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# KAZAKHSTAN'S HEALTHCARE SYSTEM IN THE CONTEXT OF THE INTRODUCTION OF COMPULSORY SOCIAL HEALTH INSURANCE

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**Abstract.** This article is devoted to the analysis of the Kazakhstani healthcare system in the context of the implementation of the compulsory social health insurance system. It will examine issues related to healthcare costs, the degree of satisfaction of the population with health insurance, the quality of medical services, etc. Since its introduction in 2020, the healthcare insurance system in Kazakhstan has encountered significant challenges. These include public dissatisfaction with the quality of medical services, inadequate coverage of the population with health insurance, vulnerabilities in the insurance information system, the existence of medical supplements, underdeveloped infrastructure in rural areas, and information asymmetry in the health insurance sector. President of Kazakhstan, Kassym-Jomart Tokayev, criticized the reform process of the health insurance system and addressed these issues during a meeting with the Government on February 7, 2024.

This article delves into the evolution of the Kazakhstan health insurance system by analyzing financial indicators and monitoring data. Through this analysis, problematic areas were identified, and practical recommendations were developed to optimize the compulsory social health insurance system. Various scientific methods were employed in this study, including institutional analysis, synthesis, literature review, comparative and contrastive, and sociological methods. The goal of this study is to provide recommendations for enhancing the healthcare system in Kazakhstan during the implementation of compulsory social health insurance.

The empirical foundation of this study consists of legislative documents in the healthcare sector, official publications, and analytical and statistical reports from the Ministry of Health of the Republic of Kazakhstan. The hypothesis of the study is that the introduction of compulsory social health insurance in Kazakhstan is intended to promote positive changes in the healthcare system, but due to existing organizational and financial barriers does not improve the availability and quality of medical services.

**Keywords:** health, health insurance, health care system, public administration, health care costs.

**Аңдатпа.** Бұл мақала міндетті әлеуметтік медициналық сақтандыру жүйесін енгізу жағдайында қазақстандық денсаулық сақтау жүйесін талдауға арналған, онда денсаулық сақтау шығындарына, халықтың медициналық сақтандыруға қанағаттану дәрежесіне, медициналық қызметтердің сапасына және т.б. байланысты мәселелер қаралатын болады. 2020 жылы енгізілген сәттен бастап Қазақстандық медициналық сақтандыру жүйесі мынадай күрделі мәселелерге тап болды: халықтың медициналық қызметтер сапасына наразылығы, халықты медициналық сақтандырумен жеткіліксіз қамту, сақтандырудың ақпараттық жүйесінің осалдығы және медициналық тіркемелердің болуы, өңірлерде және ауылдық жерлерде инфрақұрылымның нашар дамуы, медициналық сақтандыру саласында ақпараттың асимметриясының болуы және т.б. Қазақстан Президенті Қасым-Жомарт Тоқаев 2024 жылғы 7 ақпанда үкіметтің кеңейтілген отырысында сөйлеген сөзінде медициналық сақтандыру жүйесін реформалау процесін қатты сынға алып, медициналық сақтандырудың аталған мәселелерін қозғады. Мақалада қаржылық көрсеткіштер мен мониторинг деректерін кешенді талдау арқылы қазақстандық медициналық сақтандыру жүйесінің эволюциясының ерекшеліктері қарастырылды. Талдау барысында мәселелік аспектілер анықталып, міндетті әлеуметтік медициналық сақтандыру жүйесін

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оңтайландыру бойынша тәжірибелік ұсыныстар әзірленді. Жұмыста келесі ғылыми әдістер қолданылды: институционалдық талдау, синтез, әдебиеттерге шолу, салыстырмалы және социологиялық әдістер және т.б. Бұл ғылыми зерттеудің мақсаты, Қазақстанда міндетті әлеуметтік медициналық сақтандыруды енгізу процесінде денсаулық сақтау жүйесін оңтайландыру бойынша ұсынымдар әзірлеу болып табылады. Эмпирикалық базаны денсаулық сақтау саласындағы заңнамалық актілер, ресми басылымдар, Қазақстан Республикасы Денсаулық сақтау министрлігінің талдамалық және статистикалық жинақтары құрады. Зерттеу болжамы Қазақстанда міндетті әлеуметтік медициналық сақтандыруды енгізу денсаулық сақтау жүйесіндегі оң өзгерістерге ықпал етуге бағытталған, бірақ қалыптасқан ұйымдастырушылық және қаржылық кедергілерге байланысты медициналық қызметтердің қолжетімділігі мен сапасын жақсартпайды.

**Түйін сөздер:** денсаулық, медициналық сақтандыру, денсаулық сақтау жүйесі, мемлекеттік басқару, денсаулық сақтау шығындары.

**Аннотация.** Данная статья посвящена анализу казахстанской системы здравоохранения в условиях внедрения системы обязательного социального медицинского страхования, в ней будут рассмотрены вопросы, связанные с расходами на здравоохранения, степенью удовлетворённости населения медицинским страхованием, качества медицинских услуг и т.д. С момента внедрения в 2020 году, казахстанская система медицинского страхования столкнулась с такими серьёзными проблемами как: недовольство населения качеством медицинских услуг, недостаточный охват населения медицинским страхованием, уязвимость информационной системы страхования, наличие медицинских приписок, слабое развитие инфраструктуры в регионах и в сельской местности, наличие асимметрии информации в сфере медицинского страхования и т.д. Президент Казахстана Касым-Жомарт Токаев в своём выступлении на расширенном заседании Правительства 7 февраля 2024 года остро подверг критике процесс реформирования системы медицинского страхования и затронул перечисленные проблемы медицинского страхования. В статье исследовались особенности эволюции казахстанской системы медицинского страхования, через комплексный анализ финансовых показателей и мониторинговых данных. В ходе анализа выявлены проблемные аспекты и разработаны практические рекомендации по оптимизации системы обязательного социального медицинского страхования. В работе применялись следующие научные методы: институциональный анализ, синтез, обзор литературы, сравнительно-сопоставительный, социологический методы и т.д. Цель данного научного исследования заключается в разработке рекомендаций по оптимизации системы здравоохранения в процессе внедрения обязательного социального медицинского страхования в Казахстане. Эмпирическую базу составили законодательные акты в сфере здравоохранения, официальные издания, аналитические и статистические сборники Министерства здравоохранения Республики Казахстан. Гипотеза исследования заключается в том, что внедрение обязательного социального медицинского страхования в Казахстане призвано способствовать положительным изменениям в системе здравоохранения, но по причине имеющихся организационных и финансовых барьеров не улучшает доступность и качество медицинских услуг.

**Ключевые слова:** здоровье, медицинское страхование, система здравоохранения, государственное управление, расходы на здравоохранение.

## Introduction

Effective and stable functioning of the healthcare system depends on the level and condition of the institutional environment. The institutional environment of the healthcare system is a set of institutions that represent a holistic system of ideas, rules, and mechanisms for the functioning of the healthcare system. One of the significant institutional problems in the healthcare system for a long time has been the imperfection of the financing mechanism, namely the limited budget funds, the high level of private spending on healthcare, and the inefficient use of budget resources. It should be noted that solving these problems requires a comprehensive approach, including new institutional changes.

Currently, healthcare system in Kazakhstan is undergoing significant changes due to the introduction of the compulsory social health insurance (CHI) system. World experience shows positive examples of systems based on the

principles of social health insurance in most countries of the Organization for Economic Cooperation and Development and in some developing countries [1]. In Kazakhstani society, there are two fundamental opinions regarding the effectiveness of the health insurance system. Some believe that the introduction of compulsory health insurance will change the healthcare financing model for the better, which will have a positive effect on the level and availability of medical care, reduce morbidity and mortality, and increase average life expectancy. The other part of society believes that the measures taken to introduce compulsory health insurance are questionable in terms of effectiveness [2].

The purpose of this study is to analyze the current state of the healthcare sector, taking into account the implementation of the compulsory social health insurance system in Kazakhstan. To achieve this goal, the following tasks were defined:

- analyze the status of the insured population;

- analyze the structure of expenditure in the healthcare sector;
- evaluate the monitoring of the quality and volume of medical care provided to the population;
- analyze the level of satisfaction with the availability and quality of medical services on the part of the population;
- and provide recommendations for improving and perfecting the compulsory social health insurance system.

The study has both theoretical and practical significance. The theoretical significance of the study lies in determining the relationship between the healthcare sector, the health insurance system, and the socio-economic situation of society. The study is aimed at identifying the main factors and identifying possible risks associated with the implementation of the compulsory social health insurance system in Kazakhstan, as well as developing strategies to reduce the possible negative consequences of this reform. The practical significance of the study is aimed at increasing public awareness of the positive aspects of the reform to introduce compulsory social health insurance. The study also has practical significance for researchers in the field of the effectiveness of healthcare reforms and the implementation of health insurance mechanisms. Recommendations and proposals can be used by government and quasi-government bodies, commercial and non-commercial organizations in the healthcare sector, medical institutions, insurance companies, etc.

### **Literature review**

The issues related to the functioning and evolution of the public sector as a whole, as well as its important components - the healthcare sector and health insurance, were considered in the works of the following foreign and Kazakhstani authors: Zhang H [3], Adu O [4], Adrian G [5], Utibayev G. M [56], Spankulova L. S [7], Ryskulova M. R [8]. and others. In the work of Adrian George and others, the possibility of introducing health insurance was assessed using the example of the state of Malawi. The study shows how health insurance can affect the health of the population, the financing of the health care system, the equality of receiving medical

services, etc. [9]. Sarkodie A. O in his study showed how health insurance affects the increase in the use of medical services and reduces personal payments of the population in Ghana [10]. Fukai T and others in their article show that health insurance has a positive effect on household expenses and affects the savings of an individual throughout life. The effectiveness of health insurance is largely due to the availability of additional social security programs and dependence on the type of household [11]. In the study, Ying-Nan Bi and Yu-An Liu noted the importance of the functioning of the "Health Insurance Fund" for the healthcare system as one of the tools to combat the COVID-19 pandemic [12]. Zarepur Z et al. in their article suggest that richer individuals are more likely to oppose the introduction of compulsory health insurance. The researchers emphasize the importance of the private healthcare sector for the effective functioning of the health insurance system [13]. Doshmagir L et al. believe that health insurance functions poorly in rural areas and among the self-employed. Patients are often forced to pay the difference between private and public health tariffs [14]. For a long time, health insurance reforms addressed issues related to expanding population coverage with insurance and did not pay due attention to expanding the range of medical services and strengthening financial protection for patients [15]. These reasons contributed to high household expenses, an increase in informal payments, and the emergence of catastrophic spending in the healthcare sector [16].

In the work of Nugman A. and others, the effectiveness of implementing health insurance in Kazakhstan is considered, and the problems of financing compulsory social health insurance are discussed [17]. According to Kazakhstani researchers Umertayev A.K. and Kurenkeeva G.D., information technologies play a crucial role in healthcare by ensuring the effective functioning of health insurance. Therefore, the development of a monitoring system is a vital aspect of the healthcare system. The implementation of this system will enable management decisions to be made at various levels, both locally and nationally. It is also worth noting that proactive monitoring tools can help improve

communication with the population and protect citizens' rights [18]. Panchenko D.V., Turgambaeva A.K., and Khismetova Z.A. consider the Kazakhstani health insurance system to be budgetary insurance. While it is mandatory for everyone, it does not cover a large number of self-employed Kazakhstanis [19]. Therefore, unemployed young individuals who are not registered with the employment center may find it challenging to access medical services if they have not contributed to their insurance policy [20]. Abdrashitova A. and Amitov S. concluded in their article that the Kazakhstani health insurance system, in its formation stage, had an organizational and functional model [21]. Following the introduction of compulsory social health insurance, several researchers are exploring the possibility of introducing drug insurance in Kazakhstan [22].

Thus, the literature review of foreign and Kazakhstani authors shows the relevance of the topic of medical insurance. Most authors emphasize the importance of medical insurance for the healthcare sector as one of the factors in improving the availability of medical services and the quality of healthcare, reducing the financial burden for the state and vulnerable categories of the population, and improving prevention and early detection of diseases.

### **Materials and methods**

In the process of working on the article, the authors utilized various general scientific and specialized methods of scientific knowledge, such as analysis and synthesis, system and institutional approaches, functional-structural analysis, comparative-contrastive method, and methods of mathematical statistics (including quantitative analysis, interpretation of research data, criteria analysis, etc.). The sources of information used included data from reports of the Ministry of Health of the Republic of Kazakhstan, the "Compulsory Social Health Insurance Fund", and others. In particular, to determine the number of people who are insured with health insurance in Kazakhstan, the data of the Compulsory Social Health Insurance Fund were used. Also, based on the fund data, a diagram of defects was compiled based on the results of monitoring the quality and volume of

medical care provided by service providers. To determine the structure of health care costs, the data of the Ministry of Health of the Republic of Kazakhstan were used. To identify the level of population satisfaction with the quality and availability of medical services, the data of the Bureau of National Statistics of the Agency for Strategic Planning and Reforms of the Republic of Kazakhstan were used. Within the framework of the systems approach, the health care system is considered in the context of the introduction of compulsory social health insurance. The institutional approach made it possible to consider the role of the Compulsory Health Insurance Fund in the health care system. The functional and structural analysis reveals the functioning of compulsory social health insurance within the health care system. Thanks to the comparative method, foreign rates of health insurance contributions were analyzed. Using mathematical methods, the statistics of compulsory health insurance were analyzed and an appropriate interpretation of the data was made, the data of monitoring the quality and availability of medical services were analyzed. Thanks to the methods used, recommendations were developed for improving the compulsory social health insurance system.

### **Results**

By the Law "On Compulsory Social Health Insurance", the funds for compulsory social health insurance are formed from the receipt of insurance premiums from employers, employees, and citizens themselves, as well as payments from the state budget for socially vulnerable categories of the population and unemployed citizens [23].

In 2024, the "Compulsory Social Health Insurance Fund" accumulates deductions and contributions:

- employer deductions in the amount of 3% of the deduction calculation object;
- deductions of individual entrepreneurs and independent payers in the amount of 5%;
- deductions of hired workers and employees operating based on a civil-law contract in the amount of 2%;
- state contributions for 15 categories of socially vulnerable citizens.

For comparison, let's consider the size of health insurance contribution rates in some countries: in Germany - 14.1%, in

France - 13.6%, in Russia - 5.1%, in Israel - 5%. Thus, Kazakhstan has one of the lowest rates of insurance premiums.

**Table 1 - Data on the insurance status of citizens of the Republic of Kazakhstan by category of payers for 2020-2022**

Payer category	2020		2021		2022	
	Population	Share in %	Population	Share in %	Population	Share in %
Total population	18 877 128	100%	19 102 465	100%	19 741 283	100
Persons eligible to receive medical care within the framework of compulsory medical insurance	15 845 537	83.9%	15 527 249	81.3 %	16 266 563	82.4
Citizens for whom deductions/contributions were paid	17 424 525	92.3%	17 467 568	91.3%	17 126 231	86.7
Citizens exempt from paying contributions	11 182 907	59.2%	11 358 652	59.4%	11 481 325	58.3
Wage-earners	4 245 642	22.5%	5 372 893	28.1%	4 896 038	24.8
Individual entrepreneurs and citizens in private practice	231 034	1.2%	289 443	1.5%	316 848	1.6
Individuals working under contract agreements	85 263	0.5%	125 938	0.7%	118 402	0.5
Payers of a single aggregate payment	1 655 405	8.8%	199 088	1.0%	200 869	1.0
Self-payers	24 274	0.1%	121 554	0.6%	112 749	0.5
Uninsured citizens	3 031 591	16.1%	3 598 371	18.7%	3 474 720	17.6

*Note: compiled by the authors based on the source [24]*

At the end of 2022, the number of persons entitled to receive health insurance is 16.3 million people or 82.4% of the population, most of whom are benefit categories of citizens 11.4 million people (58.3%) and employees 4.9 million people (24.8%). When developing the compulsory social health insurance system, it was assumed that the system would gradually

reduce the burden on the state budget. As can be seen from Table 1, the largest share of those insured falls on preferential categories of citizens. Thus, the planned reduction in the burden on the state through the introduction of joint and several liabilities was not realized.

Let's look at the dynamics of healthcare spending in 2017-2022 (Table 2).

**Table 2 - Structure of healthcare expenditures from 2017 to 2022 (billion tenge)**

Indicators	2017	2018	2019	2020	2021	2022	Change (%)
GDP	54 379	61 820	69 533	70 714	81 269	103 766	90.8
Total healthcare costs	1 768	1 887	2 056	2 830	3 269	4 042.8	128.6
Current healthcare costs	1 665	1 768	1 940	2 678	3 114	3 871.8	132.5
Capital expenditure on healthcare	103	120	116	152	155	170.9	65.9
Government spending	1 033	1 087	1 163	1 771	2 012	2 389.0	131.3
Including the guaranteed volume of free medical care	-	-	-	1 127	1 212	1553	-
Including Compulsory Social Health Insurance	-	-	-	424	539	836	-
Private expenses	627	680	776	906	1 102	1466	133.8
Voluntary health insurance + enterprises	77	96	120	170	277	268	248.1
Direct payments	550	583	656	736	825	1198	117.8
Donor expenses	5.3	1.0	0.5	0.9	3.0	16.8	217

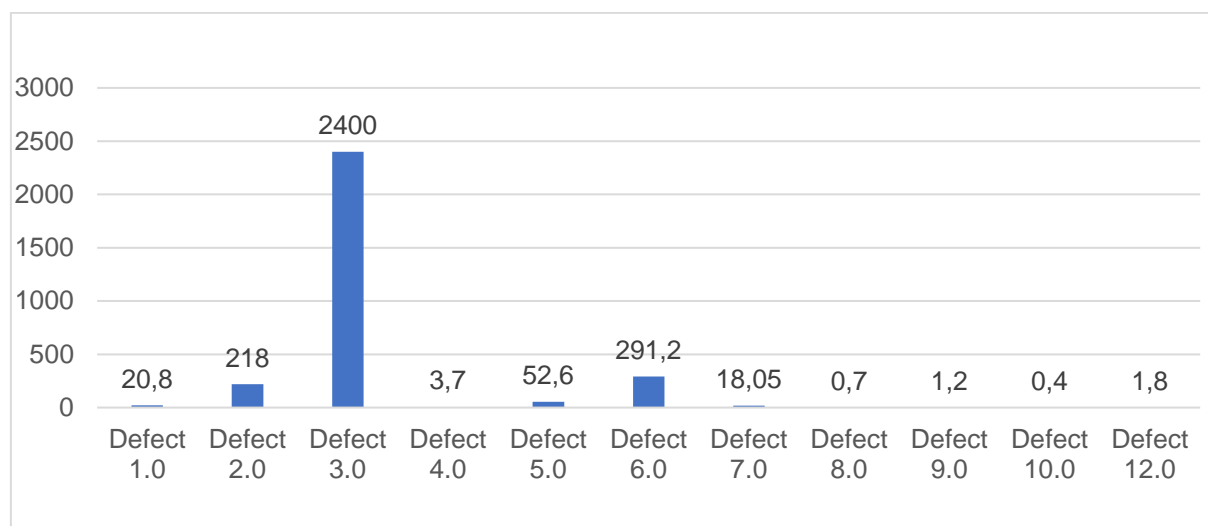
*Note: compiled by the authors based on the source [25]*

Thus, according to Table 2, in 2022, the total volume of healthcare expenditures in Kazakhstan amounted to 4,042.8 billion tenge, which exceeds the level of expenditures for 2017 by 128.6%. The volume of current healthcare costs reached 3,871.8 billion tenge and there is an increase of 132.5% compared to 2017. Government spending on health care in 2022 amounted to 2,389.0 billion tenge, which means an increase of 131.3% compared to 2017. During the analyzed period, private healthcare expenditures showed an increase of 133.8%. Throughout the entire analyzed period, there is a high share of private expenditures from current expenditures in 2017 - 37.7%, 2018 - 38.4%, 2019 - 40.0%, 2020 - 33.8%, 2021 - 35.4%, 2022 – 37.8% [26].

In countries that are members of the Organization for Economic Co-operation and Development, the share of private

spending on health in 2022 averaged 19.6%. According to the World Health Organization, if the share of private spending in a country does not exceed 20%, then the country's healthcare system is considered sustainable. If this level is exceeded, then there are risks for the population associated with an increase in the level of poverty due to diseases, which, in turn, can affect various aspects of life, as well as lead to negative consequences for health and a decrease in demographic indicators [26].

To improve the provision of quality medical services, the Foundation's experts regularly monitor the quality and volume of medical care provided by service providers. If deviations from standards are detected, penalties are applied. Let's look at the results of monitoring the "Compulsory Social Health Insurance Fund" (Figure 1).



Source: [25]

**Figure 1 – Results of monitoring of the "Compulsory Social Health Insurance Fund"**

As a result of the analysis carried out by the Mandatory Social Health Insurance Fund in 2022, several significant defects were identified. The most common defect is Defect 3.0, which is characterized by an unreasonable overestimation of the volume of medical care provided (2,400 thousand cases). This is followed by Defect 6.0, meaning an unreasonable deviation from standards and rules in the field of healthcare, including clinical protocols, and the provision of therapeutic and diagnostic measures (291.2 thousand cases). In third place is Defect 2.0, associated with

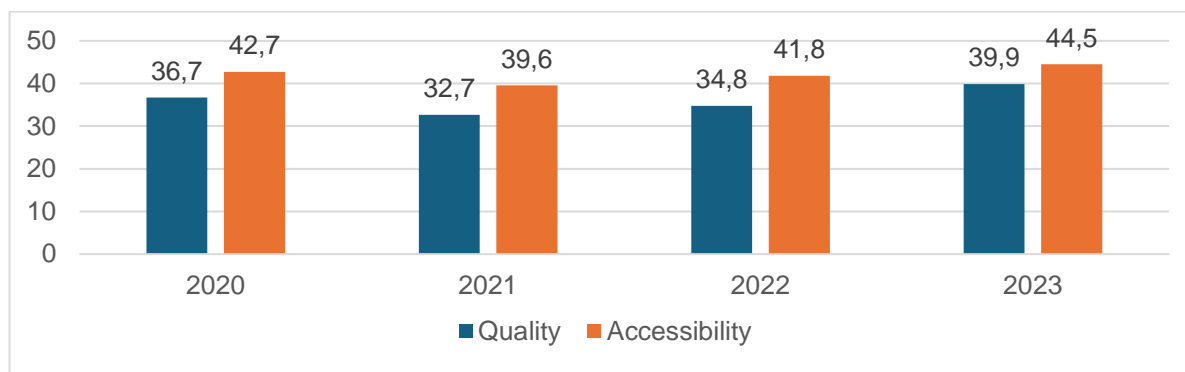
insufficient correctness of medical documentation (218 thousand cases) [25].

It is important to note that monitoring the quality of medical services provided is often carried out by analyzing medical documentation data to verify completeness and compliance with treatment protocols. This approach is a formal method and does not always reflect the real satisfaction of citizens with the quality of medical care provided. Therefore, when monitoring contractual obligations between the Mandatory Social Health Insurance Fund and healthcare entities, it is recommended

to include representatives of civil society in the process. This will improve interaction with public organizations and intensify monitoring of the availability and quality of medical care. Additional attention should also be given to disseminating monitoring results to ensure transparency and public participation in improving the health system.

One of the most important indicators

of the effectiveness of any healthcare system and health insurance system is the level of satisfaction of the country's citizens with the quality and availability of medical care. So, Figure 3 shows the results of population satisfaction with the quality and availability of medical care from 2020 to 2023 in Kazakhstan.



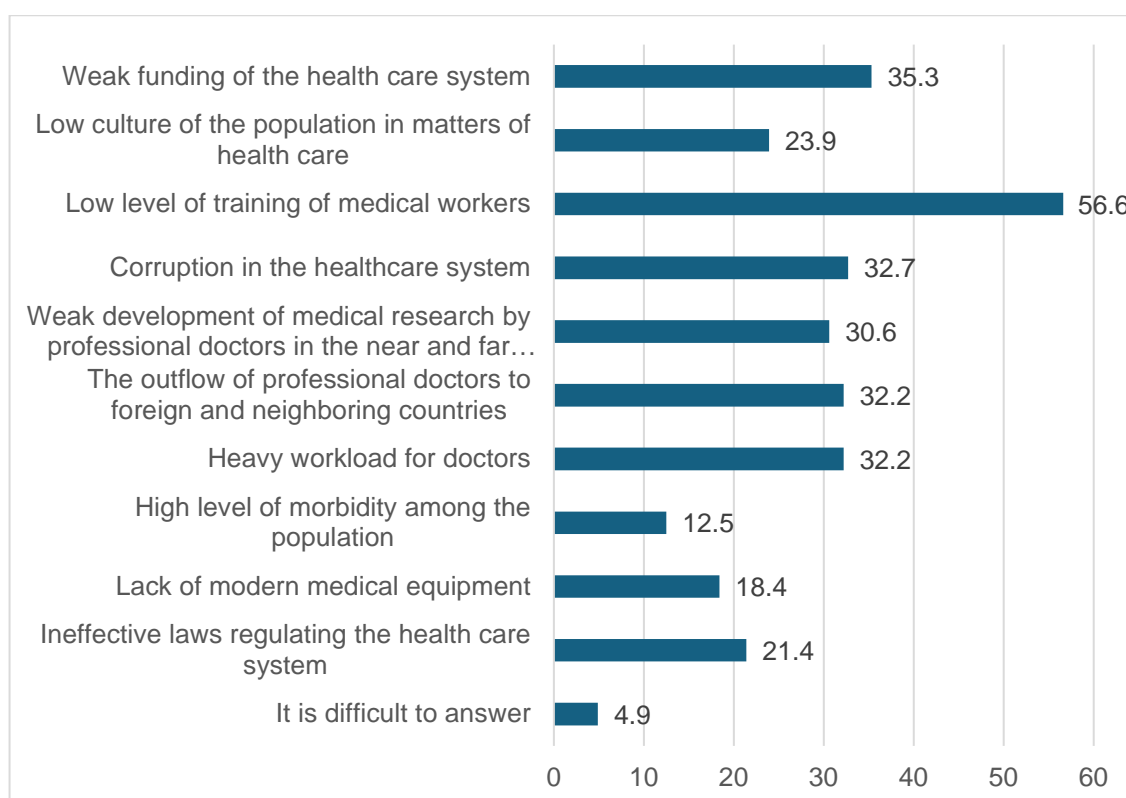
Source: [27]

**Figure 2 – Level of population satisfaction with the quality and accessibility of medical care**

According to the results of a population survey conducted by the Bureau of National Statistics of the Agency for Strategic Planning and Reforms of the Republic of Kazakhstan, the level of population satisfaction with the quality and availability of medical services in 2023 was 39.9 and 44.5%, respectively. Among the reasons for inaccessibility, the high cost of medical services was named by 20.1% of respondents, the lack of a specialist - 29.1% of respondents, long queues - 28.7% of respondents, poor service - 9.6% of respondents, lack of medicines - 1.5% of respondents [ 27].

To better understand the problematic issues of the healthcare system, we conducted a sociological survey of the

population in the cities of Astana and Karaganda. A total of 385 respondents took part in the survey, among the respondents were representatives of various age groups from 18 years and older, of which women made up 64.7%, and men 35.7%. According to the level of education, respondents were divided into the following categories: higher education - 57.4% of respondents, postgraduate education - 16.9% of respondents, incomplete higher education - 7.8% of respondents, specialized secondary education - 14% of respondents, general secondary education - 2, 9% of respondents had no education – 1% of respondents. Thus, during the survey, the following problematic issues in the healthcare system were identified (Figure 3).



*Note: compiled by the authors*

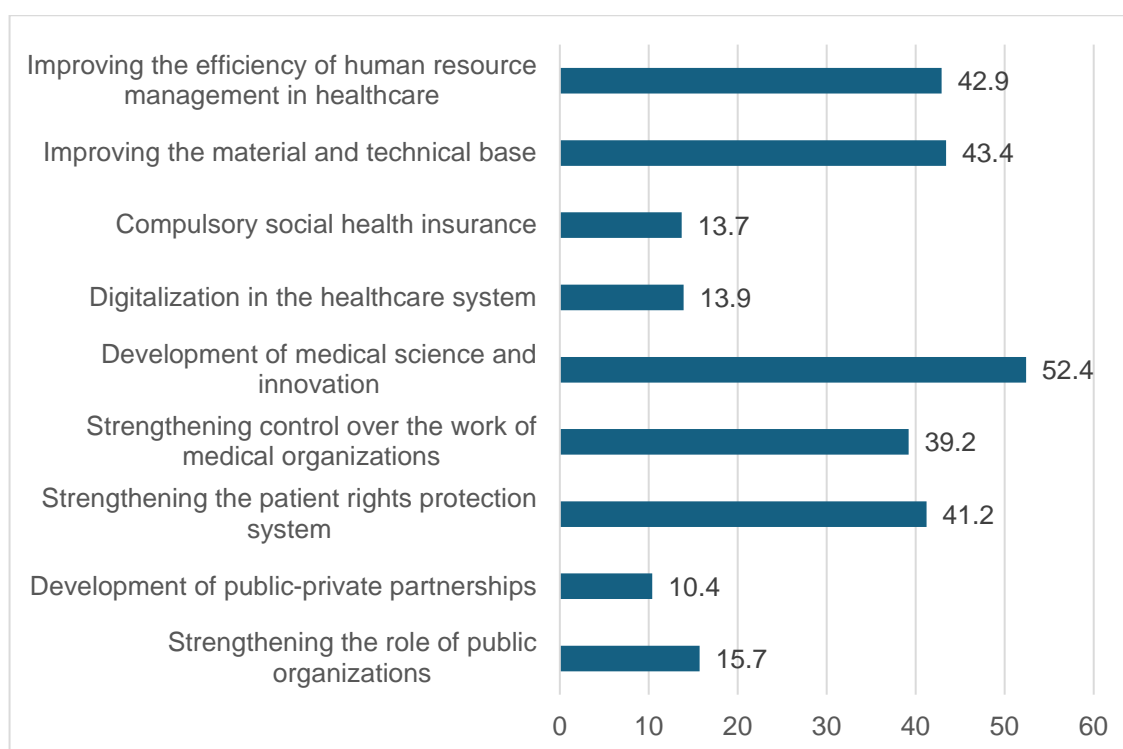
**Figure 3 – What problems in the healthcare system do you consider the most significant?**

According to respondents, the main problems in the healthcare system include a low level of training of medical workers (56.6%), poor funding of the healthcare system (35.3%), corruption in the healthcare system (32.7%), heavy workload on doctors (32.2%), outflow of professional doctors to nearby and distant countries (32.2%), and poor development of medical science and research (30.6%). Additionally, based on the survey results, the population's opinion was revealed regarding measures that could significantly improve the quality of medical services (Figure 4). According to public

opinion, the main measures that could enhance the quality of medical care include the development of medical science and innovation (52.4%), improvement of the material and technical base (43.4%), and increasing the efficiency of human resource management in healthcare (42.9%).

It is important to note that a sociological survey of the population helps identify the main problems in the healthcare system and allows healthcare organizers to make informed decisions about the effectiveness and appropriateness of their chosen development strategies.





Note: compiled by the authors

**Figure 4 - What, in your opinion, could significantly influence the improvement of the quality of medical services?**

The study shows that the current Kazakhstani health insurance model primarily serves to regulate financial flows in the healthcare sector, rather than focusing on organizing relationships between key participants in the health insurance system. As a result, there is a need for new strategic approaches and management technologies in health insurance to optimize household

healthcare expenses, improve the availability and quality of medical care, and enhance Kazakhstan's healthcare system. Based on the results of the study, the weaknesses and strengths of the Compulsory Social Health Insurance, as well as existing opportunities and threats, were identified (Table 3).

**Table 3 - SWOT analysis of the compulsory social health insurance system**

Strengths	Weaknesses
Advantages	Disadvantages
1. Annual increase in healthcare funding 2. Ensuring equal access to healthcare services regardless of income or social status 3. Guaranteed healthcare for insured persons	1. Ineffective management of health care system financing. 3. Lack of classic signs of health insurance 4. Lack of a mechanism for increasing the efficiency of financial resources, a system of indicators for the efficiency of spending funds 5. Low quality, accessibility and efficiency of medical services.
Possibilities	Threads
1. Increasing and effectively distributing healthcare funding through contributions from the compulsory social health insurance fund. 2. Implementing digital technologies to improve management and service delivery 3. Collaborating with private healthcare institutions to expand the availability and quality of healthcare services	1. Growing health care costs 2. Worsening of the general epidemiological situation in the world, mass spread of viral infections. 3. Increase in the number of elderly people and chronically ill people, which increases the burden on the compulsory health insurance system

## **Discussion and conclusions**

Based on the results of the study, the following problems were identified in the healthcare system and compulsory social health insurance:

1) Lack of traditional health insurance characteristics. The Kazakhstani health insurance system does not follow a true insurance model, as it primarily focuses on redistributing collected contributions by the Mandatory Social Health Insurance Fund. Therefore, the system cannot be analyzed actuarially and lacks the typical actuarial calculations found in health insurance.

2) Ineffective management of funding. There is a lack of standardized payment methods for medical care, leading to inefficiencies in financial resource allocation. Additionally, there is no clear system in place to measure the effectiveness of fund allocation.

3) Another significant issue in the healthcare system is the long-standing problems of low quality, accessibility, and efficiency of medical services.

Addressing these issues requires a comprehensive approach to improving the efficiency of the healthcare system and compulsory social health insurance.

Firstly, it is crucial to develop a unified methodology for evaluating the effectiveness of the healthcare system and compulsory social health insurance.

Secondly, transparency in the activities of healthcare system entities and health insurance market players must be ensured.

Thirdly, a mechanism for the operation of health insurance should be developed based on key indicators of effectiveness and efficiency within the insurance system.

Lastly, allowing the public and professional communities to assess the performance of medical organizations is essential.

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#### **МІНДЕТТІ ӘЛЕУМЕТТІК МЕДИЦИНАЛЫҚ САҚТАНДЫРУДЫ ЕНГІЗУ ЖАҒДАЙЫНДА ҚАЗАҚСТАННЫҢ ДЕНСАУЛЫҚ САҚТАУ ЖҮЙЕСІ**

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#### **КАЗАХСТАНСКАЯ СИСТЕМА ЗДРАВООХРАНЕНИЯ В КОНТЕКСТЕ ВНЕДРЕНИЯ ОБЯЗАТЕЛЬНОГО СОЦИАЛЬНОГО МЕДИЦИНСКОГО СТРАХОВАНИЯ**

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