

REPUBLIC OF AZERBAIJAN

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ABSTRACT

of the dissertation for the degree of Doctor of Philosophy

SOCIO-ECONOMIC PROBLEMS OF IMPROVING THE EFFICIENCY OF MEDICAL SERVICES IN THE REPUBLIC OF AZERBAIJAN

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GENERAL OVERVIEW OF THE STUDY

The study's relevance: Generally speaking, the value of human health and medical services does not need to be justified. Along with training and education, providing health and medical services is a traditional sector that is now regarded as the most important among the many various types of services available.

As a result, health care is seen as one of the most important areas of public policy, and the nature of its implementation is hotly debated by medical experts, economists, and politicians. It must be mentioned that the conflict between free and paid medical care has yet to be resolved. On the one hand, there are medical services of poor quality, and on the other, there are medical services of great quality but with limits.

Azerbaijan has no exception. In addition, there are special problems in the Azerbaijani medical services sector.

1. The state has inherited a big material and technical base of medical institutions with a large number of staff from the Soviet era, while private clinics with a strong and modern material and technical base have been lately formed. Although the market was more oligopolistic in the early years of independence, due to increased demand for medical services, the number of private medical institutions began to rapidly develop in the mid-2000s (due to a sharp increase in incomes). The Azerbaijani government needed to be more flexible in this sector due to the diversity of the market for sophisticated products like medical services.
2. Official figures show that, on the one hand, the number of diseases per capita in Azerbaijan is increasing, while the number of doctors and medical staff is falling.
3. Azerbaijan has had a compulsory medical insurance (CMI) system in place since 2021. On the one hand, this relieves pressure on the state budget because only insolvent sectors of the population will receive public subsidies and financial assistance. However, due to a lack of relevant experience, both government agencies and private clinics will have to adapt this regulation to Azerbaijani circumstances, which will take time and effort.

4. The number of medical card holders enrolled in higher education and secondary special education institutions is decreasing.
5. Azerbaijan's preventative and rehabilitation facilities are likewise on the decline.
6. Despite the fact that public and private clinics are equipped with cutting-edge medical technology, not all of them are utilized due to a scarcity of qualified professionals.
7. As a result, Azerbaijanis frequently seek medical help in neighbouring nations.
8. Azerbaijani medicine is heavily reliant on imports, with the majority of medical equipment, pharmaceuticals, and other drugs coming from elsewhere.

The complexity of Azerbaijan's healthcare system, as well as multiple issues in the medical services market, necessitate a complete and comprehensive research of this system, as well as the use of global expertise and the execution of scientifically based comprehensive solutions.

The degree of scientific elaboration of the problem: There are numerous scientific articles on the medical services market. The following scholars, including Acton J.P., Aiken L., Arefian H., Aubert R.E., Auld M.C., Basu A., Boardman N.E., Brown P.M., Brown R., Campbell H.F., Cogan J.F., Cohen S.B., Cole N., Conover C. J., Cropper M. L., Currie J., Cutler D.M., Dario G., David D., Davis D., Desideri F., Gruber J., Hubbard R.G., Kenneth C., Kessler K., Manning W.G., Merletti F., Mullahy J., McClellan M., Newhouse J.P., Remler D., Petrinco M., Pagano E., Popkin L.E., Sloan F.A., Sochalski J., Sidhu N., Thomson M., Xia A.F., Yao developed works dedicated to various aspects of the chosen topic

In addition, we can list the works of Abdullaev R.S., Aliyev A.A., Bashirova Kh.S., Ibadoglu G., Guliyeva R.R., Makhmudov S.M., Murshudova U.I., Rahmanov F.P., Sultanova R.P., Mammadova S.K. in the domestic scientific literature, among modern authors undertaking study in this area.

The dissertation's goals and objectives: The goal of this research is to develop macro- and micro-level proposals for improving the health-care system in Azerbaijan in order to improve the market's socio-economic efficiency.

The following objectives have been identified in accordance with the

study's goal:

- Study the theoretical foundations of the medical services market;
- Study research methods and evaluate the economics of medical services;
- Determine economic problems of health-system;
- Study state-regulated national health-care mechanisms;
- Identify socio-economic effects of compulsory health insurance;
- Research the characteristics of economic activity management in medical care businesses;
- Examine the current state and changes in Azerbaijan's health care system;
- Research into state activities and market mechanisms in the medical services industry in Azerbaijan;
- Develop methodologies for evaluating the effectiveness of the mobile patient care team;
- Elaborate a variety of efforts to improve the market for medical services in Azerbaijan.

The object of research is the health system of Azerbaijan.

The subject of the study is the activity of the public and private sectors in the market of medical services.

Methods of investigation: The dissertation research has employed statistical analysis, simulation modelling, logical generalization, and comparative analysis methodologies.

The dissertation's theoretical and methodological foundations are health system research, government regulation of the medical services market, especially health insurance and social security, mathematical modelling of socioeconomic processes, systematic analysis, comparative analysis, and the concept of country and region-based cluster development.

At the same time, in addition to the social components of health care, which are critical for every community, special emphasis has been paid to its economic efficiency - the market for medical services is now viewed as a non-oil sector, in accordance with the Azerbaijani government's economic policy. The interaction of the medical services market with other sectors of the economy, such as the chemical industry

in terms of pharmaceutical sector development and tourism in the context of the construction of medical tourism cluster has been investigated in detail.

Research database of the study incorporates data from the State Statistical Committee of the Republic of Azerbaijan, surveys done by international organizations such the World Health Organization, the International Social Insurance Organization, and the World Bank, as well as monographs and websites.

The main provisions of the defence:

- Systematized determinants of medical service demand and supply.
- For an individual, the non-competitive component of the medical services market has been justified.
- Examined forecasts of medical service prices based on future scenarios for changes in various parameters.
- Proposed and implemented a system for assessing the effectiveness of patient care provided by a mobile group.
- Recommendations developed for the Azerbaijani government in order to strengthen the country's medical system.
- The possibility of establishing a medical tourism cluster in Azerbaijan has been confirmed. The importance of the combination of medicine with other areas of the economy and the social sphere has been highlighted. The Azerbaijani government has identified tourism as one of the priority areas for the development of the economy's non-oil sector, as mentioned by the Strategic Road Map developed in 2016 and endorsed by the country's President.

The dissertation's scientific originality is the production of scientifically based recommendations for the government to improve Azerbaijan's medical services market.

The following are the most important scientific results produced by the author and submitted for defence:

1. The determinant of demand for medical service has been systematized.
2. The determinant of supply for medical service has been systematized.
3. The non-competitive nature of the medical services market is justified for the individual.
4. A complete examination of the existing state and trends in Azerbaijan's health system has been carried out.

5. It is stated that the level of sickness in Azerbaijan has fallen dramatically since the Soviet era.
6. An analysis of pricing projections for medical services has been conducted, taking into account future changes that may occur as a result of various variables.
7. A method has been proposed for evaluating the effectiveness of the patient's mobile care team.
8. The shortcomings of nursing homes and rehabilitation centres compared to home conditions have been systematized.
9. Practical guidelines have been suggested for starting a small business to care for the elderly and disabled.
10. Recommendations have been prepared to the Government of Azerbaijan to improve the country's health care system.
11. The government's active involvement in the development of enterprises to produce medicines and pharmaceuticals in the country, as well as its economic and social benefits to the government, business, and society, has been justified.
12. State support for private medical practice has been shown to be socioeconomically effective.
13. Azerbaijan's prospects for establishing a medical tourism cluster has been justified.

Theoretical and practice importance of research results. The government can use proposals to strengthen the health care system for the development of the medical services market in Azerbaijan to efficiently manage this sector. Entrepreneurs can also use the methods created to evaluate the efficiency of the mobile patient care team to develop new and promising enterprises in the country.

Approbation of the work: The dissertation's key points have been published in domestic and international journals, as well as presented at international scientific conferences. Some of the findings have been used in lectures at the Faculty of Pharmacy on the subject "General Economics," for which a certificate is available for submission to the President of the Republic of Azerbaijan's Higher Attestation Commission.

Publications: The dissertation's main points are represented in nine publications published in scientific journals on the list of the Higher

Attestation Commission under the President of the Republic of Azerbaijan, three of which are published abroad.

Length and structure of the dissertation: An introduction (10160 symbols), 3 chapters (chapter 1 – 66122 symbols, chapter 2 - 56350 symbols, chapter 3 – 70665 symbols), a conclusion (19077 symbols), and a list of 185 references make up the dissertation. The dissertation is 164 pages (222374 symbols) long and includes 9 photographs and 31 tables.

CONTENTS OF THE DISSERTATION WORK

Introduction

I Chapter. Theoretical and methodological foundations of studying the market of medical services and its economic problems

- 1.1. Theoretical foundations of the medical services market
- 1.2. Methods for study and evaluation of the efficiency of medical services
- 1.3. Economic problems of the health system

Chapter II. Mechanisms of state and market regulation in the health system

- 2.1. State regulation mechanism of national health system
- 2.2. Socio-economic effects of compulsory health insurance
- 2.3. Management of economic activity of medical service enterprises

Chapter III. Economic mechanisms for improving medical services in Azerbaijan

- 3.1. Current situation and trends in the healthcare system of Azerbaijan
- 3.2. Development dynamics of the medical service sector
- 3.3. Methodology for evaluating the effectiveness of the mobile patient care team
- 3.4. The main directions of improving the medical service system in Azerbaijan

Result

List of the literature used

MAIN SCIENTIFIC PROVISIONS FOR DEFENSE

The first chapter titled “Theoretical and methodological framework of medical services market research and its economic difficulties” looks at the theoretical foundations of the medical services market, research methodologies, and evaluation of medical services economics, as well as health economic problems. In this chapter, the following results have been obtained.

I. Determinant of the demand has been systemized for medical services.

1. Time.
2. Price level.
3. Income.
4. Medical insurance.
5. Age.
6. Sex.
7. Number of family members.
8. Availability.
9. Education.
10. Medical knowledge.
11. Distance to medical centre.
12. Medical need.
13. Serious acceptance of the disease.
14. Quality.
15. Lifestyle.
16. Social capital.
17. Environment.

II. Supply determine for medical service has been systemized:

1. Number of entities rendering medical service.
2. State subsidies and support.
3. Technological development.

The **second chapter** titled “State and corporate regulatory mechanisms in the health system” investigates a) state regulatory mechanisms of the national health system, b) socio-economic effects of mandatory health insurance, and c) methods of managing the economic and economic activities of medical service enterprises.

III. It has been justified that the market of medical services for individuals is not competitive.

Except for the self-financing model, all adopted methods of state regulation of the health care system entail active governmental engagement in the medical services market. Even in the self-financing model, government regulation applies to both private medical operations and clinic and pharmaceutical business licensing. The state's market dominance is so strong here, as it is in the previous three health systems that it is referred to in academic literature as a "weak sort of monopoly". In other words, it is presumed that there are medical providers besides the state, but their contribution is minor. However, there is a complete state monopoly in the Beveridge model (for example, in Cuba or North Korea).

It must be mentioned that although there is a wide choice in the market of medical services for an individual patient, the problems of his desire to change a doctor (or) a clinic make this market a de facto monopoly for him. Even if the cost of medical care increases, it is not easy to change any dentist or other dentist. There are several reasons for this:

- Reliable relationships with a doctor (medical centre);
- Deep asymmetry of awareness;
- The complexity of the patient's evaluation of the medical services product, and, as a result, the marketing complexity.

The third chapter titled "Economic Mechanisms for Improving Medical Services in Azerbaijan" conducts the research on the following issues:

- Trends in the health system of Azerbaijan have been identified.
- Azerbaijani governmental regulation and market mechanisms in the medical services sector have been investigated.
- A technique for evaluating the effectiveness of the mobile patient care team has been created and implemented.
- Proposals have been created for the government and businesses to improve the efficiency of their health-care activities.

IV. A comprehensive examination of Azerbaijan's health-care system's current situation and tendencies has been undertaken. We have come to the following conclusions:

- The number of doctors per capita in Azerbaijan is decreasing: in 2019, the overall number of doctors is 16 percent lower than it was during

the Soviet era. The number of doctors increases (by a factor of two) only in the field of light treatment, including the number of ophthalmologists and neurologists, which can be attributed to high demand in the medical services market for these specialties.

- Since 1991, hospital beds have been rapidly decreasing, with 45 beds per 10,000 people in 2018, while this figure was up to 100 in 1991.

- Universities and secondary special education institutes have similarly reduced the number of medical professionals they train.

- The number of researchers in medicine and pharmacy, as well as the number of doctors of sciences and doctors of philosophy in medicine, has increased.

- Respiratory disorders account for more than a third of all diseases in Azerbaijan. These are most likely acute respiratory disorders, influenza, allergies, and other seasonal illnesses. It is worth noting that this group of diseases is on the decline (34 percent compared to 1990 and 1.5 percent compared to 2013). Diseases that develop during pregnancy are ranked second. These diseases account for over a third of all diseases and are growing at an alarming rate - nearly twice as much as in 1990, and up 39.3 percent from 2013. Diseases that occur during pregnancy and childbirth are in third position, accounting for 11.3 percent of all cases, and these diseases are on the rise (8.92 times compared to 1990, 11.7 percent compared to 2013).

- The number of prevention and rehabilitation facilities in Azerbaijan tends to decrease.

- In terms of the number of doctors per 10,000 people, Azerbaijan is only ahead of Kyrgyzstan, Uzbekistan, and Tajikistan among the CIS nations, according to 2020 data.

- In terms of the number of health personnel per 10,000 people, Azerbaijan is lowest among the CIS countries.

- In the CIS, Azerbaijan lags behind Belarus, Russia, Ukraine, Kazakhstan, and Moldova in terms of hospital beds per 10,000 people.

- The Azerbaijani government implements adopted state health programs on a regular basis.

- Since 2005, disease registration has risen steadily in Azerbaijan, with the medical services market showing the fastest growth.

- According to government figures, the cost of various medical

treatments in Azerbaijan is quite inexpensive. However, when compared to 2015, non-financial services (fluorography, cardiology, and therapeutic treatments) fell dramatically.

- Medical care prices in 2020 will have climbed 27 times since 2005, and more than 42 times since 2000.

V. There is a reason for the remarkable fall in disease levels in Azerbaijan since the Soviet era.

According to official figures, the number of illnesses has reduced dramatically since the Soviet era: there were more than 2,500 cases per 10,000 people in 1991, but less than 2,000 cases per 10,000 people in 2019 (Figure 1). This could be due to good changes in the health-care system. However, there are several facts to think about:

- First, there were no private clinics during the Soviet era, thus each individual was allocated to a polyclinic near their home (or at some businesses), and information about this was simply passed on to statistical authorities. Citizens now apply directly to private clinics in the vast majority of cases, and this fact is not disclosed to statistics authorities (at least to avoid taxes).

- All doctors (including high-level specialists) were required to work in governmental institutions where services were ostensibly free due to a lack of private clinical expertise during the Soviet era. Now such highly qualified specialists prefer to work in several private clinics, rather than in free public organizations.

- Finally, many people seek medical assistance in an exceedingly critical, life-threatening stage of the disease due to a lack of financial resources.

It is worth noting that the last reason we mentioned explains the rise in diseases from 2003 to 2014. Thus, according to our final hypothesis, the fall in diseases before to 2003 was related to the post-Soviet crisis's decline in revenues. It is worth noting that Azerbaijan's post-Soviet economic growth accelerated in the mid-2000s, with real GDP nearly doubling in 2005-2007. As a result of the increase in money, there has been an increase in the number of individuals who are concerned about their health, as well as access to health care and medical care. Since the mid-2000s, the number of private medical clinics with foreign investments (mostly Turkey and Iran) has been quickly increasing,

attracting talented professionals from around the world. This fact can be used to explain the “rise in sickness” fragment from 2003 (Figure 1). In other words, the number of trips to doctors has increased, not the amount of disease in the country. The number of cases may have decreased, for example, in 2016 and 2019 (Figure 1).

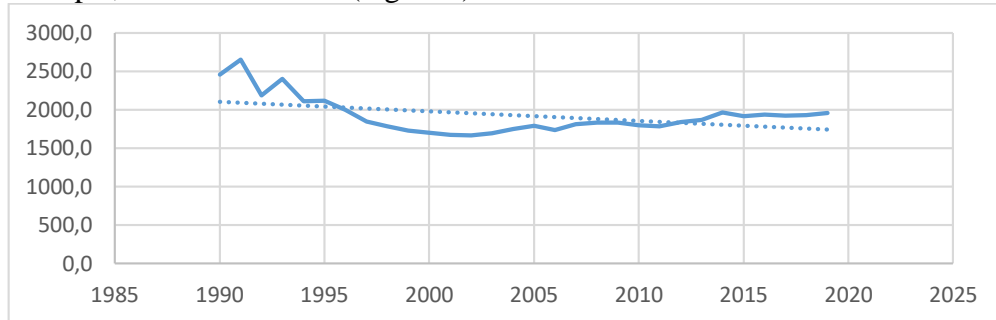


Figure 1: Number of diseases per 10,000 people

VI. A review of medical service price projections based on scenarios of future changes due to a variety of factors has been carried out.

- *Sustainable development of the Azerbaijani economy.* This can stimulate price growth in almost all areas.
- *Regulation of production of medicines and drugs in the country.* This can naturally stimulate a reduction in the cost of medical services.
- *Better mastery of equipment and apparatus purchased by the state and companies.* This can stimulate the growth in prices for these services on the one hand, and reduce them on the other owing to the introduction of market competition.
- *Changes in the exchange rate of the national currency.* Strengthening it can minimize imported inflation while also lowering domestic demand for medical services, since Azerbaijani individuals may prefer to seek treatment in neighbouring nations like Iran, Turkey, Russia, and Georgia. In any case, the effect will be lower prices in the medical sector.
- *Liberalization of the medical services market.* This will reduce market monopolies and concentrations, increase competition and lower prices.

VII. To measure the performance of the Mobile Care Group, a technique was designed and tested on patients. A mathematical simulation model has been developed for this purpose, the parameters have been specified in detail, and tests have been carried out according to

numerous scenarios. The model provides for a comparison of three choices for elderly and disabled patients' care: 1) hospitalization; 2) appointment of a permanent nurse; and 3) employment of a mobile patient care team. The table below shows the outcomes of two of these scenarios.

Table 1: Results of calculations based on the methodology to assess the effectiveness of the mobile care team

On the brigade:	Scenario 1	Scenario 2
The total cost of the customer spent for the brigade for a day, in manats	26,40	29,04
Total net service time, in hours	2,39	3,98
Daily total income of the brigade	47,71	87,47
Brigade earnings per day	37,71	77,47
Number of company brigades per day	3,00	2,00
The company's daily profit, excluding payments from crew members	113,13	154,94
On the nurse::		
Nurse's daily salary, in manats	16,67	16,67
Daily expenses for the client's nurse	31,67	31,67

VIII. The shortcomings of nursing homes and rehabilitation centres compared to home conditions are systematized.

- First, placement of the parents in a nursing home
It does not suit with Azerbaijani mentality.
- Elderly and ill people feel better at home.
- Clients pay money to retirement homes and hospitals during their stay, and the money is needed.
- Without a doubt, the quality of food and care provided at home is superior to that provided in public institutions.
- Maintenance of government-run nursing homes, hospitals and rehabilitation centres is a heavy burden on the state budget.

IX. Practical suggestions for launching a small business providing care for the elderly and disabled have been provided.

To conduct this business, we provide the following options. A related service is advertised by the service specialist. First, the smaller the number of customers is, the lower the revenue is. However, as it is common with such activities, it is possible to obtain marketing activity, which necessitates a service professional's diligent performance. The entrepreneur used public transportation at first. As the number of clients grows, he can move to a car. As the number of clients grows, it becomes

possible to develop the business and hire new staff, absorbing a portion (usually minor) of their earnings. In an ideal world, such a business would evolve into a service provider.

X. Recommendations have been prepared to the Government of Azerbaijan to improve the medical services system in the country.

Additional measures should be taken by the state to further improve the market of medical services.

1. *Further liberalization of the health sector.* This activity should be carried out in at least two directions:

- The first is the public sector's contraction. In the vast majority of circumstances, the state must take up the role of regulation and control. Furthermore, this measure will greatly reduce corruption as well as the current severe fiscal strain on the public budget.

- The second is to stimulate competition. Establishment of joint ventures with the participation of foreign capital.

2. *Stimulation of improving the quality of medical services.* A complex state activity direction is required to achieve this, and its components will be detailed in the following paragraphs. First, procedures for certification and licensing of health workers and institutions at all levels must be tightened. Obviously, this can lead to corruption; hence private structures should be included. To reach this goal, it is possible to encourage the formation of medical professional societies in various specializations. Given the potential for corruption in private accrediting organizations, it may be possible to enlist the help of influential international organizations and strengthen sanctions for false certification and accreditation.

It is critical for the government to adopt such measures. The fact is that medicine is one of the most rapidly evolving fields of human endeavour; new equipment, medications, diagnostics, and treatment technologies emerge at a breakneck pace, and every professional in his field must constantly adapt to new developments and strive for self-improvement. To reach this purpose, the government should encourage various trainings, exercises, internships, and other activities.

3. *Improving staff training.* Azerbaijan has a state monopoly on medical education. This may have been an essential step in the early phases of private university establishment. However, it is recommended

that some progress should be made in this area:

- It appears that medical education in private universities can be supplied with progressive and increased control in order to establish competition in this field.
- Another option is to raise the demand for residency-level education. Students will not be able to receive a full medical practice permit until they have mastered all of the required practical skills and knowledge.
- To develop mid-level medical workers, education must be upgraded. Azerbaijan has a well-developed network of medical colleges and secondary special education, although the quality of training provided in these institutions does not always exceed the minimum criteria. Nurses and health workers, on the other hand, do various treatments that do not necessitate a high degree of performance, and the realities of patient injury caused by this group of workers are well known. Given that the above-mentioned Azerbaijani clinics are well-equipped with modern medical technology, it is equally critical to teach the required employees to be able to use this equipment.
- Finally, sending teachers and students to successful medical colleges and clinics for internships and training can be tremendously beneficial.

4. *Promote the efficient application of medical technology.* Azerbaijani clinics, especially state-owned clinics, are known to have received a large amount of cutting-edge medical equipment and gadgets. Most personnel can run a tiny function of this equipment, as it is typically the case when working with modern technology.

5. *Stimulate international forums.* The government of Azerbaijan has great expertise organizing such events in a variety of sectors. Holding international conferences in any of the country's priority areas of medicine, for example, will make a significant contribution to the country's health-care system's development.

6. *Infrastructure improvement.* We briefly discussed education, which is a crucial element of medical infrastructure. Other sectors of infrastructure, on the other hand, are at the state's disposal, and the efficacy of the medical services market is dependent on their state. To begin with, there is the utility infrastructure - roads, regions near medical institutions (for example, the beach near rehabilitation centres), and so on.

XI. It has been substantiated that the state's active participation

in the formation of firms for the production of medicines and drugs in the country has the economic and social benefits for business and society. The emergence of such businesses will result in significant price reductions for these goods. But, most importantly, there are a number of reasons why such businesses are being established in Azerbaijan.

- First, Azerbaijan has a wealth of natural resources, including minerals and plants that may be used to make pharmaceuticals and other medications. The malt root, which has been aggressively exported to various nations for many years, is the most obvious illustration of this (mainly, unfortunately, as a raw material). After then, the substance is returned to Azerbaijan in the form of a finished medication.

- Second, Azerbaijan has a network of educational and research institutes dedicated to the advancement of the chemical sector, one of which is the contemporary pharmaceutical industry. In turn, the chemical industry has been identified as one of the most important sectors for the country's economic development.

- Third, Azerbaijan has a long history of teaching highly skilled professionals in the field of biology, and there are still research institutions in this sector.

However, it should be noted that the pharmaceutical industry is a different field with an oligopolistic structure on a global scale, and given the country's importance, we propose that the government (including finance) actively participate in their formation. It is a must if we want to attract world-renowned companies to the country. Even if a joint venture is formed with a tiny stakeholder but a potential company in this field, the state will benefit in two ways from the venture: 1) one-time - of course, after such enterprises make a profit, the state can privatize its share at a high price; 2) regular revenue to the government in the form of taxes. Of course, social benefits will also be achieved: increasing employment and the development of new areas of knowledge etc.

XII. State funding for private medical practice is justified in terms of its socioeconomic efficacy.

Since large clinics absorb a significant portion of the added value that physicians bring, it is more profitable for highly qualified physicians to work as sole proprietors. Given the growing competition for such specialists, the state should be interested in the development of this market

segment. In this regard, the positive world experience we described earlier should be studied. In addition to the strict certification of such specialists mentioned above, some features need to be considered here. The issue is that such specialists are more economically sensitive than major clinics: on the one hand, they must purchase current, expensive equipment, but on the other hand, achieving a well-known positive economy is more difficult. As a result, the cost of licenses and the tax rates applicable to their activities should be lower, and appropriate comprehensive calculations should be performed.

The second direction of stimulating private medical practice is to provide them with premises at a relatively low rent from the state fund. This is closely related to the above-mentioned topic of medical care liberalization in the public sector. Because in this case, on the one hand, the state retains the public property of poorly equipped strategic facilities, such as hospitals, clinics, rehabilitation centres, and on the other hand, does not spend money on their maintenance and salaries, but brings additional revenue to the budget.

Furthermore, sending students and residents to clinics for private practice appears to be quite practical. There are three advantages to this. First, students are instructed by highly qualified professionals. Second, these specialists obtain more personnel. Third, students receive not just professional knowledge and abilities, but also hands-on experience in running a private medical practice.

XIII. Azerbaijan's prospects for establishing a medical tourism cluster have been justified. The interaction of medicine with other aspects of the economy and society. It is well known that the Azerbaijani government has prioritized tourism as one of the non-oil sector's development goals, as mentioned by the Strategic Road Map adopted in 2016 and authorized by the President. On the other hand, Azerbaijan is recognized to have a vast network of unique natural treatment zones, some of which are still operational. For example, the Naftalan hospital, the Nakhchivan salts cave, and the Shabran medicinal water-based hospital. We believe that the establishment of a medical tourism cluster in Azerbaijan, in line with the Strategic Road Map's relevant orientation, is quite promising. However, at least in the early stages, such organisations cannot be formed without the cooperation of the state.

To accomplish so, first, appropriate target programs must be developed with the participation of experts not only in medical but also in tourism, as well as representatives from executive bodies and local governments. It will also make a substantial contribution to the development of regions, which is a priority of the Azerbaijani government's socioeconomic policy.

The following scientific works of the author have been published on the topic of the dissertation:

1. Экономические эффекты обязательного медицинского страхования, Экономика и предпринимательство, №8, 2017, с.773.
2. Рынок медицинских услуг, İpək yolu, №3, 2018, s.19-30.
3. Методы исследования и оценки экономики медицинских услуг, İpək yolu, № 4, 2018, s.20-32.
4. Экономические проблемы системы здравоохранения, Azerbaijan State University of Economics, yanvar-mart 2019, s.196-205.
5. Государственное регулирование больничным сектором, Наука и бизнес: пути развития, №7 (97), 2019, с.127-130.
6. Экономические аспекты стратегического управления клиническими услугами, İpək yolu, №1, 2020, s.28-37.
7. Теоретические основы рынка медицинских услуг, Gənc tədqiqatçıların III Respublika elmi-praktik konfransı, Bakı: -2020, s. 71-74.
8. Опыт США оплаты медицинских услуг и применения антимонопольного законодательства на этом рынке, “Государственное управление и развитие России: глобальные угрозы и структурные изменения” Российской Академии Народного Хозяйства и Государственной Службы при президенте РФ, 2021, s.28-37.
9. Модель оценки эффективности деятельности мобильной группы ухода за больными, Gənc tədqiqatçıların IV Respublika Elmi-praktiki konfransı, Azərbaycan Universiteti, Bakı, 09.04.2021, s.35-42



The defense of the dissertation will be held on "04" May on 2022 at 14:00 at the meeting of the Dissertation Council ED 2.10 operating under the Azerbaijan State University of Economics.

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The dissertation is accessible at the Azerbaijan State University of Economics Library.

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