



HEALTHCARE FINANCING AND REFORM IN UZBEKISTAN: A CASE STUDY OF SIRDARYA REGION

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Abstract: This research examines the implementation of state medical insurance mechanisms in Sirdarya Region, Uzbekistan. The study analyzes the current state of the healthcare system, identifies challenges in implementing medical insurance, and evaluates its potential impact on healthcare accessibility, quality, and financial sustainability. The paper proposes recommendations to optimize the insurance scheme, ensuring equitable coverage, efficient resource allocation, and improved health outcomes for the region's population. By understanding the experiences and lessons learned in Sirdarya, the research contributes to the broader discourse on healthcare financing and reform in Uzbekistan.

Keywords: state medical insurance, healthcare, Sirdarya Region, Uzbekistan, healthcare financing, healthcare accessibility, healthcare quality.

Introduction: The healthcare sector is a cornerstone of any developed society, directly impacting the well-being and productivity of its citizens. In recent years, Uzbekistan has embarked on a transformative journey to reform its healthcare system, with the introduction of state medical insurance being a pivotal component. This study focuses on the implementation of these mechanisms in the Sirdarya region, analyzing the progress made, challenges encountered, and potential avenues for future development.

Sirdarya, as a pilot region for the state medical insurance system, offers a valuable case study to understand the intricacies of this reform. By examining the regional experiences, it is possible to identify both successes and areas for improvement, thereby informing the broader national policy on healthcare financing.

This research will delve into the specific context of Sirdarya, exploring factors such as population demographics, healthcare infrastructure, and economic conditions. It will assess the impact of state medical insurance on access to healthcare services, the quality of care provided, and the financial sustainability of the system. Furthermore, the study will identify potential challenges and propose recommendations to optimize the implementation of state medical insurance in Sirdarya and other regions of Uzbekistan.









Ultimately, this research aims to contribute to the ongoing discourse on healthcare reform in Uzbekistan, providing evidence-based insights for policymakers and healthcare professionals to enhance the effectiveness and equity of the state medical insurance system.

Material and research methods: To achieve these goals, the following methods are used:

Data analysis: review of legislation, political and official reports related to state health insurance in Uzbekistan.

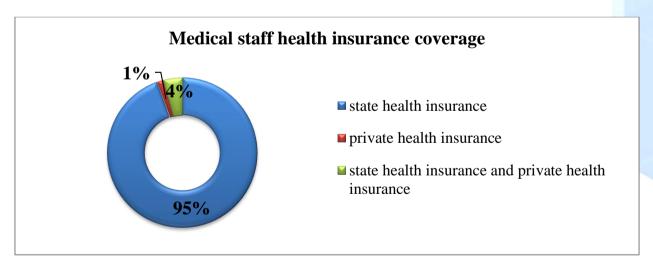
Field research: interviews with key stakeholders in Syrdarya region, including politicians, health workers and patients.

Quantitative analysis: using data from the state health insurance fund and health facilities to assess the impact of public health insurance on various indicators.

Comparative analysis: comparing the experience of introducing state health insurance in Syrdarya region with other regions or countries with similar systems.

Results: All of the medical workers who participated in the survey answered that they have health insurance, of which 95% said that they had public health insurance, 1% had private health insurance, and 4% had both types of insurance (1 - pic.).

Non-medicals who participated in the survey answered that they have health insurance, of which 83% said that they had state health insurance, 3% had private health insurance, 13% no health insurance and 1% had both types of insurance (2-pic.).

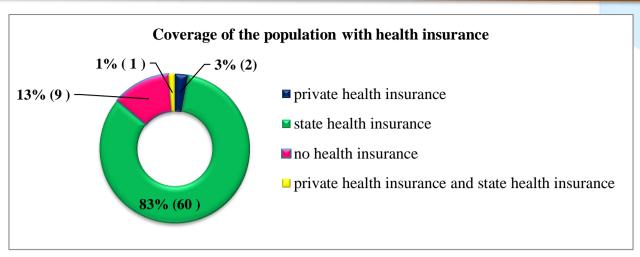


A diagram showing the coverage of health care workers by different health insurance services in the health care system (1-pic.).









A chart showing the extent to which the population is covered by different types of health insurance in the health care system (2-pic.)

During the survey related to scientific work, the following results were obtained from the survey participants as background information: on average, 71.4% of the population of the province has a family doctor who can be contacted for periodic medical examinations and in case of health problems and 62.2% of the region's population turn to primary health care institutions for various medical services. 93.6% of the province's population admitted to having state health insurance. Of these, 47.86% are satisfied with medical insurance, 38.6% are neutral, and 99% of medical workers believe that medical insurance is necessary for medical workers. It turned out that 24.4% of medical workers in the province have sufficient knowledge about public health insurance, 57.2% have a general understanding of health insurance, 18.4% do not know about health insurance at all and want to learn more. To improve the quality of medical insurance and medical care in our republic, 18.6% of 140 respondents made proposals to increase the number of qualified (narrow) specialists and attract them to primary health care institution, 20% made proposals to increase salaries and status of medical workers, reduce drug prices and strengthen control over them, 26.4% expressed proposals to improve the quality of medical care provided to the population, 35% were in favor of the percentage who did not make an offer.

Practical recommendation: As a solution to the problems in the field of medical care for the population in the republic and the Syrdarya region and the successful implementation of state medical insurance are:

- increasing the authority of family doctors, empowering them, teaching teamwork skills, freely attaching the population to polyclinics;
- organization of pre-medical examination rooms, staffing of medical teams,
 phased transfer of the workload of family doctors to practicing and patronage nurses,
 midwives, full adjustment of the activities of medical teams;











- provision of high-quality medical services to the population within the framework of a guaranteed package by medical teams in family clinics;
- identification of risk factors among the population based on clinical protocols, continuous monitoring of quality and results, establishing integration with other services;
- referral system, service packages and continuous monitoring of results, establishment of a system of contracts with hospitals, including with non-governmental medical organizations;
- conducting comprehensive explanatory work among medical workers and the public not only about state medical insurance, but also about other types of medical insurance, organizing various seminars, round tables and events, including training medical workers in "thematic professional development" courses in advanced training centers in order to increase their knowledge about medical insurance.

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