25% of wages are paid by employers). Individual entrepreneurs working under certificates make contributions in the amount of 1% of gross income per month, but not less than TJS 135 for an entrepreneur themselves, and 25% of wages for persons working for them, if any. Entrepreneurs who work under patents pay a fee for a patent, which includes pension contributions. |
| Qualification conditions | <ul style="list-style-type: none"> A deceased breadwinner had to complete at least 60 months of contributory period. The pension is paid to the dependent until he / she is able to work. The survivors' contributory pension includes only a contributory part. |

| | | | | |
|------------------------------|--|------------------------------------|-------------------------------------|--|
| Benefit rate | The pension is calculated as a percentage of the basic pension. The basic pension is TJS 156. | | | |
| | Survivors' contributory pension in case of loss of one breadwinner should not be less than: | Per 1 family member unable to work | Per 2 family members unable to work | Per 3 and more family members unable to work |
| | Complete qualifying contributory period of a deceased breadwinner. | 100% | 150% | 200% |
| | Incomplete qualifying contributory period of a deceased breadwinner. | 70% | 105% | 140% |
| | Survivors' contributory pension for children in case of loss of both parents should not be less than: | Per 1 family member unable to work | Per 2 family members unable to work | Per 3 and more family members unable to work |
| | Complete qualifying contributory period of a deceased breadwinner. | 150% | 200% | 250% |
| | Incomplete qualifying contributory period of a deceased breadwinner. | 100% | 150% | 200% |
| | The rate of a survivors' contributory pension in case of death of a person in connection with the performance of duties during compulsory military service, should not be less than 150 per cent of the established amount of the basic pension for each unable to work family member. | | | |
| Governing and funding bodies | Agency for social insurance and pensions, Tax Committee, State Savings Bank <i>Amonatbank</i> | | | |

4. Guaranteed by the state free comprehensive secondary and primary vocational education, secondary and higher vocational education

| | |
|---|---|
| Laws | Law No. 1196 (2015) 'On protection of children's rights'. |
| Target group | All children. |
| Sources of financing | National Budget, target budget. |
| Coverage (number of persons entered the educational institutions) | Comprehensive secondary education – 1,741.6 thousand; primary vocational education – 14.4 thousand; secondary vocational education – 22.7 thousand; higher education – 165.3 (Source: Statistics Agency, 2015). |
| Governing and funding bodies | Ministry of Education, Ministry of Labour, Migration and Employment of Population. |

5. Free social services (also provided to vulnerable categories of population of other age)

| | |
|------------------------------|---|
| Laws | <ul style="list-style-type: none"> • Law No. 359 (2008) 'On Social Services'. • Governmental Decree No. 724 (2012) 'On the Procedure and Extent of provision of free social services'. |
| Target group | <ul style="list-style-type: none"> • Children in difficult life situation: disabled children and their families; minors in socially dangerous environment; • Children who have lost their breadwinner and have no sources of income; • Homeless children; • Children who are victims of labour or sexual exploitation; • Single teenage mothers with babies and single pregnant minors; • Minors without parental care; • Children affected by any form of violence; persons in difficult situations and in need of temporary shelter; • Persons in need of urgent social services. |
| Coverage | 18,622 beneficiaries. |
| Services | Social services are provided at home, in social residential institutions and institutions of temporary stay. These include social living/medical/educational and legal services. |
| Sources of financing | National budget and non-budget funds. |
| Conditions | Children in difficult life situations. A difficult life situation is a situation in which a citizen cannot carry out independent life due to disability, illness, loss of a breadwinner, orphanhood, neglect, lack of a permanent place of residence, stable mental dependence, the consequences of violence or situations involving risk to life and other difficult life situations. |
| Governing and funding bodies | Ministry of Health and Social Protection, Ministry of Education. |

6. Free use of public sports and recreation facilities and health resorts

| | |
|----------------------|---|
| Laws | Law No. 1196 (2015) 'On protection of children's rights'. |
| Target group | Orphan children and children without parental care. |
| Coverage | 4,159 beneficiaries. |
| Sources of financing | National budget, target budget. |
| Services | Available once a year. |

7. Free provision of clothing, footwear, educational literature and equipment, bedding, one-time allowance, rest in summer school camps

| | |
|----------------------|--|
| Laws | Law No. 1196 (2015) 'On protection of children's rights'. |
| Target group | Orphan children and children without parental care. |
| Sources of financing | National budget, target budget. |
| Conditions | Children staying in state educational boarding schools of primary and secondary education. |

| | |
|------------------------------|---|
| Coverage | Boarding schools for orphans – 8,374 persons. Sanatorium boarding schools for children with special developmental needs (mental problems) – 2,406 persons. (Source: Statistics Agency, 2015). |
| Governing and funding bodies | Ministry of Education. |

8. Free one-time training at the stages of primary vocational, secondary vocational, higher vocational and postgraduate education

| | |
|------------------------------|---|
| Laws | Law No. 1196 (2015) 'On protection of children's rights'. |
| Target group | Orphan children and children without parental care. |
| Coverage | No data. |
| Source of financing | National budget, target budget. |
| Conditions | On the basis of quotas established by the Government of the RT. During training, the educational institution is obliged to provide a hostel, clothing, food, and a scholarship. During the period of academic leave in connection with health status, full state material and social security is maintained and a benefit is granted. If these children live in the hostels of these institutions, they are exempted from payment for accommodation and utilities. |
| Governing and funding bodies | Ministry of Education. |

9. Monthly state benefit for children living with HIV/AIDS

| | |
|------------------------------|---|
| Laws | <ul style="list-style-type: none"> • Law No. 1078 (2014) 'On combating the human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS)'. • Decree of the Government of the Republic of Tajikistan 'On the procedure and terms of payment of the state benefit to children under the age of 16 who are infected with the human immunodeficiency virus or suffering from the acquired immunodeficiency syndrome' No. 232 (2010). |
| Target group | Children under 16 living with HIV / AIDS. |
| Coverage | 437 beneficiary children (as of January 1, 2017). |
| Source of financing | National budget. |
| Benefit amount | 7 indicators for calculations: 7 x 50 = 350 somoni. |
| Governing and funding bodies | Ministry of Health and Social Protection. |

Annex III. Social protection programmes for women and men of working age

1. Temporary disability benefit (working people with lifelong disabilities are also eligible for the benefit)

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|--|---|--|---------------|---|-----|---|-----|
| Laws | <ul style="list-style-type: none"> Labour Code (2016). Law No. 517 (1997) 'About State Social Insurance'. Decree of the Government of the Republic of Tajikistan 'On the procedure and terms of payment of temporary disability benefits, maternity and family benefits' No. 630 (2014). Law No. 224 (2015) 'About the State Budget of the Republic of Tajikistan for 2016' (fixes the indicator for calculations on the annual basis). | | | | | | |
| Target group | All formally employed people and officially registered individual entrepreneurs paying social insurance contributions and persons working for them. | | | | | | |
| Coverage | No data. | | | | | | |
| Sources of financing | <ul style="list-style-type: none"> Insurance contributions paid by employees and employers (contributions of 1% of wages are paid by employees and 25% of payroll are paid by employers). Individual entrepreneurs working under certificates pay contributions in the amount of 1% of gross income per month, but not less than TJS 135 for the entrepreneur and 25% of total payroll for persons working for them, if any. Entrepreneurs working under patent pay a fee for a patent, which includes insurance contributions. | | | | | | |
| Conditions | <p>Temporary disability benefits are paid to employees in the following cases:</p> <ul style="list-style-type: none"> Systematic disease or occupational injury and occupational disease; Illness of a family member; Quarantine; Temporary transfer to another job owing to tuberculosis or occupational disease; Prosthetics in a stationary institution. <p>The ground for granting a temporary disability benefit is a sick leave certificate (certificate of incapacity for work) issued by a medical institution.</p> | | | | | | |
| Benefit rate | <p><i>Benefits are paid at the rate as follows:</i></p> <table border="1"> <tr> <td>Employees in case of occupational injuries or diseases (and others: participants of the World War II, workers who have been resettled from areas affected by radioactive contamination as a result of the Chernobyl disaster, etc.).</td> <td>100% of wages</td> </tr> <tr> <td>Employees who have continuous work experience of 8 years or more, employees with 3 or more dependent children under 16 (or students under 20); workers formerly categorized as orphans under the age of 23.</td> <td>70%</td> </tr> <tr> <td>Employees who have continuous work experience of less than 8 years.</td> <td>60%</td> </tr> </table> <p>The amount of the benefit per month cannot be lower than one indicator for calculation (TJS 50).</p> | Employees in case of occupational injuries or diseases (and others: participants of the World War II, workers who have been resettled from areas affected by radioactive contamination as a result of the Chernobyl disaster, etc.). | 100% of wages | Employees who have continuous work experience of 8 years or more, employees with 3 or more dependent children under 16 (or students under 20); workers formerly categorized as orphans under the age of 23. | 70% | Employees who have continuous work experience of less than 8 years. | 60% |
| Employees in case of occupational injuries or diseases (and others: participants of the World War II, workers who have been resettled from areas affected by radioactive contamination as a result of the Chernobyl disaster, etc.). | 100% of wages | | | | | | |
| Employees who have continuous work experience of 8 years or more, employees with 3 or more dependent children under 16 (or students under 20); workers formerly categorized as orphans under the age of 23. | 70% | | | | | | |
| Employees who have continuous work experience of less than 8 years. | 60% | | | | | | |
| Governing and funding bodies | Agency for social insurance and pensions, Tax Committee, State Savings Bank <i>Amonat-bonk</i> . | | | | | | |

2. Funeral grant (working people with disabilities are also eligible for the benefit)

| | |
|------------------------------|--|
| Laws | <ul style="list-style-type: none"> Labour Code (2016). Law No. 517 (1997) 'About State Social Insurance'. Decree of the Government of the Republic of Tajikistan No. 293 (2013) 'On procedure and conditions for payment of a funeral grant for a low-income family member'. Law No. 224 (2015) 'About the State Budget of the Republic of Tajikistan for 2016' (fixes the indicator for calculations on the annual basis). |
| Target group | <p>Only low-income family members.</p> <p>(a) The Agency for Social Insurance and Pensions makes payments to:</p> <ul style="list-style-type: none"> Insured citizens working on the day of death; A deceased disabled member of an insured person's family; Citizens temporarily out of work with status of unemployed and receiving unemployment benefits on the day of death; Citizens studying on the day of death in higher or secondary vocational schools, graduate schools or being on medical residency training; Citizens receiving pensions from the Agency on the day of death. <p>(b) Local executive state authorities make payments to:</p> <ul style="list-style-type: none"> Unemployed citizens without the status of unemployed person on the day of death, or homeless persons; Deceased disabled members of a family of non-working citizens without the status of unemployed and disabled members of pensioners' families; Deceased citizens on compulsory military service. |
| Coverage | No data . |
| Sources of financing | (a) Agency for Social Insurance and Pensions budget; or (b) Local executive authorities budget. |
| Conditions | The payment is made depending on a family's poverty. The benefit is paid to a member of a poor family or another citizen who arranges the funeral. |
| Amount | 20 indicators for calculations: $20 \times 50 = 1,000$ somoni. |
| Governing and funding bodies | Agency for Social Insurance and Pensions, local executive state authorities (of cities or regions), State Savings Bank <i>Amonatbank</i> . |

3. Maternity benefit (working people with disabilities are also eligible for the benefit)

| | |
|--------------|---|
| Laws | <ul style="list-style-type: none"> Labour Code (2016). Law No. 517 (1997) 'About State Social Insurance'. Decree of the Government of the Republic of Tajikistan No. 630 (2014) 'On the procedure and terms of payment of temporary disability benefits, maternity and family benefits'. |
| Target group | All formally employed women, individual entrepreneurs and persons working for them. |
| Coverage | No data on the number of beneficiaries of maternity benefits. The total number of recipients of benefits (<i>including temporary disability, pregnancy, child birth and care, family and child benefits</i>) amounts to 188,870 people, including 156,902 women and 31,968 men. |

| | |
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| Sources of financing | <ul style="list-style-type: none"> Contributions paid by employees and employers (contributions of 1% of wages are paid by the employee, and 25% of payroll are paid by employers). Individual entrepreneurs working under certificates, pay contributions at the rate of 1% of gross income per month, but not less than TJS 135 for the entrepreneur and 25% of the payroll for employees, if any. Entrepreneurs working under patents pay a fee for the patent, which includes insurance contributions. |
| Conditions (payment period and amount) | The benefit is paid on the ground of a medical certificate confirming pregnancy (a certificate of incapacity for work). The full wage is paid for a period of 140 calendar days (156 days in the case of complicated deliveries; 180 days in the case of birth of two or more children), regardless of the number of days before and after the birth. |
| Governing and funding bodies | Agency for Social Insurance and Pensions, Tax Committee. |

4. Family benefit (for childbirth) (working people with disabilities are also eligible for the benefit)

| Laws | <ul style="list-style-type: none"> Labour Code (2016). Law No. 517 (1997) 'About State Social Insurance'. Decree of the Government of the Republic of Tajikistan 'On the procedure and terms of payment of temporary disability benefits, maternity and family benefits' No. 630 (2014). Law 'About the State Budget of the Republic of Tajikistan for 2017' (fixes the indicator for calculations on the annual basis). | | | | | | | | | | | | | | | | |
|-------------------------------|---|------------------------------|--|--|--|-----------------------|------------------------------|-----------------|--|-----------------------|------------------------------|--|--|-------------------------------|-----------------------------|--|--|
| Target group | All formally employed women, individual entrepreneurs and persons working for them. | | | | | | | | | | | | | | | | |
| Coverage | No data on the number of beneficiaries of family benefits. The total number of recipients of benefits (including <i>temporary disability, pregnancy, child birth and care, family and child benefits</i>) amounts to 188,870 people, including which 156,902 women and 31,968 men. | | | | | | | | | | | | | | | | |
| Sources of financing | <ul style="list-style-type: none"> (a) National budget and (b) contributions paid by employees and employers (contributions at the rate of 1% of wages are paid by employees and 25% of payroll are paid by employers): Individual entrepreneurs working under certificates pay contributions at the rate of 1% of gross income per month, but not less than TJS 135 for the entrepreneur and 25% of the payroll for employees, if any; Entrepreneurs working under patent pay a fee for the patent, which includes insurance contributions. | | | | | | | | | | | | | | | | |
| Conditions | The family allowance is paid on the occasion of the birth of a child in the family. It is paid in the following order: <ul style="list-style-type: none"> A lump sum childbirth benefit; A monthly childcare benefit. | | | | | | | | | | | | | | | | |
| Amount | <table border="1"> <thead> <tr> <th>Lump sum child-birth benefit</th> <th>Women are paid monthly childcare benefits</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>1st child</td> <td>3 indicators for calculation</td> <td>Up to 1.5 years</td> <td>100% of indicator for calculation (TJS 50)</td> </tr> <tr> <td>2nd child</td> <td>2 indicators for calculation</td> <td></td> <td></td> </tr> <tr> <td>3rd or more child</td> <td>1 indicator for calculation</td> <td></td> <td></td> </tr> </tbody> </table> | Lump sum child-birth benefit | Women are paid monthly childcare benefits | | | 1 st child | 3 indicators for calculation | Up to 1.5 years | 100% of indicator for calculation (TJS 50) | 2 nd child | 2 indicators for calculation | | | 3 rd or more child | 1 indicator for calculation | | |
| Lump sum child-birth benefit | Women are paid monthly childcare benefits | | | | | | | | | | | | | | | | |
| 1 st child | 3 indicators for calculation | Up to 1.5 years | 100% of indicator for calculation (TJS 50) | | | | | | | | | | | | | | |
| 2 nd child | 2 indicators for calculation | | | | | | | | | | | | | | | | |
| 3 rd or more child | 1 indicator for calculation | | | | | | | | | | | | | | | | |
| Governing and funding bodies | Agency for Social Insurance and Pensions, Tax Committee. | | | | | | | | | | | | | | | | |

5. Unemployment benefit (working people with disabilities are also eligible for the benefit)

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|------------------------------|---|---|--------------------|---|-------------|-----|--------------|-----|-------------|-----|--------------------|-------------------------|--|
| Laws | <ul style="list-style-type: none"> Labour Code (2016). Law No. 44 (2003) 'On the promotion of population employment'. Decree of the President 'On measures to strengthen the level of social protection of the population, to increase the current salaries of civil servants, employees of budget institutions, organizations, pensions and scholarships' No. 1493 (2013) (establishes a minimum pension amount). | | | | | | | | | | | | |
| Target group | All formally employed women, individual entrepreneurs and persons working for them. | | | | | | | | | | | | |
| Coverage | The total number of beneficiaries is 9,900, including 4,190 women and 5,710 men. | | | | | | | | | | | | |
| Sources of financing | Funds received from agencies and organizations of the public employment service, social insurance funds paid by employers (25% of the total payroll). | | | | | | | | | | | | |
| Conditions | <p>(a) In order to receive a complete benefit, unemployed citizens must have at least 18 months of work experience within the previous 3 years and have paid mandatory contributions.</p> <p>(b) If unemployed persons have less than 18 months of work experience, they are entitled to an incomplete benefit.</p> | | | | | | | | | | | | |
| Benefit rate | <table border="1"> <tr> <td>Complete benefit</td> <td>% of average wages</td> <td rowspan="4">If unemployed citizens have unable to work dependents under the age of 15, the decision of the local Majlis of people's deputies may stipulate 10% additional allowance for each dependent from the local budget.</td> </tr> <tr> <td>First month</td> <td>50%</td> </tr> <tr> <td>Second month</td> <td>40%</td> </tr> <tr> <td>Third month</td> <td>30%</td> </tr> <tr> <td>Incomplete benefit</td> <td>TJS 400 (minimum wages)</td> <td></td> </tr> </table> | Complete benefit | % of average wages | If unemployed citizens have unable to work dependents under the age of 15, the decision of the local Majlis of people's deputies may stipulate 10% additional allowance for each dependent from the local budget. | First month | 50% | Second month | 40% | Third month | 30% | Incomplete benefit | TJS 400 (minimum wages) | |
| Complete benefit | % of average wages | If unemployed citizens have unable to work dependents under the age of 15, the decision of the local Majlis of people's deputies may stipulate 10% additional allowance for each dependent from the local budget. | | | | | | | | | | | |
| First month | 50% | | | | | | | | | | | | |
| Second month | 40% | | | | | | | | | | | | |
| Third month | 30% | | | | | | | | | | | | |
| Incomplete benefit | TJS 400 (minimum wages) | | | | | | | | | | | | |
| Governing and funding bodies | Agency for Social Insurance and Pensions, Tax Committee, Employment Agency, the Ministry of Labour, Employment and Migration. | | | | | | | | | | | | |

6. Occupational pension

| Laws | Law No. 790 (2011) 'On mandatory occupational contributory pension scheme'. | | | | | | | | | |
|---|--|--|---|---------------------------------------|--|-----------------------|----------------------|---|---|---|
| Target group | People working in harmful and difficult conditions and other special categories of workers (miners, tractor operators, textile workers, artists, sportsmen, etc.). | | | | | | | | | |
| Coverage | No data. | | | | | | | | | |
| Sources of financing | Employers pay monthly contributions. <i>Contribution rates:</i> | | | | | | | | | |
| | <table border="1"> <thead> <tr> <th>Basic amount for contribution payment for each employee.</th> <th>People working in harmful and difficult conditions.</th> <th>People working in special conditions.</th> </tr> </thead> <tbody> <tr> <td>Less than 20 indicators for calculations (i.e. less than TJS 1,000).</td> <td>10% of actual profit.</td> <td>5% of actual profit.</td> </tr> <tr> <td>More than 20 indicators for calculations (i.e., more than TJS 1,000).</td> <td>10 % of the amount of 20 indicators for calculations.</td> <td>5% of the amount of 20 indicators for calculations.</td> </tr> </tbody> </table> | Basic amount for contribution payment for each employee. | People working in harmful and difficult conditions. | People working in special conditions. | Less than 20 indicators for calculations (i.e. less than TJS 1,000). | 10% of actual profit. | 5% of actual profit. | More than 20 indicators for calculations (i.e., more than TJS 1,000). | 10 % of the amount of 20 indicators for calculations. | 5% of the amount of 20 indicators for calculations. |
| Basic amount for contribution payment for each employee. | People working in harmful and difficult conditions. | People working in special conditions. | | | | | | | | |
| Less than 20 indicators for calculations (i.e. less than TJS 1,000). | 10% of actual profit. | 5% of actual profit. | | | | | | | | |
| More than 20 indicators for calculations (i.e., more than TJS 1,000). | 10 % of the amount of 20 indicators for calculations. | 5% of the amount of 20 indicators for calculations. | | | | | | | | |
| Conditions | The employer pays the contributions. The employee should apply for a professional pension within five years of reaching the retirement age (the retirement age depends on the type of activity: 53 or 58 years for men, 48 or 53 years for women). In case of an employee's death the pension is paid to legatees. | | | | | | | | | |

| | |
|------------------------------|---|
| Pension amount | The amount of the occupational pension is calculated on the basis of the amount of pension savings formed in favour of the insured person and the actual duration of the period before the ordinary retirement by dividing the amount of the occupational pension savings by the number of months of the period before ordinary retirement. |
| Governing and funding bodies | Agency for Social Insurance and Pensions. |

7. Pensions for military personnel

| Laws | <ul style="list-style-type: none"> • Law No. 1106 (1994) 'On the provision of pensions to military personnel'. • Decree of the President 'On measures to strengthen the level of social protection of the population, to increase the current salaries of civil servants, employees of budget institutions, organizations, pensions and scholarships' No. 1493 (2013) (establishes a basic or minimum pension amount). • Decree of the President 'On measures to strengthen the level of social protection of the population, to increase the current salaries of civil servants, employees of budget institutions, organizations, pensions and scholarships' No. 1493 (2013) (establishes a basic or minimum pension amount). | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|------------|------------------------------------|---|----------------------------|--|-----------------------------|----------------------------|---------------------------------------|--|------------------------------------|--|---|------------------------------------|--|---|------------------------------------|--|---|-------------------------------------|--|--|------------------------------------|--|
| Target group | Military personnel. | | | | | | | | | | | | | | | | | | | | | | | | |
| Coverage | There are no data on the number of the military personnel receiving pensions. The total number of beneficiaries of pensions (<i>including old-age, invalidity, survivors' pension benefit</i>) is 20,828 people. | | | | | | | | | | | | | | | | | | | | | | | | |
| Sources of financing | National budget. | | | | | | | | | | | | | | | | | | | | | | | | |
| Benefit rate | <p>A salary for the position and an additional per centage payment for the length of service are taken into account when calculating any type of pensions for the military men.</p> <p>Supplements to pensions are awarded to the following categories of beneficiaries:</p> <table border="1"> <thead> <tr> <th>Category of beneficiaries</th> <th>Supplement</th> <th>Supplement should be not less than</th> </tr> </thead> <tbody> <tr> <td>Heroes of the Soviet Union, persons awarded by the Order of Glory, the title of Hero of Tajikistan.</td> <td>50% of the pension amount.</td> <td>Not less than 100% of minimum pension.</td> </tr> <tr> <td>Heroes of Socialist Labour.</td> <td>25% of the pension amount.</td> <td>Not less than 50% of minimum pension.</td> </tr> <tr> <td>Persons awarded by the Order of Labour Glory, Order for Service to the Homeland in the Armed Forces, the Star of the President of Tajikistan, the Order of Spitamen.</td> <td>15% of the minimum pension amount.</td> <td></td> </tr> <tr> <td>Participants of the World War II and other military operations to protect the homeland.</td> <td>75% of the minimum pension amount.</td> <td></td> </tr> <tr> <td>Persons who during the World War II were in military service or worked for at least 6 months.</td> <td>25% of the minimum pension amount.</td> <td></td> </tr> <tr> <td>Former minor inmates of Nazi concentration camps, ghettos, etc.</td> <td>100% of the minimum pension amount.</td> <td></td> </tr> <tr> <td>Persons who have been repressed for political reasons.</td> <td>50% of the minimum pension amount.</td> <td></td> </tr> </tbody> </table> <p>The minimum pension amount is TJS 156.</p> | Category of beneficiaries | Supplement | Supplement should be not less than | Heroes of the Soviet Union, persons awarded by the Order of Glory, the title of Hero of Tajikistan. | 50% of the pension amount. | Not less than 100% of minimum pension. | Heroes of Socialist Labour. | 25% of the pension amount. | Not less than 50% of minimum pension. | Persons awarded by the Order of Labour Glory, Order for Service to the Homeland in the Armed Forces, the Star of the President of Tajikistan, the Order of Spitamen. | 15% of the minimum pension amount. | | Participants of the World War II and other military operations to protect the homeland. | 75% of the minimum pension amount. | | Persons who during the World War II were in military service or worked for at least 6 months. | 25% of the minimum pension amount. | | Former minor inmates of Nazi concentration camps, ghettos, etc. | 100% of the minimum pension amount. | | Persons who have been repressed for political reasons. | 50% of the minimum pension amount. | |
| Category of beneficiaries | Supplement | Supplement should be not less than | | | | | | | | | | | | | | | | | | | | | | | |
| Heroes of the Soviet Union, persons awarded by the Order of Glory, the title of Hero of Tajikistan. | 50% of the pension amount. | Not less than 100% of minimum pension. | | | | | | | | | | | | | | | | | | | | | | | |
| Heroes of Socialist Labour. | 25% of the pension amount. | Not less than 50% of minimum pension. | | | | | | | | | | | | | | | | | | | | | | | |
| Persons awarded by the Order of Labour Glory, Order for Service to the Homeland in the Armed Forces, the Star of the President of Tajikistan, the Order of Spitamen. | 15% of the minimum pension amount. | | | | | | | | | | | | | | | | | | | | | | | | |
| Participants of the World War II and other military operations to protect the homeland. | 75% of the minimum pension amount. | | | | | | | | | | | | | | | | | | | | | | | | |
| Persons who during the World War II were in military service or worked for at least 6 months. | 25% of the minimum pension amount. | | | | | | | | | | | | | | | | | | | | | | | | |
| Former minor inmates of Nazi concentration camps, ghettos, etc. | 100% of the minimum pension amount. | | | | | | | | | | | | | | | | | | | | | | | | |
| Persons who have been repressed for political reasons. | 50% of the minimum pension amount. | | | | | | | | | | | | | | | | | | | | | | | | |

8. Invalidity state social pension benefit

| Laws | Law No. 595 (2010) 'On contributory pensions and non-contributory social pensions'. Decree of the President 'On measures to strengthen the level of social protection of the population, to increase the current salaries of civil servants, employees of budget institutions, organizations, pensions and scholarships' No. 1493 (2013) (establishes a basic (minimum) pension amount). | | | | | | |
|---|---|------------------------------|------|---|-----------------------|---|----------------------|
| Target group | Disabled people of Group 1, 2 and 3, including persons disabled from childhood and disabled children aged up to 18. | | | | | | |
| Coverage | No data on the headcount of beneficiaries of the invalidity social pensions. The total number of beneficiaries of the state social pensions (<i>including old-age, invalidity and survivors' pensions</i>) is 106,225 people including 68,778 women and 37,447 men. | | | | | | |
| Sources of financing | National budget. | | | | | | |
| Conditions | The benefit is paid to those disabled persons who are not entitled to receive contributory pensions. | | | | | | |
| Payment period | The benefit is paid during the period of incapacity to work. | | | | | | |
| Benefit rate | <table border="1"> <thead> <tr> <th>Categories of beneficiaries:</th> <th>Rate</th> </tr> </thead> <tbody> <tr> <td>Disabled persons of Group 1, disabled from childhood of Group 1 and 2, disabled children up to 18</td> <td>100% of basic pension</td> </tr> <tr> <td>Disabled persons of Group 2 and 3, disabled from childhood of Group 3</td> <td>60% of basic pension</td> </tr> </tbody> </table> <p>The basic pension amount is TJS 156.</p> | Categories of beneficiaries: | Rate | Disabled persons of Group 1, disabled from childhood of Group 1 and 2, disabled children up to 18 | 100% of basic pension | Disabled persons of Group 2 and 3, disabled from childhood of Group 3 | 60% of basic pension |
| Categories of beneficiaries: | Rate | | | | | | |
| Disabled persons of Group 1, disabled from childhood of Group 1 and 2, disabled children up to 18 | 100% of basic pension | | | | | | |
| Disabled persons of Group 2 and 3, disabled from childhood of Group 3 | 60% of basic pension | | | | | | |
| Governing and funding bodies | Agency for social insurance and pensions, State Savings Bank <i>Amonatbank</i> . | | | | | | |

9. Invalidity state social pension for military personnel

| Laws | <ul style="list-style-type: none"> Law No. 595 (2010) 'On contributory pensions and non-contributory social pensions'. Decree of the President 'On measures to strengthen the level of social protection of the population, to increase the current salaries of civil servants, employees of budget institutions, organizations, pensions and scholarships' No. 1493 (2013) (establishes a basic or minimum pension amount). | | | | | | |
|-----------------------------------|--|-----------------------------|------|-----------------------------|-----------------------|-----------------------------------|----------------------|
| Target group | Military men in compulsory military service. | | | | | | |
| Coverage | No data. | | | | | | |
| Sources of financing | National budget. | | | | | | |
| Conditions | The benefit is paid in the event that a disability has occurred as a result of an injury received during the military service. | | | | | | |
| Payment period | The benefit is paid during the period of incapacity to work. | | | | | | |
| Benefit rate | <table border="1"> <thead> <tr> <th>Categories of beneficiaries</th> <th>Rate</th> </tr> </thead> <tbody> <tr> <td>disabled persons of Group 1</td> <td>100% of basic pension</td> </tr> <tr> <td>disabled persons of Group 2 and 3</td> <td>80% of basic pension</td> </tr> </tbody> </table> <p>The basic pension amount is TJS 156.</p> | Categories of beneficiaries | Rate | disabled persons of Group 1 | 100% of basic pension | disabled persons of Group 2 and 3 | 80% of basic pension |
| Categories of beneficiaries | Rate | | | | | | |
| disabled persons of Group 1 | 100% of basic pension | | | | | | |
| disabled persons of Group 2 and 3 | 80% of basic pension | | | | | | |
| Governing and funding bodies | Agency for social insurance and pensions, State Savings Bank <i>Amonatbank</i> . | | | | | | |

10. Invalidity contributory pension benefit

| Laws | <ul style="list-style-type: none"> Law No. 595 (2010) 'On contributory pensions and non-contributory social pensions'. Decree of the President 'On measures to strengthen the level of social protection of the population, to increase the current salaries of civil servants, employees of budget institutions, organizations, pensions and scholarships' No. 1493 (2013) (establishes a basic (minimum) pension amount). | | | | | | | | | | | | | | |
|---|---|---------------------|------------------------------------|--|--|---|---|--|---|---|---|--|--------------|-------------------------------------|---|
| Target group | Disability Groups 1, 2 and 3 are designated to disabled people by the appropriate state body taking into account the degree of invalidity. | | | | | | | | | | | | | | |
| Coverage | No data on the number of beneficiaries of the invalidity contributory pensions. The total number of beneficiaries of the state contributory pensions (<i>including old-age, invalidity and survivors' pensions</i>) is 503,085 people including 302,047 women and 201,038 men. | | | | | | | | | | | | | | |
| Sources of financing | <table border="1"> <thead> <tr> <th>Contribution payers</th> <th>% of wages</th> </tr> </thead> <tbody> <tr> <td>Employees</td> <td>1%</td> </tr> <tr> <td>Employers</td> <td>25%</td> </tr> <tr> <th>Contribution payers</th> <th>% of gross income per month or wages</th> </tr> <tr> <td>Individual entrepreneurs working under certificates</td> <td>1% of gross income per month (but no less than TJS 135)</td> </tr> <tr> <td>Individual entrepreneurs for their workers</td> <td>25% of wages</td> </tr> <tr> <td>Entrepreneurs working under patents</td> <td>They pay a patent fee, which includes pension contributions</td> </tr> </tbody> </table> <p>The contributory part of the pension is paid out of the mandatory contributory pension fund, while the personal account part of the pension is paid out of individual pension savings considering investment income.</p> | Contribution payers | % of wages | Employees | 1% | Employers | 25% | Contribution payers | % of gross income per month or wages | Individual entrepreneurs working under certificates | 1% of gross income per month (but no less than TJS 135) | Individual entrepreneurs for their workers | 25% of wages | Entrepreneurs working under patents | They pay a patent fee, which includes pension contributions |
| Contribution payers | % of wages | | | | | | | | | | | | | | |
| Employees | 1% | | | | | | | | | | | | | | |
| Employers | 25% | | | | | | | | | | | | | | |
| Contribution payers | % of gross income per month or wages | | | | | | | | | | | | | | |
| Individual entrepreneurs working under certificates | 1% of gross income per month (but no less than TJS 135) | | | | | | | | | | | | | | |
| Individual entrepreneurs for their workers | 25% of wages | | | | | | | | | | | | | | |
| Entrepreneurs working under patents | They pay a patent fee, which includes pension contributions | | | | | | | | | | | | | | |
| Conditions | Qualifying contributory period of at least 60 months. | | | | | | | | | | | | | | |
| Payment period | The benefit is paid during the period of incapacity to work. | | | | | | | | | | | | | | |
| Pension components | The invalidity contributory pension benefits consist of two parts: a contributory part and a personal account part. The contributory part of the benefit is awarded to a person involved into the contributory pension system depending on the amount of the notional pension capital recorded in the system. The personal account part of the contributory pension is a component awarded depending on the volume of individual pension savings of a person involved into the mandatory contributory pension scheme and calculated on the basis of the data contained in the special part of the individual account of the person. | | | | | | | | | | | | | | |
| Contributory part of the pension benefit | <table border="1"> <thead> <tr> <th></th> <th>Standard rate of contributory part</th> </tr> </thead> <tbody> <tr> <td>Disabled persons of Disability Group I</td> <td>100% of contributory part of old-age pension</td> </tr> <tr> <td>Disabled persons of Disability Group II</td> <td>85% of contributory part of old-age pension</td> </tr> <tr> <td>Disabled persons of Disability Group III</td> <td>70% of contributory part of old-age pension</td> </tr> </tbody> </table> | | Standard rate of contributory part | Disabled persons of Disability Group I | 100% of contributory part of old-age pension | Disabled persons of Disability Group II | 85% of contributory part of old-age pension | Disabled persons of Disability Group III | 70% of contributory part of old-age pension | | | | | | |
| | Standard rate of contributory part | | | | | | | | | | | | | | |
| Disabled persons of Disability Group I | 100% of contributory part of old-age pension | | | | | | | | | | | | | | |
| Disabled persons of Disability Group II | 85% of contributory part of old-age pension | | | | | | | | | | | | | | |
| Disabled persons of Disability Group III | 70% of contributory part of old-age pension | | | | | | | | | | | | | | |

| Contributory part of the pension benefit | Minimum rate at complete qualifying contributory period | | Minimum rate at incomplete qualifying contributory period |
|--|---|-----------------------------------|---|
| | Disabled persons of Disability Group I | 150% of basic pension established | 100% of basic pension established |
| Disabled persons of Disability Group II | 125% of basic pension established | 85% of basic pension established | 85% of basic pension established |
| Disabled persons of Disability Group III | 100% of basic pension established | 70% of basic pension established | 70% of basic pension established |
| The basic pension amount is TJS 156. | | | |
| Governing and funding bodies | Agency for social insurance and pensions, Tax Committee, State Savings Bank <i>Amonatbank</i> . | | |

11. Free technical means of rehabilitation for people with disabilities

| | |
|------------------------------|--|
| Laws | <ul style="list-style-type: none"> • Law No. 152 (2010) 'On social protection of disabled persons'. • Decree of the Government of the Republic of Tajikistan No. 604 (2011) on 'Regulations for provision of disabled persons with technical means of rehabilitation'. |
| Target group | Disabled people. |
| Coverage | The number of beneficiaries is 4,561 persons. |
| Sources of financing | National budget. |
| Conditions | A medical certificate prescribing the use of technical means and an application of a disabled person should be submitted to the local health and social protection departments. |
| Assistance provided | <ul style="list-style-type: none"> • Acquisition and provision of the necessary technical means of rehabilitation (mobility aids, special care aids, orientation aids, communication and information exchange aids, etc.); • Repair or replacement of technical means provided; • Providing the disabled person with accommodation and food in stationary institutions for prosthetics while individual technical means are manufactured; • Compensation of travel expenses to a disabled person and, if necessary, an accompanying person to get to the location of an institution for prosthetics. |
| Governing and funding bodies | Ministry of Health and Social Protection. |

12. Free use of public transport (except a taxi)

| | |
|----------------------|--|
| Laws | Law No. 152 (2010) 'On social protection of disabled persons'. |
| Target group | Disabled persons. |
| Coverage | No data. |
| Sources of financing | National budget. |

13. 50% payment for housing and utilities

| | |
|----------------------|---|
| Laws | Law No. 152 (2010) 'On social protection of disabled persons'. |
| Target group | Disabled persons of Disability Group 1 and 2. |
| Coverage | No data. |
| Sources of financing | National budget. This subsidy is granted for payment of housing and utilities (except electricity and gas), telephone, for purchase of an apartment and installation of a telephone, connection to electricity, gas and water supply networks. |

14. Free employment assistance from the public employment service

| | |
|------------------------------|--|
| Laws | <ul style="list-style-type: none"> Labour Code (2016). Law No. 44 (2003) 'On the promotion of population employment'. |
| Target group | Persons officially registered as unemployed and seeking employment through the public employment service. |
| Coverage | Employment services were provided to 38,900 persons in 2014 (Statistics Agency). |
| Sources of financing | Social tax paid by employers from the payroll (25% of the total payroll). |
| Governing and funding bodies | State Agency of Labour and Employment is a managing body; Agency of Social Insurance and Pensions is a funding body; Tax Committee is responsible for collection of contributions. |

15. Professional training, skills development and retraining under a referral of a public employment service and payment of scholarships during this period

| | |
|------------------------------|--|
| Laws | <ul style="list-style-type: none"> Labour Code (2016). Law No. 44 (2003) 'On the promotion of population employment'. |
| Target group | Persons officially registered as unemployed and seeking employment through the public employment service. |
| Coverage | 16,928 people received a professional education in 2013; 23,803 people received vocational guidance services in 2013 (Source: Statistics Agency). |
| Sources of financing | Social tax paid by employers from the payroll (25% of the total payroll). |
| Conditions | These guarantees are provided on the following conditions: if they contribute to employment of a citizen; if it is impossible to find a suitable job because of a citizen's lack of the necessary professional qualifications; if it is necessary to change the profession (speciality, occupation) due to the lack of work that meets the citizen's existing professional skills; if the ability to perform work in the former profession has been lost. Training is provided under a contract between a state educational institution and a public employment service. |
| Governing and funding bodies | State Agency of Labour and Employment is a managing body; Agency of Social Insurance and Pensions is a funding body; Tax Committee is responsible for collection of contributions. |

16. Reimbursement of expenses related to sending the unemployed for work (training) to another locality

| | |
|------------------------------|--|
| Laws | Labour Code (2016). Law No. 44 (2003) 'On the promotion of population employment'. |
| Target group | Persons officially registered as unemployed and seeking employment through the public employment services. |
| Sources of financing | Social tax paid by employers from the payroll (25% of the total payroll). |
| Conditions | The unemployed and their family members may be offered the opportunity to relocate to another area with provision of appropriate material, financial resources and creation of necessary social, living and public service conditions. |
| Governing and funding bodies | State Agency of Labour and Employment is a managing body; Agency of Social Insurance and Pensions is a funding body; Tax Committee is responsible for collection of contributions. |

17. Employment contract for participation in paid public works arranged in view of age and other features of citizens

| | |
|------------------------------|---|
| Laws | Labour Code (2016). Law No. 44 (2003) 'On the promotion of population employment'. |
| Target group | Persons officially registered as unemployed and seeking employment through the public employment service. |
| Sources of financing | Organizations that need these services, local budgets and subsidies of public employment services. |
| Conditions | Public works are arranged under an agreement between the organization that needs in services and a public employment service. Unemployed persons can be involved in public works only with their consent. When sending to public works, health status, age, professional and other individual characteristics of citizens are taken into account. The works are performed on the contractual basis. |
| Coverage | 4,682 people took part in public works in 2013 (Source: Statistics Agency). |
| Governing and funding bodies | State Agency of Labour and Employment is a managing body; Agency of Social Insurance and Pensions is a funding body; Tax Committee is responsible for collection of contributions. |

Annex IV. Social protection programmes for old-age women and men

1. Old-age contributory pension benefit

| Laws | Law No. 595 (2010) 'On contributory pensions and non-contributory social pensions'. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|----------|---------------|--|-----|--|-------|--|-----|---------------|-----|---------------|--|----------|----------|----------|----------|--|----------|-----------|----------|------------|---|----------|----------|----------|----------|---|----------|----------|----------|----------|---|----------|----------|----------|----------|---|---|---|----------|----------|--|---|---|----------|----------|
| Target group | Citizens, foreign citizens, stateless persons permanently residing in the Republic of Tajikistan and registered in the mandatory contributory pension system. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Coverage | No data on the headcount of beneficiaries of the old-age contributory pension. The total number of beneficiaries of contributory pensions (<i>including old-age, invalidity and survivors' pensions</i>) is 503,085 people including 302,047 women and 201,038 men. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sources of financing | In the case of (a) employees, the contributory part is formed by the contributions of employers and employees and (b) in the case of self-employed persons by the contributions of individual entrepreneurs. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Contribution payers | % of wages | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Employees | 1% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Employers | 25% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Contribution payers | % of gross income per month or wages | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Individual entrepreneurs working under certificates | 1% of gross income per month (no less than TJS 135) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Individual entrepreneurs for their workers | 25% of wages | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Entrepreneurs working under patents | They pay a patent fee, which includes pension contributions. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Conditions: | <p><i>General</i> The retirement age is 63 years for men and 58 years for women; and the qualifying contributory period is at least 300 months (25 years) for men and 240 months (20 years) for women.</p> <p><i>Special</i></p> <table border="1"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Men</th> <th colspan="2">Women</th> </tr> <tr> <th>Age</th> <th>Years of work</th> <th>Age</th> <th>Years of work</th> </tr> </thead> <tbody> <tr> <td>Persons who have worked and permanently lived in Murgab Region</td> <td>53 years</td> <td>20 years</td> <td>48 years</td> <td>15 years</td> </tr> <tr> <td>Persons who have worked in Murgab Region</td> <td>58 years</td> <td>25 years*</td> <td>53 years</td> <td>20 years**</td> </tr> <tr> <td>Persons suffering from hypophyseal nanism and disproportionate dwarfs</td> <td>48 years</td> <td>20 years</td> <td>43 years</td> <td>15 years</td> </tr> <tr> <td>People with visual disabilities of Disability Group I</td> <td>53 years</td> <td>15 years</td> <td>43 years</td> <td>10 years</td> </tr> <tr> <td>Participants in the liquidation of the consequences of the Chernobyl accident</td> <td>58 years</td> <td>25 years</td> <td>53 years</td> <td>20 years</td> </tr> <tr> <td>Women (a) who gave birth to 5 or more children or have a disabled child and have raised them (him) up to the age of 8</td> <td>–</td> <td>–</td> <td>53 years</td> <td>20 years</td> </tr> <tr> <td>Women of category (a) who have worked and permanently lived in Murgab District</td> <td>–</td> <td>–</td> <td>43 years</td> <td>15 years</td> </tr> </tbody> </table> <p>* 10 years of them in this District ** 8 years of them in this District</p> | | | | | Men | | Women | | Age | Years of work | Age | Years of work | Persons who have worked and permanently lived in Murgab Region | 53 years | 20 years | 48 years | 15 years | Persons who have worked in Murgab Region | 58 years | 25 years* | 53 years | 20 years** | Persons suffering from hypophyseal nanism and disproportionate dwarfs | 48 years | 20 years | 43 years | 15 years | People with visual disabilities of Disability Group I | 53 years | 15 years | 43 years | 10 years | Participants in the liquidation of the consequences of the Chernobyl accident | 58 years | 25 years | 53 years | 20 years | Women (a) who gave birth to 5 or more children or have a disabled child and have raised them (him) up to the age of 8 | – | – | 53 years | 20 years | Women of category (a) who have worked and permanently lived in Murgab District | – | – | 43 years | 15 years |
| | Men | | Women | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Age | Years of work | Age | Years of work | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Persons who have worked and permanently lived in Murgab Region | 53 years | 20 years | 48 years | 15 years | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Persons who have worked in Murgab Region | 58 years | 25 years* | 53 years | 20 years** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Persons suffering from hypophyseal nanism and disproportionate dwarfs | 48 years | 20 years | 43 years | 15 years | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| People with visual disabilities of Disability Group I | 53 years | 15 years | 43 years | 10 years | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Participants in the liquidation of the consequences of the Chernobyl accident | 58 years | 25 years | 53 years | 20 years | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Women (a) who gave birth to 5 or more children or have a disabled child and have raised them (him) up to the age of 8 | – | – | 53 years | 20 years | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Women of category (a) who have worked and permanently lived in Murgab District | – | – | 43 years | 15 years | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | |
|------------------------------|---|
| Benefit amount | Depends on contributions. |
| Governing and funding bodies | Agency for social insurance and pensions, Tax Committee, State Savings Bank <i>Amonatbank</i> . |

2. Old-age state social pension

| | |
|------------------------------|---|
| Laws | Law No. 595 (2010) 'On contributory pensions and non-contributory social pensions'. Decree of the President 'On measures to strengthen the level of social protection of the population, to increase the current salaries of civil servants, employees of budget institutions, organizations, pensions and scholarships' No. 1493 (2013) (establishes a basic or minimum pension amount). |
| Target group | All the citizens who do not have the right to a contributory pension. |
| Coverage | No data on the number of beneficiaries of the old-age social pension. The total number of recipients of the state social pensions (<i>including old-age pension, disability pension and survivors' pension</i>) is 106,225 people, including 68,778 women and 37,447 men. |
| Sources of financing | National budget. |
| Conditions | This pension is payable to men aged 63 and women aged 58. |
| Benefit rate | 60% of minimum pension. Minimum (basic) pension amount is TJS 156. |
| Governing and funding bodies | Agency for social insurance and pensions, State Savings Bank <i>Amonatbank</i> . |

3. Free social services for older people

| | |
|------------------------------|--|
| Laws | Law No. 359 (2008) 'On Social Services'. Governmental Decree No. 724 (2012) 'On the Procedure and Extent of provision of free social services'. |
| Target group | Older people who have lost some or all of their abilities to self-care, living alone, including single couples, persons in difficult situations and persons in need of temporary shelter or urgent social services, etc. |
| Services | Social services are provided at home, in residential institutions and institutions of temporary stay. These include social living/medical/educational and legal services. |
| Sources of financing | National budget. |
| Coverage | 1,649 older people lived in retirement residential institutions in 2013 (Source: Statistics Agency). |
| Governing and funding bodies | Ministry of Health and Social Protection. |

Annex V. Recommendation adopted at the Third Assessment Based National Dialogue (ABND) on Social Protection Floors in the Republic of Tajikistan

1. Social protection floors: background

In April 2009, the United Nations System Chief Executives Board for Coordination adopted the Social Protection Floor Initiative as the sixth of the nine UN initiatives adopted to cope with the world financial crisis. The Board for Coordination recognized the importance and urgency of ensuring adequate social protection for the most vulnerable groups in different countries.

The Initiative was adopted under the framework of One UN. The UN agencies make efforts and determine general priorities and decisions to better support for activities in specific countries.

The aim of the Initiative is to ensure the observance and realization of basic social rights and the widest possible access to social assistance and services.

According to the calculations of UN agencies, the basic social guarantees may be provided in countries at all levels of development. Social protection helps to increase productivity and improves social stability. The minimum social protection floors act as automatic economic stabilizers, mitigating the social effects of falling demand in times of crisis.

The UN-wide Social Protection Floor Initiative addresses the following challenges:

- Establishment and strengthening of a stable social security system reflecting national circumstances, financial, economic and fiscal capacities;
- Building, extension, retargeting and integration of social security systems with technical assistance proposed by different UN agencies.

The national Target Working Groups should determine specific SPFs to be integrated in the following national strategies:

- Poverty reduction and welfare growth,
- Development of human potential and capital;
- Development of labour market and productive employment;
- Acceleration of industrial, investment and innovative socioeconomic growth.

1.2. ILO Social Protection Floors Recommendation No. 202

Resolutions and conclusions concerning the discussions at three sessions of the International Labour Conferences (2001, 2011, and 2012) recognized the need to establish social

protection floors and develop comprehensive social security systems. This approach was supported by G20 and UN.

Following ten years of scientific research, extensive analysis, tripartite consultations at global, regional and national levels, cooperation and consulting with the partner UN agencies, the dialogue with international financial institutes and public organizations and detailed discussions, the International Labour Conference (ILC) at its 100th Session in June, 2011, adopted ILO Strategy *Social security for all: building social protection floors and comprehensive social security systems*.

The Strategy aims at social security extension, development and strengthening of national comprehensive social security systems. Acknowledging that the right to social security is one of the most important human rights and considering that reducing social inequality is critical for providing equitable economic growth, social cohesion and decent work, the International Labour Conference called for to apply two-dimensional approach for building comprehensive social security systems.

The ILO's two-dimensional strategy provides clear guidance on the future development of social security in countries at all levels of socioeconomic development. An efficient national strategy should focus on social security extension to all groups of population, first of all to the most vulnerable groups, in line with national circumstances and based on the implementation of the following basic social security guarantees:

- Minimum adequate income security and access to essential health care (horizontal dimension);
- Higher levels of social security not less than the social protection floors established by ILO Convention No. 102 (vertical dimension).

The two-dimensional strategy aims at building and maintaining comprehensive adequate social security systems in line with national priorities, resources and circumstances.

In June 2012, the 101st International Labour Conference adopted ILO Recommendation No. 202 on Social Protection Floors. Based on ILO Strategy 'Social security for all' and complementing ILO Conventions on social security minimum standards, this Recommendation provides a flexible practical guidance for Member States on building comprehensive social security systems and extending social security by establishment of national social protection floors and ensuring that all in need and first of all vulnerable groups should have access to them.

National social protection floors (hereinafter referred to as SPF) comprise the following guarantees established in law at the state level:

- a) Access to essential health care, including in particular primary health care and prevention, maternity and child care;
- b) Basic income security for children, providing access to healthy and balanced nutrition, education, care and any other necessary goods and services;

- c) Basic income security, at least at a defined minimum level, for persons in active age in cases of short-term incapacity to work, maternity, temporary disability, unemployment, and disability; and
- d) Basic income security for older persons, providing, if required, social assistance and care.

2. Assessment Based National Dialogue (ABND)

ILO technical consultations, exchange of knowledge and experience facilitate the sharing of knowledge on social protection, including on good international practices of SPF implementation, and thus promote SPF at a national level.

ABND in the Republic of Tajikistan consists of three coordinated steps:

- Build the assessment matrix of the social protection system in Tajikistan in line with ILO Recommendation of 2012 (No. 212), estimate the costs of scenarios, in particular of introducing social security cash transfers, based on ILO Rapid Assessment Protocol;
- Develop key recommendations, determine and include national priorities in the road maps of national long-term and mid-term development programmes and other strategic documents. Recommendations shall comply with the current or planned strategic documents;
- Issue and submit a report to the Government of the Republic of Tajikistan for consideration.

ABND is a consulting process where the Government of the Republic of Tajikistan, employers' and workers' organizations, civil society, UN agencies, international financial organizations, and development partners participate.

The main conclusions and recommendations initiated by ABND in the Republic of Tajikistan:

- ABND is a relevant and timely measure;
- Comprehensive assessment of the current social security system in the country is very important and requires inter-agency coordination and joint efforts;
- Assessment matrix should include national priorities;
- National dialogue requires wide consultations with government bodies and the active work of Technical Group that combines the representatives of ministries, agencies, trade unions, employers' organizations and other stakeholders.

2.1. Assessment Based National Dialogue in the Republic of Tajikistan

Recognizing the need for assessment of the current social security situation in the country with the aim to establish national social protection floors and identify gaps, the Ministry of Health and Social Protection of the Population of the Republic of Tajikistan and the

Government bodies, social partners, civil society institutions, UN agencies in the Republic of Tajikistan, education and academic community have decided to conduct Assessment Based National Dialogue.

Under ABND, stakeholders assess nationally determined SPF and propose the ways to expand and increase SPF. The assessment helps to identify gaps and obstacles, mainly in legal and financial fields, which hinder the active implementation of current social security schemes and to develop the relevant recommendations on improvement.

ABND is conducted in accordance with the Decent Work Country Programme of the Republic of Tajikistan, 2015–2017, between the tripartite partners of the Republic of Tajikistan and the International Labour Organization (hereinafter referred to as the Decent Work Country Programme) approved by Governmental Decree of the Republic of Tajikistan No. 103 of February 28, 2015.

In accordance with the Decent Work Country Programme, the following important steps should be taken as part of National Dialogue in the Republic of Tajikistan:

- Further to assessment of SPF situation, build the assessment matrix of social protection with respect to basic guarantees of ILO Recommendation No. 202 of 2012;
- Develop Recommendations on possible scenarios of extending the coverage and ensuring higher levels of social protection for various groups in accordance with compiled in the Assessment matrix;
- Submit Recommendations and defined priorities to the ABND Steering committee for discussion and approval;
- Submit the approved Recommendations and priorities and propose to include them in the national development framework, including forthcoming and current documents such as the Strategy of the Development of Social Protection and other strategies of the improvement of population living standards for mid-term and long-term periods.

2.2. The First and Second Assessment Based National Dialogues

On April 25–27 and May 24–25, 2017, Dushanbe hosted the first and second rounds of Assessment Based National Dialogue on Social Protection Floors in the Republic of Tajikistan (hereinafter referred to as the Dialogue).

In line with ILO Recommendation of 2012 (No. 202), the following comprehensive assessment matrices of social protection schemes of the Republic of Tajikistan were built and discussed as part of ABND in particular with respect to four guarantees:

1. Health care for all.
2. Social protection for children.
3. Social protection for working age persons.
4. Social protection for older persons.

The Dialogues were held to identify social protection policy gaps, social policy implementation issues and to develop recommendations on overcoming the current difficulties and barriers.

2.3. The Third Assessment Based National Dialogue

On November 28 to December 1, 2017, ABND Working Group met to develop recommendations on national priorities in social protection policies.

ABND Working Group of the Republic of Tajikistan includes the experts of:

- Ministries, government institutions and agencies;
- Civil society and social partners;
- International organizations.

ABND Working Group completed the following tasks:

- Held multilateral consultations on social protection issues including detailed discussions of key challenges of social protection;
- Calculated with ILO Rapid Assessment Protocol the future costs for social transfers at various scenarios of extension and increase in social transfers;
- Provided specific recommendations and priorities.

4. Key recommended measures

As a result of discussions and consultations at the Third ABND, the following social protection measures and national priorities are recommended:

Health care for all

Ministries, government institutions and agencies:

- Introduce compulsory health insurance;
- Enhance access to guaranteed health care services;
- Guarantee the provision of good-quality and affordable (in terms of geographical access and financial affordability) health care services;
- Ensure free emergency medical aid of good quality.

International organizations:

- Increase the number of health care workers, including family doctors, and raise the wages of health care workers;
- Extend the package and coverage of guaranteed health care services to all regions of Tajikistan.

Social protection for children

Ministries, government institutions, and agencies:

- Provide good-quality targeted social assistance to children;
- Provide good-quality and affordable legal protection for children.

Civil society and social partners:

- Provide access to good-quality preschool, school and vocational education and to good and healthy nutrition;
- Increase the amount of all social benefits and pay social benefits to beneficiaries with disabilities under 18 years (children who suffer HIV, diabetes, tuberculosis, etc.).

International organizations:

Increase the amount of targeted social assistance benefits and extend the coverage to children under 18 with the provision of required social services;

- Improve quality and access to education.

Social protection for working age persons

Ministries, government institutions and agencies:

- Increase the amount of childcare benefit to two calculation indicators;
- Make unemployment benefit equal to the minimum wage.

Civil society and social partners:

- Ensure social protection guarantees for migrant workers (health care and social insurance);
- Extend the maternity protection coverage and pay social security maternity benefits to all women (non-working, informal and agricultural sectors).

International organizations:

- Establish a pension system for migrant workers;
- Extend the group of beneficiaries of social benefits (informal workers, persons who have left a residential care facility).

Social protection for older persons

Ministries, government institutions, and agencies:

- Change a calculation method of contributory pension;
- Increase the amount of social security old-age pension to 80 per cent of the minimum pension.

Civil society and social partners:

- Increase the amount of social old-age pension;
- Provide a decent and good-quality long life for older people through equal access to health services, pensions, care services and work.

International organizations:

- Extend the coverage and provide services to older persons who suffer mental disorders;
- Provide more and better-trained care workers (social workers, psychologists, lawyers) to render care services for older persons.

Taking into account these key basic recommendations, the participants in the National Dialogue have agreed on national priorities in social protection in the Republic of Tajikistan:

- Guarantee good-quality and affordable health care services to all;
- Increase the amount and extend the coverage of social child benefits to children under 18 years;
- Extend the maternity and childcare protection coverage to all women and children;
- Increase the amount of social old-age pension to 80 per cent of the basic pension.

The results of the Third ABND will be reflected in analytic report *Social Protection Floors: Assessment Based National Dialogue in the Republic of Tajikistan*.

Annex VI. Institutions and organizations participated in the Third Assessment-Based National Dialogue

Ministries, government institutions, and agencies

1. Agency of Labour and Employment of Population
2. Agency of Social Insurance and Pensions
3. Centre for Social Innovation
4. Committee for Women's and Family Affairs
5. Ministry of Defence
6. Ministry of Economic Development and Trade
7. Ministry of Education and Science
8. Ministry of Finance
9. Ministry of Foreign Affairs
10. Ministry of Health and Social Protection of Population
11. Ministry of Internal Affairs
12. Ministry of Justice
13. Ministry of Labour, Migration and Employment of Population
14. Service of State Supervision in the Sphere of Labour, Migration and Employment
15. Service of State Supervision of Medical Activities
16. Statistics Agency

Employers' and workers' organizations

1. Association of small and medium business
2. Federation of Independent Trade Unions
3. Union of Employers

International organizations

1. Delegation of the European Union
2. International Labour Organization
3. International Organization for Migration
4. Japan International Cooperation Agency
5. Mercy Corps
6. UN Children's Fund
7. UN Development Programme
8. UN Women
9. World Food Programme

Non-governmental organizations and non-profit sector

1. Adult Education Association of Tajikistan
2. Central Asian Gerontological Centre
3. Refugees, Children and Vulnerable Persons
4. Tajik National University
5. Z-Analytics Group

Also researchers and independent experts were involved.

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