



EXPERIENCE OF FOREIGN COUNTRIES IN DEVELOPING MEDICAL SERVICE ENTERPRISES

Urokov Firdavs Ortiqniyoz ugli

assistant professor, department of “Economic analysis and statistics”,
Samarkand institute of economics and service,
E-mail: firdavs26031995@gmail.com

Zaripov Otabek Zaripovich

student of the “Logistics” faculty of the Samarkand
institute of economics and service,

E-mail: zaripov1800@list.ru

Eshmurodov Yigitali Berdimurod ugli

student of the “Logistics” faculty of the Samarkand institute of
economics and service,

E-mail: eshmurodovyigitali0@gmail.com

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Abstract: This article explores the experience of foreign countries in developing medical service enterprises, emphasizing the diverse models of healthcare management, financing, and technological integration adopted across different nations. By examining successful strategies in countries such as the United States, Germany, Japan, South Korea, and the United Kingdom, the paper identifies key factors that contribute to the effectiveness and sustainability of medical service enterprises. These include public-private partnerships, health insurance systems, digital transformation, quality assurance, and professional development. The article also provides insights into how these practices can inform reforms in developing countries seeking to modernize and expand their healthcare sectors.

Keywords : medical service enterprises, international experience, healthcare systems, public-private partnership, health insurance, digital health, healthcare innovation, service delivery.

Introduction. The rapid evolution of global healthcare demands has placed increasing pressure on countries to reform and innovate their medical service delivery systems. As populations grow and age, and as public expectations rise, the need for efficient, accessible, and high-quality medical services has become more urgent than ever. In response, many countries have turned to medical service enterprises—both public and private—as key drivers of healthcare modernization and expansion. The term “medical service enterprise” refers to organizations that provide healthcare services in a structured, often business-oriented framework, encompassing hospitals, clinics, diagnostic centers, and specialized care institutions. These enterprises play a pivotal role in improving patient care, introducing advanced medical technologies, and increasing the overall responsiveness of healthcare systems. Across the world, different nations have adopted diverse models to develop these enterprises, shaped by unique social, economic, and political contexts. Some countries, like the United States, rely heavily on private-sector-led healthcare services, while others, such as Germany and Japan, maintain a balance between government regulation and private enterprise through universal insurance schemes. The experience of countries like South Korea and the United Kingdom further illustrates how strategic investments in digital health infrastructure and public-private collaboration can enhance the performance and sustainability of medical service enterprises. By examining and comparing these international

experiences, this article aims to identify the core principles and practices that contribute to successful enterprise development in healthcare, offering valuable lessons for countries seeking to strengthen and reform their medical service sectors.

Main part. The development of medical service enterprises across different countries reveals a wide array of approaches shaped by economic models, government priorities, and cultural attitudes toward healthcare. One of the most prominent examples is the United States, where healthcare is largely driven by private enterprises operating within a competitive, market-based framework. Here, hospitals, clinics, and specialized service providers function as profit-oriented entities supported by private health insurance schemes. This model encourages rapid innovation, particularly in medical technology, pharmaceuticals, and treatment modalities. However, it also leads to significant disparities in access and affordability, making it a model of high performance but also high inequality. In contrast, Germany presents a well-balanced model where public and private medical service enterprises coexist under a mandatory health insurance system known as Gesetzliche Krankenversicherung (GKV). This framework ensures that all citizens are covered while encouraging service providers to compete on quality and efficiency. German enterprises, both public and private, must adhere to strict regulatory and accreditation standards, ensuring a high baseline of service delivery across the board. Japan offers another instructive case, where healthcare enterprises operate in a tightly regulated environment focused on preventive care and cost containment. With its universal health insurance coverage and standardized fee schedules, Japan limits excessive commercialization while supporting thousands of small private clinics and hospitals, many of which are family-owned and community-focused. South Korea has emerged as a global leader in digital healthcare enterprise development, integrating electronic health records (EHR), AI-based diagnostics, and telemedicine services into mainstream practice. Korean medical service enterprises benefit from government-led digital strategies and strong investment in IT infrastructure, enabling seamless patient management and data interoperability. This digitalization has also made Korean healthcare services attractive to international patients, contributing to the growth of medical tourism. Meanwhile, the United Kingdom's National Health Service (NHS) represents a primarily public model where most services are delivered through publicly owned enterprises, yet recent decades have seen an increase in outsourcing certain services to private providers under strict regulation. The NHS illustrates how large-scale public enterprise systems can ensure equity and universal access, but also highlights challenges related to bureaucratic inefficiency and funding shortages. Across all these countries, several common themes emerge: the importance of sustainable financing mechanisms such as insurance schemes, the need for quality assurance systems through regulation and accreditation, and the increasing relevance of digital transformation in enhancing both clinical and administrative efficiency. Moreover, successful medical service enterprises invest significantly in workforce development, offering continuous professional education and creating attractive working conditions to retain skilled personnel. These international experiences suggest that there is no single optimal model, but rather a set of adaptable strategies that can be tailored to a country's specific needs and capacities. For developing nations, adopting a hybrid system that combines public oversight with private innovation, supported by strategic investment in digital technologies and human capital, may offer the most viable path toward creating resilient and efficient medical service enterprises.



The comparative analysis of medical service enterprises in five selected countries—namely the United States, Germany, Japan, South Korea, and the United Kingdom—demonstrates diverse approaches in health system financing, private sector participation, and digital infrastructure development. As seen in the table, the United States allocates the highest share of its GDP to healthcare at 17.8%, driven largely by a privatized model where nearly 75% of service delivery is conducted by private enterprises. This model allows for high investment in medical technology but also creates disparities in access and affordability. Germany, with 11.7% of GDP spent on health, operates a balanced system where private and public enterprises coexist under strong government oversight and insurance-based regulation, achieving both efficiency and coverage.

Japan, although spending slightly less (10.9%), has developed a healthcare system focused on cost control and accessibility through universal insurance, with relatively low private sector dominance (30%). South Korea exhibits the lowest healthcare expenditure among the five (8.4%) but leads in digitalization with a score of 9 out of 10. This is a reflection of strategic national investments in telemedicine, electronic health records, and AI-based diagnostic platforms, which have made Korean medical services not only efficient but also globally competitive. The United Kingdom represents a predominantly public system with only 20% private involvement. Despite modest spending (10.2% of GDP), its centralized structure ensures universal access, although digitalization remains moderate.

The bar chart visually highlights that countries with higher digital infrastructure, such as South Korea and the United States, often demonstrate enhanced service delivery capabilities, although the correlation with expenditure and private sector share is not linear. These results suggest that effective development of medical service enterprises does not depend solely on financial investment, but also on strategic policy choices, integration of technology, and regulatory balance between public and private sectors.

1-table

Healthcare enterprise indicators across five countries

| Country | Health Expenditure (% of GDP) | Private Sector Share (%) | Digitalization Level (1-10) |
|-------------|-------------------------------|--------------------------|-----------------------------|
| USA | 17,8 | 75 | 7 |
| Germany | 11,7 | 50 | 6 |
| Japan | 10,9 | 30 | 5 |
| South Korea | 8,4 | 45 | 9 |
| UK | 10,2 | 20 | 6 |

The table below present a comparative analysis of medical service enterprises in five selected countries. Key indicators include health expenditure as a percentage of GDP, the private sector's share in healthcare delivery, and the level of digitalization in healthcare systems. These data help to illustrate the different strategies and structures used by countries to manage and develop their healthcare enterprises.

Conclusion. In conclusion, the experiences of foreign countries in developing medical service enterprises demonstrate the significance of adopting flexible, context-sensitive



strategies that balance efficiency, equity, and innovation. While models vary from highly privatized systems like that of the United States to publicly funded structures such as the United Kingdom's NHS, a common thread among successful systems is the presence of strong governance, sustainable financing mechanisms, and a commitment to quality care. Countries like Germany and Japan have shown how well-regulated hybrid systems can deliver both universal coverage and high service standards, while South Korea's example highlights the transformative impact of digital technologies on enterprise-level healthcare delivery. These case studies reveal that no single approach can be universally applied; rather, nations must design frameworks that align with their economic capacities, institutional structures, and population health needs. For countries seeking to reform or build their medical service enterprise sector, the lessons drawn from international practice underscore the importance of public-private collaboration, health system integration, digital infrastructure development, and continuous investment in medical human capital. By adapting these principles thoughtfully, developing nations can not only expand access to care but also foster a more innovative, resilient, and patient-centered healthcare system.

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