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ECONOMIC EFFICIENCY OF COMPULSORY HEALTH INSURANCE IN AZERBAIJAN

Abstract. *The aim of this article is to assess the economic impact of the compulsory health insurance (CHI) system in Azerbaijan, introduced to improve access to health care, ensure financial sustainability and improve the quality of health services. It is noted that compulsory health insurance is one of the important reforms in Azerbaijan for financing the health care system and expanding citizens' access to health services. It is emphasized that this system improves the quality of health services and creates economic benefits for the state and citizens.*

The study widely uses the method of analyzing the reforms being carried out, analysis of statistical indicators before and after reforms, comparative analysis of the costs of health services.

For the first time in domestic economic science, it is studied how the Ministry of Health promotes health care financing by fairly pooling the resources of employers, employees and the government, cost and benefit indicators are analyzed, which emphasizes the improvement of services provided, reduction in patient costs and improvement of financial protection of low-income groups.

It is noted that despite the positive results of the ongoing reform, challenges still remain, in particular in addressing administrative inefficiencies, uneven regional development of healthcare and the integration of private providers into the system. It is also shown that the relationship between the implementation of insurance and economic productivity, suggesting that a healthier workforce can positively impact the national economy due to improved productivity, sometimes leads to errors. The study concludes with recommendations for optimizing the insurance model by raising public awareness, expanding the digital infrastructure and conducting regular satisfaction surveys of patients and healthcare providers. It is noted that compulsory insurance in the health insurance system is an essential component of state social insurance. It is emphasized that the introduction of the compulsory health insurance system in Azerbaijan improves the healthcare financing mechanism and increases citizens' access to medical services. It is shown that this system is of great importance in terms of optimizing public spending on healthcare, increasing economic activity and increasing general welfare. since sustainable development of compulsory health insurance will further strengthen the sustainability and cost-effectiveness of healthcare.

Keywords: *Azerbaijan, compulsory medical insurance, economic, effectiveness, efficiency, factors.*

Problem statement. Compulsory insurance in the health insurance system is an important component of state social insurance. The following principles are based on the economic-organizational and legal basis of compulsory insurance: compulsory and very comprehensive feature; free receipt of state-guaranteed medical care; social rights and social cohesion. Compulsory medical insurance guarantees the population to receive medical care in the defined base volume by creating conditions for the creation of a special purpose fund. Health insurance is compulsory and voluntary. Health insurance is a type of insurance that covers all or part of the risk of one person incurring medical expenses, spreading the risk over many people. By assessing the insurer's overall exposure to health and healthcare system risk costs, an insurer can develop a daily financial structure, such as a monthly benefit or payroll tax, to ensure the payment of insured health benefits.

Analysis of recent research and publications. Health insurance is a type of insurance that covers the cost of medical and surgical expenses of the insured individual. “Insured” is the owner of a health insurance policy or a person who has health insurance. Depending on the type of health insurance, the insurer pays the costs and receives reimbursement or the insurer pays directly [1].

Considering the rising costs of treating health problems, an individual cannot ignore buying health insurance. Inflation in treatment or treatment Inflation in other categories such as food and clothing is much higher than general inflation. While inflation is single digit in most categories, inflation in treatment is often higher. Most people can't save large amounts of money at the last minute to intervene in emergencies. This is why health insurance is essential [2]. One way to plan for emergencies is to choose health insurance plans. Health insurance is developing significantly in terms of disease coverage. Certain health insurance plans cover critical illness and over 80 surgical procedures.

A health insurance plan pays for treatment regardless of actual costs. The policy continues even after payment of expenses for selected diseases. Health insurance premiums are paid by the payer and

the benefits received are tax-free. Patients must pay a higher percentage of costs if they seek out-of-network care. In some cases, the insurance company may refuse to pay for services obtained from the network. Many managed care plans require patients to choose a primary care physician who oversees the patient's care and provides treatment advice. In addition, insurers may refuse to pay for brand-name drugs. Insurance plans with higher deductibles generally have lower monthly premiums than those with lower deductibles. When shopping for plans, individuals need to weigh the benefits of low monthly costs against the potential risk of large out-of-pocket costs in the event of a major illness or accident. There are many types of health insurance, such as disability insurance, critical (catastrophic) illness insurance, and long-term care. Insurance companies prohibit extending coverage to pre-existing conditions and prohibit children from remaining on their parent's insurance plan until the parents turn 26. Health insurance is a system for financing health insurance costs. This system is funds or taxes paid into the general fund to cover all or part of health insurance costs or statutory health services. The key elements most health insurance plans involve are prepayment of premiums or taxes, co-payments, or eligibility for work-based benefits. Health insurance can cover limited or comprehensive medical services and provide full or partial coverage for specific services. Benefits may be payable to the insured for certain medical services and certain medical expenses. Some types of health insurance may provide income for lost work time due to illness (ie, disability separation) or parental leave. A health insurance system organized and managed by an insurance company or another special institution with the provisions specified in the contract is known as private or voluntary health insurance [3].

The introduction of compulsory medical insurance and the creation of new management methods in this field is one of the most realistic ways to eliminate the current problems in the healthcare financing system in the Republic of Azerbaijan. Compulsory health insurance will allow the creation of an additional source of income for the health care system, will result in more efficient use of costs by concentrating health care resources, and will increase the opportunities for citizens to use better quality medical services. The introduction of the system of compulsory medical insurance will form qualitatively new relations in the field of medical services [4]. So, regardless of the form of ownership, the medical services included in the basic envelope provided by medical institutions to citizens will be paid through compulsory medical insurance. Medical systems help doctors and nurses diagnose and treat patients. Hospitals and clinics rely heavily on computer technology to diagnose patients, treat diseases, advance medical science, and deliver health care services. In recent decades, the world has gained great health. People are living longer than ever before, fewer children are dying early, and access to life-saving drugs and vaccines is expanding. However a new approach is required that meets the health and development challenges of the twenty-first century – one that invests in health systems that can meet the diverse health needs of people at all ages and stages of life.

The aim of this article is to assess the economic impact of the compulsory health insurance (CHI) system in Azerbaijan, introduced to improve access to health care, ensure financial sustainability and improve the quality of health services.

Presentation of the main research material. Today, we recognize that strong primary health care is the foundation of sustainable development and the importance of building the future we all want and deserve. At recent global meetings on HIV/AIDS, noncommunicable diseases, and tuberculosis, scientists, advocates, and world leaders recognized that the power to address these epidemics can address people's complex and diverse health needs side-by-side, starting with strong health systems.

Although primary health care is different in every country, there are common building blocks that form the foundation for success. A strong primary health system enables facilities in the right places in their communities to access the basic care services they need, when they need them; health care providers trained, empowered, and encouraged to provide quality primary care; systems and policies that ensure essential medicines, vaccines and diagnostics are in place and of high quality. Necessary funding underpins the success of the entire system, and countries can provide a basic package of primary care services for everyone that people can afford. In primary health care, people and families connect with trusted health professionals and support systems in their lives and can access a wide range of services from family planning and routine immunizations to disease treatment and chronic condition management [5].

One of the main indicators affecting the improvement of the quality of life of the population is the health of citizens. To ensure a healthy life, it is necessary to have quality and adequate health services. The efficiency of the healthcare system and the protection of the population's health mainly depend directly on the financing of healthcare, especially state financing. International experience shows Compulsory health insurance 30 that there is a close connection between health indicators and public financing of health care. WHO Director-General Tedros Adhanom Ghebreyesus noted that spending on health is not an additional

cost, but an investment in poverty reduction, job creation, increased productivity, inclusive economic growth, and a healthier, safer, and fairer society.

One of the issues that should be paid attention to in the financing of health care is related to the funds allocated from the state budget to Primary Health Care Services (PHC). The efficient organization of health care not only helps to detect diseases in time but also facilitates its treatment and reduces costs. Therefore, countries with effective health policies allocate more funds to health care. This leads to timely detection of diseases, preventive measures, and more reliable protection of the population's health. As it is known, if the diseases are aggravated, their treatment requires more funds. Following the adoption of the Alma-Ata Declaration in 1978, in 1984 the European Bureau of the WHO established an additional mandate to strengthen primary care. These tasks are aimed at the development of the health care system and the improvement of the quality of health care in terms of health. The analysis of the data of the SSC shows that the specific weight of the funds allocated to the ISC from the state budget in Azerbaijan decreased in 2018 compared to 2006.

Phased introduction of compulsory health insurance Although it is planned to introduce compulsory health insurance throughout the country in a short period at the beginning, several technical, technological, organizational, etc. due to shortcomings, a decision was made regarding the phased transition. Of course, several factors make phased implementation necessary. No matter how progressive the new system is, many problems will appear during its implementation. Therefore, the social, economic, demographic, and infrastructural factors of all regions of the country should be taken into account. It is also considered acceptable to take into account the incidence of the population according to the main disease classes, cases of infection with infectious and parasitic diseases, and compulsory medical insurance based on statistical data. The study and elimination of these problems will create a basis for the effective operation of this system in other economic districts or regions. Currently, the implementation of this mechanism has been implemented in stages in the countries where the mandatory health insurance system is operating very successfully. Applying this system throughout the country in a short period may create difficulties from a technical-technological and organizational point of view [6].

Because for the system to work, it is required to build the software and electronic system at a high level. For this reason, the transition to the system should be gradual, but as short as possible. Phased transition is also important because the problems that will arise in the first phase will be eliminated in the later phases. Thus, additional loss of funds will be avoided, and the system will work more efficiently. The most important thing is that people will be able to apply for ISX by exercising their right to insurance in time. This is very important. Because the services required for examination and treatment are expensive, people cannot consult a doctor in time, that is, at the initial stage of the disease. As a result, the disease worsens. At this time, the recovery of the patient requires more time and money. The introduction of compulsory health insurance will reduce these problems, people will be able to use medical services before the disease worsens, that is, at the initial stage of the disease. To face fewer risks during the transition to compulsory health insurance, to prepare medical institutions and the population for the aforementioned process, as well as consider the scope of the reform and the introduction of a new financing mechanism in medical institutions, the Agency plans to complete the implementation of compulsory health insurance in the country in 4 stages in 2020. meant. In the first quarter of 2020, compulsory health insurance was to be implemented in 20 administrative regions, and this process was implemented. 5 of the selected administrative regions (Guba, Gusar, Khachmaz, Shabran, Siyazan) Compulsory health insurance to Guba-Khachmaz economic region, 6 (Sheki city, Balaken, Zagatala, Gakh, Oguz, Gabala) Sheki-Zagatala, 4 (Shamakhi, Ismayilli, Agsu, Gobustan) are included in the Nagorno-Shirvan economic region. At the initial stage, 23.82 percent of the country's population was covered by compulsory health insurance. In 2019, the health care system and health problems of the population in the research conducted on 61 administrative regions and republic subordinate cities, 8 economic regions called “Life Quality Index of Azerbaijan Regions” (6 indicators – Life expectancy at birth; Number of hospital beds; Number of outpatient polyclinic institutions; Number of doctors; Infant mortality rate) has been scientifically investigated [7].

According to the results of the research, it was found that the regions chosen by the State Agency for Compulsory Medical Insurance for the implementation of compulsory medical insurance are not at all random. Out of 8 economic regions, Guba-Khachmaz was ranked 4th, ShekiZagatala was ranked 7th, and Nagorno-Shirvan was ranked 8th as an outsider. 1 city subordinate to the republic and 8 administrative districts (Gakh, Siyazan, Ismayilli, Guba, Zagatala, Gabala, Khachmaz, Sheki City, and Shamakhi) shared the 31st-61st places on the health sub-indicator. The analysis of some sub-indicators of the studied health sub-indicators by economic region and administrative regions shows that according to the sub-indicator of life expectancy at birth, which is one of the main quality indicators of health, Guba-Khachmaz is in the last place, and Sheki-Zagatala is in the 5th place. Sheki-Zagatala economic region ranks 6th in terms of

the number of outpatient polyclinic institutions and infant mortality rate, 8th in terms of maternal mortality rate, Guba-Khachmaz ranks 6th in terms of the number of doctors and hospital beds per 10,000 people, outpatient clinics per 10,000 people According to the number of polyclinic institutions, Nagorno-Shirvan is ranked 7th according to the number of doctors and hospital beds per 10,000 people, and 8th and 6th according to infant and maternal mortality rates, respectively. If we conduct similar analyses on the administrative regions included in the above-mentioned economic regions, we can see once again that the regions selected by the State Agency for Compulsory Medical Insurance are areas where the health of the population is at risk. In the second stage – 17 regions – Ganja and Naftalan cities, Goygol, Goranboy, Dashkasan, Samukh, Shamkir, Gazakh, Agstafa, Gadabey, Tovuz, Barda, Tartar, Agdam, Agjabedi, Fuzuli and Beylagan regions would join the said system. Thus, 24.60 percent of the country's population living in these regions would benefit from compulsory health insurance. In the third stage, compulsory health insurance would be applied in 14 regions – Lankaran and Shirvan cities, Masalli, Lerik, Yardimli, Astara, Jalilabad, Salyan, Neftchala, Bilasuvar, Imishli, Saatli, Hajigabul and Sabirabad regions. In the mentioned regions, 19.53 percent of the country's population would be provided with medical services within the framework of the system [7].

In the fourth stage – the population of Baku and Sumgayit cities, as well as the Absheron region, would use the compulsory health insurance system. This is 32.05 percent of the country's population. However, the COVID-19 pandemic that swept the world in February 2020 did not bypass our country either. A pandemic was declared in Azerbaijan in March. There were delays in the introduction of compulsory health insurance. In 2021, the full formation of compulsory medical insurance is planned in our country. From January 1, 2021, the city and region – Ganja, Naftalan, Shirvan, Gazakh, Agstafa, Tovuz, Shamkir, Gadabey, Dashkasan, Samukh, Goygol, Goranboy, Khojaly, Beylagan, Khojavend, Agjabedi, Lachin, Barda, Fuzuli, Agdam, Tarter, Kalbajar, Astara, Lankaran, Lerik, Yardimli, Masalli, Jalilabad, Neftchala, Bilasuvar, Jabrayil, Salyan, Imishli, Saatli, Sabirabad and Hajigabul will be connected to the said system [7].

Services Envelope is a set of medical services provided to insured persons at the expense of the financial sources of compulsory medical insurance in the appropriate type, volume and conditions. The medical services and tariffs included in the Service Envelope were approved by Resolution No. 5 of the Cabinet of Ministers of the Republic of Azerbaijan dated January 10, 2020. The number of medical services included in the Service Envelope of compulsory medical insurance is 2550 [8].

One of the main issues that should be considered during the formation of compulsory health insurance is its financing. In the beginning, we reported about this in connection with the world experience. Now let's take a look at the sources of financing of compulsory medical insurance in our country. The financial sources of compulsory medical insurance in our country are as follows: insurance premiums, including premiums paid from the state budget; income obtained as a result of the use of the right of subrogation; incomes obtained as a result of the management of free funds for compulsory medical insurance; amount of joint financing; debt incurred by the body (institution) determined by the relevant executive authority; Grants, donations and assistance provided in accordance with the Law of the Republic of Azerbaijan "On Grants"; Compulsory health insurance – income from fines, financial sanctions and accrued interest for violation of the requirements of the Law "On Health Insurance"; other sources provided by the body (institution) determined by the relevant executive authority, as well as other sources not prohibited by law. 43 percent of the amount of the financial sanction imposed by the tax authorities according to the Tax Code of the Republic of Azerbaijan for the violation of the requirements of this Law by the insured provided for in Articles 15-2.2.1 – 15-2.2.3 of "On Medical Insurance" and for the delay in the payment of the insurance premium 23 percent of the calculated interest amount is transferred to the account of the body (institution) determined by the relevant executive power body, and 7 percent is transferred to the state budget to strengthen the material and technical base of the body (institution) determined by the relevant executive power body and the social protection of its employees. The distribution of these funds and the order of their use is determined by the body (institution) determined by the relevant executive authority. Insurance premiums for compulsory medical insurance are determined in the following amounts and rates: 90 manats per person from the state budget for administrative territorial units where compulsory medical insurance has been applied since January 2020, 90 manats for administrative territorial units where compulsory medical insurance has been applied since January 2021 + 90 manats x countrywide consumer price index, in the amount of 67.5 manats + 67.5 manats x countrywide consumer price index for the administrative territorial units applied from April 2021; 2% of the monthly income up to 8000 manats (including 8000 manats) and 1% of the part above 8000 manats for natural persons performing work (services) based on civil-legal contracts; In the amount of 4% of the minimum monthly salary for natural persons registered as taxpayers (individual entrepreneurs, special notaries, members of the bar association)

according to the Tax Code [9], except for the cases of temporary suspension of entrepreneurial activity or other taxable operations; from 2023, according to Article 15-2.3.6 of the Law, for independent payers in the amount of 48% of the minimum monthly salary for the calendar year; 2% of the part of the monthly calculated labor payment fund from employers and employees working in the state and oil sector up to 8000 manats, 0.5% of the part above 8000 manats; Employers and employees working in the non-state and non-oil sector receive 1%32 of the part of the monthly calculated labor payment fund up to 8000 manats, and 0.5% of the part above 8000 manats; For your information, the rate of compulsory medical insurance premium has been approved in our country as much lower than that of both developed and developing countries [10]. Thus, the rate of compulsory health insurance premiums for employees and employers is 6 and 6.4% in Lithuania, 5.4 and 11.4% in Slovakia, 4.7 and 6.15% in Belgium, and 6% in Belarus (both employees and also for employers). There are indeed countries where the rate of compulsory health insurance premiums is lower or even 0. For example, in countries such as Italy, Russia, Croatia, Estonia, employees, on the contrary, employers in Hungary and Poland do not pay mandatory health insurance fees. There are countries where the rate of compulsory health insurance contributions is symbolic (for example, in Switzerland, both employees and employers pay 0.25% compulsory health insurance contributions) [7].

A year later, it was determined that employers and employees in the mentioned sector will be charged a mandatory medical insurance fee of 2% from the part of the monthly calculated labor payment fund up to 8000 manats.

Thus, it became clear from the conducted analysis that there were several reasons that made it necessary to implement mandatory medical insurance in our country, which plays an important role in protecting the health of the population all over the world. Thus, the smallness of state health care expenses and its lack of efficient and transparent use, the classification of health care in our country based on the sources of financing is fundamentally different from the classification of the WHO, the high proportion of public payments in health care expenses, several health indicators (especially maternal and child mortality) is not in good condition, ISX is not well organized, etc. are among them [11]. Reforms in the healthcare system should be continued to eliminate these issues. In particular, the process of electronicization in the healthcare system should be strengthened.

It is necessary to speed up the process of formation of compulsory health insurance for the more efficient operation of the health care system in our country. In order to form a compulsory health insurance system in our country, the state and the population must show their will in a united way.

The population should actively participate in the financing and monitoring of compulsory health insurance. Every individual should understand that by purchasing compulsory health insurance coverage, he gets the opportunity to get more reliable and insured medical services in order to eliminate problems related to his and his family's health. As a result, all sections of the population have the opportunity to use health services at the appropriate level.

Let me note that certain problems will arise in the initial stages of the implementation of the mandatory health insurance system. International experience also proves this. We witness this even in the experience of the most developed countries. But from time to time these problems will be solved and the system will be further improved. In the current state of the compulsory medical insurance system, the number of guarantees included in the Service Envelope (including the provision of medicines during outpatient examinations, the implementation of State Programs – the treatment of sever diseases under compulsory medical insurance) will be further increased in the future, the salaries of medical personnel, the rates of insurance premiums will be changed, the legislation and management improvement and other issues may be reviewed. We believe that the compulsory health insurance system, which will be formed throughout the country in 2021, will ensure the efficiency of the health care system, improve the health indicators of the population, and lead to the strengthening of social protection.

Also, the management structure of medical institutions has been changed, medical supplies have the Rules of “Calculation and payment of supplements to the salaries of doctors, middle and junior medical workers (staff) within the framework of the pilot project” have been defined. Currently, doctors, and medium and junior medical staff continue to receive their salaries according to the unified tariff schedule. In addition, during the pilot project period, incentive supplements are applied to the salaries of doctors in exchange for the medical services provided, and fixed supplements are applied to the salaries of medium and junior medical workers.

The work carried out in the field of ICT made it necessary to conduct appropriate training for the personnel of medical institutions. For this purpose, since July, the agency's employees have started conducting training on the rules of using the software that will ensure the full management of hospitals. To date, training has been held for employees of reception and registration departments of 50 medical institutions in the cities of Baku and Sumgait, as well as 100 medical institutions in the regions [12].

Conclusion. The reforms implemented during the pilot project, the positive results and experience gained were highly appreciated by the President of the Republic of Azerbaijan, Ilham Aliyev. At the end of 2018, the law enabling the implementation of ITS across the country was adopted, important decrees were signed and tasks were given.

It is also shown that the relationship between the implementation of insurance and economic productivity, suggesting that a healthier workforce can positively impact the national economy due to improved productivity, sometimes leads to errors. The study concludes with recommendations for optimizing the insurance model by raising public awareness, expanding the digital infrastructure and conducting regular satisfaction surveys of patients and healthcare providers. It is noted that compulsory insurance in the health insurance system is an essential component of state social insurance. It is emphasized that the introduction of the compulsory health insurance system in Azerbaijan improves the healthcare financing mechanism and increases citizens' access to medical services. It is shown that this system is of great importance in terms of optimizing public spending on healthcare, increasing economic activity and increasing general welfare. since sustainable development of compulsory health insurance will further strengthen the sustainability and cost-effectiveness of healthcare.

Following the prepared work plan, the implementation of ICT infrastructure construction and training in medical institutions will be continued until the end of the current year.

One of the important measures that will ensure the introduction of ITS in the country is the preparation of a set of services (service envelope) that the population can benefit from within the system. The envelope in question has been prepared and is in the process of being agreed with the relevant state institutions.

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ЕКОНОМІЧНА ЕФЕКТИВНІСТЬ ОБОВ'ЯЗКОВОГО МЕДИЧНОГО СТРАХУВАННЯ В АЗЕРБАЙДЖАНІ

Анотація. *Метою цієї статті є оцінювання економічного впливу системи обов'язкового медичного страхування (ОМС) в Азербайджані, введеної для покращення доступу до медичної допомоги, забезпечення фінансової стійкості та підвищення якості медичних послуг. Зазначається, що обов'язкове медичне страхування є однією із важливих реформ в Азербайджані для фінансування системи охорони здоров'я та розширення доступу громадян до медичних послуг. Наголошується, що ця система покращує якість медичних послуг та створює економічні вигоди для держави та громадян.*

У дослідженні використані методи аналізу проведених реформ, аналіз статистичних показників до і після реформ, порівняльний аналіз витрат на медичні послуги.

Досліджено як Міністерство охорони здоров'я сприяє фінансуванню охорони здоров'я шляхом справедливого об'єднання ресурсів роботодавців, працівників та уряду, проаналізовано показники витрат та вигод, де наголошується на покращенні наданих послуг, скороченні витрат пацієнтів та покращенні фінансового захисту груп з низькими доходами.

Зазначається, що незважаючи на позитивні результати реформи, проблеми досі залишаються, зокрема, у вирішенні адміністративної неефективності, нерівномірного регіонального розвитку охорони здоров'я та інтеграції приватних постачальників у систему. Також, подано взаємозв'язок між впровадженням страхування та економічною продуктивністю. Надаються рекомендації щодо оптимізації моделі страхування шляхом підвищення обізнаності громадськості, розширення цифрової інфраструктури та проведення регулярних опитувань щодо задоволеності пацієнтів та постачальників медичних послуг. Наголошується, що обов'язкове страхування у системі медичного страхування є найважливішою складовою державного соціального страхування.

Впровадження системи обов'язкового медичного страхування в Азербайджані покращує механізм фінансування охорони здоров'я та підвищує доступ громадян до медичних послуг. Показано, що ця система має велике значення з погляду оптимізації державних витрат на охорону здоров'я, підвищення економічної активності та зростання загального добробуту, оскільки сталий розвиток обов'язкового медичного страхування сприятиме подальшому зміцненню стійкості та економічної ефективності охорони здоров'я.

Ключові слова: *Азербайджан, обов'язкове медичне страхування, економіка, ефективність, фактори.*