МИНИСТЕРСТВО ОБРАЗОВАНИЯ И НАУКИ РЕСПУБЛИКИ КАЗАХСТАН
ҚАЗАҚСТАН РЕСПУБЛИКАСЫ БІЛІМ ЖӘНЕ ҒЫЛЫМ МИНИСТРЛІГІ
THE MINISTRY OF EDUCATION AND SCIENCE OF THE REPUBLIC OF KAZAKHSTAN

Л.Н.ГУМИЛЕВ ат. ЕУРАЗИЯ ҰЛТТЫҚ УНИВЕРСИТЕТІ
ЕВРАЗИЙСКИЙ НАЦИОНАЛЬНЫЙ УНИВЕРСИТЕТ имени Л.Н.ГУМИЛЕВА
L.N. GUMILYOV EURASIAN NATIONAL UNIVERSITY

Л.Н.Гумилев атындағы Еуразия ұлттық университеті Л.Н.Гумилев атындағы ЕҰУ 20-жылдығына және экономика ғылымдарының докторы, профессор, ХАА және Ресейлік Жаратылыстану Академиясының академигі, «Қаржы» кафедрасының меңгерушісі Садвокасова Куляш Жабыковнаның 60-жас мерейтойына арналған «Жаңа нақты жаһандық жағдайда Қазақстан Республикасының қаржы-несие жүйесінің дамуы»

Халықаралық ғылыми- тәжірибелік конференциясының

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2 часть

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THE STATE AND PROBLEMS OF DEVELOPMENT OF HEALTHCARE ECONOMICS OF KAZAKHSTAN AT THE NEW GLOBAL REALITY

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The healthcare sector, which is a unified well developed socially-oriented system, designed to ensure the availability, timeliness, quality and continuity of medical care, is one of the main and foreground at the Republic of Kazakhstan in terms of sustained and stable growth of welfare of the population. The Ministry of Healthcare and Social Development of the Republic of Kazakhstan, and the whole healthcare sector, as a state institution, are now in the stage of active institutional reforms, development of human resource capacity at all levels of industry and the provision of high-tech medical care, with the aim of a qualitative increase in the efficiency, availability and effectiveness of healthcare systems, providing health improvements of people. This is reflected in the Message of President of the Republic of Kazakhstan Nursultan Nazarbayev to people of Kazakhstan "Strategy "Kazakhstan-2050" new political course of established state". The head of nation indicated the direction of reforms in the sector to improve the quality of health services and the development of high-tech healthcare system. [1]

Today, the population of the Republic of Kazakhstan has increased by 2035.6 thousand people in comparison with 2007 and in 2015 amounted to 17,458.5 thousand; fertility population has increased from 54.37 (2007) to 9.17 people in 2015. In recent years, also noted the stabilization of mortality - 7.2 (2007 - 29.93), an increase in the rate of natural population growth to 16.38 (2007 - 24.4) per 1000 of population. Life expectancy has increased from 63 years to 68.6 years.

Nevertheless, it is necessary to state that the life expectancy in Kazakhstan is less than 5.5 years, and the mortality rate is higher in 1.3 times in comparison with similar figures of the Eurasian Union countries. Maternal and infant mortality rates higher than similar figures in the developed countries of 1.5-2.0 times [2, p. 5]. The most valid measure of mortality and recognized indicator of quality of life and health is index of life expectancy. Its value is substantially dependent on the amount of public expenditure allocated to medical care and healthcare in general, also on the effectiveness of monetary income policy of the people, the development of the system of sanitary-epidemiological well-being, the level of preventive activity of the population.

Improving the socio-economic development of society has allowed the industry to deliver a fundamentally new tasks aimed at the creation of an affordable and effective healthcare system.

Integration of Kazakhstan's economy into the world economy, the scope and nature of the system of social institutions, including the healthcare system, requires a new approach to the management of the organization. Its practical implementation, as well as new institutional conditions for the functioning of the healthcare system need to be developed based on the creating new ideas and legal rules, regulations and procedures of the implementing arrangements and in general - quality systemic transformations of the healthcare sector in Kazakhstan. The process of healthcare sector development - institutionalization - considered as a process of harmonized conceptual, legal, organizational, technological and other systemic changes in the healthcare sector. Any transformations of the system are inevitably associated with a cost to its change, which lead to search for a rational transition path from the existing system to the perspective. However, currently the healthcare sector, as a state institution, has not been studied, that fundamentally limits the ability of high-quality solutions to problems of its further development.

There is an objective necessity for the development of theoretical positions, allowing performing the transition to the new system at the lowest cost by adapting modern approaches and methods for further development of the Ministry of Healthcare and Social Development of the Republic of Kazakhstan, as a state institution in the new institutional environment. Therefore, there are topical issues in the field and timely solution, which are associated with general social issues aimed at improving the lives of the population of

Kazakhstan as a whole.

Over 10 years funding of Kazakhstan's healthcare industry has grown by 5 times. In 2014 862 billion tenge (including medical education) was allocated to the healthcare sector from the Republican budget. The three-year healthcare budget for 2012-2014 years amounted to one trillion 315 billion tenge (1.315 trillion tenge). Each year, the state invests 25-30 billion tenge for the purchase of medical equipment. The state is the main buyer of drugs on the market. In 2014 from the Republican budget for the purchase of medicines was allocated about 4.2 billion tenge. For comparison, its share in 2013 accounted for 45% of the total, and the total volume was 70 billion tenge [3, p. 16].

As of January 1, 2016, at the system of the Ministry of Healthcare and Social Development medical care to the people of Kazakhstan is provided by 781 hospitals and 2167 outpatient organizations. Emergency medical care is provided by 27 stations and 278 departments of emergency medical care. At the end of 2015 due to the restructuring and efficiency of the use of hospital bed capacity of public hospital organizations of the republic has amounted to 102,773 units, accounting for 69 beds measure of security for 10 thousand people [4, p. 3].

Throughout the entire period of the existence of healthcare as a system, each state tries to solve the problem of its optimum construction and adaptation for real and sustainable improvement of the people's health. Today, more prevailing opinion, that the key significance to improving health outcomes is the improvement of healthcare systems.

The World Health Organization (hereinafter - WHO) brings challenges facing healthcare systems to the three objectives [5]:

1. Improving health, by an instrument to achieve that is to improve the healthcare system, is conduct of administrative reforms.

2. Responsiveness to the needs of the population, which implies improving the quality of medical care, the respect of dignity and compliance of the rights of patients, as well as accounting of the needs and vulnerabilities of all population groups.

3. The financial equity, which is implying the creation of sustainable financial institutions that provides universal access to healthcare services and creating conditions for the implementation of the first two goals.

At the same time, it should be noted that in such a complex and multifactorial sector as healthcare, does not exist the universal model allowing to provide a complete solution to the problem of all available questions. It is well known that countries which are characterized by similar levels of income, education and healthcare expenses differ in their ability to solve the most important health problems. Thus, the construction of the national healthcare system should be based on assessment of the possibility of addressing the priorities in the specific economic, social and political conditions with taking into account the world experience. Currently, all the existing healthcare systems in accordance with the established relationship between the state, the producer and the consumer of medical care, reduced to three main economic models [6, p. 152]:

- Paid medicine, based on market principles with the use of private health insurance;
- Socialized medicine with budgetary financing system;
- Healthcare system based on the principles of market regulation with multi-channel financing system.

At the first model, unified system of state health insurance is absent, medical care is provided primarily on a fee basis, due to the consumers of medical services. The main instrument of satisfaction the needs in health services is the market of medical services. Herewith the state undertakes only that part of the needs which are not satisfied by the market (the poor, pensioners, unemployed). Most clearly, similar system is represented by healthcare of the United States, where the foundation of healthcare organization is private healthcare market, supplemented by government programs of medical care of the poor and pensioners. The second model is characterized by a large (exclusive) role of the state. It is called the state or budget. Healthcare financing is realized mainly from the state budget, at the expense of taxes on businesses and households. The population of country receives medical care free of charge (except for a small set of medical services). Thus, the state is a major purchaser and provider of medical care to ensure the satisfaction of the majority of the public health needs. The market is assigned a secondary role, as a rule, under the control of the state. This model has existed at the UK since 1948.

The third model is defined as a social-insurance system or a regulated health insurance. This model of healthcare based on the principles of a mixed economy, combining the medical care market with a developed system of state regulation and social security, access to medical care for all segments of the population. It is characterized primarily by the presence of the mandatory health insurance in all or almost all of the country's population at a certain state participation in the financing of the insurance funds. The state plays a role of a

guarantor in satisfaction of the needs of all socially necessity, or the majority of citizens to healthcare regardless of income level, without disturbing the market principles of payment of medical services. The role of the medical care market is reduced to the satisfaction of the people's needs in excess of the guaranteed levels, providing freedom of choice and consumer sovereignty. Multi-channel financing system (from the profits of insurance companies, deductions from salaries, the state budget), provides the necessary flexibility and stability of the financial base of social and health insurance. Most clearly, this model is represented by the healthcare of Germany, France, the Netherlands, Austria, Belgium, Holland, Switzerland, Canada and Japan.

The social-insurance model includes features of the state, and market models. Depending on which settings prevail, social insurance model might be closer to either the public or to the market. For example, the social insurance models of healthcare systems in Canada and the Nordic countries have much in common with the state model, but the French healthcare system is close to the market.

It should be noted that this division is rather arbitrary systems and only superficially characterizes the relations between the participants of the process of medical care services. However, studies identified the typical advantages and disadvantages of these systems.

For example, in a market model by reason of intense competition arise conditions for the quality of growth, research and introduction of innovation, natural selection of effective strategies and actors. The downside is the excessive growth of medicine costs, the complexity of the implementation of state control, the risk of a crisis of overproduction, the imposition of unnecessary and production services for the background of unfair methods of competition, lack of attention to the system of prevention and, most importantly, unequal access to medicine.

The positive aspects of the state model of healthcare is to provide access to medical care for all segments of the population, focus on disease prevention, state control over the conditions of care, effective impact on the incidence of especially dangerous infections. The negative sides are the lack of stimulating the development of natural factors, resulting in slow growth of quality of care, lack of flexibility of organizational structures, long-term use of ineffective strategies and old medical technology, increasing expectations of the timing of medical care.

The general purpose of economic and healthcare organization - is the study of economic and organizational relations, objectively emerging between people and arising in the course of medical professional activities [7, p. 280].

These relations are characterized by two trends. The first trend – is organizational and economic relations, which are determined by the technology of therapeutic and prophylactic process and reflect the common features of the healthcare industry of this type (hospitals, clinics, diagnostic centers, etc.).

The second trend is represented by the socio-economic relations, the analysis of which allows identifying the specific, peculiar features of the economic activities of health organizations operating in a variety of conditions (public, private, cooperative, joint stock, and others.).

Knowledge of these two directions of relationships allows selecting the optimal economic and legal model of entrepreneurial activity in the health sector.

The market of medical goods and services - a segment of market, that provides medical products and services to maintain and to improve public health, is a collection of medical technology, medical equipment, medical practices of the organization, pharmacological, medical and preventive effects. It allows to receive and provide health services, guarantees them the necessary volume and the appropriate level of quality. Competition for economic survival and prosperity – is the basic law of the market economy. At the same time, participants in the competitive healthcare market could be: public health agencies - for the implementation of the state building on a competitive basis; organizations that produce similar products and services for healthcare; private doctors and pharmaceutical workers with similar medical goods or services for medical purposes.

Studying the competition, the selection of their strengths and weaknesses is crucial for winning a certain percentage of the medical services market. By comparing their services with competitors' services, we could determine its competitive advantages, market positions, which distinguish them from others. They help to make a profit higher than the other, producing and providing equal medical goods and services. Healthcare economics is closely related to the economy of country as a whole. In turn, the healthcare impacts on the development of the economy through the preservation of public health (reduction in mortality, especially in the working-age population, age-specific infant and child mortality, morbidity and disability, increase in life expectancy). Thus, the priority of public health activities should be to achieve social purposes, although the scantiness of resources necessitates of the combination of social and economic

purposes that satisfying social needs.

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РЕАЛИЗАЦИЯ АКТИВНОЙ И ПАССИВНОЙ ПОЛИТИКИ В СФЕРЕ РЕГУЛИРОВАНИЯ ЗАНЯТОСТИ НАСЕЛЕНИЯ В УКРАИНЕ

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Система занятости в Украине в рамках активной и пассивной социальной политики нуждается в совершенствовании. Это, прежде всего, определяется тем, что в современных условиях занятость населения является важным показателем экономического и социального развития государства, а также показателем реализации права на труд обеспечение которого гарантируется государством. Поэтому государственное регулирование занятости составляет важнейшую и неотъемлемую часть общенациональной социально-экономической политики.

Государственное управление занятостью населения – это комплекс правовых, экономических и организационных мероприятий уполномоченных органов государственной власти направленных обеспечение и реализацию права на труд [5, с. 259]

В зависимости от наборов средств воздействия принято выделять два типа политики занятости: активную и пассивную. Активная политика строится на том, что человек понимает свою ответственность за материальное благополучие семьи и всегда стремится к сохранению занятости, а при её потере – к активному поиску работы [1, с. 164].

Активная политика направлена на повышение конкурентоспособности человека в борьбе за рыночные места путем обучения, переподготовки, содействия самозанятости, содействия индивидуальной трудовой деятельности, помощи в трудоустройстве, профессионального консультирования. Задача государства при этом заключается в создании условий обеспечения занятости трудоактивному населению путем минимизации на социально допустимом уровне безработицы на основе сокращения спада производства, его стабилизации и последующего роста.

К средствам, обеспечивающим достижение этой цели, относятся: создание дополнительных и новых рабочих мест путём реструктуризации экономики, развития бизнеса, особенно малого и среднего, формирования условий для иностранных инвестиций и для самозанятости населения; профессиональная ориентация, профессиональная подготовка и переподготовка кадров; организация общественных работ; повышение территориальной и профессиональной мобильности рабочей силы; содействие в трудоустройстве путём проведения «ярмарок вакансий», «ярмарок специалистов», подбора подходящего места работы для соискателей и нужных работников по запросам работодателей, установления контактов между ищущими работу и работодателями, реализации специальных форм интенсивного консультирования для граждан, испытывающих трудности в поисках работы [4, с. 358].

В Украине наблюдается повышение уровня безработицы населения возрастом 15 – 70 лет (за методологией МОТ) в 2014 (9,3 %) сравнительно с 2013 г.(7,3%) на 2,0 п.п и его сокращение в 2015 г.