



International
Labour
Office

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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Tajikistan**

Contents

- 1. The Internal Labour standards in Social Protection**
- 2. The social protection floors (SPFs)**
- 3. Objectives of the ABND**
- 4. Main steps**
- 5. ABND's results**
- 6. National dialogue**
- 7. ABND in Tajikistan**
- 8. ABNDs are expanding**



Basic social security and current world challenge

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).

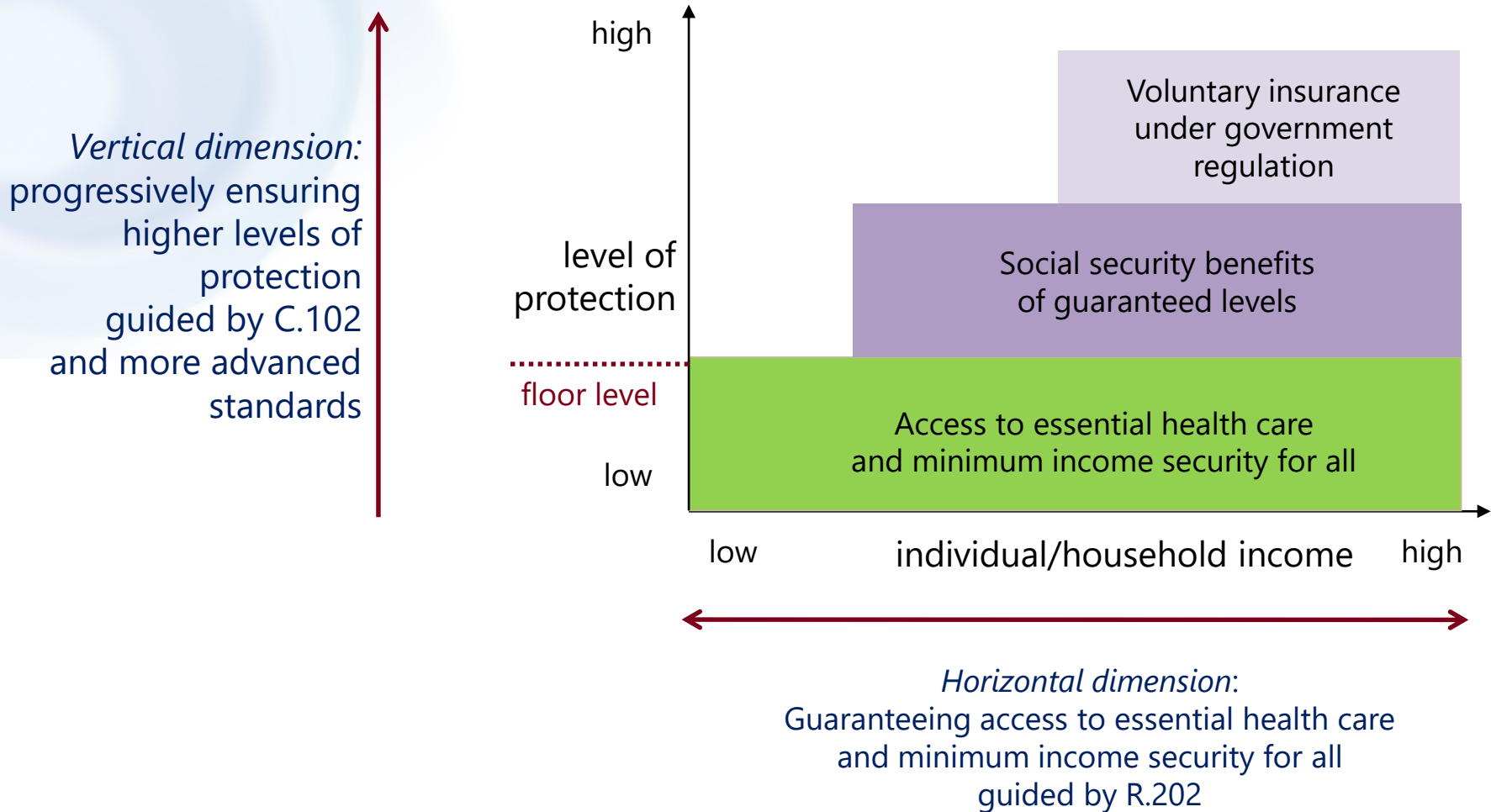
Three key recommendations:

- 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



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)

The vertical dimension: higher levels of protection

- 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

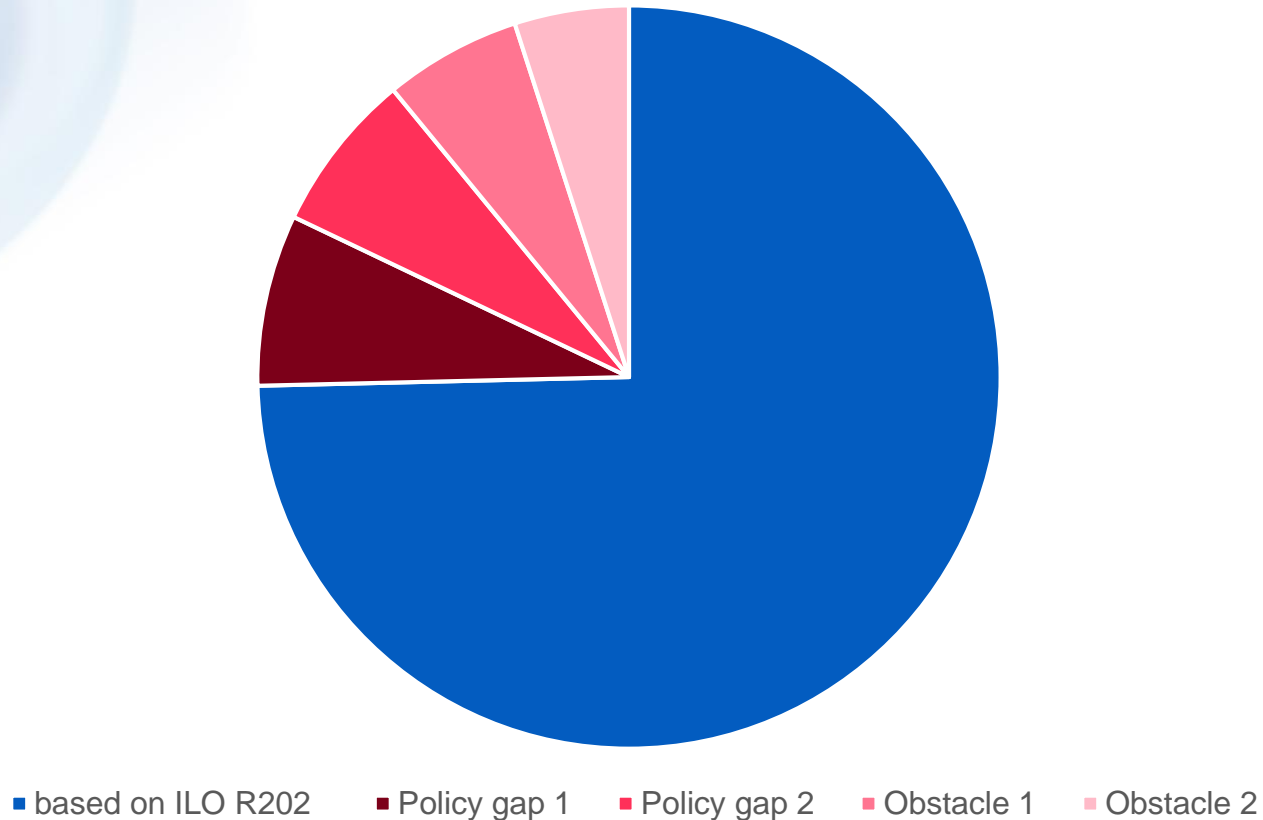
Four basic guarantees ILO R202

- 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.

Adequacy of the social protection system



To implement SPFs 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

4 Guarantees	Overview	Gaps	Recommendations
Health for all			
Social protection of children			
Social protection of working age persons			
Social protection of old-age persons			

Calculations

Expenditures in % of GDP	2017	2018	2019	2020
Guarantee				
Scenario 1:	0.0%	0.0%	0.0%	0.0%
Scenario 2:	0.0%	0.0%	0.0%	0.0%
Scenario 3:	0.0%	0.0%	0.0%	0.0%
Low Scenario				
Guarantee				
Total	0.0%	0.0%	0.0%	0.0%
High scenario				
Guarantee				
Total	0.0%	0.0%	0.0%	0.0%

- 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

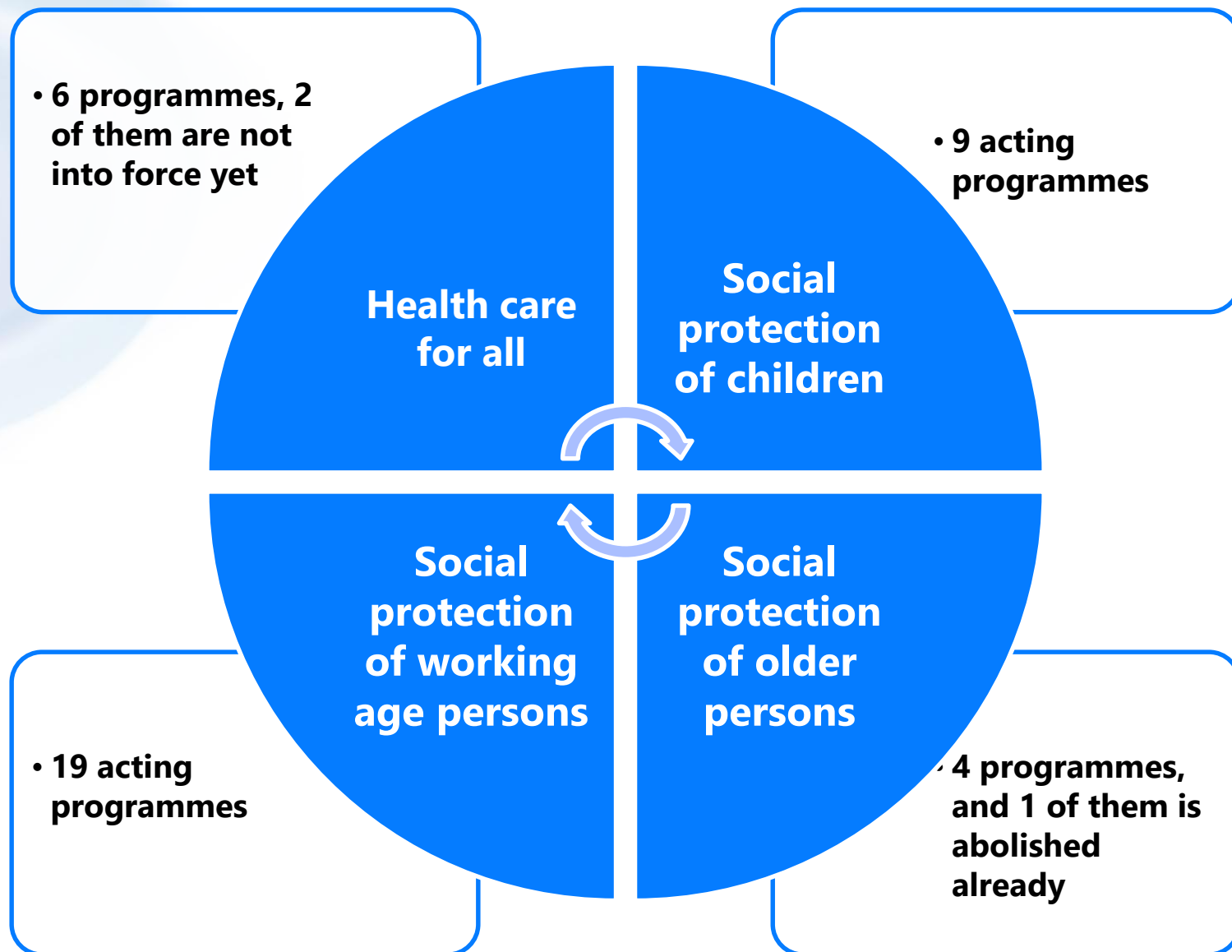
Step 3

- 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

Scheme	Overview	1		2		3	
		Policy gaps in Social Protection system	Recommendations and scenarios	Obstacles in implementing social protection schemes	Recommendations and scenarios	General comments made by WG	Specific comments made by WG
Full system (general description)		SPF guarantees not achieved and recommended solutions		Obstacles to achieve the SPF and recommended solutions		Additional comments of WG members	
Health	Four SPF guarantees						
Children							
Working age persons				Note: <ul style="list-style-type: none"> A diagnostic of the social protection situation A set of recommendations A baseline for future monitoring 			
Old-age persons							

Number of social protection and insurance programmes identified in the Republic of Tajikistan

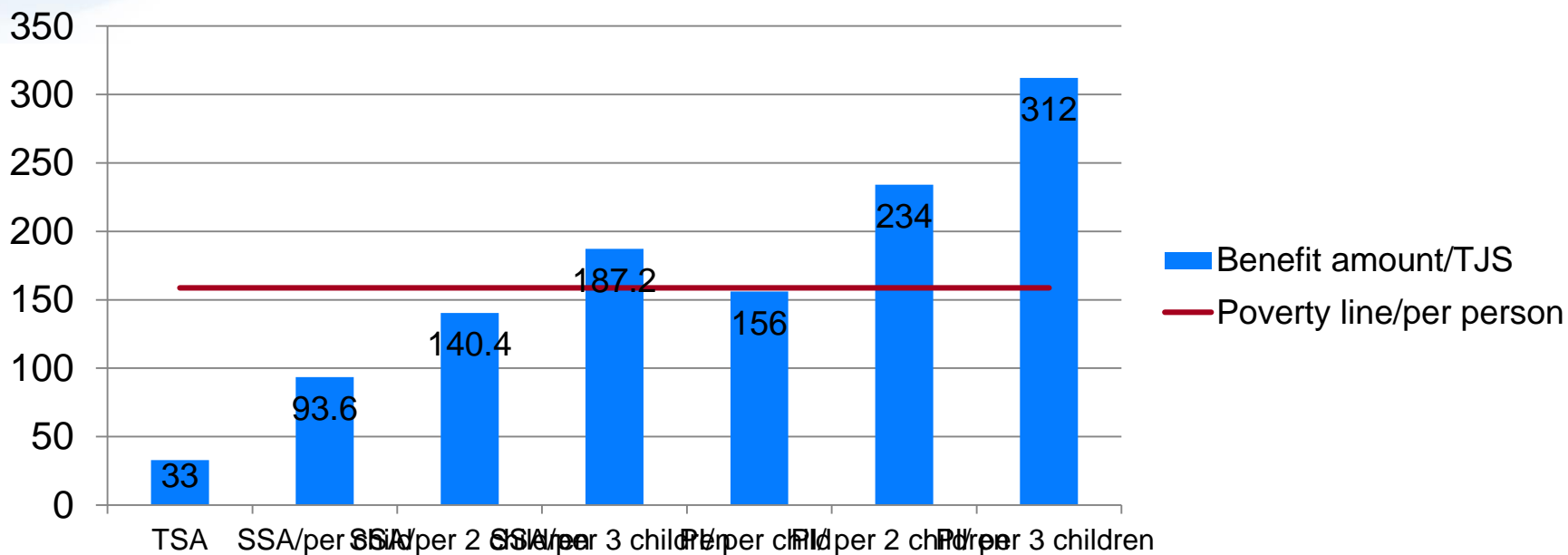


Health care system

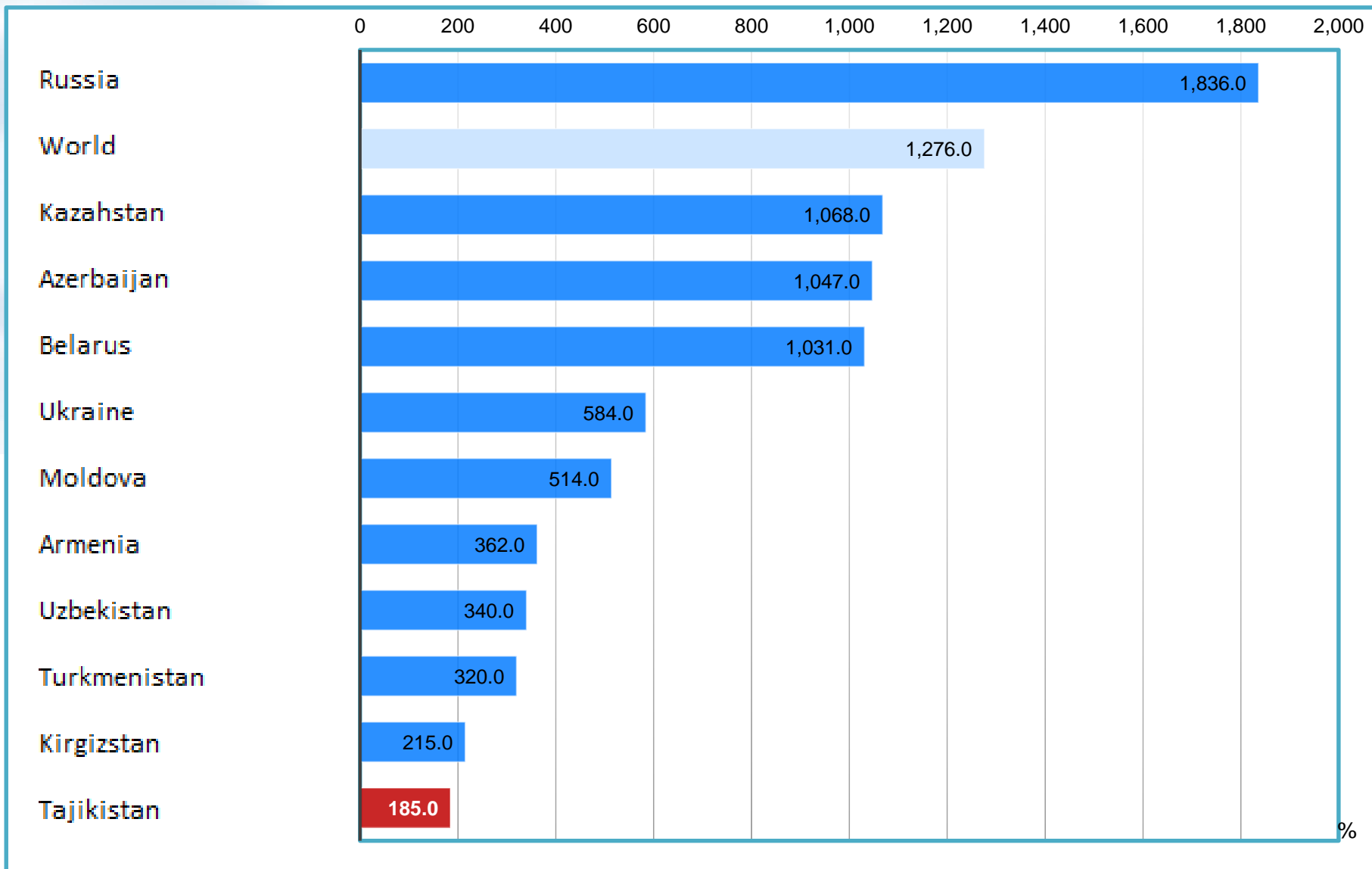
- Medical insurance is not implemented yet (the legislative package has been developed, it is expected that it will enter into force in 2018)
- The programme of guaranteed medical services (GMS operates in 14 pilot areas)
- GMS is provided free of charge to the disabled, war veterans and other special 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

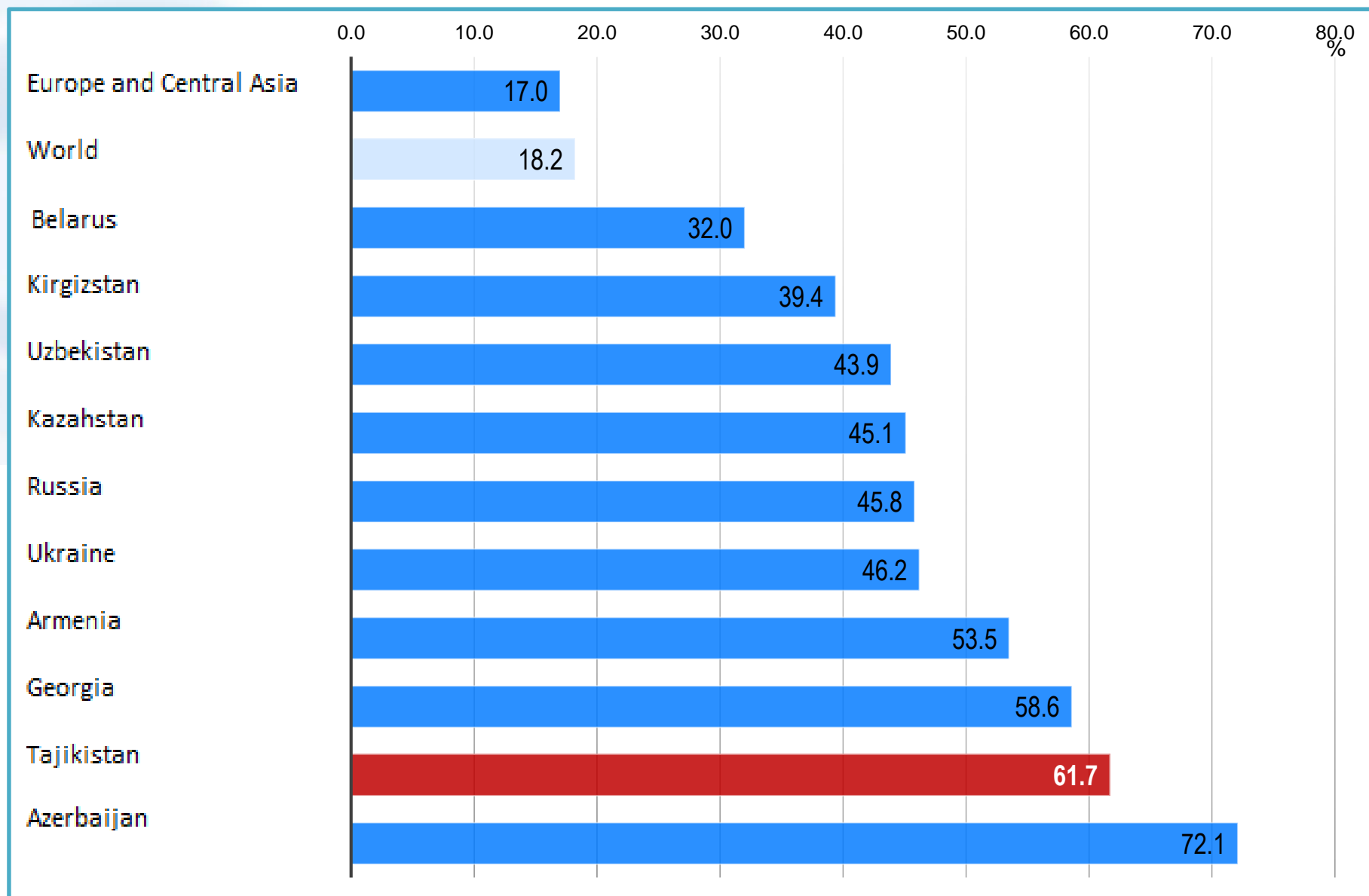
- There is a quarterly targeted social assistance to low-income families with children. There are restrictions in the coverage of the entire territory of the Republic (benefit amount = 100 TJS \ 3 months)
- State social assistance (60% -90% -120% of the basic pension 156 TJS) and survivor's pension insurance (100% -150% -200% of the basic pension 156 TJS)



Annual expenditures on health care per capita, USD



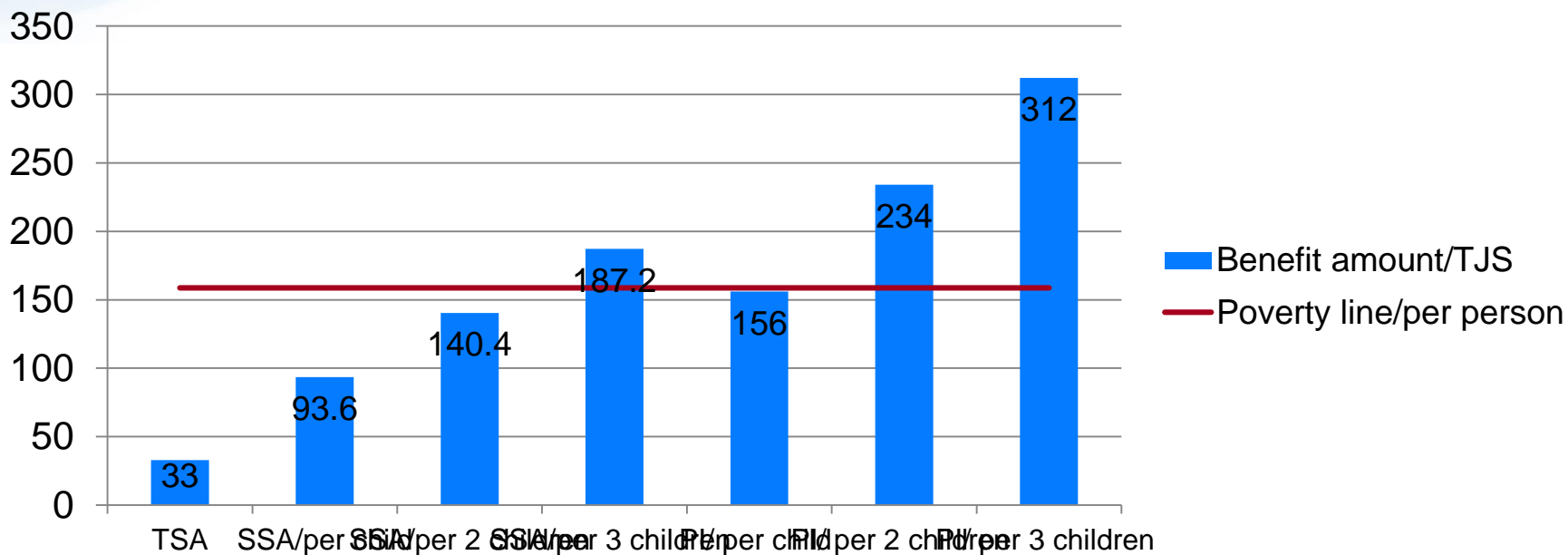
Out-of-pocket expenditures on health care, in % of total expenditures on health care, 2014



Source: WHO 2014

Social protection of children

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Social protection of working age

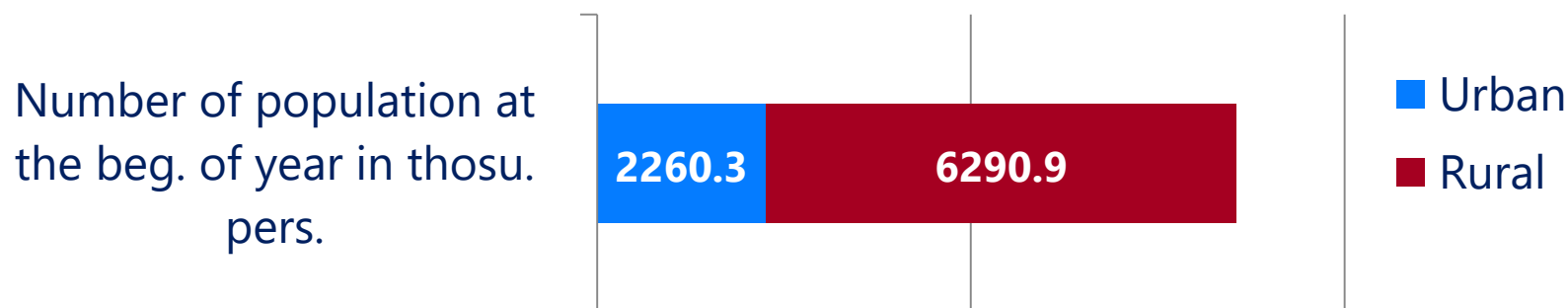
- Temporary disability benefit, including employment injury and prof. disease.
- Maternity benefit and family benefit are paid only to formally employed
- Pensions for servicemen - for long service, disability, survivor
- Pension insurance in case of disability
- Qualification training
- Compulsory or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



Do the rural pensioners have adequate access?

Social protection floor

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

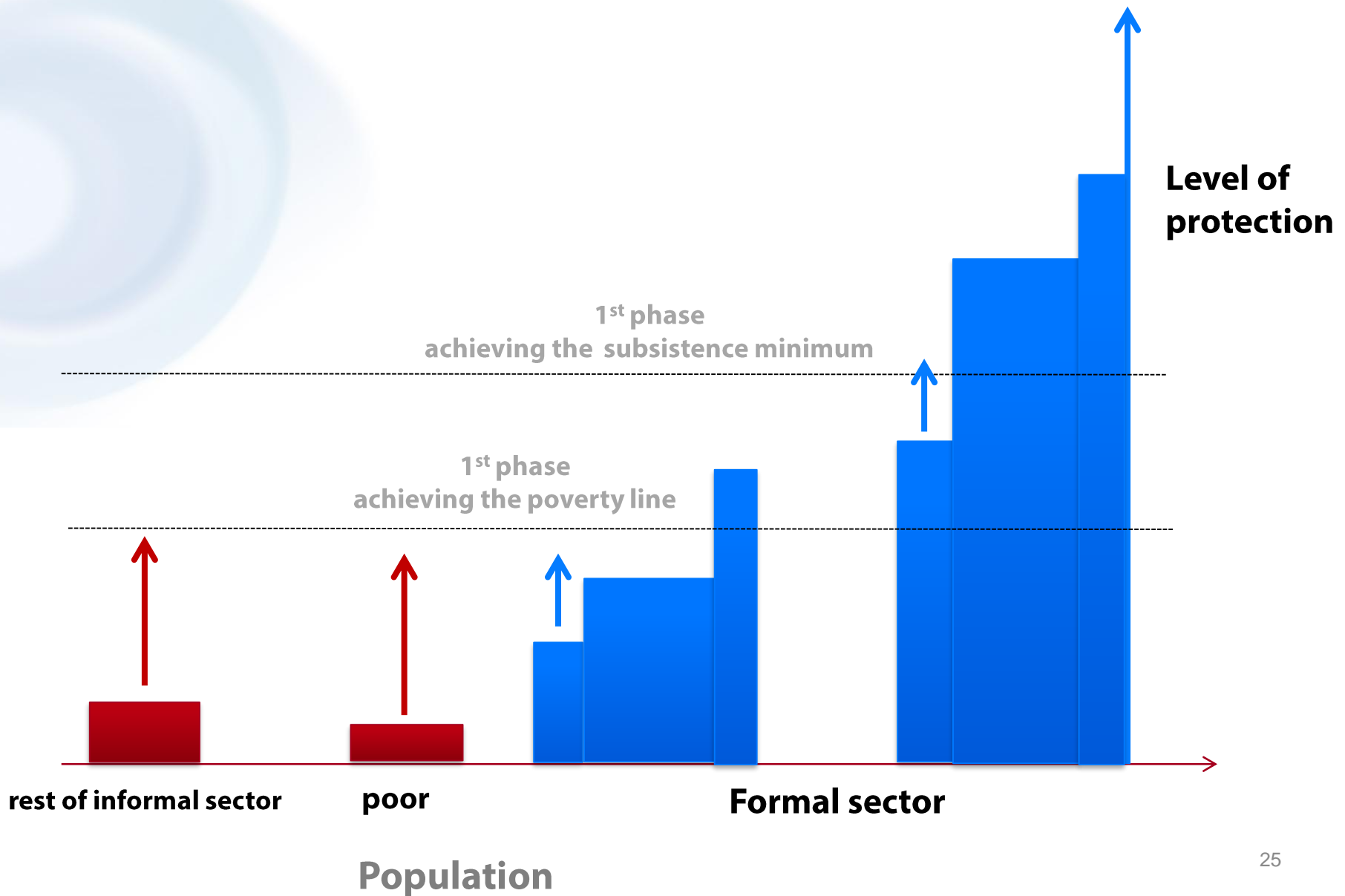
- Subsistence minimum = ?
- Basic pension amount = 156 TJS
- Minimum wage amount = 400 TJS
- Poverty line = 158.71 (2014)

123.57 TJS / month (food part) + 35.14 TJS (not food part) =

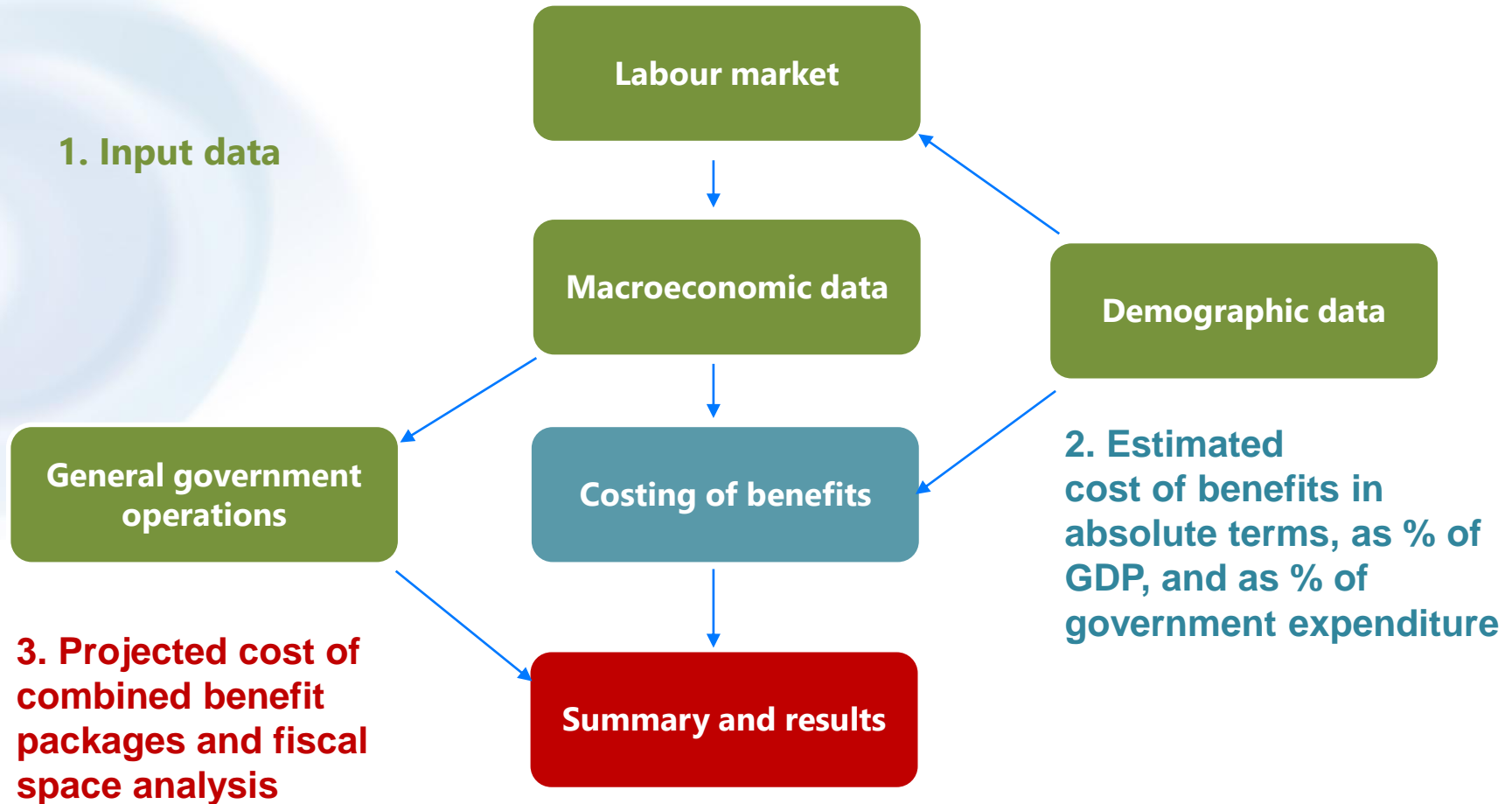
158.71 TJS / month (overall poverty line)

Or can other indicators

Social protection floor



Step 2: Rapid Assessment Protocol



- 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

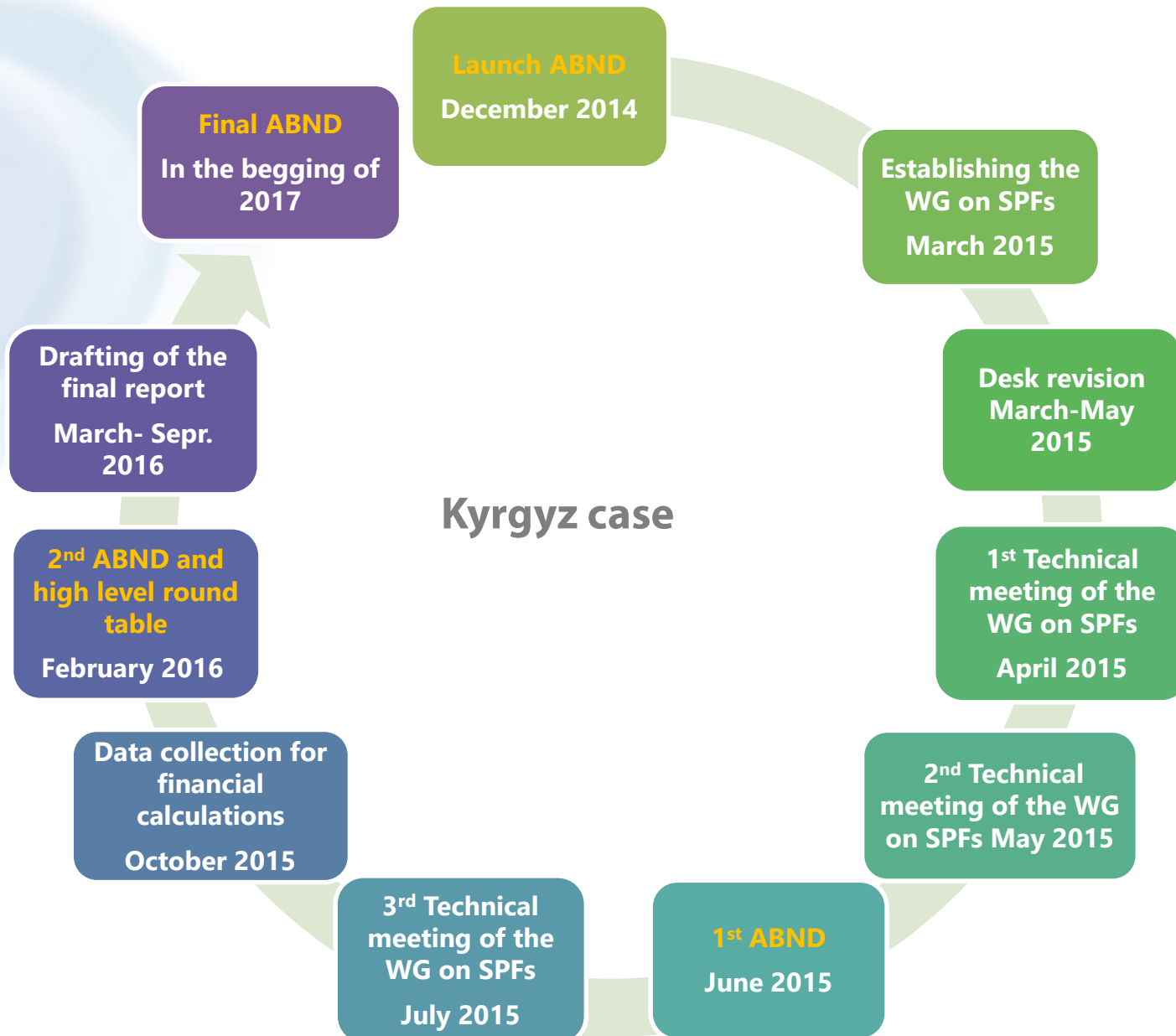
B

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

C

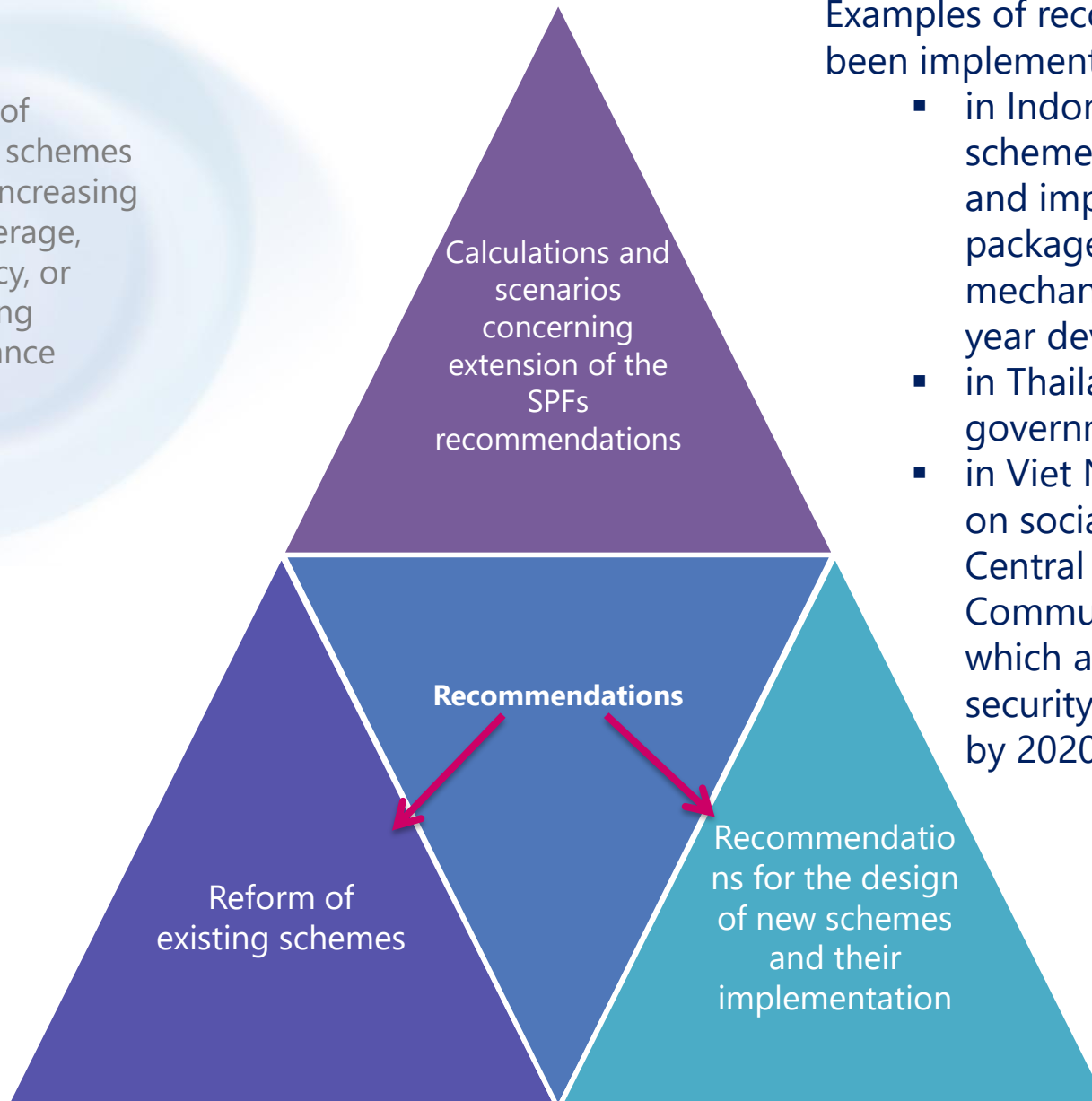
Government may endorse some recommendations and conduct the full-fledged design studies of the proposed schemes or measures

ABND SPFs steps in Kyrgyzstan



Expected ABND's results

Reform of existing schemes means increasing the coverage, adequacy, or improving governance



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



National dialogue

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



1st 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

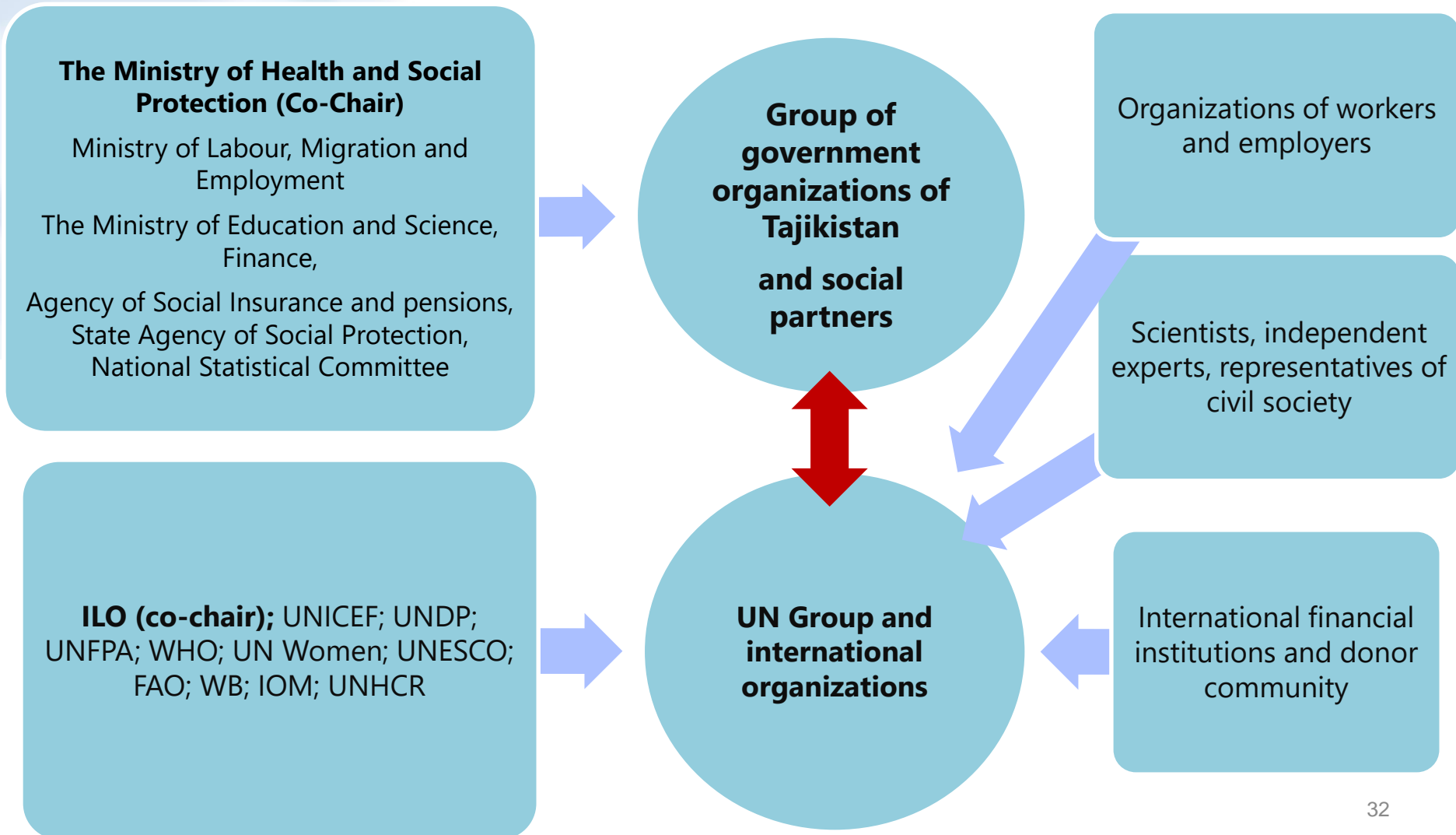
Civil society, NGOs, academia and independent experts

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



ABND's proposed way of cooperation in Tajikistan

2 levels of cooperation

1

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



Technical WG
Specialists and experts

2

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



High level WG
Policy makers and administrators of the
government organizations and other high
level officials



The proposed steps in Tajikistan

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

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

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)

6. Finalization of the Assessment Matrix (October 2017)

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

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

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

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



National dialogue

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

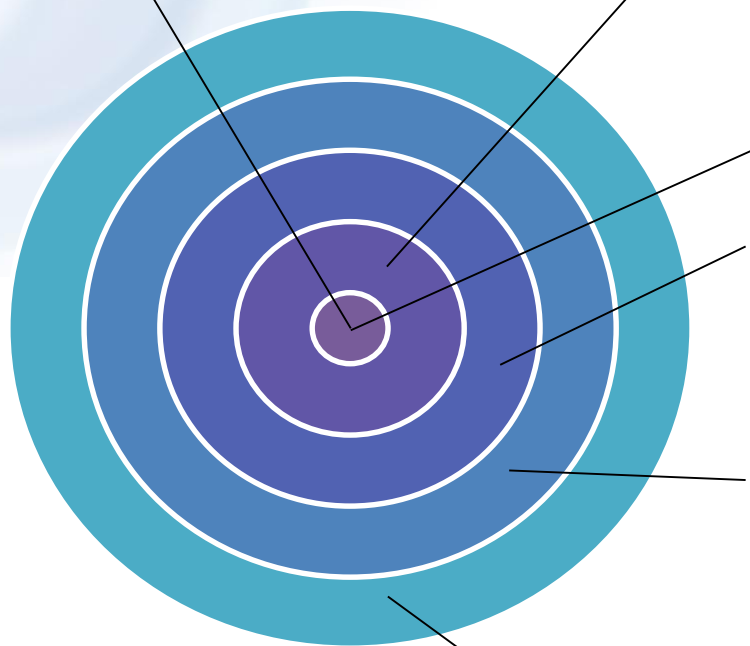
ABND:

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

Assessment Based National Dialogue in the Republic of Tajikistan

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ASSESSMENT BASED NATIONAL DIALOGUE (ABND) IN THE REPUBLIC OF TAJIKISTAN >

This workspace aims to manage the Assessment Based National Dialogue (ABND) project in the Republic of Tajikistan and to share information on the process and results.

Social Protection (SP) ABND is the implementing tool for improving national Social Protection Floors (SPF) by identifying what elements of national SPFs are in place or missing in the country. SP-ABND in the Republic of Tajikistan assesses the policy gaps and obstacles for implementing social protection schemes through national dialogue process with the participation of multi-stakeholders in the country, such as the government, social partners, civil society, the UN agencies, donor community etc.

The strategy of technical assistance in Tajikistan consists of two components: technical advice on policy formulation and capacity building.

The ABND in Tajikistan has three steps: (1) preparation of an ABND assessment matrix, (2) converting recommendations into optimal policy options and costing, (3) finalization of the findings and submission of the report to the high level working group members, including policy makers.

SP-ABND will be used as a driving force to enhance participatory multi-stakeholder national dialogues to determine the main national priorities on social protection with mid/long-term perspectives.



CONTENT

[Main page](#)[Meetings](#)[SECTION](#)[Resources](#)[News & Events](#)[ABND Launch](#)[First ABND](#)[Second ABND](#)[Third ABND](#)

The Launch of the ABND in the Republic of Tajikistan was held on 9 February 2017, at Serena Hotel, Rudaki avenue 14, Dushanbe.

Welcoming words:

- Ms. Umarzoda Saïda, First deputy minister of Health and Social Protection of the Republic of Tajikistan (**Russian**);
- Mr. Sanginzoda Emin, First deputy minister of labour, migration and employment of the Republic of Tajikistan (coming soon);
- Mr. Gutu Viorel, a.i. UN Resident Coordinator in the Republic of Tajikistan, FAO representative (**Russian**);
- Mr. Sharipov Azizbek, Chairperson of the Employers' Association in the Republic of Tajikistan (coming soon);
- Mr. Sharifzoda Ismoil, First deputy chairperson of the Federation of Independent Trade Unions in the Republic of Tajikistan (coming soon).



Current situation in the social protection system of Tajikistan

- Mr. Yusufzoda Fahriddin, Chief of the Social Service Branch of the Ministry of Health and Social Protection of the Republic of Tajikistan (**Tajik and Russian**)

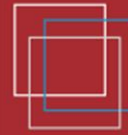
<http://www.social-protection.org/gimi/gess/ShowProject.action?id=3053>

Thank you!

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