Academicia Globe:
Inderscience Research

ISSN: 2776-1010 Volume 5, Issue 7, July 2024

FOREIGN EXPERIENCE OF MEDICAL INSURANCE

Kenjayev Ilhom Giyozovich
Doctor of Philosophy (PhD) in Economics, Associate Professor of the
Department “Insurance and Pension” Tashkent State University of Economics
E-mail: kenjayevi1982@mail.ru

Ganiyev Shahriddin Vokhidovich
Professor of ISFT Institute
E-mail: ganiyev_sh@mail.ru

Abstract:
This article presents the strengths and weaknesses of the health care models currently in use in the world, a comparative analysis of the experiences of foreign countries in this regard, and suggestions for reforming the health care sector in the public health protection system of Uzbekistan.

Keywords: medical insurance, health care, medical assistance, state budget funds, financing.

Introduction

In the world, a lot of experience has been accumulated in the development and optimization of models for the financing of the health sector in the social protection of the population. Developed countries are making rational use of the health insurance system in order to expand the coverage of the population with free medical services, in terms of financing sources, methods of distribution of funds, and in order to improve the efficiency of the health sector and reduce costs.

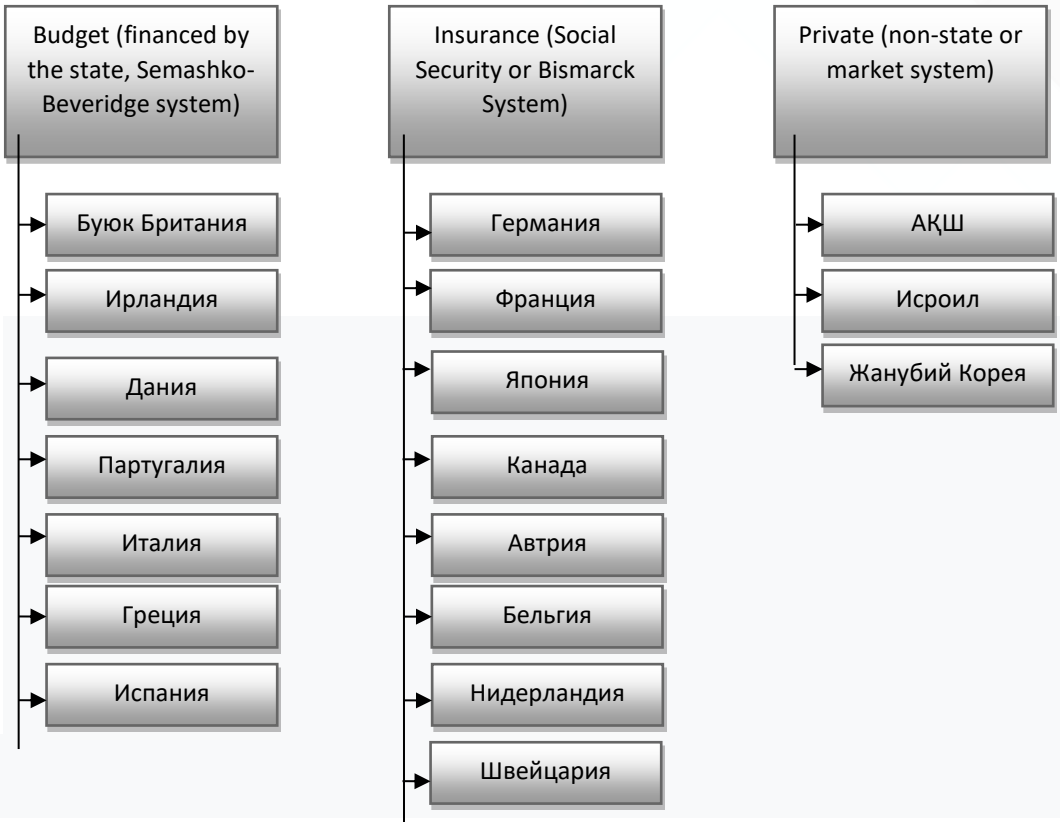
The health care models in use in the world are not of a universal nature, therefore, the analysis of the strengths and weaknesses of the models and the experiences of foreign countries in this regard is of great importance in the reform and optimization of the health care sector in the occupational health protection system of the population of Uzbekistan.

A private model of health caresiy is engaged in providing paid services at the expense of private funds of insurance companies and citizens. The market plays a leading role in meeting the needs of medical services. In practice, the state assumes obligations that are not satisfied by the market, that is, it covers the costs of providing medical services to citizens in need of social protection (unemployed, low-income and pensioners).

In the private model, more than 50 percent of the financing is carried out at the expense of citizens' personal private funds. Funds are collected in private insurance funds and directed to medical treatment facilities. Providing medical services direction is decentralized, and ownership is carried out by external lots based on various forms of ownership.

Academicia Globe:
Inderscience Research

ISSN: 2776-1010 Volume 5, Issue 7, July 2024



Picture 1. Classification of the health care system in developed countries[1]

Figure 1 shows the classification of the budget, insurance and private models of the healthcare system in developed countries.

Regarding the social protection system - USA, Germany, Great Britain, France and Canada we will analyze the experiences of the lakats.

Germany is an example of a classic model of social insurance, and the sources of its financing are distributed as follows: social health insurance - 60%, private health insurance - 10%, state budget - 15%, and personal funds of citizens - 15%. Almost 90% of the German population is covered by social health insurance programs and 10% by private health insurance programs, while only 3% of the socially insured have a public health insurance policy.

The flow of health care funds was as follows: first, they are collected in the state fund of social health insurance, and then they go to the accounts of private insurance organizations that control the services of medical treatment institutions. Associations of doctors, known as hospital funds, form the basis of the social medical insurance system. They create self-regulatory structures that manage the provision and financing of legally guaranteed services in compulsory health insurance.

[1] Development of authors

ISSN: 2776-1010 Volume 5, Issue 7, July 2024

According to the World Health Organization, due to the widespread implementation of health insurance in the financing of medical services provided to the population in Germany, the incidence of various serious diseases in the country has significantly decreased in the last years of 2000-2019. In general, the work of the population in the analyzed period cases of mik suffering from heart disease.

In Germany, in 2010-2014, the desire of the population to use health insurance services increased significantly. As a result, the income of insurance funds began to increase during the analyzed period. In 2010-2019, due to the prevalence of the demographic aging problem in the country and the spread of various new types of diseases, deaths, illness of the population, and the emergence of various acquired disabilities, the share of expenses spent by insurance funds in the country to fulfill their obligations increased and in 2017 "Zinszusatzreserve (ZZZ)" method of financing medical insurance services was put into practice. With the help of this method, it was possible to reduce the costs of insurance funds. This method consisted in introducing changes in the procedure of payment of various allowances and payments in case of death.

In the UK budget model, 85% of health care costs are covered by the public budget, and 15% by private health insurance. Funds are pooled in the state budget, and given to external self-regulatory bodies that manage the financing of preventive treatment facilities. The form of centralized management of health care is in force. The total state expenditure constitutes 9.4% of GDP, of which healthcare expenditure is 7.7% of GDP4. The population is covered by free medical services and additional payments for medical services are almost non-existent. Fixed charges of £7.85 per prescription apply to the working class.

The state deals with the accreditation of doctors and treatment-prophylactic institutions, regulating the activities of doctors. Levels and prices of medical service fees for primary care the trust is managed by the funds. There are currently 152 primary care trusts in England and they control 80% of the national health service budget. There are also 167 hospitals and 129 trusts in England, which provide the majority of inpatient care in England. In the United Kingdom, Scotland, Wales and Northern Ireland have independent local systems of the National Health Service.

According to international experts, the establishment of trust funds along with medical insurance services in the practice of financing the UK health care system gives an opportunity to increase the level of coverage of medical services to the population. As a result, in the years 2000-2019, it was achieved to reduce the incidence of various serious diseases and deaths of the country's population. In particular, cases of ischemic heart disease, which is the most common cause of death of the population in the studied period, increased almost 2.2 times, vascular diseases - 1.9 times times, and cases of lower respiratory tract infections decreased by 1.8 times.

The US operates a private healthcare model, and there is no national system that covers the entire population. The USA is the only developed country where state guarantees in the field of medical care apply only to a limited range of citizens and access to health services is partially available.

Private insurance covers more than 50% of the cost of health care services, the leading source of financing. Other sources include programs for the elderly and low-income citizens, as well as private contributions from citizens. Management of preventive treatment facilities and financing of private

ISSN: 2776-1010 Volume 5, Issue 7, July 2024

doctors remains in the hands of private health insurance companies. The State Department directs the allocation of resources through special state programs for vulnerable citizens. The management of the national health system is decentralized. The share of the state's total expenditures in GDP is 17.2%, of which health care costs are social the share of sources in GDP is 9.1%. Access to medical services is limited by patients' ability to pay. Social programs intended for the elderly and the poor do not apply to those in need of social protection and need almost does not cover medical services. Almost 50 million people have no health care at all. In the practice of the USA, the implementation of medical insurance programs and the increase of the coverage level of medical services to the population, as well as the prevention of certain types of life-threatening diseases. In particular, in 2000-2019, deaths due to ischemic heart disease in the country decreased by 1.4 times, vascular diseases of the population decreased by 1.3 times, and deaths due to lung cancer decreased by 1.2 times. In addition, infection of the lower respiratory tract.

The analysis shows that the total amount of funds allocated to health care varies from country to country. The fact that the life expectancy and other indicators of the health sector are not proportional to the amount spent, this, firstly, shows differences in the efficiency of the spent funds, and secondly, it shows that other factors affect the life expectancy of the population.

A comparative analysis of the health care systems in world practice allows us to draw the following scientific conclusions about the advantages and disadvantages of health care models (see Table 2): - countries do not use only one model of social protection and use it

there is no versal model;

– all models of health care have a leading source of financing;

- the state provides more than 70 percent of the costs in the budget and insurance models;

- an important factor of ensuring the stability of the health care system - coverage of the population with free medical services access, resource efficiency and access to health services.

the development of the health care system in the countries cannot be carried out without the funds of the state budget.

In world practice, health insurance is mandatory for employees, and in developed countries, mandatory health insurance forms the financial basis of the health care system.

The organization of the world health insurance system is developed, and the leading source of financing the health care system is health insurance funds. At this stage, the state and insurance companies stop active work. Each country finances its health care expenditures through state budget funds and mandatory health insurance.

The World Health Organization has published the "International Health Ranking" by regions of the world in 2020. In calculating the results of this rating, the experts of the organization made a 100-point assessment and used the following 13 indicator system2:

– the legal basis of the health care system and the practice of financing medical services;

- coordination and centralization of medical services;

- food safety;

- condition and level of development of laboratory rooms of medical service institutions;

ISSN: 2776-1010 Volume 5, Issue 7, July 2024

- cases of zoonotic diseases (infectious diseases transmitted from animals);
- control of the quality and coverage of medical services;
- the level of staffing of the healthcare system and their potential;
- the level of preparedness of the healthcare system and institutions providing medical services to the population;
- types and quality of medical services provided to the population;
- prevent the spread of infectious diseases;
- the level of cases of new types of diseases;
- impact of chemical events on natural and ecological processes;
- level of preparedness for radionuclear emergencies.

Based on the above indicators, according to the results of research conducted by experts of the World Health Organization, in 2019 the rating of the health system in the world was equal to 63. In the regions of Africa (44) and Southeast Asia (61), this indicator was lower than the world average.

In the provision of medical services to the population, due to the widespread application of medical insurance services in the majority of European Union countries, the legal bases of the rating of the health care system in this region and the operation of financing services (80), coordination and centralization of medical services (82), the quality and coverage of medical services The index of components such as volume control (79), types of medical services provided to the population and their quality (79) is high. At this point, it should be said that the rating index calculated on the American continent is calculated as an average for South and North America, and the regional indicators are lower than the indicators of the European Union. However, even in this region, medical insurance services are considered optional in the USA and Canada.

Conclusions and Suggestions

It is important to compare the rich experience of the development of the medical insurance system in the system of social protection of the population in foreign countries, and to research the issues of creative application in the introduction of medical insurance in the health care system and the protection of the population in Uzbekistan. Studying the accumulated rich and advanced foreign experience in the health care system makes it possible to determine the priorities for the development of the local health care system. According to foreign experience, in countries with a high level of state participation in the medical sector, in most cases, they can improve the quality of medical care and increase life expectancy.

At the same time, it is necessary to take into account the income level of the population, the demographic situation and the possibilities of financing the medical insurance system, and develop the private sector. A minimum list of medical services that every person has the opportunity to benefit from, regardless of their financial or legal status, should be guaranteed in the society.

ISSN: 2776-1010 Volume 5, Issue 7, July 2024

References

1. Омельяновский В.В. и др. Зарубежный опыт: модели финансирования и организации систем здравоохранения. Финансовый журнал / Financial journal №3 2014. – С. 23.
2. Most Efficient Health Care: Countries / Bloomberg Visual Data 2013 (http://www.bloomberg.com/visual-data/best-and-worst/most-efficient-health-care-countries).
3. https://www.who.int/data/gho/data/themes/mortality-and-global-health-estimates/ghe-leading-causes-of-death
4. Shavkatov N., Rakhmedova M., Bozorov U. ISSUES OF ATTRACTING THE PRIVATE SECTOR IN PUBLIC-PRIVATE PARTNERSHIP THROUGH INFRASTRUCTURE BONDS //International Finance and Accounting. – 2021. – Т. 2021. – №. 1. – С. 23.
5. Global Health Estimates 2020: Deaths by Cause, Age, Sex, by Country and by Region, 2000-2019. World Health Organization. https: //www. who. int/data/gho/data/themes/mortality-and-global-health-estimates
6. Шермаматова И. ОСОБЕННОСТИ ЭКОНОМИЧЕСКОГО РОСТА В УЗБЕКИСТАНЕ В УСЛОВИЯХ ЦИФРОВОЙ ЭКОНОМИКИ //Current approaches and new research in modern sciences. – 2024. – Т. 3. – №. 7. – С. 158-162.
7. https://www.who.int/data/gho/data/themes/mortality-and-global-health-estimates/ghe-leading-causes-of-death
8. https://www.bafin.de/EN/PublikationenDaten/Datenbanken/Datenbanken_node_en.html
9. Рахмедова М. Н. и др. РЕШЕНИЕ АКТУАЛЬНЫХ ПРОБЛЕМ СФЕРЫ ЗЕЛЕНОЙ ЭКОНОМИКИ //Ta'limda raqamli texnologiyalarni tadbiq etishning zamonaviy tendensiyalari va rivojlanish omillari. – 2024. – Т. 30. – №. 1. – С. 97-100.
10. Kullman D. PHIS Pharma Profile United Kingdom (http://whocc.goeg.at/Literaturliste/Dokumente/CountryInformationReports/PHIS%20Pharma%20Profile%20UK%20Feb2011.pdf
11. Рахмедова М. Н., Махкамова М. ЦИФРОВИЗАЦИЯ ЭКОНОМИКИ //Ta'limning zamonaviy transformatsiyasi. – 2024. – Т. 6. – №. 1. – С. 308-310.
12. Most Efficient Health Care: Countries / Bloomberg Visual Data (http://www.bloomberg.com/visual-data/best-and-worst/most-efficient-health-care-countries).
13. http://ifmr.uz/возможности-и-перспективы-развития-м/.
14. https://www.who.int/data/gho/whs-2020-visual-summary
15. Рахмедова, Мадинахон. "Проблемы привлечения финансирования за счет корпоративных облигаций." (2023).
16. Erkinboy o'g'li B. E. YASHIRIN IQTISODIYOT DARAJASINI KAMAYTIRUVCHI MOLIYAVIY MEXANIZMLARNI TAKOMILLASHTIRISH //JOURNAL OF ECONOMICS AND BUSINESS MANAGEMENT. – 2024. – Т. 7. – №. 4. – С. 1-11.