

FEATURES OF INTRODUCTION OF COMPULSORY HEALTH INSURANCE IN THE REPUBLIC OF UZBEKISTAN

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<https://doi.org/10.5281/zenodo.7650615>

Abstract. *In recent years, Uzbekistan has been implementing measures aimed at the phased introduction of the mechanism of compulsory medical insurance (CHI). The availability of quality medical services to the population is an urgent problem not only for Uzbekistan, but also for other countries of the Commonwealth of Independent States (CIS). The CHI mechanism is already successfully operating in the Russian Federation, Kyrgyzstan and some other countries. The introduction of an effective compulsory medical insurance mechanism into healthcare will create conditions for improving the quality of medical services and the competitiveness of domestic human capital, creating favorable opportunities for its reproduction, and hence for the sustainable development of the national economy in the long term.*

Keywords: *health, measures, medical insurance, mechanism.*

The purpose of the study: To study the features of the introduction of the compulsory medical insurance mechanism in the Republic of Uzbekistan and to carry out a comparative description with the already existing mechanisms of compulsory medical insurance in other countries.

Materials and research methods. The approved Government documents in the field of compulsory medical insurance, which are necessary for a phased transition to a new mechanism for financing the healthcare system, will make it possible to implement this project with sufficient quality and efficiency.

Results. The main Government document in the field of CHI is the Decree of the President of the Republic of Uzbekistan dated December 7, 2018, No. 5590 “On comprehensive measures to radically improve the healthcare system of the Republic of Uzbekistan”. One of the objectives of the concept of this document is to improve the system of financing and organization of health care, the legislative consolidation of the volume of free medical care guaranteed by the state assistance and the phased introduction of compulsory health insurance. As well as improving the legislative framework - the development and adoption of legal acts in the field of compulsory medical insurance. The government of the republic provided for the introduction of the CHI mechanism from 2021. In order to radically reform the health care financing system, in 2020 it was planned to adopt a law on compulsory health insurance and develop organizational measures for the introduction of a new system in practical health care. As an experiment, in 2021, the CHI began to function in the Syrdarya region. From 2023, compulsory medical insurance will be introduced in Karakalpakstan, Tashkent, Samarkand, Navoi, Surkhandarya and Fergana regions, and from 2025 - in all regions of the country. For this purpose, the Compulsory Medical Insurance Fund was created under the Cabinet of Ministers, and its territorial departments will appear in Karakalpakstan, regions and Tashkent. One of the

main tasks of the Fund is the management of funds and the implementation of mechanisms for compulsory medical insurance of citizens, accounting and movement of insured persons.

The Fund will receive:

- funds received from the state budget for basic compulsory health insurance; targeted deductions from excise taxes on tobacco products, alcohol, foods high in sugar, trans fats and other unhealthy products;
- funds received from the state budget to pay compensation for the execution of court decisions;
- voluntary contributions and receipts under donation agreements of legal entities and individuals;
- grants from international organizations;
- funds received from charitable foundations, international organizations and foreign citizens;
- other income that does not contradict national legislation.

At the same time, for the provision of different types of assistance, taking into account their characteristics, different payment methods will be introduced:

- primary health care - a combined method of payment based on a per capita standard with differentiated adjustment factors that take into account regional characteristics, type of institutions, population density and other factors, the results of the quality of medical services provided;
- specialized/secondary outpatient care - a method of payment for specialized outpatient services;
- inpatient care - a method of payment for a "treated case" by clinical-cost groups with a strategic volume limitation (maximum limits) in republican, regional and district (city) medical institutions.

The presented draft Health Financing Strategy of the Republic of Uzbekistan for 2019-2025 indicates the expected results of the introduction of compulsory health insurance.

For citizens:

- increasing the degree of accessibility and quality of medical care;
- a clear separation of a single state-guaranteed volume of medical care from services involving payments from patients, the formation of a healthcare system focused on the timely and high-quality satisfaction of citizens' needs for medical services;
- improving health and increasing life expectancy;
- reducing the level of informal payments for medical services.

For society and the state:

- universal coverage of the population with medical care;
- optimization of health care costs, elimination of duplication of services by different health care providers, transparency of the health care system in terms of resource use;
- formation of a financially stable healthcare system that allows balancing the volumes and quality of medical services consumption and its financing;
- ensuring the joint responsibility of the state and citizens in the matter of health protection.

For healthcare providers:

- stable funding depending on the performance of health care providers;

- stimulating the introduction of new corporate management methods and attracting additional resources to the healthcare system;

- creation of conditions for the development of healthy competition in this environment.

To study some of the results of the introduction of compulsory health insurance in the Syrdarya region, researchers conducted a survey among the heads of medical institutions and medical workers. The survey showed that more than 55% of respondents know about the concept of CHI; about 40% of respondents know that funding for services rendered is calculated per capita at a fixed rate and more than 50% of respondents know that funding is from staff units based on the precinct principle of the attached population; 80% of respondents agree to change the method of financing medical institutions to CHI.

Conclusion. In order to organize a fair and efficient system of medical care, it is proposed to introduce such a mechanism of compulsory medical insurance, which would provide for the use of several basic insurance packages. At the same time, each insurance package should include a list of medical services that a patient can receive on a free and paid basis.

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