PECULIARITIES OF DRUG SUPPLY IN THE COMPULSORY HEALTH INSURANCE SYSTEM
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Objectives. This study underscores the significance of pharmaceutical production in Azerbaijan, primarily emphasizing its potential to enhance healthcare services. Materials and Methods. A total of 956 individuals undergoing treatment voluntarily participated in our survey. The methodology predominantly involved individualized questionnaires. In the city of Mingachevir, out of 566 participants, 96 visited a pharmacy once a month, 102 visited 2-3 times a month, 147 visited 4 times a month, and 221 rarely visited a pharmacy. Among the respondents, 33% could afford medicines from their pensions, 17% by using expenses from relatives, and 11% from other sources, while 39% purchased medicines from their monthly salaries. In the Yevlakh district, out of 390 participants, 140 visited a pharmacy once a month, 90 visited 2-3 times a month, 35 visited 4 times a month, and 25 rarely visited a pharmacy. Here, 33% could buy medicines using their pensions, 17% by using expenses from relatives, 11% by using expenses from other sources, and 39% from their monthly salaries. Results. Medical professionals, upon patient examination, prescribe necessary medications, with insurance companies covering the expenses. Patients can acquire their prescribed medications at any pharmacy for free through electronic prescriptions. The electronic prescription system incorporates measures to monitor medication distribution, enforce updated legal regulations, and establish an informational resource that tracks the turnover, wholesale, and retail sales of manufactured and imported goods that require labelling. The prescription is designed to include only the active substance of the drug. Conclusions. We advocate the necessity of enhancing medical care to improve medication provision for the population. Moreover, we emphasize the need to empower pharmacists in the organization of pharmaceutical services. Within the compulsory medical insurance program, there should be a careful selection of medicines, including the compilation of a comprehensive medication list, while ensuring strict adherence to quality standards.

Key words: medicines, compulsory health insurance, drug provision, electronic prescription.

Introduction
In the amendments to the "Medicines Act" dated December 16, 2014, prices for state-registered medications are categorized as state-regulated prices, and a provision governing the approval of the procedure for price regulation and monitoring by the respective executive authority is established [1].

The "Medical Insurance Act" of the Republic of Azerbaijan was enacted on October 28, 1999, and following an extended duration, in 2008, the President of the Republic of Azerbaijan issued an order for the establishment of the Agency for Compulsory Medical Insurance under the Cabinet of Ministers [2].

By the Decree of the President of the Republic of Azerbaijan dated March 18, 2015, the Cabinet of Ministers was tasked with establishing the procedure for regulating and monitoring the prices of state-registered medicines, and the Tariff (Price) Council was entrusted with overseeing the pricing of state-registered medicines. To fulfill the requirements of this Decree, the Cabinet of Ministers, through a resolution on June 3, 2015, adopted "The Procedure for Regulating and Monitoring Prices of State-Registered Medicines".

This study aims to assess the pharmaceutical provision in Azerbaijan in order to reveal challenges in medicine production within the country and then, to elaborate approaches for enhancing healthcare services.

Materials and methods
The study employed principles from system theory, survey, observation, statistical data
analysis, and reviewed existing drug provision literature from both Azerbaijani and foreign sources. A total of 956 individuals voluntarily participated in the survey after being informed about the study during their treatment at the pilot site. Participants were assured of the anonymity and confidentiality of their responses. The survey was carried out individually through questionnaires, with the involvement of staff. The respondent’s name or other identifying information was recorded in the questionnaire sheet.

In the city of Mingachevir, among 566 individuals surveyed, 96 individuals visited a pharmacy once a month, 102 visited 2-3 times a month, 147 visited 4 times a month, and 221 rarely visited a pharmacy (as illustrated in Figure 1).

Survey results in Mingachevir indicated that out of the 566 people surveyed, 187 individuals could afford medicines through their pensions (33%), 96 obtained medicines from relatives (17%), 62 acquired them through other sources (11%), and 221 purchased them from their monthly salary (39%) (as shown in Figure 3).

In the Yevlakh district, out of 390 respondents, 129 individuals could buy medicines using their pensions (33%), 66 obtained medicines from relatives (17%), 43 from other sources (11%), and 152 from their monthly salary (39%) (as depicted in Figure 4).

![Fig. 1. The number of visits to the pharmacy in Mingachevir.](image1.png)

![Fig. 2. The number of calls to the pharmacy of the Yevlakh district. In the Yevlakh district, out of 390 people, 140 people visit a pharmacy once a month, 90 people 2-3 times a month, 35 people 4 times a month and 25 people rarely visit a pharmacy (Figure 2).](image2.png)
Results and discussion

Regulation of prices for state-registered medicines entails their dispensing by pharmacies at a standardized rate. To enhance the efficiency of compulsory medical insurance, medicine prices should be uniform across all pharmacies.

After diagnosing a patient’s disease, doctors prescribe the necessary medications, which are then covered by the insurance company. Patients can obtain these prescribed medications free of charge from any pharmacy by using an electronic prescription. The electronic prescription system includes provisions for monitoring medicine turnover and implementing new legal regulations. This system serves as an information resource that tracks the wholesale and retail distribution of both domestically produced and imported goods subject to labelling. It is designed to prevent the prescription of unregistered medicines, as well as biologically active dietary supplements, and to strengthen state oversight of the prescription process. In this context, only the active substance of the drug should be specified in the prescription.

In cases where prescription of unregistered medicines is required, the patient and wholesale
pharmaceutical enterprises or pharmacy organizations may import the necessary quantity, as stipulated in the prescription. However, this import should only proceed following verification of the prescription by the Ministry of Health, based on an agreement with the relevant executive authority.

The sale of these medicines within the country is restricted, with the exception of the individual to whom the prescription is issued. Prior to fund disbursement, the scope of examinations and treatments is thoroughly reviewed to ensure their necessity and practicality. This quality control helps to oversee the provision of medical services. Compulsory medical insurance intertwines the provision of medical services by healthcare providers with the functions of medical institutions. This change will heighten the responsibility of pharmacies for the quality of the medications they dispense, and doctors will understand that their patients’ satisfaction is tied to their earnings. Citizens will be able to demand high-quality pharmaceutical care in exchange for their payments. In the context of compulsory medical insurance, healthcare providers will lose the freedom to prescribe medications at their discretion as specific control procedures will be in place. Payments for medications under compulsory medical insurance are primarily funded by the budget. The drive to enhance the quality of pharmaceutical services necessitates the exploration of new financing sources. Consequently, compulsory medical insurance for citizens can serve as a significant additional funding source. In essence, the portion of the budget funds currently allocated for medications will be directed toward the compulsory medical insurance fund. Countries transitioning to compulsory medical insurance systems have faced challenges in the provision of medicines, particularly during the initial stages. Issues related to medication provision have arisen, including the notably high cost of medications in countries lacking domestic pharmaceutical production. Central to addressing these challenges are the pricing of medications and the application of pricing mechanisms for healthcare services. The adoption of such a system offers a promising opportunity for addressing these concerns. Azerbaijan aims to draw upon international experience as it takes steps in this direction, recognizing the substantial financial commitment associated with healthcare expenditures by nations.

Pharmacies furnished with state-of-the-art medical equipment have been established within the most modern hospitals in our nation. Efforts are underway to elevate the expertise of both doctors and pharmacists. Significant strides have been made in advancing pharmaceutical education, thereby elevating the quality of pharmaceutical services. The healthcare reforms implemented in Azerbaijan’s pharmaceutical sector have established a dependable foundation for the transition to a new phase [3].

This transition stems from improvements in the healthcare financing system and the adoption of new methodologies, notably compulsory health insurance. The provision of pharmaceutical services to the population and its adequate funding constitutes the primary responsibilities of any contemporary state. In compulsory health insurance, the pharmaceutical sector is recognized as a highly lucrative domain [4, 5]. Indeed, it is the cornerstone of healthcare financing. Within the framework of compulsory medical insurance, the interaction between pharmacy organizations and patients is meticulously regulated.

Medical institutions take on the role of healthcare service providers, and the compulsory health insurance system acts as the purchaser of these services on behalf of patients [6]. This principle also extends to hospitals, which will be funded accordingly, thus allowing for more patients to access superior medical services through the allocation of public healthcare funds.

Overall, the transition to compulsory health insurance represents not just a shift in financing but also a transformation in healthcare management. In terms of specific activities, it’s noteworthy that, in light of the shift to compulsory health insurance, intensive assessments are being conducted, international experiences are being carefully studied, and efforts are ongoing to formulate the required regulatory framework.

To enhance the quality of life for the population in Azerbaijan, key development prospects have been identified. It is essential to focus the efforts of governmental bodies, public associations, foundations, and other institutions on ensuring a reliable supply of medicines. This involves diversifying medicine production and fostering entrepreneurial ventures in this domain. An examination of the priority issue of ensuring free access to medicines through compulsory medical insurance for Azerbaijani citizens reveals strong public enthusiasm: 91.2% of the population desires to see this initiative realized in the near future.

Conclusions

Thus, enhancing the quality of medical care is pivotal for improving the accessibility of medicines to the general population. A vital aspect of this endeavour involves bolstering the contributions of pharmacists in the administration of pharmaceutical services. Under the compulsory medical insurance program, a structured process for curating medicines should be implemented, entailing the formulation of a comprehensive medication list and vigilant oversight of medicine quality to ensure compliance with established standards.

Prospects for further research

Prospects for further research will focus on exploring potential avenues to enhance public accessibility to medical and pharmaceutical services.
Актуальні проблеми сучасної медицини

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Реферат
ОСОБЛИВОСТІ ЛІКАРСЬКОГО ЗАБЕЗПЕЧЕННЯ В СИСТЕМІ ОБОВ'ЯЗКОВОГО МЕДИЧНОГО СТРАХУВАННЯ

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Ключові слова: лікарські засоби, обов'язкове медичне страхування, лікарське забезпечення, електронний рецепт.

Мета – довести важливість виробництва ліків в Азербайджані, що насамперед буде спрямоване на покращення медичної допомоги, створенню нової системи управління аптеками та створенню здорової конкуренції на ринку ліків. Матеріали та методи. В опитуванні взяли участь 956 осіб, які отримували лікування на пілотній ділянці, які були інформовані про добровільність участі в опитуванні та умови захисту анонімності та конфіденційності. Методика проводилася індивідуально, на основі анкетування.

Методологічно для вивчення забезпечення лікарськими препаратами в Азербайджанській Республіці використовувалися принципи системної теорії, опитування, спостереження, статистичні дані, існуюче медикаментозне забезпечення, азербайджанські та зарубіжні літературні джерела.

Результати. У місті Мінгячевір із 566 осіб 96 осіб відвідують аптеку один раз на місяць, 102 особи 2-3 рази на місяць, 147 осіб 4 рази на місяць, та 221 людина відвідує аптеку рідко. 187 осіб можуть купити ліки за рахунок пенсії (33%), 96 осіб – за рахунок родичів (17%), 62 особи – з інших джерел (11%), та 221 особа – з місячної заробітної плати (39%). У Евлахському районі із 390 осіб 140 осіб відвідують аптеку один раз на місяць, 90 осіб – 2-3 рази на місяць, 35 осіб – 4 рази на місяць, та 25 осіб відвідують аптеку рідко. 129 осіб можуть купити ліки за рахунок пенсії (33%), 66 особи – за рахунок родичів (17%), 43 особи – за рахунок інших джерел (11%), та 152 особи за рахунок щомісячної зарплати (39%). Після обстеження пацієнта, лікар призначає ліки, а оплату за них здійснює страхова компанія. Пацієнт може отримати ліки в будь-якій аптекі безкоштовно на основі електронного рецепта. Електронний рецепт передбачає введення системи забезпечення контролю за оборотом лікарських засобів, та пов’язане з цим нове працює в регулювання.

Запропонована система стане інформаційним ресурсом, який буде здійснювати контроль за оборотом, оптовим та роздрібним продажем вироблених та імпортованих ліків, що підлягають маркуванню, та реєструючи пов’язані з цим дані. Передбачається, що в рецепті має бути приписана тільки діюча речовина лікарських засобів. Висновки. Вважаємо за доцільне здійснити контроль за відповідністю лікарських засобів вимогам якості.