Funded by
the European Union

INIDI

ПОДДЕРЖКА ИНИЦИАТИВЫ

INSTITUTE FOR
WAR & PEACE REPORTING
IWPR
ИНСТИТУТ РЕПОРТАЖЕЙ ВОЙНЫ И МИРА

white paper

ACCESSIBILITY OF HEALTHCARE SERVICES FOR RURAL WOMEN IN KYZYLORDA OBLAST

This publication was funded by the European Union. Its contents are the sole responsibility of IWPR and do not necessarily reflect the views of the European Union.

ABOUT THE PUBLIC ASSOCIATION «SUPPORT OF INITIATIVE»

Mission of the organization: To contribute to solving socio-economic and environmental problems through supporting public initiatives, developing entrepreneurship, and building social partnerships.

The Public Association «Support of Initiative» was registered on September 2, 2001. The activities of the association are aimed at the development of communities in the Aral Sea region, specifically strengthening civil society through the institutional development of NGOs, protecting the rights and interests of citizens in the region, promoting gender equality policies, strengthening the rights of women, children, and other vulnerable groups through awareness-raising activities and advocacy projects, as well as developing partnerships with government bodies, media, and business structures.

ABOUT IWPR

IWPR empowers local voices to drive change in countries in conflict, crisis and transition. Where hate speech and propaganda proliferate, and journalists and civic activists are under attack, IWPR promotes reliable information and public debate that makes a difference. With powerful new forms of disinformation driving social division, increasing digital security risks and escalating attacks on journalists, IWPR's mission to empower local voices is more important than ever. IWPR's core work is to strengthen the flow of credible, unbiased information, enabling journalists and civil society to inform, educate and mobilise communities. IWPR empowers societies to find their own solutions, by strengthening local capacity to report on and advocate for accountability, freedom of expression and human rights.

ABOUT THE EUROPEAN UNION

The European Union is an economic and political union of 27 European countries. It is founded on the values of respect for human dignity, freedom, democracy, equality, the rule of law and respect for human rights, including the rights of persons belonging to minorities. It acts globally to promote sustainable development of societies, environment and economies, so that everyone can benefit.

CONTENT

ABBREVIATIONS AND ACRONYMS

SAC – Supreme Audit Chamber;
GP – general practitioner;
HPV – human papillomavirus;
GVFMC – guaranteed volume of free medical care;
SUE – state-owned utility enterprise;
GU – state institution;
WFA – women of childbearing age;
EFF – efficiency;
LFK – therapeutic exercise;
MIS – medical information system;
MH RK – Ministry of Health of the Republic of Kazakhstan;
LEB – life expectancy at birth;
CSHI – compulsory social health insurance;
LEB – local executive bodies;
INN – international nonproprietary name;
NCPH – National Center for Public Health;
SKNSCHD – Salidat Kairbekova National Scientific Center for Healthcare Development;
NCE – National Chamber of Entrepreneurs «Atameken»;
RK – Republic of Kazakhstan;
RMOC – rural medical outpatient clinic;
SES – sanitary and epidemiological service;
LLP – limited liability partnership;
HA – Healthcare Administration;
US – Ultrasound examination;
SHIF – Social Health Insurance Fund;
CDH – Central District Hospital.
UNICEF – United Nations Children's Fund;
UNFPA – United Nations Population Fund.

INTRODUCTION

The right of every person to health protection and medical care is a universally recognized norm of international law. Health protection is an integral part of society, and the state is responsible for preserving the health of its citizens. According to statistics, life expectancy in Kazakhstan is significantly lower than in developed countries: Kazakhstan ranks 104th in the world in terms of life expectancy [1]. The average life expectancy at birth in the country is 75.09 [2] years, indicating significant challenges in the social sphere, including healthcare.

Moreover, in the Kyzylorda region, life expectancy at birth (LEB) is 74.58 years (10th among the regions of the Republic of Kazakhstan), which is below the national average. Furthermore, the LEB for women in the region is 78.1 years, placing it 16th in the country (among the worst regions). Rural women in this region live, on average, less than their urban counterparts, at 77.87 years (0.6 years less than the urban average of 78.47 years).

Since 2020, Kazakhstan has introduced mandatory social health insurance, and residents of Kazakhstan currently receive medical services under two packages: the guaranteed volume of free medical care (GVFMC) and the mandatory social health insurance (CSHI).

Currently, criticism of the Social Health Insurance Fund (SHIF) has increased due to the emergence of situations involving the inaccessibility of basic medical services and medications, false estimates, insured status, and so on. This criticism comes from both the general public and competent government agencies (see the 2024 note of the Supreme Audit Chamber). This has also been fueled by accumulated shortcomings in the healthcare system.

Therefore, it is clear today that reform of the healthcare system in the Republic of Kazakhstan is necessary, including emergency medical care, accelerating the unbundling of outpatient clinics, reforming the Sanitary and Epidemiological Service (SES), and digitally coordinating all relevant structures. There are a number of challenges in providing the population with free medications, rehabilitation after illness, creating a unified dispatch service, etc. Ensuring access to healthcare services for women in rural areas is particularly pressing.

Therefore, rural residents currently face a number of challenges related to access to free medications and healthcare services. Despite state guarantees of free healthcare services, many are unaware of their availability and their right to use them. Furthermore, medications included in the list of free medications are not always suitable for patients, forcing patients to spend their own money, pensions, and benefits to purchase truly necessary and effective medications. As a result,

[1] https://www.worldometers.info/demographics/life-expectancy/
[2] По данным Статистического сборника Министерства здравоохранения Республики Казахстан «ЗДОРОВЬЕ НАСЕЛЕНИЯ РЕСПУБЛИКИ КАЗАХСТАН И ДЕЯТЕЛЬНОСТЬ ОРГАНИЗАЦИЙ ЗДРАВООХРАНЕНИЯ в 2023 году», стр. 26, таблицы №4 и №5

free medications (ineffective for some categories of patients) are not used as intended, and the free medication program risks being a waste of financial resources. Meanwhile, those eligible for these medications are unable to receive them continuously throughout the year due to delays in dispensing medications. Furthermore, the quality of free medical services (dental care for pregnant women and children, outpatient and physiotherapy treatment) may have room for improvement, including due to a lack of proper oversight, monitoring, and evaluation of services provided. Furthermore, there is a risk of decreased access to healthcare in rural areas.

Furthermore, the study suggests that rural women are largely unaware of their rights and do not utilize opportunities to obtain guaranteed medical services and medications.

Existing problems in the healthcare sector demonstrate the need to improve the efficiency of public health services that meet the needs of rural women, which will lead to ensuring rural women's access to health services under GVFMC and CSHI and improving the quality of health services.

OBJECTIVES AND FOCUS OF THE STUDY

The overall goal of the study is to improve the efficiency of provision and receipt of public healthcare services by rural women in the Kyzylorda region and to protect rural women's rights to free healthcare. This document, in turn, aims to highlight the issues identified during the fieldwork phase of the project.

The specific healthcare needs of women are determined by various factors (hereinafter, including, but not limited to; without claiming to be exhaustive or mutually exclusive), including objective characteristics of the female body and reproductive function, social status and potential vulnerability, expanded area of responsibility within the family/household, and mentality.

The range of relevant topics regarding rural women's access to healthcare may include:

– issues of access to contraception, women of childbearing age (WFA) and pregnant women;
– accessibility features for women with children under 5 years of age and large families;
– Specialized medical and psychological support for domestic violence;
– Women's mental health;
– Specialized diseases (oncological diseases of various localizations, gender-specific endocrinology, obstetrics-gynecology, etc.);
– Childhood immunizations and issues of attitudes and awareness about the human papillomavirus (HPV), etc.

Each of these areas has potential for a series of studies, and relevant institutional actors are conducting extensive work in virtually all of them (UNICEF – the United Nations Children's Fund – works specifically on immunization; UNFPA – on gender-based violence and contraception; the National Center for Public Health and national-level clinical medical organizations – on specialized patient groups, etc.).

Accordingly, an in-depth study of this topic requires an appropriate formulation of the question, the collection of detailed data, and consultations with a range of relevant medical specialists. Therefore, this paper and the related study are limited to a non-specific analysis of access to medical care under GVFMC and CSHI for women living in rural areas. Furthermore, the general infrastructural aspect affecting all population groups is covered, without any specifics.

RESEARCH METHODS

A study and analysis of the accessibility of healthcare services under GVFMC and CSHI for rural women in the Kyzylorda Region was conducted in two pilot rural areas: the village of Shirkeyli (a rural medical outpatient clinic (RMOC) affiliated with the Central District Hospital of the Syrdarya District) and the Karaozek rural district of Kyzylorda (a RMOC affiliated with the City Polyclinic No. 5 of Kyzylorda). The following methods were used:

- online survey of women using Google Forms (14 closed content questions, 4 identification questions, and 1 text field for expressing opinions on the accessibility of healthcare, complaints, and suggestions for improvement);
- interviewing women (12 open-ended questions);
- observations in healthcare facilities (a structured observation sheet with 21 sectional questions);
- roundtable discussions.

The reader should note that the methods chosen for the fieldwork portion of the project limit the analytical potential of the study to the personal assessments of women potential recipients of medical care. Methods involving external assessments /l egislative analysis / benchmarking with other regions, urban areas, other social or gender groups / other extended analyses, other than observations in medical facilities, are beyond the scope of the study. Therefore, from here on, we will focus solely on rural women's perceptions of the situation.

RESEARCH RESULTS

Before presenting the results of the field study in terms of methods, it should be noted that all information provided below (and above) is purely hypothetical, synthesized based on the respondents' initial subjective responses, and is not intended to be accusatory or incriminating. No reasoning behind the formation of any particular opinions or recording of any violations of respondents' rights was sought during the interviews.

Interview Results

Participants in the interviews were:

– 8 female residents of the Karaozek rural district of Kyzylorda
– 7 female residents of the village of Shirkeyli in the Syrdarya district
– 3 women assigned to City Polyclinic No. 5 in Kyzylorda.

As the interview results showed, respondents rate the healthcare system as average:

– both as a whole,
– both within the scope of the guaranteed free medical care/compulsory health insurance (GVFMC) and the compulsory health insurance (CHSI) packages
– both in terms of providing patients with medicines and medical devices (MPS and MDs)
– and for individual services (complaints were voiced about the lack of pharmacies or essential medications in pharmacies and among emergency medical teams, difficult access to treatment in 24-hour inpatient settings, and the accuracy and availability of diagnostics (ultrasound, X-ray) and laboratory services).

Quote: *«I am dissatisfied with the healthcare system. When seeking free medical care for a specific illness, the process can take up to a month, leading to complications, which forces me to seek paid medical care».*

Quote: *«Availability of medicines and medical services is very low... guarantees of free care are not being fulfilled, despite the declared CHSI. The population sees no results».*

Patients also report a shortage of specialized specialists (in particular, those more specific to the female population, such as gynecologists, hematologists, endocrinologists, neurologists, and pediatricians), limited access to laboratory diagnostics (long wait times, paid referrals for tests, and the lack of a full range of tests in rural areas), and the fact that medical care is paid for (it is unclear at whose initiative; perhaps at the patient's initiative).

Awareness of the mechanisms and channels for filing complaints about the quality of medical care is extremely low.

Quote (from an interview):

«Only those who are well-versed in the laws (their rights) have a chance of receiving quality medical care».

Furthermore, the use of medical information systems (MIS) applications is poorly distributed.

Despite the above-described perceptions of healthcare services, respondents equally prefer public and private healthcare (the only stated reason for preferring private healthcare is the lack of waiting lists for medical care).

ONLINE SURVEY RESULTS

The survey involved 193 respondents: 117 from the Karaozek rural district of Kyzylorda and 76 from the village of Shirkeyli in the Syrdarya district.

The online survey results, broken down into the following aggregated categories: «patient awareness of their rights», «patient choice», «use of medical services», «corruption in the healthcare system», and «patient satisfaction», are as follows:

Category: «Patient awareness of their rights»

Regarding their awareness of their rights to free medical care and medications, 25% report being sufficiently aware; 49% partially aware; and 27% not aware.

More detailed data on awareness, however, does not support this optimistic self-assessment:

- 19% know nothing about their rights;
- Awareness exceeding 30% is observed only regarding: the right to choose a medical organization (37%) and the right to receive detailed information about one's health (32%);
- From 20% to 30% of respondents are aware of: free medical services and medications for individuals registered with a dispensary (24%); free medical services and medications in hospitals (23%); free medical services and medications for pregnant women (22%); receiving free medical services in a clinic and at home (27%); receiving free assistance in rehabilitation and recovery after illness (22%), free medical care and medications for children under 5 years of age (20%);
- the lowest level of awareness (less than 20%) – regarding the right to choose a doctor (19%), the right to maintain confidentiality of health information and the fact of seeking medical care (14%), the protection of patient rights in the event of their violation when receiving free medical services and medications (15%), and the right to refuse medical intervention (5%).

Thus, there is an extremely low level of public awareness of their rights in the area of healthcare.

Quote (from an interview):

«The patient must be given the right to choose a doctor».

Category: «Patient Choice»

Respondents trust state-owned medical organizations slightly more than private ones (38% versus 34%; 28% were undecided). These figures generally correspond to the interview results. However, actual preferences regarding private clinics remained unclear: both the interview question «Do you prefer state or private healthcare?» and the online survey question «Which medical organizations do you trust more?» do not differentiate between private clinics providing services under GVFMC/CSHI under an agreement with the Social Health Insurance Fund (SHIF) and paid services at the same clinics or private clinics that do not have an agreement with SHIF. Given the generally negative assessment of free healthcare and the fact that the number one complaint is the queue for routine medical care (unusual for private clinics providing paid services), it can be assumed that the minor differences in clinic preferences by ownership type are due to some combination of the following factors: (a) the low purchasing power of the population (forced to use the services of GVFMC/CSHI), (b) the underdeveloped network of private clinics in the region, (c) minor differences (or lack thereof) in the quality and accessibility of medical care provided by private clinics under contracts with SHIF.

Also, the previously cited data on patient awareness of their rights should be included in the «Patient Choice» category: 37% are aware of their right to choose a medical organization and only 19% are aware of their right to choose a doctor (relatively low figures, considering that these mechanisms have been implemented and in effect in the healthcare system of the Republic of Kazakhstan for over a decade).

Furthermore, as will be shown below, by medical care area:

- 11% of outpatients do not exercise their right to free medical care, opting exclusively for paid services;
- 6% of hospitalized patients (presumably in a 24-hour inpatient facility) do not exercise their right to free medical care, opting exclusively for paid services;
- 58% are unaware of or do not use MIS applications.

Quote from an interview):

«When seeking free medical care, you always end up having to pay for it».

Category: «Use of Medical Services»

According to respondents' assessments, by type of medical care:

- Regarding outpatient doctor's appointments, 11% do not exercise their right to free medical care, preferring to pay for it exclusively; of those using free services, 27% experience significant difficulties when seeking outpatient appointments, 36% experience minor difficulties, and 37% do not experience any difficulties;

- Regarding hospitalization in a 24-hour inpatient facility: 6% do not exercise their right to free medical care, preferring to pay for it exclusively; of those using free services, 39% experience significant difficulties (including difficulties collecting documents for patient registration on the Hospitalization Bureau Portal), 32% experience minor difficulties, and 29% do not experience any difficulties;

- Regarding obtaining free medications: 48% experience significant difficulties, 35% do not experience any difficulties, and 17% were undecided;

- also regarding the receipt of free medications: 30% consider free medications inaccessible, only 22% are satisfied with the quality, 34% are dissatisfied with the quality and perhaps for this reason do not use the medications they receive, 15% receive medications unnecessarily and therefore do not use them or use them rarely (thus, according to respondents, up to 78% of outpatient medication provision is wasted, and the overall efficiency is 22%);

- 58% are unaware of or do not use MIS applications, 27% use them and find them convenient, 16% find them insufficiently convenient.

Quotes
(from interviews):

«There is no pharmacy in the village; ambulances come from the city, and the travel time is from 30 minutes to 1 hour. After 4:00 PM, rural health workers do not provide assistance»

«Necessary medications are not provided. Cheap and low-quality analogues are provided. Sometimes unnecessary medications are provided»

«It happens that when test results arrive in substandard condition, the doctor himself asks to take the tests for a fee elsewhere».

Category: «Corruption in the Healthcare System»

63% did not express financial gratitude to healthcare workers, 17% did so voluntarily, and 20% at the request of healthcare workers.

42% rated corruption as significant, 27% as moderate, and 31% as insignificant (a total of 69% negative results).

The conflicting results for two related questions may indicate a reluctance to openly answer the direct question «Have you expressed gratitude...»

Category: «Patient Satisfaction»

Overall, 19% of respondents were satisfied with healthcare services, 52% were partially satisfied, and 29% were dissatisfied.

By type and form of medical care, as well as by individual groups of medical services, the satisfaction picture is as follows:

- 38% were satisfied with the quality of services provided by general practitioners (GPs), 40% were partially satisfied, and 22% were dissatisfied;
- 28% were satisfied with the quality of specialist services, 46% were partially satisfied, and 26% were dissatisfied;
- 33% were satisfied with the quality of laboratory services, 46% were partially satisfied, and 21% were dissatisfied;
- 33% were satisfied with the quality of ultrasound examinations (US) and radiography, 49% were partially satisfied, and 18% were dissatisfied;
- 34% were satisfied with the quality of radiology services (computed tomography and magnetic resonance imaging), 44% were partially satisfied, and 22% were dissatisfied;
- 37% were satisfied with emergency medical services (of those who used them in the past 12 months), 31% were partially satisfied, and 32% were dissatisfied.

On average, with a fairly uniform picture across areas of care/services, 34% were satisfied, 43% were partially satisfied, and 24% were dissatisfied. This is consistent with data from the Supreme Audit Chamber Supreme (SAC), which indicates that Kazakhstanis' satisfaction with the quality of healthcare services is less than 50% [3].

Quote (from an interview):

«I rate the work of emergency medical services in rural areas as poor. Everyone takes taxis; for example, pregnant women travel to the maternity hospital on their own when they go into labor».

When delving into the details of complaints about medical care:

- 9% were undecided;
- 16% were generally satisfied with the medical care;
- Queues: 42% of respondents complained about long wait times to make an appointment with a doctor, 37% complained about queues for free medical examinations, and 19% complained about long (more than 15-30 minutes) wait times for ambulances;
- Characteristics of healthcare workers: 27% noted negligent treatment by medical personnel, and 19% had complaints about the qualifications of doctors;
- Accessibility and quality of medical care: 25% believe it is very difficult to be hospitalized (which is consistent with the results in the «Use of Healthcare Services» category), 17% believe doctors prescribe very expensive medications, 15% complained about the quality of laboratory tests, 14% noted insufficient attention paid to outpatients, and 10% cited difficulties in receiving medical care at home for seriously ill patients.

The online survey yielded three indicators of satisfaction with the healthcare system/services overall within the «Patient Satisfaction» category, cited below:

- 19% satisfied, 52% partially satisfied, 29% dissatisfied;
- 34% satisfied, 43% partially satisfied, 24% dissatisfied (average, across specialties);
- 16% generally satisfied.

Unfortunately, with satisfaction rates varying from 16% to 34%, it is not possible to meaningfully interpret these data.

[3] ЗАКЛЮЧЕНИЕ ВЫСШЕЙ АУДИТОРСКОЙ ПАЛАТЫ К ОТЧЕТУ ПРАВИТЕЛЬСТВА РЕСПУБЛИКИ КАЗАХСТАН ОБ ИСПОЛНЕНИИ РЕСПУБЛИКАНСКОГО БЮДЖЕТА за 2023 год, стр. 18 (утверждено постановлением Мажилиса Парламента от 21 июня 2024 года №17-VIII-ПРК)

OBSERVATION RESULTS IN MEDICAL ORGANIZATIONS

Observation was conducted in rural medical outpatient clinic (RMOCs) in the village of Shirkeyli in the Syrdarya District and the village of Karaozek.

Both RMOCs were built using the same standard design. However, the facilities' physical equipment and infrastructure differ significantly.

For example, in the Karaozek RMOC (unless otherwise noted, the following deficiencies are absent in the Shirkeyli RMOC):

- Access to and movement within the building is difficult, including for individuals with disabilities: the tiled porch/stairs surface is broken, the tactile path does not meet standards, and there is no wheelchair access;
- There is no security guard or duty officer/watchman at the building entrance (the staffing schedule requires a security guard), and there is no list of offices with navigation;
- The building lacks air conditioning, and the windows in the offices do not open, which could obviously pose a serious problem in the summer due to the region's climate. – Medical equipment is incomplete, and there is no biological specimen collection room or obstetrics room;
- There are no curtains or screens in the doctors' offices, and no curtains in the procedure room;
- Restrooms lack partitions, soap, toilet paper, mirrors, sinks, or hot water (a similar situation exists in the Shirkeyla RMOC);
- Patients are seated in waiting areas with 8 people per bench (in the Shirkeyla RMOC, there are 6 benches with 4 seats each);
- There is a lack of information about patient rights and the availability of paid/free medical services under the GVFMC and CSHI.
- There is a practice of overwriting non-existent or unrealized medical services. It should be noted that Kazakhstani media have also published reports on falsifications in the DAMUMED

system, including one patient being falsely diagnosed with drug addiction, one patient being falsely diagnosed with 82 dental treatments, and other falsifications. The authorities acknowledge the seriousness of the problem and launched a digital patient identification project in August 2024. According to official data, this has led to a 6 percent reduction in the number of unsubstantiated medical services, amounting to 4.7 billion tenge. We believe the fight against overwriting should be more systematic, involving the public and civil society.

ROUNDTABLE RESULTS

Roundtable discussions with local residents (regardless of gender) and representatives of local government bodies were organized in both villages.

Common complaints in both villages included difficulties in obtaining free medications, unavailable testing facilities in the village, or referrals to private laboratories for testing.

Specific complaints from residents of Karaozek village (19 men, 37 women, 56 in total) included difficulties accessing a clinic in the city where part of the production facility is located, long waiting lists, the lack of a pharmacy in the village, and problems with heating (or insulation) in the RMOC (low indoor temperatures in winter).

Specific complaints from residents of Shirkeyli village (6 men, 30 women, 36 in total) focused on the incompetence and shortage of specialized doctors at the central district hospital. In general, the practice of seeking treatment abroad, particularly in Tashkent (Republic of Uzbekistan), is common in the district. Furthermore, since work in the village is seasonal from May to October, residents regularly lose their compulsory health insurance coverage for six months at a time in the CSHI system.

It's safe to assume that similar problems could arise in other rural communities in the region.

CONCLUSIONS OF THE STUDY

Thus, the problem of access to healthcare for rural women exists and has a fairly pronounced focus (in addition to numerous secondary or less common complaints about various aspects of healthcare provision):

- Queues for planned medical care in various forms (outpatient appointments, laboratory tests, hospitalization);
- Extremely low awareness of the mechanisms and channels for filing complaints about the quality of healthcare and awareness of one's rights in healthcare;
- Ineffectiveness of free outpatient medication provision;
- Shortages, negligence, and unqualified healthcare workers;
- Pervasiveness of corruption;
- The subtle problem of regular, long-term (seasonal) loss of insurance status in the CSHI system, among residents employed in rice farming and related industries deserves special attention.

The identified problems are quite logical. Combining the categories formulated in the section «Online survey results» with the content of the section «Observation in medical organizations», it can be seen how, given the deficit of inputs (insufficient equipment of medical organizations, low awareness of the population about their rights in the field of healthcare) and the patient's constraint in choice (due to low solvency and limited alternative options for receiving medical care), the patient faces significant difficulties in the process of using medical services, including corruption, and the result is a low level of satisfaction with the quality and accessibility of medical care.

Keeping in mind that each issue has a stakeholder, or rather, a whole combination of stakeholders at different levels of management, degrees of responsibility, and potential for influencing the situation, the approximate distribution of areas of responsibility for the above-mentioned problems looks as follows:

Stakeholder	Aspects	Responsibility linked to identified problems
Ministry of Health of the Republic of Kazakhstan	Regulatory aspect (guarantees, rules and procedures), and with the Committees – also the control function	The issue of the effectiveness of free outpatient drug provision, first of all, lies within the responsibility of the Ministry of Health of the Republic of Kazakhstan.
Social Healt Insurance Fund	Financial aspect (the most effective lever)	Responsibility for the queue for receiving planned medical care is divided between the SHIF and the HA; residents engaged in rice farming lose their insurance status in CSHI.
Kyzylorda Region Health Department	Organizational and financial aspects in terms of capital construction, equipment and staffing	Human resources (shortage, negligence and qualifications of medical workers), public awareness, corruption
A number of other stakeholders subordinate to the Ministry of Health of the Republic of Kazakhstan and indirectly/secondarily responsible for the observed state of affairs (Samruk-Kazyna Pharmacy, medical organizations, etc.)		

As we can see, there is a rather multi-level and interconnected spectrum of entry points responsible for the current situation and having the resources to resolve it.

BRIEF RECOMMENDATIONS

Detailed recommendations, down to the specific locality level, will be presented in the linked Policy Brief. Below are summarized recommendations, managed at the level of government agencies and their subordinate organizations:

- Prioritizing the issue of queues for planned medical care, as the main factor in public dissatisfaction, by creating a corresponding working group, introducing mechanisms to monitor the situation at the central level, and implementing relevant measures;
- In-depth study by the Ministry of Health of the Republic of Kazakhstan and subordinate analytical organizations of the situation in the area of free outpatient drug provision, with a review aimed at improving its effectiveness;
- Consideration at the level of SHIF of the issue of loss of insurance status in the CSHI by residents engaged in rice cultivation (as well as other seasonal work due to the specific economic conditions of the regions of the Republic of Kazakhstan), with the subsequent implementation of a mechanism to ensure continuous insurance for such social groups;
- Activities at the local level (including with the support of the National Center for Public Health) to raise public awareness of their rights in the field of healthcare;
- Development and implementation by the Kyzylorda Region Health Department of a set of measures to address the shortage and qualifications of medical workers, as well as violations of ethics and deontology (a more effective approach to attracting medical workers to work in rural areas by providing allowances and housing; systematic professional development; training on service aspects of providing medical care, etc.).