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ФАРМАКОЛОГИЯ, ФАРМАЦИЯ, ХИМИЯ

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Kasengaliev A.M., Nurmanbetova T.M., Parmankulova T.N., Kelimhanova S.E., Sataeva L.G. ANALYSIS OF BUDGETARY FINANCING OF MEDICAL AID IN KAZAKHSTAN

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Annotation. This article presents the formation, implementation and implementation of an effective model of drug care, as well as the financing of drug care in the Republic of Kazakhstan.

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Key words: Drug provision, regulatory framework, content analysis, contour analysis, sociological analysis.

Introduction

The formation, implementation and implementation of an effective drug supply model is a complex and responsible process, with its own characteristics and differences for each individual country.

In every developed country of the world there are sufficient opportunities to develop an optimal model for high-quality drug provision based on the principles of equity and availability of drug care. The effectiveness of the process of drug provision (LO) is determined not only by the laws of the market, but, first of all, by the regulatory and legislative framework, scientific and methodological basis, developed taking into account the socially-oriented economic policy of the state.

In the Republic of Kazakhstan, problems related to the provision of medicines for patients with SPZ are currently being addressed in the context of limited budget funding, the lack of drug pricing systems, the availability of a huge amount of drugs on the pharmaceutical market and high prices [1,2,4].

Drug provision of patients whose state of health requires constant or course drug support is important, and the financial situation does not allow them to independently acquire vital and necessary drugs [1,3,5].

The purpose of the study - analyze budget financing of drug care in Kazakhstan.

Materials and research methods

Marketing analysis, regulatory framework, content analysis.

The results of the study and their discussion

Our studies allowed us to identify the following problems that exist in the provision of medicines for patients with a SPZ:

1. The lack of a differentiated approach to the provision of free and preferential drug supply to patients with socially significant diseases, taking into account differences in age and gender, nosological, socio-economic characteristics of patients.

2. Lack of transparency in conducting public tenders for the purchase of medicines for patients.

3. The lack of an effective mechanism for bringing drugs to patients.

The system approach involves identifying the composition of the system, its structure, functions, system factors and mechanisms, communication with the external environment, and the interaction between its internal elements. The representative of the system in research is the model. The model is a theoretically implemented system that reflects or reproduces the object of study, presents new information [1,3,4].

In this regard, the development of a management model in the field of drug supply for patients with a SPZ in a market economy is highly relevant. The organizational-institutional model of drug provision of these patients, proposed *IV Международная (74 Всероссийская) научно-практическая конференция «Актуальные вопросы современной медицинской науки и здравоохранения»*

by us, consists of components that are closely interrelated. For its development we were:

- analyzed the regulatory framework;

- analysis of the financial capacity of the health system;

- a content analysis was carried out on articles highlighting the problems of both directly providing the patient data and the problems associated with this process;

- analysis of the current demographic situation in the Republic of Kazakhstan;

- social marketing research, etc.

In the course of the work, we carried out an assessment of the external macro- and microenvironment of the drug supply process, carried out social marketing research, and expert evaluations of drugs.

All this made it possible to identify the key points on the basis of which we developed a comprehensive organizational and institutional model for improving the process of drug supply for patients with socially significant diseases in the Republic of Kazakhstan.

The model we have constructed consists of entering the system of the drug supply process, the characteristics of the objects included in the system, including from the point of view of institutional theory.

The model proposes to evaluate the external macroenvironment, microenvironment (contour analysis, sociological analysis, etc.), the internal environment of the LO process of patients with the SPZ. The result of the effective operation of this model should be a high-quality state system of guarantees of drug supply.

Among the main external indicators affecting the LO process, the model suggests analyzing the following parameters: the demographic situation in the Republic of Kazakhstan and by region in recent years, the prevalence of various NWR nosologies, the income level of the population of Kazakhstan in various regions, the economic development of the country's regions, the percentage of GDP allocated on health care and drug provision. As can be seen from the model we have constructed, the main resources in the drug supply system are: financial, technological, personnel. In the construction of the system, both the formal (regulatory and legal framework) environment and the informal (culture and traditions of the process of providing drug assistance to the population) are involved. One of the elements included in the system is a high level of socially significant diseases in the Republic of Kazakhstan [3,4].

The model characterizes the external macroenvironment of the LO process of patients with the SPZ from the point of view of the% of GDP allocated for health care, the LO, and the incidence rate in the regions of the Republic of Kazakhstan.

Institutional changes in the health care system of Kazakhstan are identified as significant, and the nature of government regulation is defined as loyal. The main favorable and unfavorable trends in the field of drug care have been established. The main administrative barriers for participants of the LO process are identified.

According to our proposed model, an analysis of the internal environment of the LO process of patients should be carried out, highlighting the most problematic regions according to the level of the SPZ, analysis of innovative developments of domestic enterprises and research institutes, an analysis of modern effective drugs for treating these patients and their presence in the list of free and preferential terms.

According to the model, it is necessary to determine the structure and quantity of wholesale and retail organizations involved in the provision of pharmaceutical products for patients with a sanitary protection zone, to conduct a study of the quality of the medical assistance provided to these patients [2,5].

The main methods of studying the quality of drug assistance provided by us in the model are offered - analysis of case histories, sociological studies of the opinions of patients, doctors, pharmacists.

Conclusions:

1. In the course of the study, we established significant opportunities for new institutional economic theory to improve the process of providing drug assistance to the population.

2. At present, the mechanisms of responsibility for the low quality of drug supply are not developed, there is no monitoring of the quality of drug assistance provided.

3. Methods of new institutional economics provide numerous opportunities for improving social guarantees in the field of drug care for patients with socially significant diseases.

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