

Kazakhstan, a Market of Opportunities

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Reading time

Once member of the former Soviet Union, the world around Kazakhstan has shaped both it and its culture. The exploitation of its natural resources and the migration of surrounding peoples into the country have influenced its development and geography. A new movement to reinstate traditional Kazakh culture has resulted in various reforms in both its society and government, including reforms in healthcare.

health services and reducing informal and out-of-pocket payments, the country has gradually established a Mandatory Health Insurance system. The State- Guaranteed Basic Package, which is financed by the state budget (mainly covering socially vulnerable groups), has thus been complemented by a package of services funded by the Compulsory Social Health Insurance (CSHI), mainly financed by contributions from employ-

	Kazakhstan	Azerbaijan	Russia	Uzbekistan
Population, million	20	10.1	146.2	35.2
GDP per capita (PPP, USD)	26,754.4	14,479.7 ¹	29,812	7,734
World Economic Forum Global Competitiveness Index (2019) (out of 141 economies)	55th	58th	43rd	

Source: European Bank for Reconstruction and Development

Since the 2000s, sustained economic growth has transformed Kazakhstan into an upper middle-income economy, commensurately raising living standards and reducing poverty. This progress, however, masks vulnerabilities and unevenness in the country's development model, still excessively dependent on price fluctuations of oil and other raw materials, and on trade with Russia and China. Thus, besides the strong political commitment to building a solid reputation as the strongest, most stable, and reform-oriented economy in Central Eurasia, Kazakhstan still faces slow productivity growth, wealth inequality, rising living costs, limited job opportunities, and weak institutions. Despite these challenges, Kazakhstan's economy remains the largest in Central Asia, with unfulfilled potential, which continues to deliver sustained growth despite its failings.

Since his election in 2019, President Tokayev (successor of president Nazarbayev, after 29 years in office), has progressively launched a further plan of structural economic reforms, aimed at stimulating growth and competitiveness. **In this regard, a special Supreme Council for Reforms has been established with a main objective to reform the public administration, to incentivize the ecological transition of the domestic productive system, to attract greater FDI and nation branding, with the aim of reaching a 5% growth rate by 2025.** These reforms have become even more urgent after the effects of the pandemic on the Kazakh social level where, especially in rural areas, the country has suffered a clear worsening of living conditions. The Government is further committed to a privatization plan, to promote the competitiveness and efficiency of the Kazakh market.

90% of healthcare equipment is imported, as domestic manufacturing of medical equipment is limited. The bulk (85%) of medical equipment is purchased by the public sector. Currently, there are about 60 companies registered in Kazakhstan as medical equipment producers, many of which are small businesses with low production volumes.

Ongoing health reforms are taking place to improve health service accessibility, equity and efficiency. With the aims of increasing the coverage and quality of

ers and employees. **The publicly paid basket of services is relatively extensive, but there is a need for co-payments. Emergency and routine dental care is also provided, free of charge, in the package of Compulsory Social Health Insurance (CSHI), but only to certain privileged categories:**

- *Routine dental care* - which includes x-rays of the jaw or tooth, filling, simple and complex tooth extraction-using anesthesia, is provided for free to children under 18 years of age and pregnant women. In secondary educational organizations, preventive examinations of the oral cavity and closure of fissures is free for students.

- *Emergency care* - includes anesthesia, fillings, tooth extraction with anesthesia, periostotomy, opening of abscesses for children under 18 years of age; pregnant women; participants of the Second World War; pensioners; disabled people of groups I, II, III and IV; mothers with many children; recipients of targeted social assistance; patients with infectious, socially significant, and dangerous, diseases for others; unemployed who care for a child with special needs or group I disability people disabled since their childhood.

- *Orthodontic care* - correction (orthodontic plate) for cleft lip or cleft palate is free for children with congenital maxillofacial pathology. Also, correction for various types of dentoalveolar anomalies (malocclusion, micrognathia of the jaw) is available to children from low-income families aged 6 to 12 years.

While the country has a public healthcare system that theoretically provides coverage for dental services, the scheme has become unreliable and dental care is particularly a problem in rural areas, especially for children who have malformed palates. Thus, dental missions from around the world still play a key role in the country. High cost of dental services, combined with a general lack of access to doctors, especially those with top credentials, has many of the country's elite traveling to other countries for advanced dental services.

	Kazakhstan	Central Asia (average)	WHO European Region upper middle-income countries (average)	WHO European Region (average of all countries)
Per capita health spending USD, 2019 (adjusted for purchasing power)	765	552	1,338	3,226
Health spending from public sources, 2019	59.9%	37.2%		
Share of out-of-pocket spending as % of total health expenditure, 2019	33.9%	57.1%	44.1%	

Source: WHO-European Observatory on Health Systems and Policies

In 2021 the proportion of population covered by social health insurance was 81.3%, a decline from 84% in 2020. According to national data, 18.7% of the population not covered are people of working age who are not registered as employees or as unemployed. **Undergoing reforms aim to shift the country towards universal healthcare however, despite steady growth in funding, healthcare financing is still limited, especially if we consider Kazakhstan's national wealth.** When measured as a percentage of GDP, health spending accounted for only around 2.9% of GDP in 2020 (the latest year for which internationally comparable data are available), in comparison with the global average of 9.89%. Since then, the government has increased public spending on health, and overall spending on health as a percentage of GDP is likely to have increased as well.

Most health spending comes from public sources, which

was around 60% in 2019, higher than in Central Asian countries, but it has declined from around 75% in 2009. Conversely, the share of out-of-pocket payments as a percentage of health expenditure increased to 33.9% in 2019. Yet, this was still far below the averages for Central Asia (57.1%) and, following recent increases in public spending on health, the share of private spending is likely to have decreased. Most out-of-pocket payments (66%) are for medicines and medical products and outpatient services, including dental care (26%). **Moving towards Universal Health Coverage (UHC) is a high priority for Kazakhstan, and this was reiterated in the National Project "Healthy Nation" for 2021–2025.** The UHC service coverage index increased from 38.7% in 2000 to 75.9% in 2019, almost reaching the average of the WHO European Region (77.1%). The increased policy emphasis on extending public coverage of services



Economic Impact Related to Treatment and Prevention of Oral Diseases (2019)

Total expenditure on dental healthcare (US\$)	61 million
Per capita expenditure on dental healthcare (US\$)	3.3
Total productivity losses due to 5 oral diseases in million (US\$)	695 million

Notes: Total expenditure on dental healthcare in million (US \$): Estimate of total annual national expenditure on dental healthcare in outpatient dental care (public and private) in 2019. Per capita expenditure on dental healthcare (US \$): Estimate of the annual national per capita expenditure on dental healthcare for outpatient dental care (public and private) in 2019. Total productivity losses due to 5 oral diseases in million (US \$): Estimate of total productivity losses in 2019 resulting from combined impact of 5 untreated oral diseases including caries in deciduous and permanent teeth, severe periodontal disease, edentulism, and other oral conditions as defined by GBD. (Data source: Jevdjevic & Listl 2022.)

Source: World health Organization WHO - Oral Health Country Profile, WHO/UCN/NCD/MND/KAZ/2022.1

Regional Hospitals	492
Other State Department Hospitals	39
Private Hospitals	242
Total No. of Hospitals	773

	2015	2011
Number of dentists	5,089	6,532
Dentists per 10 000 pop. (2014-2019)	2.9	

Sources: Malmö University

<https://capp.mau.se/country-areas/kazakhstan/>

World health Organization WHO - Oral Health Country Profile, WHO/UCN/NCD/MND/KAZ/2022.1

and improving equitable access has led the country to make major life expectancy gains, in recent years, with all health indicators having improved substantially, even if they continue to stay behind those of the OECD. Economic progress has not been reflected in accompanying improvements in the healthcare system, that still retains the hallmarks of a transitional economy undergoing profound restructuring. Healthcare service delivery is fragmented, and quality of care is impaired by the insufficient staffing levels and limited infrastructure of healthcare facilities. In the coming years, the healthcare system should be steered consistently towards more modern arrangements, with a clear focus on improving health outcomes and maximizing efficiency.

Information on oral health in Central Asia is limited. However, according to a cross-sectional study titled “Prevalence and determinants of dental caries experience among adolescents in Kazakhstan”, conducted between 2014 -2015 on 2,149 schoolchildren aged 11–15 years from

4 regions of Kazakhstan, there is a higher prevalence of dental caries than in many developed and some developing countries, but the results were very similar to other post-soviet countries. The prevalence of caries among 12-year-olds in Kazakhstan (73.8%) was analogous to Moldova (77.5%), Russia (77.5%) and Georgia (68.9%), and slightly lower compared to Lithuania (85.5%), Belarus (85%) and Latvia (91.2%). The 15-year-olds from Kazakhstan had higher prevalence of caries (77.9%) compared to another Central Asian country Uzbekistan (68%), but lower than Moldova (86.2%), Russia (91.8%), Georgia (82.3%) and Armenia (90.8%). **These similarities might be explained by the common challenges in transition period after the dissolution of the Soviet Union, when access to public dental services for children dropped dramatically and dental healthcare became mostly private.** Concurrently, the rapid increase in the availability of sugar-sweetened beverages and refined carbohydrate foods contributed to dental caries experience. ●

Prevalence of Oral Diseases

Prevalence of untreated caries of deciduous teeth in children 1-9 years	46.9%
Prevalence of untreated caries of permanent teeth in people 5+ years	31.2%
Prevalence of severe periodontal disease in people 15+ years	15.3%
Prevalence of edentulism in people 20+ years	12.4%

Source: World health Organization WHO - Oral Health Country Profile, WHO/UCN/NCD/MND/KAZ/2022.1

Outlook on Kazakhstan:

*Notes: Title of the Study: “Prevalence and determinants of dental caries experience among adolescents in Kazakhstan: a cross-sectional study” - Anara Zhumadilova (azhumadilova@nu.edu.kz) Nazarbayev University <https://orcid.org/0000-0001-7514-9705>, Turgan Supiyev- Kazakh Medical University Continuing Education, Sholpan Abiralina -Semey Medical University, Ardak Yeslyamgaliyeva -Astana medical university, Aizhan Kulmirzayeva - Astana medical university, Adil Supiyev Nazarbayev - University National Laboratory Astana.

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