15 Skobelkin V.N. i dr. Trudovoe procedurno-processual'noe pravo. – Voronezh, 2002. - 504 s.
16 Dzjubak A.V. i dr. Obzor «kruglogo stola» na temu «Aktual'nye problemy pravovogo regulirovanija otnoshenij v sfere sporta» // Gosudarstvo i pravo. - 2021. - №. 6. - S. 205 - 208.
17 Nurgalieva E.N., Toleuhanova D.B. Problemy novoj modeli truda na cifrovoj platformennoj osnove. // Vestnik Evrazijskoj juridicheskoj akademii imeni D. A. Kunaeva. - №1. - 2023. - s.68-75.

IRSTI 10.87.91; 10.79.31; 10.27.25 https://doi.org/10.51889/2959-6181.2026.84.2.007
UDC 342.7:614.2:341.231.14

K.U. Umarova[1], A.B. Gulimov[1]*

[1] Karakalpak State University named after Berdakh
*(e-mail: *Karligash1255@mail.ru, Gamanlik75@mail.ru)*

ENVIRONMENTAL HEALTH LAW IN POST-SOVIET CENTRAL ASIA: LESSONS FROM THE ARAL SEA CRISIS FOR INTERNATIONAL PATIENT RIGHTS PROTECTION

Abstract

The Aral Sea environmental catastrophe has created one of the world's most severe public health crises, affecting approximately 35 million people across Central Asia. Yet despite extensive documentation of the health consequences – elevated rates of respiratory diseases, cancers, anemia, and infant mortality – scholarly attention to the legal frameworks governing healthcare delivery and patient rights protection in disaster-affected communities remains limited. This article examines the legal regulation of patient rights in environmental disaster zones, using the Aral Sea region as a case study. It assesses the extent to which Uzbekistan's healthcare legislation complies with international standards established by the International Covenant on Economic, Social and Cultural Rights, General Comment No. 14's AAAQ framework (availability, accessibility, acceptability, and quality), the WHO Patient Safety Rights Charter, and the European Charter of Patients' Rights.

The analysis reveals significant gaps between international standards and domestic implementation. Uzbekistan's healthcare regulatory framework suffers from extraordinary fragmentation, with 76 laws and over 400 bylaws creating legal uncertainty. Civil law regulation of medical services remains inadequate, and the virtual absence of publicly accessible judicial practice in medical disputes indicates a profound failure of accountability mechanisms.

The article concludes with recommendations for legislative codification, institutional reform, and targeted interventions for the Aral Sea region, offering broader lessons for international health law in addressing environmental health emergencies worldwide.

Key words: Right to health, Patient rights, Environmental health, Aral Sea, Healthcare legislation.

К.У. Умарова[1], А.Б. Гулимов[1]
[1]Бердақ атындағы Қарақалпақ мемлекеттік университеті

ПОСТКЕҢЕСТІК ОРТАЛЫҚ АЗИЯДА ДЕНСАУЛЫҚ САҚТАУДЫҢ ЭКОЛОГИЯЛЫҚ ҚҰҚЫҒЫ: ПАЦИЕНТТЕРДІҢ ҚҰҚЫҚТАРЫН ХАЛЫҚАРАЛЫҚ ҚОРҒАУҒА АРНАЛҒАН АРАЛ ДАҒДАРЫСЫНЫҢ САБАҚТАРЫ

Аңдатпа

Арал теңізінің экологиялық апаты әлемдегі ең ауыр қоғамдық денсаулық сақтау дағдарыстарының бірін туындатып, Орталық Азия бойынша шамамен 35 миллион адамға әсер етті. Денсаулыққа тигізген зардаптары - тыныс алу мүшелерінің ауруларының, қатерлі ісіктердің, анемияның және сәбилер өлімінің жоғары деңгейлері - кеңінен құжатталғанымен, апат әсер еткен қауымдастықтардағы медициналық көмек көрсету мен пациенттер құқықтарын қорғаудың құқықтық негіздерін реттейтін шеңберлер ғылыми әдебиетте әлі де жеткіліксіз зерттелген.

Бұл мақалада Арал өңірі мысалында экологиялық апат аймақтарындағы пациент құқықтарының құқықтық реттелуі қарастырылады. Өзбекстанның денсаулық сақтау заңнамасының Экономикалық, әлеуметтік және мәдени құқықтар туралы халықаралық пактімен, № 14 Жалпы түсініктемемен бекітілген AAAQ шеңберімен (қолжетімділік, мүмкіндік, қолайлылық және сапа), ДДСҰ Пациенттердің қауіпсіздік құқықтары хартиясымен және Еуропалық пациенттер құқықтарының хартиясымен бекітілген халықаралық стандарттарға сәйкестік дәрежесі бағаланады.

Талдау халықаралық стандарттар мен ішкі мемлекеттік іске асырылу арасындағы елеулі олқылықтарды анықтайды. Өзбекстанның денсаулық сақтау саласындағы құқықтық реттеу шеңбері айтарлықтай бытыраңқылықпен сипатталады: 76 заң және 400-ден астам заңға тәуелді нормативтік құқықтық акт құқықтық белгісіздік тудырады. Медициналық қызметтерді азаматтық-құқықтық реттеу әлі де жеткіліксіз болып қалуда, ал медициналық дауларда жалпыға қолжетімді сот тәжірибесінің іс жүзінде болмауы есеп беру тетіктерінің терең дағдарысын көрсетеді.

Мақала Арал өңіріне арналған заңнамалық кодификация, институционалдық реформа және мақсатты іс-шаралар бойынша ұсынымдармен қорытындыланады, бұл бүкіл әлемде экологиялық денсаулық сақтау төтенше жағдайларын шешу барысында халықаралық денсаулық сақтау құқығы үшін кеңірек тағылымдар ұсынады.

Түйін сөздер: денсаулық сақтау құқығы, пациент құқықтары, қоршаған ортаны қорғау, Арал теңізі, денсаулық сақтау заңнамасы.

К.У. Умарова[1], А.Б. Гулимов[1]
[1]Каракалпакский государственный университет имени Бердаха

ЭКОЛОГИЧЕСКОЕ ПРАВО ОХРАНЫ ЗДОРОВЬЯ В ПОСТСОВЕТСКОЙ ЦЕНТРАЛЬНОЙ АЗИИ: УРОКИ АРАЛЬСКОГО КРИЗИСА ДЛЯ МЕЖДУНАРОДНОЙ ЗАЩИТЫ ПРАВ ПАЦИЕНТОВ

Аннотация

Экологическая катастрофа Аральского моря породила один из самых тяжёлых кризисов общественного здравоохранения в мире, затронувший приблизительно 35 миллионов человек в Центральной Азии. Однако несмотря на обширную документацию медицинских последствий - повышенных показателей заболеваний органов дыхания, онкологических заболеваний, анемии и младенческой смертности - научное внимание к правовым основам, регулирующим оказание медицинской помощи и защиту прав пациентов в пострадавших от катастрофы сообществах, остаётся ограниченным.

В настоящей статье на примере Аральского региона исследуется правовое регулирование прав пациентов в зонах экологического бедствия. Оценивается степень соответствия законодательства Узбекистана о здравоохранении международным стандартам, установленным Международным пактом об экономических, социальных и культурных правах, рамкой AAAQ Замечания общего порядка № 14 (наличие, доступность, приемлемость и качество), Хартией ВОЗ о правах пациентов на безопасность и Европейской хартией прав пациентов.

Проведённый анализ выявляет значительные расхождения между международными стандартами и их реализацией на национальном уровне. Регулятивная база здравоохранения Узбекистана характеризуется чрезвычайной фрагментированностью: 76 законов и более 400 подзаконных актов создают правовую неопределённость. Гражданско-правовое регулирование медицинских услуг остаётся недостаточным, а фактическое отсутствие общедоступной судебной практики по медицинским спорам свидетельствует о глубоком дефиците механизмов подотчётности.

Статья завершается рекомендациями по законодательной кодификации, институциональной реформе и целевым мероприятиям в Аральском регионе, предлагая более широкие уроки для международного права охраны здоровья при решении проблем экологических медико-санитарных чрезвычайных ситуаций во всём мире.

Ключевые слова: право на охрану здоровья, права пациентов, экологическое здоровье, Аральское море, законодательство о здравоохранении.

Introduction

The desiccation of the Aral Sea stands as one of the most catastrophic environmental disasters in modern history. Once the world's fourth-largest lake, the Aral Sea has lost approximately ninety percent of its volume as a consequence of Soviet-era irrigation projects that diverted its feeder rivers. The ecological collapse affects populations across Central Asia: according to data of the Ministry of Health of the Republic of Kazakhstan, more than 3 million people reside in the Aral Sea region, where up to 40 per cent of diseases are linked to environmental factors[1]. Earlier UN assessments documented some 3.5 million people living in the affected region [1]. Populations in the affected regions – particularly in Uzbekistan's Republic of Karakalpakstan and Kazakhstan's Kyzylorda Region – experience elevated rates of respiratory diseases, cancers, anemia and reproductive health complications, while toxic dust storms carry salt and pesticide residues across vast distances [2; 3; 4; 5].

Despite decades of international attention to the Aral Sea crisis as an environmental phenomenon, relatively little scholarly attention has been devoted to the legal frameworks governing healthcare delivery and patient rights protection in the disaster-affected communities. The two states whose territories the catastrophe primarily affects - Uzbekistan and Kazakhstan – share a common Soviet legal heritage, comparable demographic exposure to environmental hazards, and corresponding international obligations under the right to health; yet they have pursued divergent paths in regulating healthcare delivery since independence. A comparative examination of these two jurisdictions therefore provides a particularly instructive lens for assessing how post-Soviet states address patient rights in conditions of chronic environmental harm.

The central research question of this article is the following: to what extent does the healthcare legislation of Uzbekistan and Kazakhstan comply with international standards for the right to health and patient rights protection, and what lessons does the comparative experience of these two states offer for international health law in addressing environmental health emergencies? The significance of

[1] *Страны Центральной Азии и ВОЗ подписали совместный документ по вопросам здоровья и экологии Приаралья // Официальный информационный ресурс Премьер-Министра Республики Казахстан. – 24.04.2026. – [Электронный ресурс]. – Режим доступа: https://primeminister.kz/ru/news/strany-centralnoi-azii-i-voz-podpisali-sovmestnyi-dokument-po-voprosam-zdorovia-i-ekologii-priaralia-31305 (дата обращения: 30.01.2026).*

this inquiry lies in the unique nature of the Aral Sea crisis as a sustained, anthropogenic environmental catastrophe with documented long-term health consequences, in the underexplored character of legal regulation of healthcare in environmental disaster zones, and in the value of the post-Soviet experience for jurisdictions worldwide that face similar challenges of modernizing inherited legal frameworks.

Materials and methods

The article employs a doctrinal legal research method combined with comparative legal analysis. The international legal framework was reconstructed through textual analysis of the International Covenant on Economic, Social and Cultural Rights, General Comment No. 14 of the Committee on Economic, Social and Cultural Rights, the WHO Patient Safety Rights Charter (2024), and the European Charter of Patients' Rights. The assessment of national legal frameworks relied on primary sources – statutes, codes, presidential decrees, and ministerial regulations of Uzbekistan and Kazakhstan. Scholarly literature on civil-law regulation of medical services in the post-Soviet space provided doctrinal context. Open sources of judicial practice were searched in both jurisdictions; epidemiological and public-health data on the Aral Sea region were drawn from peer-reviewed studies and reports of the World Health Organization and UN agencies. The comparative element follows a functional approach: rather than aligning provisions textually, the analysis identifies how each legal system addresses (or fails to address) a common set of regulatory tasks generated by the international standards.

Results and discussion

The right to health constitutes one of the most firmly established norms of international human rights law. Article 12(1) of the International Covenant on Economic, Social and Cultural Rights (ICESCR) recognizes the right of everyone to the enjoyment of the highest attainable standard of physical and mental health[2]. Both Uzbekistan and Kazakhstan are parties to the Covenant – Uzbekistan since 1995 and Kazakhstan since 2006 – and bear corresponding binding obligations[3]. Article 12(2) translates the general guarantee into specific duties, including improvement of all aspects of environmental and industrial hygiene, prevention of endemic diseases, and the creation of conditions assuring medical services to all.

General Comment No. 14 of the Committee on Economic, Social and Cultural Rights provides the authoritative interpretation of these obligations and articulates the AAAQ framework, identifying four essential elements that must characterize health-related facilities, goods and services: availability, accessibility (in its non-discriminatory, physical, economic and informational dimensions), acceptability, and quality[4]. The four elements function as an integrated whole: a healthcare system that is available but not accessible fails to meet international standards, as does one that is accessible but delivers substandard care. The Committee further interprets the obligation regarding environmental

---

[2] Международный пакт об экономических, социальных и культурных правах от 16 декабря 1966 г., вступил в силу 3 января 1976 г. // United Nations Treaty Series. – Vol. 993. – P. 3.

[3] Постановление Олий Мажлиса Республики Узбекистан от 31 августа 1995 г. «О присоединении Республики Узбекистан к Международному пакту об экономических, социальных и культурных правах от 16 декабря 1966 г.»; Закон Республики Казахстан от 21 ноября 2005 г. № 87-III «О ратификации Международного пакта об экономических, социальных и культурных правах» (вступил в силу для Республики Казахстан 24 апреля 2006 г.). – [Электронный ресурс]. – Режим доступа: https://adilet.zan.kz/rus/docs/Z050000087_ (дата обращения: 29.01.2026); United Nations Treaty Collection. Chapter IV: Human Rights. – [Электронный ресурс]. – Режим доступа: https://treaties.un.org (дата обращения: 29.01.2026).

[4] General Comment No. 14: The Right to the Highest Attainable Standard of Health (Art. 12) // Committee on Economic, Social and Cultural Rights, UN Doc. E/C.12/2000/4 (11 August 2000). – [Электронный ресурс]. – Режим доступа: https://www.refworld.org/legal/general/cescr/2000/en/35370 (дата обращения: 29.01.2026).

hygiene to encompass the prevention and reduction of population exposure to harmful chemicals and other detrimental environmental conditions, and requires states to establish effective judicial or other appropriate remedies for victims of violations of the right to health. The latter requirement of accessible remedies carries particular importance for the present analysis and re-emerges as a key benchmark in the comparison that follows.

General Comment No. 14 of the Committee on Economic, Social and Cultural Rights provides the authoritative interpretation of these obligations and articulates the AAAQ framework, identifying four essential elements that must characterize health-related facilities, goods and services: availability, accessibility (in its non-discriminatory, physical, economic and informational dimensions), acceptability, and quality [6]. The four elements function as an integrated whole: a healthcare system that is available but not accessible fails to meet international standards, as does one that is accessible but delivers substandard care. The Committee further interprets the obligation regarding environmental hygiene to encompass the prevention and reduction of population exposure to harmful chemicals and other detrimental environmental conditions, and requires states to establish effective judicial or other appropriate remedies for victims of violations of the right to health. The latter requirement of accessible remedies carries particular importance for the present analysis and re-emerges as a key benchmark in the comparison that follows.

The WHO Patient Safety Rights Charter, unveiled in April 2024, marks the first authoritative international articulation of patients' rights specifically in the context of healthcare safety. The Charter sets out ten fundamental patient safety rights, including the right to timely, effective and appropriate care, the right to safe healthcare processes and practices, the right to qualified and competent health workers, the right to dignity, respect, non-discrimination, privacy and confidentiality, the right to information, education and supported decision-making, the right to access medical records, and the right to be heard and to fair resolution[5]. The European Charter of Patients' Rights, while not legally binding, provides a detailed model of fourteen rights including the right to the observance of quality standards, the right to safety, and the right to compensation – the latter presupposing effective legal mechanisms for establishing liability and obtaining redress[6].

The most fundamental challenge confronting healthcare regulation in Uzbekistan is the extraordinary fragmentation of its legal framework. Official assessments accompanying the 2023 draft Health Code indicate that the country operates under no fewer than 76 laws and over 400 bylaws regulating healthcare-related matters – a level of fragmentation that the 2018 Concept for the Development of the Healthcare System for 2019–2025 explicitly sought to address through codification[7]. The foundational Law on the Protection of Citizens' Health of 29 August 1996 has undergone numerous amendments, yet continues to reflect the realities of the mid-1990s transition period rather than contemporary healthcare demands[8]. A draft Health Code containing 200 articles was published for public discussion in late 2022 – early 2023[9]. The implementation period for the 2019 – 2025 Healthcare Development Concept has now concluded with the key codification task unfulfilled.

Civil-law regulation of medical services in Uzbekistan is confined to the general provisions on compensated service provision contained in Articles 703-708 of the Civil Code[10]. These framework

[5] Patient Safety Rights Charter. – Geneva: World Health Organization, 2024. – ISBN 9789240093249. – [Электронный ресурс]. – Режим доступа: https://www.who.int/publications/i/item/9789240093249 (дата обращения: 29.01.2026).

[6] European Charter of Patients' Rights. – Rome: Active Citizenship Network, November 2002. – [Электронный ресурс]. – Режим доступа: https://ec.europa.eu/health/ph_overview/co_operation /mobility/docs/health_ services_co 108_en.pdf (дата обращения: 30.01.2026).

[7] Указ Президента Республики Узбекистан от 7 декабря 2018 г. № УП-5590 «О комплексных мерах по коренному совершенствованию системы здравоохранения Республики Узбекистан». – [Электронный ресурс]. – Режим доступа: https://lex.uz/docs/4096199 (дата обращения: 30.01.2026).

[8] Закон Республики Узбекистан от 29 августа 1996 г. № 265-I «Об охране здоровья граждан» (с изменениями и дополнениями). – [Электронный ресурс]. – Режим доступа: https://lex.uz/docs/41329 (дата обращения: 30.01.2026).

[9] Проект Кодекса об охране здоровья населения Республики Узбекистан № КЛ-1193/22-2 от 6 января 2023 г. – [Электронный ресурс]. – Режим доступа: https://regulation.gov.uz/uz/document/21697 (дата обращения: 30.01.2026).

[10] Гражданский кодекс Республики Узбекистан, ст. 703–708.

norms address medical services alongside communications, veterinary, auditing and other services, without recognizing the distinctive features of medical relationships – the information asymmetry between provider and patient, the difficulty of assessing outcomes, the role of patient-specific factors beyond the provider's control, or the need for specialized rules on quality, burden of proof and liability of medical organizations.

The 1996 Law contains an enumeration of patient rights in its Article 24, including respectful treatment, choice of doctor and medical facility, confidentiality, voluntary consent to medical intervention, and access to legal representation. However, the regulation of informed voluntary consent is underdeveloped; clear standards for informing patients about diagnosis, treatment alternatives and risks are absent; mechanisms for protecting confidentiality in conditions of healthcare digitalization remain rudimentary; effective pre-trial dispute resolution procedures have not been established; and the demarcation between state-guaranteed free medical care and paid services is determined predominantly by subsidiary legislation, creating uncertainty and risks of imposing paid services under the guise of additional ones.

A particularly significant finding is the virtual absence of publicly accessible judicial practice in medical disputes in Uzbekistan. Unlike comparable post-Soviet states, court decisions in medical-error cases and patient rights cases are not systematically published. Information about such disputes appears predominantly in mass-media coverage of high-profile cases, while systematic publication is lacking. This absence does not merely reflect a technical gap in legal infrastructure; it constitutes a substantive failure of the accountability mechanisms that General Comment No. 14 treats as integral to the right to health. Recognition of the acute medical-social problems of the Aral Sea region at the state level [6] is reflected in Presidential Resolution No. PP-310 of 2022, which provides for the creation of a children's medical rehabilitation center, a children's phthisiology sanatorium, a branch of the Republican Centre of Surgery and a palliative care unit in the Republic of Karakalpakstan, and introduces a position of Deputy Minister for Medical Services in the Aral Sea Region[11].

Kazakhstan has pursued a markedly different regulatory path. The Code of the Republic of Kazakhstan on Public Health and the Healthcare System, adopted on 7 July 2020, consolidates healthcare regulation into a single codified act[12]. The Code is organized into general and specialized parts and contains, in its Chapter 12, a comprehensive catalogue of citizens' rights in the sphere of healthcare (Article 77), supplemented by Chapter 16, which sets out specific patient rights (Article 134) [20; art. 77, 134]. The catalogue includes rights to a guaranteed scope of free medical care, free choice of doctor and medical organization, dignified treatment, prioritization based exclusively on medical criteria, information about treatment alternatives, and the obtaining of an independent opinion on the state of one's health and a medical consilium.

Civil-law regulation of medical services in Kazakhstan, however, displays the same structural limitations as in Uzbekistan. Chapter 33 of the Civil Code of the Republic of Kazakhstan (Articles 683-687) governs compensated service provision in general terms, and lists medical services alongside communications, veterinary, auditing, consultancy, information and educational services [13]. No specialized civil-law regime addresses the distinctive features of medical relationships. General delict liability rests on Article 917 of the Civil Code, under which property and/or non-property harm caused by unlawful actions or omissions to the property or non-property benefits and rights of citizens

---

[11] Постановление Президента Республики Узбекистан от 7 июля 2022 г. № ПП-310 «О дальнейшем усилении охраны здоровья населения в Республике Каракалпакстан в 2022–2024 годах». – [Электронный ресурс]. – Режим доступа: https://lex.uz/docs/6100029 (дата обращения: 30.01.2026).

[12] Кодекс Республики Казахстан от 7 июля 2020 г. № 360-VI «О здоровье народа и системе здравоохранения». – [Электронный ресурс]. – Режим доступа: https://adilet.zan.kz/rus/docs/K2000000360 (дата обращения: 30.01.2026).

[13] Гражданский кодекс Республики Казахстан (Особенная часть) от 1 июля 1999 г. № 409-I, гл. 33 «Возмездное оказание услуг», ст. 683–687, ст. 917. – [Электронный ресурс]. – Режим доступа: https://adilet.zan.kz/rus/docs/K990000409_ (дата обращения: 30.01.2026).

and legal entities is subject to compensation in full by the person who caused it [art. 917]. In contrast to Uzbekistan, however, judicial practice in medical disputes in Kazakhstan is publicly traceable: in 2021 alone, 210 criminal cases involving medical offences were initiated, resulting in 16 convictions, and civil-law claims against medical organizations are regularly adjudicated [7]. A further significant institutional development is the introduction of mandatory professional liability insurance for medical workers under the Rules approved by the Minister of Health on 24 July 2024, which require healthcare organizations to insure the professional liability of their personnel at the organization's own expense[14].

Kazakhstan possesses a region-specific legal instrument that has no direct counterpart in Uzbekistan: the Law on Social Protection of Citizens Affected by the Ecological Disaster in the Aral Sea Region of 30 June 1992 No. 1468-XII[15]. The Law classifies the affected territories into two zones – the zone of ecological catastrophe (the Aral and Kazalinsk districts of Kyzylorda Region, and Shalkar district of Aktobe Region) and the zone of ecological crisis (the remaining districts of Kyzylorda Region, the city of Kyzylorda and the city of Baikonur) – and establishes the status of affected citizens, compensations, social benefits, and obligations of the state with respect to the priority supply of ecologically clean food, medicines and drinking water. Kazakhstan's broader healthcare framework is further developed by the State Program for the Development of Healthcare for 2020-2025 (Government Resolution No. 982 of 26 December 2019, which lapsed in October 2021) and successor strategic documents[16].

The comparative findings reveal a complex pattern of convergence and divergence between the two jurisdictions. On a number of dimensions the regulatory situation in Uzbekistan and Kazakhstan is structurally similar. Both states have ratified the ICESCR and bear identical obligations under Article 12. Both have inherited from the Soviet legal tradition a civil-code architecture in which medical services are subsumed under the general category of compensated service provision – Articles 703-708 of the Uzbek Civil Code and Articles 683-687 of the Kazakh Civil Code, respectively – without specialized norms reflecting the unique characteristics of medical relationships identified in the scholarly literature. Both consequently lack tailored civil-law mechanisms for allocating the burden of proof in medical disputes, defining quality criteria for medical services, or establishing presumptions of fault for medical organizations.

Divergences, however, are substantial. The most striking is the contrast between the regulatory fragmentation of Uzbekistan and the codification model pursued by Kazakhstan. Where Uzbekistan operates under 76 laws and more than 400 bylaws, Kazakhstan has consolidated healthcare regulation into a single Code in force since 2020, with structured chapters on patient rights and obligations. The doctrinal advantage of codification-coherence, accessibility, predictability-corresponds directly to the legal certainty that international standards presuppose. Even so, codification does not in itself solve the deeper civil-law problem: Kazakhstan's Code on Public Health, while detailed in its public-law dimension, has not been accompanied by reform of the underlying civil-law framework, and the general provisions of Chapter 33 of the Civil Code continue to govern the contractual aspects of medical service provision.

---

[14] *Приказ Министра здравоохранения Республики Казахстан от 24 июля 2024 г. № 58 «Об утверждении Правил страхования профессиональной ответственности медицинских работников» (введён в действие с 23 октября 2024 г.). – [Электронный ресурс]. – Режим доступа: https://adilet.zan.kz/rus/docs/V2400034803 (дата обращения: 30.01.2026).*

[15] *Закон Республики Казахстан от 30 июня 1992 г. № 1468-XII «О социальной защите граждан, пострадавших вследствие экологического бедствия в Приаралье» (с изменениями и дополнениями). – [Электронный ресурс]. – Режим доступа: https://adilet.zan.kz/rus/docs/Z920002600_ (дата обращения: 30.01.2026).*

[16] *Постановление Правительства Республики Казахстан от 26 декабря 2019 г. № 982 «Об утверждении Государственной программы развития здравоохранения Республики Казахстан на 2020–2025 годы» (утратило силу в соответствии с постановлением Правительства РК от 12 октября 2021 г. № 725). – [Электронный ресурс]. – Режим доступа: https://adilet.zan.kz/rus/docs/P1900000982 (дата обращения: 30.01.2026).*

Three further divergences merit emphasis. First, with respect to accountability, Kazakhstan possesses a functioning, if imperfect, system of public judicial practice on medical disputes. The very existence of statistical data-210 criminal cases initiated in 2021 alone, with sixteen convictions-indicates that the courts are engaged with medical-error claims and that a body of practice is being formed. Uzbekistan presents a sharply contrasting picture: publicly accessible judicial practice in medical disputes is virtually absent. From the standpoint of General Comment No. 14, this asymmetry has direct human-rights consequences: rights without remedies are hollow, and the absence of effective judicial protection in Uzbekistan constitutes a substantive failure to comply with the Committee's requirement that victims of violations of the right to health have access to effective remedies.

Second, with respect to institutional safeguards, the introduction of mandatory professional liability insurance for medical workers in Kazakhstan in 2024 marks a structural innovation absent in Uzbekistan. While the practical effectiveness of the new mechanism remains to be assessed, the existence of a dedicated insurance pool reduces the gap between the formal right to compensation, recognized at the international level by the European Charter of Patients' Rights, and the practical capacity of patients to obtain redress.

Third, with respect to the region-specific dimension, Kazakhstan's 1992 Law on social protection of citizens affected by the Aral Sea ecological disaster, with its zoning of affected territories and its catalogue of compensations, benefits and priority supply obligations, provides a more developed legal instrument than the comparable Uzbek framework. Uzbekistan has pursued the regional dimension through executive instruments-Presidential Resolution No. PP-310 of 2022-rather than through a specialized statute. Both approaches reflect state recognition of the acuteness of the regional health crisis; documented data from Kyzylorda Region indicate elevated rates of respiratory disease, oncology, urolithiasis, congenital anomalies and infant mortality [8; 3; 9], and comparable data are available for Karakalpakstan. The legislative form of the Kazakhstani instrument, however, anchors the corresponding obligations more securely in the legal hierarchy.

From the perspective of the international standards examined in the Results, neither jurisdiction fully complies with the obligations flowing from Article 12 of the ICESCR as interpreted in General Comment No. 14. Kazakhstan has made significant progress on the dimensions of availability (through codification and structured public-law guarantees) and of accountability (through public judicial practice and the new insurance mechanism); Uzbekistan lags in both. Conversely, both states share unresolved problems in the dimensions of acceptability (the underdeveloped regulation of informed consent and patient dignity) and of accessibility (geographic, economic and informational barriers, particularly acute in the Aral Sea region). The memoranda signed in April 2026 at the Regional Environmental Forum in Astana between the Ministries of Health of Kazakhstan and Uzbekistan and the WHO Regional Office for Europe under the “Healthy Future in the Aral Sea Region” initiative, together with the Roadmap for 2026-2029 and the announced establishment of a new WHO regional office in Kyzylorda dedicated to Aral Sea issues, indicate an emerging recognition that the health consequences of the Aral Sea catastrophe require coordinated bilateral and international responses[17] .

Conclusions

The comparative analysis of the healthcare legal frameworks of Uzbekistan and Kazakhstan against the background of the Aral Sea ecological catastrophe yields four principal findings. First, both jurisdictions share a structural deficit in civil-law regulation of medical services, with

[17] *Совместный документ по вопросам здоровья и экологии Приаралья, подписанный 23 апреля 2026 г. на Региональном экологическом форуме (REF) в Астане Казахстаном, Кыргызстаном, Таджикистаном, Туркменистаном, Узбекистаном, Азербайджаном и Европейским региональным бюро ВОЗ; Дорожная карта «Здоровое будущее Приаралья» на 2026–2029 годы; Kluge H.H.P. Aral Sea region cannot heal until its people do: Op-ed by WHO Regional Director for Europe // Gazeta.uz. – 22 April 2026. – [Электронный ресурс]. – Режим доступа: https://www.gazeta.uz/en/2026/04/22/op-ed-aral/ (дата обращения: 30.01.2026).*

framework norms on compensated service provision substituting for specialized regimes capable of accommodating the distinctive features of medical relationships. Second, the two states have diverged sharply with respect to public-law codification: Kazakhstan has consolidated healthcare regulation into a unified Code, while Uzbekistan remains in a state of extraordinary regulatory fragmentation, with codification efforts unrealized despite the conclusion of the 2019-2025 reform periods. Third, accountability mechanisms differ markedly: Kazakhstan possesses publicly traceable judicial practice and has introduced mandatory professional liability insurance, whereas Uzbekistan lacks systematic publication of court decisions in medical disputes and has not developed analogous insurance instruments. Fourth, the region-specific legal response to the Aral Sea disaster is more developed in Kazakhstan, where the 1992 Law on social protection of affected citizens establishes a statutory zoning regime, than in Uzbekistan, which has relied principally on executive instruments.

Several recommendations follow. For Uzbekistan, the adoption of a unified Health Code should be treated as an urgent legislative priority; the Code should incorporate the AAAQ framework as an operational principle and include a dedicated chapter on patient rights, with detailed provisions on informed consent, access to medical records, confidentiality and demarcation between free and paid care. Specialized civil-law provisions on medical service contracts should be elaborated, addressing burden of proof, liability of medical organizations and quality criteria. The systematic publication of judicial decisions in medical disputes should be introduced, together with an independent medical-expertise institution and accessible pre-trial dispute resolution mechanisms. Consideration should be given to a specialized statute analogous to the Kazakhstani 1992 Law on social protection of citizens of the Aral Sea region.

For Kazakhstan, the public-law foundations laid by the 2020 Code should be complemented by reform of the civil-law framework governing medical services, with the introduction of specialized norms on medical service contracts within the Civil Code or by way of cross-reference from the Code on Public Health. The new professional liability insurance mechanism should be monitored for practical effectiveness, and the publication of judicial practice on medical disputes should be further systematized to enable doctrinal consolidation and guidance for both providers and patients. For both states, the regional dimension of the Aral Sea crisis warrants targeted attention: healthcare accessibility standards should reflect the geographic and infrastructural realities of remote communities, environmental health monitoring should be integrated with healthcare delivery, and the joint initiatives undertaken with the WHO Regional Office for Europe should be implemented in a manner that translates international commitments into measurable improvements at the level of individual patients.

The broader implications extend beyond Central Asia. Environmental disasters increasingly affect populations worldwide, and the legal frameworks governing healthcare in disaster-affected regions will determine whether affected populations can realize their right to health or remain trapped in cycles of environmental exposure and inadequate care. The comparative experience of Uzbekistan and Kazakhstan demonstrates that formal recognition of healthcare rights is insufficient: effective implementation requires coherent legislation, functioning institutions, accessible remedies and sustained attention to the distinctive needs of vulnerable populations. For the millions of people living in the Aral Sea basin and for affected populations elsewhere, this translation is not an abstract legal exercise but an urgent human necessity.

Authors' Contributions

Umarova K.U. developed the scientific concept of the study and conducted an analysis of international legal standards relating to the right to health and the protection of patients' rights. She carried out a comparative legal analysis of the healthcare legislation of the Republic of Uzbekistan and the Republic of Kazakhstan, examined the legal regulation of healthcare provision in the context of the Aral Sea environmental crisis, and prepared the main conclusions and recommendations aimed at improving legislation and institutional mechanisms for the protection of patients' rights.

Gulimov A.B. participated in the development of the research structure and methodology, analyzed national legislation and law enforcement practice in the field of public health protection, and examined the legal regulation of medical services and liability mechanisms in the post-Soviet states of Central Asia. He also contributed to the development of recommendations for strengthening legal mechanisms ensuring the right to health in environmentally disadvantaged regions, participated in the discussion of the research findings, and carried out the scientific editing of the article.

References:

1 Grabish B. Dry Tears of the Aral / B. Grabish // UN Chronicle. – 1999. – Issue 1 (переопубликовано онлайн 12.06.2017). – [Электронный ресурс]. – Режим доступа: https://www.un.org/en/chronicle/article/dry-tears-aral (дата обращения: 29.01.2026).

2 O'Hara S.L. Exposure to Airborne Dust Contaminated with Pesticide in the Aral Sea Region / S.L. O'Hara, G.F.S. Wiggs, B. Mamedov, G. Davidson, R.B. Hubbard // The Lancet. – 2000. – Vol. 355, No. 9204. – P. 627–628. – DOI: 10.1016/S0140-6736(99)04753-4.

3Crighton E.J. What have we learned? A review of the literature on children's health and the environment in the Aral Sea area / E.J. Crighton, L. Barwin, I. Small, R. Upshur // International Journal of Public Health. – 2011. – Vol. 56, No. 2. – P. 125–138. – DOI: 10.1007/s00038-010-0201-0.

4 Issanov A. Organochlorine Pesticides and Salinity in Karakalpakstan, Uzbekistan: Environmental Health Risks Associated with the Aral Sea Crisis / A. Issanov et al. // International Journal of Environmental Research and Public Health. – 2025. – Vol. 22, No. 11. – Art. 1751. – DOI: 10.3390/ijerph22111751.

5 After Seven Years of Waiting – Doors Unlock Healthcare Access in Aral Sea Communities // United Nations Development Programme. – 2024. – [Электронный ресурс]. – Режим доступа: https://www.undp.org/uzbekistan/stories/after-seven-years-waiting-doors-unlock-healthcare-access-aral-sea-communities (дата обращения: 30.01.2026).

6 Umarova K. Aral Ecological Catastrophe: Historical and Modern Sources of Public Environmental Law / K. Umarova // Universum: экономика и юриспруденция. – 2023. – № 2 (101). – С. 52–57.

7 Рахметов С.М. Уголовная ответственность медицинских работников за небрежное отношение к своим обязанностям, за врачебные ошибки / С.М. Рахметов. – Институт законодательства и правовой информации Министерства юстиции Республики Казахстан, 31 марта 2022 г. – [Электронный ресурс]. – Режим доступа: https://prg.kz/document/?doc_id=36955850 (дата обращения: 30.01.2026).

8 Turdybekova Y.G. The Health Status of the Reproductive System in Women Living in the Aral Sea Region / Y.G. Turdybekova, R.S. Dosmagambetova, S.U. Zhanabayeva, G.V. Bublik, A.B. Kubayev, Zh.G. Ibraibekov, I.L. Kopobayeva, B.Zh. Kultanov // Open Access Macedonian Journal of Medical Sciences. – 2015. – Vol. 3, No. 3. – P. 391–398. – DOI: 10.3889 /oamjms.2015.078.

9 Bartrem C. Environmental and Health Indicators in the Aral Sea Region / C. Bartrem, M.I. Kurbanov et al. // International Journal of Environmental Research and Public Health. – 2025. – Vol. 22, No. 11. – Art. 1751. – DOI: 10.3390/ijerph22111751.

References:

1 Grabish B. Dry Tears of the Aral / B. Grabish // UN Chronicle. – 1999. – Issue 1 (pereopublikovano onlajn 12.06.2017). – [Jelektronnyj resurs]. – Rezhim dostupa: https://www.un.org/en/chronicle/article/dry-tears-aral (data obrashhenija: 29.01.2026).

2 O'Hara S.L. Exposure to Airborne Dust Contaminated with Pesticide in the Aral Sea Region / S.L. O'Hara, G.F.S. Wiggs, B. Mamedov, G. Davidson, R.B. Hubbard // The Lancet. – 2000. – Vol. 355, No. 9204. – P. 627–628. – DOI: 10.1016/S0140-6736(99)04753-4.

3 Crighton E.J. What have we learned? A review of the literature on children's health and the environment in the Aral Sea area / E.J. Crighton, L. Barwin, I. Small, R. Upshur // International Journal of Public Health. – 2011. – Vol. 56, No. 2. – P. 125–138. – DOI: 10.1007/s00038-010-0201-0.

4 Issanov A. Organochlorine Pesticides and Salinity in Karakalpakstan, Uzbekistan: Environmental Health Risks Associated with the Aral Sea Crisis / A. Issanov et al. // International Journal of Environmental Research and Public Health. – 2025. – Vol. 22, No. 11. – Art. 1751. – DOI: 10.3390/ijerph22111751.

5 After Seven Years of Waiting – Doors Unlock Healthcare Access in Aral Sea Communities // United Nations Development Programme. – 2024. – [Jelektronnyj resurs]. – Rezhim dostupa: https://www.undp.org/uzbekistan/stories/after-seven-years-waiting-doors-unlock-healthcare-access-aral-sea-communities (data obrashhenija: 30.01.2026).

6 Umarova K. Aral Ecological Catastrophe: Historical and Modern Sources of Public Environmental Law / K. Umarova // Universum: jekonomika i jurisprudencija. – 2023. – № 2 (101). – S. 52–57.

7 Rahmetov S.M. Ugolovnaja otvetstvennost' medicinskih rabotnikov za nebrezhnoe otnoshenie k svoim objazannostjam, za vrachebnye oshibki / S.M. Rahmetov. – Institut zakonodatel'stva i pravovoj informacii Ministerstva justicii Respubliki Kazahstan, 31 marta 2022 g. – [Jelektronnyj resurs]. – Rezhim dostupa: https://prg.kz/document/?doc_id=36955850 (data obrashhenija: 30.01.2026).

8 Turdybekova Y.G. The Health Status of the Reproductive System in Women Living in the Aral Sea Region / Y.G. Turdybekova, R.S. Dosmagambetova, S.U. Zhanabayeva, G.V. Bublik, A.B. Kubayev, Zh.G. Ibraibekov, I.L. Kopobayeva, B.Zh. Kultanov // Open Access Macedonian Journal of Medical Sciences. – 2015. – Vol. 3, No. 3. – P. 391–398. – DOI: 10.3889/oamjms.2015.078.

9 Bartrem C. Environmental and Health Indicators in the Aral Sea Region / C. Bartrem, M.I. Kurbanov et al. // International Journal of Environmental Research and Public Health. – 2025. – Vol. 22, No. 11. – Art. 1751. – DOI: 10.3390/ijerph22111751.