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PECULIARITIES OF THE MANDATORY HEALTH INSURANCE SYSTEM IN CENTRAL ASIAN COUNTRIES: UZBEKISTAN, KAZAKHSTAN, TAJIKISTAN AS AN EXAMPLE

Submission Date: April 20, 2023, **Accepted Date:** April 25, 2023,

Published Date: April 30, 2023

Crossref doi: <https://doi.org/10.37547/ijhps/Volume03Issue04-02>

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ABSTRACT

This article discusses the mandatory health insurance system in Central Asian countries, its peculiarities, organization, and legislative processes. Also, special attention was paid to the introduction and formation of the medical insurance system in Central Asian countries such as Uzbekistan, Kazakhstan, and Tajikistan. In addition, the role of mandatory medical insurance in the development of the health care system is discussed.

KEYWORDS

Medical services, insurance policies, health insurance, medical institutions, contributions.

INTRODUCTION

According to the decision of the President of the Republic of Uzbekistan Shavkat Mirziyoyev "On measures to further develop the private sector in the field of health care", the concept of the draft law "On Medical Insurance" in the republic is planned. [1] It was noted that from 2021, Uzbekistan will gradually introduce a compulsory health insurance system and develop relevant laws and regulations with the help of

international consultants from South Korea, Singapore, and Germany. This law stipulates that the coverage of every citizen by the medical insurance system is general and mandatory, as is their equal right to medical and preventive services, as well as a guarantee of high-quality medical services in accordance with the insurance policy.

It is no secret that the prices of medical services have been increasing in recent years. In such a case, the non-rich segments of the population may not have the financial opportunity to use highly qualified medical services. One of the main goals of compulsory health insurance is to create the same opportunity for everyone to use medical services, eliminating this problem. The introduction of comprehensive mandatory medical insurance in the countries of Central Asia will lead to an increase in the quality of medical services and, in turn, will allow citizens to fully exercise their right to use qualified medical services. Simply put, compulsory medical insurance is used to prevent the risk of not being able to pay a large amount of money for medical services at once in cases where the citizen's health deteriorates.

In order to introduce mechanisms specific to market relations in the healthcare system of Uzbekistan and ensure high-quality satisfaction of the population's need for medical services, the government of the republic carried out complex activities. However, ensuring the efficient use of state budget funds in the financing of healthcare facilities requires the use of financing sources used in international practice in Uzbekistan. Due to this, the introduction of a mandatory medical insurance system in Uzbekistan is considered a necessary need.

Although there are many specific positive aspects of the implementation of medical insurance in Uzbekistan, statistical information on the implementation of medical insurance in the insurance market of Uzbekistan is not available from the press or published on the insurance companies websites, and this situation weakens interest in health insurance. On the contrary, it is necessary to strengthen the demonstration to the public on Internet sites, through various portals, and through the press.

Item 160 of the 2019 State Program of Uzbekistan on "Introduction of Compulsory Medical Insurance" specifies specific tasks. According to this, the Ministry of Health should submit a bill to the Legislative Chamber on July 1, 2019. It envisages the gradual introduction of mandatory medical insurance from 2021 to 2025. Insurance is carried out in three stages:

1. In the short term, the preparatory stage (2019–2021)
2. In the medium-term perspective, the initial stage of introducing mandatory medical insurance for employees of state and private organizations (2021–2023)
3. Phase of expanded introduction of long-term compulsory medical insurance—insurance coverage for all segments of the population (2023-2025)

The drafting of the law is based on the positive experience of South Korea and Turkey, and local doctors, insurers, financiers, etc. and WHO experts participated in its preparation. [2]

Health insurance in Kazakhstan is mandatory for all citizens of the country. It is provided through the National Compulsory Health Insurance (CHI) system, which was introduced in 1997. Within the framework of compulsory medical insurance, citizens of Kazakhstan have the right to receive free medical care in state medical institutions. At the same time, private medical clinics and hospitals may provide services for an additional fee.

CHI covers most medical services, including doctor's consultations, laboratory tests, procedures, surgeries, and medications. However, some services, such as cosmetic surgery and certain types of medications, are not covered by the CHI. Insurance contributions to compulsory health insurance are paid by the state, employers, and citizens. The amount of insurance

premiums depends on wages and other factors. There is also additional health insurance provided by private insurance companies. It may cover additional services and drugs, as well as provide a higher level of service in private medical institutions.

The legislation of the Republic of Kazakhstan on compulsory social medical insurance stipulates the following:

1. The legislation of the Republic of Kazakhstan on compulsory social health insurance is based on the Constitution of the Republic of Kazakhstan and consists of this Law and other regulatory legal acts of the Republic of Kazakhstan.
2. If an international treaty ratified by the Republic of Kazakhstan establishes other rules than those contained in this Law, then the rules of the international treaty shall apply.
3. Legal relations regulated by the legislation of the Republic of Kazakhstan on compulsory social health insurance are not subject to the legislation of the Republic of Kazakhstan on insurance and insurance activities.[3]

The principles of compulsory social medical insurance include compliance and implementation of the legislation of the Republic of Kazakhstan on compulsory social medical insurance, compulsory payment of contributions, joint responsibility of the state, employers and citizens. Also, the availability and quality of the provided medical care, the use of the fund only for the provision of medical care in the mandatory social medical insurance system, and the transparency of the fund's activities are also important.

Health insurance in Tajikistan is a fairly new phenomenon and is under development. Currently,

there are several health insurance companies in Tajikistan that offer various types of health insurance for individuals and legal entities. Many government organizations and large companies provide health insurance to their employees. However, the bulk of the population of Tajikistan still does not have health insurance. In general, health insurance in Tajikistan covers basic medical services such as doctor's consultations, hospital treatment, diagnostic tests, etc. However, coverage may differ depending on the selected insurance program and the terms of the contract.

Despite the fact that health insurance in Tajikistan is at an early stage of development, its importance and demand for it is constantly growing. The purpose of compulsory health insurance is to guarantee the provision of insured citizens of the Republic of Tajikistan with high-quality medical and sanitary services and medicines within the framework of the compulsory health insurance program. The objectives of compulsory health insurance are:

- improving the access of insured persons to health care services within the framework of the compulsory health insurance program;
- targeted and rational financing of medical and sanitary services, drug provision in the system of compulsory medical insurance;
- quality management of the provided medical and sanitary services, drug provision in the system of compulsory medical insurance;
- protection of the rights and interests of insured persons when receiving medical and sanitary and other services in the field of healthcare in accordance with the programs of compulsory medical insurance. [4]

Ensuring equal rights to health services within the framework of the compulsory medical insurance

program, regardless of the social status of the insured person and the amount of the contribution, compulsory medical insurance based on contracts between the subjects of compulsory medical insurance regulation of relations in the system, transparency of compulsory medical insurance budget execution in front of contributors and ensuring legal protection of insured citizens are defined as the main principles of compulsory medical insurance.

In conclusion, medical insurance not only guarantees the health of the population, but also can be an opportunity to positively solve some issues such as the material and technical base of medical institutions, corruption, bureaucracy, queues and lack of personnel. In Central Asian nations, mandatory health insurance is a relatively recent idea, and how it is implemented varies.

In Kazakhstan, mandatory health insurance was implemented in 1997 with the goal of ensuring that all citizens had access to healthcare. The system, which provides coverage for a variety of services like as outpatient and inpatient treatment, diagnostic tests, and medications, is supported through payments from companies, employees, and the government. In 2016, a Social Health Insurance Fund was established to become the strategic purchaser of publicly paid health services. The fund began collecting insurance premiums from employees and employers in 2017. It was originally supposed to begin reimbursing medical services provided under the health insurance scheme in January 2018. [5] In Tajikistan, compulsory health insurance was implemented in 2017 with the goal of raising the standard of medical care and lowering patients' out-of-pocket costs. The system, which pays for a variety of services like primary care, hospitalization, and pharmaceuticals, is supported by contributions from businesses, workers, and the

government. There is no mandated health insurance system in existence and the government mostly provides healthcare in Turkmenistan and Uzbekistan. To improve the caliber and accessibility of care for their populations, both nations, however, have recently taken moves to overhaul their healthcare systems.

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