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ORGANIZATION AND FINANCING OF THE HEALTH CARE SYSTEM IN KAZAKHSTAN

Abstract

Despite the challenges posed by the consequences of the global pandemic, achieving the country's national development goals remains a strategic direction of public health policy. The article aims to study the dynamics of healthcare financing in Kazakhstan, provide forecasts of upcoming development, and compare it with healthcare systems of developed countries. Based on the analysis of the current state and potential problems, recommendations were developed to improve the healthcare financing system in Kazakhstan. This article also analyzes the main parameters of health financing in the Republic of Kazakhstan for the period 2012–2022 and, in comparison with developed countries, provides the main reasons for maintaining low parameters of public health financing, which becomes a real obstacle to the implementation of measures aimed at achieving universal health coverage. During the research, a wide range of methodological approaches was applied, including system analysis (the study of an object as an integral system, interrelated elements), comparative analysis (comparison of the studied object with others in a number of characteristics), functional analysis (identification of the functions of the elements of the object and their interrelations), economic and statistical analysis and synthesis (collection, processing, interpretation of economic and statistical data), mathematical methods (modeling of studied processes and phenomena using mathematical models), dialectical methods (the study of an object in its development, change and contradictions), analysis of the burden of the disease (assessment of the economic and social consequences of the disease).

Key words: development goals, organization, financing, healthcare system, compulsory insurance, services, government spending.

Introduction

Modernization of healthcare systems around the world aimed at improving the health of the population leads to an increase in costs. In this regard, obtaining more accurate information about the financing of the health system becomes critical for developing effective policies.

Health expenditure provides an estimate of the final consumption of health products and services. This includes expenditures of all types of financial mechanisms on radiation services and medical products, disease prevention programs, and health system management. Health care costs include mandatory and voluntary funding schemes.

The resources that a country devotes to health care, compared to the size of the economy as a whole, change over time due to differences in both the growth of health care spending and overall economic growth.

Insufficient funding and inefficient distribution pose serious obstacles to achieving universal access to quality health services. Limited financial resources and competing priorities can hinder investment in health infrastructure, workforce development, and medical technology. In addition, health systems often face limited resources, including a shortage of health workers, limited rural health infrastructure, and problems with the availability of advanced medical technologies. These challenges need to be addressed in order to optimize the allocation and use of health resources.

The COVID-19 pandemic has had a profound impact on health indicators and highlighted the importance of timely and accurate health data for monitoring and responding to public health crises.

The problem of financing the healthcare system in Kazakhstan remains urgent and needs to be solved. Insufficient funding leads to a low level of availability and quality of medical services. It is necessary to increase budget funds for healthcare and reform the financing system in order to provide high-quality healthcare for all citizens of Kazakhstan. Comparison with developed countries shows a significant lag in Kazakhstan in this area and the need for systemic changes.

The development of health systems around the world, focused on improving the health of citizens, requires additional resources. In Kazakhstan, health financing remains a key aspect for ensuring universal access to quality medical services. With limited financial resources and competing priorities, the allocation of funds for health care is often insufficient, which creates obstacles to investment in health infrastructure, workforce development and medical technology. In this regard, the President of the Republic of Kazakhstan has set the task to bring healthcare costs to 5% of GDP by 2027, which is aimed at solving the problems of low availability and quality of medical services, as well as improving the health of the country's population.

The COVID-19 pandemic has vividly demonstrated the need for adequate financing of health systems and the importance of accurate medical data for effective monitoring and response to public health crises. Currently, healthcare spending in Kazakhstan lags far behind the average of OECD countries. According to WHO recommendations, for the normal functioning of the health system, the minimum level of expenditure should be at least 5% of GDP in developing countries. The fulfillment of this task will require systemic changes and reform of the financing system, which will not only improve the quality of medical services, but also ensure their financial stability, while reducing the financial burden on citizens. So, to bring healthcare costs up to 5% of GDP, we recommend the following:

1. Annual formation of National Health Accounts to track the dynamics of cost growth, identify trends and respond promptly.

2. Improving tariffs on medical services.

3. Modernization of rural healthcare.

4. Expanding the list of outpatient-drug provision.

5. Introduction of co-payment for the purchase of medicines to reduce out-of-pocket expenditures.

6. Stimulating public interest in a healthy lifestyle (increasing public awareness of health issues).

7. Further development of digitalization of healthcare. This will improve the quality of the processed statistical data and increase the effectiveness of the analysis.

8. Improving the cost management and control system: The introduction of more effective cost management and control can help improve the efficiency of the use of funds in the healthcare system. It is necessary to develop mechanisms for monitoring and evaluating costs, as well as improving the efficiency of using funds.

The scientific literature studies the financing of Kazakhstan's healthcare systems in order to optimize costs and improve the quality of medical care for the population.

One of the key articles is «Tracking the achievement of universal health Coverage Global Monitoring Report 2023» [1], a report by the World Health Organization that examines the challenges

and obstacles to achieving the Health SDGs and threats to further progress towards universal health coverage (UHC).

Materials and methods

The study focuses on the financial aspects of healthcare system that is sustainable, efficient, and promote socioeconomic growth. It draws on research by Kazakhstani and international experts on health care financing, including domestic systems. The study uses various research methods, including theoretical analysis and synthesis, empirical comparison, and statistical data analysis. The information sources used include global healthcare financing models, scientific articles, Kazakhstani laws and regulations, statistical data, and reports from the Ministry of Health, Social Insurance Fund, and Republican Center for Healthcare Development.

Also in this study the methods of systematic, comparative, economic and statistical analysis and synthesis were used.

Statistical data were analyzed on the basis of national health accounts (hereinafter – NHA) in dynamics, as well as a comparative analysis of the financing of health systems in Kazakhstan and developed countries.

These methods made it possible to identify the main trends in the financing of the healthcare system in Kazakhstan. The results obtained are an important contribution to the study of health financing issues and can be used to develop effective strategies in this area.

The study uses comparison and real-world evidence to examine scientific questions about healthcare financing in our country. The author identifies problems with the current funding system and offers potential solutions to improve it and address key issues.

Results

I. General principles of healthcare financing

Kazakhstan's healthcare system is funded from two main sources:

1. Mandatory health financing schemes:

- ◆ State budget funds: republican and local budgets.
- ◆ Mandatory social health insurance funds (MSHI): contributions of employers and employees, as well as state contributions for preferential categories of citizens.

2. Private health financing schemes:

- ◆ Voluntary health insurance (VHI): contributions of individuals and legal entities for receiving an extended package of medical services.
- ◆ Household out-of-pocket expenditures: payment for medical services, medicines and medical devices from personal funds.
- ◆ Corporate expenditures: Businesses' expenditures for the medical care of their employees.

Regulation of healthcare financing is carried out in accordance with the requirements of the legislation of the Republic of Kazakhstan:

- ◆ Code of the Republic of Kazakhstan dated July 7, 2020 No.360-VI “On the health of the people and the health care system” [2].
- ◆ Budget Code of the Republic of Kazakhstan No.95-IV dated December 4, 2008 [3].
- ◆ Order of the Minister of Finance of the Republic of Kazakhstan dated November 14, 2014 No. 494 “On Approval of the Rules for Drawing up the Unified Budget Classification of the Republic of Kazakhstan” [4].

Various key indicators are used to evaluate health systems at the national level and compare them between countries:

1. Share of health expenditure in GDP [5] – reflects the total amount of funds allocated for health care in the total volume of goods and services produced in the country. The indicator characterizes the priorities of the state. A higher percentage indicates that the country allocates health care as a priority and develops this area.

2. Health expenditure per capita in PPP [6] – shows the average health expenditure per person, adjusted for the purchasing power of the currency. A higher rate indicates that more is spent on health care for every person in the country.

3. Share of public spending [7] – determines how much of the health care budget is funded by the state. Public expenditure: Includes funds allocated from the national budget for health services, infrastructure, etc. A higher percentage indicates that the state plays a dominant role in financing health care.

4. Share of out-of-pocket expenditures [7] – shows how much of the health care costs are paid by patients themselves. Out-of-pocket expenditures include direct payments to patients for medical services, medications, and other health expenditures. A higher percentage indicates that patients bear a higher financial burden for healthcare.

An analysis of these indicators together provides a more complete picture of the health care financing system in the country. The values of these indicators may vary depending on a number of factors, such as the level of income, demographic structure of the population, health policy of the country, etc.

Kazakhstan’s economy showed significant growth in 2022: GDP became 103 trillion 766 billion KZT (+23.6% by 2021), GDP per capita became 5.3 million KZT (USD 11,414).

Healthcare expenditures increased. Total health expenditure (THE) became 4,043 billion KZT (+17% by 2021). Current health expenditure (CHE) became 3,872 billion KZT (USD 8,371,433) or 3.7% of GDP.

It is important to note that Kazakhstan’s CHE is significantly lower than the average for OECD countries (9.3% in 2022). Figure 1 illustrates this difference.

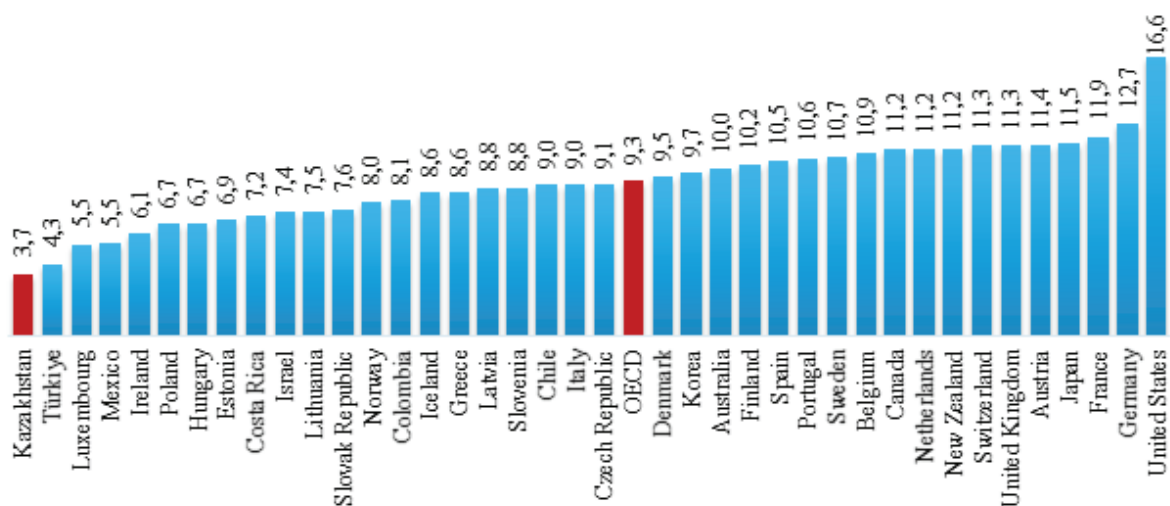


Figure 1 – Current health expenditures in Kazakhstan and OECD countries in 2022 (share of GDP, %)

Note: Compiled by the authors on the base of [8–12].

The World Health Organization (WHO) has set minimum level of health expenditures: for developed countries – 6-8% of GDP with preferential budget financing, for developing countries – at least 5% of GDP [13].

In Kazakhstan, in 2022, per capita spending on healthcare amounted to 196,128 KZT or 425.9 USD.

Health spending in Kazakhstan is below the WHO recommended minimum for developing countries (5% of GDP).

The level of health care spending affects the availability and quality of health care. Low level of spending can lead to a lack of funding, lack of staff and equipment, and limited access to health services for the population.

To correct comparison the levels of healthcare expenditures, the method of conversion to a single currency – US dollars at purchasing power parity (hereinafter referred to as PPP) is used.

PPP takes into account the difference in the purchasing power of national currencies, allowing for a more accurate assessment of the real volume of financing in different countries.

For example, in Kazakhstan, per capita current spending on healthcare in 2022 amounted to 1,181 PPP USD. This amount is 4 times lower than the average for OECD countries (5,009.5 PPP USD)

(see figure 2). A low level of per capita spending may indicate insufficient funding for the health system, which may affect the availability and quality of health care.

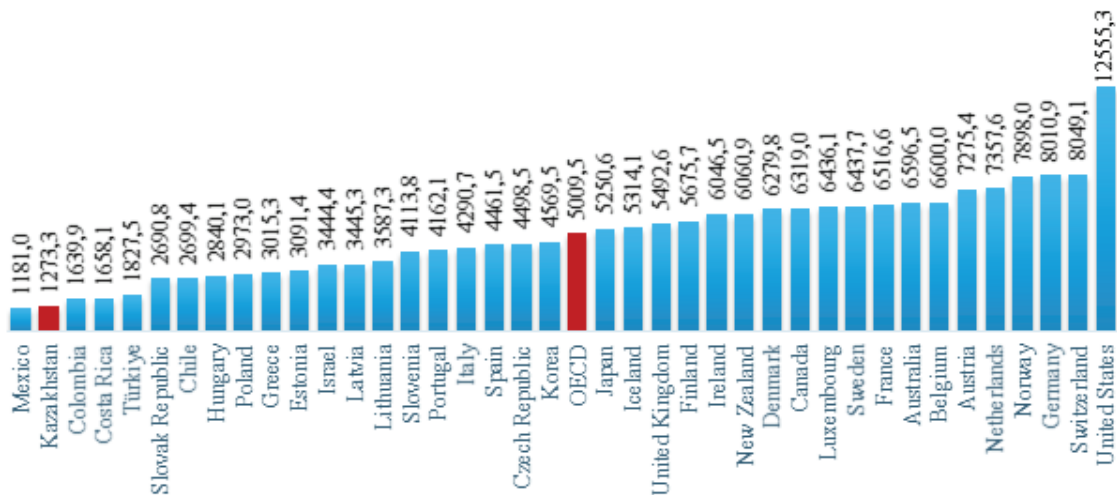


Figure 2 – The level of current health expenditures per capita in 2022 in Kazakhstan and in OECD countries, USD by PPP

Note: Compiled by the authors on the base of [8–12].

II. Public funding of health spending

In Kazakhstan, the healthcare financing system is mixed. It is based on budget financing and the system of mandatory health insurance (starting in 2020).

The Social Health Insurance Fund covers 35% of public health expenditures through collected health insurance contributions. The remaining 65% is financed from the state budget (general taxation), which includes expenditures on providing guaranteed free medical care – 54%, and the remaining budget programs covering preventive and curative measures that are of strategic interest to the government – 11%.

Public spending on healthcare in Kazakhstan is 2.3% of GDP, which is significantly lower than the OECD average of 7.6% of GDP (figure 3).

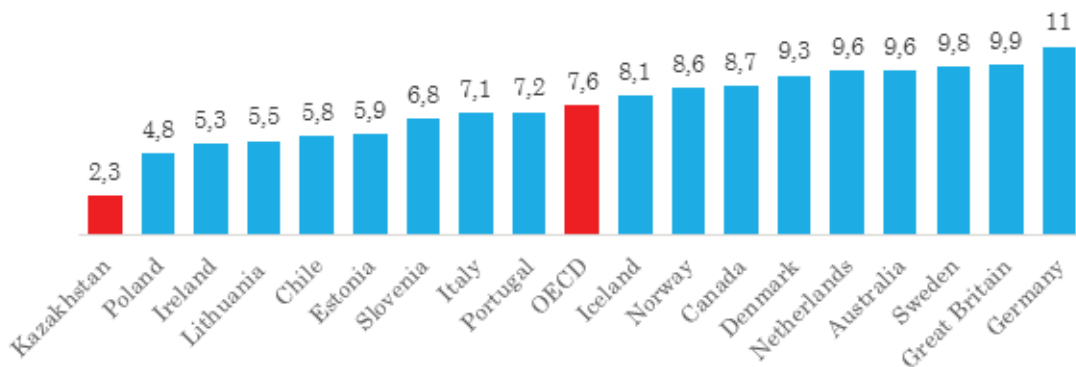


Figure 3 – Government spending on healthcare as % of GDP in OECD countries (Kazakhstan – 2022, OECD countries – 2021)

Note: Compiled by the authors on the base of [8–12].

The share of public health expenditures in the structure of current health expenditures in Kazakhstan in 2022 was 62.0%. This indicator is 13.7% lower than the average of OECD member countries (figure 4).

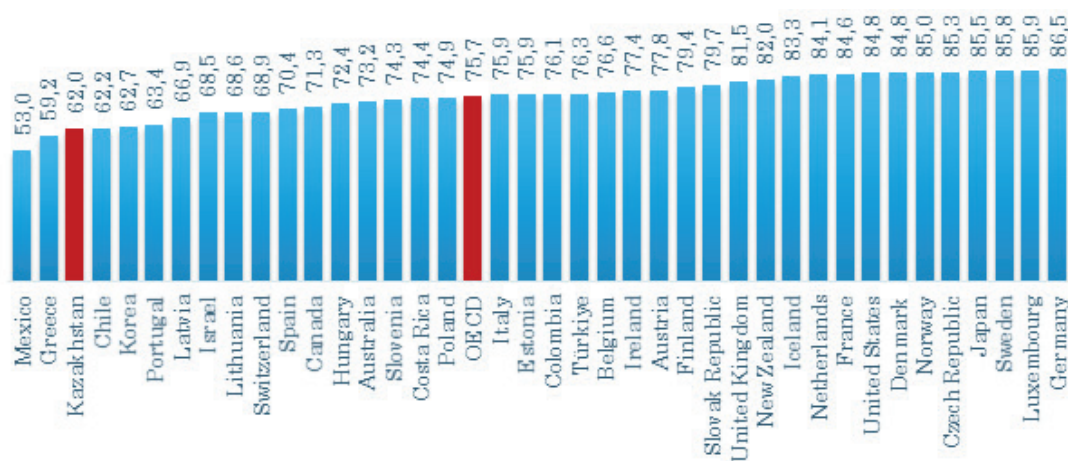


Figure 4 – The share of government spending on healthcare in CHE in Kazakhstan and OECD countries in 2022, %

Note: Compiled by the authors on the base of [8–12].

Government spending in 2022 (2, 389 billion KZT) increased compared to the previous year (2,189 billion KZT) by 9% and 3.7 times as compared to 2012 in nominal terms.

In 2012–2022, government spending as a percentage of GDP fluctuated around 1.7-2.6% of GDP. In 2012, its value was 2.1% of GDP, by 2018–2019 it decreased to 1.7% of GDP and further in 2021 there had been an increase till 2.6% of GDP, but in 2022 it decreased till 2.3% of GDP (figure 5).

Thus, the maximum value of the share of public spending in GDP for the period under review is noted in 2021 – 2.6% of GDP. This can be attributed primarily to financial injections during the pandemic Covid-19 in 2020, as well as with the start of the operation of the MSHI system, which formed an additional pool of funds in the healthcare system (figure 5).

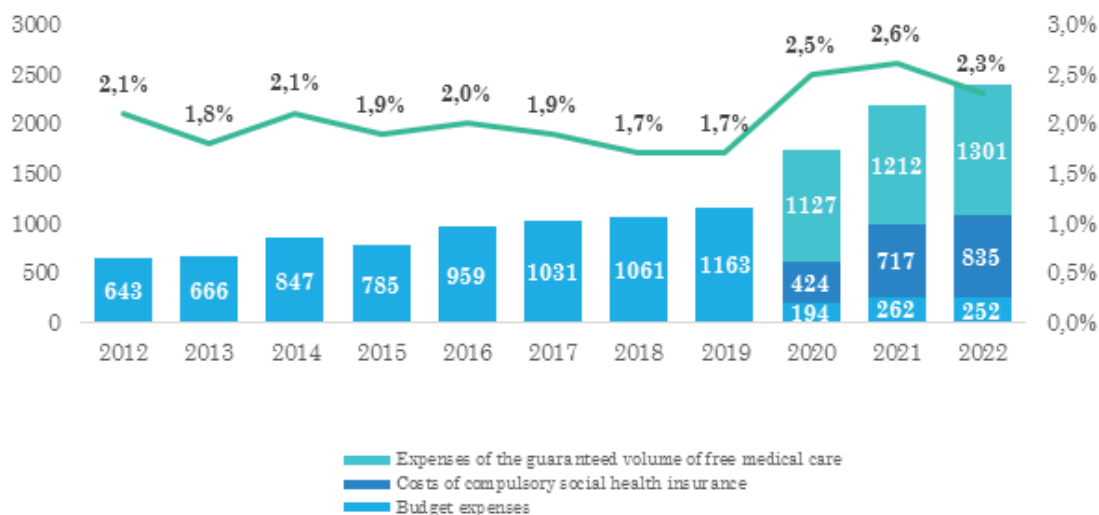


Figure 5 – Government expenditures by source of financing for 2012–2022

Note: Compiled by the authors on the base of [8].

In the structure of current government health care expenditures (figure 6) 39% was for inpatient treatment. 33% of current healthcare expenditures were allocated to outpatient care. Drug provision costs 10% of government expenditures. This is followed by ancillary services – 6%, preventive services – 4%, day hospital – 3%, rehabilitation services – 3%, healthcare administration costs – 1% and other medical services – 1%.

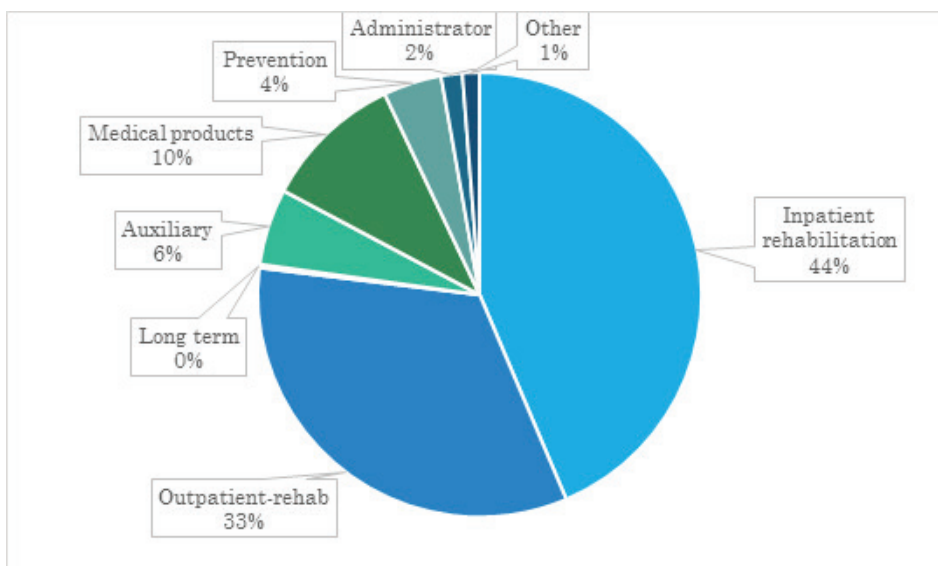


Figure 6 – Government expenditures by type of services for 2022

Note: Compiled by the authors on the base of [8].

In dynamics and in comparison with the OECD [9], the figure is as follows:

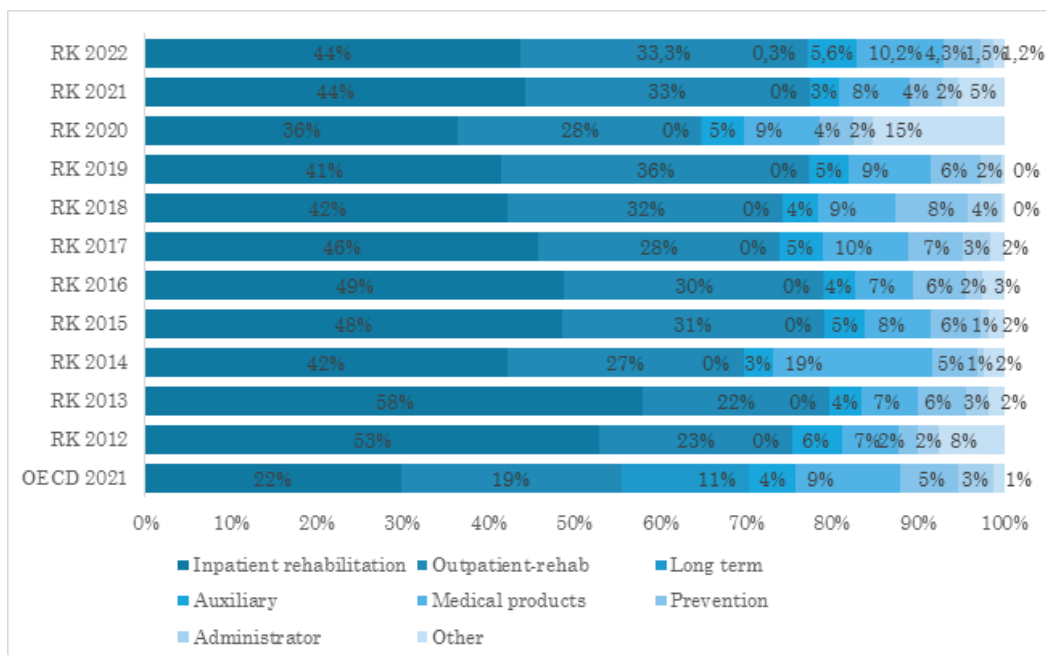


Figure 7 – Comparison of the distribution of public spending on services in Kazakhstan and OECD countries (Kazakhstan – 2012–2022, OECD countries – 2021)

Note: Compiled by the authors on the base of [8–12].

An analysis of the structure of government spending showed that inpatient care costs dominate (44% in 2022). In the OECD countries [9], the same indicator is 22%. Outpatient care costs in the structure of government expenditures in 2022 year made up 33%. Also, in OECD countries [9], outpatient care costs are as follows: 19% (figure 7).

Thus, Kazakhstan spends significantly more money on inpatient care compared to the OECD countries. Developed countries, in turn, prioritize outpatient healthcare. Mismatch of proportions may indicate inefficient allocation of resources in the healthcare system of Kazakhstan.

III. Private health expenditures

Private health expenditures in Kazakhstan amounted to 1,466 billion KZT in 2022, or 38% of CHE. In the OECD countries, this figure was 24.2% in 2022. Thus, Kazakhstan has a higher level of private spending on health care than the OECD average, where the state plays a dominant role in financing health care.

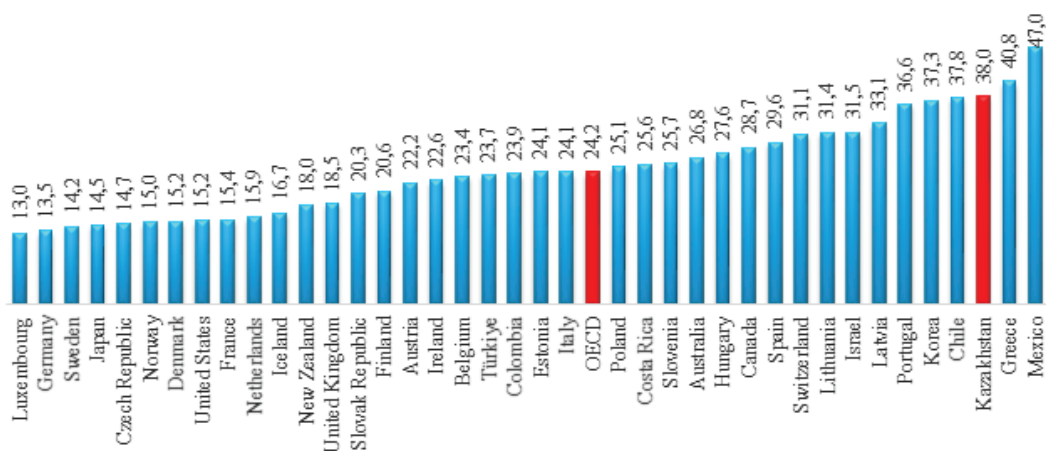


Figure 8 – The share of private health expenditures in CHE in Kazakhstan and OECD countries in 2022, %

Note: Compiled by the authors on the base of [8–12].

Private health expenditures are voluntary in nature, and include personal (out-of-pocket) expenditures of the population on health care, expenditures on voluntary health insurance, and financing of enterprises.

The structure of private expenditures is as follows (figure 9):

- ◆ Household’s out-of-pocket expenditures – 82% (1,198 billion KZT),
- ◆ Enterprise expenditures – 16% (229 billion KZT),
- ◆ VHI funds – 3% (39 billion KZT).

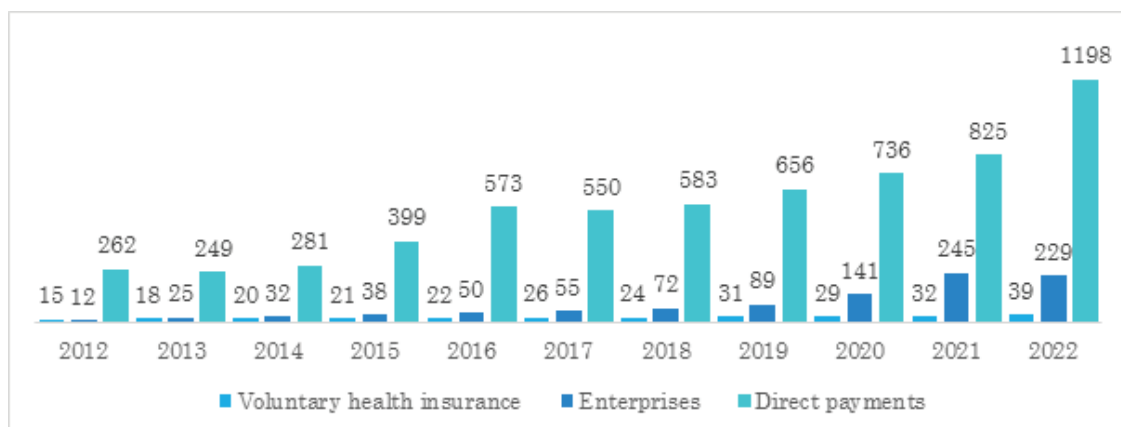


Figure 9 – The structure of private expenditures for 2022, billion tenge

Note: Compiled by the authors on the base of [8].

In the structure of private spending on healthcare (figure 10), 47.6% is provided by medicines. In 2022, 38.0% were allocated for outpatient medical care, 13.4% for inpatient treatment, 0.2% and 0.8% of private expenditures were spent on long-term care and administration, respectively.

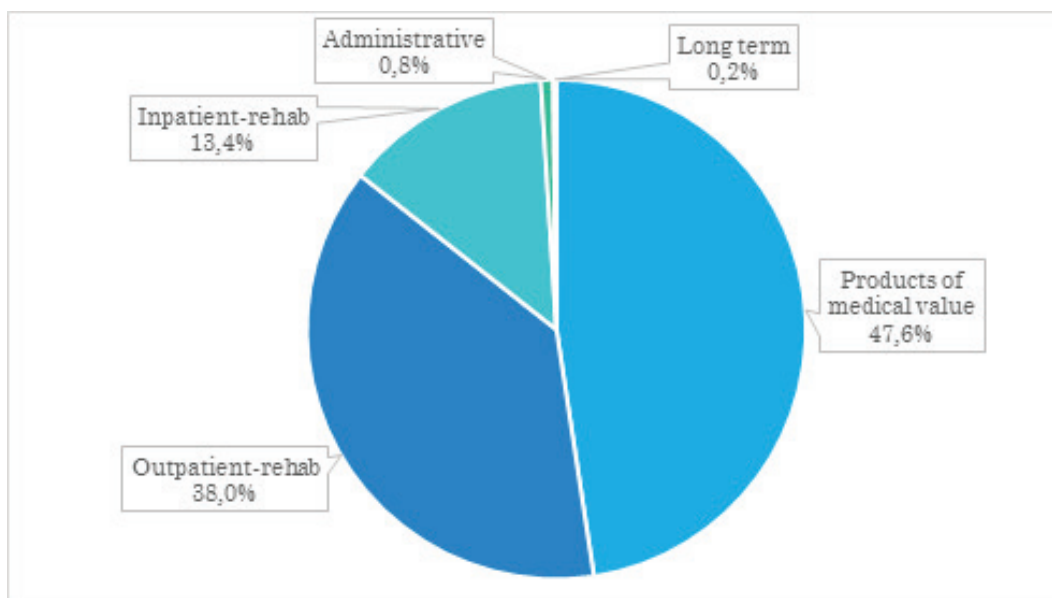


Figure 10 – Distribution of private expenditures on health services for 2022

Note: Compiled by the authors on the base of [8].

Households' out-of-pocket expenditures for medical services are payments for medical services made directly from the personal budget (primary income or savings) at the time of receiving the service. This indicator shows the direct financial burden on households for health care.

Reasons for high out-of-pocket spending:

- ◆ Insufficient public funding: The failure of the health system to fully meet the demand for free services.
- ◆ Appeal to the private sector: Search for the necessary assistance in private medical institutions.
- ◆ Drug unavailability: The absence of free or affordable medicines within the guaranteed amount of medical care.

In the structure of households' out-of-pocket expenditures on health services (1,198 billion KZT) in 2022 the main share fell on the purchase of medicines and medical devices – 697.4 billion KZT or 58% of all out-of-pocket health expenditures (figure 11).

In dynamics, the picture looks like this:

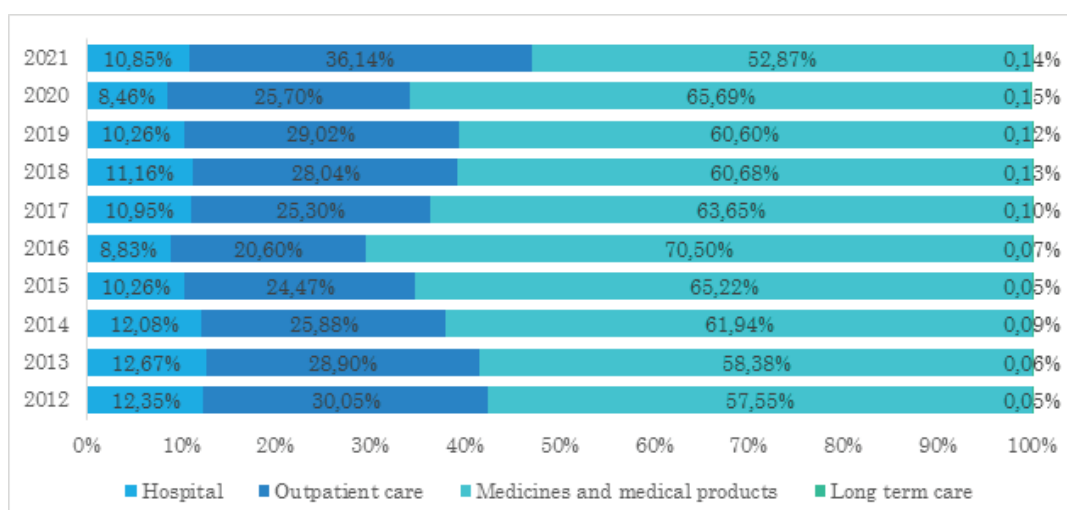


Figure 11 – Distribution of private population by type of services in dynamics

Note: Compiled by the authors on the base of [8].

Discussion

Out-of-pocket (OOP) health spending is an important funding source for health care worldwide. In 2019, global spending on health reached US\$ 8.5 trillion, double the amount spent in real terms in 2000. About 40% came from private sources, including household OOP health spending [18].

Countries with high levels of out-of-pocket healthcare spending often experience significant financial burdens on their populations. These financial hardships are measured using two primary indicators: catastrophic healthcare expenditures and impoverishing expenditures. Both indicators can be calculated through a variety of methods. For global monitoring, the definitions provided by the Sustainable Development Goals (SDGs) indicator framework or similar indicators are commonly used. Specifically, SDG indicator 3.8.2 (Catastrophic health expenditure and impoverishment) defines the rate of catastrophic health expenditure within a household as the percentage of the population whose out-of-pocket health spending exceeds 10% or 25% of their total household consumption or income. Consequently, tracking out-of-pocket healthcare costs is essential for effective healthcare systems and informs policy decisions [18].

Out-of-pocket payments of the population that characterize the sufficiency of health care financing in general and the growth of this type of expenditures in Kazakhstan indicates that funding for this area is insufficient.

According to the structure of private household spending in Kazakhstan in 2022, a significant increase in spending on medicines and medical supplies can be noted compared to the previous year (figure 11).

Nominal growth in spending on pharmaceutical and durable medical products was 59% from 436 billion KZT in 2021 up to 697 billion KZT in 2022, and the share in the structure of out-of-pocket expenditures increased from 52.8% to 58.2%.

The price index for pharmaceutical products, according to the Bureau of National Statistics, was 110.4% in 2022, which means that the volume of consumption increased by 50%. Thus, it can be argued that the growth in out-of-pocket spending on medicines occurred precisely due to the growth in consumption.

The consumer price index for medical services in 2022 was 113.6%. Thus, in 2022, spending on medical services increased by 15% due to an increase in consumption volumes.

Table 1 – Consumer Price Index in 2022

Expenditures	2021, thousand KZT	2022, thousand KZT	Growth in noms. expressions 2022	CPI	Growth due to volume, %
Out-of-pocket expenditures	824 687 072,6	1 198 253 717,0			
Medical services expenditures	374 034 074,6	480 671 706,0	128,51	113,6	15%
Expenditures on pharmaceuticals	436 023 800,0	697 379 700,0	159,94	110,4	50%
Note: Compiled by the authors on the base of [8–11].					

The increase in spending on pharmaceutical products in quantitative terms in 2022 can largely be explained by the increase in the number of incoming migrants from neighboring countries.

The dynamics of the number of migrants arriving is shown in figure 12.

Total arrivals from the CIS countries in 2022 were 15,000 migrants. In comparison to 2021, in 2022 the number of migrants increased by 59%. Number of newly arrived migrants from Uzbekistan made up 6 631, what was a 58% increase compared to 2021.

Thus, the level of out-of-pocket payments of citizens continues to remain at a high level. This is due to several reasons that were identified as a result of the analysis:

- ◆ relatively low level of financing for the industry as a whole;
- ◆ a high level of spending on pharmaceutical products, which is associated with an increase in the volume of consumption of medicines;
- ◆ increased consumption of medical services.

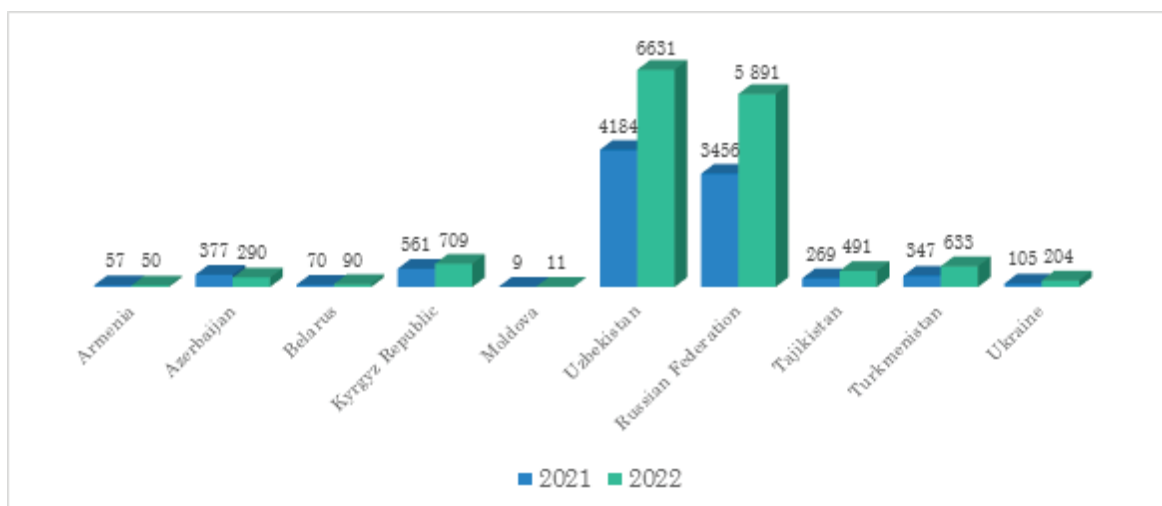


Figure 12 – The number of migrants arriving in Kazakhstan from neighboring countries in 2021–2022

Note: Compiled by the authors on the base of [11].

Conclusion

Healthcare financing is crucial for a successful healthcare system. It ensures that people can get quality medical care and preventive services. Proper and long-term funding is necessary for providing treatments, preventive care, and maintaining the facilities needed for healthcare delivery [19].

In recent years, there has been an increase in the welfare of the state, which is explained by the growth of gross domestic product. Analysis of the dynamics of macroeconomic indicators in nominal terms during the period shows an increase in the welfare of the state. Thus, the size of GDP increased 3.3 times over the period from 2012 to 2022.

As for government expenditures, according to the report of the Ministry of Finance of the Republic of Kazakhstan budget expenditures in 2022 increased by 19.9% compared to 2021 and amounted to 21.5 trillion KZT. In the structure of budget expenditures in 2022, 21% fall on social assistance and security (4.52 trillion KZT), education – 20.9% (4.5 trillion KZT) and 9.8% on healthcare (2.1 trillion KZT).

In order to improve the international comparability of health financing indicators, aggregated indicators such as current health expenditure, capital expenditure on health, and total health expenditure are used.

In 2022, Kazakhstan’s overall healthcare spending reached 4 trillion 42 billion KZT, which represents 3.9% of its GDP. Current health expenditures for that year totaled 3 trillion 871 billion KZT, accounting for 3.7% of GDP, while capital expenditures were 171 billion KZT, or 0.2% of GDP.

In contrast, OECD countries allocate an average of 9.3% of their GDP to current health expenditures. To ensure the financial sustainability of healthcare systems and the efficient operation of medical services in developing countries, the WHO advises that health spending should be kept at a minimum of 5% of GDP.

At the same time, in the structure of current healthcare expenditures, mandatory funding schemes account for 62% of the CHE. Private expenditures account for 38% of the CHE, including out-of-pocket payments – 31%. Note that in the OECD countries, mandatory financing schemes account for 77.2% of the CHE, and out-of-pocket payments – 16.9% of the CHE.

In 2022, Kazakhstan’s per capita healthcare spending reached 196,128 KZT, equivalent to 426 USD. To accurately compare healthcare expenditure indicators globally, these figures should be expressed in US dollars based on purchasing power parity (PPP). In 2022, Kazakhstan’s per capita current expenditures were 1,273 USD PPP, which is over 3.7 times less than the per capita spending in OECD member countries, which stands at 5,009 USD PPP.

In summary, the analysis indicates a favorable trend in the country's healthcare spending. However, while nominal per capita expenditures have consistently risen since 2018, increasing by 2.1 times by 2022, inflation has had a considerable effect. As a result, the increase in real healthcare spending per person from 2018 to 2022 was limited to just 40% when measured at 2018 prices.

Healthcare expenditures are an important condition for effective healthcare. This study examined data on health care by the schemes of financing. Out-of-pocket expenditures were assessed and factors influencing the growth of pocket payments were identified [20].

The analysis shows that Kazakhstan continues to maintain a low level of health care funding compared to developed countries. There is also a high level of out-of-pocket expenditures.

An adequate level of government funding affects how effectively the health system operates in terms of universal health coverage, for example, in terms of the level of financial protection of patients when accessing health services. A number of evidence indicates that as soon as the share of total public health expenditure falls below 70%, the number of households facing financial difficulties increases significantly [18].

Despite the positive dynamics of growth in total health expenditures, a constant increase in them is necessary for the normal functioning of the health system and the sustainability of its financing. This will improve the availability and quality of medical services for the population and reduce the burden of out-of-pocket expenditures on citizens.

In order to achieve the goals of universal health coverage, it is necessary to ensure that sufficient resources are available for the effective provision of health services included in the package of State guarantees. In this regard, the Head of State was instructed to increase healthcare spending to 5% of GDP by 2027 as part of the pre-election program of the President of the Republic of Kazakhstan "Fair Kazakhstan – for all and for everyone. Now and forever". Taking measures to create a sustainable model of healthcare development with the level of financing for the industry in 2027 reaching at least 5% of GDP. At the same time, it is important to take into account that health care costs should be increased by increasing public spending, thereby gradually reducing dependence on private sources of funding. So, to bring health care spending to 5% of GDP, we recommend the following:

1. Annual formation of National Health Accounts to track the dynamics of cost growth, identify trends and respond promptly.

2. Improving tariffs on medical services:

◆ bringing it in line with medical care standards;

◆ revision of the tariff of the integrated per capita standard for financing PHC organizations , taking into account the phased increase in coverage;

◆ provision of additional PHC financing needs in connection with the revision of gender and age correction coefficients;

◆ inclusion of depreciation of fixed assets;

◆ inclusion of inflation rates;

◆ inclusion of professional liability insurance costs for medical professionals;

◆ professional development and training.

3. Salary increase for medical workers.

4. Expanding the list of outpatient-drug provision.

5. Implementation of co-payments for medication purchases aimed at decreasing out-of-pocket costs.

6. Encouraging public engagement in healthy living (raising awareness about health concerns).

7. Further improvement of health information systems (creation of a unified state medical information system).

8. Further improvement of cost management and control system: The introduction of more effective cost management and control can help improve the efficiency of the use of funds in the healthcare system. It is necessary to develop mechanisms for monitoring and evaluating costs, as well as improving the efficiency of using funds.

9. Financing of research on the development and implementation of artificial intelligence technologies in medicine.

Conflict of interest: the authors declare that there is no conflict of interest

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ҚАЗАҚСТАНДА ДЕНСАУЛЫҚ САҚТАУ ЖҮЙЕСІН ҰЙЫМДАСТЫРУ ЖӘНЕ ҚАРЖЫЛАНДЫРУ

Андатпа

Жаһандық пандемияның салдарымен байланысты қиындықтарға қарамастан, елдің ұлттық даму мақсаттарына қол жеткізу денсаулық сақтау саясатының стратегиялық бағыты болып қала береді. Бұл

мақаланың мақсаты – Қазақстандағы денсаулық сақтауды қаржыландыру динамикасын зерделеу, одан әрі даму болжамдарын ұсыну және оны дамыған елдердің денсаулық сақтау жүйелерімен салыстыру. Ағымдағы жай-күйді және ықтимал проблемаларды талдау негізінде Қазақстанда денсаулық сақтауды қаржыландыру жүйесін жетілдіру бойынша ұсынымдар әзірленді. Бұл мақалада сондай-ақ 2012-2022 жж. кезеңінде Қазақстан Республикасында денсаулық сақтауды қаржыландырудың негізгі параметрлері талданады және дамыған елдермен салыстырғанда қоғамдық денсаулық сақтауды қаржыландырудың төмен параметрлерін сақтаудың негізгі себептері келтіріледі, бұл денсаулық сақтау қызметтерімен жалпыға бірдей қамтуға қол жеткізуге бағытталған шараларды іске асыруға нақты кедергі болады. Зерттеу барысында жүйелік талдауды қоса алғанда (объектіні біртұтас жүйе, өзара байланысты элементтер ретінде зерттеу), салыстырмалы талдау (зерттелетін объектіні бірқатар сипаттамалары бойынша басқалармен салыстыру), функционалдық талдау (жүйе элементтерінің функцияларын анықтау), нысан және олардың өзара байланысы), экономикалық-статистикалық талдау және синтез (экономикалық және статистикалық деректерді жинау, өңдеу, түсіндіру), математикалық әдістер (математикалық модельдерді қолдана отырып зерттелетін процестер мен құбылыстарды модельдеу), диалектикалық әдістер (объектіні оның дамуында, өзгеруінде және қайшылықтарында зерттеу), аурудың ауыртпалығын талдау (арудың экономикалық және әлеуметтік салдарын бағалау) сияқты әдіснамалық тәсілдердің кең спектрі қолданылды.

Тірек сөздер: даму мақсаттары, ұйымдастыру, қаржыландыру, Денсаулық сақтау жүйесі, міндетті сақтандыру, қызметтер, мемлекеттік шығыстар.

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ОРГАНИЗАЦИЯ И ФИНАНСИРОВАНИЕ СИСТЕМЫ ЗДРАВООХРАНЕНИЯ В КАЗАХСТАНЕ

Аннотация

Несмотря на трудности, связанные с последствиями глобальной пандемии, достижение национальных целей развития страны остается стратегическим направлением политики общественного здравоохранения. Целью данной статьи является изучение динамики финансирования здравоохранения в Казахстане, представление прогнозов дальнейшего развития и сравнение с системами здравоохранения развитых стран. На основе анализа текущего состояния и потенциальных проблем разработаны рекомендации по совершенствованию системы финансирования здравоохранения в Казахстане. В статье анализируются основные параметры финансирования здравоохранения в Республике Казахстан за период 2012–2022 гг. и в сравнении с развитыми странами приводятся основные причины сохранения низких параметров финансирования общественного

здравоохранения, что становится реальным препятствием для реализации мер, направленных на достижение всеобщего охвата услугами здравоохранения. В ходе исследования применен широкий спектр методологических подходов, включая системный анализ (изучение объекта как целостной системы взаимосвязанных элементов), сравнительный анализ (сравнение изучаемого объекта с другими по ряду характеристик), функциональный анализ (выявление функций элементов системы, объект и их взаимосвязи), экономико-статистический анализ и синтез (сбор, обработка, интерпретация экономических и статистических данных), математические методы (моделирование изучаемых процессов и явлений с использованием математических моделей), диалектические методы (изучение объекта в его развитии, изменении и противоречиях), анализ бремени болезни (оценка экономических и социальных последствий заболевания).

Ключевые слова: цели развития, организация, финансирование, система здравоохранения, обязательное страхование, услуги, государственные расходы.

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