

Public Financing of The Health Care System: Problems and Opportunities

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Abstract

The article presents the theoretical and methodological aspects of the state's approach to the financing of the health care system, the analysis of the reforms implemented in the health care sector in Uzbekistan today, and ways to improve the financing of the health care system from the state budget. Also, in the new Uzbekistan conditions, based on theoretical and practical information, the effectiveness of financing the health care system, the current state and analysis of the use of financial resources are shown.

Key words: health care, medicine, state budget, financing.

Introduction

The state of the health care system is of great social and economic importance for every country. Today, the problem of human health is one of the most important scientific and social problems, that is, global problems [1]. The level of human health is taken into account in the national income, as well as in indicators such as labor potential and resources. As a result, human health appears as an integral indicator describing the efficiency of the entire system of production relations. The currently achieved macroeconomic stability makes it possible to improve the efficiency of the use of resources in the budget sector, including in the health sector.

The country's perspective, strength, prestige and potential before the world community depend on the health, family harmony, material and spiritual well-being of its citizens. In the years after the decision of independence in our republic, certain works aimed at the social protection of citizens and strengthening their position in society were carried out. In the process of social and economic reforms taking place in our country, health care reform occupies a special place.

Literature review

Today, man and his well-being have become another goal of socio-economic development of any country. Strengthening the health of the population and improving the well-being of the people is one of the priority goals of the policy being conducted in our country.

In this regard, N. Kabanova in her research emphasizes that the role of the state in the traditional form of financing investments in human capital is important [2].

The fact that there are specific aspects of the state budget regarding the financial provision of the system has been reflected in research. In turn, A. Oganessian divides the sources of financing the health care system into three, in particular, private, compulsory insurance and state budget funds are among them. In particular, he notes that it is not possible to determine the consumption volume of medical services, like other goods and products, based on the existing demand and supply, taking into account people's ability to pay [3]. Therefore, it is concluded that the provision of medical services is based on the principle of convenience and equality, not from the point of view of economic efficiency, but from the point of view of social justice.

At the same time, the specific importance of the state budget is reflected in the functions that the state must perform. "Relying on the distribution function of the budget, the state forms the centralized financial resources at its disposal and provides monetary resources for public consumption with its help. In the process of distribution and redistribution of financial resources, healthcare institutions are financed from the budget" [4].

This issue is analyzed in the research work of O. Rayimberdieva, the structure and sources of financial resources of health care institutions, the specific features of their planning, organization of spending, and promising directions of financial provision of the health care system were determined [5].

Some authors prefer that India's health care financing system is both a cause and a contributor to the problems of health inequity, inadequate access and coverage, unequal access, and poor quality and costly healthcare services [6]. Low per capita health spending and insufficient government spending result in one of the world's highest proportions of private out-of-pocket spending.

In the work of G. Kosimova, the issues of reimbursement of health care expenses during the financing of socio-cultural events from the state budget were studied [7].

In her scientific research, N. Shanasirova considered the organization of internal audit in the healthcare system in Uzbekistan, the differences between internal and external audit, and the procedure for developing and solving a number of methodological and organizational-technical tasks in the implementation of internal audit [8].

The financing policy of healthcare institutions studied by N. Jumaev and D. Rakhmonov is based on the formation of financing principles and goals depending on the functions of the healthcare system

and the evaluation of the effectiveness of the financing result indicators [9].

In the scientific work of I. Jakhongirov, the leading countries emphasized the expansion of coverage of the population with free medical care, methods of distribution of funding sources and funds, increasing the efficiency of the health care system and the rational management of it in order to eliminate the duplication of costs [10].

In their article, W. Plummer and M. Boyle argue that there are lessons that can be learned from other countries such as Thailand, Cambodia and Vietnam to improve health financing in Indonesia [11].

Analysis and results

As a result of the evolutionary change of institutional and economic incentives in the financing of the health care system, there is a need for effective allocation of financial resources to achieve higher goals. On the other hand, in the implementation of the practice of financing health care institutions at the expense of state funds, it is important to clearly theoretically justify its purpose, functions, principles and methods of allocation of funds.

The modern healthcare system cannot be financed out of the patients' own pockets. The mismatch between individual resources and health care needs dictates that the costs of individual care must be covered largely by the pooled contributions of groups [12].

Health care system as a part of the social sphere, its prospects and development are reflected by the level of economic relations and financial support of its institutions in the implementation of their functions. Therefore, the health care financing policy is one of the main factors that motivates the further improvement of this system.

During its activities, the World Health Organization allocates funds for the following (percentage of the total budget) [13]:

- for the purpose of carrying out medical and sanitary measures (53 percent);
- effective support of member countries (21 percent);
- delivery of various programs and medical devices in health care (13 percent);
- health determinants (11 percent);
- reserve fund (2 percent).

It can be seen that in the implementation of medical-sanitary services in international practice, a significant share of costs is contributed by non-private sources.

According to the data of the World Health Organization, 50% of the emerging diseases are caused by people's lifestyle, and 15-20% are caused by the activities of medical institutions [14].

In our opinion, although there are differences in the approaches to the financing of the health care system, it can be noted that their ideological aspects reflect mutual harmony.

Based on the social function of the health care system, it is important to pay attention to the following principles in its organization and financing: –

- Convenient medical care, that is, the creation of conditions for the use of medical care for every member of society, regardless of their social background and financial capabilities;
- The quality of medical care (scientific, technological and social quality - the level of involvement of the population in medical services);
- Giving information about medical services (prices based on their complete list), in particular

providing accurate information on the size and types of free medical services;

- The list of pharmacies providing drugs according to the categories of persons who can use free medical services and preferential prescriptions.

The organization with the correct application of the above-mentioned principles is closely related to the financing from the budget, the rational use of the funds for the results, the conduct of the specified activities and their targeted orientation. liq.

The provision of financial support of the healthcare system with sufficient financial resources largely depends on the economic and social condition of the society. Because the stronger the country is economically, the more funds are allocated for the health care system. If the social condition of the society is good, an opportunity will be created to purchase additional paid services.

The health care system affects the regions as follows:

- from the economic point of view, the reduction of disease among the population of the region, in turn, creates an opportunity for the flow of additional financial resources to the region;
- from a demographic point of view, the normal operation of health care facilities creates conditions for the increase of the population, so that it does not leave its permanent place of residence;
- from a social point of view, the quality of living and living in the area will improve, the level of crime will decrease in the area where healthy people live;
- in the area of culture, culture develops in areas where people's health is of high quality, people's interest in reading books, art, theater and cinema increases, and cultural life becomes more active.

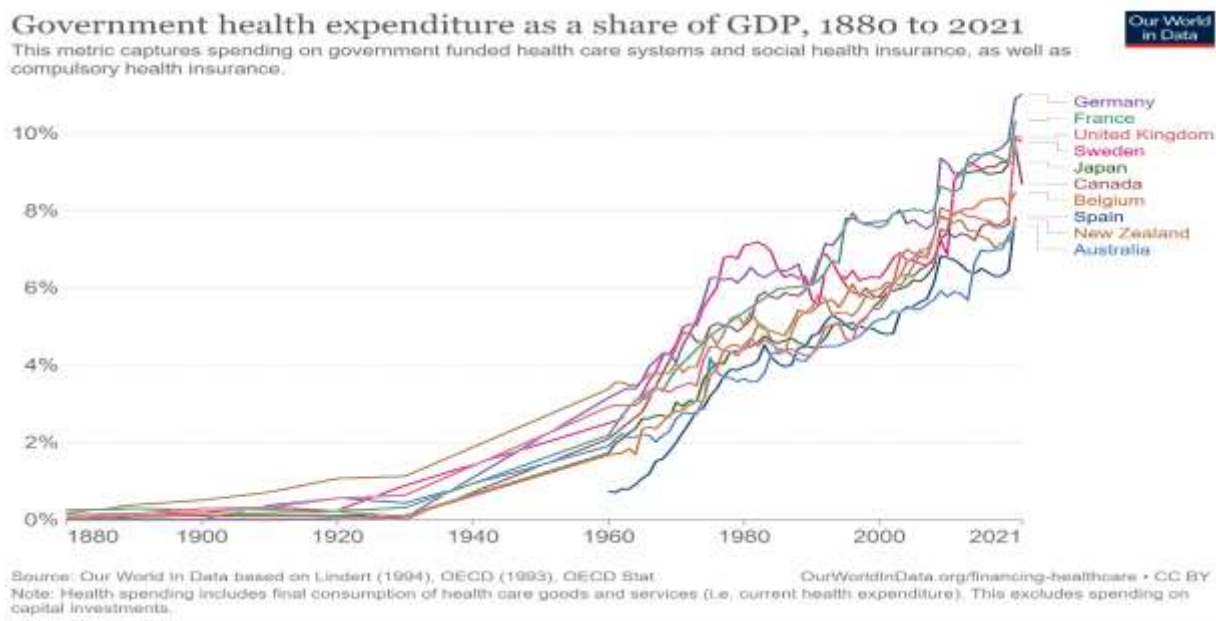
In turn, the regions have their influence on the health care system, because the system must take into account the interests of the population of the region. The reason is that the decrease in the orders of the residents of the region for new medical services causes a decrease in the income of medical institutions.

According to L. Gapensky, two factors make health services different from other services. First, many providers are organized as for-profit corporations, as opposed to being investor-owned. Second, payment for services is usually made by third parties rather than by the patients receiving the services. Thus, in the study of health financing, it is necessary to understand the environment that provides a unique framework for the practice of health financing [15].

As a result of the transition to the market economy, the health care sector gradually began to move to commercial calculations, so they had great freedom in conducting financial policy in their activities. Today, they independently determine what services to offer to the market. Assessments and quality of work for the services rendered have a great influence on the efficiency in the field, the reputation of institutions and economic activity. Also, the activity of the health care system has a first-rate impact on the life of society, the economic and political situation of the state, therefore, the sector is directly under strict control. That's why the industry follows the standards set by the state, and there are certain restrictions on commercial activities (services provided to certain categories of the population are covered by the state budget).

According to B.Togaymurodov and Z.Ahrorov, the source of financing the medical system should correspond to the directions of the health care system and the functions performed by the network [16]. It is also necessary for the state to assume certain responsibilities for all medical services and a certain number of clinical services provided by the public health sector.

Funding of the health care system by the state budget is based on a single regulation on the preparation and implementation of the budget based on the economic and financial policy of the state.



Source: https://ourworldindata.org/financing-healthcare?utm_campaign=Jeremy%20Hurst&utm_medium=email&utm_source=Revue%20newsletter

To show this development we have produced a long-run dataset with estimates of government expenditure on healthcare as a percent of gross domestic product (GDP) for a selection of high-income countries, going back to 1880.

As the data show, in 1880 government health spending was below 1% of GDP in all countries; but this started changing quickly in the first half of the 20th century and by 1970 government spending on healthcare was above 2% of GDP in all these countries.

It is known that in any democratic country, the issue of citizens' health occupies a high place. In particular, in our country, health care is one of the main links not only of the social sphere, but also of the entire economy. After all, the attention directed to this area by the government and the high material supply determine the future of the country, the peace of families, the moral integrity of citizens, as well as the health of the population, and the international reputation of the state.

In this regard, getting to the specifics of the health care sector and medical services and their content is of particular importance in illuminating our dissertation work.

"Health protection is the prevention of diseases, prolonging life, ensuring mental and physical health and improving the efficiency of people's activities, improving the environment by strengthening the organizational activities of society, fighting against infectious diseases, educating people about the rules of personal hygiene. , is the art, science, and field of organizing medicine and medical care for early diagnosis and prevention of diseases, as well as the development of social mechanisms in order to improve and support the quality of life and health of each person. When such benefits are provided,

every citizen will have the opportunity to realize his inalienable right to live a long and healthy life. Today, we all know that the protection of public health is not only the duty of health organizations. That is why it is necessary to have information on determining the appropriate resources based on the health status of the population. Therefore, the essence of maintaining public health is to identify personnel, various medical devices and tools necessary for providing medical services for the purpose of strengthening public health, prevention, diagnosis and treatment of diseases, as well as physical, social and professional revitalization. [17].

According to M. Stabile and S. Thomson, each healthcare system has its own attributes that help explain certain behaviors of providers and patients [18]. Nevertheless, many of the empirical studies reviewed here provide evidence that cuts across jurisdictions.

In Uzbekistan, such medical institutions also provide free medical services to certain groups of citizens. The size, list, procedure for providing such services and compensation are determined by the Cabinet of Ministers of the Republic of Uzbekistan, and in return, appropriate benefits are provided by our government.

Based on the above, the healthcare system is divided into two large groups in accordance with legal documents and the form of practical activity:

1. State treatment and prevention institutions
2. Private treatment and prevention institutions

Approved types of medical services include cardiac surgery, neurosurgery, microsurgery, oncology, anesthesiology and resuscitation, helminthology, interventional cardiology, immunobiological and immunoenzymatic diagnostics, vascular, thoracic and abdominal surgery and other areas in high demand in the medical field. entered.

In addition, according to the decision, private medical institutions were exempted from paying all types of taxes and mandatory deductions until January 1, 2022. Freed funds will be directed to equip them with modern medical equipment, provide them with service and technical support, purchase spare parts, inventory and other items for medical purposes, build new buildings and structures, and reconstruct existing ones. .

Based on it, starting from May 1, 2017, the annual average limited number of employees of small enterprises in the health sector is to be increased from 25 to 100 people.

The task of developing and approving the regulation on the procedure for providing free medical services to the population in need of social protection at the expense of the funds released as a result of the provision of tax benefits was assigned.

As can be seen from the review of the above-mentioned decision, comprehensive reforms are being implemented in the field of health care in our country. In this regard, it should be noted that the main basis of the reforms in this area is to provide high-quality medical services to the population and support the population in need of social protection.

Conclusion

Today, the following are the main tasks of district or city medical associations.

- providing high-quality primary ambulatory-policlinic care to the population;
- to provide initial urgent, non-delayed medical care, inpatient treatment of patients, as well as

organizational and methodological guidance to rural medical centers, family polyclinics, and other medical institutions of the district (city);

- implementation of preventive measures and effective measures for the prevention of diseases, first of all, infectious and viral diseases;
- ensuring effective sanitary-epidemiological control;
- introduction of diagnostic and treatment standards in the provision of medical care to patients, as well as control of their compliance by district (city) medical institutions;
- organization of work to increase medical culture and promote a healthy lifestyle among the population, in the family;
- development and implementation of measures to place medical personnel in their place, use them rationally, improve their qualifications and educate them;
- forecasting, financing of district (city) healthcare facilities and organization of their material and technical support.

Of course, it is difficult to clarify the goals and tasks of this field on the example of only one district medical field. But in our opinion, the above tasks are enough to show how important and honorable the work assigned to this field is.

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