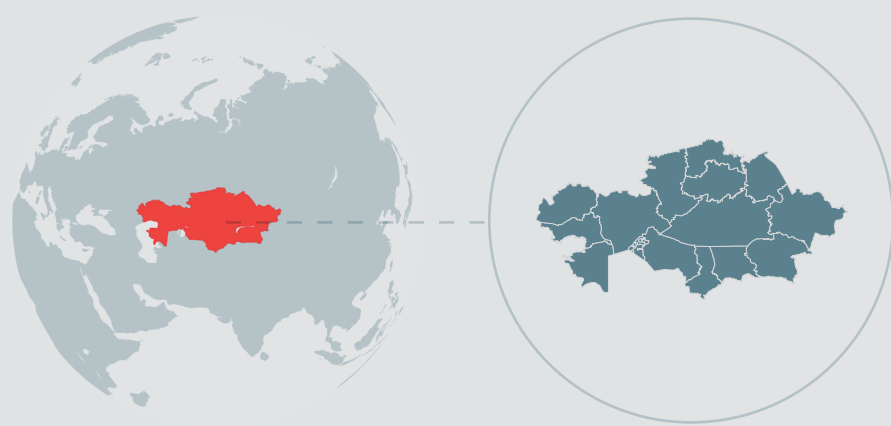




EVOLUTION OF UHC IN

KAZAKHSTAN

Countries learning from each other to achieve and maintain Universal Health Coverage (UHC)



Capital	Nur-Sultan
Official language	Kazakh, Russian
Ethnic groups	65.5% Kazakh 21.5% Russian 3.0% Uzbek 1.8% Ukrainian 1.4% Uyghur 1.2% Tatar 1.1% German 4.5% others
Area	• Total 2,724,900 km² • Water (%) 1.7

GENERAL INFORMATION

Kazakhstan is a central asian country, with one of the lowest population densities in the world. Its population is relatively young (28% under the age of 15) and is currently estimated to be 18,5 million. Kazakhstan has 17 administrative districts, which include 14 regions (oblast) and three cities with republican status: Nur-Sultan, Almaty, Shymkent.

During the occupation of the Soviet system of Semashko health care was massively underfunded and had several noticeable problems with the dominance of inpatient care, inefficient service provision, and weak incentives for providers. After gaining independence from the Soviet Union in 1991, Kazakhstan made a significant progress in reforming the national health care sector and improving the budget financing and procurement of the State Guaranteed Benefit Package (SGBP).



NATIONAL UHC
DYNAMICS CARD
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towards
SDG 3.8.2

1991 - 1996

INDEPENDANCE

1991

Independence

Government allows private medical practice, as well as private medical colleges and medical universities.

1992

Development of a concept / a reform for healthcare

It includes the decentralization of the management, the establishment of a patient right to choose physician and enhancement of primary healthcare.

1995

Life expectancy: 63.7 years

Maternal mortality rate: 77.3 per 100,000 births

Infant mortality rate: 27.3 per 1,000 births

1996

First attempt in establishing a national insurance model

Was cancelled in 1998.

1997 - 2000

UNIVERSAL HEALTH INSURANCE PLAN (RAMU)

1997

Adoption of the first national-level program “Health of the Nation” for healthcare development

The program was a part of the “Kazakhstan-2030”, a strategy for development until 2030, which outlined a long-term way of development of the sovereign republic.

1998

Ratification of the “Protection of citizens Health” law

1999

Improvement of budget financing plan, which includes a two-component per capita rate and a national model for clinical costs

2000

Budget consolidation on an regional level and establishment of a single purchaser

2006 - 2013

INDEPENDANCE

2006-2010

Introduction of a new conception to reform the medical and pharmaceutical education

2009

Introduction of the Code on Health of the Republic of Kazakhstan

A single law replaced fragmented separate laws.

It includes:

- pharmaceutical products reimbursement through SK Pharmacy
- national qualification examination of the healthcare workforce
- introduction of the Medical Economic Tariff (MET) for services

2009-2010

Implementation of the Unified National Health System (UNHS)

Fundamental principles of the UNHS:

- free choice of medical organization and attending physician
- transparency of medical services
- competitiveness
- payment for the final result

2010

Start of the gradual formation of a national pool for healthcare. It includes outpatient and inpatient substituting care (except infectious diseases, TB and HIV).

Consolidation of the budget within the MoH and creation of a specialized Comitee for purchasing medical care, which was managed by the national pool for healthcare.

2011

Introduction of Clinically Costly Groups payment

Clinically homogeneous groups of diseases who are similar in their treatment costs.

2013

Development of a concept for Electronic Healthcare

2009 - 2015

Worldbank project

- **Introduction of JCI accreditation:** National accreditation of Medical Education organizations and educational programs.
- Introduction of several National Health Accounts
- Introduction of Medical Technology Assessment and Clinical protocols
- Introduction of a National Medications Logbook
- Introduction of a pilot program on the management of diseases

OUTLOOK

MoH tasks for 2019

Preparing the introduction of compulsory social medical health insurance

- Digitalization of healthcare
- transition to paperless documentation in all regions
- Supplying medical equipment to the minimum standard
- Improving access to primary health care
- Development of a new edition of the Code of the Republic of Kazakhstan “On the health of the people and the healthcare system”
- Development of the Government Health Program for 2020-2025



“Kazakhstan has intensely reformed its healthcare since independence and introduced necessary foundation - such as digitalization of health providers, health technology assessment and provider accreditation system for quality and safety; profound legal framework and normative regulations; and comprehensive awareness program - to smoothly transition into national social health insurance system on January 1, 2020 - the most comprehensive reform in two decades in health sector.”

Ainur Aiypkhanova
Director General, Republican Center for Health Development, Ministry of Healthcare

2015 - 2019

FURTHER DEVELOPMENT OF THE HEALTH SYSTEM

2015-2018

Implementation of the Compulsory Health Insurance Law

2016

Development of a joint commission within the MoH to regulate the quality of medical services and to establish a strategic partnership with foreign medical universities.

Establishment of the Social Security Fund to provide equal access to medical care

Life expectancy: 73.1 years

Maternal mortality rate: 14 per 100,000 births

Infant mortality rate: 8 per 1,000 births

2017

Introduction of the Program for Healthcare Modernization and the State Program for the Development of Health Care

Budget consolidation of the Social Health Insurance on a republican level.

Payment of deductions from employers, individual entrepreneurs, citizens with private professional practice (lawyers, notary officers, mediators), as well as self-employed citizens.

2018

Conception of Primary Health Care

Health insurance fund is established as a single payer.

Contributions from the state for vulnerable groups and delivery of medical care in the framework of mandatory health insurance.

2019

Introduction of a pilot program for the Health Insurance reform.

Existing State Guaranteed Benefit Package has been divided into two packages:

Basic package of medical care (SGBP), which includes: ambulance, sanitary aviation, vaccination, treatment in hospitals for emergency indications, medical services for socially significant diseases and diseases that pose a danger to others (including the provision of certain medications) and outpatient medical assistance to uninsured citizens before 1 January 2020.

Mandatory health insurance package, which includes: outpatient care, elective hospitalization (including provision of certain drugs), except those included in the SGBP.

The sources of financing for these packages are the SGBP, state budgeted compromised from general taxation and contributions and deductions accumulated to the national pool.