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UNVEILING THE SHADOW ECONOMY IN UZBEKISTAN'S HEALTHCARE: COMBATING CHALLENGES WITH DIGITAL SOLUTIONS

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Abstract: This article delves into the ongoing challenges and opportunities within Uzbekistan's healthcare system, spotlighting recent strides in digital transformation and increased budget allocations aimed at enhancing service delivery. It also examines the introduction of state medical insurance as a promising step toward more sustainable healthcare financing. However, alongside these positive developments, critical organizational and financial issues persist, undermining the quality of care and resulting in funding losses essential for the growth of medical institutions. A significant concern is the recurring financial and economic irregularities, often perpetuated by those within the sector, which not only erode public trust but also fuel widespread dissatisfaction. Despite efforts to modernize and digitize, these challenges remain prevalent, underscoring the need for stronger regulatory measures and a renewed focus on transparency to restore confidence in Uzbekistan's healthcare system.

Keywords: Medical services, digital transformation in healthcare, healthcare financing, medical insurance, embezzlement in healthcare, misappropriation of funds, budget management in healthcare, healthcare efficiency, paid medical services, shadow economy in healthcare, healthcare transparency

Introduction

In recent years, Uzbekistan has implemented significant reforms in its healthcare system aimed at enhancing human well-being and improving the quality and accessibility of medical services. Key goals include expanding healthcare service coverage, ensuring timely diagnostics and laboratory results, reducing bureaucracy, minimizing unnecessary expenses, and maximizing the effectiveness of state budget allocations.

A well-supported healthcare system relies on skilled healthcare professionals, advanced medical equipment, and a steady supply of essential medications. However, sustaining this sector requires ongoing financial support to provide necessary resources and infrastructure. Whether sourced from the state budget, dedicated funds, or patients' personal contributions, it is crucial to account for and manage these funds accurately and ensure their targeted and efficient use. This article highlights the importance of consistent financial oversight and monitoring to address the persistent challenges in the healthcare sector, with a focus on enhancing transparency and efficiency to foster long-term sustainable development.

Literature Review

The concept of the shadow economy and its socio-economic impacts have been extensively

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explored by international and CIS researchers, including F. Schneider, A. Dreher, F. Smith, J. Thomas, U. Mazar, P. Meon, M. Fleming, J. Roman, G. Farrell, J. Eilat [1], A. Cherepashkin, A. Komleva, B. Raizberg, L. Lozovsky, E. Starodubtseva, Yu. Naumov, V. Latov, V. Burov, I. Chursina, Yu. Kopylova, B. Rakhmatov, N. Chernenko, and I. Gromov [2]. In Uzbekistan, scholars such as G. Alimov, B. Isroilov, M. Pardaev, N. Muminov, B. Turdiev, B. Ibragimov, U. Abdunganiev, and A. Rakhmonov [3] have focused on theoretical and practical aspects of the shadow economy, including its impact on economic growth and the tax base.

While these studies examine the shadow economy's influence across various economic sectors, they generally overlook its presence and implications within the social and healthcare services sector. In the global context, research continues to examine the effects of the shadow economy on public administration processes and national economic growth, with many scholars highlighting the importance of digital technologies, information transparency, and strengthened monitoring systems as effective strategies for reducing shadow economic activities.

Existing literature suggests that the shadow economy significantly disrupts state budgets and the socio-economic landscape of countries. However, certain researchers—such as Matthew H. Fleming, John Roman, and Graham Farrell—argue that some aspects of the shadow economy may indirectly benefit other sectors, for instance, by contributing to market adaptation during economic transitions and reinvesting shadow earnings into the formal economy [4].

Overall, prior studies on the shadow economy have largely concentrated on its effects within broader economic structures, often overlooking the healthcare sector, which plays a crucial role in public welfare. This study addresses this gap by examining the scope and implications of shadow economic activities in Uzbekistan's healthcare sector, aiming to contribute to a more comprehensive understanding of the shadow economy's impact on health service delivery and economic stability.

Experimental Methods

This study investigates high-risk activities within Uzbekistan's healthcare sector, particularly those deemed suspicious due to their potential adverse effects on institutional performance. The research examines these occurrences by integrating insights from a comprehensive review of foreign and domestic literature and an in-depth analysis of the regulatory framework established by the state to manage economic processes.

Data were collected from 841 state-funded healthcare institutions across Uzbekistan. Information was gathered through training programs involving 2,106 personnel responsible for financial and administrative functions within these institutions. These sessions addressed various operational aspects, including procurement challenges, workflow organization, staff motivation, managerial capacities, and long-term work experience. Participants responded to 9-11 targeted questions on topics such as situational assessment, problem-solving approaches, and resource management, with responses documented and relevant supporting materials reviewed. Due to the volume of data and legal constraints on direct intervention in institutional operations, document sampling methods were applied for in-depth analysis.

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The research employs a range of methodological approaches, including scientific observation, comparative analysis, grouping, abstract-logical reasoning, induction, and deduction, as well as tabular and graphical representation techniques. Open-source data from national statistical bodies, government ministries, agencies, and business entities were also utilized to enhance the research findings. This study is part of an ongoing effort to uncover and address hidden issues within the healthcare sector, with plans to publish subsequent analyses as additional data are collected and reviewed.

Results and Discussion

In order to effectively address the challenges faced by the healthcare system and reduce its dependence on budgetary resources, the financial interests of medical organizations funded by the state are regulated by several key legal frameworks. These include the Presidential Decree No. PF-3923, dated September 19, 2007 [6]; Presidential Decree No. PF-5590, dated December 7, 2018 [7]; Presidential Resolution No. PQ-2863, dated April 1, 2017 [9]; and the Cabinet of Ministers Resolution No. 414, dated September 3, 1999 [12]. These legal instruments grant tax exemptions and similar benefits to private medical institutions, thereby fostering the expansion of medical services. However, this has also led to the misuse of financial resources and embezzlement of funds in some cases.

Leaders and responsible employees in the healthcare system must ensure the correct utilization of these benefits. Instead of bypassing existing regulations or misusing funds for personal gain, they should focus on strengthening material and technical support, encouraging ethical conduct among staff, and maintaining compliance with the law. Instances of fraudulent activities, such as falsifying documents, using budgetary resources for personal purposes, and employing advanced methods to exploit funds, have contributed to significant financial losses.

Our analysis indicates that the underground economy in Uzbekistan remains substantial. Estimates suggest that the hidden economy could account for 25–45% of the official economy. This is particularly pronounced in sectors such as construction, trade, and services [15]. Additionally, research conducted by the Institute of Macroeconomic and Territorial Research (MHTI) reveals that the share of the hidden economy may constitute 40–60% of the country's gross domestic product [16].

It is important to highlight that, according to the Agency for Combating Corruption, there has been a significant shift in corruption trends. While bribery and related crimes previously dominated, these have declined to less than 10% of corruption cases since 2019. Unfortunately, new forms of corruption, such as embezzlement of state funds, fraud, and abuse of official power, have seen a notable increase [17].

The primary objective of the healthcare sector is to preserve and restore the health of the population. As economic entities, medical institutions perform both a constitutional function of the state and activities typical of business enterprises. It is, therefore, essential to consider the existence of hidden economic activities when evaluating their operations. This article aims to explore the challenges posed by the hidden economy within the healthcare sector and propose

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potential solutions.

For instance, Presidential Resolution No. PQ-3953, dated September 27, 2018 [8], empowers the Ministry of Health to directly procure medicines and medical supplies in accordance with an approved list. However, the practice of entrusting the electronic digital signature (EDS) keys of medical institution heads to chief accountants has led to regulatory bypasses. Through the electronic state procurement system (kharid.uzex), necessary goods and services are sometimes procured without adherence to legal protocols. Contracts can be initiated directly via the "didox.uz" electronic procurement platform without the knowledge of organizational leaders, resulting in inflated prices for goods and raw materials. This, in turn, leads to excessive expenditure of both budgetary and extra-budgetary funds.

To ensure the effective use of available funds, medical organizations should first prepare a list of goods and services based on their needs. This list must be approved by the head of the institution before proceeding with procurement. However, in practice, irregularities often occur. For instance, medicines and medical supplies are sometimes procured without oversight, with chief accountants and pharmacy heads acting independently. Similarly, other goods and services (such as construction materials and agricultural supplies) are procured through prearranged agreements, enabling the misappropriation of funds. These purchases often include items that are either unavailable, procured in insufficient quantities, or close to their expiration dates.

An analysis of such irregularities within the state procurement system reveals a lack of proficiency among managers in using electronic digital signatures (EDS), inadequate skills in handling new software, and a general misunderstanding of the system. Similar issues persist in paper-based contracts with suppliers, where the organization of work, delivery of goods and services (often of low quality), and monitoring of expenditures are handled directly by heads of organizations or their representatives, leading to further inefficiencies.

Under the Law of the Republic of Uzbekistan "On State Procurement" No. ORQ-684 of April 22, 2021 [5,8], the identification and selection of specialized enterprises providing catering services in medical organizations must be conducted through the electronic public procurement system (kharid.uzex) under the "Selecting the Best Offers" or "Tender" procedures. However, the procurement system contains certain loopholes, which officials often exploit.

In particular, the "Selecting the Best Offers" procedure allows medical organizations to form internal commissions under the supervision of their leaders, creating opportunities to manipulate outcomes. By contrast, the "Tender" procedure requires the involvement of external experts from various ministries, agencies, and state organizations, ensuring greater transparency. To avoid the stringent requirements of the "Tender" process, some managers divide annual catering service budgets into smaller, quarterly amounts, bypassing the tender requirements and awarding contracts to pre-selected service providers. These providers often have affiliations with the organization's management or receive directives from higher authorities. Ads for such services are placed in the "Selecting the Best Offers" section to mask these arrangements.

In these manipulated processes, conflicts of interest are prevalent. For example, the Chairman of

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the Procurement Commission can influence commission members to award the highest scores to prearranged service providers. This leads to poor-quality services, such as substandard food delivery, insufficient quantities of food, or food prepared for fewer patients than reported. Despite inflated pricing, cheap and low-quality food is often supplied. Superior service providers offering better prices and quality are systematically excluded, creating monopolies of low-quality providers. Furthermore, these favored enterprises are sometimes granted free use of medical facilities, equipment, and other resources, compounding the inefficiencies.

Such conflicts of interest extend beyond catering services to other areas, such as the maintenance and capital repair of medical facilities. For example, Presidential Decision No. PQ-425, dated November 17, 2022, [10], mandates that construction projects should be managed transparently through the Ministry of Construction's "Transparent Construction" national information system using electronic tenders. However, instead of adhering to this regulation, projects are often shifted to the "Selecting the Best Offers" procedure, bypassing the intended transparency.

As a result, prearranged organizations are selected without regard for conflicts of interest or affiliations. These organizations frequently overspend funds, perform less work than planned, and fabricate documentation for uncompleted tasks. Up to 70% of allocated funds are often disbursed before work is completed. Many of these organizations lack the financial resources, legal manpower, or material and technical capabilities to complete construction and repair projects.

If procurement processes were properly organized in accordance with existing regulations, and construction and repair works were conducted through electronic tenders in the "Transparent Construction" system, high-quality contractors could be selected to achieve better results.

Additionally, hidden economic activities in medical institutions extend beyond procurement processes to patient care, service delivery, and related documentation. Addressing these issues requires a comprehensive approach to ensure transparency, accountability, and adherence to legal and ethical standards.

In medical institutions, the capacity for providing medical services, conducting diagnostics, and performing laboratory analyses is clearly defined for outpatient clinics, day and night inpatient services. However, in practice, non-compliance with these capacity plans or the concealment of information about treated patients often leads to excessive allocation and misuse of budget funds. Additionally, cash receipts from paid medical services are frequently unaccounted for, exacerbating financial losses.

For instance, unregistered medical histories are sometimes maintained for patients, with payments for services collected directly by treating doctors without being deposited into the institution's cash register. Consequently, funds intended for the renewal of medical and laboratory equipment, purchased using state budget and special funds, are misappropriated, leaving the organization unable to allocate resources for necessary upgrades.

Furthermore, fraudulent practices such as downgrading patients who have paid for high-quality (deluxe) rooms to lower-quality accommodations, or underreporting the number of medical

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diagnostic services provided, are prevalent. In some cases, false entries are made in medical records, including altering or removing diagnoses from external institutions, enabling the looting of funds paid to the cash register. Alarmingly, such fraudulent activities often extend beyond service departments to the organization's financial accounts.

Similarly, caregivers' payments for patients unable to act independently while admitted to medical institutions are sometimes misappropriated by department heads without proper documentation. Another malpractice involves using duplicate payment receipts—originally issued to a patient paying by card—for another patient paying in cash. Such activities are facilitated by the institution's cashiers and accountants.

In some cases, cash payments made by patients for medical services are recorded as non-cash transactions, using unregistered cash registers. Additionally, fake "Paid" stamps are applied to outpatient medical cards, and funds collected from patients are illicitly withdrawn from cash registers. Other violations include providing resuscitation and intensive care services to patients or their relatives using forged documents, especially for paying customers or those with connections to institutional management. These high-cost services result in excessive spending from state budgets, while the payments made by these clients are misappropriated by department heads and managers.

Such fraudulent activities are further exacerbated by the falsification of records to extend patient retention periods, or by allocating expensive medications to certain patients while neglecting others. Violations in cash handling are also rampant, with daily cash income from institutions being withdrawn for administrative, operational, or construction expenses without proper legal justification. These funds are often formalized with fake documents or remain unaccounted for, raising the likelihood of personal misuse.

Additionally, extra-budgetary funds are frequently misused to cover personal expenses of organizational leaders, such as long-distance travel, accommodations, and maintenance of personal vehicles, including fuel costs. These expenses are often disguised as legitimate institutional expenditures.

Another significant issue involves preferential medical referrals, which should be allocated to district or city medical institutions for underprivileged patients. Instead, these referrals are often sold to paying patients through prearranged agreements between the chief accountant and the head of the reception department, depriving needy patients of their entitlements. Payments received for such referrals are misappropriated, with cash register receipts often issued from unregistered machines when patients request proof of payment.

Over-purchasing or acquiring expired medications at inflated prices is another common malpractice in medical institutions. These medications are later written off after expiration, resulting in substantial losses of both budgetary and extra-budgetary funds. Pharmaceutical distributors often profit significantly from these transactions, receiving high commissions and ensuring similar opportunities in the future. Studies reveal that funds obtained through these "incentives" for purchasing medications are distributed among institutional officials in a

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structured manner.

Total amount	Head of the Organization	Pharmacy Manager (or Provider)	Chief Accountant of the Organization
100%	50%	25%	25%

In medical institutions, the deliberate misuse of existing powers within accounting structures and procedures has led to the manipulation of incentives, bonuses, financial assistance, and allowances from extra-budgetary funds. These manipulations include altering the amounts specified in orders that are signed and executed, and inflating fees for personal benefit.

Such practices are often conducted by groups of employees within the organization, with the manager or their deputies frequently unaware of these activities. Violations in budget allocation processes are also prevalent. For example, excessively high salary funds are allocated from budgetary and extra-budgetary resources by inflating tariff rates in staffing tables and planned expenditure estimates for the relevant year. These inflated funds are subsequently misappropriated through mechanisms such as calculating exaggerated salaries for employees, and reclaiming the "overpaid" amounts after recalculations without recording them in the cash register.

Control activities conducted in medical institutions reveal numerous violations of current legal requirements. Examples include the absence of employees listed on staff rolls ("dead souls") or the recruitment of personnel, such as doctors, nurses, and emergency drivers, in exchange for bribes. Additionally, higher-ranking positions are sometimes secured for a fee, and department heads are required to provide monthly contributions, often sourced from patient payments.

Those who comply with these unofficial systems are rewarded with career opportunities, such as participation in rare surgical operations, access to high-paying clients, or inclusion in foreign business trips. Meanwhile, non-compliant employees are relegated to remote locations or menial tasks and are eventually dismissed under various pretexts.

According to Cabinet of Ministers Resolution No. 133, dated March 11, 1997 [11], the daily working hours for medical workers in positions with special conditions are set at 5.5 hours. Most doctors, particularly those on single-shift schedules, finish their workdays by 2:00 PM, enabling them to work in private medical institutions on a temporary or contract basis. This dual employment creates opportunities for abuse. For example, patients seen during working hours at budgetary institutions are selectively referred to private facilities for high-value procedures, such as laboratory examinations, surgeries, or therapies, where the physicians benefit from a 50/50 revenue-sharing arrangement.

This practice demonstrates the improper implementation of Cabinet of Ministers Resolution No.

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414, dated September 3, 1999. It results in significant losses to extra-budgetary funds, poor distribution of available resources, and the misuse of restrictive artificial procedures by managers and responsible employees of budgetary organizations. While funds from paid services in budgetary institutions are supposed to be used for rewarding skilled and experienced specialists after deducting operational costs, this process is often handled carelessly and ineffectively.

Medical institutions, due to their prime geographical locations in village, district, regional, and urban centers, have facilities with high traffic and connectivity to various communication networks. These features make such institutions attractive to business entities for renting vacant spaces. However, irregularities in the leasing process, such as undervaluing rental areas or issuing leases to social organizations at reduced rates, reduce cash inflows to extra-budgetary funds.

The procedure for leasing state property is outlined in Cabinet of Ministers Resolution No. 660, dated December 14, 2023 [13]. This resolution emphasizes the need for transparent, long-term contracts. Yet, deviations from this process often lead to reduced revenue for budget organizations.

It is important to note that these issues are not pervasive across all medical institutions in Uzbekistan. However, the observations and information cited in this article are based on documented cases and extensive research, which form the basis for the opinions expressed here.

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Conclusion

Our research concluded that the involvement of leaders and responsible employees in medical institutions in the "hidden economy" has serious negative consequences. These effects extend beyond the medical sector to society at large, impacting the nation's overall health and well-being [14].

The hidden economy in the medical field not only results in the loss of revenue and hinders development but also delays localization and growth in various sectors. However, the consequences in healthcare are particularly dire, as they threaten public health, delay the timely provision of high-quality and advanced medical services, lead to shortages in the supply of essential medicines, and contribute to rising morbidity rates.

Therefore, it is imperative for government authorities and industry leaders to prioritize addressing these issues. Measures should include developing indicators to ensure the efficient use of allocated funds, identifying risk groups prone to engaging in the "hidden economy" within each medical institution, and closely monitoring their activities.

Based on our analysis of the documents that enable covert activities in medical institutions, the following recommendations have been proposed:

1. Enhancing Accountability for Digital Signatures

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Increase the responsibility of medical institution heads for the use of electronic digital signature (EDS) keys. Strict regulations should ensure these keys are used exclusively by authorized personnel, and liability should be imposed for contracts signed without the knowledge of responsible managers.

2. Revising Procurement Regulations

Review and, if necessary, eliminate item 18 of the list of "Goods (works, services) purchased by state customers under direct contracts" approved by Presidential Resolution No. PQ-3953 dated September 27, 2018.

3. Strengthening Procurement Norms

Establish strict regulations for purchases made through the state procurement system under "Selecting the Best Offers" or "Tender" and ensure consistent compliance monitoring.

4. Digitizing Financial and Economic Activities

Promote the full digitization of financial and economic operations in medical institutions, with a focus on reconciling income and patient information.

5. Implementing Online Cash Registers

Mandate the use of fully online cash registers in medical institutions. Introduce a system for extraordinary inspections of entities that fail to adopt online cash registers, and impose increased financial sanctions on those deliberately avoiding their use.

The implementation of these recommendations will help mitigate hidden economic activities in the medical sector, ensuring greater transparency and efficiency.

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