

Kazakhstan Experience of State Support for Patients Suffering from Socially Significant Diseases

Omirzhanov Yesbol¹, Maulen Aidana²

¹Candidate of Jurisprudence, Associate Professor of the International Law Department, Faculty of International Relations, al-Farabi Kazakh National University, Kazakhstan, Almaty

²Master of law, lecturer of the International Law Department, Faculty of International Relations, al-Farabi Kazakh National University, Kazakhstan, Almaty

Abstract: **Background:** The article is devoted to the problems of state support for people suffering from socially significant diseases in Kazakhstan. The authors of the article give a description of the spread of socially significant diseases in Kazakhstan. The authors also analyze the legislative acts of the Republic of Kazakhstan on the process of the support people suffering from socially significant diseases. The legal acts regulating the struggle against a specific type of socially significant diseases were studied. The authors individually considered the types of social assistance provided by the state and related specific problems. Also, the article provides a comparative analysis of the social package of the Republic of Kazakhstan with other countries. **Materials:** The authors used the method of system analysis during the process of the work on this article. A comparative analysis method was also used to compare data for individual states. Also, a statistical method was used for the transmission of accurate data. The authors analyzed the current legislation of the Republic of Kazakhstan in the field of healthcare. Cited various information published in the media on the topic of scientific research. **Results:** recommendations that help to improve the work on state support for people who suffering from socially significant diseases in the Republic of Kazakhstan. **Conclusion:** The results of the this study will be effected in the project funded by the Ministry of Education and Science of the Republic of Kazakhstan "Political-legal and medico-social aspects of public health: modern approaches to the prevention of socially significant diseases" and used as the recommendations for official bodies of the Republic of Kazakhstan.

Keywords: socially significant diseases, medical care, effective treatment, consumer basket

Glossary of Abbreviations

AIDS – acquired immune deficiency syndrome
CIS – Commonwealth of Independent States
CSHI – Compulsory social health insurance
GVMC – Guaranteed volume of free medical care
HIV – human immunodeficiency viruses
PHS – Public Health Service
UNAIDS – United Nations Program on AIDS
WHO – World Health Organization

1. Introduction

For every civilized state, human life is valuable and all state policy is built on the principle of "Everything for people". Like other states of the world, Kazakhstan also has the goal of building a state that is comfortable for people's lives, where they will feel comfortable. That is why the first paragraph of Article 1 of the 1995 Constitution of the Republic of Kazakhstan states: "The Republic of Kazakhstan affirms itself as a democratic, secular, legal and social state, the highest values of which are a person, his life, rights and freedoms".

Kazakhstan inherited from the Soviet Union many environmental problems, like, the drying up of the Aral Sea, the Semipalatinsk nuclear test site, many military training grounds, Baikonur and so on. This in turn affected the health of the local population. Also, many socio-economic factors have affected the increase in the number of people suffering from various diseases. A special place among the diseases is played by socially significant diseases. Today, Kazakhstan is actively struggling with socially significant diseases, government programs, special legislative acts have been

adopted, and mechanisms have been developed to combat socially significant diseases.

Despite this, the number of people suffering from socially significant diseases is increasing every year. For example, the number of carriers of HIV infection detected in 2018 amounted to 3,100 cases (2856 carriers in 2017), including 28 carriers of HIV infection among children under 14 years old (40 in 2017). Also, the largest spread among registered diseases is respiratory tuberculosis - 42.4 (45.2), viral hepatitis - 5.8 (4.2) (The morbidity of the population of the Republic of Kazakhstan in 2018).

The increase in the number of patients suffering from socially significant diseases gives grounds for the need to study this problem from different perspectives. We want to analyze the activities of the state in supporting those suffering from socially significant diseases in this article.

Research hypothesis

The state is obliged to provide maximum social support to those suffering from socially significant diseases, as this, in turn, encourages patients to register promptly and begin treatment, and not spread the disease among others.

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2. Methods

The authors used the method of system analysis during the process of the work on this article. A comparative analysis method was also used to compare data for individual states. Also, a statistical method was used for the transmission of accurate data.

The authors analyzed the current legislation of the Republic of Kazakhstan in the field of healthcare. Cited various information published in the media on the topic of scientific research.

3. Results

The first President of the Republic of Kazakhstan in his Message to the People of Kazakhstan on 17th of January "Kazakhstan's Way - 2050: A Single Goal, Common Interests, Common Future" noted: "The adoption of a healthy lifestyle and the development of medicine will increase the life expectancy of Kazakhstanis to 80 years and above. Kazakhstan should become one of the safest and most comfortable people in the world". N.A. Nazarbayev focused on the fact that a developed country in the 21st century is active, educated and healthy citizens. Sports, proper nutrition, regular preventive examinations are the basis for the prevention of diseases (Message from the Head of State Nursultan Nazarbayev to the people of Kazakhstan, 2014).

However, despite the ongoing activities, there are huge problems in the field of public health and the protection of public health. According to the Ministry of Health, the epidemiological situation in the republic is becoming increasingly tense. Economic and social instability in society entails an inexorable increase in the number of diseases called socially significant. Diseases of this group pose a significant threat to the health of the population, cause kallosal damage to society associated with the loss of temporary and permanent disability, the need for huge costs for prevention, treatment and rehabilitation, premature mortality and crime (Dosmagambetova R.S., Alihanova K.A., 2014).

Static data indicate that socially significant diseases are widespread among adolescents. Youth is the most vulnerable group of the population, which is quickly involved in the epidemic process. The reasons for the growth of socially significant diseases among adolescents are considered to be social maladaptation, a low level of hygienic knowledge, environmental conditions, and earlier onset of sexual activity (Dosmagambetova R.S., Alihanova K.A., 2014).

Thus, the spread of chronic socially significant diseases is growing at an alarming rate. The increase in the number of non-communicable conditions and mental disorders causes the greatest security, covering countries with both high and low income levels. Epidemiological trends indicate an increase in the prevalence of these diseases worldwide.

At this time, the list of socially significant diseases was approved by Order No. 367 of the Minister of Health and

Social Development of the Republic of Kazakhstan dated on 21st May in 2015. This list includes:

- 1) Tuberculosis;
- 2) The disease caused by the human immunodeficiency virus (HIV);
- 3) Chronic viral hepatitis and cirrhosis;
- 4) Malignant neoplasms;
- 5) Diabetes mellitus;
- 6) Mental and behavioral disorders;
- 7) Cerebral palsy;
- 8) Acute myocardial infarction (first 6 months);
- 9) Rheumatism;
- 10) Systemic lesions of connective tissue;
- 11) Degenerative diseases of the nervous system;
- 12) Demyelinating diseases of the central nervous system;
- 13) Orphan diseases, determined by Order No. 370 of the Minister of Health and Social Development of the Republic of Kazakhstan dated on 22nd May in 2015 "On approval of the List of orphan (rare) diseases" (The order of the Minister of Health and Social Development of the Republic of Kazakhstan No. 367, 2015).

Socially significant diseases cause a transformational process in population health, constitute an existing threat to rational development, the demographic state of the country, undermine reproductive health and increase the burden on health systems.

The prognosis of the spread of socially significant diseases is an important issue for all countries. This applies to solving problems of organizing adequate quality medical care, improving legal relations in these diseases, training specialists, creating new types of medical institutions.

Kazakhstan for each type of socially significant diseases pays attention separately in recent years. Special programs are being developed to combat a specific type of these diseases. One of the very common social diseases is tuberculosis. The following programs have been aimed at combating tuberculosis in recent years:

- National program to strengthen the fight against tuberculosis in the Republic of Kazakhstan for 2004-2006;
- An action plan for the fight against tuberculosis was developed in accordance with the WHO global plan to stop tuberculosis for 2006-2015;
- The project "Global Fund to Fight AIDS, Tuberculosis, Malaria with funding for 5 years";
- The program "Fight against tuberculosis / HIV" was developed.

According to the Strategic Plan 2020, in order to increase the expected life expectancy of citizens, a policy of strengthening the health of citizens will be pursued, which will ultimately lead to the formation of a competitive healthy nation.

In accordance with the best international experience, the basis for further development of the healthcare system will be the formation of the Public Health Service (hereinafter - PHS). For this purpose, in the structure of the Ministry and health departments of the cities of Astana and Almaty, structural units will be formed to implement public health policies.

Priority tasks of PHS will be the intensification of measures for the prevention and monitoring of major socially significant non-communicable diseases, increasing the informed responsibility of the population for their health through rationalization of nutrition and the promotion of a healthy lifestyle, the development of sanitary and physical culture. This will be provided by measures to inform and educate citizens, expand their capabilities in strengthening personal health, public health, and promoting good nutrition (Strategic plan of the Ministry of Health of the Republic of Kazakhstan for 2017 – 2021).

The epidemiological situation of tuberculosis in the republic remains stable, for example, the incidence and mortality from tuberculosis decreased from 66.4 in 2014 to 58.5 in 2015 and from 4.9 in 2014 to 4.1 per 100 thousand of the population in 2015, according to the results of 2016, the morbidity and mortality rate amounted to 52.7 and 3.4 per 100 thousand, respectively (preliminary data). At the same time, Kazakhstan according to the report of the World Economic Forum on Global Competitiveness for 2016-2017 on the factor "Tuberculosis incidence" ("Tuberculosis incidence") in 2015 improved its position by 9 positions compared to 2014 (101 place from 140 countries) and took 92 place among 138 countries and 106 position on the impact of tuberculosis on business (in 2015 - 107 place).

The HIV infection situation also remains stable, according to the World Health Organization (hereinafter referred to as WHO), Kazakhstan is in a concentrated stage of the HIV / AIDS epidemic (0.16% of the population, with an average global rate of 1.1%, in the Eastern region, where the Republic of Kazakhstan - 0.8). Over the past 2016, the prevalence of HIV among the population remains in the range of 0.2-0.6 and amounts to 0.196% (2015 - 0.18%, 2014 - 0.168). The country has successfully implemented preventive programs among vulnerable groups. The government policy component recommended by WHO and the Joint United Nations Program on AIDS (UNAIDS) was the "harm reduction strategy" for people who inject drugs.

An important role in maintaining the quality and longevity of the population is diabetes. As a result of improved detection during screening examinations, the incidence of diabetes mellitus was 172.7 in 2015, increased compared to 2014 - 164.4 per 100 000 population, in 2016 amounted to 200.3 per 100 000 population. Patients with diabetes mellitus are provided with medicines within the guaranteed volume of free medical care (hereinafter referred to as GVFMC).

The above changes were significantly influenced by comprehensive measures aimed at preventing, early detection and timely treatment of diseases that are the main causes of mortality (circulatory system diseases, malignant neoplasms, injuries, infant mortality).

Despite the positive dynamics in medical and demographic indicators, life expectancy at birth remains low, and by the end of 2015 amounted to about 72 years, which is 3 years lower than in countries with a similar income level.

About 17 thousand people die of cancer every year in Kazakhstan, of which 42% are people of working age. So, 15117 people died of cancer in 2016, of which 48.3% are people of working age. At the moment, a comprehensive plan is being implemented to combat cancer in the Republic of Kazakhstan for 2018-2022.

In addition, despite the ongoing large-scale construction and implementation of the "DOTS-plus" tuberculosis treatment program, epidemiological surveillance of the spread of tuberculosis, the development of drug resistance and mortality from tuberculosis remain relevant. The incidence of tuberculosis in Kazakhstan is one of the highest among the CIS countries.

Health today is most often understood as a disease control. Most often, doctors provide care to patients, and formatsevs create drugs for many old and new diseases. Unfortunately, at the moment the situation in your country looks as follows, the health care system is forced to defend itself against the onslaught of a large number of diseases and ailments. If this continues further, then sooner or later we will face the choice of surrendering to diseases (Sharman A., 2011).

4. Discussion

Our article is devoted to the problems of supporting people suffering from socially significant diseases. Therefore, in this section we will try to look for ways and solutions on this issue. Some developed countries adopt special programs aimed at preventing socially significant diseases and creating conditions for prolonging the life of citizens suffering from such diseases. 635 of these targets have been developed as part of the 2010 Healthy People 2010 government initiative in the United States. For example, by 2010 such goals were set as increasing the number of people engaged in physical exercises to 80 percent, reducing the number of smokers less than 12 percent, and people with overweight — not more than 40 percent. Also identified as priorities are the tasks of increasing the number of people who regularly consume fruits (up to 70 percent), and vegetables (up to 50 percent) that consume less than 2.5 grams of salt — up to 65 percent. It is important to reduce the prevalence of diabetes to 25 per 1000 population. Although today many of the goals set have not yet been fulfilled, the political will and motivation of most citizens to live long and high quality is obvious (Healthy people 2020).

As you know, for people suffering from socially significant diseases it is very important comprehensive support from society and the state. This is, in the first place, the early detection and timely treatment of diseases, the provision of material assistance, social support, and the provision of psychological support.

According to doctors, the most effective way to combat the disease is to diagnose it as soon as possible. Screenings are conducted to achieve a positive result in the fight against certain types of socially significant diseases in Kazakhstan. According to the Order No. 685 of the acting Minister of Health of the Republic of Kazakhstan dated on 10th of November in 2009 "On establishing target groups of persons subject to preventive medical examinations", as well

as the rules and frequency of these examinations, citizens can undergo a screening without a plan. The age groups of screening have been expanded and the frequency of testing has been determined since 2018. Screening of arterial hypertension, coronary heart disease and diabetes from 40 to 70 years, the frequency of 1 time in 2 years, screening of cervical cancer are women aged 30-70 years with a frequency of 1 time in 4 years, breast cancer screening from 40 up to 70 years 1 time in 2 years (previously the age of women subject to screening was 50-60 years). Screening for the earlier detection of colorectal cancer, as before, is carried out by men and women aged 50-70 years, who are not on the dispensary register for polyposis, colon cancer. In addition, screening examinations of target groups of the child population were supplemented (Screening in a new way. Ministry of Health of Kazakhstan has changed the rules for the inspection of the population).

According to the assurances of doctors, the most effective way to deal with it is According to the rules for the provision of medical and social assistance provided to citizens suffering from socially significant diseases approved by Order No. 285 of the Minister of Health and Social Development of the Republic of Kazakhstan dated on 28th of April in 2015, medical and social assistance to citizens suffering from social significant diseases, provided in the following forms: 1) outpatient care (consultative and diagnostic assistance); 2) inpatient care; 3) inpatient care; 4) rehabilitation treatment and medical rehabilitation; 5) palliative care and nursing care; 6) socio-psychological assistance. Illness - as soon as possible to diagnose it. Screenings are conducted to achieve a positive result in the fight against certain types of socially significant diseases in Kazakhstan. According to the Order No. 685 of the acting Minister of Health of the Republic of Kazakhstan dated on 10th of November in 2009 "On establishing target groups of persons subject to preventive medical examinations", as well as the rules and frequency of these examinations, citizens can undergo a screening without a plan. Since 2018, the age groups of screening have been expanded and the frequency of testing has been determined. Screening of arterial hypertension, coronary heart disease and diabetes from 40 to 70 years, the frequency of 1 time in 2 years, screening of cervical cancer are women aged 30-70 years with a frequency of 1 time in 4 years, breast cancer screening from 40 up to 70 years 1 time in 2 years (previously the age of women subject to screening was 50-60 years). Screening for the earlier detection of colorectal cancer, as before, is carried out by men and women aged 50-70 years, who are not on the dispensary register for polyposis, colon cancer. In addition, screening examinations of target groups of the child population were supplemented.

When identifying citizens suffering from socially significant diseases, general practitioners, district therapists and pediatricians refer them for consultation with specialized specialists, a psychologist and a social worker. Citizens suffering from socially significant diseases are subject to dispensary observation.

In the presence of medical indications, specialists refer citizens suffering from socially significant diseases to a

medical organization with round-the-clock medical supervision.

The state has also taken into account the particularities of treating certain types of socially significant diseases, in connection with this, rules have been adopted for voluntary anonymous and (or) confidential medical examination and counseling of citizens of the Republic of Kazakhstan, oralms, foreigners and stateless persons permanently residing in the Republic of Kazakhstan on issues HIV infections free of charge approved by Order No. 246 of the Minister of Health and Social Development of the Republic of Kazakhstan dated 22nd of April in 2015.

According to the Order of the acting Minister of Health of the Republic of Kazakhstan No. 799 dated on 26th of November in 2009 "On approval of the maximum volumes of inpatient care", the maximum volumes of inpatient care in tuberculosis, infectious, psychiatric, narcological medical organizations, rehabilitation treatment and medical rehabilitation organizations, as well as organizations providing palliative care and nursing care were approved care.

CSHI (compulsory social health insurance) will be pilot tested in the Karaganda region in the fall of 2019. It is planned that this will help to identify problems and solve them by the start of service in 2020. For diseases that are socially significant and subject to dynamic monitoring, free outpatient drug provision, planned inpatient replacement (day care) and inpatient care, and medical rehabilitation for tuberculosis are guaranteed.

Expensive assistance in this insurance package for socially significant diseases (AIDS, HIV, all stages of cancer, tuberculosis, mental and narcological diseases) and 25 major chronic diseases is increased to an expanded package, which includes: a minimum standard and consultative and diagnostic assistance, expensive laboratory and instrumental studies, outpatient drug provision, planned inpatient and inpatient care (Compulsory Social Health Insurance: will medicine become cheaper in Kazakhstan?).

Also, to reduce the cost of medicines, the Order of the Minister of Health of the Republic of Kazakhstan No QR DCM-92 was adopted on 7th of June in 2019. On approval of the List of medicines of any form, including pharmaceutical substances (active pharmaceutical substances), medical devices, including prosthetic and orthopedic products and apthrotechnics, as well as materials and components for their production, materials, equipment and components for their production of any medicines forms, medical products, including prosthetic and orthopedic products, audiophysics, special means of transportation provided to persons with disabilities, sales turnover for oryh and imports are exempt from value added tax.

However, the question of timely provision of people suffering from socially significant diseases remains open. Due to bureaucratic obstacles, patients suffering from socially significant diseases often cannot receive medicines in a timely manner. For example, cancer patients could not

receive painkillers for 4 months in all regions of the country in early 2018 (Mamirhanova M., 2019).

For some types of socially significant diseases, the state still cannot provide patients with more modern and effective drugs. This is especially true for HIV patients (Zhulmuhametova Zh.).

In addition to medical assistance to people suffering from socially significant diseases, material assistance is needed. In this case, the state should pay great attention to the social assistance of such persons.

According to the Order of the Minister of Health and Social Development of the Republic of Kazakhstan No. 44 dated on 30th of January in 2015 "On approval of the Rules for medical and social examination of certain types of socially significant diseases", the state is assigned the state basic social allowance for disability. Disability is established if there is a referral in the form of 088U issued after a long period of treatment (from 4 months), as a result of which it is concluded that the ailment limits life activity. Although the degree of complications is of primary importance, an experienced doctor can voice a list of diseases for which disability is most often found.

Unfortunately, the size of the state basic social allowance for disability is very small. For example, a disabled person of the third group receives 30886 (\$ 80.4) tenge per month (Katilevskaya O., 2019).

The balance between expenditures and incomes of a person should preserve that natural feature that provides the basic and benefits of society to maintain a high standard of living. In the context of the economic crisis, a quarter of Kazakhstan's population reduces spending even on basic necessities, such as basic foodstuffs, clothes and shoes, electricity, despite the fact that all these conditions directly affect our health as well as each person's lifestyle and daily habits. Moreover, it is known that in many countries (including Kazakhstan), residents spend most of their budget on food, about 80-90% of our income goes to food. However, a high standard of living and a person's income should provide expenses not only for food, but also an increase in the quality of life, leaving some of the money for leisure and health care.

The consumer basket for calculating the consumer price index in the United States consists of 300 products and representative services, in France - 250, England - 350, Germany - 475, Russia - 156 [Kurakov L.P., Kurakov V.L., Kurakov A.L., 2004].

The minimum consumer basket was last approved in Kazakhstan in 2005 and now contains 43 names of products, where 60% of the costs are for food products and 40% for non-food products and services. While, the cost of food does not exceed 20% in Western Europe. The consumer basket of Europe contributes not only to the functioning of man as a biological being, but also provides an opportunity to develop spiritually, to join the culture and fully maintain his physical health. For example, considerable expenses for visiting a hairdressing salon, buying varnishes, hair shampoos, shower

gels and numerous cosmetics, as well as as many as fourteen names of flowers, without which, it turns out, a normal life of even a low-income person is not possible, fell into the French consumer basket (Pronenko G.A., Voblaya I.N., 2015). On the contrary, the consumer basket is the minimum that a person needs simply in order to live, or rather to survive, providing himself with minimal food in Kazakhstan. According to the Law "On the Republican Budget for 2019 - 2021" No. 197-VI dated on 30th of November in 2018, the cost of living in Kazakhstan from 1st of January in 2019 amounted to 29,698 tenge (\$ 77.3). And in the case of disabled people suffering from socially significant diseases, the situation is very sad.

According to the standards for the provision of special social services in the field of health, approved by order of acting Minister of Health of the Republic of Kazakhstan No. 630 dated on 30th of October in 2009, special social services in the field of health include social and psychological services that provide social and psychological support to a person (family) in a difficult life situation through psychological education, psychological prevention, and psychodiagnostics, corrective work, advisory and informational assistance for the purpose of socio-psychological adaptation and rehabilitation in society.

Social and psychological services include:

- 1) Conducting psychological diagnosis and the provision of individual or group socio-psychological assistance;
- 2) Training in the basics of socio-psychological knowledge for conducting rehabilitation measures at home, self-care skills, behavior in everyday life and public places, communication, self-and mutual support;
- 3) Socio-psychological support of medical services, personal and social adaptation of patients in various spheres of life;
- 4) Conducting socio-psychological trainings with the aim of teaching self-preserving behavior;
- 5) Conducting information and educational events with coverage through the media, issuing booklets, leaflets in order to increase the psychological competence of various categories of the population.

Although the state provides psychological assistance to those suffering from socially significant diseases, we often hear about violations of the rights of such people. Often, medical workers themselves violate the rights of patients with socially significant diseases and patients begin to avoid medical facilities. For example, according to a survey among HIV-infected people, 17.6% of respondents refused medical care. Also in Kazakhstan, the reproductive rights of people living with HIV are violated. Such violations were manifested in the following: failure to receive counseling on reproductive opportunities, advice from medical personnel not to have children, and forced medical abortion. Perhaps for this reason 33.2% of the respondents decided not to have children anymore, 19.5% avoided visiting the clinic, 17.7% decided not to marry. Almost all (92.4%) of the respondents have access to antiretroviral therapy, 73.3% receive it (The rights of HIV-infected people in Kazakhstan are violated all the time, which is why patients with HIV status are forced to change jobs, place of residence and refuse to marry and have children).

5. Conclusion

A set of measures is being taken to combat socially significant diseases at the state level in Kazakhstan. According to the state program of health development of the Republic of Kazakhstan "Densaulyk" for 2016-2020, an integrated model for organizing medical care is developed and implemented. This model at the initial stage (until 2020) will cover 2 blocks of the main socially significant and non-communicable diseases. The first block is the main non-communicable diseases:

- Cardiovascular diseases and their complications;
- Chronic respiratory diseases;
- Oncological

The second block - diseases that affect the demography of the country's population:

- Pathologies of pregnant women, the perinatal period;
- Major childhood illnesses.

For each block, based on the clinical guidelines and protocols recommended by international professional organizations, an Action Plan will be developed and launched, within the framework of which the planned health indicators and key measures necessary to achieve them will be determined.

The further development of key screening programs for the early detection of diseases with the greatest burden of impact on public health will be ensured, as well as the continuous improvement of the standards for conducting, monitoring and evaluating the effectiveness of screening programs. The introduction of advanced, proven as highly effective technologies for the provision of medical care to patients with tuberculosis, HIV / AIDS, mental and narcological disorders will continue.

Although a lot has been done to implement the state program, some issues related to state support for patients with socially significant diseases remain open. We, in turn, on the basis of the foregoing on some issues we want to make our proposals:

Firstly, it is necessary to simplify the system for providing medicines to patients. That is, it is necessary to simplify the procedure for conducting public procurement of medicines or to create an irreplaceable strategic stock in the warehouses of the United National Distributor so that patients can receive medicines in a timely manner.

Secondly, it is necessary to provide patients with socially significant diseases with modern, effective drugs. Since, more obsolete drugs can not give a positive result and in some cases can worsen the patient's condition.

Thirdly, it is necessary to review the food basket in Kazakhstan. People suffering from socially significant diseases need a good diet. And what is proposed by the state only adds to their suffering.

Fourthly, it is necessary to improve the qualifications of medical workers, we recommend organizing online courses for employees of a medical institution dealing with patients

with socially significant diseases. Only good treatment forces patients to take treatment, improve their health and thereby not spread the disease among others.

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