



Regulation of the public health system in Kazakhstan: worldwide experience

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ABSTRACT

Social policy is one of the most important directions of state regulation of the economy. It is an organic part of the domestic policy of the state, aimed at ensuring the well-being and all-round development of its citizens and society as a whole. The importance of social policy is determined by its influence on the processes of reproduction of the labor force, the increase of labor productivity, the educational and qualification level of labor resources, the level of scientific and technological development of the productive forces, and the cultural and spiritual life of society. Social policy aimed at improving working and living conditions, the development of physical culture and sports, reduces the incidence and thus has a tangible impact on reducing economic losses in production. As a result of the development of such systems as public catering, pre-school education, a part of the population is released from the sphere of the household employment in social production is increasing. The social sphere not only regulates the processes of employment of the population, but is directly the place of employment and provides employment for millions of people in the country. Such branches of the social complex as health care, education, trade, housing and communal services and others provide jobs for up to 20% of the economically active population, and in economically developed countries up to 70% of all employees are employed in the service sector.

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INTRODUCTION

The importance of the social sphere is great not only because of its enormous influence on the economy. Its main purpose is complete satisfaction of material, cultural and spiritual needs the formation of comprehensively and harmoniously developed members of society. This is the goal of the development of any civilized society. The main objectives of the social policy of the state are [1-5]:

- Harmonization of public relations, alignment of interests and needs of certain groups of the population with long-term interests of society, stabilization of the socio-political system;
- Ensuring social protection of all citizens and their basic state-guaranteed social and economic rights, including support for low-income and vulnerable groups of the population;
- reduction of the level of criminalization;

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- Ensuring environmental safety of the country;
- development of branches of the social complex, such as education, health, science, culture, etc.

State regulation in the field of health

The state of human health is determined by many factors, or rather by a system of factors that encompass both those factors and conditions that depend on the health care system (on which health care can be impacted), and on those factors that health care can't provide a changing effect [6, 7].

Health is achieved through the constant efforts of all state and public structures, citizens participating in the social process. In fact, we are talking about the relationship between state (municipal) power health (as part of public authority), public and individual health. The nature of these relationships determines or determines the state of health of the individual and society. The health system refers to the area of social assistance. In this regard, with the social orientation of the state's activities, healthcare occupies one of the central places in society, as it ensures the maintenance of a certain level of health of citizens and indirectly determines the economic and social well-being of society. Health includes medical and health-rehabilitation organizations of various types and profiles (hospitals, outpatient clinics, specialized sanatoriums and dispensaries, rehabilitation centers, etc.), various forms of medical care (emergency, medical and diagnostic, home care, etc.) and the different levels of its organization (lower, middle, higher) [3, 8-10].

The urgency of the problems of protecting the health of citizens and their multifacetedness lead to the necessity of integrating the results obtained in other branches of knowledge. Thus, the results of a comprehensive study conducted on the initiative of the World Health Organization (WHO) have shown that more than a hundred different scientific disciplines "fit together" in the field of health research. This is due to the expediency of creating a clear mechanism for protecting people's health, protecting their rights and legitimate interests in modern conditions through comprehensive legal regulation of these relations. Legislation can prove to be an effective regulator of legal relations emerging in health care [10-14].

According to WHO experts [10-14], the legislation is capable of:

- establish the official policy of the state;
- determine the functions of health care;
- regulate the geographical distribution of health resources;
- to manage the working conditions and provide the necessary structure;
- make certain demands on the subjects, the public relations in question;
- allocate funds for training and development of personnel and others.

Organizers of health care, politicians can refer to certain provisions of the law to improve the effectiveness of medical activities. Medical care is a complex of interrelated and interdependent activities aimed at diagnosing, preventing, treating human diseases, preventing unwanted pregnancies performed by a person specially prepared for this purpose (doctor, paramedic, nurse, etc.). The relationship between doctors (medical organizations) and patients (patients, clients) has a moral beginning. However, moral principles do not exclude regulation through law. The Constitution of the Republic of Kazakhstan proclaims the priority of the individual: a person, his rights and freedoms are the highest value; recognition, observance and protection of human and citizen's rights and freedoms is the duty of the state, thus laying down the prerequisites for state regulation of health care as an industry and medical activity. State regulation of certain areas (for example, health economics, medical activities, employment, etc.) is one of the functions of public administration aimed at providing general rules of behavior (activity) of subjects of various legal relationships. What is the state regulation and public administration? In the Western literature, when examining the relevant issues, we meet with the term "public administration". In the narrow sense, this term means the professional activity of government officials-public administration. In the broad - it's the entire system of state institutions. Thus, the French political scientist R. Gregory gives the definition of public administration as "... a special social function aimed at streamlining development in the interests of the whole society, where the state official acts as a special agent of power." In IA Vasilenko's opinion, the administrative-state administration is "the implementation of state policy through the system of administrative institutions ...". This concept corresponds to the concept of "public service".

Regardless of the shades that exist in the various concepts and interpretations of the phenomenon under consideration, undoubtedly one-state management in modern conditions is inextricably linked with law[12-14]. What forms and instruments does the state, through its competent bodies, use for state regulation in the sphere of protecting citizens' health and medical activities? To answer this question, let us turn to the current legislation. The main directions of state regulation of health care and intervention in medical activities are: establishment of the order of "entry" of economic entities into the market of medical services, functioning in this market and "exit" from it; legal and administrative maintenance of the quality of goods, works and services through licensing, standardization, certification of subjects and attestation of specialists; regulation of prices for related goods, works, services; regulation of

statistical and other reporting; control of new technologies, medical manipulations; creation of state and municipal medical-preventive, pharmacy, educational, scientific and other institutions and organizations; budget financing of certain types of medical activities, individual directions and programs; development and establishment of quality standards for certain areas, monitoring their compliance; development, introduction and control of sanitary rules, norms and standards; others [16].

The state health policy is based on the following principles:

- 1) ensuring equality of citizens' rights to receive safe, effective and high-quality medical care;
- 2) joint responsibility of the state, employers and citizens for the preservation and strengthening of individual and public health;
- 3) protection of motherhood and childhood;
- 4) ensuring a guaranteed volume of free medical care;
- 5) the priority of the preventive focus in the health system;
- 6) availability of medical care;
- 7) constant improvement of the quality of medical care;
- 8) ensuring sanitary and epidemiological welfare of the population;
- 9) the continuity of the activities of health organizations in the provision of medical care;
- 10) ensuring the continuity and continuity of medical and pharmaceutical education using modern teaching technologies;
- 11) state support of domestic medical science, introduction of advanced achievements of science, technology and world experience in the field of public health;
- 12) encouraging voluntary donated donations;
- 13) state support of domestic developments and the development of a competitive medical and pharmaceutical industry;
- 14) participation of public associations in ensuring the rights of citizens to protect their health;
- 15) the social orientation of health care, aimed at meeting the needs, needs of the population and improving the quality of life;
- 16) assistance in the formation of a healthy lifestyle and healthy eating;
- 17) attributing health of the population, safety, efficiency and quality of medicines to factors of national security.

State regulation in the field of public health services is carried out by:

- The Government of the Republic of Kazakhstan;
- authorized body;
- other central and local executive bodies within the competence established by this Code.

The Government of the Republic of Kazakhstan carries out the state policy and carries out

management, regulation and control in the field of health protection, coordinates the activities of other executive authorities in this field [17-20].

Thus, State regulation in the field of health is carried out by carrying out:

- state control of medical, pharmaceutical activities and state sanitary and epidemiological supervision;
- Licensing of medical and pharmaceutical activities;
- Accreditation in the field of health;
- testing in the field of health;
- state registration, re-registration and modification of the registration dossier of medicines, medical devices and medical equipment, certain types of products and substances that have a harmful effect on human health;
- confirmation of the conformity of goods (works, services) in the field of public health with the requirements established by technical regulations, normative documents on standardization and contract terms;
- State regulation of prices for medicines and medical services provided by public health organizations.

Health is a system. Its main system functions are:

- the science;
- prevention;

Treatment.

General health functions:

- frames;
- resources;
- Management.

The system-forming element in health care is a doctor, because it implements the basic and specific functions and objectives of the system. Allocate resources, others can manage the system, but without a doctor, health care ceases to exist. The definition of the concept of a physician was given by WHO in 1972: A doctor is a person who, when properly admitted to a medical school, duly recognized in the country in which it is located, successfully completed the prescribed course of medical science and was entitled to medical practice (including prevention, diagnosis, treatment and rehabilitation) with the sending of independent judgments in order to strengthen public and individual health [21].

The links identified in the analysis of the health care system are divided into:

- 1) vertical
- 2) horizontal

Environmental factors affecting the health care system are divided into [17-24]:

- 1) social, such as: the socio-political system, the degree of development of science, the degree of development of social security, the level of material well-being of the population
- 2) economic, such as: the level of development of productive forces, the degree of development of

industries, technical capabilities,% GDP, going to health

3) natural (geographic, climatic)

4) biological, heredity, age and sex composition of the population, biological causes of diseases

Environmental factors are divided into:

1) Direct, these are inter-branch relations, competitors, legislative regulation bodies, creditors, consumers.

2) Indirect, this is the state of the regional economy, the level of scientific and technological progress, the political situation, the socio-cultural situation, and developments occurring in other countries.

Guarantees of ensuring the rights of citizens in the field of health

The state guarantees to citizens of the Republic of Kazakhstan:

1) obtaining a guaranteed volume of free medical care;

2) equal access to primary health care;

3) receiving paid medical assistance in public and private medical organizations, as well as individuals engaged in private medical practice;

4) sanitary and epidemiological welfare;

5) provision of medicinal products, medical and sanitary-hygienic products;

6) the quality, content and volume of medical care provided free of charge and (or) paid basis under uniform medical standards;

7) the right to freedom of entrepreneurial activity in the provision of medical and medical assistance, production and sale of pharmaceutical products.

The Government of the Republic of Kazakhstan:

1) develops the main directions of the state policy in the field of public health;

2) publishes, within its competence, normative legal acts in the field of public health;

3) approve the procedure for exercising state control in the field of health care;

4) determine the procedure for accreditation in the field of health care;

5) approves the qualification requirements and the licensing procedure for medical and pharmaceutical activities;

6) manage the activities of central and local executive bodies on health issues;

7) approves the list of guaranteed amount of free medical care;

8) determine the procedure for ensuring that citizens receive a guaranteed amount of free medical care;

9) determine the procedure, types and scope of medical care for the population in emergency situations;

10) approve the standard form of the contract for providing a guaranteed volume of free medical care and paid services in healthcare organizations;

11) approve the state normative of the network of health organizations;

12) determines the procedure for organizing and conducting procurement of medicines, medical devices and medical equipment, medical and pharmaceutical services to provide a guaranteed volume of free medical care;

13) approve the list of socially significant diseases and diseases that are dangerous for others;

14) approve the rules for sending citizens of the Republic of Kazakhstan for treatment abroad at the expense of budgetary funds;

15) determines the procedure for reimbursement of costs to health care organizations at the expense of budgetary funds;

16) determine the procedure for the implementation of sanitary and quarantine control over the delivery and spread of infectious and parasitic diseases on the State border of the Republic of Kazakhstan and ensuring sanitary protection of the border and the territory of the Republic of Kazakhstan;

17) determine the procedure for prohibiting the importation, as well as for the production, use and sale of products intended for use and use by the population on the territory of the Republic of Kazakhstan, as well as in business and (or) other activities;

18) determines the list of diseases against which preventive vaccinations are carried out, the procedure, the timing of their conduct and the population groups subject to planned vaccinations;

19) establishes the procedure for the implementation of restrictive measures, including quarantine in the territory of the Republic of Kazakhstan, as well as special conditions and regimes of residence of the population and the conduct of entrepreneurial and (or) other activities;

20) establish a list of infectious diseases, in case of threat of occurrence and distribution of which restrictive measures are introduced, including quarantine;

21) approves the procedure for the collection, storage and use of blood and tissues of persons exposed to ionizing radiation;

22) determine the procedure for providing medicines to citizens;

23) determines cases of importation into the territory of the Republic of Kazakhstan of medicinal products, medical devices and medical equipment as humanitarian aid that have not been registered in the Republic of Kazakhstan;

24) approve the list of clinical databases;

25) approve the procedure and conditions for the commission and transfer of anatomical gift to healthcare organizations;

26) approves the Rules for the conduct of military medical examination and the Regulations on the bodies of military medical examination;

27) defines a single distributor for the procurement and provision of medicines, medical devices;

28) exercise other powers provided for by the Constitution, laws of the Republic of Kazakhstan and acts of the President of the Republic of Kazakhstan.

Means of state regulation of the economy

Administrative means. Administrative methods of regulating the economy include such measures as prohibition, authorization, coercion.

Prohibition is the prohibition of any activity, the recognition of socially harmful, unnecessary, not allowed to use, the use of any goods and services and their components. For example, a state may impose a ban on transit, that is, following the territory of its unwanted persons, cargoes and vehicles of other states through security for sovereignty or for other reasons. Some countries pursue a policy of prohibiting foreign economic relations [25].

A permit is an agreement issued in writing or orally by a management subject with the relevant right. The state gives permission for conducting many types of economic activities, for the import and export of a number of goods (medicines, food) [26]

Coercion is one of the methods of management based on censure and the application of penalties for violation of established norms. For example, untimely payment of taxes, reduction of taxable base lead to levying fines from tax payers. Economic means. In modern society, state regulation of the economy is carried out mainly on the basis of economic means. Significant positions among them are monetary policy, fiscal policy, accelerated depreciation, state programming. Monetary policy is a set of measures in the sphere of monetary circulation and credit aimed at regulating economic growth, containing inflation, ensuring employment and balancing the balance of payments. Monetary policy includes the following regulatory instruments [26, 27]:

- regulation of the discount rate;
- Establishment and modification of the minimum reserves that financial and credit organizations are required to keep in the central bank;
- operations of state organizations on the securities market.

The budget and financial policy is reduced to the purposeful activity of the state on the use of fiscal and monetary systems for the implementation of socio-economic policy objectives. Accelerated depreciation is depreciation at higher rates compared to current or average rates. This method takes a special place among a set of measures of state regulation of the economy. The sense of accelerated depreciation consists in establishing such a level of annual write-offs in the depreciation fund, which exceeds the actual moral and physical depreciation of the elements of fixed capital. Accelerated depreciation allows you to transfer a substantial part of the profit to items of production

costs that are not taxed. This allows the indicated amounts to be subsequently sent to new capital investments. Thus, the policy of accelerated depreciation contributes to the growth of its own financial capabilities of entrepreneurs for capital investment, as well as a decrease in the share of borrowed funds in the process of capital construction and modernization of fixed capital.

In addition, using the method of accelerated depreciation, the state has the ability to influence the structure of the national economy. The state can accelerate the development of certain sectors of the economy, introducing for them particularly favorable depreciation rates. The differentiation of depreciation rates is also used to change the regional or territorial structure of production, the creation of new industries. Health care, a complex of state, social, economic, medical and other measures taken by society to protect and improve the health of members of this society. Character Z. is determined, first of all, by the social system of society and the state. Therefore, the principles and character of capitalism in capitalist and socialist societies are different, although the goal is uniform: the study of health and diseases, the prevention and treatment of them, and the preservation of health and disability. International methods Z., measures of individual and complex prevention, methods of supervision and control of the biosphere, methods of diagnosis, treatment of diseases, etc. But for Z. each state is characterized by national characteristics and traditions. Healthcare is a system of socioeconomic and medical measures aimed at preserving and improving the health of the population, the functioning of which is ensured by the availability of personnel, the material and technical base, a certain organizational structure, appropriate technologies and the development of medical science. In general, health is determined not only by the normal functioning of the Z. system, but directly depends on the level of development of civilization, scientific and technological progress, socio-economic development of the country, legal culture and citizens' responsibility for their health. The prevailing industrial relations and social structure determine the theoretical and organizational principles of the Z., historical traditions, the features of the political system, the level of economic development and a number of other factors - the diversity of forms of organization of the Z. within the same socio-economic formation. Basic concepts: guaranteed volume of free medical care - a single volume throughout the territory of the Republic of Kazakhstan of medical care provided to citizens of the Republic of Kazakhstan and financed directly from the republican and local budgets; voluntary medical insurance - a type of insurance of citizens to provide them with additional services in excess of the free guaranteed

volume of medical care; outpatient-polyclinic tariffifier - a list of tariffs for the services provided by specialized out-patient and out-patient care [20-25];

Clinically-costly groups - clinically homogeneous groups of diseases, similar in costs for their treatment; per capita standard - the established standard of costs, revised annually per person to provide a specific volume of medical services; traditional medicine (healing) - a set of people's accumulated empirical information about healing products, as well as therapeutic and hygienic techniques and skills and their practical application for the preservation of health, prevention and treatment of diseases;

Medical rehabilitation - partial or complete restoration of health;

AIDS - Acquired Immunodeficiency Syndrome is a particularly dangerous infectious disease associated with infection with the human immunodeficiency virus; transplantation - transplantation, engraftment of tissues and organs to another place or to another organism; legal and physical persons engaged in private medical practice - the type of entrepreneurial activity for the provision of preventive, diagnostic and therapeutic assistance to the population; euthanasia is the satisfaction of the patient's request for the acceleration of his death by any action or means, including the cessation of artificial measures to maintain his life. In accordance with the Charter of the World Health Organization, health is a state of complete physical, mental and social well-being, and not only the absence of diseases and physical defects. Possessing the highest attainable level of health is one of the basic rights of every person without distinction of race, religion, political convictions, economic and social status. The welfare of the state as a whole depends on the well-being of each of its citizens. Therefore, the state's concern for preserving the health of its citizens is one of its top priorities. To implement all the tasks for protecting the health of the people, the state healthcare system is called upon [26-28]. Health care of the Republic of Kazakhstan is a significant branch of the social sphere, numbering thousands of medical institutions, which has about 70,000 doctors of all specialties. The protection of the health of the people in accordance with the Law of the Republic of Kazakhstan "On the Protection of the Health of the People in the Republic of Kazakhstan" of January 10, 1992 is based on the following principles:

- responsibility of government bodies and management, employers for creating conditions that ensure the formation, development and strengthening of the health of the people;

- social security of citizens in case of loss of health [28-30];

- the responsibility of citizens for preserving and strengthening their own health and the health of others;

- responsibility of medical, pharmaceutical workers, as well as persons entitled to engage in medical and

- pharmaceutical activities, for damage caused by the health of citizens;

- scientific and preventive orientation of medical, sanitary and medico-social measures;

- multidimensionality of health development in accordance with the needs of the population.

The Law on Health Protection establishes that the protection of the health of the people is the responsibility of all bodies of state power and administration, employers, and officials. The system of subjects of health management includes such public organizations as: trade unions, association of doctors and pharmacists, the Red Crescent Society and the Red Cross, charity and health fund and others.

Direct organization of health protection of the people is vested in the sectoral health authorities-territorial (systems of the Ministry of Education, Culture and Health) and departmental [33]. Territorial health authorities carry out their activities in a certain territory and together with their subordinate organizations form a unified management system. This system includes: the Ministry, departments (departments) with local executive bodies. In the aul and rural areas, health departments are abolished and their functions are assigned to district central hospitals. In the system of branch management bodies, relatively independent special subsystems of government bodies that manage individual health sub-sectors can be distinguished. For example, the industrial production of medicines and medical products is entrusted to the Kazakhstan scientific and industrial complex for the promising development and production of medical preparations Biomedpreparat; the organization of sanitary supervision and the implementation of anti-epidemiological measures are carried out by the State Sanitary and Epidemiological Service, etc.

At the same time, at the republican level, the structural subdivisions of the Ministry - the main administrations, departments (medical-prophylactic, drug provision, development of the medical and pharmaceutical industry, etc.) are engaged in this kind of functions, and at the oblast, city, rayon level controls (chief sanitary doctors, sanitary-epidemiological stations). Special subsystems of government bodies in the organization and conduct of activities of a general medical nature are related to the general health authorities (Ministry of Health and the Department

of Health) and are subordinate to them. At the same time, in the solution of special issues (the implementation of sanitary and epidemiological surveillance, provision of population and medical-prophylactic organizations with medicinal products, etc.), the subsystems of the branch bodies are independent [30-32]. Along with the territorial bodies of health care management, this activity is carried out by departmental bodies that have medical organizations (the Ministry of Defense, the Ministry of Internal Affairs, the Ministry of Transport and Communications, the Committee for National Security, etc.) in its jurisdiction. Departmental health authorities organize medical care for workers in their branches, as well as certain categories of citizens (participants and disabled veterans of the Great Patriotic War). Departmental health authorities are obliged to comply with the uniform requirements of the organization of the implementation of medical and preventive activities and sanitary and epidemiological surveillance. The Ministry of Education, Culture and Health coordinates the activities of these bodies on the issues of medical and preventive care, sanitary and epidemiological services of the population, protection of the territory of the republic from the import and spread of infectious diseases, as well as control over this activity. The content of health management is a combination of general and special executive and administrative functions. General functions include the development of state programs, their financing, control, and the resolution of personnel matters; to the special - the organization of medical and preventive care, the placement of a network of medical and preventive and other health organizations, the provision of medical organizations and the public with medicines and other medical products and equipment, the organization of sanitary and epidemiological surveillance, the production of medical examinations, the development of the medical Ch'ing science, work on the prevention of diseases among the population.

The Government of the Republic of Kazakhstan in the field of health protection of citizens: develops a unified state policy for the protection of public health and measures for its implementation, as well as a health development strategy; develops state programs, submits them for approval to the President of the Republic of Kazakhstan and is responsible for their implementation; approves and finances targeted integrated programs for the development of health, pharmaceutical and medical industries; supervises the activities of executive bodies, the ministry, state committees, other central executive bodies on issues of public health protection; On the basis of the proposals of the authorized central executive body of the Republic of Kazakhstan in the field of health protection of

citizens, a free guaranteed volume of medical assistance is published in the press [33, 34]. The authorized central executive body of the Republic of Kazakhstan, which exercises leadership in the field of protecting citizens' health: conducts a unified state policy for protecting public health; implements inter-sectoral coordination, as well as interaction with public organizations on the implementation of state, targeted and comprehensive health programs; determines the measures for the development of health care, pharmaceutical and medical industry; directs the activities of the republican medical, educational, research and sanitary-epidemiological organizations; contributes to the material and technical, medicinal support of health organizations and the population; carries out through local executive bodies coordination and control over the activities of territorial bodies and health organizations, regardless of the form of ownership; analyzes the health status of the population; together with the Fund of Mandatory Medical Insurance, the basic program of compulsory medical insurance; coordinates the activities of departmental health services. The leadership of health protection in the Republic of Kazakhstan is exercised by the highest and local bodies of state power and administration. The general leadership of health care is exercised by the President and the Government of the Republic of Kazakhstan [30-34]. The Government, within its powers, on the basis of Article 66 of the Constitution of the Republic of Kazakhstan and in accordance with the Decree of the President, having the force of the constitutional Law, "On the Government of the Republic of Kazakhstan" determines and realizes the state policy in the field of public health. For example, on May 8, 1996, the Government of the Republic of Kazakhstan approved a targeted integrated program "Immunoprophylaxis", whose goal is to reduce morbidity and mortality from infections controlled by immune-supplementation funds. In accordance with the Law on the Protection of the Health of the People, the Supreme Institutions of State Power and Administration of the Republic of Kazakhstan are subject to the following [34-37]:

- development and adoption of legislative acts in the field of public health protection;
- Ensuring proper economic, sanitary and epidemiological welfare and radiation safety in the territory of the Republic;
- definition of strategy, approval of plans and programs for protecting the health of the people and measures for their implementation;
- development of fundamental and applied medical science;

implementation of material and technical and financial support of health organizations, etc.

Local executive bodies are bodies of state management of general competence, which govern health in their territory. They are obliged to ensure comprehensive socio-economic development, to develop proportionally, taking into account specific conditions, all branches of the socio-cultural sphere, including health care.

In accordance with the Law of the Republic of Kazakhstan "On Local Representative and Executive Bodies of the Republic of Kazakhstan" of December 10, 1993, the regional, district, city administration administers healthcare organizations, takes measures to strengthen their material and technical base and protect public health [35-37]. Local executive bodies on their territory organize the conduct of sanitary and preventive and anti-epidemiological measures, determine plans for the prevention and elimination of diseases, monitor the sanitary condition of cities, rural settlements, organizations, water supply sources, etc. They organize the provision of medical assistance to the population, the protection of maternity, paternity and childhood, the provision of medicines, and the placement of health care organizations. Local representative and executive bodies implement the management of legal entities and individuals on the implementation of their sanitary legislation and ensure the protection of citizens' rights to protect their health, a favorable environment, and compensation for damage to their health.

In the future, according to the Decree of the Government of the Republic of Kazakhstan "On the Concept of the Regional Policy of the Republic of Kazakhstan" of September 9, 1996, it is planned to manage publicly the sectors of social and economic development at the regional level, that is, it is not supposed to manage health at the local level depending on the administrative-territorial division, and depending on the socio-economic state of the region, taking into account the different types of regions in order to more fully cover their potency social. Proceeding from the requirements of an effective combination of centralization and decentralization of the country's development management, a gradual transfer of the majority of powers from the center to the regional level and, accordingly, the expansion of the rights of local authorities and increasing their responsibility in ensuring balanced socio-economic development of the territories are planned. Consequently, the scheme of public health management will be different.

Sectoral health authorities

The Ministry of Education, Culture and Health of the Republic of Kazakhstan is the body of direct government health care in the republic.

The Ministry with the healthcare organizations subordinate to it, with local executive bodies, and also the departmental medical and sanitary services, forms a system for organizing medical care, managing and monitoring the health of the population and the sanitary and epidemiological well-being of the republic.

The main tasks and functions of the Ministry are: development, scientific substantiation and control over the fulfillment of state programs in the field of public health;

Coordination of the activities of health authorities and organizations to improve the organization of medical care in general, including: primary health care, maternal and child health, provision of population and treatment and prophylactic organizations with medicines and medical products;

improvement of the structure of healthcare management in accordance with priority directions of the industry development;

development of standards and standards in the field of health care and monitoring of their observance [37-39];

- improvement of the activity of sanitary-epidemiological organizations to ensure sanitary-epidemiological well-being and radiation safety of the territory of the republic;

- organization of production for the production of medicines, medical products and medical technics, etc.

The Ministry carries out the functions peculiar to the whole system of public health bodies.

Departments and departments (departments) of health of local executive bodies direct the business of protecting the health of the people within their territory. They provide medical and preventive services to the population in hospitals, at home and in outpatient clinics, carry out measures for the protection of maternity, paternity and childhood, monitor the health status of persons who are in physical culture and sports. Departments and departments (departments) of health do not directly guide medical organizations, determine the territory of service of the population by medical and prophylactic organizations, analyze the state of health in their territory, develop plans for measures to eliminate certain diseases and present them for approval by local executive bodies. This model is most vividly represented by the public health services of the Federal Republic of Germany, France, the Netherlands, Austria, Belgium, Holland, Switzerland, Canada and Japan. The social and insurance model includes the signs of both state and market models. Depending on which parameters prevail, the social-insurance model may be closer to either state or market. For example, social insurance models of health systems in Scandinavia and Canada have much in common with the state

model, and the health care system in France is close to a market one. However, the selection of these models is based not only on the role of the state, but also on the understanding and definition of "goods" in the health sector. It should be noted that a clear opinion about the fact that the product is in this sphere of life still exists, although from ancient times to this question tried to answer, and the Egyptian priests and doctors of Chinese emperors. For example, in Egypt, the physician's fee was determined in a very specific way: the patient paid silver for the weight of his hair after the illness. If the disease was long, then the hair grew more. Thus, the doctor was economically interested in prolonged treatment [33-35]. In ancient China, on the contrary, doctors serving the elite received salaries as long as the patients were healthy, that is, actually paid for their health status. In this case, the doctor was economically interested in the patient's health. Although the main goal of health care is precisely human health, the attempt to consider it as a commodity is very problematic. And above all because it is poorly measurable and difficult to assess in money. But most importantly, if such an assessment of human health in monetary terms was found, it was she who would determine the value of human life. In fact, this price is implicitly present, for example, in calculations related to safety of life, in military medicine (in determining priorities in the provision of medical care). However, the explicit definition of the price of human health, and therefore of human life, is contrary to tradition, culture and, given its clearly insufficient justification, is seriously and fairly criticized. In this regard, it is proposed to consider medical services as a good, and define the health care system as organized activity, during which the production of these services is carried out. The models of the organization of public health services described earlier differ in different ways from the specifics of the medical service as a commodity. And this factor is no less important than the role of the state, for distinguishing various types of organization of the health care system. For example, in a market model, medical services are treated like any other commodity that can be purchased or sold in accordance with the classical laws of the market (i.e., with minimal regard for its social specifics). As already noted, a typical example of a market model is the US health care market. The healthcare sphere is represented here by a developed system of private medical institutions and commercial medical insurance, where doctors are sellers of medical services, and patients are their buyers. Such a market is the closest to the free market and has all its advantages and disadvantages [35-37]. Because of the acute competition, conditions are created for the growth of quality, the search for new products and technologies, the rigid rejection of

economically inefficient strategies and market participants. This determines the positive aspects of the market model of health care.

However, on the other hand, insufficient consideration of the specificity of the commodity in question (unlimited demand for it, seller's monopoly, etc.) causes certain negative aspects:

- excessive growth of medical costs;
- the impossibility of exercising state control and, consequently, the difficulty in establishing priorities between health and other sectors of the economy;
- the possibility of emergence of crises of overproduction and the stimulation of the supply of unjustified services;
- prerequisites for unscrupulous ways of competition;
- excessive influence of fashion and advertising;
- and most importantly, unequal access to medical care.

The presence of a commercial insurer interested in preserving its income can reduce the volume of services (with the help of peer review), the price of medical services (by bidding) and, consequently, the payment of medical assistance itself. Reducing the total costs expands the range of potential patients of the medical services market, increasing the volume of demand [37-39].

In the conditions of market organization of the healthcare system, the patient constantly has to solve the dilemma: to which market - financial or insurance - to invest their savings. The choice is made between the income investment of money and the risk of getting sick and not being able to pay for medical care. The regularity here is, as a rule, the following: the more the risk of getting sick and the stronger the fear of financial expenses for medicine, the stronger protection must be, and its value (in comparison with the possible income) is higher. The market model of organization of the health care system is one of the most qualitative, but at the same time, one of the most expensive models. For example, the purely economic contribution of health as one of the most important labor parameters to the US economy is estimated at 10% of GDP, that is, in the hundreds of billions of dollars, but the cost of health care is even higher and amounts to 14% of GDP 5. Thus, from an economic point of view, this model is inefficient, requiring a cost overrun. In addition, in the healthcare system organized on market principles, social guarantees for the population in obtaining medical services are not provided. The market model does not have the property of accessibility for all strata of its citizens. There is also extreme unevenness in the consumption of medical services, which is closely

correlated with income differentiation. So, in 1990 70% of all received medical services accounted for 10% of the population [33, 34]. The United States of America has the most expensive health system in the world. The United States spends more on the health system than any other country - in absolute terms and in relation to the gross domestic product (GDP) per capita. So, only in 2007 the US spent on health care 2.26 trillion dollars, which is 7,439 dollars per person.

According to recent estimates, about 16% of GDP is spent on medical care in the United States. It is expected that the share of GDP allocated to health in the US will increase and by 2017 will be 19.5%. However, over the past 30 years, the increase in spending on this industry is mainly due to government programs, which can seriously undermine the country's financial stability.

According to the Institute of Medicine of the US National Academy of Sciences, the United States is the only developed industrial country in the world that does not have a universal health system. In the United States, about 84% of citizens have health insurance, 64% of them are provided by the employer, 9% have acquired it independently 27% of the citizens are covered by state programs[35].

Certain state programs provide medical assistance to disabled people, elderly people, children, veterans, low-income people, and also provide emergency assistance to all residents of the country, regardless of their ability to pay for it. More than 45% of the country's expenditure in the health system goes to finance such state programs, so the US government is the largest insurer of the nation. In 2006, in the United States, 16% of the population did not have health insurance, which is 47 million people! This is due to the high cost of insurance, which grows faster than wages or inflation. In 2001, due to medical expenses in the US, about 50% of companies went bankrupt. Around the American health care system, debates are constantly unfolding, there are disputes about its availability, efficiency and quality, as well as the huge amounts spent on its maintenance. In 2000, WHO, analyzing the health systems of 191 countries, gave the United States the first place in the ranking of the most stable systems, capable of rapid response under changing conditions. At the same time, the United States took the 1st place among the most expensive healthcare systems and only 37th in terms of the level of medical care and 72nd in overall health. However, this WHO study was criticized for its methodology and lack of analysis of the satisfaction of the health system by the consumers themselves. According to the CIA World Factbook, the United States is 41st in the world in terms of child mortality, and 45th in terms of life expectancy. Recent studies have shown that in the period 1997-2003. The reduction in the level of mortality that

could be prevented was much slower in the United States than in the other 18 industrialized countries. On the other hand, the results of the 2006 annual National Health Survey conducted by the Center for Disease Control of the National Center for Health Statistics showed that approximately 66% of respondents believe their health is "excellent" or "very good." The USA belongs to the leading place in the capitalist world in terms of resources concentrated in health care. Although commercial (private) medicine has been given priority here, the state plays a significant role in organizing measures to protect public health. The successes of American medicine are great. The development of diagnostics, the widespread use of medical equipment at the level of the most advanced technical thought contributed to the reduction of mortality from cardiovascular diseases, injuries, tuberculosis, etc. However, given the unprecedented rise in the cost of medical services, many of the benefits of medicine are inaccessible to millions of Americans [30-32].

In the US health care system, there are six types of health services: disease prevention, primary, secondary (in general hospitals), tertiary (in specialized centers), medical rehabilitation and post-hospital care. All types of medical services are oriented towards self-sufficiency of the population. Medical care is paid for the vast majority of the population. In order to ease the burden of treatment costs, Americans buy policies of insurance companies that entitle them to full or partial payment for treatment, depending on its cost and the amount of contributions. The medical policy serves as a guarantee for receiving medical care, the volume, nature and extent of which are predetermined by the conditions of medical insurance.

Health System in Germany

Health System in Germany consists of state and non-state institutions and individuals. In international comparison, Germany has an unusually large number of doctors, specialist doctors, psychotherapists, dentists, social educators, nursing staff and hospital beds. In addition, it also includes employees of other medical specialties and pharmacists with their staff. Approximately one in ten working (4.2 million out of 80 million people) is engaged in health care [38]. At the same time, the health system is represented by the state (federation, land and communes), medical insurance companies, accident insurance, nursing and pension insurance, pooled health care providers, employers and workers, and not least patients partially represented associations of patients and organizations "Help yourself". The offer of medical services is carried out, with the exception of public clinics, by private enterprises. In

the sphere of health care, "free professions" - doctors and pharmacists, or large private enterprises (for example, pharmaceutical or medical and technical industries) prevail. The state plays a secondary role in providing medical services, in the form of health departments, community hospitals and university clinics. Social health insurance is subject to persons whose annual earnings do not reach 40 thousand EUR. This type of insurance provides for the diagnosis and prevention of diseases, as well as the outpatient (including dental) and inpatient care, the provision of medicines and auxiliaries, the payment of temporary disability benefits, the termination of pregnancy, maternity and The employer's contribution provides insurance and non-working members of his family. The amount of the contribution depends on the earnings, it is paid by the shares both by the employer and by the insured himself. At the same time, the contribution does not depend on the number of children [34-38].

Private (voluntary) health insurance

It applies to individuals whose annual income exceeds 40,000 EUR. For each insured, the degree of risk on which the insurance contribution depends (age, health status, amount of desired health services, etc.) is calculated. Such an insured person has the right to choose the time for scheduled hospitalization, to be treated by a doctor of the highest category (department head or chief doctor), to be in a 1-2-bed ward, etc. In private insurance, in contrast to the social one, where the health services are paid by the health insurance fund, the patient personally pays for medical assistance, and then presents an account to his insurance company. It, as a rule, reimburses 70-90% of costs (with the contribution itself is much less than with 100% reimbursement). The repayment of funds is usually realized by reducing the contribution for the extension of the contract. Private insurance exists in two forms: complete and partial [38-39].

Medication support

The pharmacy chain consists of public and private pharmacies. Each pharmacist, after obtaining a license, can open a pharmacy, but only one (from 01.01.2004, this restriction is lifted). The sickness funds receive 7% of the retail turnover of pharmacies. With compulsory insurance, prescription drugs cooperating with sickness funds are sold for almost a nominal fee of 5 € (in some cases, the selling price is slightly higher, and special rules apply to chronic patients). Under the prescriptions for children and teenagers under 18 years of age, no payment is required at all. The price of 5 EUR is still applied to packaging of any packaging and cost: it can contain from 7 to 100 tablets, capsules, etc., and their real value can be

100 or more euros (but if the price of packaging, for example, 5,50 EUR, then the surcharge will still make a five). Without prescription, the drug is either not available for sale, or it is released at a real cost. But pharmacies are interested in selling cheap medicines: the trade mark-up on them is much higher than on expensive ones (up to 68%). The cost of medicines is the same throughout Germany [39, 40].

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