

HEALTH INSURANCE IN CHINA AND THE POSSIBILITIES OF INTEGRATING ITS ELEMENTS INTO THE HEALTHCARE SYSTEM OF UZBEKISTAN

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Abstract

The thesis examines the characteristics, organizational structure, financing sources, and coverage level of the health insurance system of the People's Republic of China. It analyzes China's experience in reforming its compulsory health insurance system. Special attention is given to the potential adaptation of certain elements of the Chinese model within the context of Uzbekistan, particularly regarding the digitalization of insurance services, the implementation of a family doctor system, and the development of national mechanisms for quality control of medical care.

Keywords: Health insurance, China, Uzbekistan, compulsory health insurance, healthcare system, digitalization of medical services, DMED, Chinese experience, family doctors, medical care quality control, financing sources, insurance coverage, international insurance, healthcare reforms, multi-level insurance system.

Introduction

Health Insurance System in China

Since the 1990s, China has operated a multi-level health insurance system covering approximately 98% of the population. It includes the following types of insurance: basic medical insurance for urban employees, basic medical insurance for urban residents, the New Rural Cooperative Medical System, as well as scholarship-based and international insurance schemes. Healthcare services in China are fee-based, and holding a valid medical insurance policy is mandatory for foreign nationals applying for a visa. For tourists, it is a required condition for entry, covering outpatient and inpatient treatment, emergency hospitalization, and medical evacuation.

Types of Health Insurance

1. Basic Medical Insurance for Urban Employees (UEBMI)

Established in 1998. Employees typically contribute about 2% of their salary to the insurance fund, while employers contribute approximately 10%. This type of insurance generally does not provide access to private hospitals and does not cover emergency transport costs.



2. Basic Medical Insurance for Urban Residents (URBMI)

Implemented in 2007. It covers children, primary and secondary school students, and unemployed residents not enrolled in UEBMI. The amount of insurance premiums varies by city and depends on local government decisions, cost levels, and population income. Additional subsidies are provided to low-income citizens, young children, and students with disabilities.

3. New Rural Cooperative Medical System (NRCM)

Introduced in 2003 and currently covers more than 90% of China's rural population. It is financed through government subsidies and individual contributions. NRCM offers only partial coverage of medical expenses.

4. Private Insurance

Offered by both Chinese and international companies such as Cigna, Aetna, MSH International, and Bupa.

5. International Insurance

Designed for individuals traveling abroad and often includes customer support in the policyholder's native language.

Insurance Requirements for Foreigners

Visa requirement: Medical insurance is mandatory for obtaining a visa.

Minimum coverage: At least 296,000,000 Uzbek soms (\approx USD 30,000). A coverage limit of USD 50,000–100,000 is recommended due to the high cost of healthcare services.

Deductible: Policies with deductibles are cheaper, but require the policyholder to pay a fixed amount (USD 30–100) for each claim.

Students: Must have individual insurance or a university-sponsored group policy valid for the entire duration of the residence permit.

Coverage typically includes: outpatient and inpatient care, prescription medication, emergency care, medical transportation, and evacuation.

Payment options: annual, semi-annual, quarterly, or monthly (annual plans are often more cost-effective).

Automation: Many international insurers provide online policy issuance, English-language support, and flexible coverage limits.

Digitalization of Healthcare in Uzbekistan

Uzbekistan is also embarking on large-scale digitalization of its healthcare system through the introduction of the DMED (Digital Medical) platform — a unified digital ecosystem under the Ministry of Health intended to improve the quality and efficiency of medical services. As part of ongoing reforms, the introduction of compulsory medical insurance is being considered.

China and Uzbekistan are both implementing extensive transformations in their healthcare systems aimed at increasing access to and the quality of medical care. China's experience — having achieved



nearly universal insurance coverage — is extremely valuable for Uzbekistan, which is at the early stages of developing its own compulsory health insurance system.

Uzbekistan faces challenges such as insufficient funding, the need to improve service quality, and ensuring equal access to care. China previously faced similar issues and successfully addressed them, making its model a potentially applicable reference for adaptation.

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