

CONCEPTUAL APPROACHES TO PUBLIC HEALTH PROTECTION IN THE REPUBLIC OF UZBEKISTAN

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"People should trust health workers"

Shavkat Mirziyoyev

This article discusses the problems and main directions of improving the insurance market of the Republic of Uzbekistan. Today, the insurance market is one of the priorities in the country's economy. Uzbekistan pays attention to the development of health insurance, which once again underlines the importance of developing the insurance market. The insurance industry is undergoing significant transformations aimed at creating a new financial and economic system with multiple growth points. Therefore, the state develops not only a strategy for its socio-economic development, but also key strategic directions, which include the macroeconomic processes of insurance development, which play a crucial role in the domestic and global economy.

Keywords: Insurance, sphere, medicine, activities, law.

The formation of the social insurance system is a complex problem, the solution of which will depend on the level of economic development of the country and its social policy, on the role of the state in the economy and its relations with citizens. The most complete and well-founded understanding of social insurance as a mechanism that ensures the receipt of social payments in the event of certain events in exchange for periodically made deductions from the employee's earnings is set out in the work "Social Insurance and Allied Services" by W. Beveridge, whose ideas formed the basis of many documents on labor organization and were developed in the works of as A. Atkinson, J. Brittain, E. Berkowitz, R. Ball.

Since Uzbekistan pays great attention to the protection of human rights and interests, health insurance is also important. "Reforming the healthcare sector is one of the important areas of state policy," Shavkat Mirziyoyev said. The President noted the work carried out in the country to improve the level and quality of life of people, protect motherhood and childhood, raise a healthy and harmoniously developed generation, and improve the quality of medical services. Then he elaborated on the problems that were waiting to be solved. Special attention was paid to the activities of rural medical centers. Human dignity is a moral category that expresses personal value as a person's attitude to himself. The dignity of a person is primarily a state of his morals in unity

with a sense of freedom of the spirit. This is a high level of self-awareness. A comparative analysis of international documents, foreign and Uzbek legislation of the last decade shows that the idea of human dignity is given a significant place. The Convention for the Protection of Human Rights and Human Dignity in relation to the Use of Biology and Medicine of 4 April 1997, as well as the UN Universal Declaration on the Human Genome and on Human Rights of 11 November 1997, guide all States to take the necessary measures for the legal protection of human dignity. The constitutions of post-socialist states have explicitly established this thesis. Thus, the Basic Law of Germany (Article 1) states: "Human dignity is inviolable. It is the duty of all state authorities to respect and protect it"¹. The Polish Constitution (Article 30) states: "Natural and inalienable human dignity is the source of human and civil liberties and rights. It is inviolable, and it is the responsibility of public authorities to respect and protect it." National legislation has taken a significant step forward from the centuries-old rejection of human rights as a real independent value, as natural and inalienable, to their recognition and normative consolidation in the highest constitutional order. After all, Uzbekistan has declared the Year of Ensuring the Interests of People and the Development of mahallas. The insurance market plays an important role in the country's economic system. In Uzbekistan, the insurance market is in the process of formation: legislative regulations and requirements for market participants are being improved, an insurance infrastructure is being formed, a number of mandatory types of insurance are expected to be introduced, and key figures of the insurance market are being identified.

Insurance as a legal institution of civil law has ancient roots, mediating certain socio-economic relations, the essence of which is to compensate for damage caused by natural disasters and other emergencies on the basis of its solidarity distribution among all interested entities. Insurance began to be formed already in the period of decomposition of the primitive communal system, when the emergence of social division of labor, natural exchange, private property, the development of commodity-money relations gave rise to fear "of property owners for its safety, for the possibility of destruction or loss due to natural disasters, fires, robberies and other unforeseen dangers. Our country is actively developing a regulatory framework for regulating the insurance market, focusing on the current legislation of countries with which economic cooperation is established. At the same time, at the current stage of reforms, the active development of financial services aimed at ensuring stable economic growth, improving the quality and standard of living of the population, leads to the strengthening of the role of the insurance market and the widespread use of insurance instruments in the republic.

The main goals of health care reform in the Republic of Uzbekistan are to preserve human health, prevent the development and spread of diseases, as well as an inclusive aspect (medical support for disabled people), since health is of particular importance

in the system of human values, and if it is lost or significantly worsened, everything else no longer makes sense.

The health of the population significantly affects the processes of economic, social and cultural development of the country, the demographic situation and the state of national security, and is also an important social criterion for the degree of development and well-being of society.

The choice of models for reforming the healthcare system in Uzbekistan is focused on modern public needs and compliance with international norms and standards. Over the past three years, more than 160 regulatory documents in this area have been adopted. These regulatory documents involve the introduction of advanced medical techniques, innovative developments and scientific discoveries, a radical revision of the entire system as a whole, and the application of WHO recommendations.

As a result, important changes are taking place in all parts of the healthcare system. Starting with primary care and ending with specialized centers, new technologies are being introduced everywhere, and the achievements of modern medicine are widely used. These changes are based primarily on the Decree of the President of the Republic of Uzbekistan "On comprehensive measures to radically improve the health system of the Republic of Uzbekistan" dated December 7, 2018. This decree approved the Concept for the Development of the Health System of the Republic of Uzbekistan for 2019-2025 and the Program of Measures for the implementation of the Concept for the Development of the Health System of the Republic of Uzbekistan in 2022-2026. годах.

In some countries, health care reform took many years: in France-60 years, in the Republic of Korea-40, Turkey reformed its health care system for 10 years. And in Uzbekistan, the goal is to reform healthcare within 7 years, by 2025. The transformation focuses on optimizing approaches to people's health, ensuring coverage, accessibility and quality of health care.

Comprehensive measures also include the development of a Health code, laws on transplantology, reproductive health, public-private partnership, mandatory health insurance, and a healthy lifestyle. Development of private healthcare, public – private partnership and medical tourism, creation of favorable conditions and improvement of the competitive environment for broad attraction of investments in the healthcare sector are ahead.

According to Lian Kuppens, Head of the WHO Office in Uzbekistan, "the development of this multi-stakeholder health reform included a detailed analysis of the situation, challenges and achievements in the past and became a tool for determining the next steps to achieve universal health coverage in Uzbekistan. The main goal is to reach out to everyone in the country to improve their health and well-being. This is extremely important. We were a key partner in the development of the

Concept and engaged international experts and consultants to ensure compliance with international criteria."

In this direction, the models of health insurance developed in the world, in particular, in Azerbaijan, Germany, Israel, Kazakhstan, Kyrgyzstan, Latvia, Norway, Russia, Singapore, Turkey, France, Estonia, South Korea, and Japan, are studied. The Korean budget model of compulsory health insurance was chosen, which is currently evaluated as optimal.

In the Republic of Korea, there is public health insurance and charitable insurance. The first covers almost 96 percent of the country's population, while the charity is mainly aimed at low-income and unemployed citizens. Based on this approach, employment levels, tax rates, and monthly incomes of the population were studied, and on this basis, the possibilities of using modern information technologies in medical institutions, the system of contracts with public and private medical institutions, the volume of guaranteed services, and the creation of a payment system per capita and per patient were determined.

Among the positive effects of implementing the health insurance system are: improving the quality and volume of medical services provided to the population; reducing the likelihood of spreading dangerous diseases and increasing the average life expectancy of the population; developing the insurance market due to the appearance of new insurance products; updating the ambulance fleet; improving the supply of medicines to medical institutions; gradually increasing the salaries of medical staff.

Compulsory health insurance is an integral part of State social insurance and provides insured citizens with equal opportunities to receive medical care provided at the expense of compulsory health insurance funds in the amount and under conditions corresponding to compulsory health insurance programs. This type of health insurance is controlled by the state, characterized by non-profit, payment of insurance premiums by both employers and employees.

The introduction of compulsory health insurance involves competition for each patient between public and private medical institutions. In this regard, three principles of compulsory health insurance are used: universality, statehood, and non-commercial nature. You can supplement this list with the principle of "mandatory". Compulsory health insurance provides insured citizens with equal opportunities to receive medical care.

This system does not link the patient only to one of the medical institutions. If you have a health insurance policy, a citizen can be treated in any clinic in the country, get advice from any doctor. Such issues as contacting a specialized center that corresponds to the disease, making an appointment with a doctor, and finding the necessary medications are easily solved.

The health insurance system makes the payment system for medical services rendered dependent on the preferences of the consumer, because only he decides where to go and how much to pay. The system of compulsory health insurance can include not only public clinics, but also private ones, which leads to increased competition between them, which implies the absence of corruption.

At the same time, it should be borne in mind that the novelty of the health insurance system at the first stages will bring certain inconveniences until it is adjusted and transformed into the realities of our life and into the framework of the existing infrastructure, which is a normal adaptation period for any innovation process.

Starting from 2021, the system of compulsory health insurance is planned to be implemented in our country in stages. At the first stage, electronic cards are introduced in all medical institutions in the Syrdarya region Health Management system. The second stage in 2023 will cover the Republic of Karakalpakstan, Tashkent, Samarkand, Navoi, Surkhandarya and Ferghana regions, and the third stage will cover all of Uzbekistan from 2025.

Voluntary health insurance-is designed to cover the employee's expenses related to receiving consulting, medical and other assistance in the best clinics of the Republic Uzbekistan, in case of acute illness, exacerbation of a chronic disease, or other health disorder.

Since 2021, an experiment is underway to introduce compulsory health insurance in the Syrdarya region, from 2023 it will be introduced in Karakalpakstan, Tashkent, Samarkand, Navoi, Surkhandarya and Ferghana regions, and from 2025 – throughout the country.

A Compulsory Health Insurance Fund has been established under the Cabinet of Ministers. Its territorial administrations will be established in Karakalpakstan, regions and Tashkent. One of the main tasks of the Fund is to manage funds and implement mechanisms for compulsory medical insurance of citizens, accounting and movement of insured persons.

The priorities, nature and methods of regulating the insurance business are determined by specific stages of economic development, their goals and objectives. Identifying the functional areas of regulation of the insurance market with appropriate mechanisms and criteria will make it possible to conduct a comprehensive analysis that characterizes the level and state of the national insurance business and its development potential. For the transition to new forms and methods of participation of the national insurance market in international integration processes, it is necessary to develop specific organizational and legal mechanisms for insurance intermediation, improve the quality of insurance services and promotion to consumers, and more clearly define the conditions for the activities of insurance brokers and insurance agents. This will allow for an accurate assessment (financial, technical) of the insured risks, the amount of damage caused as a result of the occurrence of an insured event,

and creates objective conditions for involving insurance market participants (brokers, agents) in compulsory insurance schemes, especially in cases involving insurance of large risks. To do this, it is necessary to clarify the legal basis for the activities of insurance market participants (emergency commissioners, adjusters, underwriters, surveyors, dispatchers, etc.), as well as the activities of insurance brokers and insurance agents.

The formation of the modern insurance services market is associated with the introduction of insurance information technologies that ensure the reliability and transparency of financial activities conducted by professional participants, and the improvement of the accounting system for insurance operations.

An essential attribute of a developed insurance market is a high professional level and qualification of the personnel of the insurance market. Training of highly professional personnel potential of the insurance market requires: first, unified training programs, retraining and professional development of insurance organizations' specialists; second, research and educational centers for training of personnel potential; third, active use of international programs and international experience.

Conclusion

Ensuring guarantees of a happy and prosperous life, protecting the rights and freedoms of citizens are priority areas of the state's policy.

Further improvement of public health protection, ensuring their satisfaction with the activities of the medical system is our most important task, the President of our country said.

Large-scale work is being carried out in the healthcare system. A number of Presidential decrees and resolutions on the development and fundamental reform of this sphere were adopted. The priority areas of the work carried out are defined as the activities of primary health care, emergency and emergency medical care, specialized medical services, private medicine, reproductive health protection, and others.

In conclusion, it should be noted that the introduction of the MHI mechanism **at the first stages** should be carried out at the expense of funds received from current taxes, deductions and fees (personal income tax, excise tax on domestic products, social tax, etc.). In this case, it will not affect the growth of the tax burden on the activities of legal entities and individuals and will contribute to the legalization of the activities of legal entities and individuals.

The general principle of financing compulsory health insurance expenses at the first stage is as follows. Part of the budget funds (30%), which was previously distributed directly to medical institutions, should be transferred to the insurance company, which will, if necessary, pay for the treatment and accommodation of the employee in case of temporary disability.

It should also be emphasized that insurance of risks in healthcare will clearly distribute responsibility for the health of each citizen between the state and the population, increase the responsibility of medical institutions for the quality of medical services provided, create a transparent system for attracting funds to the healthcare system, and streamline public spending on medical services provided. Social insurance can be defined as a system of relations for the redistribution of national income to compensate for the loss of labor income or its maintenance, due to the action of certain universal social risks, from special insurance funds formed at the expense of mandatory insurance contributions of policyholders – employees and employers.

Secondly, one of the main directions of market-based health insurance reform is the development of voluntary health insurance, which should be implemented on the basis of a modular concept that includes: additional medical services; additional resource support; additional medical technologies; additional quality guarantees. A modular approach to the composition of insurance products will allow you to create insurance programs, giving them the value of long-term comprehensive plans that are coordinated in terms of volumes, terms, quality and performers.

Also, compulsory health insurance in its current form cannot be a reform tool, due to the fact that it lacks its essence - insurance mechanisms. It all boils down to the creation of funds and insurance companies that provide the population with policies, but without providing the necessary range of medical services, and the distribution of budget funds by expenditure items occurs through intermediary organizations.

From the whole variety of existing types of insurance, Voluntary Health Insurance can be effectively used as elements of the personnel motivation system.

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