



METHODOLOGY FOR IMPROVING HEALTH INSURANCE MECHANISMS IN RESULTS-ORIENTED BUDGETING IN UZBEKISTAN

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Abstract:

This article analyzes the theoretical and practical aspects of improving health insurance mechanisms in the context of a results-oriented budgeting system. The issues of effective use of financial resources in the health care system, improving the quality of medical services provided to the population, and ensuring the economic efficiency of health insurance mechanisms are covered. The article also develops priority areas of results-oriented budgeting based on international experience and proposals and recommendations for the development of the health insurance system in Uzbekistan.

Keywords: Result-oriented budgeting, health insurance, health care system, financial mechanism, budget efficiency, quality of medical services, public finance, insurance funds, innovative management, economic efficiency.

Introduction

Today, modern forms of financing the healthcare system are being widely introduced in countries around the world. In particular, the issues of effective use of state budget funds and improving the quality of medical services provided to the population are one of the important areas of economic policy. From this point of view, the results-oriented budgeting system is recognized as one of the main tools for increasing efficiency in the healthcare sector.

Results-oriented budgeting involves linking public spending to specific results and indicators. This system increases the efficiency of financial resources, ensures targeted spending of budget funds, and strengthens control over the activities of state bodies. The introduction of this mechanism in the healthcare



system will help expand the population's access to medical services, improve the quality and efficiency of medical services.

At the same time, the medical insurance system plays an important role in the formation of sustainable financial resources for the healthcare sector. Medical insurance expands citizens' access to medical services, reduces the financial burden on the state budget, and ensures the financial stability of the healthcare system. Therefore, improving medical insurance mechanisms in the results-oriented budgeting system is an urgent scientific and practical issue.

Theoretical foundations of results-oriented budgeting

Since each country determines its own development path by making economic decisions, the implementation of the strategic goals of the state is a step towards the development of the state's individual (regional), institutional and organizational levels. (banşı) is the desire to establish a consensus. The main quality of this approach to the integration of older people is the ability to integrate the results of activities and to coordinate the work, and to establish a consensus on the basis of their social and economic development.

Results-oriented budgeting is a modern method of public finance management in which the expenditure of budget funds is linked to the achievement of certain results. The main goal of this system is to increase the efficiency of public spending and achieve results that contribute to socio-economic development.

While traditional budgeting focuses on the expenditure of funds, performance-based budgeting focuses on the results and indicators achieved. This allows for the effective organization of the activities of state bodies and healthcare institutions.

Performance-based budgeting in the healthcare system has the following advantages:

- increases the efficiency of the use of funds;
- strengthens control over the quality of medical services;
- increases the financial independence of health institutions;
- ensures the transparency of public spending;
- expands the population's access to medical services.

For the effective implementation of this system, it is necessary to develop clear indicators and evaluation criteria. In particular, indicators such as life expectancy,



reduction of diseases, quality of medical services, and patient satisfaction can serve as the main criteria.

The economic essence of the health insurance system:

Result-oriented public spending (ROB) is a strategy for reducing public spending. The main objectives of this approach are to allocate state resources in a way that is efficient and results-oriented, to increase the efficiency of state spending, and to ensure transparent and accountable state budgeting. In fact, one of the most effective tools for the strategy of reducing the cost of public services is quality control.

The public spending strategy is a strategy that aims to optimize the allocation of resources, achieve specific results, and implement a state budget aimed at achieving economic and social goals.

Medical insurance is a system of economic relations aimed at protecting the health of citizens, in which medical services are financed through insurance premiums. The main task of medical insurance is to ensure the population's access to quality medical services and strengthen the financial stability of the healthcare system.

In world practice, there are two main forms of medical insurance:

Compulsory medical insurance.

Voluntary medical insurance.

Compulsory medical insurance is regulated by the state and guarantees the population access to basic medical services. Voluntary medical insurance provides access to additional medical services.

The effectiveness of the health insurance system depends on the following factors:

financial stability of insurance funds;

quality of medical services;

competition between health care institutions;

effectiveness of state control;

public trust in the insurance system.

Methodology for improving health insurance mechanisms in results-oriented budgeting



1. Diversification of financing mechanisms

Financing the health system solely from the state budget will not be effective in the long term. Therefore, attracting funds from health insurance funds, private sector investments, and international financial institutions is of great importance.

2. Development of performance indicators

It is necessary to develop specific indicators to assess the effectiveness of the health insurance system. These may include:

- the level of use of medical services by the population;
- reduction in diseases;
- reduction in mortality rates;
- patient satisfaction;
- quality of medical services.

3. Digitalization is a key factor in improving the efficiency of the healthcare system. Electronic health records, online insurance platforms, and digital monitoring systems ensure targeted spending of funds and improve the quality of services.

4. Developing partnerships with the private sector

Developing public-private partnership mechanisms will increase investment activity in the healthcare system. Involving private clinics in the health insurance system will help improve the quality of services and competition.

5. Strengthening the monitoring and auditing system

It is important to implement an effective monitoring system for the use of health insurance funds. The presence of independent audits and public oversight ensures the transparent use of funds.

International experience and its importance.

The experience of developed countries is important in improving the health insurance system. Compulsory health insurance systems are successfully operating in countries such as Germany, Japan, South Korea, and France.



For example, in Germany, the healthcare system is largely funded by insurance contributions. A wide range of medical services are provided through contributions paid by citizens and employers. In Japan, the health insurance system covers almost all segments of the population.

Prospects for the development of the health insurance system in Uzbekistan
In recent years, Uzbekistan has been implementing large-scale measures to reform the health care system. In particular, a regulatory and legal framework is being created to introduce a compulsory health insurance system.

The effectiveness of health spending can be improved by developing a results-oriented budgeting system in the country. To do this, it is necessary to implement the following tasks:

- development of the medical insurance market;
- increasing the financial independence of healthcare institutions;
- widespread introduction of digital management systems;
- training of qualified personnel;
- formation of an insurance culture among the population.

In conclusion, improving health insurance mechanisms in a results-oriented budgeting system is one of the important factors in increasing the efficiency of the healthcare system. Through this system, it is possible to effectively use public funds, improve the quality of medical services provided to the population, and ensure the financial sustainability of the healthcare system.

In the future, the gradual introduction of a compulsory health insurance system in Uzbekistan and the development of results-oriented budgeting mechanisms will contribute to the sustainable development of the healthcare system.

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