



TOPICAL  
DIALOGUES

# TOPICAL DIALOGUES

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## One topic - Four Interviews

This is a series of interviews with Armenian and Azerbaijani specialists on issues that concern every single one of us: that is, the right to defense and access to courts, the right to property, the situation in healthcare and education sectors. Every expert shares the situation in his/her country

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## TOPIC - HEALTHCARE IN ARMENIA AND AZERBAIJAN



**DAVID SAHAKYAN,  
Head of Cerebrovascular Neurosurgery Service,  
Erebuni Medical Center**

### Over the Past Year, Evolutionary Changes have Taken Place in a Number of Areas of Armenia's Healthcare

**- How do you assess the state of healthcare in the country? Can you, please, describe the recent achievements of healthcare in the country? How effective is communication and collaboration with the medical organizations of other countries and the WHO?**

The state of healthcare in Armenia is, in principle, satisfactory. Although, of course, there are many aspects which we still need to be addressed. The majority of the problems in our field, in principle, are being solved at the moment, but there are a lot of areas requiring financial investments and young specialists.

The distribution of specialists is disproportional which results in an insufficient number of specialists in the regions. As a result, the centers built in the regions that are equipped with state-of-the-art devices are not able to fully ensure the provision of quality medical services to the population in the regions, and the latter have to come to the medical centers in Yerevan.

Among the strengths, I would like to highlight the large number of quite highly qualified specialists, along with direct communication and cooperation with a large number of foreign experts. I also see a rather intensive trend towards improving the quality of healthcare in Armenia as a whole. The new leadership of the Ministry of Healthcare demonstrates great interest in the development of the healthcare system. Efforts are being made to improve the quality of healthcare in our country. The weakness consists in the rather outdated healthcare system. There is no unified database of patients, i.e. electronic

records. As a result, the whole system is still working in the old manner, while medicine today is globally developing after the western scenario.

In the recent years, great steps have been made and are still underway to upgrade medical equipment. Nevertheless, today there are important areas of medicine, where there is a shortage of medical equipment and technology. I have to highlight the evolutionary changes over the past year in a number of areas of healthcare. As an example, I will cite the program for the treatment of acute ischemic stroke, launched this year. As one of the developers and actors of this program, I can point to its colossal results - a large number of patients enjoyed treatment by the latest methods. This treatment is quite expensive, but in the end it pays off completely, because thanks to it, the number of people with disabilities and mortality among the population are significantly reduced. Only in the past 5 months, about 160 patients who would otherwise either die or end up with a disability were cured due to our program. This is a very good result, especially in comparison with other CIS countries. There are also significant achievements in a number of areas: in the treatment of cardiological and oncological diseases. Considering that the main course has been taken correctly, I believe in the great future awaiting us: today we are moving forward with quite large steps.

As for cooperation, it primarily takes place with our compatriots from the Diaspora: in the United States, France, and Canada. Their contribution to the development of our healthcare system is invaluable. Their contribution comes in the form of counselling and material assistance, they finance the construction of hospitals the procurement of the latest equipment, etc. Quite recently, a large conference of Armenian doctors from around the world took place in Yerevan, and in our work we are in constant contact with foreign colleagues.

**- Which segments of the population use free medical services, are these services of justifiable quality? Where do citizens most often go for treatment and mainly for what reasons?**

In our country, in principle, the entire population is covered by basic and free medical care. But unfortunately, there are types of medical assistance and surgeries, which are not covered by the state. We also have a problem with health insurance by private companies, which, in turn, is due to the lack of a unified patients' database. The development of universal medical insurance in our country will become possible only after the emergence of such a unified database, which will help to avert possible frauds by dishonest health workers and medical institutions. And there are some activities underway in this direction, too. It seems to me that in the near future upon the completion of activities for the creation of the database, mandatory health insurance will be introduced, which will significantly improve the provision of medical services in Armenia.

Our citizens leave for Russia and Europe to get treatment, some leave for Israel and the United States due to the lack of treatment of certain diseases in Armenia. Most often this applies to rare diseases. Many travel abroad to diagnose and treat oncological diseases.

**- Are there any statistics on which diseases are the most common ones among the population today? Why do you think people go to doctors mostly only if they have acute health problems? Is it because of insufficiency or lack of funds, specificity of mentality or something else?**

According to statistics, cardiovascular and cerebrovascular problems are the main cause of death in Armenia, as in all countries of the world. Every third patient in Armenia dies from cardiovascular diseases. That is why active work is being implemented in this direction. The heart treatment program has been developing in Armenia since 2014, and today we already trace good results in the treatment of acute myocardial infarction. Starting this year, we have intensively started treating acute ischemic stroke. Meanwhile, we have big problems with primary medical care in polyclinics as well as need to raise the awareness and educate the population. I personally come across a large number of patients with problems that should have been resolved long ago at the polyclinic level. For example, the number of people with uncontrolled hypertension is very large. Many people simply do not know that as a result of long-term uncontrolled blood pressure both large and small vessels get damaged. Often, hypertension has no symptoms and people either do not see the doctor, or, even worse, go to the doctor, but the drugs prescribed to them are not taken due to the argument that "they feel well anyway." These people cause damage to their blood vessels and after a few years they end up with strokes and heart attacks. The same goes for diabetes and smoking. People in Armenia simply do not pay regular visits to doctors, for prophylaxis, say, at least once a year. This leads to a large number of strokes, heart attacks, and cancer. We mainly detect late-stage tumors. This is our most complicated problem, that goes unnoticed at first sight and which is very difficult to solve. Accordingly, people constantly need to be reminded of the need to regularly consult doctors for prophylaxis.

**- What urgent measures are needed to improve the healthcare system?**

I think we primarily need to start with educating the population and raising awareness about the health sector. It is also necessary to consistently improve the primary medical care and periodic health examinations. The more the very media speak about issues in medicine, the more people will pay attention to their own health in a timely manner. Over the past year, we have seen enhanced activity in this direction, and proper work is already underway; general public awareness is growing. Today, people mostly come to us already with some idea about their illness. Accordingly, if the Internet and "Doctor-Google" are somehow disruptive to our actions at the stage of treatment, they also help us to some extent, since people come to us with already some information and data.

And, of course, it is necessary to continue investments in those areas of medicine in which Armenia is still seriously lagging behind. It is also necessary to further develop ties with international organizations, with our diaspora, since the potential for development is truly enormous. It is necessary to do everything so that our compatriots not only consult us as specialists, but also return to their homeland. The long-term lack of a proper healthcare system has unfortunately led to the outflow of good specialists from Armenia. These specialists are certainly very well received in developed countries, and they very quickly make their ways up there. There are enough Armenian surnames in top medical positions in Russia, the USA, and in Europe. And, unfortunately, these very areas of medicine where they occupy top positions are underdeveloped in Armenia. But I assume we have good potential and prospects for the repatriation of our specialists to their homeland.





**ADIL QEYBULLA,  
MA at CityHospital Clinic, Independent  
Health Expert**

## **We Need Measures to Protect the Nation's Gene Pool**

**- How do you assess the state of healthcare in the country? Can you, please, describe the recent achievements of healthcare in the country? How effective is communication and collaboration with the medical organizations of other countries and the WHO?**

The state of healthcare in Azerbaijan cannot be compared with that in the West, because our reforms have not been fully implemented. The most important thing is that there is no differentiation of healthcare ownership forms: state, municipal and private. All types of insurance should be studied and applied individually, taking into account the specifics of Azerbaijan.

The population in Azerbaijan is small, and depending on allocations, it is necessary to ensure full coverage of the main aspects of check-up(s), various medical procedures and operations.

Recently, a lot has been done to improve the material and technical capacity of the healthcare system. A lot of hospitals were re-equipped, repaired, and reconstructed. Even in some of our clinics there is equipment that is not available in the peripheral regions in Iran, Georgia, Armenia, and so on. As for these changes, the most important thing is that the citizens of Azerbaijan benefit from this. This is the main point.

Unfortunately, the reforms and changes in Azerbaijan are not aimed at the welfare of citizens. Therefore, we must create a system that will meet the standards applied in the West.

The weakness consists in the fact that so far we have no compulsory health insurance. This has a very negative effect on the quality of medical services. I think that the issue of applying compulsory health insurance will be resolved in some time. Citizens will feel an improvement in the quality of healthcare system, they will have hope and confidence in our national healthcare.

Regarding international relations in the health sector, we have international relations with the World Health Organization and other medical structures in neighboring and western countries. If you remember, when avian flu spread in Azerbaijan, the WHO provided technical support for its elimination in Azerbaijan.

In addition, we adhere to all the recommendations of WHO, vaccinations are administered in Azerbaijan according to the WHO schedule and so on. That is, we have signed many WHO recommendations and, naturally, we must adhere to them. These links are not at a very high level, since our health care system does not meet international standards, we do not have compulsory health insurance, and without this, development of healthcare is almost impossible. Our current healthcare can be seen as a deformation of the Soviet healthcare system.

**- Which segments of the population use free medical services, are these services of justifiable quality? Where do citizens most often go for treatment and mainly for what reasons?**

In the Soviet times the majority of the population (pensioners, poor and lonely people) received certain benefits, including medical ones from the state.

At present, it has been announced that services at state medical institutions are free of charge, but this principle is not consistently implemented, with compliance in some places and violations in others. This causes some discontent among people due to the lack of medical equipment, medical supplies, consumables (bandages, cotton wool, syringes, etc.). In state medical institutions patients sometimes complain that doctors prescribe elementary medical supplies, such as bandages, cotton wool, syringes, and so on, and the patients' relatives have to buy them in a pharmacy. This, of course, causes some discontent. Some services are paid, and in public institutions due to the lack of compulsory health insurance the burden falls on the shoulders of the citizens.

Therefore, the only way to ensure quality medicine is to complete the reforms, that is, to determine the ownership of medicine (state, private or municipal), including the introduction of compulsory health insurance.

It is also necessary to identify those segments of the population who need free medical care. We have roughly identified 4 layers of the population. The first category includes poor citizens, students, and pensioners. They are directly funded from the budget. The second category includes registered unemployed citizens, which is a common factor in Azerbaijan. Therefore, they should also be financed from the budget. The third category of the population are private sector employees, as well as the staff of state and municipal institutions. People of this category are funded at the expense of their salary. The fourth category is constituted by business people and officials. There is a special mode of insurance meant for this group. Each of these categories should be financed by specific parameters.

Despite the fact that a presidential decree on compulsory health insurance was adopted in 1999, it has not yet been implemented at the national level. It seems that it has been introduced in Yevlakh and Mingechaur, pilots were underway there over the past two years. But this does not mean anything.

Medical tourism is when citizens go abroad for medical care, diagnostics, and treatment. The leading country, the majority of the population leaves for for treatment, is neighboring Iran. It should be noted that medicine in Iran is based on Western principles of practicing medicine, but in the outskirts of Iran, medical equipment is sometimes inferior to ours. I think our equipment is much better than theirs. But despite this, medical services there are much cheaper than ours. This is the main reason for medical tourism to Iran.

The part of the population that is unhappy with our medicine leaves for Europe and Turkey. This is the better-off part of the population that has financial capacity to pay for expensive medical services. People leave for the US in very rare cases, as it costs a pretty penny. I think that the phenomenon of medical tourism exists in all countries, even in European ones. Even if at a small scale, it does exist. People sometimes leave Europe for the US, but again in very small numbers. In our case, medical tourism exceeds all norms and all standards, and it is confusing. This is due to distrust towards national medicine. And as a result, a very large amount of money is spent on medical treatment abroad. If this money circulated within the republic, this would certainly have affected the living standards of the population, the economy, and so on. If such an amount of foreign currency leaves the country, it affects everything. Therefore, it is necessary to align all health care reforms with modern standards.

**- Are there any statistics on which diseases are the most common ones among the population today? Why do you think people go to doctors mostly only if they have acute health problems? Is it because of insufficiency or lack of funds, specificity of mentality or something else?**

According to statistics, cardiovascular, oncological, and mental diseases are the most common among the population. Today, the registry includes a special type of diseases - these are autoimmune diseases, which means that the body considered its own organs (kidneys, liver, pancreas) as alien and fights against them. This type of diseases has recently been widely spread throughout the world, and especially in Azerbaijan.

Oncological diseases are very widespread. This can be explained by environmental issues. The environmental situation is worsening every year around the world. Drinking water, food, medicine and air quality affect health. Water, air and soil pollution, as well as artificial, genetically modified, substandard canned foods, and so on affect the health of the population. Due to the lifestyle, some diseases, for example, cardiovascular diseases, hit younger groups of the population, and oncological diseases have become more frequent. It should be taken into account that, despite the efforts of the Ministry of Health and the Oncology Center, the latter does not yet address all cancers. Some surgeries are

performed in other clinics. They often remain outside the scope of collected statistical data. Therefore, the real data clearly exceed the official ones. This also needs to be considered.

### **- What urgent measures are needed to improve the healthcare system?**

I think that we first of all need to take measures to protect the nation's gene pool. Why is this happening? What factors lead to these diseases? How can these diseases be detected in a timely manner? How can they be prevented? All these questions require a specific program. This should be done by the Ministry of Health, since this body is responsible for the state of the gene pool. It is necessary to take comprehensive measures to eliminate the causes and deficiencies that harm the health of the nation. Immunization of the population is also important. There was a time when the state allocated funds for the immunization of the population, which was carried out in polyclinics. However, this system is also failing.

Certain diseases (measles, rubella, whooping cough, and others) have become quite frequent now. It is necessary to strictly follow all the recommendations of the WHO, to adhere to the WHO principles that are applied in developed countries with regard to the organization of healthcare and the protection of public health. Otherwise, our gene pool will suffer greatly. Such practices will already have an impact on the future generation and cause the retardation of certain diseases.

It is also necessary to take into account that, due to close kin marriages in Azerbaijan, there are a lot of mutations, genetic diseases such as thalassemia.

We still have a tolerant form of tuberculosis, which spreads directly from prisons in Russia. Therefore, it is necessary to take all measures to comply with international health principles and protect the health of the gene pool.

I think that the state should involve all specialists in this process, regardless of their political and religious views or their nationality. It is necessary to take comprehensive measures also for the organization of compulsory health insurance, as I have already indicated above. Here, one can take into account the practices of Turkey, because this country borders with Azerbaijan and is close to us in terms of its national composition and historical traditions. We can follow the footsteps of Turkey in the organization of health care in our further development.



**MARIANNA KOSHKAKARYAN,  
MD., MPH**

## **Mandatory Health Insurance Is a Necessity for Armenia**

**- How do you assess the state of healthcare in the country? Can you, please, describe the recent achievements of healthcare in the country? How effective is communication and collaboration with the medical organizations of other countries and the WHO?**

Armenia has made significant achievements in terms of reforming and developing the healthcare system since the late 1990s. In particular, significant institutional and structural reforms were carried out during these years. The most important of them is the development of family medicine in Armenia, which ensures almost 100% coverage of population to be covered by practices of re-qualified physicians under the family medicine scheme, which is especially actual for rural communities. The population has also been granted the freedom of choosing primary healthcare doctors, in other words open enrollment system allows for free choice of providers in contrast to the previous system based on the catchment area. A large number of out-patient clinics (rural ambulatories, health centers) in rural communities were renovated and upgraded during these years. As part of the program for the modernization of hospitals in the country, a whole range of hospitals and medical centers, both in Yerevan and in marzes, were fully renovated/reconstructed. The only regional center for bone marrow transplantation and stem cell laboratory were established in Yerevan. Financing of Armenia's health care system was also reformed by changing provider payment mechanisms and establishment of the State Health Agency, responsible for contracting health care providers and paying them based on the volume of work performed. . Since 1997, Basic Benefit Package has been introduced, which makes it possible to provide free medical services to the population in the frames of the state order.

Due to changes made over the past year the scope of this package has been expanded. In particular, currently it includes oncological treatment services, surgical treatment of acute ischemic stroke, more effective methods of treatment of acute cases of myocardial

infarction with the use of special drug-eluting stents. The package also includes medical services for children from 7 to 18 years old. An air ambulance service was created, which allows quick evacuation of affected people into hospital. The salary of polyclinic doctors has been increased by almost 30%.

Nevertheless, regardless of all these reforms the system still has some disadvantages and challenges, first of all, related to the quality, availability and accessibility of healthcare services. Hospital care dominates national health spending, absorbing 42.3% of the budget. This suggests that the larger part of the population prefers to go immediately to the hospital, bypassing primary healthcare level - polyclinics. The reasons here are many, including mentality. Our citizens, for some reason, are convinced that free healthcare cannot be quality by definition. We apply to a doctor only when the situation has already become critical, whereas there might be preventive measures to be undertaken which is much more cost-effective than treatment. Many citizens do not even know about free medical examinations and other services provided at primary healthcare facilities. That is to say, we also face the problem of lack of awareness of the population.

Total health expenditures account for about 10% of the republic's GDP, while the public funding is among the lowest in the world, contributing to 1.5% of the GDP. Thus, the main burden is shouldered by the population. Today out-of-pocket payments faced by the population contributes to 83.4%. As for cooperation, it should be noted that Armenia actively cooperates with organizations such as the World Bank, UNICEF, WHO, USAID, Asian Development Bank, and so on. All these organizations are investing in the development of medicine in our country. Cooperation with the Diaspora is very important to us, too, as it has traditionally, stood ready to support reforms in the healthcare system of Armenia.

**- Which segments of the population use free medical services, are these services of justifiable quality? Where do citizens most often go for treatment and mainly for what reasons?**

Primary Healthcare services, the Ambulance service, and some emergency conditions are covered by of the state order, that's to say are completely free. In addition to that, people with first, second and third groups of disability, people from socially vulnerable groups, conscripts, parents of killed military personnel/soldiers, and some other beneficiaries including Family Benefit Package program, also enjoy free inpatient treatment and are granted some medications. However, public funds are still insufficient, and people pay for medications and the services of hospitals mainly from their own pockets. It is one of the reasons that many patients leave abroad for treatment. The main directions of such treatment are oncological diseases, blood diseases, specifically onco-hematological conditions, and in rare cases organ transplantation. Our citizens mostly travel to Germany, France and Israel. People leave for the US, Russia and even neighboring Georgia for treatment. For example, postoperative treatment of oncological diseases is of higher quality in Georgia based on the new treatment schemes and affordable medicines.

**- How does the lack of health insurance affect the health of the population, how can it solve the existing problems? For example, the problem of affordability of medicine for all layers of the population, the improvement of the health of the society as a whole?**

The main burden of medical expenses lies on the shoulders of the population and leads to high rates of morbidity and mortality of our citizens. 93% of deaths are due to non-communicable diseases: cardiovascular diseases, oncological diseases, diabetes, chronic lung diseases, injuries, and so on. The aging of the population leads to an increase in the percentage of such diseases and, accordingly, to an increase in the financial burden on the population, if the state's approach to this problem has been not changed. It is here that the need to introduce universal health insurance comes to the fore. And now the Government is at the stage of active discussions on this opportunity. The basic principle is that the social health insurance system should be based on social solidarity and justice. In other words, the rich should pay for the poor, and the healthy should pay for the sick. This is one of those few mechanisms that allows to solve the problems in the sphere. Of course, the introduction of mandatory health insurance is not easy and requires hard efforts. Today, international organizations and experts who actively explore and present the experience of other countries, are supporting the Ministry of Health in order to form the health insurance concept. It is planned to introduce mandatory health insurance in Armenia to be operational from 2021. It is possible that the state will pay for socially vulnerable and disabled. It should be noted that all these issues regarding revenue mobilization, strategic purchasing, etc. are still under the discussion. It is also necessary to understand how we could bring out informal workers whose incomes are not fixed to a single field, for example, taxi drivers or citizens who are labor migrants. Thus, it is assumed that the medical services will be available to the entire population, without exception. International experience clearly supports the introduction of this system, especially when the state is unable to fully cover medical services.

**- What urgent measures need to be taken to improve the healthcare system?**

The need for such measures is certainly visible. And to improve the system, first of all we need to understand the causes of our problems. The main cause is the scarcity of public funds allocated to health care. In this light, government spending on health sector should be increased in any case. But just the increase in funding is not enough to resolve all the problems of the health sector. A comprehensive approach is needed, which is still not present today, even though the priorities have been set correctly. In my opinion, the primary health care - the outpatient care/polyclinics – is one of these priorities. It is much more efficient to spend public funds on disease prevention rather than treatment. The population, in its turn, should understand the importance of prevention and not seek medical help only when they have a devastating pain somewhere in the body. According to the Center for Oncology, 54% of cases of cervical cancer detection occur in the third and fourth stages of development, when the prospects for preserving the life are very small. By the way, if detected at an early stage, cervical cancer can be stopped very easily and

without any consequences. This disease is easy to detect through a very simple screening, PAP test, which is implemented in the frames of the national screening program for early detection and prevention of cervical cancer, used in all polyclinics. However, in a paradoxical manner, part of the population does not go to polyclinics for prevention.

Solving healthcare problems implies one common line of action, an interministerial approach. In other words, if we want to overcome the issues, we need a strategic approach.





**VASIF ISMAIL,  
MD, Lecturer at Medical University of Azerbaijan**

## **Compulsory Health Insurance is a Social Project, Based on the Principles of Solidarity**

**- How do you assess the state of healthcare in the country? Can you, please, describe the recent achievements of healthcare in the country? How effective is communication and collaboration with the medical organizations of other countries and the WHO?**

Healthcare in Azerbaijan is ineffective in my opinion. It is true there has been a serious development in the range and quality of medical services. Many hospitals and clinics have been built in Baku and even in the regions. However, despite the strengthening of workforce capacity, medical services do not yet meet the needs and the requirements of the people.

Collaboration with other medical organizations, including the WHO, helps to solve common problems, it also helps to exchange knowledge and best practices. At the national level, collaboration between countries can support and intensify national efforts in the development of healthcare, as well as broaden prospects for improving practices and achieving results in other countries. Such exchanges can impact global healthcare policy discussions.

In Azerbaijan, the relations with foreign clinics and international structures operating in the field of medicine, including the WHO (for example, in the field of vaccinations) are quite well established.

**- Which segments of the population use free medical services, are these services of justifiable quality? Where do citizens most often go for treatment and mainly for what reasons?**

The residents of Aghdash, Yevlakh, Mingechaur enjoy free medical services within a pilot project of Compulsory Health Insurance. In addition, patients with diabetes, renal failure and thalassemia can also enjoy completely free medical services.

However, free healthcare needs improvement. Extortion by medical staff is practiced in public clinics, doctors refer to a shortage of medications (although the hospitals are supplied with all the necessary medications after a relevant list, but which patients have to buy themselves).

Regarding the second part of the question, I will say that most often our citizens leave for Iran and Turkey for diagnostics, treatment and medical examination. This is most likely due to the cost of medical services and medical supplies. It is known that many medications in Iran are much cheaper than here. Taking into account the low level of material wellbeing throughout the country, there is a direct link between the citizens' medical trips to Iran and their financial situation.

**- How does the lack of health insurance affect the health of the population, how can it solve the existing problems? For example, the problem of affordability of medicine for all layers of the population, the improvement of the health of the society as a whole?**

Compulsory health insurance is a social project based on the principles of solidarity. It aims at the improvement of healthcare financing, as well as the provision of universal and sustainable health insurance that guarantees reliable, high-quality and efficient medical services to the population.

On November 29, 2017, the President of Azerbaijan signed a decree on additional measures to ensure the use of compulsory health insurance in the administrative territories of the city of Mingachevir and Yevlakh region. This decree envisaged the alignment of medical services with modern requirements, and the improvement of medical service quality through the introduction of compulsory health insurance.

Currently, a pilot project of compulsory health insurance is being implemented in the city of Mingachevir, and in Yevlakh and Agdash regions. The pilot project covers the provision of 1829 medical services, which constitute the basic (main) package of medical services. According to official reports, pilot projects are planned to be implemented in the whole country. However, despite the presidential decree, compulsory health insurance has not yet been introduced across Azerbaijan. The citizens of Azerbaijan are suffering because of the lack of medical insurance.

The introduction of compulsory health insurance across the country will solve a number issues citizens with health problems currently face. Thus, in particular, compulsory health insurance will help early diagnosis of diseases and will prevent complications of diseases; the population of even the most inaccessible communities will be provided with high-

quality medical care due to inclusion in pilot projects; effective prevention of infectious and other diseases will be provided.

### **- What urgent measures need to be taken to improve the healthcare system?**

Measures such as policies, strategies and plans should not be ends in themselves. This is a broader process, aimed at linking state priorities with the real needs of the population, creating commitment at the government level and among partners operant in the health and development sector, representatives of the civil society and the private sector. Besides, it is aimed at the more efficient use of all available resources allocated to healthcare needs. The mismatch between today's level of effectiveness of fragmented health systems with and growing public expectations is a matter of concern and creates internal pressure on health authorities.

These factors have led to a renewed focus on strengthening the country's capacity to develop effective national health policies, strategies and plans that can respond to increasingly urgent needs for strengthening the healthcare system.

To do this, it is necessary to take action in four policy areas: moving towards universal healthcare coverage, reorienting traditional forms of healthcare to ensure provision of services focusing on the needs of the population; guiding and coordinating the work of healthcare sector in all its diversity, going beyond health systems and addressing the interaction between the healthcare sector and other sectors, predetermining the quality of society's life.

In addition, in countries where foreign aid plays a significant role, national healthcare policies, strategies, and plans are increasingly seen as key to making such aid more effective.

This topic is quite expansive. To improve the healthcare system, civic participation in governance is necessary. All other activities are auxiliary. It is necessary to create a situation in which all people everywhere could access quality healthcare services and, as a result, expect a longer and healthier life.