

## MEDICINE

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### **FUNDING FOR HEALTH CARE AS A PUBLIC HEALTH MANAGEMENT TOOL**

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#### **Abstract**

Analysis of the current situation in the field of health care financing undertaken. The main problem of financing are shown. The link between the financial support of public health and the health of the state is shown. Presented the benefits of health insurance in the aspect of improving the quality of medical services.

**Keywords:** Financing health, health management, medical insurance.

With the development of market relations in Kazakhstan, the health sector is gradually changing the character of the purely social to the economic. Thereby in recent years the market volume of medical and social services has increased by 2 times from 237 392 .1 tenge to 540 153.3 million tenge [1].

The current trend in health development is to organize, and rationalize the flow of funds in hospitals. As part of reforms in the health sector the Program of health development "Densaulyk", which is a continuation of the "Salamatty Kazakhstan" program is planned to increase the share of funding aimed at improving public services in primary care and reducing the volume of medical care in hospitals. This reduces government involvement, particularly in terms of regulation, operational management and financing of medical institutions. There is the commercialization of health services and the development of private entrepreneurship in health care sector. Today, this industry is represented by both private and public organizations, the majority of the latter also provides some commercial services. Five of the most common commercial services are dentistry, gynecology, therapy, ophthalmology and

cosmetology. Today more than 68 thousand doctors and more than 160 thousand nurses are engaged in the health care system. According to the World Health Organization the Republic of Kazakhstan ranks tenth in the world for physicians sufficiency. Among them more than 7,800 physicians provide primary health care. 872 stationary and 3009 outpatient organizations in the country, equipped with more than 117 thousand beds, render free medical care. [2] In practice, in the face of persistent and on a number of nosology of increasing flow of patients receiving care in hospitals, funding in this sector is either stagnant or declining. As a result, the volume of diagnostic and treatment procedures provided for one patient does not comply with the approved protocols of diagnostics and treatment. In fact, hospitals begin to work in the economy conditions, while the funds allocated to primary health care are spent inefficiently, which also has a negative impact on the general health of the population.

According to official statistics the indicators for cardiovascular disease, endocrine disorders continue to grow in Kazakhstan, heart attacks and strokes remain the leading cause of death. [1] The insufficient finance distribution that does not correlate with the actual needs of the population within the scope of public provision of drugs, diagnostic procedures, low interest of young professionals to fill the staff shortage of primary medical and social sector contribute to such growth.

So it is possible to explain the growth of private entrepreneurship in health sector. This form covers the shortage of personnel, but on the other hand social tensions are brewing due to the fact that incomes of some individuals do not allow the use of the services provided by private medical organizations. Under the conditions of the commercialization of medical services it should not lose control over the quality and rational volume of assigned diagnostic and therapeutic measures, as private medical institutions are not actually limited by the assignment of "additional" diagnostic measures, and the population is not protected fully against such actions from health professionals. On the other hand, the list and volume of procedures carried out in public health facilities is often limited to a list from the mandatory list, which does not allow in some cases to verify the diagnosis, without resorting to the services of private diagnostic centers, transforming the state aid into a mixture of public-private partnership. [3, 4] Such partnership affects negatively on the household budget of citizens, which often leads to the failure of patients to receive costly procedures, despite their diagnostic significance. As a result, there is a growing volume of chronic diseases, a growing number of complications from an incomplete examination entailing the population disability and mortality. The disability for the state is an issue with wide public response, and its reduction is one of the most important tasks.

The limited funding for public health facility in modern conditions of the patient-based approach leads to the government's ability to allocate a budget

for a greater number of institutions, but within a healthcare organization, does not allow to increase the general population health indicators. Also, this approach does not allow physicians to focus on the most important social diseases leading to disability and death. Thus, the prescribed amount of the population served per 1 cardiologist or endocrinologist is stagnant, [5] that does not fully cover the population assigned to medical institution, which leads to reduced time per one patient attendance. As a result, patients are objectively underexamined.

Introducing health insurance is intended to partly resolve this issue, as a result of the introduction it is assumed a more thorough approach to the assigned volume of diagnostic and therapeutic measures. So, if the doctor has prescribed more medical procedures than necessary, the insurance service will be entitled to withhold payment of specific actions upon their conduct. That is, the medical officer would be interested in the reasonable performance of his duties. On the other hand, the doctor will not be limited solely to capabilities of his institution, and the patients will receive a full required examination. In addition, the patient has the right to choose a specialist whose qualification suits him, which would create an effective competition among doctors and would motivate them to the self-development and further training.

The health financing is an important part of the public health policy. Developing this area creates the need to integrate financial relations into a particularly medical, but the question of diagnosis and treatment should be a priority. Any discrepancies in financial flows volume to the volume required for medical procedures leads to an imbalance that ultimately leads to deteriorated public health indicators. In this connection it is necessary to pay more careful attention to the financing both at the public and at the private enterprise level and public health.

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