

CHARACTERISTIC OF THE PRESENT INSURANCE MARKET OF THE REPUBLIC OF KAZAKHSTAN

Kassymbayeva A. Zh.¹,

Scientific supervisor: Temirgalieva F. E Candidate of Pharm.¹, Panfilova G. L.

Doctor of Pharmaceutical Sciences, Professor ²

¹ Kazakh National Medical University. S. D. Asfendiyarova, Almaty, Kazakhstan

² National University of Pharmacy, Kharkiv, Ukraine

aigerim1207103@mail.ru

Introduction: Insurance medicine as a form of nationwide population protection is a specific organizational system of medical care based on the insurance method. Health financing can be provided by the state, enterprises, private individuals. This is a mobile system of commodity-market relations, where a specific medical service acts as a commodity and the buyer is a state, an enterprise, a citizen. Medical insurance at the present stage in a broad sense is a new economic relationship in the market. Their essence lies in the creation of a health and social security system that guarantees free access to qualified medical care for all citizens, regardless of social status and income level.

Aim: To review the insurance sector of the Republic of Kazakhstan.

Materials and methods of research: The analysis of the insurance market of the Republic of Kazakhstan is carried out. The analysis was based on the results of a systematic review of the articles.

Results of discussion: The health insurance system is now being implemented in all countries. At the moment, the need to introduce compulsory social health insurance in the Republic of Kazakhstan is defined by the Institutional Reform Plan "100 concrete steps for further state building", by the Message of the Head of State Nursultan Nazarbayev to the people of Kazakhstan dated January 17, 2014 "Kazakhstan way – 2050: Unified goal, common interests, common future". Kazakhstan has chosen a solidary model of the health insurance system. The chosen model provides for the responsibility of three parties - the state, the employer and the citizen. The state is responsible for its citizens, directly transferring the appropriate contributions, the employer for their employee, and the third party is a citizen who must take care of his health. The Ministry of Health has already adopted the law "On Compulsory Social Insurance" of November 16, 2015, No. 405-V. On July 1, 2016, JSC "Social Health Insurance Fund" was established. The main subjects of the fund's activities are the accumulation of contributions and contributions. The rate of allocations to the fund for employers will increase from 1% from 2018 to 3% in subsequent years. Contributions of employees – 1% since 2019 and 2% - since 2020.

The purpose of introducing this system of medical insurance is the creation of a balanced and stable system of providing guarantees and obligations for the provision of medical care. Creation of conditions for free choice of the patient by a doctor and

medical organization will lead to the development of competition, increase the transparency of the process of providing medical services.

To date, Kazakhstan's insurance sector consists of 33 insurance (reinsurance) organizations, and is represented by 3 insurance groups. Concentration indicators, in particular the Herfindahl-Hirschman index, which are widespread in international practice, show that the insurance sector of Kazakhstan for the period from 2005 to 2015 By volume of received insurance premiums refers to markets with a low level of monopolization. As of January 1, 2016, 5 insurance organizations account for 40.8% of the total assets of the insurance sector and 41.9% of the total insurance portfolio. If in 2005 the share of the 5 largest insurance organizations accounted for about 52.8% of total insurance premiums and 35.8% of insurance payments, in 2010 this share fell to 43.7% for premiums and 37.1% for payments. In the insurance sector, the dominant positions are held by participants in banking conglomerates and financial and industrial groups.

About 90% of the insurance fund is placed in classic financial instruments - deposits and securities. Such a tool as lending that is actively used by insurance companies of European countries in Kazakhstan can only be used by insurance companies that have a license for the "life insurance" class. Its share does not exceed 0.1% of the total investment portfolio. Other instruments include refined precious metals, derivatives and investments in the capital of other legal entities.

In general, health insurance in the Republic of Kazakhstan will be implemented at three levels: two levels of compulsory insurance (basic and supplementary) and one voluntary. A basic package or medical assistance guaranteed by the state will be free for the population (financing from the state budget). These include: first aid, sanitary aviation, medical care for socially significant diseases and preventive vaccinations in emergency cases. An additional insurance package will be provided from the Social Health Insurance Fund. The additional insurance package will include types of assistance that are not included in the basic: outpatient care, inpatient care (with the exception of socially significant diseases), rehabilitation treatment and medical rehabilitation, palliative care and nursing care. Voluntary health insurance. In addition to these two mandatory packages, a medical policy in Kazakhstan can also be obtained by entering into a contract with a private insurance company. However, it will be only a complement to the first two.

Conclusion: The National Insurance Market is one of the stable suppliers of domestic investment resources, which the Kazakhstani economy, especially its real sector, badly needs in order to increase the demand. For successful introduction of compulsory medical insurance, the state needs to develop clear criteria on which it will determine the willingness of the insurer to provide these services. Another factor that could have a positive impact on the compulsory health insurance market is the introduction of tax incentives for companies that provide corporate health insurance.