HEALTHCARE REGULATION IN KAZAKHSTAN: CHALLENGES TO INDICATIVE PLANNING

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The implementation of the Compulsory Social Health Insurance (CSHI) Scheme in Kazakhstan that will support financing medical expenditures is a challenge for healthcare regulatory system. This policy paper provides a critical analysis of healthcare governance based on regulatory documents and strategic programs of Kazakhstan.

Using simple principles of analytic narrative, we revealed some critical problems in healthcare policy that need to be addressed before full implementation of Social Health Insurance scheme. First, there is inconsistency in target indicators in strategic planning documents related to healthcare development. Second, there is no clear, accurate, and transparent system of efficiency indicators in healthcare. Another problem is a lack of legislation and regulatory mechanism that should provide proper coexistence of Social and Private Health Insurance financing schemes.

Considering world-wide experience, we propose to have a platform where all stakeholders, including healthcare providers, insurers, economists and other policymakers, may discuss regularly the basic parameters of CSHI. To justify such discussions, there is a need to introduce relevant comprehensive financial model and related set of key performance indicators at different levels of healthcare system. There should be also different strategies and regulatory options concerning either substitute or complementary competitive coexistence of private and social schemes using performance-based regulation.

Key words: Government regulation, healthcare system, social health insurance, efficiency indicators, legislation, strategic programs, hospital competition, health care quality, performance measurement, socio-economic indicators

1. Introduction

Pursuing the efficient healthcare system for its population is one of the key aspects of public policy that requires sustainable financing. It also implies the appropriate governance structures that should provide efficient transparent mechanism for the allocation of scarce resources. Kazakhstan has responded in polar ways to the challenges and opportunities of its healthcare system since its independence of 1991. At early sovereign years, Kazakhstan fundamentally changed its healthcare system by adopting the Compulsory Health Insurance (CHI) and establishing Compulsory Health Insurance Fund (CHIF) in 1995, which was suspended in 1998 as a result of the corruption scandal.[1] The United National Health System (UNHS) of Kazakhstan, introduced in 2011, could not convince the policymakers in its long-term viability. Eventually, Kazakhstan decided to re-introduce the Compulsory Social Health Insurance (CSHI), so the Social Health Insurance Fund (SHIF) was established in 2016.

The negative institutional memory in the national healthcare system raises an issue of SHI acceptance by different stakeholders, including healthcare providers, insurers covering medical services, and society by itself. That is why it is crucial to set the reforms in healthcare on the right path since the very beginning. All the stakeholders with their own unique needs should receive the corresponding message. The analytic narrative[2] of this study is to underline some challenges related to regulation of socio-economic norms in healthcare and corresponding legislation during reforming stage.

Kazakhstan appointed OECD average indicators as its goals in all strategic documents. Across OECD countries, health care spending is a sector of economy with considerable share. Health spending as a share of GDP in OECD was 8.8%, on average, in 2017 (highest shares in USA – 17.1%, Switzerland – 12.3%, and France – 11.3%; and the lowest shares Turkey – 4.2%, Luxembourg – 5.4%, and Mexico – 5.4%). Almost 75% of health spending on average in OECD nations is financed by government or compulsory social insurance scheme, with around 20% of health spending covered by out-of-pocket payments.[3] In Kazakhstan, in 2017 health spending was around 3% of GDP and out-of-pocket (OOP) payments share in total health expenditures were more than 33%. Namely, Kazakhstan's goals are to increase the share of healthcare expenditures in GDP and to reduce out-of-pocket (OOP) payments share down to 20%. SHI is considered as a useful tool to reach these target indicators.

Healthcare providers are the main actors in this process and represented by hospitals, clinics, other medical organizations that provide in-patient, out-patient, ant other treatment

[1]Compulsory Health Insurance, Attempt # 2. Features // URL: https://rus.azattyq.org/a/kazakhstan-karaganda-region-compulsory-health-insurance/30192511.html. Accessed on 17 September 2019.

[2]An analytic narrative is a social science research method seeking to combine historical narratives with the rigor of rational choice theory. For more information refer to: Bates, Robert H., Greif, A., Levi, M., Rosenthal, J.-L., and Weingast, Barry R. Analytic Narratives. Princeton: Princeton University Press, 1998. – 264 p.

[3]A System of Health Accounts 2011 (SHA 2011) defines out-of-pocket (OOP) as a direct payment for services from the household primary income or savings. 14. Policy Brief: Out-of-Pocket Spending: Access to Care and Financial Protection., April 2019 // URL: https://www.oecd.org/health/health-systems/OECD-Focus-on-Out-of-Pocket-Spending-April-2019.pdf. Accessed on 10 October 2019.

services. In general, medical organizations tend to be publicly owned, run on a not-for-profit basis, or both.[4] SHIF, being the strategic healthcare purchaser, by giving proper incentives can make healthcare providers, either public or private, more efficient. Efficiency implies here different aspects. Reforms designed to improve hospitals' efficiency often include more social improvements, like performance management and decision-making processes.[5] However, more and more policymakers argue in favor of economic market-based mechanisms to assess the performance of healthcare providers and healthcare system.[6] The truth is somewhere in between. Trying to balance equity, efficiency, and effectiveness of healthcare system, we need to have relevant set of indicators, which allow us to monitor their evolution in dynamic. Hence, reforms aimed at developing competition among public and private hospitals, even at individual doctors' level, are supposed to generate incentives that will make healthcare system more inclusive for all stakeholders.

Health insurers covering medical services are currently facing the trend of universal health coverage (UHC). This is the commitment shared by many countries as a national social policy priority. In this context, public funds like SHIF may serve as the basis for sustainable financing for UHC. Cashin et al.[7] argue for the public financial management (PFM) system that should comprise the institutions, policies, procedures helping the processes of proper resources collection and eventually allocation. A strong PFM system implies on the one hand, accurate non-fragmented revenue inflows, which correspond to the conditions on the labor market and economy, on the other hand, predictable budget allocations. It is feasible if PFM is comprehensive, and when SHI parameters are flexible in adjusting to macroeconomic and demographic trends, along with health trends.

Then, having the UHC trend, what is the role of voluntary health insurance (VHI) as an alternative source for healthcare financing? The share of VHI in total health spending[8] is very low in most of European countries. In 2014, just 11 European countries of 53 had VHI contribution for over 5% of total health spending. Should VHI be complementary or supplementary to SHI benefits in Kazakhstan? It is a matter of ongoing debates and there is still no clear answer for the questions.

In our analysis we do not go deep and explore specific medical issues like regulations related to the Diagnostic-Related Groups (DRGs), monitoring and controlling medical treatments etc. However, we consider a little such perception of legal studies that covers

[4]Cutler, David M. Equality, Efficiency, and Market Fundamentals: The Dynamics of International Medical-Care Reform // Journal of Economic Literature 40(3), September 2002. P. 881–906.

[5]Saltman R., Durán A., and Dubois, H. Public Hospitals: Reform Strategies and the Movement towards Institutional Autonomy, European Observatory on Health Systems and Policies: London, 2011. – 260 p.

[6]Skellern M. The hospital as a multi-product firm: The effect of hospital competition on value-added indicators of clinical quality / CEP Discussion Papers (CEPDP1484) / Centre for Economic Performance, London School of Economics and Political Science, London, UK, 2017.

[7]Cashin C., Bloom D., Sparkes S., Barroy H., Kutzin J., and O'Dougherty, S. Aligning public financial management and health financing: sustaining progress toward universal health coverage. Geneva: World Health Organization., 2017. – 50 p.

[8]Sagan A. and Thomson S. Voluntary Health Insurance in Europe: Role and Regulation. European Observatory on Health Systems and Policies: Copenhagen, 2016. P. 3–5.

transdisciplinary issues like the use of Information Technologies (IT) in healthcare, co-existence of the SHI with Private Health Insurance (PHI) schemes, residents' compliance with obligatory contribution payments to SHIF and others. Anyway, we are not directly addressing these specific legal complexities of regulation, despite it may affect considerably the allocation of resources in healthcare. Our approach yields complementary results and provides more strategic recommendations concerning socio-economic regulation.

Next Section 2 contains short review of existing healthcare regulatory system in Kazakhstan. Then, Section 3 describes some challenges in healthcare socio-economic regulation in Kazakhstan and possible responsive strategies. Finally, Section 4 concludes by several recommendations.

2. Review of Healthcare Regulatory System in Kazakhstan

Article 29 of the Constitution of Kazakhstan guarantees the right for health care to all the citizens of the Republic of Kazakhstan, along with the right to have free access to the guaranteed package of medical care. The main legal document regulating the structure, financing and provision of medical services is the Code of Kazakhstan "On Public Health and the Healthcare System" (hereinafter – the Code), adopted on 18 September 2009 No. 193-IV.[9] The Code is a comprehensive legal document regulating a wide range of issues related to the functioning of the healthcare system and its development and competitiveness. The Code systematizes the entire regulatory framework of health care, harmonizing it with the regulatory framework of other sectors of the economy and it repeals outdated and narrower laws (regulations) that were previously used to regulate various aspects of the health care system.

The Code regulates public relations in healthcare to preserve the Constitutional right of citizens to health protection, compliance of the healthcare system with international norms and standards, improving the quality of medical services and provision of medicines, necessary medical materials and equipment. The role of the State in the Code is aimed at developing long-term programs funded by public budget and their implementation.

"Strategy 2050"[10] (further – the Strategy) – policy document adopted on the 14th of December 2012, with the aim of entering the list of 30 most developed countries of the world by 2050. It defines as the target indicators for Kazakhstan the average values of the Organization for Economic Cooperation and Development (hereinafter – OECD). In this regard, Kazakhstan is supposed to introduce the standards of OECD in all fields including healthcare, management, and principles of resources allocation. The implementation of the Strategy is supposed to improve the sustainability and dynamic development of a socially-oriented national health care system along with the principles of universal coverage, social

[9]There is a new draft Code of Kazakhstan, which is currently under discussion in the Parliament of Kazakhstan. The document introduces some new norms related to digitalization of healthcare, organ donorship, etc. Brief description of main points of the draft Code can be found on the site of the Republican Center for Healthcare Development under the Ministry of Health of the Republic of Kazakhstan // URL: http://www.rcrz.kz/. Accessed on 22 September 2019.

[10]Strategy 2050 // URL: http://mfa.gov.kz/en/roma/content-view/strategia-kazahstan-2050-14. Accessed on 29 August 2019.

justice, quality health care and shared responsibility for health in accordance with the key principles of the World Health Organization's Strategy- "Health 2020".[11] The Strategy clearly defines new principles of social policy with a special section on approaches to ensuring children's health. According to the strategy document, the state takes full responsibility for providing social support and child protection.

The Strategic Plan until 2025 (further – the Strategic Plan) defines the objectives of accelerated qualitative economic growth and improvement of living standards within the country – defines economic policy,[12] where one of listed 5 policies (Policy 5: Ensuring high quality of life) is aimed at addressing the challenges of life quality via affordable healthcare system. Among the key national indicators of the Strategic Plan there are: life expectancy at birth, infant mortality, and maternal mortality. The strategic goal by 2025 is to achieve qualitative and sustainable economic growth that leads to an improvement in living standards comparable to OECD countries.

The implementation of the country's policy at the regional level is determined by the Forecast Scheme of Territorial and Spatial Development of the country until 2020, which aims at creating conditions for improving the welfare of the population through the rational organization and placement of socioeconomic potential in the country.[13]

The current government policy concerning healthcare development is described in the State Healthcare Development Program "Densaulyk" for 2015-2019 (further – Densaulyk) with the main goal to improve the health of the population to ensure sustainable socio-economic development of the country.[14] Among the strong points of the program one can name: top level political will to fulfill social commitments, stable epidemiological situation and high immunization coverage among children; developed infrastructure of organizations providing medical assistance; experience in transferring modern medical technologies and highly specialized medical care; introduction of a quality management system for medical care based on standardization and accreditation; modern tariff system for health care financing, etc. The main weaknesses of the program are: low rate of life expectancy, high overall mortality rate compared to the average level of OECD countries; low level of health financing as a percentage of GDP; high level of private expenditure on health care; lack of mechanisms for joint responsibility for health; insufficient quality of pre- and postgraduate training; low level of management efficiency in the health care system; insufficient drug provision at the outpatient level, etc. The document also recognizes the low effectiveness of the National screening program (detection is 3.4% among adults, 16.4% – among children) as the main measure for the prevention of diseases.

[11]World Health Organization's Strategy "Health 2020" // URL: http://www.euro.who.int/__data/assets/pdf_file/0011/199532/Health2020-Long.pdf. Accessed on 15 June 2019.

[12]The Strategic Plan 2025 // URL: https://economy.gov.kz/en/news/strategic-plan-development-kazakhstan-until-2025-includes-7-systemic-reforms-suleimenov?theme_version=special. Accessed on 15 June 2019.

[13]The Forecast Scheme of Territorial and Spatial Development of the country until 2020 // URL: https://economy.gov.kz/en/kategorii/prognoznaya-shema-territorialno-prostranstvennogo-razvitiya-strany-1?theme_version=standart. Accessed on 20 June 2019.

[14]"Densaulyk" program // URL: https://strategy2050.kz/static/files/pr/gprz_ru.pdf. Accessed on 20 June 2019.

Another important legislative document is the Law on National Security that defines the national security strategy of the Republic of Kazakhstan and determines the achievement and maintenance of level and quality of healthcare and social security system adequate to the needs for improvement of citizens and society's well-being as the main national interests. According to the Law the authorized body in the healthcare (namely, the Ministry of Healthcare) ensures the protection of public health against the spread of particularly dangerous and quarantine infectious diseases and satisfies the needs of citizens for effective, quality and affordable pharmaceutical products.[15]

The organizational structure of the Ministry of Healthcare of Kazakhstan has undergone frequent changes in the 1990s. In 1997 the Ministry represented the Healthcare Committee under the Ministry of Education, Culture and Health, in 1999, the Committee was transformed into the Healthcare Agency, and in 2002, the Ministry of Healthcare was reinstated. Organizational reforms of the Ministry of Healthcare of Kazakhstan were part of the national broad reforms of the public administration system.

Currently, the Ministry of Healthcare of Kazakhstan (MH) is responsible for the national health policy. The provision of medical care and the financing of healthcare are delegated to a greater extent to regional executive bodies and their subordinate healthcare departments. The Ministry of Economy and Budget Planning of the Republic of Kazakhstan and the Ministry of Finance of the Republic of Kazakhstan regulates the financing of healthcare and distribute the healthcare budget. Other key players in the system are medical service providers they can be public, autonomous and private, professional organizations and associations, and several non-government organizations (NGOs).

Being the central regulator government determines the regulatory rules of transactions between the participants of the healthcare system. The main methods and tools of governmental regulation mechanism of Republic of Kazakhstan include administrative measures with capacity of prohibition, permission etc. and economic measures, which may create economic incentives for participants in the healthcare system. The government via such instruments of financing of the healthcare system that include the provision of medical services to children, has direct impact on the vector of development through public investment in infrastructure development.

The most recent strategic regulatory act in healthcare is the Law of Kazakhstan on Compulsory Social Health Insurance of the 16th of November 2015.[16] It stipulates the main principles of SHI functioning, basic parameters of SHI: the contribution rates for different cohorts of population to the Social Health Insurance Fund, the role of SHIF as the strategic purchaser, and others. The act is a cornerstone of ongoing reforms, so the content of Section 3 is mostly centered at SHI implementation.

[15]Kazakhstan: National Security Law. Legal Analysis // URL: https://www.article19.org/data/files/media-library/37125/Kazakhstan--National-Security-Law.pdf. Accessed on 20 June 2019.

[16]The Law on Compulsory Social Health Insurance of the Republic of Kazakhstan. November 16, 2015 No.405-V // URL: http://adilet.zan.kz/eng/docs/Z1500000405. Accessed on 20 June 2019.

3. Challenges and Responsive Strategies

How to balance efficiency, equity and effectiveness of healthcare system in the environment with uncertainty? There are two historical documents in international health community, both appeared in Kazakhstan. First, the Declaration of Alma-Ata that was adopted at the International Conference on Primary Health Care (PHC) in 1978.[17] It was the first international declaration underlining the importance of primary health care (PHC). The PHC approach was accepted by all member states of the World Health Organization (WHO) as the key to achieve the equity of healthcare for all people. After 40 years, it was reaffirmed in the Declaration of Astana of 2018: "PHC is the most inclusive, effective and efficient approach to enhance people's physical and mental health, as well as social well-being, and that PHC is a cornerstone of a sustainable health system for universal health coverage and health-related Sustainable Development Goals"[18].

Other needs for implementing CSHI in Kazakhstan has the same background as in other countries. One may distinguish the demographic pressure in terms of aging population, increasing social expectations as people get more educated, increasing healthcare expenses due to technological innovation, and others.[19] Specific argument is to reduce the share of out-of-pocket payments from 33% of all health expenditures in 2017 down to 20%, WHO standard.

To assess the effectiveness of healthcare system there are some standard indicators used as targets in strategic documents. Maternal and infant mortalities are highly important indicators that characterize the effectiveness of the health system. Another important indicator is the provision of hospital beds for the population. By reducing the number of beds government tries to redistribute the burden from hospitals to PHC, which will decrease in-patient service. Monitoring the health status of citizens in terms of social security is necessary in order to better integrate healthcare into the overall development strategy, thus laying the foundation for national policy makers to improve living conditions and economic well-being of the nation.

Mamayev M. made a revision of targets indicators measuring the efficiency of government interventions through strategic programs mentioned in Section 2. The analysis revealed discrepancies in the values of target indicators in different strategic documents at sectoral and cross-sectoral levels.[20] For example, the target indicator "life expectancy at birth" for 2016 in different documents have different values: in the Strategy-2050 – 72.4, while in Densaulyk – 71.8, and the Strategic Plan – 72. For 2021 the values of the infant

[17]The Declaration of Alma-Ata. The International Conference on Primary Health Care, Alma-Ata, USSR, 6-12 September 1978 // URL: https://www.who.int/publications/almaata_declaration_en.pdf. Accessed on 22 October 2019.

[18]The Declaration of Astana. The Global Conference on Primary Health Care: From Alma-Ata towards Universal Health Coverage and the Sustainable Development Goals. Astana, Kazakhstan, 25-26 October 2018 // URL: https://www.who.int/docs/default-source/primary-health/declaration/gcphc-declaration.pdf. Accessed on 22 October 2019.

[19]Kutzin, J. Health Financing for Universal Coverage and Health System Performance: Concepts and Implications for Policy // Bulletin of the World Health Organization, 91 (8), 2011. P. 602–611.

[20]Mamayev M. Analysis of the state policy in the field of child health protection in the Republic of Kazakhstan // Astana Medicinalyk Zhurnaly № 98, 2018. P. 8–15.

mortality indicator differ by 1.1 percentage points in the Strategic Plan and the MH's strategic plan for 2017-2021. Annual reduction infant and maternal mortalities in Densaulyk – 0.08 and 0.1 points, whereas in the MH's Strategic Plan – 0.26 and 0.05, respectively. These discrepancies are intolerable, because it concerns the government intervention in sensitive field like healthcare. The decomposition of indicators should be accurate and relevant to a system of interrelationships between the indicators of state strategic documents.

As for another approach to assess the effectiveness of healthcare, it is worth to use more comprehensive measures like QALY (quality adjusted life years) index. The index includes both quantitative (life expectancy) and qualitative (quality of life) criteria associated with medical interventions. It is a universal health-related outcome indicator applicable to all people and all diseases that allow comparison between different healthcare strategies and outcomes. In accordance with international recommendations, years of quality life are the best criterion for effectiveness. The QALY is a internationally recognized key indicator measuring effectiveness of healthcare reforms.[21] In Kazakhstan, once SHIF starts working covering the whole country, it will be able to collect enough data to calculate QALY for the residents.

Providing the population with equitable access to necessary health services requires enough level of public funding. Sustainable financial model implies predictable regular revenue streams to the public fund without creating an unfair burden on households.[22] Revenue source for SHI consists mainly of 2 parts: Government's contributions in favor of institutional population (children, retired citizens, socially vulnerable groups, military people, etc.) and the contributions by working residents. The contribution rates for workers, both employer's and employee's, are always a matter of debates. Apparently, they went down starting from initially proposed 7.5% of payroll to 5% (3% by employer + 2% by employee). In addition, there is the threshold of maximum taxable income of 10 minimum wages (KZT425000 or around USD1090 in 2019). Eventually, it may lead to the incidence of health care financing to be regressive, namely lower-income families will pay a higher share of income to SHI spending than higher-income families.[23]

The SHIF's expenses, or, more accurate, allocation of resources in healthcare basically consist of procurement deals. The procurement process in healthcare insurance is full of uncertainties and should be treated as any transaction, where different parties have different knowledge of information (asymmetric information). Patients have more knowledge about their diseases and wealth, doctors have more knowledge about medicine and the cost of treatment, etc. When asymmetry in information becomes a problem, the best is to provide proper incentives to the parties, which is main topic of so-called incentive theory in economics studying the problems of delegating a task by a principal to an agent, both can

[21]Drummond M. F., Sculpher M. J., Claxton K., Stoddart G. L., Torrance G. W. Methods for the Economic Evaluation of Health Care Programmes. Oxford University Press, 2015. – 464 p.

[22]Suhrcke, M., McKee, M., and Rocco, L. Health: A Vital Investment for Economic Development in Eastern Europe and Central Asia, 2007. P. 37.

[23]Ketsche, P., Adams, K., Kannan, V., Kannan, H., and Wallace, S. The Distribution of the Burden of US Health Care Financing // International Journal of Financial Research, 6(3), 2015. P. 29–48.

be with private information.[24] Hence, SHIF should use more incentives towards more efficient hospitals participating in the social insurance and doing so the Fund will introduce elements of competition among the medical organizations.

What criteria to use in efficiency assessment? There is increasing interest in using Patient Reported Outcome Measures (PROMs). As Skellern suggests,[25] PROMs are a fundamental advance since they assess health outcomes from treatment rather than post-treatment allowing also to measure quality of the individual medical intervention much better than existing failure-based indicators like mortality or readmissions. Skellern goes further and argues that in assessing hospitals' performance we "should model the hospital as a multi-product firm, and capture clinical quality using value-added outcome measures". This argument implicitly means that we should be boldly applying theoretical frameworks of industrial organization.

The future the voluntary insurance in healthcare after SHI implementation in Kazakhstan is also a matter of strong debates. For example, it is generally possible for the insuree to acquire supplementary insurance. The latter is provided additionally and voluntarily by private health insurance scheme. Workers insured by SHI by default may have an option of purchasing the private health insurance policy on their own. However, this option does not imply possibility of opting out of SHI. Should it be practiced in Kazakhstan – that is a difficult question. However, it is good if voluntary insurance is provided additionally by private health insurance scheme. These may include patient co-payments, excluded services, and specific medical professionals or facilities. In some countries voluntary health insurance may cover easier and faster access to care where waiting list is a problem. Somehow or other, there must be clear and transparent rules. There should be also different strategies and regulatory options concerning either substitute or complementary competitive coexistence of private and social schemes using performance-based regulation.

The fiscal issues concerning revenues and expenses may have critical impact on the efficiency and effectiveness of SHI. Then it may work, if we combine in its modelling the macro and the micro analysis. The macroeconomic environment affects (e.g., through labor market) the microeconomic (even though at national level) Social Health Insurance environment. To tackle the problem, we need to construct a comprehensive model accepted by all stakeholders, which will combine actuarial and economic approaches. By means of model the government can monitor all the indicators in dynamic and change some parameters of SHI if necessary. For example, the government bodies, in terms of the ministry of finance and ministry of health with participation of SHIF, may regularly reconsider the contribution rates based on recommendations of actuaries and economists.

[24]Laffont, J.-J., and Tirole, J. A Theory of Incentives in Procurement and Regulation. Cambridge, MA: MIT Press, 1993. – 732p.

[25]Skellern, M. The hospital as a multi-product firm: The effect of hospital competition on value-added indicators of clinical quality / CEP Discussion Papers (CEPDP1484) / Centre for Economic Performance, London School of Economics and Political Science, London, UK, 2017.

4. Concluding Remarks

Concerning discrepancies of indicators in the strategic and regulatory documents, we proposed to use unified approaches in setting target values as a recommendation. It is necessary to decompose target indicators of higher-level strategic documents (macroenvironment) to lower-level ones (microenvironment). The decomposition of indicators will allow to build a system of interrelationships between the indicators of state strategic documents.

It is essential to have a system of indicators, including financial and economic ones to carry out impact evaluation of health policies. These indicators should be measurable and based on reliable data. They also must be comparable at international level. That is why it is intolerable to have inconstancy among target indicators in strategic documents.

Thus, there is a need to build a comprehensive model for assessing SHI parameters. We propose to have a joint institutional platform with multifunctional responsibility for detailed monitoring of the implementation of certain strategic health programs. This platform may include different government authorities such as the Ministry of Finance, the Ministry of Healthcare, the Ministry of Labor and Social Security, as well as independent healthcare economists, etc. The main principles of the platform could be based upon the "Peer Review in Social Protection and Social Inclusion" action of European Commission devoted to ensuring effective cooperation between stakeholders.[26]

The Peer Review action is the initiative within the European Union for the Health System Performance Assessment (HSPA). In the context of research, peer review involves the assessment of scientific or technical merit of the project. In general, the reviewers should be experts in their fields and familiar with current developments. Concerning the platform, the main point is that it allows a diversity of opinions of various specialists removing any personal biases related to healthcare functioning. Second, it should make the process of negotiation between stakeholders more transparent and clearer. That is why in HSPA there is no need for double blind peer review, which is usually time-consuming procedure in the peer review process. Third, its successful implementation should solve the standard issues like: setting HSPA goals and methods; choosing performance indicators; integrating HSPA into the policy process. One critical problem to resolve is data gaps and inconsistencies, which is critical for monitoring and constructing the early warning system for current parameters of SHI. Eventually, the platform should guarantee impartial evaluation of the quality and efficiency of Kazakhstan healthcare system.

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Қазақстанда медициналық шығындарды жеткілікті деңгейде қаржыландыруды қолдауға бағытталған міндетті әлеуметтік медициналық сақтандыруды (МӘМС) енгізу – денсаулық сақтауды реттеу жүйесі үшін өте күрделі міндет. Бұл мақалада

[26]Smith, P. Health system performance assessment, European Commission, Belgium 2014. P. 5.

Қазақстанның нормативтік құжаттары мен стратегиялық бағдарламалары негізінде денсаулық сақтау саясатына сыни талдау жасалған.

Талдамалық шолу жасау нәтижесінде авторлар денсаулық сақтау саясатында МӘМС енгізу жөніндегі реформаларды толық жүзеге асырғанға дейін шешілуі тиіс бірқатар маңызды мәселерді анықтады. Біріншіден, денсаулық сақтау саласының дамуымен байланысты стратегиялық жоспарлау құжаттарында нысаналы көрсеткіштердің сәйкессіздігі байқалады. Екіншіден, денсаулық сақтау саласында нақты, дәл және айқын тиімділік көрсеткіштері жүйесін енгізу қажеттігі бар. Әлеуметтік және жеке медициналық сақтандыру жүйелерінің тиімді қатар жүруін қамтамасыз ететін тиісті заңнама мен реттеуші тетіктердің болмауы тағы да бір шешімін таппаған проблема болып табылады.

Зерттеуде әлемдік тәжірибені ескере отырып, медициналық қызметтерді көрсетушілерді, сақтандырушыларды, экономистер мен саясаткерлерді қоса санағанда барлық мүдделі тараптар МӘМС-дың негізгі параметрлерін жүйелі түрде талқыға сала алатын платформа құру ұсынылады. Сондай-ақ денсаулық сақтау саласында тиімділіктің маңызды көрсеткіштерін қолдана отырып, жеке және әлеуметтік қаржыландыру жүйесінде алмастыратын және толықтыратын бәсекелестіктің қатар өмір сүруіне мүмкіндік беретін әртүрлі стратегиялар мен реттеуші нұсқалар қарастырылуы керек.

Тірек сөздер: мемлекеттік реттеу, денсаулық сақтау жүйесі, әлеуметтік медициналық сақтандыру, тиімділік көрсеткіштері, заңнама, стратегиялық бағдарламалар, медициналық ұйымдар арасындағы бәсекелестік, медициналық көмектің сапасы, тиімділікті бағалау, әлеуметтік-экономикалық индикаторлар.

Г.Н. Махмеджанов, PhD по экономике, ассистент-профессор; А. Амантайкызы, магистр политологии; М. Жумашева, магистр государственного управления (Высшая школа экономики, Университет КАЗГЮУ им. М.С. Нарикбаева): Регулирование системы здравоохранения в Казахстане: проблемы индикативного планирования.

Внедрение обязательного социального медицинского страхования (ОСМС) в Казахстане, призванного поддерживать финансирование медицинских расходов на достаточном уровне – очень сложная задача для системы регулирования здравоохранения. В статье представлен критический анализ политики здравоохранения на основе нормативных документов и стратегических программ Казахстана. Проведя анализ, авторы выявили некоторые важные проблемы в политике здравоохранения, которые необходимо решить до полной реализации реформ по внедрению ОСМС. Во-первых, существует несогласованность целевых показателей в документах стратегического планирования, связанных с развитием здравоохранения. Вместе с тем существует необходимость внедрения четкой, точной и прозрачной системы показателей эффективности в здравоохранении. Другой проблемой является отсутствие должного законодательства и регулирующего механизма, который бы обеспечил эффективное сосуществование схем социального и частного медицинского страхования. Учитывая мировой опыт, предлагается создать платформу, на которой

все заинтересованные стороны, включая поставщиков медицинских услуг, страховщиков, экономистов и других политиков, могли бы регулярно обсуждать основные параметры ОСМС. Должны быть также предусмотрены различные стратегии и варианты регулирования, касающиеся как заменяющего, так и комплементарного конкурентного сосуществования частных и социальных схем финансирования в здравоохранении с использованием ключевых показателей эффективности.

Ключевые слова: государственное регулирование, система здравоохранения, социальное медицинское страхование, показатели эффективности, законодательство, стратегические программы, конкуренция между медицинскими организациями, качество медицинской помощи, оценка эффективности, социально-экономические индикаторы.

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