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volume



MATERIALS

**OF XII INTERNATIONAL
RESEARCH AND PRACTICE CONFERENCE**

**SCIENCE AND
CIVILIZATION - 2016**

30 January - 07 February 2016

Economic science

Science and Education Ltd
Sheffield
UK

2016

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CNT 23F A05Q L2698-00001

1) Бір сала ішіндегі бәсекелестік – бұл бір саланың тауар өндірушілері арасында болады. Онда ең жоғары еңбек өнімділігі бар, ғылыми-техниканы қолданатын кәсіпорын жоғары табысқа жетеді, ал артта қалған кәсіпорындардың табыстары төмен болады, тіпті күйреуі мүмкін.

2) Салааралық бәсекелестік – бұл халық шаруашылығы салалары аралық күрес. Мұнда төмен деңгейдегі пайда табатын саладан капитал пайда деңгейі жоғары салаға құйылады. Оның қорытындысында жаңа сапалы тауарлар көптеп шығарылып, негізінде жаңа тауарлар пайда болады, сапасы жоғарылайды, халықтың табысы көбейген сайын сұраныс өседі, осылай жаңа сатыға өсе береді. Еркін бәсекелестіктің негізгі белгілері – бұл шексіз нарыққа қатынасушылардың әр қайсысы кәсіпкерліктің қай түрімен болмасын айналысуы және кәсіпкерлікті қоюға еркі бар. Әрбір кәсіпкер немесе бәсекелестікке қатынасушылар өз ақшаларына қосымша пайда тауып, байлығын арттыруға тырысады. Еркін бәсекелестік жағдайда ұсыныс пен сұраныстың ауытқуы бір салада өнімді көп шығарып дағдарысқа ұшыраса, екінші салада тауар жетіспейді. Бір фирманың табысы өссе, екіншісі күйрейді, сондықтан өндіріс пен капитал шоғырланып орталықтанады да монополия құрылуына әкеледі, яғни нарықты басып алады, әлсізді шығарады. Егер нарыққа талдау жасаса, нарықтағы әрбір фирма өнімінің үлесін және сатушылар мен сатып алушылар саны сияқты көрсеткіштерге сүйене отырып, оның негізгі төрт түрін аламыз.

- 1) Жетілген бәсеке;
- 2) Таза монополия;
- 3) Монополистік бәсеке;
- 4) Олигополия.

Жетілген бәсеке нарығы – ол стандартталған өнімді сатып алушылар мен сатушылардың үлкен санын құрайтын нарықтың құрылымы. Ол нарық тауардың жоғарғы ұқсастық деңгейімен мңнезделеді және ол барлығына ашық. Жетілген бәсекеге қажетті нәрсе-баға жөнінде сатушылардың арасында келісімнің болмауы.

Жетілген бәсекедегі негізгі нарық белгілері аталады.

1) Әр түрлі өндірушілердің қасиеті бойынша ұқсас тауарлары. Нарықта ұқсастықты иемденуші тауарларды кімнен сатып алсада тұтынушылар үшін бәрі – бір, сондықтан тұтынушылар бірдей тауарлардың ішінен бағасы арзанын таңдайды. Егер тұтынушы тауардың бағасы жайлы ақпаратты болса, онда сатушы бағаны көтеру тәуекеліне бара алмайды, сондықтан шығынға ұшыраған фирма бағаны көтеру арқылы ол жағдайдан өзін – өзі құтқара алмайды. Бағаның өсуі кезінде томен бағаға тауарды сататын өндірушілерге ағылып келуі сөзсіз, және керісінше бағаның төмендеуі сатып алушылардың ағылып келуімен сипатталады.

2) Сатушылар мен сатып алушылар саны өте маңызды және оның ешқайсысы тауардың нарықтық бағасына шешімді түрде әсер етпейді. Әр бір жеке сауда салалық нарықтығы сатылым көлемінің жиынтығымен салыстырғанда аз, яғни бір фирманың шешімі – өзінің өнімін азайтып немесе көбейтіп өндіру арқылы нарықтық жағдайға ешқандай да айтарлықтай әсер ете алмайды, сондықтан жетілген бәсеке

жағдайында жеке өндіруші нарық процесіне әсер ете алмайды. Ол нарық бағасы бойынша қаншалықты сата алса, соншалықты өнімін сатады.

3) Нарықтың әр түрлі бөлімінде бағаны туристікалау кедергісіз жүреді. Жетілген бәсеке нарығында өндірістің барлық факторы толығымен ерікті немесе максималды түрде жылжымалы. Бір – біріне тәуелсіз сатушылар нарыққа кедергісіз келеді және кетеді. Бәсекелеске нақты фирма емес, толығымен нарық қарсы тұрады. Жаңа өндірушінің салаға енуі оңай, ал саладағылар үшін – шығынға ұшырай бастағаны шығады.

4) Сатушылар мен сатып алушылар сұраныс, ұсыныс, тауар, баға және т.б. жөнінде бірдей ақпаратты иемденеді. Жетілген бәсеке нарығы анықтылықпен мінезделеді: өндірушілер өзінің табысы мен шығынын біледі, тұтынушылар барлық фирманың бағасы жөнінде жақсы хбардар болады, тұтынушылар тауарды қаншалықты бағаға сатып алып жатқаны жөнінде өндіріс факторларының иегерлері нақты ақпаратты иемденеді[3].

Нақты өмірде жетілген бәсекенің барлық талаптарын қанағаттандыратын нарық жоқтың қасы. Жетілген бәсеке оңтайлы экономиканы пайымдайды. Негізінен бұл туристік аймақтың Туристік потенциалын дамыту үшін көмек көрсетуге ықпалы халықаралық авиакомпания басшылығымен ұйымдастырылады және бұлар жер бетінде тасымалдаумен айналысатын фирма мен жергілікті ресторан, қонақ үймен бірлесуіне және қолдануына сүйемелдеуі тиіс.

Қолданылған әдебиеттер:

1. Дүниежүзілік Туристік Ұйым мәліметтері
2. «Правда» (Ресей Федерациясының ақпараттық газеті), 04.12.2012 жарық көрген басылым
3. Қазақстан Республикасының Статистика Агенттігі // Электронды ресурс: www.stat.kz.

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TO THE QUESTION OF HEALTHCARE DEVELOPMENT TRENDS IN KAZAKHSTAN

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.

From 1991 to 1996 healthcare sphere was under specially established the Ministry of Health, that endeavored during financially hard times, lack of appropriate funding, and emigration of best professionals to provide the population with healthcare services even of low quality, therefore these period of time recorded with the highest index of child and adult mortality. That time the policy to improve the healthcare system adopted the principle of market mechanism.

Back in 1996 the country started the insurance system reform that affected healthcare system as well. 1996-1998 are remarkable for transition to budgetary-insurance system. Statutory order On medical care insurance issued by the President of the Republic of Kazakhstan dated 15 June 1995 #2339 warranted compulsory and optional insurance through the state non-commercial institution, i.e. Fund of compulsory health insurance that provided Basic program on compulsory health insurance, created by the Ministry of Health. But the program failed due to corruption schemes; meanwhile the core idea played certain positive role in financial stabilization and creation of new insurance institutions. It should be noted that today the state resurrected the idea of compulsory medical insurance as important tool of medical institutions subsidization.

In 1999 The Ministry of Health Sport and Education of the Republic of Kazakhstan developed and implemented the first state program «Public health» within the Strategy «Kazakhstan -2030» that contained provisions on public health maintenance and citizens welfare.

Public health maintenance and welfare, development and realization of short, mid and long-term initiatives that will contribute to speedy grow of healthcare services to new quality level was the aim of the program «Public health». It was scheduled for 1998-2008 and consisted of three basic stages. The program included the following principles: 1. Economical, legal, organizational measures aimed to maintain and support existing level of public medical services and adapt the healthcare system to optimum performance in market environment. 2. Economic and legal predetermination of domestic medical services market development. 3. Medical institutions effective performance assurance, improvement of medical aid quality. 4. Responsibility of the state, participation of the employers and citizens in formation, promotion and maintenance of public health. [3].

Implementation of the program revealed many challenging problems not only in healthcare but in associated areas as well, e.g. water supply, export-import food quality control, environment monitoring, etc. Hereupon the number of projects was developed, as «immunization», «maternal health», «HIV control», «performance of asepsis and antisepsis measures in both general health and obstetrical institutions», «environment and public health», «family planning», «childhood nutrition», etc. To solve the issues the special system was developed but finally it was concluded that none of these subprogram achieved its goals. At the same time the fact of implementing such long-term program was worth noticing.

Development of State program related to reform and development of healthcare in Kazakhstan 2005-2010 by the Ministry of Health of the Republic of Kazakhstan was the next stage of healthcare system renewal. It supposed program financing that allowed targeting eventual results depending on funding. Package of free medical services provided by the medical institutions was defined within the program, and this principle remains as of today. At the same time as analysis revealed the reform was not aimed to significant changes, was not accomplished to its logical end and could not change healthcare system fundamentally. But it created turning point in national healthcare system as gave direction to create new managing model based on sharing responsibility between the state and a person. [4].

The program allowed introducing new mechanisms of material support of the healthcare system by financing of contractual patients per capita. Capitation standard rate for such institutions was determined based on sufficient volume of medical aid on certain level, population according to sex and age and other factors that reflected peculiarities by region. It meant that the more patients were registered in a polyclinic the more funding, equipment and medicaments were provided from the state budget, though funding could be used for professional staff wage raise. The program continued implementation of medical care quality assessment system. Tools to control medical aid quality, penalty scheme, and different indicators of medical care assessment were developed upon introducing compulsory healthcare insurance.

Eventually due to external reasons the penalty scheme, medical aid quality control was replaced by medical aid analysis and quality assessment by the following criteria: compliance of medical aid rendered with medical standards, medical aid quality assessment, patients questioning.

Among the results achieved in medical aid quality management shall be noted implementation of quality assessment and guaranteed free medical services, quality review program maintenance elements, methodology basis preparation to develop criteria of quality assessment aligned with international practice'.

State program 2005-2010 significantly contributed into development of healthcare of Kazakhstan. It was stated in the message «Strategy «Kazakhstan – 2050» by the President of the Republic of Kazakhstan – Nation's Leader Nursultan Nazarbayev that: «We are managed to achieve notable progress in improving health of a nation. In order to improve efficiency in healthcare the reforms in organizing, managing and funding were introduced.»[5]. The Message contains among arguments yearly increasing funding, introducing of free and preferential provision of medicines, increase of life expectancy, introduction of cluster system including childhood rehabilitation center, child guidance and family counseling center, neurosurgery, emergency care, and cardiology center. Also the construction of a number of medicine-purpose designed centers, and yearly running program of assignment in IVF shall be noted as well as corrections into the system of forced treatment of socially dangerous diseases, etc.

Also serious changes were introduced into the legislation related to healthcare. The Code of the Republic of Kazakhstan «On the health of a nation and system of healthcare» was adopted, and it statutory regulates the public relations in healthcare allowing people to exercise constitutional rights on health protection. This code regulates full range of issues related to healthcare in the country, including government control in the sphere.

Public health issues are not ones of a person being solved solely. The principle of «joint and several responsibility of the state, employer and citizen to maintain and promote solidary and public health» is enshrined in art.4 of the Code of the Republic of Kazakhstan «On the health of a nation and system of healthcare». Moreover the Code directly sets that «Citizens are obliged to care and promote safety of health» (art. 90) and «Citizens obliged to take measures to maintain and promote own health» (art. 92) [6]. It shall be noted that this document stipulating the responsibility of citizens of own health defines the role of a state and other institutions in public health promotion.

It is important to note that the Code for the first time ever obligated innovation of health technology in medical centers and healthcare education centers of Kazakhstan, and for this purpose the National healthcare holding was established. Besides, for the first time ever the order of licensing, accreditation and attestation in healthcare was legislatively set.

The President specifies the new tasks in the Strategy «Kazakhstan -2050»: delivery of proficient and accessible healthcare services; diagnosing and treatment of possibly wide range of diseases; preventive medicine development; «smart-medicine» service implementation, distance prophylaxis and treatment; providing all health services for children aged up to 16 years; legislatively defined minimum standards of living.

Since 2011 there is the Unified national healthcare system. The state program «Salamatty Kazakhstan» 2011-2015 was developed and under implementation. The

system uses two key indicators showing high standards of healthcare development such as: quality and accessibility that are corresponding with the indicators of human development concept.

The program is carried out within the Unified national healthcare system (UNHS). Total expenditures of the state program «Salamatty Kazakhstan» amount to 300 bln. KZT (approx.2400 mln.USD). These funds are aimed to achieve target indicators such as increase in population life expectancy, reduction in the infant, general mortality rates, reduction of tuberculosis, and other socially dangerous diseases, HIV infection spread retention.

Quality and accessibility are not the indicators of medical aid only but also indicative of human, therefore the attention of medical staff is focused on accessibility of medical aid for remote non-urban areas within the state program «Salamatty Kazakhstan», so today there are 6000 objects (feldsher's station, feldsher-midwife stations, ambulatory), but it does not solve the problem of access due to low density of population. So the transport medicine is evolving.

As a result of social reforms in healthcare of Kazakhstan might be pointed increase of birth rate by 25%, decrease of mortality rate by 11%, natural increase by 1,7 times, life expectancy was 69,61 in 2012 and 70 in 2013. [7].

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) [8]. 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 MHSD 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 thous. healthcare professionals in the country, among which 70 thous. doctors and 160 thous. 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. [9].

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 #131-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 #1343.

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 program 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.244,5bln. KZT. Additionally 686,7 bln.KZT 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. KZT in 2015-2017. Costs for healthcare sector development shall amount to 2 trln.84bln.KZT in 2015-2017. [10].

In this case we shall join the opinion of A.Marat 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» [11].

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 construction 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.

Literature:

1. Constitution of the Republic of Kazakhstan dated 30 August 1995 [Electronic resource] – Accessed at:<http://law.ucoz.kz/load/zakony_respubliki_kazakhstan/skachat_besplatno_konstitucija_respubliki_kazakhstan/1-1-0-391>.

2. A.N.Golovistkova, L.Y.Gruditzina. Human rights. Text book. OOO «Eksmo» Publishing house», 2008. – 448 p.

3. Decree of the President «On the state program «Health of a nation» dated 16.11.1998 #4153. [Electronic resource] – Accessed at: <http://kazakhstan.news-city.info/docs/systems/dok_oeqgzi/>.
4. Decree of the President of the Republic of Kazakhstan State program of healthcare reforming and development for 2005-2010 dated 13 September 2004 1438. [Electronic resource] – Accessed at: <<http://do.gendocs.ru/docs/index-279252.html>>.
5. Message of the President – the Nation's Leader «Strategy «Kazakhstan-2005». [Electronic resource] – Accessed at: <<http://www.bnews.kz/ru/videonews/post/115508/>>.
6. The Code of the Republic of Kazakhstan «On the health of a nation and system of healthcare» dated 18 September 2009. [Electronic resource] – Accessed at: <<http://www.zakon.kz/4713070-sto-konkretnykh-shagov-prezidenta.html>>.
7. Average expectancy of life in Kazakhstan in 2012 increased by 6 months. [Electronic resource] – Accessed at: <<http://news.mail.ru/inworld/kazakhstan/society/11781411/>>.
8. «100 certain steps» are defined to implement 5 institutional reforms. [Electronic resource] – Accessed at: <<http://www.zakon.kz/4713070-sto-konkretnykh-shagov-prezidenta.html>>.
9. Speech of the Ministry of Health and Social development of Kazakhstan on joint meeting of «Nur Otan» party and Mazhilis Committee on social and culture development. [Electronic resource] – Accessed at: <<http://www.mzsr.gov.kz/taxonomy/term/30>>.
10. How the state budget revenue dropped. [Electronic resource] – Accessed at: <<http://www.caravan.kz/article/103423>>.
11. A.Marar. State policy of healthcare funding. [Electronic resource] – Accessed at: <<http://www.articlekz.com/article/11227>>.

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ОСНОВНЫЕ НАПРАВЛЕНИЯ ИННОВАЦИОННОЙ ПОЛИТИКИ РЕСПУБЛИКИ КАЗАХСТАН

Изучая, стратегию «Казахстан-2050» Новый политический курс состоявшегося государства, обратила внимание, что удельный вес занимает перспектива развития инноваций в Казахстане. В XXI в. наряду с компьютерно-информационными технологиями и биотехнологиями, фундаментом научно-технических преобразований, революцией, сравнимой и даже превосходящей по своим масштабам преобразования в технике и обществе, станут инновационное развитие. С учетом сегодняшнего состояния экономики инновационная политика на совре-

менном этапе рыночных реформ должна способствовать развитию научно-технического потенциала, формированию современных технологических укладов в отраслях экономики, вытеснению устаревших укладов и повышению конкурентоспособности продукции. Определяющей особенностью передачи результатов научных исследований для их освоения в производстве является создание и развитие системы коммерческих форм взаимодействия науки и производства.

Сложившийся уровень спроса на внешнем и внутреннем рынках на продукцию отраслей промышленности будет определять и перспективу их развития, и структурные изменения основных производственных фондов.

Отрасли, вышедшие со своей продукцией на мировой рынок (топливно-энергетический комплекс, металлургия, химия), для закрепления на нем нуждаются в повышении эффективности производственного потенциала. Другие отрасли, производящие потенциально конкурентоспособную на мировом рынке продукцию (машиностроение и оборонный комплекс), нуждаются в государственной поддержке, чтобы выйти на мировой рынок. Большого внимания требует третья группа отраслей, ориентированная в основном на внутренний рынок (пищевая и легкая промышленность, промышленность строительных материалов).

Инновационная политика в отношении этих групп отраслей отличается по характеру, масштабам поддержки, объему ресурсов, необходимых для обновления и модернизации производственного потенциала на основе реализации отечественных достижений науки и техники. В этой связи к основным направлениям государственной инновационной политики можно отнести:

разработку и совершенствование нормативно-правового обеспечения инновационной деятельности, механизмов её стимулирования, системы институциональных преобразований, защиты интеллектуальной собственности в инновационной сфере и введение её в хозяйственный оборот;

создание системы комплексной поддержки инновационной деятельности, развития производства, повышения конкурентоспособности и экспорта наукоемкой продукции. В процессе активизации инновационной деятельности необходимо участие не только органов государственного управления, коммерческих структур, финансово-кредитных учреждений, но и общественных организаций, как на федеральном, так и на региональном уровнях;

развитие инфраструктуры инновационного процесса, включая систему информационного обеспечения, систему экспертизы, финансово-экономическую систему, производственно-технологическую поддержку, систему сертификации и продвижения разработок, систему подготовки и переподготовки кадров. Накопившееся в течение многих лет отставание имеет в своей основе не низкий потенциал отечественных исследований и разработок, а слабую инфраструктуру инновационной деятельности, отсутствие мотивации товаропроизводителей к реализации новшеств как способа конкурентной борьбы. Это приводит к невосребованности потенциала отечественной прикладной науки и техники;

Из таблицы 1 видно, что в 2014 году коэффициент оборачиваемости запасов составил 1,578 оборота, то есть больше, чем в 2012 году. Увеличение оборачиваемости запасов привело к сокращению продолжительности одного их оборота на 18,5 дней. Рост оборачиваемости привел к существенному высвобождению запасов в размере 6940,0 тыс. руб. То есть, в результате ускорения оборачиваемости материальных запасов, получена экономия материальных запасов в сумме 6940,0 тыс. руб. Следовательно, запасы стали использоваться более эффективно.

От скорости оборота средств зависят: размер годового оборота (выручки); относительная величина условно-постоянных расходов (увеличение оборота приводит к сокращению расходов, приходящихся на каждый оборот); финансовая устойчивость; платежеспособность.

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