Assessment matrix on social protection system of the Republic of Tajikistan and how it works

Recommendation 202

Dushanbe, 11-12 May 2017

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3. Objectives of the ABND
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Social security and an adequate standard of living are human rights recognized in the Universal Declaration of Human Rights of 1948, particularly in articles 22 and 25.

However, 73 per cent of the World’s population lacks adequate social protection.

Social protection floors guarantee the human rights to social security and an adequate standard of living.

“Everyone, as a member of society, has the right to social security. [...] Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.”

Articles 22 and 25. The Universal Declaration of Human Rights
ILO social security standards

Eight up-to-date conventions:

I. Social Security (Minimum Standards) Convention, 1952 (No. 102);
II. Equality of Treatment (Social Security) Convention, 1962 (No. 118);
III. Employment Injury Benefits Convention, 1964 (No. 121);
IV. Old-Age, Invalidity and Survivors’ Benefits Convention, 1967 (No. 128);
V. Medical Care Benefits Convention, 1969 (No. 130);
VI. Maintenance of Social Security Rights Convention, 1982 (No. 157);
VII. Employment Promotion and Protection against Unemployment Convention, 1988 (No. 168);
VIII. Maternity Protection Convention, 2000 (No. 183).

Three key recommendations:

I. Income Security Recommendation, 1944 (No. 67);
II. Medical Care Recommendation, 1944 (No. 69)
III. Social Protection Floors Recommendation, 2012 (No. 202)
What are International Labour Standards?

- ILS are **legal instruments** drawn up by the ILO’s constituents (governments, employers and workers)

- **Conventions**: legally binding international treaties that may be ratified by member states, that create obligations for ratifying States (application and reporting)

- **Recommendations**: serve as non-binding guidelines; autonomous or accompanying a Convention; may also subject to reporting
Building comprehensive social security systems using ILO standards as references

**Vertical dimension:**
progressively ensuring higher levels of protection guided by C.102 and more advanced standards

**Horizontal dimension:**
Guaranteeing access to essential health care and minimum income security for all guided by R.202

- **Voluntary insurance under government regulation**
- **Social security benefits of guaranteed levels**
- **Access to essential health care and minimum income security for all**
The horizontal dimension: minimum levels of income security and health care

- The ILO’s strategy calls for the rapid implementation of **national Social Protection Floors**, containing basic social security guarantees that ensure that over the life cycle, all in need:
  - can afford and have access to essential health care and
  - have income security at least at a nationally defined minimum level

**Main normative basis:** The Social Protection Floors Recommendation, 2012 (R. 202)
For the ILO, the process of building comprehensive social security systems cannot stop at the ground floor of protection.

The ILO strategy calls for the formulation and implementation of social security coverage extension strategies which

- should seek to provide higher levels of income security and access to health care
- taking into account and progressing towards in the first instance the coverage and benefit provisions of Convention No. 102, then those of more advanced ILO social security standards
- to as many people as possible and as soon as possible

Normative basis: The Social Security (Minimum Standards) Convention, 1952 (No. 102) and more advanced social security standards
Social Protection Floors are a set of basic guarantees

Four basic guarantees ILO R202

1. All residents have access to essential health care, including maternity care.

2. All children enjoy basic income security, providing access to nutrition, education, care, and any other necessary goods and services.

3. All persons in active age who cannot earn sufficient income, enjoy basic income security, particularly in cases of sickness, unemployment, maternity, disability.

4. All older persons have basic income security.
To implement SPFs, we need to eliminate policy gaps and obstacles in the social protection system.
To implement SPF's we should ensure that the guiding principles are implemented

Some of the guiding principles are:
• Universality of the social protection, inclusion of informal economy;
• Transparent, accountable and effective financial management and administration
• High quality public services
• Tripartite administration

Full list of the principles is reflected in Recommendation No. 202, paragraph 3.
The Assessment Based National Dialogue answers two main questions

1. Is the SPFs a reality for all the population of a country?
2. How do we achieve the SPF?

### Assessment matrix

<table>
<thead>
<tr>
<th>4 Guarantees</th>
<th>Overview</th>
<th>Gaps</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health for all</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social protection of children</td>
<td></td>
<td></td>
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<tr>
<td>Social protection of working age persons</td>
<td></td>
<td></td>
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<tr>
<td>Social protection of old-age persons</td>
<td></td>
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</tbody>
</table>

### Calculations

<table>
<thead>
<tr>
<th>Expenditures in % of GDP</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guarantee</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Scenario 1:</td>
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<tr>
<td>Scenario 2:</td>
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<tr>
<td>Scenario 3:</td>
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<tr>
<td>Low Scenario Guarantee</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Total</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>High scenario Guarantee</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Total</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

- ABND describes the existing situation of the social protection system and identifies its gaps
- It develops recommendations for extension the SPFs
These main questions lead to more specific questions

1. What is the social security situation?
2. How far are we from the achievement of the SPF? -> gaps, issues
3. What should be done to complete the SPF?
4. How much would it cost today and in the future?
5. Can the Government afford it? Do we need to increase the fiscal space?
6. How to ensure that the recommendations are endorsed and listened to?
7. How to advocate for the SPF as a whole or specific recommendations?
The ABND follows three steps

**Step 1**
- Building the assessment matrix including the identification of priority recommendations

**Step 2**
- Rapid Assessment Protocol to estimate the cost of implementing the social protection provisions

**Step 3**
- Finalisation of the assessment report for endorsement and proposing recommendations on extension of SPFs
- Further action by the higher levels of government
**Step 1: Drafting the assessment matrix**

<table>
<thead>
<tr>
<th>Scheme</th>
<th>Overview</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full system (general description)</td>
<td>SPF guarantees not achieved and recommended solutions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Working age persons</td>
<td>Four SPF guarantees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Old-age persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Policy gaps in Social Protection system</th>
<th>Recommendations and scenarios</th>
<th>Obstacles in implementing social protection schemes</th>
<th>Recommendations and scenarios</th>
<th>General comments made by WG</th>
<th>Specific comments made by WG</th>
</tr>
</thead>
</table>

**Note:**
- A diagnostic of the social protection situation
- A set of recommendations
- A baseline for future monitoring
Number of social protection and insurance programmes identified in the Republic of Tajikistan

- **Health care for all**
  - 6 programmes, 2 of them are not into force yet

- **Social protection of children**
  - 9 acting programmes

- **Social protection of working age persons**
  - 19 acting programmes

- **Social protection of older persons**
  - 14 programmes, and 1 of them is abolished already
Health care system

- Medical insurance is not implemented yet (the legislative package has been developed, it is expected that it will enter into force in 2018)
- The programme of guaranteed medical services (GMS operates in 14 pilot areas)
- GMS is provided free of charge to the disabled, war veterans and other special categories, whereas the rest of the population does co-payments
- Special attention is paid to maternity protection, health of children and people living with HIV / AIDS.
Social protection of children

- There is a quarterly targeted social assistance to low-income families with children. There are restrictions in the coverage of the entire territory of the Republic (benefit amount = 100 TJS \ 3 months)

- State social assistance (60% -90% -120% of the basic pension 156 TJS) and survivor's pension insurance (100% -150% -200% of the basic pension 156 TJS)
Annual expenditures on health care per capita, USD

Source: WHO 2014
Out-of-pocket expenditures on health care, in % of total expenditures on health care, 2014

Europe and Central Asia: 17.0%
World: 18.2%
Belarus: 32.0%
Kirgizstan: 39.4%
Uzbekistan: 43.9%
Kazakhstan: 45.1%
Russia: 45.8%
Ukraine: 46.2%
Armenia: 53.5%
Georgia: 58.6%
Tajikistan: 61.7%
Azerbaijan: 72.1%

Source: WHO 2014
Social protection of children

- There is a quarterly targeted social assistance to low-income families with children. There are restrictions in the coverage of the entire territory of the Republic (benefit amount = 100 TJS \( \times \) 3 months)

- State social assistance (60% -90% -120% of the basic pension 156 TJS) and survivor's pension insurance (100% -150% -200% of the basic pension 156 TJS)
Social protection of working age

- Temporary disability benefit, including employment injury and prof. disease.
- Maternity benefit and family benefit are paid only to formally employed.
- Pensions for servicemen - for long service, disability, survivor.
- Pension insurance in case of disability.
- Qualification training.

- Compulsory or voluntary social insurance of labor migrants?
Social protection of older persons

- Old-age insurance pensions and social pension
  
  *Social pension are paid to those persons who are not qualified to pension insurance and did not have*

- Old-age labour pension is abolished

- Free social services for the older persons

Number of population at the beg. of year in thou. pers.

<table>
<thead>
<tr>
<th></th>
<th>Urban</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>2260.3</td>
<td></td>
<td>6290.9</td>
</tr>
</tbody>
</table>

Do the rural pensioners have adequate access?
Social protection floor

What the minimum level we have to use and how to define it?

- Subsistence minimum = ?
- Basic pension amount = 156 TJS
- Minimum wage amount = 400 TJS
- Poverty line = 158.71 (2014)

123.57 TJS / month (food part) + 35.14 TJS (not food part) =
158.71 TJS / month (overall poverty line)

Or can other indicators
Social protection floor

- Level of protection

1st phase achieving the subsistence minimum

1st phase achieving the poverty line

Population

- rest of informal sector
- poor
- Formal sector
Step 2: Rapid Assessment Protocol

1. Input data

- General government operations
- Macroeconomic data
- Demographic data

2. Estimated cost of benefits in absolute terms, as % of GDP, and as % of government expenditure

- Labour market
- Costing of benefits

3. Projected cost of combined benefit packages and fiscal space analysis

- Summary and results

- A projection of the cost in % of GDP and government expenditure over 10 years
- Can be used for informed policy planning and prioritization
Step 3: Finalization and endorsement

Finalising the ABND report with stakeholders

A

Finalising the ABND report with stakeholders

B

Presenting to higher levels of working group members (Government and Social Partners (Ministers, Vice-prime minister, Social Partners etc).

C

Government may endorse some recommendations and conduct the full-fledged design studies of the proposed schemes or measures
ABND SPFs steps in Kyrgyzstan

- **Final ABND**
  - In the begging of 2017

- **Launch ABND**
  - December 2014

- **Establishing the WG on SPFs**
  - March 2015

- **Desk revision**
  - March-May 2015

- **1st Technical meeting of the WG on SPFs**
  - April 2015

- **2nd Technical meeting of the WG on SPFs**
  - May 2015

- **1st ABND**
  - June 2015

- **3rd Technical meeting of the WG on SPFs**
  - July 2015

- **2nd ABND and high level round table**
  - February 2016

- **Data collection for financial calculations**
  - October 2015

- **Drafting of the final report**

- **In the begging of 2017**
Expected ABND’s results

Calculations and scenarios concerning extension of the SPF’s recommendations

Reform of existing schemes

Recommendations

Recommendations for the design of new schemes and their implementation

Examples of recommendations that have been implemented:

- in Indonesia (universal health care scheme launched in January 2014, and improvement of the benefit package; coordination mechanisms part of the draft five year development plan);
- in Thailand (long term care part of government’s policy);
- in Viet Nam (Party Resolution 15 on social policies approved by the Central Committee of the Communist Party in June 2012 which aims to achieve social security for the whole population by 2020).
Assessment of the social protection system is conducted based on national dialogue

ABND is a unique participatory approach which should involve social protection experts of all relevant stakeholders.

It entails bilateral consultations, workshops for working group members, including for tripartite constituents, technical seminars and a national launch of the report.

ABND launch 9 February 2017

1\textsuperscript{st} technical meeting 25-27 April 2017
This national dialogue involves all relevant actors

ABND team

- Line ministries (health, social protection, labour, education, finance, agriculture)
- Workers’ and Employers’ organizations
- National statistics office, agencies and fund of pension insurance and social protection
- Local administration
- Civil society, NGOs, academia and independent experts
- UN agencies involved in SPF (ILO, UNICEF, WHO, UNFPA, UNAIDS, UNESCO, UN Women, UNDP, WFP, UNHCR...), World Bank, and other development partners
Participants of national dialogue and its coordination

Coordination and cooperation method
UN Team/GWG for social protection

The Ministry of Health and Social Protection (Co-Chair)
Ministry of Labour, Migration and Employment
The Ministry of Education and Science, Finance,
Agency of Social Insurance and pensions,
State Agency of Social Protection,
National Statistical Committee

ILO (co-chair); UNICEF; UNDP;
UNFPA; WHO; UN Women; UNESCO;
FAO; WB; IOM; UNHCR

Group of government organizations of Tajikistan and social partners

UN Group and international organizations

Organizations of workers and employers

Scientists, independent experts, representatives of civil society

International financial institutions and donor community
ABND’s proposed way of cooperation in Tajikistan

1. Each stakeholder shall appoint representative/experts to attend the national dialogues and consultation meetings, including the working group meetings.

2. Round tables are organized to approve results of the working groups meetings and its policy recommendations.

Technical WG
Specialists and experts

High level WG
Policy makers and administers of the government organizations and other high level officials
The proposed steps in Tajikistan

1. Inventory of schemes through desk review of legislation and bilateral consultations (December 2016 – March 2017)

2. Data collection for the costing of the policy options/scenarios (March–June 2017)

3. Technical consultations within the SPF technical working group on implementing recommendations (March–October 2017)

4. Drafting the report and technical consultations (November 2017–April 2018)

5. First national Dialogue to compile the Assessment Matrix, identify policy gaps and elaborate recommendations (April 2017)

6. Finalization of the Assessment Matrix (October 2017)

7. To validate the policy options/scenarios (October/November 2017)

8. National Dialogue No.2 to validate the assessment matrix and elaborate the options/scenarios (September/October 2017)

9. National Dialogue No.3 for endorsing the report and its recommendations for extending the SPF for all (April 2018)
ABNDs are quickly expanding

Many countries are currently conducting ABNDs with ILO/UN support

**Finalized in:**
1. Indonesia
2. Myanmar
3. Mongolia
4. Thailand
5. Vanuatu
6. Vietnam

**Conducting in:**
1. Egypt
2. Kyrgyzstan
3. Lao Republic
4. Malawi
5. Mozambique
6. Niger
7. Palestine
8. Philippines
9. Tanzania
10. East Timor
11. Tunisia
12. Zambia

**Planned in:**
1. Tajikistan
2. Chad
3. Congo
4. Gabon
5. India (3 states)
6. Indonesia (Phase 2)
7. Lesotho
8. Pakistan
9. Paraguay
10. Sao Tome and Principe
11. Thailand (Phase 2)
Relevance of the ABND in Tajikistan

Development strategy of social protection:

Requires a «standardization» of social protection

Priorities need to be set based on a costing exercise

ABND:

It has a political weight for the further social protection reform

Will support the definition of a realistic nationally defined social protection floor (that should be guaranteed to all)

Will assess whether the SPF is achieved and, if not, propose recommendations to progressively achieve the SPF

Will include a costing exercise, that will help prioritize among policy recommendations
ILO Website - workspace for the ABND in Tajikistan

http://www.social-protection.org/gimi/gess/ShowProject.action?id=3053
Thank you!

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www.social-protection.org