изменились рынки, появились новые производители, вследствие чего стало сложнее обратно влиться в отрасли.

Таким образом, МПК в Республике Беларусь, равно как и в ЕАЭС, носит неравномерный характер, в котором наибольшее развитие получили отношения Беларусь-Россия. Вместе с тем, берется направление как на наращивание кооперационных связей на евразийском пространстве.

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Features of the development of the health care system in Kazakhstan and the problems of increasing its efficiency

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Annotation. The article is devoted to the analysis of the development of the healthcare system in Kazakhstan and the problem of increasing the efficiency of healthcare policy. The article examines the criteria for assessing the medical, social and economic efficiency of the state health policy. The author analyzed quantitative and qualitative indicators of the development of the national health system of Kazakhstan

Key words: health care system, health care economics, health care system efficiency.

Health care has such industry-specific features that, on the one hand, objectively limit the operation of market laws in this social sphere, and on the other hand, predetermine the specifics of assessing the effectiveness of the functioning of this sphere.

First, health care belongs to the sphere of public, socially significant benefits. The need for health care is a vital, vital need directly related to the priceless good - health and human life itself. The high social priority of treatment and prophylactic and medical and rehabilitation assistance predetermines the peculiarities of the formation of supply and demand for it. The specificity of the formation of demand for health care services is that their high social priority is combined with a low elasticity of demand for them. The imperative urgency of the need for these services practically excludes the substitution (replaceability) of the medical expenses of the family consumer budget for the costs associated with meeting other needs.

Secondly, in comparison with other social spheres in health care, the information asymmetry between the manufacturer and the consumer (patient) in relation to the consumer properties of medical services is much stronger. For the patient, not only the intangibility of services, but also their large

information and scientific capacity create objective difficulties in the consumer choice of products produced by various services, links and subdivisions of the medical and social complex. In these conditions, the consumer finds himself in an unequal position in comparison with the manufacturer of services and medical goods, since the patient's true sovereignty in the market for treatment and prophylactic and pharmaceutical services and goods cannot be ensured due to his insufficient medical awareness. The patient has to rely on the advice of the doctor, his professional qualifications and ethical and moral qualities in the process of diagnostic research and therapeutic measures. The commercialization of healthcare increases the economic interest in consolidating the hegemony and monopoly of the producer of medical and pharmaceutical services.

Thirdly, the provision of medical (much more than any other social) services requires personal contacts between the manufacturer and the consumer, characterized by a high individuality and non-standard medical approach to the patient.

The use of a special management mechanism in health care is dictated by the presence of two principles: economic efficiency and social justice. Social justice in health care is manifested, first of all, in the universal availability of medical services, which can be ensured through the introduction of a state insurance system based either on the principle of free provision of medical services to the population, or on the principle of social justice, which stipulates that healthy people pay for sick people, young people. for the elderly, for the well-off strata for the poor. It should be borne in mind that the model of management and financing of health care largely depends on which principle is preferred in this dichotomy (economic effect or social justice).

There are the following types of health care effectiveness:

1. Medical efficiency - the degree of achievement of the tasks in the field of prevention, diagnosis, treatment and rehabilitation (characterized by indicators of achievement of results in the treatment of certain diseases when using various methods and treatment regimens).

2. Social efficiency - an assessment of the improvement in the health of the population (characterized by indicators of public health - mortality from controlled causes, primary disability, temporary disability due to illness, etc.). The assessment is carried out at the macro level by the executive authorities with the participation of public organizations and the population.

3. Economic efficiency - direct and indirect indicators of the impact of health care on the country's economy by improving health indicators and carrying out preventive measures [1].

With regard to medical institutions, a judgment about the effectiveness of their work on the basis of economic efficiency indicators cannot be considered complete and exhaustive. Medical organizations perform a social function of protecting the health of citizens, the population, the beneficial effect of which is not expressed in terms, categories of the organization's monetary income. Therefore, conclusions about the effectiveness of the activities of medical organizations should be based on both the definition of economic and social efficiency.

Social impact is measured by calculating the amount of social harm prevented, i.e. the absolute number of diseases, disabilities, mortality, the occurrence of which was prevented as a result of the measures taken. The magnitude of the social effect of reducing morbidity or premature mortality with a constant population.

In general, the problem of a comprehensive assessment of health care efficiency is one of the most important theories.ethical and applied problems of modern organization and economics of health care.

The socio-political and socio-economic transformations that have taken place in Kazakhstan, including the final formation of the priority of market relations, have influenced the system of organizing medical care for the population. As a result, the health care system of Kazakhstan has undergone significant reconstruction and during the time of state sovereignty, subject to historical, political and socio-economic factors, it has gone through three models: budgetary, budgetary insurance, program budgetary with elements of paid medicine at all stages of development.

Reforming the health care system in the republic was accompanied by a number of negative factors, such as: a decrease in the number of doctors of all specialties and nurses; the number of hospital facilities; the number of hospital beds for pregnant women and women in labor, as well as sick children.

The health care system of Kazakhstan is represented by the state and non-state sectors.

The public health sector consists of public health authorities, health organizations based on public ownership. In the public health care system, there is a sector of paid medical services to the population, regulated by law and including: provision of medical care over a state-guaranteed free volume of medical care; provision of diagnostic and treatment services at the initiative of patients; treatment with medicines not included in the list of essential (vital) medicines; sanatorium treatment without an

appropriate referral; medical genetic research without medical indications; medical examination of citizens for admission to work and study; provision of medical care under an agreement with the company,

The non-governmental health sector consists of health organizations based on the right of private property, as well as individuals engaged in private medical practice and pharmaceutical activities. More than 1/3 of private medical organizations provide multidisciplinary services, the rest are engaged in obstetric-gynecological, therapeutic, psychotherapeutic and narcological, ophthalmological, surgical, neurological activities, as well as folk medicine and healing.

The share of healthcare spending in Kazakhstan averages 3.5% of GDP. For example, among the CIS countries, the higher level of spending on healthcare in Belarus, it was 4.6%, in Russia - 3.7%, in Ukraine - 3.7%. The World Health Organization (WHO), among the recommendations to the governments of countries, has put forward a proposal to use 5% of GDP as the minimum social standard for economic health care. In the United States, health care absorbs more than 15% of the country's GDP, while in Western Europe, total health spending ranges from 6 to 11% of GDP per year [2] [3].

In the structure of health care expenditures, government expenditures account for 61%, private expenditures - 39%. For comparison, in OECD countries, the share of private spending in total health spending is only 19.6%, in EU countries - 16.3%.

Between 2011 and 2018, per capita health spending has increased annually. Thus, the increase in current expenditures on health care per capita for the indicated years was 106%, while government expenditures per capita for the same period increased by 86%. In 2018, per capita health spending in Kazakhstan was 95,987 tenge (US $ 278).

For comparison, in OECD countries, such as France, Germany, Estonia, health spending per capita in 2018 amounted to 3929.9 (1 598 133 tenge), 4592.5 (1 867 586 tenge), 1254.3 (509 951 tenge) euros, respectively. For the OECD as a whole, per capita health spending in 2018 was $ 3,527 in PPP terms, of which $ 2,937 in PPP terms from government funding schemes. As a result of insufficient financing of health care in Kazakhstan, a high level of private spending on medical services remains.

The indicator of drug spending per capita also shows an upward trend. The total expenditures on medicines for 2011-2018 increased by 183%, of which state - 167%, private - 185%. Therefore, it can be concluded that the state continues to increase government spending on the provision of medicines. However, in 2018, there is a decrease in government spending on medicines per capita. Thus, the state expenditures for the provision of medicines in 2018 amounted to 5,213 tenge per capita (US $ 15), while in 2017 this figure was 5,630 tenge (US $ 17.2). By comparison, government spending on medicines in OECD countries per capita is US $ 376.7 in PPP.

The share of household expenditures in total health expenditures has been steadily increasing since 2011 and in 2016 it was 36%. It should be noted that in the last 2 years (2017-2018), the share of private spending has not changed and is 33%. In such OECD countries as Turkey, Germany, Slovakia, this indicator is 20.6%, 15.4%, 20.2%, respectively, and the average for OECD countries is 27.5%.

According to WHO estimates, a sustainable health system is one in which the share of private spending in total health spending is no more than 20%. Exceeding this indicator increases the risk for the population associated with their approaching the poverty line due to diseases, which, in turn, can affect all areas, as well as lead to worsening health and demographic indicators.

In the hospital, the priority is to increase hospital bed turnover and reduce the average length of hospital stay. These goals are being achieved: the turnover of a hospital bed during the year increased by 7% and amounted to 45 discharged patients per bed in 2018, and the average length of hospital stay decreased by 2% and amounted to 12.4. The average annual number of hospital beds decreased by 5.4% in 2018 (99,465 - in 2017, 93,921 - in 2018). Thus, by reducing the bed capacity, the state is trying to redistribute the load from hospitals to polyclinics, which will make it possible to abandon unreasonable hospitalization of patients. This is due to the shift of priorities to the primary care level.

Despite the positive indicators in dynamics, at the moment in Kazakhstan the indicators of the provision of hospital beds are higher than in the OECD countries, the longer average length of stay in the hospital, the differentiation of the bed fund by the level of treatment intensity is not sufficient, which creates a financial burden on the health budget. On average for the OECD, the number of hospital beds in 2017 was 16 beds per 10 thousand people (in Kazakhstan, 51 beds per 10 thousand people), and the average length of hospital stay was 7.6 days (in Kazakhstan, this figure was 12.4) ...

In 2018, there is an increase in the cost of inpatient care per bed by 7.8%. This is due to both an increase in the cost of inpatient care and a decrease in the number of hospital beds by 5544 beds in 2018 compared to 2017.

Analysis of productivity indicators at the national level reflects positive shifts in terms of increasing health care financing and reducing morbidity rates.

Following a number of state programs implemented and being implemented in the healthcare sector - the State Program for Reforming and Development of Healthcare of the Republic of Kazakhstan for 2005-2010 [4], the State Program for the Development of Healthcare of the Republic of Kazakhstan "Densaulyk" for 2016-2019 [5], the State Development Program health care of the Republic of Kazakhstan for 2020 - 2025 [6] - measures were taken to improve the quality of medical care, increase its efficiency. Along with a slight increase in the average life expectancy in the republic, there is a decrease in the overall mortality rate. There is a decrease in mortality rates from diseases of the circulatory system, malignant neoplasms, tuberculosis, and maternal mortality. However, despite the measures taken,

Further modernization of the health care system in Kazakhstan should include the following areas (figure):

1. Increasing the efficiency of the industry through the introduction of compulsory social health insurance;
2. Market liberalization and reduction of barriers for private healthcare organizations;
3. Attraction of investments and development of public-private partnerships;
4. Creation of a unified health information space;
5. Development of the drug market;
6. Development of medical tourism and import substitution.

It should be noted that, despite the diversity of national health models, there seems to be no country that is completely satisfied with the state of its own health care. Accessibility of medical services, efficient use of resources, cost containment, control over prices for medical services while respecting human rights are recognized as necessary conditions for the effective functioning of health systems. In most countries, the search continues for optimal ways to reform health systems to improve health systems.

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Цифровая трансформация ЕАЭС

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Аннотация: Статья посвящена вопросу цифровой трансформаций в Евразийском экономическом союзе. Рассматриваются перспективы и выгоды перехода на цифровые рельсы, а также инструменты и ожидаемые эффекты цифровой трансформации.

Ключевые слова: Цифровая экономика, цифровая трансформация, ЕАЭС, интеграция, новая экономика, цифровая реальность.