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YUKSALISH INTERNATIONAL

THE ANTI-CORRUPTION AGENCY of the Republic of Uzbekistan

INTEGRITY AND CORRUPTION RISKS IN OBSTETRICS PROVISION

Anti-Corruption Laboratory Project
Tashkent 2023-2024

EXECUTIVE SUMMARY

This study attempts to identify problems of corruption and their causes in the provision of obstetrics healthcare, with a particular focus on childbirth. It provides:

- A brief analysis of the regulatory framework **(Chapter 1)** for obstetrics provision: the healthcare institutions responsible for provision, the rights of residents to healthcare services, financing of the system, and standards of provision.
- Evidence on problems of conduct of medical personnel in the actual provision of obstetrics care, based on interviews, surveys and focus group discussions. Interviews were conducted with the administrative staff of the Ministry of Health, Regional Health Departments, medical institutions of the obstetric system. Evidence from health workers, doctors, nursing staff, women in childbirth and their relatives was collected through focus group discussions and questionnaire surveys **(Chapter 2)**. This evidence is presented in the form of a Risk Register, which links the problems identified to weaknesses in the regulatory framework and identifies measures recommended to tackle these weaknesses.

Uzbekistan embarked on a process of fundamental healthcare reform in 2019, with Presidential Decree 5590 on Comprehensive Measures to Radically Improve the Healthcare System of the Republic of Uzbekistan, which included a Healthcare Development Concept in Uzbekistan 2019-2025 [1] . Historically there has been more or less a consensus that informal payments for healthcare services in obstetrics (especially childbirth) were systemic. This is vividly described in the essay [2] on corruption at childbirth that won a prize from the Ministry of Justice. It is a story of a journalist, who came across multiple informal payments and integrity breaches in a maternity hospital, where his wife gave a birth to his son, and at a civil registration office.

[1] *https://lex.uz/ru/docs/4096199#4099858*

[2] *https://m.facebook.com/story.php?story_fbid=1638413879596889&id=100002848799079*

The reform steps envisaged in the Concept include a transition to a modern financing system based on compulsory health insurance and spending linked to real costs of care, and numerous other steps that if implemented could be expected to have a major impact in preventing corruption. While some steps have been taken to implement the concept including piloting of health insurance in certain regions, the status and record of implementation is not well documented and certain measures (such as a Code of Ethics for Medical Workers) have not been implemented properly.

The main problems remaining include:

- Widespread acceptance of custom of "suyunchi" at childbirth, which in practice does not constitute only a gratitude but to a significant extent an informal payment necessary to receive services to which patients have a legal right.
- A fragmented and in places contradictory legal and regulatory framework (for example the right to free childbirth services contradicts an order allowing doctors to send patients to buy medicines that are in shortage).
- A financing system that is outdated and unable to reliably match needs of concrete healthcare institutions.
- Inadequate training of medical staff, lack of ethics standards and possible lack of knowledge of clinical standards.
- Failure to adequately inform patients of their rights.

The main recommendations of this report are the following:

- Properly implement the Concept of Healthcare System Development of the Republic of Uzbekistan 2019 – 2025, especially:
  - Unifying the legal framework
  - Reforming the financing system (including a genuine compulsory health insurance system)
- Implementing the Code of Ethics for Medical Workers and mechanisms to enforce it
- In the meantime:
  - Conduct Ministry of Health controls/inspections of healthcare institutions compliance with obligations to provide free services and inform patients of their rights
  - Conduct review of salaries of medical staff and implement fair salary rates
  - Repeal the Ministry order allowing doctors to send patients to purchase medicines which are supposed to be state-guaranteed.

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CONTENTS

ABOUT THE ANTI-CORRUPTION LABORATORY PROJECT

Founded in 2020, the Anti-Corruption Laboratory is the ongoing collaboration among three organizations: "Yuksalish" Movement as key implementor, Anti-Corruption Agency of the Republic of Uzbekistan supports data survey scoping and data collection preparation, and Regional Dialogue provides expert guidance and support on the implementation of best global practices in the area of corruption risk assessment.

Key Objectives:

- Create research methodology and best implementation practices to conduct corruption risk assessment on socially important issues.
- Identify integrity and corruption risk factors that trigger corruption or other integrity breaches.
- Identify integrity breaches (corruption and integrity risks) by combining desk research and survey results.
- Provide policy recommendations to address the problems identified.
- Raise citizens and public agencies awareness in corruption and integrity risks, what causes them and how they can be mitigated.
- Engage civil society organizations and activists in anti-corruption.

RESEARCH METHODOLOGY

The study included the steps as follows:

- Defining research framework
- Data collection
- Data analysis
- Formulation of conclusions and recommendations
- Preparation of the final report

The data collection process was divided into two main phases:

01 Desk research included analytical review of the legal framework of obstetric care, media publications, international experience, analysis of statistical data;

02 Field work included the collection of primary data.

Quantitative and qualitative data was collected through interviews, focus group discussions (FGDs) and questionnaire surveys, which were conducted through Google Form in the Uzbek language.

SAMPLING

The study covered **21 maternity hospitals** in **7 regions** of Uzbekistan (Tashkent city, Tashkent, Syrdarya, Fergana, Kashkadarya, Navoi regions, the Republic of Karakalpakstan). The regions were selected by clusters, differences in the mindset of the population, population density. To get the objective findings, the study involved ten respondent categories:

- **1** Representative of the Ministry of Health
- **2** Representatives of health departments in regions
- **22** Chief doctors of maternity hospitals
- **70** Obstetrician - gynecologists
- **48** Neonatolo -gists
- **42** Anesthesiolo gists-resuscit ators
- **39** Therapists
- **61** Midwifes and nurses
- **48** Women in childbirth
- **57** Relatives of women in childbirth

Total: **395 people**

CHAPTER 1: LEGAL/REGULATORY FRAMEWORK FOR THE PROVISION OF OBSTETRICS

Regarding the legal framework for obstetrics in general, it should be noted that while primary laws, Presidential decrees and Cabinet of Ministers decrees are available online, regulatory acts of the Ministry of Health (primarily Orders) are not. While the Anti-Corruption Laboratory team obtained Orders from the Ministry on request, they were provided in a non-machine-readable form, contrary to Open Data Charter [3].

PROVIDERS OF OBSTETRICS CARE

Obstetrics encompasses all healthcare services in the area of pregnancy and childbirth, from preventive and medical care during pregnancy, childbirth itself, to the treatment of diseases in mothers and newborns. The primary focus of this analysis and the surveys conducted is on healthcare services for pregnant women, and especially those giving birth.

Women who become pregnant will most likely have their first contact with obstetrics at a maternity consultation at their family clinic. Depending on their situation the doctor may refer them to any of the three main levels below, or four if the Institute of Obstetrics and Gynecology is included.

I. DISTRICT HOSPITALS ("1ST LEVEL" STRUCTURE):

District hospitals provide obstetric services to pregnant women without pathologies (i.e. with non-complicated pregnancies). They are also equipped to provide surgical interventions such as caesarean sections if necessary. Under current regulation, a woman is referred to a district hospital if she has a pregnancy of 37 weeks or more with no complications, and healthy newborns are also referred for care such as immunization and screening. If a woman or her newborn is in need of more specialist care (e.g. after developing complications) they shall be referred to higher level entities, or consultants from higher levels called upon if transfer is impossible. District hospitals also providing palliative care to children with non-life-threatening congenital defects.

[3] *Letter of adoption of Open Data Charter (ODC) by Uzbekistan https://drive.google.com/file/d/1LQQylaHMllrojjpokN_8PysVdfMWmCJd/view*

II. MUNICIPAL AND REGIONAL MATERNITY HOSPITALS (2ND LEVEL):

Maternity hospitals are specialized healthcare institutions that provide medical care to pregnant women and women in childbirth with complicated pregnancies. Pregnant women and women after childbirth may be referred to them in the last month of pregnancy if they are suffering from medical problems and physical disorders of women in pregnancy without dysfunction of internal organs.

Newborns may be referred here if they suffer from birth pathologies or injuries that do not require urgent surgical intervention, and are for example in need of respiratory therapy or need additional examination. Women or newborns who suffer from more serious complications may be referred to higher level entities or if their transfer if impossible consultants called upon from such entities.

III. PERINATAL CENTERS (3RD LEVEL):

Perinatal centers were established in 2000 [4]. They provide specialized medical for women with serious problems such as premature birth, prenatal rupture of amniotic fluid and congenital malformations of the fetus. There are 14 self-contained centers plus 46 established within existing maternity hospitals. Women may be referred to PCs if they suffer from a range of such serious complications or conditions that are life-threatening or are not covered by existing treatment standards or protocols. Criteria for referral also include situations where a newborn was more than one month premature or suffers from similarly serious conditions.

IV. INSTITUTE OF OBSTETRICS AND GYNECOLOGY

In addition to these three main levels of care, the Institute of Obstetrics and Gynaecology also exists, which provides specialized care to pregnant women and children with pathologies. The Institute also trains doctors and other specialized medical personnel in obstetrics, gynecology, perinatology, and anesthesiology – resuscitation. The Institute describes itself (for example on its website) as the fourth level of obstetrics care provision. However, Ministry of Health orders relating to the network of perinatal centers [5] describe a three-level system with rules on who is to be admitted to each level, and the Institute is not mentioned.

[4] *Resolution of the Cabinet of Ministers No. 46 dated February 15, 2000.*

[5] *Order of the Ministry of Health of the Republic of Uzbekistan No. 185 of 2014 "On the regionalization of perinatal care in Uzbekistan", Order of the Ministry of Health of the Republic of Uzbekistan No. 151 of June 28, 2021 "On the targeted direction of perinatal medical care in the Republic of Uzbekistan".*

PROCEDURE FOR DECISIONS ON PATIENT REFERRAL

Decisions on referrals of patients are made by the doctor treating them. If a referral is for hospitalisation the decision is made by a commission of 2-3 doctors.

PATIENT AWARENESS

Order 696 requires the reception department of a medical organization admitting a patient

"is obliged to provide patients with free, accessible and reliable information, including information about the operating hours, the list of medical care, the conditions for providing and receiving this care, as well as information on the qualifications of medical specialists." (Article 15). In the course of treatment medical staff are obliged to provide patients with information about their health status including information about the results of examination, diagnosis and prognosis, treatment methods and associated risks, and possible options for medical intervention and their consequences

FINANCING OF OBSTETRICS CARE

The healthcare system in Uzbekistan is still based on the structure established in the Soviet Union. However, numerous changes have been made to the system, such as the establishment of Rural Medical Stations, Emergency Care Centers and (of direct relevance to this study) Perinatal Centers. The traditional model of 100% state financing has also evolved with the addition of insurance and privately-paid healthcare.

FINANCING SOURCES

Financing of healthcare (including obstetrics) is a mixed system based on four sources.

I. THE STATE BUDGET

Most healthcare funding in Uzbekistan comes from the state budget. [6] This includes funding of infrastructure, medical equipment, training and salaries of medical personnel, funding of research. The budget allocation is determined according to the number of patients and the population in the service area. It is very difficult to determine with accuracy the proportion of total funding constituted by the state budget, but it can be estimated with confidence that it is 90-95%.

An important problem relating to state budget funding is that the criteria and procedure for allocating funds is highly bureaucratic and is not well designed to match either the obligations of healthcare institutions (including obstetrics provision) according to existing regulations nor short-term fluctuations in their budgetary needs. The budget for a given provider is determined by the Ministry based on the historical number of beds and the size of the local population. There are not adequate provisions to ensure that where additional capacity is needed (for example an increase the number of beds in a given year) that corresponding resources will be provided including for equipment, financing of staff remuneration, transportation etc.

II. COMPULSORY HEALTH INSURANCE

Under a Presidential Decree from 2018 [7] the government envisaged the introduction of a compulsory health insurance (CHI) mechanism from 2021. However, the legal framework has not been approved, with the Law "On Compulsory Health Insurance" under preparation for 5 years. As an experiment, in 2021, the system began to function in the Syrdarya region. From 2023, compulsory health insurance was according to the decree supposed to be introduced in Karakalpakstan, Tashkent, Samarkand, Navoi, Surkhandarya and Fergana regions, and from 2025 - in all regions of the country. Financing will be provided through the National Compulsory Health Insurance Fund; the fund will be formed from:

- funds received from the state budget for basic compulsory health insurance;
- targeted deductions from excise taxes on tobacco products, alcohol, foods with high sugar content, trans fats, and other unhealthy products;
- funds received from the state budget to pay compensation for the execution of court decisions;
- voluntary contributions and receipts under gifts from legal entities and individuals;
- funds coming from charitable foundations, international organizations and foreign citizens;
- other income that does not contradict national legislation.

It is unclear whether this is envisaged as health insurance fund in a conventional understanding, where:

- Citizens and residents would contribute a legally-binding percentage of their income to a health insurance fund that is ring-fenced from other budget funds and whose size is therefore predictable.

[6] *Resolution of the Cabinet of Ministers of the Republic of Uzbekistan dated September 5, 2017 No 696 "On the procedure for providing medical care in medical organizations of the system of the Ministry of Health of the Republic of Uzbekistan at the expense of the State Budget of the Republic of Uzbekistan."*

[7] *Presidential Decree No. 5590 "On comprehensive measures to radically improve the healthcare system of the Republic of Uzbekistan", December 7, 2018.*

- The insurance fund manages these funds and makes payments to healthcare providers, with the possibility of for example withholding funding disciplining those that do not observe legal obligations.

Currently no law has been passed to establish or regulate the fund. There is no study or available information on the results of the piloting of CHI in the regions mentioned.

III. REVENUES FROM PRIVATE SOURCES

Medical institutions in Uzbekistan also receive revenues from services purchased by patients in addition to state-guaranteed care. The legal framework determining which services are free and which are paid may be summarized as follows:

- A 1998 Presidential Decree states that "provision of obstetric services (except for paid institutions)" is provided free of charge and a woman who is a citizen of the Republic of Uzbekistan may give birth anywhere on the territory of Uzbekistan. [8]

- Ministry of Health Order 293/2019 [9] in its General Provisions states that in state medical organisations, free medical services guaranteed by the state are provided at the expense of the state budget. Services not guaranteed are provided on a paid basis "upon mutual agreement of the parties". If a patient/client comes to a medical organisation for care without a referral, care is provided on this paid basis, unless urgent medical care is required.

- Appendix 3 of Order No. 293 lists the types of services that may be charged generally (i.e. to any patient – such as the operation of a health bar, provision of hotel services, additional services for a woman in childbirth, printing services, hairdressing services etc. Chapter 4 allows the organization of commercial structures (pharmacies, shops, consumer services) on the territory of the medical institution, and sometimes their own diagnostic services.

- Under Paragraph 26 of Chapter 4 of the Order the head of the medical institution establishes the types of paid services and their pricing independently, with the permission of the Ministry. Paid services here means non-emergency services that are normally state-guaranteed but are being used by a patient with no referral, and services that are in addition to state-guaranteed ones. A list of services and their prices must be available (including online) and only a designated employee (such as treasurer) may accept cash

[8] *Appendix No.1 , Decree 2107 of the President of the Republic of Uzbekistan, November 10, 1998.*

[9] *Order No. 293 of the Ministry of Health of the Republic of Uzbekistan dated March 12, 2019 "On the procedure for organizing paid services from medical organizations in the system of the Ministry*

payments. Other regulations are also fairly strict – for example separate accounts, accounting and reporting must be observed for paid services.

- Appendix 3 to the same order states that patients who are in need of emergency and emergency medical care or have a referral may not be charged for such services.

- Ministry of Health Order No. №187 states that if a medicine or reagent needed for a patient's treatment is missing, the doctor can send a relative of the woman in childbirth to purchase it at their own expense, if it is justified by the patient's medical history.

These regulations appear to be clear in principle about the services to which patients have an automatic right. However, they afford excessive discretion to the managers of healthcare providers over the price of services when they are charged.

The fact that doctors may send patients to purchase missing medicines or substances raises serious questions over whether the system is able to ensure adequate provision of these services and whether it is legitimate to expect patients to purchase medicines the state is supposed to guarantee for free. Order No. 187 creates a level of doctor discretion that may be damaging, with some nurses claiming that patients are sent to buy medicines (or similar medicines produced by a particular pharmaceutical company) even when the medicine is in stock at the hospital.

Together with the ability of medical institutions to run commercial pharmacies it also creates potential conflicts of interest, where institutions have an interest in persuading patients to purchase substances from their own pharmacies. In this context, it is important that clinical standards define clearly the circumstances under which different treatments and medicines should be applied/prescribed.

IV. INTERNATIONAL COOPERATION AND ASSISTANCE :

Uzbekistan may also receive financial assistance and support from international organizations, governments of other countries and charitable foundations.

These funds can be intended for infrastructure development, improving the quality of medical care, training medical personnel and other health care projects.

[10] *Order No. 293 of the Ministry of Health of the Republic of Uzbekistan, chapter 4, paragraph 26 "The procedure for financing medical institutions that are gradually switching to paid medical care", measures for the implementation of the State Reform Program healthcare system (Appendix No. 10 to the Decree of the President of the Republic of Uzbekistan dated November 10, 1998 No. Presidential Decree-2107).*

[11] *Law of the Republic of Uzbekistan, No 684 dated April 22, 2021, "About public procurement".*

REMUNERATION OF MEDICAL STAFF

Table 1 shows the salaries of medical staff.

Table 1: Salaries of medical staff at state maternity hospitals

Doctor's specialty	Rank/Category	Monetary equivalent	Additional payment for harmfulness	Additional payment for experience
Obstetrician-gynecologist	6th rank	2 916 417	15%	5 years -5%
	7 / 2 category	3 208 296	15%	10 years -10%
	8 / 1 category	3 718 239	15%	15 years – 15%
	9 / highest category	4 127 109	15%	20 years – 20%
Anesthesiologist	7th rank	3 208 296	15%	5 years -5%
	8 / 2 category	3 718 239	15%	10 years -10%
	9 / 1 category	4 127 109	15%	15 years – 15%
	10 / highest category	4 581 822	15%	20 years – 20%
Nurse	2nd rank	1 992 134	15%	5 years -5%
	3 / 2 category	2 191 466	15%	10 years -10%
	4 / 1 category	2 409 782	15%	15 years – 15%
	5 / highest category	2,767,926	15%	20 years – 20%

Note: There are ten ranks. Each category of staff enters at a certain rank (e.g. nurses at 2nd rank) and may reach a certain rank (e.g. 5th rank for nurses. "Category" as a determinant of salary is determined by length of time in service.

Based on the standard number of hours per month (144) an obstetrician-gynecologist (doctor) who has the highest category and 20 years of experience will receive 4,127,109 + 619,066 + 825,421 = 5,571,596, which in US dollars will be $450 per month. Doctors also incur significant expenses, for example undergoing mandatory training and attending necessary conferences and meetings in Uzbekistan or abroad.

The salaries of doctors compare unfavourably to other public officials and private sector employees. For example, judges earn $2000, bank employees $900, and a police lieutenant $570 (tax-free). The salaries of doctors in private clinics tend to be much higher, from $450 to $4,000.

Looking internationally, doctors' salaries are higher in Russia and more than twice as high in Kazakhstan, but lower in Kyrgyzstan and much lower in Tajikistan (see Table 2).

Table 2: Doctors' income in selected countries

No.	Country	Doctors' income $ (2023)
1	Denmark	12,000
2	Slovenia	4500
3	Kazakhstan	923
4	Russia	663
5	Uzbekistan	450
6	Kyrgyzstan	400
7	Tajikistan	140

Nurses with 20 years work experience (5th category) receive 3,736,699 per month ($300).

From the results of the surveys conducted during this study (see Table 3), medical personnel clearly perceive their remuneration as insufficient to cover their needs (such as food, water and clothing).

Table 3: Medical staff perceptions of adequacy of salary

Specialist	Does the salary meet your needs?	Can wages cover your professional development needs?
Therapist	Not always 53.8% No 46.8%	Yes - 41% No – 59%
Neonatologist	Yes – 8.3% Not always - 47.9% No - 43.8%	Yes - 35.4% No – 64.6%
Anesthesiologists-resuscitators	Yes – 19% Not always - 35.7% No - 45.2%	Yes - 40.5% No – 59.5%
Obstetrician-Gynecologists	Yes – 12.5% Not always – 26.4% No – 61.2%	Yes – 29.1% No – 70.9%
Nurse	Yes – 8.2% Not always – 34.4% No – 57.4%	Yes – 47.5% No – 52.5%
Average	Yes – 9.6% Not always – 39.64% No – 50.88%	Yes – 38.7% No – 61.3%

On average 51% of obstetrics medical personnel state that their salaries do not cover their living needs. In addition, on average 61% of medical personnel regard their income as insufficient to cover the expenses of professional development (training, conferences etc.). These are a priori corruption risk factors, as they provide a clear incentive for such personnel to accept money or favours to compensate. Doctors and nurses in focus group discussions stated that bonuses from cooperation with pharmaceutical companies significantly boost their income (24% of doctors and 20% of nurses).

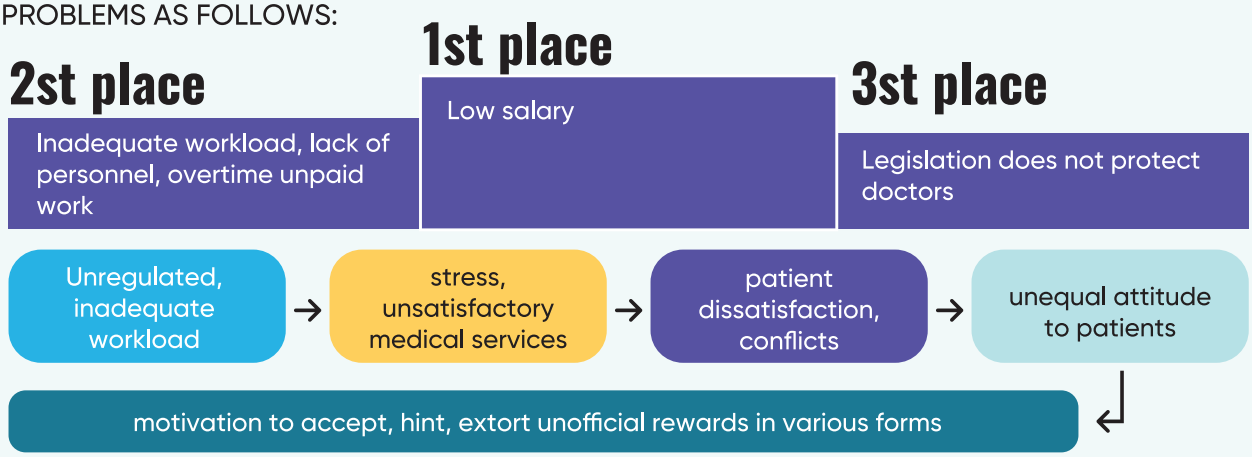
The point of qualification training for doctors has to be also reflected here: They should undergo 288 hours of training (2 months). One month of study (144 hours) is covered from the budget, and the second month (144 hours) they should cover themselves (approximately $200 plus costs of accommodation, transport etc., significant costs that exceed their monthly income.

While PD 5590 envisages reform of the financing system and of remuneration that would imply salaries linked more closely to performance and need, there is no official policy to increase salaries. In early 2023 the Minister of Health Amrillo Inoyatov publicly recognized low salaries in medical staff and acknowledged the existence of "bribes" while describing them as "gratitude" [12].

The fact that salaries of medical staff are low is exacerbated in addition by an excessive workload. Many doctors and nurses are employed for the full number of standard hours (and often work extra hours in addition) but are paid for half or three quarter-time employment. In focus group discussions overload was highlighted repeatedly by medical staff as one of the biggest problems.

WORKING CONDITIONS OF MEDICAL WORKERS AS CORRUPTION AND INTEGRITY RISK FACTORS

DOCTORS AND MEDICAL PERSONNEL RATE PROBLEMS AS FOLLOWS:



Conclusion: Any deficiency in the quality of working conditions or affecting the quality of life can become a risk factor that leads to compensatory corrupt behavior and integrity breaches

[12] *https://www.youtube.com/shorts/39KShZ-xJhQ*

STANDARDS OF TREATMENT

The system of standards in the medical field is an important component of providing adequate medical care to the population. It includes regulations and standards for the diagnosis, treatment and rehabilitation of various diseases. Aspects that the healthcare standards system includes:

- **Diagnostic and treatment protocols:** set standards for diagnosis and treatment options for various diseases. These protocols may include mandatory diagnostic methods, manipulations and types of invasive/non-invasive interventions.
- **Standards of medicinal therapy:** define standard drug treatment regimens for various diseases. This includes the choice of specific medications, their dosage, dosage regimen, and duration of therapy.
- Other standards on **prevention, training and certification, Monitoring and quality assessment** and **Information technologies** in healthcare.

In the obstetrics system of Uzbekistan, comprehensive standards have been developed for all units and are freely available, including online at the Ministry of Health website. Medical staff in the obstetrics system stated the following in the surveys conducted for the study:

- Standards are described clearly and comprehensibly, for example by 97% of doctors (see Table 4).
- Medical staff are mainly informed about standards by the deputy head physician and in the medical "five-minute meeting" (see Table 5). Few use the Ministry of Health website, i.e. read the standards directly. This raises a possible question of whether staff have actually read the standards and how familiar they are with the detail.
- Medical staff state that they overwhelmingly provide treatment according to the standards (see Table 6). 94% of doctors state that they provide services according to standards, while 6% state that they are unable to do so in all cases – mainly due to inadequate supplies of medicines that are supposed to be guaranteed by the state.

Table 4: Clarity of standards according to medical staff

Speciality	Application of standards at work
Obstetrician-gynecologists	Standards are described clearly and understandably 96.7% The material is very difficult to understand 3.3%
Anesthesiologists	Standards are described clearly and understandably 90.5% The material is very difficult to understand 9.5%
Therapists	Standards are described clearly and understandably 79.5% The material is very difficult to understand 20.5%
Neonatologists	Standards are described clearly and understandably 91.7% The material is very difficult to understand 8.3%
Neonatologists	Standards are described clearly and understandably 96.7% The material is very difficult to understand 3.3%

Table 5: Sources of information on standards according to medical staff

Speciality	Stated sources of information on standards						
	Magazines	Deputy Head Physician for Medical Affairs	Colleagues	Medical five-minute meeting	Social media	Pharma-ceutical	Websites of the Ministry of Health
Obstetrician-gynecologists	16.6%	73.6%	20.8%	45.9%	25%	1.4%	0%
Anesthesiologists	28.6%	71.4%	45.2%	69%	42.95	0%	2.4%
Therapists	20.5%	66.7%	51.3%	69.2%	43.6%	0%	2.6%
Neonatologists	10.4%	62.5%	29.2%	54.2%	27.1%	0%	2.1%
Nurses	13.1%	70.5%	34%	50.8%	24.6%	1.6%	1.6%

Table 6: Implementation of standards according to medical staff

Speciality	Application of standards at work
Obstetrician-gynecologists	I provide services according to standards 94.4% I am not able to provide services according to 5.6% standards
Anesthesiologists	I provide services according to 100% standards
Therapists	I provide services according to 94.9% standards I am not able to provide services according to 5.1% standards
Neonatologists	I provide services according to 97.9% standards I am not able to provide services according to 2.1% standards
Neonatologists	I provide services according to 100% standards

Perhaps due to the difficulties of following standards created by resource constraints, monitoring of the implementation of standards is carried out by the Ministry only when there are cases of death, complaints from relatives, internal proceedings between health workers. There is not clear system of regular monitoring or inspection.

In conclusion, it may be safe to assume that standards are clear. However, while medical staff claim to follow standards almost universally, it is not so clear to what extent they have actually read them. Clear and detailed clinical treatment standards are an important mechanism for corruption prevention as they reduce the scope for arbitrary treatment decisions. If staff are not genuinely aware of standards in detail or are not trained on them properly, this may be a significant corruption risk factor.

SUPERVISION AND CONTROL

According to Order 696 of the Ministry of Health, "Heads of medical organizations are responsible for the correct issuance of referrals and provision of medical care in accordance with the approved quality standards of medical care..." (Article 19). According to the Ministry of Health it controls the compliance of medical institutions with standards on a weekly basis. However, in practice controls are only carried out in reaction to complaints or other notifications (including criminal complaints), and are conducted by other relevant authorities (e.g. prosecutor's office). Patients may complain about their treatment to the chief doctor, who may investigate on his/her own initiative. There is also a complaints form on the Ministry website and a hotline, and in addition an anti-corruption hotline at the Ministry's Compliance Department. On request the Ministry provided some general information on complaints and legal appeals in the healthcare system but not in the area of obstetrics specifically. In the first 3 months of 2023 9 complaints/appeals concerning alleged corruption were received by the Ministry, and 33 appeals were sent to the Ministry of Health, prosecutor's office and judicial authorities, and "other state organizations" under the Law "On Appeals of Individuals and Legal Entities".

CHAPTER 2: PROBLEMS OF CONDUCT IN OBSTETRICS PROVISION, CAUSES AND RECOMMENDATIONS

Respondents to surveys, interviews, and focus groups discussions identified a number of problems of conduct (risks) in obstetrics. The key ones are the following:

- **Charging for childbirth services that are legally guaranteed by the state: either officially by individual maternity institutions, or in the form of informal payments to medical staff**
- **Collusion between medical staff and/or healthcare institutions on the one hand, and private pharmacies and/or pharmaceutical companies to ensure patients buy certain medicines.**

The Risks Section shows these risks, identifies the problems in the legal and institutional setup of obstetrics (risk factors) that cause or facilitate the risks. The recommendations section identifies measures that can be taken to reduce/prevent corruption in the short and medium term. Some of the recommendations are essentially to implement measures in the concept of reform in Presidential Decree 5590, which if properly implemented should have a fundamental impact. The remaining recommendations are to implement other measures directed at tackling problems of conduct in the immediate term.

RISKS

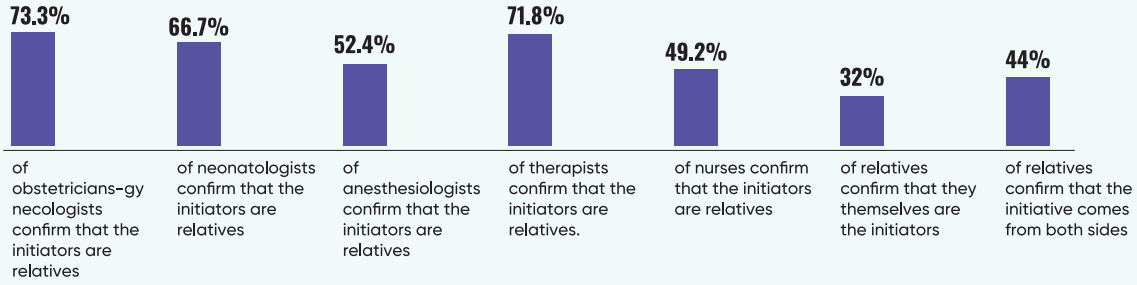
1. CHARGING FOR SERVICES THAT SHOULD BE FREE, EITHER OFFICIALLY OR INFORMALLY. E.G.:

- **71%** of representatives from the region health confirm that unofficial payments exist
- **50%** of the chief doctors of PCs and maternity hospitals of the 1st-2nd level.
- **43.7%** obstetrician-gynecologists working in PCs
- **39.6%** of neonatologists working in PCs
- **31%** of anesthesiologists working in PCs
- **15.4%** of therapists working in PCs
- **27.9%** of nurses working in PCs
- **63.1%** relatives
- **10.4%** of women giving birth, there are unofficial payments and health workers hinted to them about it

The surveys indicate strongly that the main initiators of payments are relatives of women in childbirth; however, this must be interpreted carefully – if the provision of service or the quality of service provided depends on the provision of payment, women or relatives may be forced to initiate payments.

One maternity complex in Tashkent provides publicly visible price lists for a wide range of consumables for patients referred from a different district, while prices for obstetrics services such as childbirth itself are known only by chief doctor and the charge for childbirth is approximately $40.

THE INITIATIVE FOR REWARD FOR SERVICES COMES FROM RELATIVES



2. COLLUSION OF DOCTORS/MANAGEMENT WITH PRIVATE PHARMACIES TO DIRECT PATIENTS TO THE LATTER, OR WITH PHARMACEUTICAL COMPANIES TO DIRECT PATIENTS TO BUY THEIR PRODUCTS:

- 69% of medical personnel state they send relatives to private pharmacies for missing medication
- 100% relatives state that if a drug is not available, doctors write a prescription for them to use to buy medicines.

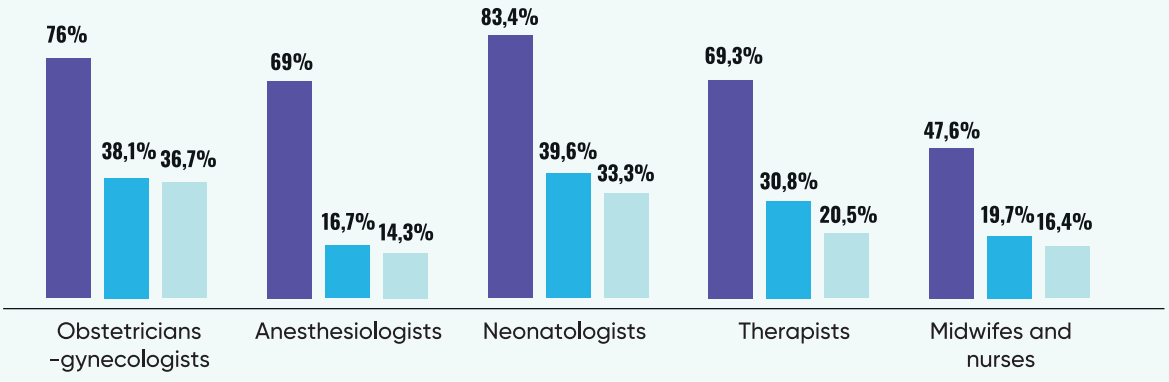
EXISTENCE OF COLLUSION BETWEEN ADMINISTRATION OF MEDICAL INSTITUTIONS AND PHARMACEUTICAL COMPANIES:

9.8% obstetricians-gynecologists

10.4% neonatologists

10.3% therapists

COLLUSION BETWEEN HEALTH WORKERS AND PHARMACEUTICAL COMPANIES, PRIVATE PHARMACIES AND PRIVATE DIAGNOSTIC CENTERS:



- Send relatives to pharmacies if there is no medicine available
- Send patients to certain diagnostic centers in case of lack of diagnostic equipment (magnetic resonance imaging, multi-slice computed tomography, ultrasound)
- Send to certain diagnostic clinics in case of lack of reagents for tests

RISK FACTORS

01 As identified in PD 5590:

"Unclear or ambiguous legal framework the lack of comprehensive legal regulation of the industry, the significant predominance of by-laws and departmental acts". General risk of sub-legal norms (e.g. Ministry Orders, hospital orders) not being harmonised or conflicting with each other, facilitating misconduct.

02 Financing system fails to ensure sufficient or equitable funding of healthcare institutions; e.g. where institutions increase capacity in response to increased demand there is no regulatory mechanism to ensure funding of all necessary services, especially salaries.

PD 5590: "Conditions have not yet been created for the introduction of a compulsory health insurance system, as a result of which health care is still financed primarily from budgetary funds. The republic has not developed clinical cost groups (DRG system), which are closely related to clinical recommendations (protocols) and standards of medical services."

03 One of the consequences is overload of maternity facilities.

04 Salaries of medical staff are perceived as insufficient to cover their basic needs.

- E.g. 61% of doctors, 57% of nurses and 45% of anaesthesiologists believe that their salary does not cover their basic living needs

05 Inadequate training. PD 5590 states as a problem: "Lag in the implementation of modern systems for training and retraining of medical personnel, and as a consequence the insufficient level of professional knowledge of doctors and nursing staff"

06 Code of Ethics for Medical Workers approved in March 2022 but not available online or disseminated to medical staff

07 Doctors and medical personnel not fully aware of/trained on diagnostic and treatment standards

08 Insufficient supplies of medicines and material supplies. Regulation (MoH Order 187) permitting doctors to send patients to buy missing medication/supplies (including those which the state is supposed to guarantee for free).

Healthcare institutions may establish commercial activities including private pharmacies.

Healthcare institutions may independently purchase drugs for treatment, creating risks of collusion between management and pharmaceutical companies.

09 Failure to inform patients fully or correctly of their rights: failure to implement/enforce MoH Order 696 requiring reception departments to "provide patients with free, accessible and reliable information, including information about the operating hours, the list of medical care, the conditions for providing and receiving this care, as well as information on the qualifications of medical specialists." (Article 15).

10 Widespread acceptance of provision of informal benefits: custom of providing "suyunchi" to medical staff involved at birth, especially if payment is provided after receipt of service, is distorted in such a way that service provision is more or less conditional on payment.

RECOMMENDATIONS:

01 Implement the Concept of Development of the Healthcare System of the Republic of Uzbekistan for 2019 – 2025 (APPENDIX No. 1, PD 5590), especially:

"Improving the regulatory framework by unifying national legislation in the field of healthcare and adopting laws of direct effect." Specifically, passage of a Health Code of the Republic of Uzbekistan, unifying the norms of existing laws in the field of healthcare, basic terms and definitions, etc.

"Determining the volume of free medical care guaranteed by the state - government decision "On guaranteed volumes of free medical care covered by the State Budget of the Republic of Uzbekistan" , including providing for methods and mechanisms for determining the volume of medical care covered by the State, structure of planning and operational management of budgetary funds.

"...introducing a system of payment for medical services per "treated case" according to clinical cost groups and new per capita financing mechanisms..."

"...the phased introduction of compulsory health insurance", and in particular passage of a Law "On Compulsory Health Insurance". This should ensure that the insurance fund is genuinely an insurance fund comprising contributions of residents and other entities, the size of which are determined legally and give payers a specific financial incentive to demand the system functions.

"Improving mechanisms to ensure compliance by medical workers with professional duties, preventing conflicts of interest and corruption...". The Code of Ethics of Medical Workers should be modified if necessary to establish proportionate sanctions for violations. It should be properly implemented through dissemination to both medical staff and the public (for example by displaying it in all medical facilities), training of medical staff and proactive awareness-raising of the public to encourage notifications of violation through existing complaints mechanisms.

Either the Code or other regulation should establish clear conflict of interest provisions, including on relations with pharmaceutical companies (for example hospitality, payment for scientific degrees) and other financial interests.

02 The Ministry of Health conducts inspections/controls of all healthcare institutions providing obstetrics services to ensure:

- Ministry orders and hospital orders/rules guarantee provision of state-guaranteed obstetrics services for free under the circumstances defined in MH Order 293/2019.
- Receptions provide comprehensive and accurate information in a standardised form (e.g. a poster drafted by the Ministry) to patients on their rights.

03 Conduct review of salaries of medical staff to determine and implement fair salary rates in comparison with other professions.

04 Repeal provision of MoH Order 187 allowing doctors to send patients to buy medicines and supplies guaranteed by the state.

05 Pharmaceutical companies and diagnostic centers provide assistance and fully compensate for doctors' studies

RECOMMENDATIONS OF THE ANTI-CORRUPTION AGENCY OF THE REPUBLIC OF UZBEKISTAN:

01 Placing price lists for paid services, including doctor's services for obstetric care, visible in public places in maternity hospitals, maternity complexes and perinatal centers throughout the republic.

02 To identify and prevent corruption and integrity breaches in the obstetrics system - widespread and regular organization of surveys among pregnant women, women in childbirth and the population in various forms, analysis of the data collected, and taking appropriate measures.

03 Development and implementation of contactless methods of communication between medical workers and relatives of women in childbirth in the obstetrics system (via video/telephone communication, waiting room)

04 To prevent abuse of authority by medical personnel, development and implementation of models of communication with patients and their relatives.

ANNEX

TRANSPARENCY AND RESPONSIVENESS OF PUBLIC AGENCIES, SURVEYED BY YUKSALISH MOVEMENT IN 2021-2023

№	Public Agency	Access to regulatory framework	№ of official letter
1.	Ministry of Health of the Republic of Uzbekistan	Socially important information partially accessible: PDF not machine-readable, not found by machine search. Internal orders not in public access	03-07/3469 dated 24.07.2023 335/23 dated 06.06.2023
2.	Ministry of Higher Education, Science and Innovations of the Republic of Uzbekistan	Socially important information partially accessible: PDF not machine-readable, not found by machine search. Internal orders not in public access	03-07/2485 dated 22.03.2023 03-09/3475 24.07.2023
3.	Tashkent city Khokimiyat (Municipality), regional municipalities	Socially important information partially accessible: PDF not machine-readable, not found by machine search. Internal orders not in public access	03-07/3680 dated 18.08.2022
4.	Ministry of Preschool and School Education (formerly Ministry of Preschool Education, merged with Ministry of Public Education after the Administrative reform 2022)	Socially important information difficult to access, not machine-readable/ empty documents	03-07/1241 dated 28.03.2022 705/22 dated 08.06.2022
5.	Ministry of Finance of the Republic of Uzbekistan	Socially important information partially accessible: PDF not machine-readable, not found by machine search.	03-07/1964 dated 10.05.2022
6.	Agency for Development of Public-Private Partnerships of the Republic of Uzbekistan (terminated by Administrative reform 2022)	Socially important information partially accessible: PDF not machine-readable, not found by machine search.	03-07/1242 dated 28.03.2022
7.	Ministry of Preschool and School Education of the Republic of Uzbekistan (formerly Ministry of Public Education)	Socially important information partially accessible: PDF not machine-readable, not found by machine search.	01-09/2130 Dated 24.03.2021

Theme of address	Feedback	Willingness to provide requested information	Satisfaction with the support
Letter requesting support in social survey, and attached employees	Timely	Low	Good
Letter requesting answers to questions	With a big delay, answered 2 questions out of 30		
Letter requesting information	Timely	Good	Good
Letter requesting support in social survey, and attached employees	Timely		
Letter requesting support in social survey	Timely	Good	Good
Letter requesting support in social survey, and attached employees	Timely	Low	Low
Additional letter requesting information and support in social survey in regions	Provided with a delay, and not in full volume. Official response provided in a month after interference from Anti-Corruption Agency		
Letter requesting information	Timely, not sufficient reply, no presence at the public discussion	Low	Low
Letter requesting support in social survey, information, and attached employees	Timely, not sufficiently. A specialist was attached but he didn't provide any information, and didn't attend the public discussion	Low	Negative
Letter requesting support in social survey	Timely	Good	Good

ABBREVIATIONS

MoH – Ministry of Health of the Republic of Uzbekistan

CHI – Compulsory health insurance

FGD – focus group discussions

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