**PUBLIC HEALTH IN KAZAKHSTAN**

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**Introduction:** In Kazakhstan, after the collapse of the USSR, a budgetary (state) model of Health Care functioned. Now, this model of the Health Care System does not meet the needs of the population. The reasons: amount of people (increased the birth rate) and the increase in the percentage of the elder people (in Kazakhstan, the proportion of elder persons is 7%); the growth of chronic noncommunicable diseases requires strong funding of the system, and in the formation of a more effective Health Care Model.

**Objective:** To carry out a comparative analysis of ongoing reforms in the Health Care System of Kazakhstan with the Health Systems of the developed countries of the world to determine priorities and optimize programs for reforming the Healthcare sector.

**Results:** In developed countries, since 1978 (after the adoption of the Almaty Declaration) there has been a significant breakthrough in the health protection, through the establishment of public health systems with a strong Primary Health Care (PHC). In public health systems, not only the state responsible for protecting the health of the population, but also by employers and citizens, the basis of such systems is social insurance. In more than 30 countries the system of social insurance, including compulsory medical insurance implemented as the basis for protecting the social interests of citizens in the protection of health.

In addition to the differences in the model of health care and the existence of a system of compulsory social health insurance (CSHI) in developed countries, preventive medical care prevails. PHC in developed countries is a priority and accessible, and well-funded, more than 70% of the amount of funding is directed to the PHC level, which provides the population with almost all types of medical care at the level of family doctors (general practitioners). In addition, for more than 20-30 years, European countries (Finland, Germany, England, France, etc.), the United States, Canada have accumulated considerable experience in the management of chronic non-communicable infectious diseases (CNCD) and their prevention. In the Republic of Kazakhstan, in accordance with the best international experience, public health services (PHS) and the Law on Mandatory Social Health Insurance (OSMC) have been adopted. In order to implement the main activities of PHS and CSHI, the functions of the sanitary and epidemiological service will be expand to ensure healthy environmental conditions (air, water, soil, food, etc.) through sanitary-epidemiological surveillance and monitoring, including control of infectious diseases and CNCD, including for mental health problems and injuries. In addition, the function of PHS will be the coordination and expansion of intersectoral cooperation aimed at protecting and strengthening the health of the country's population. Primary Health Service activities will closely integrated with PHC.

The second important area for the transition to the Public Health System in the Republic of Kazakhstan is the implementation of the system of Mandatory Social Health Insurance in July 2017, as the main mechanism for implementing the principles of joint responsibility of the state, employer and citizen for their health.

Thus, in Kazakhstan, there are significant reforms in the Health Care System, the model of the industry is changing and formation of public health system based on the implementation of compulsory social health insurance and public solidarity.