

# **MAPPING THE HEALTH & SOCIAL CARE SECTOR AND IT'S ACTORS IN EURASIA**

## **TAJIKISTAN**



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## KEY TAKEAWAYS

- Tajikistan's health and social care infrastructure has suffered from decades of underinvestment, and its governance is still shaped by its Soviet legacy. Private healthcare remains small but steadily growing.
- Limited funding for healthcare in rural areas has resulted in hospitals lacking basic necessities and outdated medical equipment, making it difficult for poor households to access treatment. 20% of households reported being unable to receive medical care.
- The formal social protection system in Tajikistan includes social insurance, social pensions, and social assistance schemes, such as subsidies for electricity and gas, conditional cash transfers, and social care services. The Targeted Social Assistance (TSA) program provides support to the poorest households, but the annual transfer amount remains inadequate.
- Tajikistan has experienced a significant outmigration of health workers and teachers, particularly to the Russian Federation, resulting in a brain drain that has weakened the healthcare system in many regions.
- The working conditions of health and social care workers in Tajikistan are difficult, and salaries are excessively low, discouraging some young people from entering the medical profession, and providing incentives for doctors to emigrate.

## BACKGROUND

Tajikistan has faced political instability since the collapse of the Soviet Union, including a brutal Civil War that ended in 1997. Despite political stability and gradual economic growth since then, the country still faces challenges such as poverty, income insecurity, under-employment, and security risks from its border with Afghanistan. While agriculture represents the largest economic sector, many Tajiks migrate abroad for work, leading to the country becoming one of the most remittance dependent in the world.

Tajikistan's health and social care infrastructure has suffered from decades of underinvestment, and its governance is still shaped by its Soviet legacy. While government reforms have improved certain aspects of healthcare, private healthcare remains small but steadily growing. Corruption is widespread in the non-transparent system, and patient rights and public involvement in healthcare have not been prioritized until recently due to the COVID-19 pandemic.

The government is currently implementing the National Development Strategy for the period of 2030, which includes plans to improve standard of living, employment, pensions, and provision of targeted benefits and social services to low-income citizens. This strategy serves as the main document that directs priorities in each sector, including health and social care.

## IDENTIFYING CARE GAPS

Identifying care gaps in Tajikistan's healthcare system involves analyzing the structure of the system and its various components. The country's healthcare is organized through a top-down approach, with primary care provided through health houses, rural health centers, and rural hospitals in rural areas, and rayon and city health centers, city hospitals, and oblast hospitals in urban areas. However, the financing of healthcare is dependent on local resources of oblasts and rayon authorities, leading to unequal financing between regions. This has resulted in limited funding for healthcare in rural areas, with hospitals lacking basic necessities and outdated medical equipment, making it difficult for poor households to access treatment. A 2020 survey found that 20% of households reported being unable to receive medical care.

In addition, the provision of healthcare is further complicated by the existence of parallel health services run by other ministries and state companies, such as the Ministries of Internal Affairs, Defense, and Security, as well as Tajik Air and Tajik Railway, among others. While these services provide healthcare to their employees, they also fragment the healthcare system and make it difficult to coordinate care.

The formal social protection system in Tajikistan includes social insurance, social pensions, and social assistance schemes, such as subsidies for electricity and gas, conditional cash transfers, and social care services. The government established the Targeted Social Assistance (TSA) program in 2011 to provide support to the poorest households, gradually expanding from two pilot districts to covering all 60 districts in 2020. The program is expected to cover 220,000 households, or approximately 15% of the population, but the annual transfer amount of TJS 464 (around 45 euros) per household remains inadequate to meet the program's objectives for poverty reduction and household wellbeing. In 2022, the government agreed to increase the annual transfer amounts by pegging the amount to inflation and number of household members.

Furthermore, Tajikistan has experienced a significant outmigration of health workers and teachers, particularly to the Russian Federation, resulting in a brain drain that has weakened the healthcare system in many regions. The number of health workers per population has declined in all categories, except for pharmacists. This decline has been particularly drastic in the number of midwives, further complicating maternal and child healthcare in the country.

The private healthcare sector in Tajikistan is slowly growing, but its services are generally limited to consultations, diagnostics, and ambulatory treatment. Private hospitals that provide special care are also available. Most dental services are provided by private practitioners, and the pharmaceutical sector is fully privatized. However, many physicians working in public health facilities supplement their official earnings with private sector payments by working in parallel for both public and private health facilities.

## WORKING CONDITIONS OF HEALTH AND SOCIAL CARE WORKERS

The government of Tajikistan has committed to rebuilding and modernizing the health care and social assistance systems through several reforms. For instance, the recently extended “Programme of State Guarantees to provide the Population with medical and sanitary Assistance” programme envisaged the construction of 560 hospitals and health centers throughout the country. Despite the government’s promises, Tajikistan’s medical sector faces challenges. Difficult working conditions and excessively low salaries of doctors and nurses discourage some young people from entering the medical profession, and provide incentives for doctors to emigrate.

While the average wage in Tajikistan is about USD 150 per month (not enough to meet basic needs), a doctor earns between 78 and 100 dollars per month, while nurses earn between 50 and 60. These low salaries are further subject to compulsory deductions beyond regular taxes, such as subscriptions to state-supported newspapers or magazines, or for the maintenance of medical structures. Thus, there are issues in recruiting and hiring, especially after the COVID-19 pandemic, which increased outmigration of the specialists. As working conditions are poor the medical profession suffers from widespread corruption.

While medical schools remain able to attract students, retention of graduates at health facilities poses a serious problem, and the health system continues to lose qualified workers. Training of medical staff is mainly provided by the Tajik State Medical University. The Tajik State Medical University lacks proper laboratories, with students barely receiving real clinical exposure. Although the Ministry of Health and Social Protection limited the number of students per year in an effort to improve the quality of education, it has not addressed the many structural problems and methodological issues. They have successfully launched education in Tajik, Russian and small class of students studying in English.

Nurses, on the other hand, are trained in medical colleges and schools in family medicine. Retraining is provided through a six-month continuing medical education course for physicians and nurses who want to retrain in family medicine. The retraining course is provided through the clinical training centres of family medicine at the national, regional, and district levels.

## COVID-19

The Covid-19 pandemic has had a significant impact on the working conditions of health and social care workers in Tajikistan. The health sector, already facing challenges prior to the pandemic, was ill-prepared for the outbreak, and struggled to cope with the increased demand for healthcare services. The lack of transparency and accountability exacerbated the situation, and there was very limited information available to the public.

In response to the pandemic, the government of Tajikistan received a \$32 million pandemic assistance from the World Bank for the Tajikistan Emergency COVID-19 project. The project aimed to improve healthcare capacity, provide emergency cash assistance to vulnerable families, and support the nationwide communication on preventive measures to help mitigate the spread of COVID-19. As a result, many hospitals were able to receive critical supplies such as ventilators, ICU beds, X-rays, infusion pumps, PPE, and other equipment.

Many other development partners also provided bilateral support to Tajikistan during the COVID-19 pandemic, including Russia, China, and the EU. However, the impact of the pandemic on health and social care workers in Tajikistan cannot be overstated. The increased demand for healthcare services, coupled with the lack of resources and protective equipment, put healthcare workers at risk of infection. Many healthcare workers contracted COVID-19, and some died due to the lack of adequate protection.

Furthermore, the pandemic also resulted in reduced salaries and job losses for health and social care workers. The economic slowdown caused by the pandemic had a disproportionate impact on the poor, leading to reduced migrant remittances and weaker consumer demand. As a result, many health and social care workers lost their jobs or had their salaries reduced, exacerbating the existing challenges faced by the sector.



## TRADE UNIONS, CSOs, NGOs AND WORKER INITIATIVES

Trade unions in Tajikistan have gained formal independence from the state since a law was passed in 1992. However, they are still closely affiliated with the government. The Trade Union Federation of Tajikistan serves as the umbrella organization for all trade unions in the country. Issues related to social protection of workers are covered in the General Agreement between the government and the Federation of Trade Unions (FITU) of Tajikistan and Association of Employees of Republic of Tajikistan. The agreement aims to ensure that every employee receives quality workplace, adequate social protection, and safe working conditions. Since independence, various organizations, including a National Association of Nurses, Physicians' Association, and Association of Family Doctors, have been established. A National Trade Union of Health Workers has also been created with branches at regional and local levels. The union has successfully lobbied for several salary increases and benefits for health care workers. However, they still have limited influence over health policy, although physicians are able to lobby for policy changes.

Trade unions regularly participate in government meetings and provide comments and suggestions during discussions. Representatives of the Federation of Trade Unions are included in the commissions created by the government. For instance, during the drafting and discussion of the Poverty Reduction Strategy of Tajikistan, trade unions provided significant comments and proposals on social protection, public education, and healthcare. Trade unions also play a key role in social insurance. Social insurance was administered by trade unions until 1996. Although it is now managed by the government, the participation of trade unions in policymaking is still evident. From 1991 to 1996, trade unions paid pensions, allowances, and other payments related to health improvement of workers and children. During that time, approximately 182,000 workers and 386,000 children received rehabilitation in sanatoriums and health resorts, many of which are still under the control of trade unions. The International Monetary Fund once proposed that the government should pay all pensions only in the minimum amount, with vacationers in rehabilitation centers and health resorts paying all expenses themselves. However, the unions opposed the proposal and the deal did not pass.

Civil society organizations (CSOs) working in the health sector mainly focus on community health issues and the prevention of human immunodeficiency virus (HIV) and AIDS. They aim to fill the gaps left by the limited human and financial resources of state-run health services. The most common objectives of projects carried out by CSOs are to increase community knowledge and awareness of health and nutrition and to some extent improve access to health services. CSOs are also involved in water and sanitation projects and in mobilizing financial resources for health, including pooling emergency funds.

## CLOSING THE CARE GAP

Tajikistan's healthcare system requires a multifaceted approach that addresses the root causes of inequality in access to care. The country's healthcare infrastructure is plagued by a lack of funding, outdated medical equipment, and limited resources, which results in poor healthcare outcomes, particularly in rural areas. Moreover, the existence of parallel health services run by other ministries and state companies further fragments the healthcare system and makes it difficult to coordinate care. Thus, addressing the funding gap, improving healthcare infrastructure, and streamlining the healthcare system are essential for closing care gaps.

In addition to infrastructure, the government must also address the issue of healthcare worker shortages. The healthcare system's inability to retain qualified healthcare workers, particularly midwives, results in poor maternal and child healthcare outcomes. The government must address the issue of low salaries, compulsory deductions, and poor working conditions to attract and retain qualified workers.

Finally, while the government has implemented the Targeted Social Assistance program to provide support to the poorest households, the transfer amounts remain inadequate to meet the program's objectives for poverty reduction and household well-being. The government's commitment to increasing transfer amounts is a step in the right direction, but more needs to be done to address poverty and income insecurity in the country.

## ABOUT

**About UNI Europa:** As the European trade union federation for 7 million service workers, UNI Europa speaks for the sectors that constitute the backbone of economic and social life in Europe.

**About Open Society Foundation:** The Open Society Foundations, founded by George Soros, are the world's largest private funder of independent groups working for justice, democratic governance, and human rights. We approach this mission through the illuminating principles of justice, equity, and expression—defining characteristics of any truly open society.

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