



HEALTH IS A DIRECT SOURCE OF WELFARE OF THE POPULATION OF THE COUNTRY

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-----ABSTRACT-----

Health is a direct source of human well-being, as well as a means of increasing the level of his income. A number of mechanisms through which health can influence income are discussed, focusing on labor productivity, child education, savings and investment, and demographic structure. The main source of increasing the income of the population is the development of qualified education. The selection of qualified specialists in the country today is considered one of the most pressing issues. Especially in the medical field. To do this, it was emphasized that it is necessary to increase investment in human capital. At the same time, one of the factors affecting the income of the population is the employment of the able-bodied population. During the transition to a market economy, medical services were paid, so most of the population did not have access to medical services, so it was not possible to treat various diseases. In order to prevent this, proposals and recommendations have been developed.

KEYWORDS. Health, well-being, average income, working-age population, human capital, gross domestic product, healthcare, employment, standard of living.-----

RELEVANCE OF THE TOPIC

The development and influence of society, facilitating or complicating the socio-economic transformation in any country, progress depends on the size of the able-bodied population. That is why the problems of population change, its territorial location and its impact on the country's economy have always attracted the attention of representatives of various disciplines - demographers, economists, doctors, geographers, philosophers, lawyers, and others.

RESEARCH METHODS

In article well-being of the population of the country consists of studying the average income of the population. At the same time, methods of comparative analysis and a logical approach were used from the point of view of representatives of different economic schools based on the processes of modern economics.

LITERARY REVIEW

Health is a direct source of human well-being, as well as a means of increasing the level of his income. We discuss a number of mechanisms through which health can affect income, focusing on labor productivity, child education, savings and investment, and demographic structure. In addition to the effects of existing diseases, health can have a large impact on life expectancy and life cycle. Macroeconomic evidence on the impact on growth is mixed, with some studies showing a significant impact. However, until a fertility transition occurs, the effect of increased survival on population growth may be due to improved health. The availability of some health interventions with large-scale health impacts makes health investment a promising policy tool for growth in developing countries. In addition, priority can be given to the control of common "neglected" diseases, i.e. diseases that are not a public health priority but have a low mortality rate and have a significant impact on productivity.

The knowledge and potential of people allow them to develop their own business and improve their lifestyle. More than 230 thousand business entities operate in Uzbekistan. Last year, the share of small business and private entrepreneurship in the country's GDP amounted to 53.3 percent.

According to M. Karpenko "... that labor productivity is 15 times higher than that of a person without a higher education"[13]. Personnel with a high level of economic knowledge, erudition, skills, professional qualifications do not require evidence that they will make a sufficient contribution to the creation of gross domestic product and national income, ensuring economic growth.



According to S.R. Filonovich "a few decades ago, the formal process of education for most people would have ended with a diploma of higher education. Now, obtaining a university diploma is only one of the stages in the process of learning throughout life"[12].

T. Chodiev believes that "individual knowledge is one of the main factors of economic growth, which, in the face of a lack of resources, is the ability to expand the NIM. We explore the role of health as a means of creating economic wealth. However, any rational view of the contribution of health to human well-being also includes the direct welfare benefits of longevity and good health.

Also I.M. Aliyev, N.A. Gorelov, L.O. Ilyina among the leading economists to this concept: Employment as a socio-economic phenomenon is associated with the satisfaction of personal and social needs of citizens and manifests itself as socially useful labor that) from work.

Well-being is the space of human existence, which, to a greater extent, is conditioned by quite real indicators of economic and social social development[9].

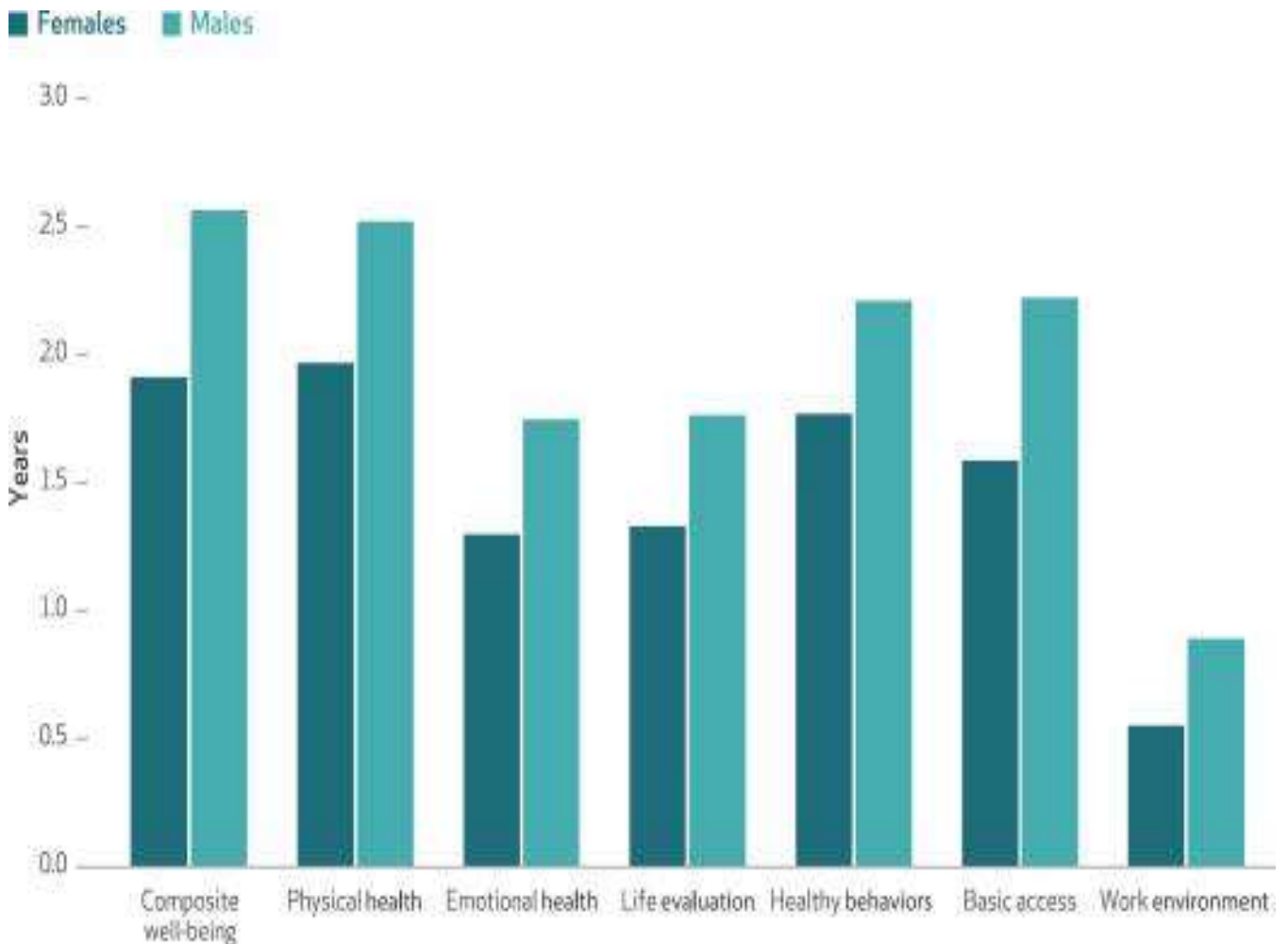
The expressions "common good", "common good", "public welfare" are synonymous [6]. "Common" means "related to all", "common to everything". "General" means "in which two or more people participate". "Common" is defined as follows: "Relating to, belonging to or involving two or more persons, things or parts is the same; participation in or belonging to all or the whole; compound; general; public" [7]. The three words "general", "general" and "public" have the meaning of each other. as modifiers of the noun "welfare"[8], whereby it does not matter which of the three is used in the modification of that particular noun.

The incidence of disease and premature death from myocardial infarction, stroke, and congestive heart failure varies across the US, and traditional factors associated with the risk for cardiovascular disease (CVD) (eg, hypertension, hyperlipidemia, and diabetes) only partially explain this variation .1-4 Cardiovascular outcomes are impacted by larger societal aspects of a population[11,7], including the physical and social environment and economic opportunities, all of which play a role in determining health behaviors, positive and negative psychological health states, social connection, access to health care, and quality of health care. Therefore, as health systems aim to improve population health, there is a growing interest in upstream, holistic measures that capture the physical, social, and psychological health of individuals. Toward this goal, measures have been developed, validated, and used to assess both individual and population well-being[4,10].

ANALYSIS AND RESULTS OF THE STUDY

Among 3,092 counties, well-being scores for males and females ranged from 35.6 to 87.1 (mean: 66.4; SD: 4.2). County life expectancies ranged from 72.6 years to 85.0 years for women and 63.9 years to 81.7 years for men. Counties with lower life expectancies were located in the South and had a higher percentage of blacks, lower education levels, and higher poverty rates compared with counties with higher life expectancies (Appendix Exhibit A2)[1]. Well-being was significantly associated with female and male life expectancy at the county level (Appendix Exhibit A3)[1]. For every 1-standard-deviation higher composite well-being score, life expectancy was 1.9 years higher for females and 2.6 years higher for males . When race, education, and poverty were introduced into the model, the associations between composite well-being and life expectancy were attenuated but remained significant. In the adjusted regression, every 1-standard-deviation higher composite well-being score was associated with 0.9 year higher female life expectancy and 1.1 years higher male life expectancy.

The six domains of well-being were also associated with female and male life expectancy . The physical health index was most strongly associated with life expectancy: A 1-standard-deviation increase in physical health was associated with 2.0 years higher female life expectancy and 2.5 years higher male life expectancy. The associations of healthy behaviors and basic access with life expectancy followed closely behind. Every 1-standard-deviation increase in healthy behaviors was associated with 1.8 years higher female life expectancy and 2.2 years higher male life expectancy, while a 1-standard-deviation increase in the basic access index was associated with 1.6 years higher female life expectancy and 2.2 years higher male life expectancy. After race, poverty, and education were controlled for, all six components of well-being remained positively associated with life expectancy, but the effects were attenuated. The only association that became insignificant described the relationship between work environment and female life expectancy (Exhibit 1).



Increase in life expectancy associated with a 1-standard-deviation increase in composite well-being or domain scores. Authors' analysis using data from the Gallup-Healthways Well-being Index and life expectancy estimates.

NOTES Composite well-being and domain scores are standardized—that is, in units of 1 standard deviation. Coefficients represent a change in life expectancy associated with a 1-standard-deviation increase in composite well-being or domain scores [1].

Modernization in a global environment requires interpersonal, innovative thinking and the formation of a team based on them, as well as an innovative environment in every area. Qualified labor resources are formed in the system of continuous education and professional training available in the Republic of Uzbekistan. When training personnel, attention was paid to quality, regional aspects, improving the economic climate in this area, introducing a training system based on the interaction of educational institutions and sectors of the economy, "targeted training", special attention was put on the agenda of the system for solving existing production problems as a result of research days[12]. Investing in human capital can lead to a dramatic increase in a country's competitiveness. After all, the education of talented people is required for the economic development of the country. Investment in education can also reduce social inequalities in society. In most countries, children born into relatively self-sufficient families begin to enjoy a wide range of opportunities from childhood, which leads to a number of advantages, children from disadvantaged families cannot take advantage of such opportunities.

Human capital is associated with the participation of the individual in the life of society. In the mid-1970s, general primary education was introduced in Nigeria and a significant proportion of children were enrolled in primary education. A few years later, these young men and women began to be interested in the news, chat about politics



with their peers, participate in chamber meetings and elections. Investments in human capital also increase the level of trust. Educated people are more confident of achieving relatively high economic growth.

In the states of Kenya, Mozambique, Nigeria, Senegal, Tanzania, Uganda and Togo, 66 percent of teachers have completed the 4th grade language curriculum, while 68 percent have the minimum level required to teach mathematics. Only 53 percent of medical personnel working in the health sector of these states were able to correctly diagnose diseases such as malaria, diarrhea, pneumonia, tuberculosis and diabetes. In the seven states mentioned above, teachers completed half of the specified class hours. More people in developing countries are demanding improvements in the health and education sectors.

We can use these cost-of-living estimates to compare improvements in well-being brought about by improvements in public health and health improvements due to economic growth and higher incomes. We can conceptually measure the monetary cost of an improvement in health by the amount people are willing to pay to forgo that improvement (the equivalent change in required income is a measure of the monetary cost of health and longevity and can be very large. Such comparisons show that in many countries the cost health improvement is comparable to or even exceeds the cost of income (Nordhaus, 2003)[15].

Also, the economic recession, the transition period negatively affect the level of income of the population, including the level of public health. The reduction in free medical care, the imbalance in the prices of medicines and the cost of medical services with the average monthly salary, especially noticeably affects the health status and mortality rate of the low-income segments of the population, the elderly, single pensioners, etc. All these problems require more effective solutions. During the years of independent development in Uzbekistan, according to official records, infant mortality has significantly decreased: from 40-44 per thousand in Soviet times to 16-18 per thousand in 2016. This is currently the lowest infant mortality rate in the entire Central Asian region. However, despite the significant positive dynamics, the level of infant mortality remains quite high, this is especially evident in comparison with the most developed countries of the world. At present, in the whole of Northern Europe, it is 5 ppm, in Western Europe - 4 ppm, in Eastern Europe - 12 ppm, in Russia - 13 ppm, in Ukraine - 10 ppm, and in Japan it has decreased to 3 ppm [2].

In addition, although income differences between countries have remained fairly stable over the past 50 years, there has been a large-scale convergence in life expectancy, indicating convergence in global levels of wealth (Bourguignon & Morrisson, 2002[3]; Becker, Philipson, & Soares, 2005 [3]). The substantial monetary cost of improving health is the rationale for investment in health, as opposed to the instrumental cost as a contribution to productivity.

GDP per capita is commonly used to measure the quality of life of people living in different countries. However, well-being is also affected by the amount of life represented by longevity. Throughout the post-World War II period, health contributed to a significant reduction in wealth inequality across countries.[18]

These examples show that robust analysis of the state of human capital development is emerging.

Until countries can effectively invest in human capital, there will be huge costs, especially for the poor. These costs will put the next generation in a difficult position.

The inability to create a basis for the effective life of its citizens due to technological progress, which requires huge costs, not only comes with high costs, but also leads to serious inequalities. This is also a security risk, after all, unmet requirements can cause breaches.

Thus, the problems boil down to low solvency and the lack of socio-economic guarantees for the majority of the country's population. Low solvency hinders the development (or even leads to regression) of the consumer market and, as a result, the economy as a whole.

Uzbeks received their main income from work, although their share decreased from 65% to 61.6%. Almost 30% came from transfers, 2.3% from property income, and the remaining 6.3% came from the production of services for own consumption. Compared to 2021, the share of transfers in the structure of total household income increased by 10%, from 26.2% to 29.8%. Almost two-thirds of transfer income came from cross-border transfers, and only 35.4% came from social transfers.



Uzbekistan became the first among the Central Asian countries in the annual UN happiness rating, ranking 42nd. In terms of life satisfaction, the Uzbeks significantly outperformed their neighbors: Kazakhstan ranked 45th in the ranking, Kyrgyzstan - 67th, Tajikistan - 78th, Turkmenistan - 97th. Afghanistan closes the list of 149 countries[20].

Table -1
Key Socio-Economic Indicators of Uzbekistan 2018-2022 [21]

№	Indicators	2018	2019	2020	2021	2022
1	Gross domestic product	52.63 USD billion	51.18 USD billion	59.89 USD billion	69.24 USD billion	80.39 USD billion
2	Per capita	1597 USD	1724 USD	3473 USD	8073 USD	3473 USD
3	Investments in fixed assets, billion soums	124231,3	195927,3	210195,1	239552,6	266240,0
4	Average per capita monetary income of the population , soums	7767,0	9509,6	10734,3	13416,8	15979,3

In the economic and social life of society, the sphere of public health is the most important and multifaceted. Basically, the standard of living affects the health of the population. The standard of living is usually determined by the poverty line. All government bodies that are responsible for regulating social life in society should do everything possible and try to bring low-income citizens to a normal lifestyle.

The first is a definition of poverty based on the level of per capita income (income is compared to the minimum consumer budget). At the same time, the minimum consumer budget serves to define the poverty line. In practice, poverty is based on various methods - minimum per capita income, minimum family property, and so on.

In this approach, people are classified as poor and can be allocated accordingly if there is any delay in developing their existing potential. According to this concept, people who differ significantly from society and existing norms in terms of their income levels, development opportunities and livelihoods are classified as poor. In other words, poverty means Money is usually the measure of social inequality. Poverty is on one side of social inequality, and the poor (rich) are on the other. Poverty is a complex concept, as well as the economic and socio-cultural condition of people with minimal access to material resources and limited access to social security, that this lifestyle is below social norms.

CONCLUSION

Net economic wealth is an estimate of GDP per capita, adjusted for the amount of free time and work in households, as well as spending on environmental protection. This indicator is used as a calculation and is not used in official statistics.

Despite the complexity of determining all indicators of household performance at the micro level, the problem is reduced to measuring those components of the level and quality of life that can be quantified. The provision of the population with vital goods depends on the amount of real income; the degree of satisfaction of needs is assessed on the basis of a comparison of calculated and real consumer budgets of families. The distribution of the population by income level is based on the distinction between low-, medium- and high-income groups of families, each of which has its own rational consumer budget. Economic development is always associated with an imbalance, with a deviation from the average indicators of economic dynamics. The most striking manifestations of instability are crisis phenomena characterized by inflation (increase in the price level, depreciation of the national currency), a decline in the level of production, and unemployment (low levels of production and employment).

There are different points of view on the issue of state intervention in the regulation of the economy. At the same time, it is obvious that overcoming poverty, regulating socio-economic inequality is impossible without state intervention. Therefore, the directions of socio-economic policy chosen by the state should be aimed at eliminating



excessive inequality, supporting and adapting vulnerable segments of the population. Achieving the optimal welfare of the country's population is impossible without state intervention in the regulation of the market economy, the implementation of socio-economic policy, and the application of social programs. Thus, improving the well-being of the population should be a target for improving the socio-economic policy of the state and other areas of its activity.

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