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The Stages of the Healthcare System Reform of the Republic of Kazakhstan

Abstract. The article gives a historical and legal analysis of formation and development of the health system of the Republic of Kazakhstan. State puts healthcare to the level of the priority directions of the national policy. During the years of independence adopted a number of state programmes, implementation of which determines the main achievements in the sphere of public health. The article presents a critical analysis of policy documents, which formed the basis for the establishment of a modern health system in Kazakhstan. The direction of the current stage and the problems are also identified challenges to the state to achieve their goals.

Key words: health, finance, national health care system, medical education.

Introduction

In modern history of Kazakhstan the issues concerning public health play important role. Healthy population is accurate indicator and reliable guarantee of country's prosperity. Scientists treat public health issues as an important indicator of human development and country's development capacity. Accordingly public health is priority area of national security.

According to the Article 29 of the Constitution of the Republic of Kazakhstan the citizens have the certain rights relating health care, i.e.: «The citizens of the Republic of Kazakhstan have the rights to health protection. The citizens of the Republic of Kazakhstan have a right to free medical services legislatively guaranteed by the legislation. Commercial medical services in the public and private centers and privately engaged professionals are available under and in accordance with the rules and order set by the legislation» [1].

By providing constitutional rights to health protection the state undertakes responsibility to carry out measures related to rehabilitation of health deterioration, epidemic and other diseases prevention, quality medical treatment, and to provide conditions where every citizen may live long lasting and active life.

So it is worthy to join the scientists who argue that health protection is «the set of measures of

political, economical, legal, social, cultural, scientific, medical, sanitary and epidemiological nature, aimed to every man physical and mental health maintenance and promotion, long lasting active life support, medical aid in case of loss of health.» [2, p. 207].

However the healthcare reform is implemented through several stages and has long term period.

Upon its sovereignty Kazakhstan inherited unmanageable healthcare system funded residually, and clinics and polyclinics with out-of-date equipment, but material and workforce capacity that is used nowadays still.

Methods

During the research for the analysis of tendencies of development independent Kazakhstan legislation on health care we used the method of comparative analysis. We compared the scientific and practical approaches used in the development of public policy documents. When analyzing the fulfillment the health sector programmes used the statistical method of analysis that has allowed comparing the progress and identifying problems. In the study of modern trends of public health development was applied strategic analysis method.

Main body

In the modern scientific knowledge of the social

evolution more important, become the conception of human evolution. Currently about this conception is spoken and written not only in the scientific community, but also in the system of public administration and local government, in different spheres of social system of most participating countries of UNO. Among them is also Republic of Kazakhstan.

The content of human evolution, on the definition of United Nations Development Programme is to give people wider choice and the main aspect is the possibility to live a long and healthy life upon availability of decent living conditions. From the given definitions of category and main aspect can be clearly traced the interrelation of human evolution with the health care.

The health care is the important sphere of social life of society. The health care of Kazakhstan in the last 20 years is gradually adapted to conditions of market economy. The progress of economic development of Republic is closely related to progress of Kazakhstani system of social evolution of population of Kazakhstan. The most important element of social development is the health of population.

The health of people is the priority area of national politics of the country, which reformation passed through several stages and is planned in the future. Currently for the advancement of health care system huge financial resources are allocated, innovative managing approaches and methods of finance are implemented, including private financing, new staffing policy for training and involvement of physicians is formed, the harmonization of current legislation is executed.

Since the Kazakhstan gained the independence the country inherited the cumbersome health care system, which was funded residually, with hospitals and polyclinics, equipped with the outdated equipment, but along with this there was already the material and staff potential, which is being used also today.

From 1991 till 1996 the sphere of health care was managed by special ministry – Public Health Ministry, which under the complicated material situation, absence of sufficient financing, emigration of highly-qualified staff tried to provide the health service, although there was no question raised about the quality of such service, just this period is distinguished by high percentage of infant and adult mortality.

In 1996 in the country started the insurance reform, which has also affected the health-care system. The period 1996 till 1998 is remarkable for the switch to the low budget insurance system. The Order of President of Republic of Kazakhstan,

which had the force of a law, dated from June 15, 1995 # 2329 About the medical insurance of citizen, predicted the mandatory and voluntary insurance through the Compulsory Medical Insurance Fund – state non-profit organization, which formed the Base program of mandatory medical insurance, that was developed by the Public Health Ministry of Republic of Kazakhstan. The given program failed, but it has the positive influence for financial stabilization and formation of new financial insurance institutions, which are used in the modern financial market of medical insurance.

In 1999 due to the fact of optimization of State Administrative bodies the number of state bodies was reduced, including the Public Health Ministry was reorganized, which was modified to the Ministry for Public Health, Education and Sport of Republic of Kazakhstan. This particular body developed and implemented the first state program in the health care system «People's Health» within the frames of implementation of Development Strategy of Republic of Kazakhstan «Kazakhstan – 2030», where one of the main long-term priorities was defined the preservation of health and assurance of well-being of citizens.

The purpose of the program «Health of the Nation» was to improve the health status of the population of Kazakhstan, the development and implementation of short-, medium- and long-term action plans to facilitate the attainment of the healthcare to the whole new level of rendering medical services to the population. It was scheduled for the period of 1998-2008 years and included three basic steps. The program was carried out on the following principles: 1. Implementation of the complex of economic, legal, organizational measures to preserve and maintain the existing level of medical care and health adaptation for optimal functioning in market conditions. 2. Creation of the economic and legal backgrounds for the formation of the internal market of medical services 3. Ensuring the effectiveness of health care institutions, improving the quality of medical aid. 4. Responsibility of the state; employers and citizens' participation in formation, strengthening and preserving the people's health [3].

The implementation of this program has identified a number of serious problems not only in the healthcare but also in the related spheres, such as water supply, quality control of manufactured and imported food products, the environmental monitoring, etc. As a result there were developed some projects in such areas as «immunization», «maternal health», «prevention of the HIV spread», «compliance with aseptic and antiseptic in the medical

prevention and obstetric institutions», «environment and health of the nation», «family planning», «baby food» and etc. It was developed the system of measures to address these problems, but as a result it was concluded that none of the subprogram had achieved desired end result. However, the fact of existing of such long-term program deserved attention.

In the frameworks of this program there have been created or revived medical institutions in rural areas, introduced free meals for primary school children, in schools a post of the psychologist has been appointed, some specialized clinics have been opened, private medical schools and clinics have been licensed, etc. This period can be classified as a transition from the post-Soviet system to a modern system of healthcare.

The next step in the healthcare system reform has been the development by the Ministry of Healthcare of the Republic of Kazakhstan the State Program of Healthcare Reform and Development of the Republic of Kazakhstan for 2005-2010 years. It was aimed at program funding that enabled to focus on the end result depending on the allocated funds. Under this Program it was defined the package of free medical services rendered to the population by health institutions, and this principle has been preserved to nowadays. At the same time, the analysis shows that the reform was not aimed at the fundamental transformations and could not change radically the situation in the healthcare system. But it became a turning point in the formation of the national healthcare system as it was directed at the creation of the new healthcare management model focused on the division of responsibility for health protection between the state and the individual [4].

On a par with classical problems such as the strengthening of maternal and child health, improving the health and demographic situation and the reduction of social diseases, for the first time there have been proposed such tasks as transition to international principles of medical education organization and reforming. For the first time it has been raised the issue of implementation of the medical services quality control system and the other branch performance criteria taking into account the international requirements and state-of-the-art IT solutions.

This program has enabled to introduce new mechanisms of material support of the healthcare system through the introduction of the per capita financing of patients attached to the health care facilities. At the same time, the per capita standard for the primary health care was defined in terms of the required medical care at this level, age and sex com-

position of the population attached and other factors reflecting the regional specific features. That is, the more patients are registered at the clinic, the more funds, equipment and medicines are allocated from the state budget, at the same time, and these funds can be used to raise salaries to doctors and medical staff. This program has carried on the implementation of the quality assessment system for the rendering medical care to the population. With the introduction of the compulsory health insurance the tools for medical care quality control and the system of penalties have been developed, various parameters for medical care evaluation have been defined. Later, as a result of objective reasons, the system of penalties, control of capacities of rendering medical care have been replaced with the analysis and quality control of medical services by such criteria as determination of rendering medical services compliance with the medical standards, assessment of the medical services quality control, examination of the patients views.

To the results achieved in the medical services quality management system one may include the introduction of the institute of quality assessment and guaranteed capacity of free medical care, the elements of program support of the quality assessment, preparation of the methodological framework for the development of criteria for the quality assessment in regard to the international experience.

2005-2010 State Program has made a significant contribution to the medicine development in Kazakhstan. In the Address of the President of the Republic of Kazakhstan – the Leader of the Nation Nursultan Nazarbayev to the people of Kazakhstan «Strategy «Kazakhstan -2050»- a new policy of the successful state» it was stated: «We have made significant progress in improving the nation's health. To improve the efficiency of healthcare it has been reformed its system of organization, management and funding» [5]. In the Address there are such arguments as the annual increase in healthcare financing, the introduction of the free and preferential provision of medicines system, increase of the life expectancy of Kazakhstan's people, the introduction of the cluster system consisting of the children's rehabilitation center, motherhood and childhood centers, centers of the neurosurgery, emergency medicine and cardiology. We can also add the construction of the specialized medical institutions, implementation of the annual in vitro fertilization program of setting quotas, making the significant adjustments to the system of compulsory treatment of socially dangerous diseases, etc.

The legislation on healthcare has undergone the

significant changes. It was developed and adopted the Code of the Republic of Kazakhstan «On People's Health and Healthcare System», which took over the functions of the legal regulation of social relations in the field of healthcare in order to implement the constitutional right to health care. This act regulates the full range of healthcare organization issues in the country and establishes the instruments of state control in this field. It should be noted, that the Code for the first time has obliged the implementation of innovative medical technologies in the health organizations and health education institutions of the Republic of Kazakhstan. For this purpose it was created the National Medical Holding. In addition, for the first time at the legislative level there were entrenched grounds and procedure for licensing, accreditation and certification in the field of healthcare.

In the adopted Strategy «Kazakhstan – 2050» the Head of State has set the new challenges: to provide quality and available medical services; diagnostics and treatment of the widest possible range of diseases; the development of preventive medicine; the introduction of the «Smart Medicine» service, distant prevention and treatment, «e-Health»; ensuring all children under the age of 16 with the full range of medical services; legislative recognition of minimum standards of living.

Since 2011 it has been establishing the Unified National Health System. This system is based on two key indicators of the health care excellence – the quality and availability of indicators that correspond to the concept of human development. With the successful development of Kazakhstan's economy it is assumed that the total cost for its implementation is not less than 360 billion Kazakhstan tenge. It should be noted that these funds are primarily used to increase the life expectancy of a person by reducing the total and infant mortality, the manhood mortality, to strengthen the maternal and child health. In this respect, it is important the physical, mental and social well-being of the Kazakhstan society. Therefore the President of the Republic of Kazakhstan Mr. Nazarbayev draws the attention of all members of our society to ensure that at least 30 % of the population are engaged in physical activity, and thus points the necessity of the health promotion of healthy men, that gives new opportunities to reduce the cost for the healthcare, increasing the number of healthy people employed in various sectors of the national economy.

In Kazakhstan the State Programme of Health Care Development «Salamatty Kazakhstan» for 2011-2015 was adopted and is being implemented.

This programme is part of the Unified National Health System (UNHS). Total costs for the implementation of the State Programme «Salamatty Kazakhstan» is a minimum of 300 billion tenge (about 2,400 million USD). These funds are used to achieve the target indicators – increase in life expectancy and reduction of infant and all cause mortality rates, incidence of tuberculosis and other socially dangerous diseases, retention of the spread of HIV – infection.

The quality and availability are not only indicators of health care, but also the human indicators, so the State Programme «Salamatty Kazakhstan» makes health care workers focus on the availability of access to health services for the people of deep rural areas, as to date in the country only 6,000 facilities operate in rural areas (rural health posts, feldsher-midwife stations and ambulatories), which do not fully solve the problem of accessibility due to the low density of population in Kazakhstan. For these purposes, transport medicine is being developed. To implement high-quality access to health care for the deep and remote areas the Republican Coordinating Centre for air ambulance was established and the Ministry of Emergency Situations contributes to this cause.

Diagnostic and treatment trains «Densaulyk», «Zhardem» and «Salamatty Kazakhstan» contribute to affordable health care. They cover the western, southern, south-eastern and central regions of the country. In these trains health workers carry out a survey of public health, diagnostic procedures and minor ambulatory operations.

The value of activity of health care professionals of such health care trains is that health care is made available to people living in towns and distant railway junctions and close to them villages of our country. Given the vast territory of our country and the very extensive railroad tracks that run along the sparsely populated steppe, desert and semi-desert areas it can be estimated how important for people and the state on the whole the functioning of the state transport medicine is.

An additional incentive set to the PHC tariff is introduced in our medicine, which is charged on a quarterly basis, so far, the wages of an average medical worker is 150 -200 thousand tenge (\$ 1,000 US).

One of the main directions of development of the health sector in Kazakhstan for the years ahead is to strengthen the nation's health through the promotion of healthy lifestyles. In this direction, much work is done by the state, local authorities and the private sector.

The state spends much advocacy work to pro-

mote healthy lifestyles, which is reinforced by the construction of stadiums, sports facilities, finances sports teams, such as the cycling team «Astana» or hockey club «Barys», supports the operation of sports bases, etc. Winter Olympic Games in 2012 held in Kazakhstan, where the country gained 13 medals, including 7 gold medals, and came 12th in non-official point-count, made a great contribution to this matter.

The private sector in this case has found its niche, creating playgrounds for various sports, fitness clubs, spas, etc.

As a result of social reform in the field of health care in Kazakhstan we should note the increase of birthrate by 25%, reduced mortality by 11%, the natural increase of the population has increased by 1.7 times, the average life expectancy was 69.61 in 2012 [6]. It is expected that in 2013, life expectancy will reach 70 years of age, with a tendency to reduce the difference between the life expectancy of men and women, for example, in 1995 the difference was 11.4 years, and this year – 9.5 years [7].

All these achievements are based on the growth of the economy, increasing income, budget performance and its reasonable distribution.

It is hard to overestimate the role and importance of public health development programmes in the light of the proven facts, but along with the positive events, there are certain shortcomings and problems, where the determining factor is the lack of competitive relations between hospitals. Everyone knows that the state has allocated some funds for every citizen; the funds go to the particular health care facility according to the wish of the citizen. The idea itself is very good, but in practice its implementation leaves much to be desired. The citizens of our country, in fact, like it or not, are attached to the public health facility which is located on the territory of their residence, and it would be frivolous to require the State to build an additional facility for the creation of competitive relations. But in large cities and regional centers many private clinics compete with public sector. Thus private clinics which are accredited by the Ministry of Health of Kazakhstan receive 45% of the order. But the analysis shows that all of them are in urban areas, while rural communities are not covered by such a competitive environment, despite the fact that they are home to the majority of the population, the population having worse parameters than urban residents.

In this light it is necessary that public health facilities and private medical institutions have equal access to the state funds allocated for the citizens of the republic. Moreover, their competitive rela-

tionship should give people not only the right of free choice of high standards of service, which is manifested not only in the prevention and reduction of morbidity, but also in the acquisition of Kazakh human face of medicine. This will enhance the competitiveness of Kazakhstan's medicine, the development of human capital through the provision of access and quality of health services for the sustainable health of the nation, the modernization of Kazakhstan's health in accordance with the needs of society, integration into the global system of health care that will serve as the formation of the trend of public administration and legal registration in the health sector in Kazakhstan.

The next issue of Kazakhstan's health care system is personnel policy. The main indicators that track the status of staffing and human resource capacity of the health system are: indicators of the number of full-time professionals, the indicators of availability of medical personnel, movement of health personnel; qualification of medical personnel; professional development.

Today, the country has undergone a major reform of the civil service personnel policies, certain principles of which should form the basis for selection, training and placing of social workers, that is civil servants, healthcare professionals being among them. To date, we should state certain shortage of staff in rural areas, in particular we are talking about the highly specialized doctors, many of whom are forced to retrain and combine two specializations, which does not always guarantee the quality of services to the population.

The problem of training highly qualified medical personnel is a critical public health issue. It is necessary to admit that in the late twentieth century, there was some demolition of the old school of training such personnel, which was previously very highly regarded in both the Soviet Union and beyond its borders. Today there is an urgent need to restore the lost credibility and to create a new trend of Kazakh higher school of medical education, aimed not only at training, but also at scientific research activities. In this context we should note the opening of medical and biomedical departments in the Nazarbayev University where the best high school graduates of Kazakhstan will study with the following training in the world's leading medical schools at government expense. Over 5,000 foreign experts are annually attracted to the country to conduct classes in medical universities and to conduct training operations for medical practitioners with the aim of advanced professional training. These are only the first steps in improving the situation in the field of medical edu-

cation. Under the Programme «Salamatty Kazakhstan» in the year of 2013-2014, 20 health workers will undertake an internship in specialized centers in the USA, Austria, France, Israel and Russia [8].

It should be stated that it is necessary to continue development and implementation of systematic health management system in the Republic of Kazakhstan. The competent authorities of Kazakhstan still face the problems discussed in this article and many other issues which require a comprehensive approach.

Conclusion

The Ministry of Healthcare and social development works to create the unified agency for medicine services quality. This work is under going to execute the task of the President within the Plan of nation – 100 steps to implement five institutional reforms (82 step) [9]. The main aim was to implement leading standards of health services by improving treatment regimen, medicine education standards, pharmaceutical benefits, quality control, and accessibility of medicine services.

According to the MHS of RK «Today there are 911 hospitals and 3164 outpatient clinics, among which 729 state hospitals and 2175 state outpatient clinics. There are about 229 thousand healthcare professionals in the country, among which 70 thousand doctors and 160 thousand mid-level health professionals. During the years of independence life expectancy at birth in the republic increased by 8 years making 71-61 years. Circulation diseases mortality rate decreased by 2-3 times, tuberculosis by 5, maternal mortality by 6,6 infant mortality by 2,8 malignancy maternity by 1,5 [10].

Public and private partnership development in the sphere is the important line of healthcare reforming in Kazakhstan.

Currently the public and private partnership is governed by the Law of the Republic of Kazakhstan «On concessions» dated 7.07.2006 №167-III (as amended by 4.07.2013-V), and Government Resolution of the Republic of Kazakhstan «Concerning approval of the Rules for submission, revision and selection of concession projects, concessionary selection procedure, concession contracts monitoring, budgetary co-financing concession contracts assessment and monitoring, concession contracts selection for providing or increasing the state sponsorship amount» dated 10 December 2010.

Among the program documents the medicine sphere is considered as one of the attractive for public and private partnership. In particular, it is anticipated that the private sector co-financed by the state will

undertake construction development of the clinics, medical centers, education centers, etc. Besides it is worth to note that the healthcare sector is also attractive to private investments, besides there is flexible mechanism of permissions and control in the country.

Today the tremendous amounts of funds are spent to advance the healthcare system.

Since the program «Salamatty Kazakhstan» 2011-2015 is over the Ministry of Health launched the State program of healthcare development for 2016-2020.

The main directions of the programme are:

- development of emergency aid, access to it for any region or place. It is anticipated to spend 40% of total funds;

- implementation of diseases management system covering prophylaxis, disease detection and treatment at early stage as unified process of medical treatment;

- development of talent density in healthcare. Modernization of personnel training, retraining, continuing development system that shall correspond with the National system of qualification implemented in Kazakhstan since 2009.

- maintenance of financial strength.

Economic recession in Kazakhstan required significant sequestering of state budget expenditures, since the budget income dropped by 870 bln.KZT (minus 12,9%). Budget spending was cut by 610 bln.KZT (minus 7,8%) – to 7 trln.244,5 bln. tenge. Additionally 686,7 bln. tenge were optimized. Due to these all new programs for the 2015 were postponed. Expenses for cost demanding and long lasting projects were also postponed, administrative and capital costs of the state bodies were cut as well. At the same time by the order of the President the scheduled costs for social sector shall not be subject to any alterations. So the costs for the healthcare sector shall amount to 2,084 trln. tenge in 2015-2017. Costs for healthcare sector development shall amount to 2 trln.84 bln. tenge in 2015-2017 [11].

In this case we shall join the opinion of A.Maral saying that: «State policy in healthcare and the mechanisms of healthcare funding will be aimed to increase the level of managing the system with adequate financial support, and will help to achieve the high results in healthcare of Kazakhstan. Based on the above said it may be concluded that any sector of the economy, including healthcare may not exist and develop effectively without well functioning financial system and source of financing. Therefore, the effective system of financing in healthcare is based on the study of state's funds allocation into healthcare sector in the developed countries» [12].

Besides it worth noting other innovations in healthcare sector, i.e. since 2015 Kazakhstan introduced compulsory medicine insurance of 3% from wages fund to ease financial burden on the budget. CMI means that the employer will pay medical tax into special fund to cover treatment expenses.

Alongside with that, the healthcare system suffers serious problems and weaknesses. Among those problems the ones are of «growth» while the others of system. Absence of comprehensive competitive relations between the public and private polyclinics within one population serving area could be an example of system problem. So public polyclinics, upon the receipt of quotas per each registered person disregard their duties to such citizen. The district doctor and narrow specialist will not call the citizens for preventive examination unless the citizen will not demand the services at polyclinic himself/herself. So it means that the doctors adhere to the principle «No need to feed not crying child».

The second issue of the system is low level of doctors' and mid-level health professionals' qualification. Though the model itself is aimed to continuous professional development, the specialists prefer bonus payments instead of trips to obtain enhanced trainings. Commonly this is explained by the shortage of personnel as hospital chief executives say, and it is obvious since hospitals and polyclinics seriously suffer under manning yet.

Third negative side is that the government servants of medicine on behalf of the state funds the con-

struction of new polyclinics, hospitals and aid posts and purchases the latest equipment and techniques for millions of USD. The training of the personnel is often not provided or the medicaments' date of expiry is not observed these finally bring difficulties to the patients. In the meantime it should be noted that the crime detection rate of medical delinquency almost at zero level, it means that culprit goes unpunished.

Alongside with that there are wide ranges of outstanding issues in healthcare sphere such as:

- shortage of qualified personnel in rural areas;
- low level of medical education;
- low level of wages of medical staff, weak social support;
- lack of proper equipment and techniques in rural medical centers;
- corruption of state bodies. Among other things failure of vivid distinction between guaranteed volume of free and for pay medical services contributes to commitment of financial manipulations;
- low level of responsibility among the medical profession for the medical errors, difficulties to prove presence of those and prosecution of liable;
- budget model of funding to healthcare does not supply needs to cover all legislatively guaranteed volume of free medical services;
- disparity in volume and quality of medical services due to different possibilities of local budgets;
- free medical services are not available for citizens away from permanent residence;
- no unified tariff policy for medical services.

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