

PROBLEMS OF SOCIAL POLICY IN THE REPUBLIC OF KAZAKHSTAN

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In each modern state, one of the most important issues is social policy, which is aimed at ensuring the well-being and development of society. Nowadays, people need a state to be more active in the settlement of social relations. Strengthening the social functions of the state is caused by modern social processes, the state sets a person as the goal of functioning and development.

Social policy is not only a system of measures, to a greater extent it is a system of relationships and interaction between social groups and segments of society whose main goal is a person, his well-being, social protection and development, life support and social security in general [1].

One of the problematic issues relating to social policy in the Republic of Kazakhstan is a health insurance. First, we should define the concept of "health insurance". Health insurance is a form of social protection of the interest of the population in order to guarantee citizens to receive medical care from the accumulated funds and finance preventive measures [2]. Health insurance is based on the fact that a citizen monthly pays a certain amount to the health insurance fund, the money is accumulated and, if necessary, medical services are reimbursed by medical insurance. In other words, health insurance covers the cost of treatment.

There are two types of insurance: voluntary medical insurance, which is carried out on the basis of voluntary medical insurance programs and provides citizens with additional medical and other services in addition to those established by the mandatory medical insurance programs; and compulsory insurance, which is an integral part of state social insurance, and ensures equal opportunities for all citizens to receive medical and drug assistance.

Health care is one of the main sectors of society and the economy. The International Labor Organization supports the fundamental principles of the human right to health and social protection. On this issue, there is the Convention on Minimum Social Security Standards, adopted in 1952, which contains the foundations of medical care, but unfortunately, Kazakhstan has not ratified this convention. There is another document - the Recommendation "On Medical Care", which was adopted in 1944 and is aimed at improving people's health by expanding medical facilities, developing public health programs, spreading health education and improving nutrition and housing [3].

The practice of medical insurance in Kazakhstan shows that there are a number of difficulties and problems that impede the further effective development of medical insurance. Firstly, the health care area is poorly developed, as it is under-funded. In medical institutions, there is a shortage of qualified workers. The population does not trust free treatment, so they use the services of private clinics or even go to other countries to stay in proven foreign hospitals. Secondly, in the developed countries of the world medical insurance is conducted by specialized insurance companies, in Kazakhstan such specialization is very problematic due to disproportionate regulatory requirements and, consequently, extremely low efficiency of capital invested in such companies [4].

There are several solutions to this problem. First of all, it is necessary to increase the amount of capital that will finance the medical industry. It is also necessary to maintain competition in the health sector, which, in turn, will stimulate all clinics to quality services. Secondly, to make all medical services available to people. Thirdly, to effectively implement compulsory medical insurance. Compulsory medical insurance is a leap that the government can make, and thus provide quality medical care to the population. For this we need a health insurance fund, it will serve as a guarantee that only quality services will be provided. That is, the fund will pay and finance medical organizations not on the principles of maintenance, but on the principles of payment for the final quality result. All insurance companies of the world work this way. They provide their customers and at the same time try to provide them with the highest quality services. In the case of Kazakhstan, the entire population of the country will be insured in the state social insurance fund. And this fund will contribute to the further development of high-quality medical services.

The government currently has social health insurance projects. The Law of the Republic of Kazakhstan on Compulsory Social Health Insurance was adopted in the 15th of November 2015. (Hereinafter - the CSHI), which regulates social relations arising in the system of compulsory social medical insurance in order to implement the constitutional right of citizens to health protection [5]. Firstly it was planned to make this Law entry into force in 2018, however the Parliament of the Republic of Kazakhstan decided to postpone the CSHI timeline to 2020.

The reason for adopting the Law was that global problems for the health care system (the growth of noncommunicable diseases, the resource-intensive nature of the system through the introduction of new technologies, an increase in the number of elderly people) will lead to increased health care costs.

The amount of monthly deductions will depend on the employee's salary. In 2020, deductions amount to 2%, and after 2022 - 3% [6]. According to clause 1 of Article 26 of the Compulsory Social Health Insurance Law of 2003, the following citizens are exempted from paying contributions to the fund:

- 1) children;
- 2) persons registered as unemployed;
- 3) non-working pregnant women;

4) a non-working person (one of the legal representatives of a child) raising a child (children) until he (they) reaches the age of three years, with the exception of the persons specified in clause 5) of this clause ;

5) persons who are on vacations due to pregnancy and childbirth, adoption of a newborn child (children), care of a child (children) until they (they) reach the age of three years;

6) non-working persons caring for a disabled child;

7) recipients of pension payments, including participants and invalids of the Great Patriotic War;

8) persons serving a sentence by a court decision in the institutions of the penitentiary (penitentiary) system (with the exception of minimum security institutions);

9) persons who are kept in detention centers;

10) non-working “oralmans”;

11) mothers of many children, awarded with pendants "Altyn Alka", "Kumis alka" or those who previously received the title of “Mother Heroine”, as well as those who were awarded the orders of Mother’s Glory, I and II degrees;

12) disabled persons;

13) persons studying full-time education in organizations of secondary, technical and vocational, post-secondary , higher education, as well as post-graduate education [5].

The introduction of CSHI will improve the quality of medical services. A joint commission on the quality of medical services (based on the German experience) has already been established; it regulates the standardization of clinical protocols for diagnosis and treatment, medical education, drug provision and accreditation of medical organizations. This organization includes representatives of the public, public associations of medical organizations and the society of doctors and pharmacists of Kazakhstan, representatives of the medical business.

When implementing CSHI, the quality assessment parameters will be revised and will include:

a) ensuring patient safety;

b) clinical efficacy;

c) economic efficiency;

d) achievement of targets and indicators by health care providers.

International experience was studied with the involvement of experts from the World Bank and independent international experts who were directly involved in health insurance in countries with a similar health care system. The model of compulsory health insurance in the Republic of Kazakhstan was formed on the basis of the experience of the classical German model, the Russian Federation, Lithuania, and the countries of Eastern Europe - Slovakia, the Czech Republic and Poland, since the health care system in these post-socialist countries is similar to Kazakhstani.

As international experience shows, different countries collect and control the receipt of funds in different ways. In Hungary, Slovenia, Estonia and Latvia tax

authorities do this. In Lithuania and Poland, state social insurance funds deal with this and transfer them to CSHI funds. In Germany, Moldova and Slovenia CSHI funds themselves collect contributions.

For example, in Japan there is the National Health Insurance. National health insurance is intended for people who cannot participate in any employment-based health insurance program. Although private insurance is also available, all Japanese citizens, as well as foreigners residing in Japan with a visa for three months or more must be enrolled either in the National Health Insurance (hereinafter – NHI) or in the Employee Health Insurance. The annual cost of a NHI is approximately 24,000 yen, which equals approximately \$240. When the insured person uses a medical facility that accepts the NHI, he will need to pay only part of the cost. At the moment, the Japanese population must pay 30%, and the remaining 70% is paid by the state. There is also an interesting thing about having a baby. When a member of the National Medical Insurance gives a birth, 420,000 yen (\$42,000) will be given for delivery. This benefit is also paid in cases of miscarriage or stillbirth, if it occurs after 85 days (4 months) of pregnancy. However, this will not be provided to those who receive childbirth benefits from other health insurance programs. The mother provides her card to the NHI in the hospital, and the fund transfers the money directly to the hospital. If the cost of delivery exceeds 420,000 yen, the participant must pay the rest. If the value is less than 420,000 yen, the participant will receive a balance.

From all the above we can conclude that this kind of system will be effective if we do not hurry to implement it, but carefully calculate all and have adequate financial support in order to make health insurance fund work steadily. Of course, achieving these goals right away is very difficult. However, despite all the problems associated with the introduction in Kazakhstan CSHI, it will allow to improve the overall social side of the population. Compulsory medical insurance should ensure all citizens of our country, regardless of gender, age, social status, income level, etc. equal opportunities in obtaining a certain level of medical care.

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