This document contains links to websites where you can find national legislation and health laws. We link to official government legal sources wherever possible. Where we link to unofficial sources this is noted and users should take this into account before relying on these materials. We recommend checking with the relevant national government if you have questions about the currency or validity of any unofficial source of law.

**Legal system**

Civil law

**National law database**

*Language:* Uzbek  
*Link:* [www.lex.uz](http://www.lex.uz)  
*Nature:* Official law database  
*Organisation responsible for the website:* Legal information centre of the ministry of justice of Uzbekistan

**The health system and policy monitor: regulation (PDF)**

As part of its Health Systems in Transition (HiT) series the European Observatory on Health Systems and Policies systematically describes the functioning of health systems in countries as well as reform and policy initiatives in progress or under development. The HiT health system reviews cover the countries of the WHO European Region as well as some additional OECD countries. This PDF includes information about the country’s regulation. To see the complete HiT report of this country go to: [http://www.euro.who.int/en/about-us/partners/observatory/publications/health-system-reviews-hits](http://www.euro.who.int/en/about-us/partners/observatory/publications/health-system-reviews-hits)
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2.8 Regulation

Regulation in the Uzbek health system is the prerogative of the government, with little or no role played by NGOs or professional associations. As the government-owned health system still largely follows the integrated model (with the government being the principal provider and purchaser of health services), almost all providers are government-salaried employees. Public funds are not used for purchasing services from the private sector, for which a purchasing process per se does not exist, nor is it regulated or used as a tool.

In the private sector, the government initially strictly limited the involvement of health authorities in the operations of private providers, in order to facilitate the growth of the private sector. The role of government health agencies in regulating the private industry was mostly limited to licensing and the accreditation of professionals or institutions. Typically, inspections had to be scheduled and published beforehand, approved by the Cabinet of Ministers and only take place once every several years. This lack of oversight has led to an increased use of unnecessary, unsafe or substandard care in the private sector, which primarily works on a fee-for-service basis. The government has responded by significantly limiting the type of services that can be provided in the private sector. Furthermore, the Ministry of Health was granted increased oversight responsibilities, including unscheduled visits to private facilities.

The public sector is more heavily regulated by government agencies. Involvement varies according to the level of government. At the national level, the government is mainly concerned with strategy-setting and assessing population health, while at lower levels (the viloyat and tuman levels) it is mainly responsible for the management and implementation of national policies. As there is only limited policy formulation at local levels, the stewardship role of the government expresses itself differently at different levels. The greatest leverage is invested in agencies at the national level, while lower levels act as enforcers of nationally adopted regulations and policies.

The government-owned health system in Uzbekistan is strictly hierarchical. The most prevalent mode of regulation is policy formulation. Subordinate levels of the health system are expected to follow the policies set by higher levels. Fiscal and other forms of incentives do not form part of the system used for regulating health care providers.

The hierarchical nature of the state-owned health system is further ensured by the way in which senior posts are allocated. Almost all senior management posts at national, regional and local level are appointed by the Minister of Health. This includes, for instance, the heads of regional health authorities, district/city medical unions, tertiary care facilities at the national level, multi-specialty hospitals at the regional level and regional paediatric hospitals. Furthermore, all these posts are subject to annual revalidations carried out by the Ministry of Health. Revalidation committees evaluate the "fitness for the post" of management personnel, based on job performance and interviews (Cabinet of Ministers, 2008).

2.8.1 Regulation at the national level

At the national level, the government regulates the health sector through a number of organizations. The Cabinet of Ministers, the President and the Parliament are involved in the development of a vision for the health of the population and directions for health care development. These bodies are the main players who set the priorities, formulate national health policies, determine means and identify sources. However, other agencies, such as the Ministry of Health, the Ministry of Finance and the Ministry of Justice, are extensively involved in the policy development process and are consulted before the final documents are adopted.

The Law on health protection of 1996 is the main document outlining the areas subject to regulation by different players in the health sector (Republic of Uzbekistan, 1996). The Cabinet of Ministers and the Ministry of Health are charged with responsibilities such as:

- defending the rights of individuals to health protection;
• developing the national health policy and ensuring its implementation;
• financing the health sector and programmes for the development of medical science;
• managing, coordinating and controlling the public health sector;
• controlling the sanitary-epidemiological status of the population;
• ensuring a unified system of statistical reporting in the health sector; and
• defining the state-guaranteed medical package for vulnerable groups of the population.

The Ministry of Health and the Ministry of Finance are the main institutional actors involved in the development of detailed policies and regulations and the implementation plans for government priorities and objectives. They are also responsible for monitoring, evaluation and information management.

2.8.2 Regulation at local levels

Government regulation at the subnational level is carried out by viloyat health authorities and tuman or city medical unions. Regional health administrations are responsible for the management of health services in their territorial units. Regional finance departments allocate resources to health care facilities based on guidelines determined by the Ministry of Health and Ministry of Finance. Regional administrations are supposed to take responsibility for preparing strategies for the development of the health system at the viloyat level, and each viloyat establishes its viloyat work plan in implementing national health care priorities.

The viloyat health authorities are responsible for ensuring an appropriate supply of pharmaceuticals and medical equipment in their viloyats. They are also responsible for providing appropriate health care services to the population in their viloyats and directly provide sanitary-epidemiological and ambulance services. The responsibilities of the viloyat administration also include the provision of rehabilitation services for people with disabilities, fund raising for health activities and services, and social protection.

The Ministry of Health is responsible for the implementation of nationally set protocols and policies at the local level. Local governments can only issue local policies that do not contradict national policies. Local policies are used as regulatory tool at the local level, but carry less weight than those from the national level. On the whole, local government representatives (such as governors or health authorities) ensure implementation of and compliance with national guidelines.

According to the Law on health protection, local authorities are, inter alia, charged with the following responsibilities (Republic of Uzbekistan, 1996):

• ensuring compliance with and implementation of legislation in the health sector;
• ensuring the rights of individuals to health protection are met;
• ensuring access to primary health care and social care;
• controlling the quality of medical care, compliance with medical protocols, and the provision of pharmaceuticals;
• coordinating and controlling all institutions involved in health care delivery; and
• creating an environment which facilitates the development of the private sector.

2.8.3 Regulation and governance of third-party payers

Currently, a very small share of health financing is channelled through third-party payers and no specific regulations or frameworks for third-party payers exist.

2.8.4 Regulation and governance of providers

There are no restrictions on the kind of private providers that can access the market for health care delivery. The only criterion is that health professionals and health care delivery institutions are licensed by the Ministry of Health and meet other requirements set out for private businesses or NGOs. Private providers are generally considered to be commercial enterprises and are governed by the same regulations and agencies, irrespective of whether they are profit-making or non-profit-making.
The governance and management structure of public providers has not changed much since the Soviet period. Hospitals are managed by the head doctor, who is exclusively responsible for all hospital activities, and clinical and nonclinical outcomes or outputs. Depending on the size and type of the hospital, the head doctor is allocated a number of deputies, responsible for clinical aspects, infrastructure and similar issues. The next level of the management hierarchy comprises the heads of departments. They are “operational managers”, responsible for the day-to-day running of departments and have both clinical and nonclinical responsibilities.

Urban polyclinics have a management and governance structure similar to that of hospitals. A head doctor is responsible for the management of the clinic and, in large polyclinics, is assisted by deputies. Rural physician points, due to their small size, have a much simpler management structure, although they also have a head doctor, even when they employ only one physician. In both cases, the head doctor is the formal “manager” of the public provider.

2.8.5 Registration and planning of human resources

The Law on health protection stated that only those who held a graduation diploma from higher or special medical education institutions of Uzbekistan were allowed to work in clinical practice. Those who graduated from educational institutions outside of Uzbekistan had to obtain approval for their diploma, according to procedures set out by the Ministry of Health. Those who had not been practising for more than three years were required to pass retraining or attestation processes (Republic of Uzbekistan, 1996).

While licensing for employment in the public sector has stayed unchanged since independence and no additional licensing processes have been established, licences for private practice have been introduced. Licences for private clinical practice (in single or group practices) are issued by a special committee organized through the Ministry of Health. Since September 2014, an online service for licensing private health care providers has been provided.

In 1999, the Ministry of Health established a Centre for Licensing and Revalidation of health professionals. The Centre’s main responsibility is to assign “attestation” qualifications. These qualifications are linked to the salary scale in the public sector and need to be renewed every three to five years.

Medical education is the main governmental tool for the regulation of the number and mix of health workers. All institutions for medical education are public and the government determines annual enrolment, as well as the annual slots for graduate and postgraduate medical education for the various specialties. There are enrolment limits for both undergraduate and postgraduate degrees. For approximately 30–40% of overall enrolment, expenses (including tuition fees and a stipend) are funded by the government, while the remaining places are self-financed by students. The number of both government-funded and self-financed enrolment places for undergraduate and postgraduate (magistratura) education is set by the Cabinet of Ministers based on recommendations of the Ministry of Health, while the number of places for advanced academic degrees is set by the Ministry of Health and the Ministry of Finance. This arrangement provides an easy regulatory tool to address imbalances in the supply of health professionals, as the number of new specialists depends on the number of training places. However, as evidenced by the current imbalances in the health system, other regulatory tools might be needed in the future to address this issue more effectively.

2.8.6 Regulation and governance of pharmaceuticals

The Ministry of Health exercises its regulatory role in the area of pharmaceuticals through the Department for Quality Assurance of Drugs and Medical Equipment, established in 1995. The Department develops and implements quality standards with regard to pharmaceuticals and medical equipment. It is the only state agency responsible for the quality control, standardization and certification of drugs and medical equipment.

The purchase and distribution of pharmaceuticals was the first health arena to involve the private sector. A licence from the Ministry of Health and staff qualified with degrees in pharmacy are the only prerequisites for private pharmaceutical retail. Wholesale distributors of pharmaceuticals are also required to obtain a licence issued by the Ministry of Health (Cabinet of Ministers, 1994). The Ministry of Health, however, has taken on the role of a gatekeeper to the national pharmaceutical market and has regulatory
responsibilities, which include safe storage and distribution and other safety-related issues. A universal price control mechanism is enacted throughout the country, limiting profit margins of wholesalers and retailers. Wholesalers’ mark-ups are limited to 20%, with retailers allowed up to 25% of the purchasing price, so that consumer prices are within a 50% ceiling of the purchase price of the wholesaler.

In 1997, Uzbekistan adopted a national policy on pharmaceuticals that provides a comprehensive framework for coordinated development of the pharmaceutical sector. The official state register of pharmaceuticals approved for medical use in Uzbekistan contains about 3900 products. The listings are based on the brand name and also indicate the international nonproprietary (generic) name. These products are officially permitted to be prescribed and used in the Uzbek health system. The register contains drugs produced in Uzbekistan, as well as drugs from other countries.

In order to register domestic products, clinical trials are necessary. To register imported pharmaceuticals, a defined set of documents must be submitted to the Department for Quality Assurance. A committee consisting of three experts reviews the documents and, based on the results, pharmaceuticals are permitted for use without clinical trials, or are required to undergo a clinical trial or a trial for bio-equivalency. The following pharmaceuticals are eligible for exemption from clinical trials:

- if they have been in medical use for more than five years, and are registered in several countries, including the country where they are produced;
- if they are produced by a pharmaceutical company registered in Uzbekistan; and
- generic drugs, if registered and licensed in the country where they are produced and in several other countries, as far as bio-equivalency trial outcomes are available.

Registration of medical equipment follows a similar path.

Uzbekistan has adopted the concept of essential drug lists and has published a national essential drug formulary in 1998. The national essential drug list contains about 240 products, including over-the-counter products, and provides updated information on drugs. The list is based on the WHO model list of essential drugs. In addition, the Ministry of Health regulates the price of the 20 most basic products. All pharmacies, regardless of ownership, are required to offer these 20 products for a fixed consumer price, irrespective of purchasing costs and retail outlet ownership (Cabinet of Ministers, 1994). Pricing of all other drugs is not regulated, except by the mark-up limits already mentioned (20% for wholesale and 25% for retail).

Specified groups of the population are eligible for free medications in outpatient care if they have prescriptions from public primary care facilities. In these cases, retail pharmacies are reimbursed by the respective primary care facilities (Cabinet of Ministers, 1997b).

It is unclear what criteria are used to compile the list of 20 products and whether cost–effectiveness and burden of disease are explicitly taken into account. For all other products, price regulation is based on limiting wholesale and retail mark-ups (to 20% and 25% respectively).