

Approved by the order of  
Minister of Healthcare and Social development  
of the Republic of Kazakhstan

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## **Strategic plan for 2014 - 2018 of Ministry of Healthcare and Social Development of the Republic of Kazakhstan**

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### **Chapter 1. Mission and vision**

#### **Mission**

Gain in health of Kazakhstani citizens through effective formation and implementation of state policy, cross-sector coordination and state regulation of healthcare services. Labor law protection, facilitation of productive employment and growth in human well-being.

#### **Vision**

Effective and obtainable healthcare system satisfying the needs of population. Improvement of social living standard and living quality through productive employment, increase in social security level, development and optimization of social security system.

## **Chapter 2. Analysis of current situation and development trends of relevant sectors (spheres)**

### **Strategic area 1. Promotion of health of residents and decrease of mortality rate**

#### **Key parameters of sphere development**

Medical and demographic situation and people health indicators have positive dynamics: birth rate increased from 22,5 (2011) to 22,73 (2013) per 1000 people, mortality rate decreased from 7,98 (2013) to 8,71 (2011) per 1000 people and natural increase rate raised to 14,75 (2013) (2011– 13,79) per 1 000 people.

Anticipated length of life in Kazakhstan in 2013 vs. 2011 (69,01 years) increased and was equal to 70,45 years; it allowed improving position of the republic in the Commonwealth of Independent States (hereafter to be referred to as CIS). Moreover, anticipated length of life in Kazakhstan is significantly lower than in countries of the Organization for Economic Cooperation and Development (2010 - 79,8 years) and European Union (according to World Factbook 79,9 years in 2013).

Health of women and children is improving. Over the last years (from 2011) maternal mortality saw 1,4 times decrease, infant mortality saw 1,3 times decrease.

Maternal and infant mortality has been reduced due to specific activities aimed to improve reproductive health of women: preventive measures, early disease detection and treatment. More than 40 protocols for diagnostics and treatment, protection of maternal and infant health, as well as 8 clinical guidelines have been developed in accordance with international requirements; this type of work is still in progress.

Over the last three year period one can see certain indicators reduced related to prevalence and mortality of population caused by socially significant diseases.

From 2010 National screening program intended to do early detection and prevention of the main socially significant diseases (circulatory, oncological diseases) was introduced all over the country. Specialized and highly specific medical aid is becoming available.

Screening has enabled to better detect circulatory diseases (hereafter to be referred to as CD), therefore CD incidence rate has increased from 2 277,1 per 100 thous. people in 2011 to 2 463,1 in 2013. Work performed resulted in a reduction of CD-related mortalities from 309,61 in 2011 to 207,4 in 2013.

Over the 2010-2013 period high tech aid against CD increased, a number of coronary angiographies saw 2 times increase, stenting – 4,5 times increase, etc. Introduction of advanced technologies in cardiology has significantly reduced the level of complications and mortality caused by cardiovascular diseases; it has resulted in a growth of patients who are back to full work and active life activity.

To help the people with the severest complications bringing to mortality and disability – acute cerebrovascular accidents, the republic has opened 40 cerebral accident centers, where 8 have been opened in 6 oblasts of the RK in 2011, 12 in 10

oblasts of the RK in 2012, and 20 in year 2013. 8 cerebral accident centers are expected to open in 2014.

In comparison with 2011 there is a growth in cancer diseases indicator (from 183,0 per 100 thous. people to 193,9 in 2013). The highest level of the indicator is seen in regions with developed industry – North-Kazakhstani (269,8), Pavlodar (264,5), East-Kazakhstani (271,1) Kostanay (258,9) oblasts.

Actions focused on early detection of oncological diseases, provision of chemotherapeutic agents, strengthening of medical organizations material and technical base allowed to reduce cancer mortality rate from 102,4 for 100 thous. people in year 2011 to 99,49 in 2013.

Injury rate is still one of the most important medical and social problems of today not only for Kazakhstan but for majority of countries worldwide. In morbidity patterns injuries, temporary disability and mortality as well as primary disability take the third place in Kazakhstan. As the part of State program of healthcare development in the Republic of Kazakhstan «Salamatty Kazakhstan» for 2011-2015 (hereafter to be referred to as State program) effective measures have been taken to reduce mortalities associated with road traffic incidents (hereafter to be referred to as RTI); system of emergency aid to be provided to people suffered injuries in RTIs has improved - 40 interdistrict traumatology departments located along highways of republican importance with high level of injury risk have been established; they are equipped with modern diagnostics and therapeutic equipment. Therefore mortality caused by accidents and injuries has decreased from 102,6 per 100 thous. people in 2011 to 95,85 in 2013.

Diabetes in the republic along with many other countries of the world remains a serious problem. Over the analyzed period diabetes incidence rate has increased and is equal to 170,4 in 2013 in comparison with 2011– 158,3 per 100 000 people.

In order to improve quality and length of life screening assays with the aim to early detect diabetes were provided for 2,6 mln. people in 2013, where 9,6 thous. people were found diabetic. All diabetes sick people are provided with insulin at the level of 100%.

Epidemiological tuberculosis situation in the republic is stable, reduction of incidence rate, mortality and prevalence of resistant forms of tuberculosis is seen among all age groups. Incidence and mortality caused by tuberculosis have reduced from 86,6 in 2011 to 73,4 in 2013 and from 8,4 in 2011 to 5,6 per 100 thous. people in 2013. In Global Competitiveness Index rating (hereafter to be referred to as GCI) Kazakhstan holds 102 position for tuberculosis incidence rate and 111 position for tuberculosis impact on business.

Tuberculosis-related epidemiological situation in the country is improved through systematic measures taken countrywide. Gradually antituberculosis organizations are restructured and bedspace is optimized, patients are separated and cared according to international infection control requirements.

According to the World Health Organization (hereafter to be referred to as WHO) Kazakhstan is at a concentrated phase of HIV/AIDS epidemy (0,16% of

people, though an average global indicator is equal to 1,1%, in Eastern Region Kazakhstan belongs to it is equal to 0,8) (2010 and 2011 - 0,18). Over the past 2013 the highest prevalence among people at the age of 15-49 is seen in Karaganda oblast - 0,306, Pavlodar - 0,335 and in Almaty city - 0,316.

According to the results of IV and V national social studies performed in 2007 and 2012 Kazakhstan has a downtrend seen in tobacco consumption decreasing from from 27% to 26,5%, i.e. by 1,8%. However, it is to be noted that rules of WHO Framework convention combating tobacco smoking (hereafter to be referred to as FCcTS) began to be implemented in Kazakhstan only the last 2-3 years.

In countries with many-years tobacco smoking combating practice and all rules of WHO Framework convention combating tobacco smoking introduced, the rates of tobacco consumption drawdown are not high and they are equal from 0,3% to 4,1% during the last 3-5 years (in Thailand tobacco smoking was reduced from 27,2% in 2009 to 26,9% in 2011, i.e. by 0,3% over 3 years, in Australia - from 15,1% in 2010 to 12,8% in 2013, i.e. by 2,3% over 4 years, and in Turkey - from 31,2% in 2008 to 27,1% in 2012, i.e. by 4,1% over 5 years).

Subsequent to the results of studies 2012 (V) level of alcohol consumption has reduced from 35,6% to 33,1% , i.e. by 7%.

### **Analysis of major problems**

Despite of positive dynamics seen in medical and demographic indicators, an anticipated length of life at birth is at low level and subsequent the results of 2013 it is equal to 70,45 years, which is 4 years lower than the same in countries with similar income.

Mortality caused by cardiovascular diseases takes the 1 position in all countries of the world, 2 position is taken by mortality caused by oncological diseases, 3 position – by mortality caused by injuries.

Approximately 17 thous. people die of cancer in Kazakhstan every year where 42% are working age people.

Approximately 3 thous. people die and more than 29 thous. people sustain injuries in RTI on highways; it bears evidence of the scale and severity of the problem.

Despite of significant improvements seen in maternal and infant health care, maternal and infant mortality indicators are higher than they are in European region of World Health Organization.

Majority of above-mentioned problems can be resolved at the level of PHC. International practice demonstrates that PHC maximum coverage and effectiveness is achieved when volume of PHC financing is not less than 40% of healthcare expenditures. However, according to results of year 2013 Kazakhstan invests insufficient funds of guaranteed free medical care (hereafter to be referred to as GFMC) into PHC.

There are still problems associated with insufficient focus of PHC on prevention measures that include the planned parenthood work, raising public awareness on healthy lifestyle formation.

### **Assessment of key external and internal factors**

People health status indicator is influenced by the following external and internal factors.

External factors:

1) Non-adherence to healthy lifestyle, unfavorable environmental condition (according to the WHO 50% of person's health depends on lifestyle (social and economic factors, education level, bad habits, healthy lifestyle, etc); 20% of person's health depends on environmental condition) including:

- poor quality of drinking water (only 87,7% of population is provided with safe drinking water which in turn reflects high level of infectious incidences;

- risk factors (almost 60% of all chronic diseases fall within seven main risk factors: tobacco smoking (12,3%), alcohol abuse (10,1%), high arterial pressure (12,8 %), hypercholesteremia (8,7%), overweight (7,8%), underconsumption of fruits and vegetables (4,4%), low physical activity (3,5%);

2) adverse epidemiological situation concerning highly infectious diseases spread in the near-border countries and countries that have direct transport connection with Kazakhstan; need to strengthen epidemiological control over infectious diseases;

Internal factors:

- 1) lack of efficient preventive examinations and early diagnostics;
- 2) insufficient introduction of new evidence medicine-based methods and protocols for diagnostics, treatment and rehabilitation of diseases;
- 3) no continuity between PHC and in-patient hospital;
- 4) lacking role of primary sanitation service in public healthcare including prevention and reduction of incidence rate of non-contagious diseases;
- 5) low level of medical immunobiological drugs production, primarily diagnosticums, test systems development, etc.

Further improvement of PHC as well as medical and social development is expected to enhance availability, effectiveness, quality and development of PHC.

## **Strategic area 2. Improvement of healthcare system efficiency**

### **Key parameters of healthcare development**

2013 saw a reduction of hospital bed provision indicator (56,3 per 10 thous. people in the Ministerial system against 61,4 in 2011). High bed provision level is seen in North-Kazakhstani (83,2) and Akmola (82,3) oblasts, the lowest level is seen in South-Kazakhstani (47,6 per 10 thous. people), and Almaty (47,2) oblasts.

In-patient substitute technologies are being actively developed as a part of Universal National Healthcare System (UNHS) with help of which 965,8 thous. people have been treated in 2013, which is 47,5 thous. people more than in 2011. New methods of payment with due consideration of the best international practice focused on improvement of medical aid quality and good cost management have been introduced: for clinic cost-based groups at the level of in-patient hospital in 2012, for global budget in 2013, i.e. complex rate per capita for 1 villager that includes costs for out-patient and in-patient services. System of payment of complex rate per one oncologic patient has been introduced to improve early detection of malignant neoplasms and living standards of oncologic patients.

Medical aid high technologies are being developed, and unique technologies are being actively implemented.

To enhance material and technical base and to improve efficiency of fixed assets use, medical organizations have been provided with an opportunity to purchase equipment through leasing.

Primary health care (hereafter to be referred to as PHC) funding system is under improvement within the second phase of UNHS, it is focused on development of social services institute. As from 2011 PHC organizations had the staff positions of social workers, psychologists instituted. Positions of the 2<sup>nd</sup> and 3<sup>rd</sup> visiting nurse have been instituted in order to enhance preventive work with population (screening, formation of target groups, training on healthy lifestyle and precaution).

A complex standard per capita (hereafter to be referred to as CSpC) for rendering medical aid at out-patient and polyclinic level has been implemented in 2014 as a part of the second phase of UNHS with the focus on phase-by-phase equation of funding in regions. In 2014 CSpC in the country was equal to 808 tenge on average, in 2015 it would be 896 tenge.

From the beginning of 2011 the list of guaranteed free medical care (hereafter to be referred to as GFMC) has been extended in terms of high-cost services for vulnerable social groups, extracorporal fertilization, orthodontal care, etc.

System has been formed to motivate work oriented on ultimate outcome of PHC organization.

E-Health development Concept of the Republic of Kazakhstan has been adopted for 2013-2020 whose ultimate outcome is to create electronic health passport for whole population by 2020.

National telehealth network has been created which is used for providing consultations at different medical aid provision levels. A number of telehealth consultations has increased by 12% in 2013 in comparison with 2012 (2012 – 15751, 2013– 17752).

To ensure medical aid available for rural population, especially for people living in outlying and hardly accessible regions, transport and medicine are under development – there are 49 mobile medical complexes (hereafter to be referred to as MMC), 26 highway medical rescue centers, 3 medical and diagnostics trains.

Republican coordination center for air-medical service has been operating since July 2011; there are flights to have consultations provided by dedicated experts.

In order to ensure independence, medical organizations are gradually shifted to state enterprises operating on the basis of economic management right (hereafter to be referred to as ST EMR), 489 medical organizations have been shifted to ST EMR as on January 1, 2014.

To improve healthcare infrastructure ensuring equal access of people to medical services and as the part of large-scale projects «Construction of 100 schools and 100 hospitals» and «Construction of 350 medical out-patient centers, medical and obstetric centers and polyclinics» 174 healthcare facilities have been put into operation and 275 healthcare facilities are planned to be built in the next 4 years using private-public partnership mechanism.

International accreditation standards are being gradually introduced in the pursuance of the order of the Head of the State.

System of state registration, certification of medical products, medical accessories and medical equipment is under improvement.

Purchase of pharmaceuticals within GFMC is approximately 70% of total consumption.

A share of domestic pharmaceuticals, medical accessories in total volume of products purchased within GFMC using universal distribution system (in natural units) increases annually (2012 – 35%, 2013 – 40%).

National information medical center has been established.

State regulation of prices for pharmaceuticals purchased as a part of GFMC has been instituted.

Formulary system of pharmaceutical provision used for rational use of pharmaceuticals depending on their therapeutic effectiveness, pharmacoeconomics and side effects monitoring has been created. Center for monitoring pharmaceuticals prices has been established.

A system of out-patient pharmaceutical benefits has been improved to exercise the right of people for being provided with pharmaceuticals within GFMC. A list of free medical products has been optimized; medical products that have previously been sold with 50% discount are delivered to vulnerable social groups free of charge. Pharmaceuticals of high-cost nosologies are procured by a sole distributor using the republican budget.

Register of dispensary patients and information system of out-patient pharmaceutical benefits enabling tracking a receipt of medical products guaranteed by the state by each patient have been created.

Pharmaceuticals are realized through PHC facilities in more than 3000 rural areas that have no pharmacies to ensure physical availability of medical aid to rural citizens (2011 - 3030, 2012– 3100, 2013 - 3200).

Mechanisms for medical services quality management are being improved to ensure high quality of medical aid.

Social councils for protection of patients' rights and Commissions for reviewing people's healthcare addresses have been established. Medical organizations have functioning Internal Control Services focused on preventing complaints and consideration of such at the place of origin on «here and now» principle.

System of medical organization rating, internal control and patients' feedbacks has been implemented by the Ministry in 2012 aiming to improve patients' awareness, development of competitive environment in healthcare sphere, transparency principles and voluntariness for medical organization.

Independent examination is under development to ensure objectivity; a share of inspections with participation of independent experts in 2013 was equal to 32% which was 5% more than in 2011 (27%) (2012 - 30%).

Concept for medical and pharmaceutical education development in the RK for 2011-2015 stipulating measures for achieving quality of healthcare staff training has been elaborated as a part of the State program.

Innovation educational technologies are being gradually implemented into educational process; educational and clinical centers have been created in medical high institutions.

To introduce international best practices Memorandum of Understanding among the Ministry, Dundee University (Great Britain) and medical universities of Kazakhstan has been signed as a part of which joint training programs, research projects, students', master's students, teachers exchange programs will be implemented.

Institutional accreditation standards of Educational healthcare organizations accustomed to International standards of World Federation of medical education have been introduced. Independent national accreditation authorities (IAAR – Independent Agency for Accreditation and Rating and IKAEQA – Independent Kazakhstani Agency for Educational Quality Assurance) have performed an institutional accreditation of 3 medical universities in 2013: S.D. Asfendiyarov Kazakh national medical university, South-Kazakhstani state medical academy, «Medical University Astana» JSC.

Continuous professional development is provided up-country and abroad in order to improve quality of medical services; master-classes are conducted with an involvement of leading foreign specialists. Medical staff additional education financing mechanisms have been improved within UNHS. Skills of more than 30 thous. specialists are improved using the funds of republican budget every year.

Normative legal base is improved, system for state planning and forecasting of health manpower resources has been created, approaches to nurse service organization are being improved as a part of Comprehensive plan for health manpower resources development for 2013-2016.

Measures for social support and normative assignment of labor-rent by specialists were adopted, it allowed reducing requirement in specialists from 5,8 thous. in 2012 to 4,5 thous. in 2013.

At S.D. Asfendiyarov Kazakh national medical university and Karaganda state medical university there are 2 shared use scientific molecular genetic laboratories that provide access for students, master's students, postdoctoral students, young scientists and staff of medical scientific organizations and universities to modern devices and allow conducting studies.

Percentage of publications in international media (2011 – 16%, 2012 – 18%, 2013 – 19,1%), a number of preclinical and clinical researches of biologically active substances performed, pharmacologic and medical products, medical accessories and medical equipment increase year by year (2012 - 14 and 2013 – 50).

Concept of medical science development 2020 and implementation action plan were developed and approved in 2013. The main objective of national medical science development is to reach competitiveness and developments being in demand, implement developments-based medical technologies and innovations.

Scientific and innovation process will be improved at all levels as the part of Concept management implementation, actions will be taken to develop scientific and innovation infrastructure, quality of scientific staff training will be improved, conditions will be created to integrate medical and pharmaceutical science, education and practice during the first phase by 2016.

### **Analysis of key problems**

Despite of positive developments seen in creation of competitive environment, poor administrative independence of state healthcare organizations and insufficient level of management attained by implementing financing mechanisms (assets holding, two-component standard per capita) within UNHS impede the growth in medical services suppliers competitiveness.

At the same time general medical practice in primary healthcare element and health saving technologies in preventive community outreach develop weakly.

Absence of particular GFMC list and irregular access to medical services do not allow exercising the rights of citizens provided by the government to its full extent. Therefore, a part of citizens has to approach private healthcare sector to obtain services on a paid basis. This situation is worsened by poor public awareness about their healthcare rights.

There is still a low level of medical services quality. Internal audit system in medical organizations is developed poorly. There is insufficient potential of independent experts. System of patients' rights protection is developed poorly.

Despite of active implementation of Universal information healthcare system, there is still a low level of information and communicative infrastructure in healthcare field, low level of computer literacy among the medical staff.

Problematic issues are issues related to insufficient material and technical support of medical organizations. Leasing system opportunities are used not to the full extent.

Rural healthcare of Kazakhstan faces real challenges associated with isolatedness (remoteness), underdeveloped infrastructure, poor material base, adverse climatic conditions, lack of medical personnel and manpower turnover.

A number of medical organizations in rural areas are located in unadjusted premises not compliant with sanitary requirements, they are underequipped with modern medical equipment, sanitary transportation means.

Despite of measures taken the system of pharmaceutical supervisory control, pharmaco-economic researches, monitoring of side effects of medical products, work on production and distribution of faked and pirated pharmaceuticals needs to be subsequently improved.

Issues related to an availability of medical products for people, especially for people living in rural area require subsequent development.

Healthcare financing sources are not diversified, the government carries major financial loading, contribution of business community is still insufficient, financial contribution of people does not improve their attitude to their own health.

Poor efficiency of interdepartmental cooperation is of current interest when resolving health issues.

There are still problematic issues associated with quality of staff training, skill level of experts on the ground. With medical staff graduation level increased annually there is distribution inequity: from 20 to 45,7 per 10 thous. people. Number of rural healthcare doctors is still low and it fluctuates from 11,0 to 18,9 per 10 thous. people.

There is a poor competitiveness of scientific researches and lack of significant innovation achievements in healthcare field. It is related to a number of factors impeding development of medical science such as a weak material and technical base of medical science organizations, ineffective management of scientific researches, insufficient potential of researchers, lack of effective levers for motivating self-development.

Level of development of University science is still low; it is associated with insufficient scientific potential of educational organizations and poor involvement of teaching staff into implementation of scientific programs and projects.

### **Assessment of key external and internal factors**

Level of medical aid is influenced by the following external and internal factors.

External factors:

1) financing instruments used have a scarce impact on healthcare economy efficiency;

2) climatic and geographical features of Kazakhstan.

To eliminate negative influence of the above-mentioned factors it is necessary to improve and take measures to enhance efficiency of allocated resources, introduce

resource saving technologies, involve additional (extra-budgetary) sources of financing. Mobile and sanitary aviation needs to be developed in order to ensure timeliness and quality of medical air provided in regions of hard access, as well as in case of climatic cataclysms.

Internal factors:

- 1) health manpower outflow from the sector, lack of manpower especially in rural area and poor skills of specialists;
- 2) Non-observance of step-by-step approach in case management;
- 3) Irregular financing of medical aid at out-patient and polyclinic levels region-wise;
- 4) Ineffective system of medical staff motivation;
- 5) poor level of health organizations material and technical base;
- 6) low independency of health organizations in taking managerial decisions.

To improve efficiency of healthcare system, to establish balance of responsibility among the government, citizens and employers for individual and public health it is planned to:

- 1) introduce a compulsory health insurance system;
- 2) improve PHC within UNHS: develop new methods of financing, social directivity of PHC;
- 3) improve system of external monitoring over the medical services quality using health organizations assessment target indicators;
- 4) improve procedures of accreditation of healthcare organizations and independent experts, elaborate a system encouraging obtainment and preservation of status of accredited facility;
- 5) develop public and private partnership;
- 6) rise independence of state health organizations and institute corporate management principles;
- 7) improve healthcare system infrastructure;
- 8) develop transport medicine including aviation medical transportation;
- 9) continue the practice on generation of target purchase orders of local executive authorities to train healthcare specialists.

Availability and quality of pharmaceuticals can be influenced by the following external and internal factors.

External factors:

accession to the WTO and Customs Union.

Harmonization of laws and regulations pertaining to circulation of drugs, medical products and medical equipment, mutual recognition of approval documents, creation of integrated system for inspection and quality control of pharmaceuticals within the Customs Union are required in order to eliminate external factors.

Internal factors:

1. Non-competitiveness of domestic pharmaceutical market;
2. Low level of equipage of laboratories used for testing faked and counterfeit goods;

3. Ineffective management of Universal drugs distribution;
4. Insufficient monitoring over medical equipment, especially the high-costly one.

To improve quality, efficiency, safety and availability of pharmaceuticals for the people and efficient use of medical equipment it is planned to:

- 1) establish a coordination center for centralized support and maintenance of medical equipment and implementation of leasing mechanisms of equipment supply and service contract system;
- 2) international accreditation of state laboratories in charge of certification and control of pharmaceuticals.

### **Strategic area 3. Facilitation of labor force growth**

#### **Key parameters of controlled activity development**

In accordance with the Strategic plan of development of the Republic of Kazakhstan 2020 qualitative economic growth will be based on upgrade of physical infrastructure, development of human resources and strengthening of institutional base promoting accelerated industrial and innovation development of the country.

Solution of the problem depends on improvement of demographic situation and stable increase in population. In order to achieve increase in population by 10% by 2020 as provided by the Strategic plan of development of the Republic of Kazakhstan it is necessary to ensure subsequent growth in birth rate and positive balance of migration.

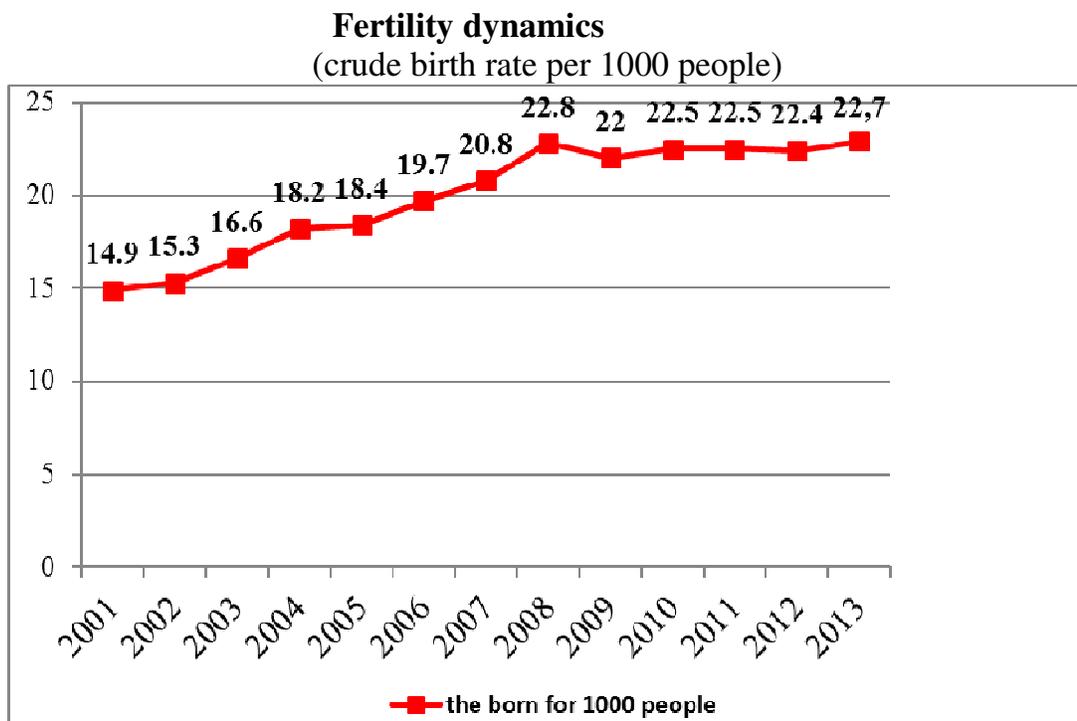
Solution of the problems anticipates coordination of activity and cooperation of central and local authorities of the Republic of Kazakhstan.

The Ministry as one of the elements of population process management system is designed to encourage creation of favorable conditions in order to increase birth rate and redress situation of households with children.

Main areas of activity of the Ministry related to facilitation of birth rate growth have been defined with due account for its current state.

In the last period there was an increase in population: as on January 1, 2014 it was 17,2 mln. people, it exceeded the level of 1999 by 2,2 mln. people.

Population growth was ensured primarily by birth rate increase. Over the last three years annual average number of children born was more than 381,5 thous. (372,2 thous. – in 2011, 379,1 thous. – in 2012, 393,4 thous. - in 2013); birth rate in 2011 – 2013 was equal to 23 on average.



Age distribution saw a positive change. As on the beginning of 2014:

- 1) a share of people of working age has increased from 49,6 % (2003) to 63,3 % (63,2 % - in 2011, 63,8 % - in 2012);
- 2) a share of children under 18 is more than one third of the population (30,9% in 2011-2013).

Demographic situation has been significantly influenced by development of social support system for households with children. From 2003 the following widely used in international practice was gradually implemented:

- 1) lump-sum welfare payment for the newborn in an amount exceeding 30 monthly calculation index (hereafter to be referred to as MCI) (from April 1, 2014 from 31,41 MCI) (for the first, second and third newborn) up to 50 MCI (from April 1, 2014 - 52,35 MCI) (for the fourth newborn and subsequent children) to be paid to families using the republican budget regardless of their income;

- 2) allowance for children under 1. Fulltime mothers get the payment from the republican budget regardless of income in an amount from 5,5 to 8,5 MCI, from April 1, 2014 from 5,76 to 8,90 MCI (depending on a number of the newborn and children raised in the family). Working mothers get social benefits from “Public fund of social insurance” JSC in amount of 40 % of their income insured over the last 24 months prior to the date of child delivery;

3) allowance for parents, foster parents raising disabled children (instituted in 2010) in an amount of minimum wage, from April 1, 2014 года - 1,05 minimum wage;

4) allowance for children under 18 granted and paid to needy families, whose income is lower than food basket, from the local budget in an amount of one MCI, from April 1, 2014 - 1,05 MCI.

Conditions for awarding mothers of large families with pendants “Altyn alka” and “Kumis alka” have changed since 2010 and the amounts of special state benefits paid to them have increased (from 3,9 to 6 MCI) from April 1, 2014 – 6,4 MCI.

Over the period when new system for maternal and children support was operating the number of families getting benefit for the newborn increased from 157,5 thous. (in 2003) to 391,7 thous. (more than 2 times);

International practice has shown that there is similarity between the social support systems devoted to households with children in Russian Federation, the Republic of Belarus and Ukraine. These countries have a measurement system aimed to support households with children; it includes such benefits as maternity allowance, lump-sum benefit for the newborn, child care allowance. Systems of CIS countries, like in the Republic of Kazakhstan, are developed and improved constantly.

Compulsory social insurance provided in case of loss of income relative to pregnancy and childbirth was instituted for working women in 2008. In case such risk arises a working woman gets social benefit depending on her length of participation in compulsory social insurance system and on the amount of assured income over the last 12 months prior to the risk for the period indicated in maternity leave sheet. Source of financing is Public fund of social insurance.

However, employer pays a part of maternity leave, a paid leave for employees who have adopted a newborn (children), in case it is provided by labor and (or) collective agreement, employer’s act minus maternity social benefit amount to be paid from the Public fund of social insurance.

Moreover, subsidy of additional compulsory pension contribution was instituted for working women during childbirth and childcare leaves using public funds in order to increase level of pension savings of women and exclude intervals in defined contribution pension system participation.

Such benefits are paid in other countries as well. Sources of financing are different: Social Insurance Fund in Russia, Government and employer in Great Britain, Medical Insurance Fund and employer in Germany.

### **Analysis of key problems**

Demographic sphere has the following problems:

1. relatively low density of population (5,7 persons per one square kilometer) restricts regional development and is one of factors affecting social and economic stability.

2. development of a trend of population ageing. In the long term (by 2020) a share of population older than working age is expected to increase owing to people born in postwar time (during “baby boom”). Trend of population ageing will remain the next years as well. According to the Statistic Committee of the Ministry of National Economy a share of senior citizens by year 2030 will increase to 11,1 – 11,3 %, by 2050 – by 14,7 – 15 %.

Ageing of population will have quite different consequences for economic growth, savings and investments, labor and employment supply, pension scheme, healthcare and social service, taxation, family composition and lifestyles.

3. lack of manpower at national labor market.

4. amounts of child and family allowances are relatively low and it obstructs creation of equal start opportunities for children development.

### **Assessment of key external and internal factors**

Level of labor force growth is influenced by the following external and internal factors.

External factors:

- 1) environmental conditions and negative impact on organism;
- 2) maternal and child mortality;
- 3) availability of pre-school institutions and quality education for children;
- 4) lack of housing conditions;
- 5) migration flows;
- 6) trend of population ageing;
- 7) situation at labor market.

Elimination of adverse effect of the above-mentioned factors largely depends on successful solution of a number of social and economic development tasks including stable economic growth and growth in prosperity of people, reduction of poverty rate and decrease in income differentiation, intensive development of human capital and formation of effective social infrastructure (healthcare, education, social protection of population).

When defining and assessing the level of social support it is also necessary to consider such resources as promotion of employment and growth of income of employable members of the family, creation of conditions for combining family obligations with participation in production process, availability and quality of social services.

Internal factors:

- 1) competitiveness at labor market;
- 2) income level of people;
- 3) reproductive health of women;
- 4) quality of services rendered.

These factors can be overcome through an increase in level of social benefits and social protection, motivation of people to have healthy lifestyle.

It is expected to:

- 1) increase the amount (indexation) of benefits for the newborn, allowance for child under 1 and special state benefits for mothers of large families;
- 2) do pilot implementation of mechanisms of “tied social assistance” and provision of families’ access to social services;
- 3) develop system of individual support and assistance to families and children in difficult real-life situation.

Moreover, in long-term prospective non insignificant influence will be exerted by worldwide trends of global development, one of which is a reduction of economically active population. Population of working age is expected to decrease in many countries of the world and consequently, economically active population will go down which will result in decrease in manpower supply and escalate situation at labor market.

Improvement of maternity and child support system is expected to continue in future in order to create favorable conditions for encouraging birthrate, supporting large families and young families with children.

#### **Strategic area 4. Facilitation of productive employment**

##### **Key parameters of sphere development**

In the course of social modernization to be performed in employment policy the Ministry will be carrying out activities to enhance labor motivation and facilitate productive employment on one hand and satisfy the requirements of economy in highly skilled manpower on another hand.

Social risk management system planned to be developed in employment sphere represents a reflection of realias, problems and trends existing in this sphere so far.

##### **Labor market and employment**

In the course of social and economic reforms the country has created a dynamic labor market, economic activity and occupational level increases steadily. Level of economic activity of population has increased from 52,6 % in 2011 to 71,7 % in Q2 2014, volume of employment has increased from 8,3 mln. people to 8,7 mln. people (2012 – 8,5 mln. people, 2013 – 8,6 mln. people). However, number of people employed at private enterprises prevails.

In Q2 2014 number of economically active population at the age of 15 and older was more than 9,1 mln. people (2011 – 8,8 mln. people, 2012 – 9,0 mln. people, 2013 – 9,0 mln. people). Urban population in total number of economically active population was 5,0 mln. people (54,7%), women – 4,5 mln. people (49%).

Level of employment of economically active population was 94,9%. Number of salaried employees in employed population structure was equal to 6,0 mln. people, or 69,8% (2011 – 5,6 mln. people, 2012 – 5,8 mln. people, 2013 – 6,0 mln. people), self-employed – 2,6 mln. people or 30,2% (2011 – 2 720 thous. people, 2012 – 2 693 thous. people, 2013 – 2 621 thous. people), a share of women was 48,6% (2011 – 48,8 mln. people, 2012 – 48,6 mln. people, 2013– 48,8 mln. people).

Level of the unemployed has dropped from 5,4% in 2011 to 5,2% in 2013, in Q2 2014 – 5,1%. Level of employment in Russia was equal to 5,5 %, USA – 7,4%, Poland – 10,3%, France – 9,9%, Turkey – 8,8%, Czech Republic – 7,0% (according to the data of Statistic Committee of MNE for 2013).

Number of unemployed population in 2013 was 470,7 thous. people which was 2 times less in comparison with 2000, in Q2 2014 - 460,9 thous. people (2011 – 473,0 thous. people, 2012 – 474,8 thous. people, 2013 – 470,7 thous. people).



Stable positive situation at labor market seen over the last years is determined by implementation of timely anti-crisis measures. They include Road employment maps (2009, 2010). A new employment strategy was developed in 2011. By the order of the Head of the state a Program of employment 2020 (hereafter to be referred to as Program) was developed which was directed to increase income of people by ensuring stable and productive employment; the Program came into play on July 1, 2011 and in 2013 it was converted into Road employment map 2020 (hereafter to be referred to as Program).

280 bln. tenge was allocated for the Program over the 2011-2014 period. It allowed involving approximately three hundred and twenty thousand people into the Program where more than 60 % were previously unemployed people, and more than 30% were self-employed people. The rest who signed the participation contract were needy and salaried employees (0,7 %).

279 thous. people were employed once the Program was implemented. More than 115 thous. participants of the Program were sent for training and approx. 85,5 % were employed upon completion. 82,8 thous. representatives of relevant population obtained social jobs, 56,7 thous. graduates were provided with temporary work as a part of practice for young people.

More than 15 thous. people set themselves up in business in rural area and more than 7 thous. people extended their business using microcredits obtained within

the Program, consequently 19,5 thous. people were employed on additionally created jobs.

Approximately 14,7 thous. people moved to population centers with high economic potential. 75% of employable people who moved obtained permanent jobs.

43 thous. jobs were created within the implementation of 2341 projects for which 23 thous. participants of the Program were involved.

Analysis of international practice shows that active policy at labor market (hereafter to be referred to as APLM) is of great importance in the context of national employment policies of advanced countries. APLM in Kazakhstan includes a lot of instruments applied in foreign countries. In the light of active demographic population ageing trends the developed countries have such major problems as employment of youth, preretirement and elderly age people, therefore there is a surplus of elderly workers and removal of young workers from the labor market.

Problem of simultaneous provision of employment to youth, preretirement persons and elderly age people is characterized by internal inconsistency: aged employees shall give way to young people. According to international studies, 1% increase in employment of people at the age of more than 55 decreases employment of young people by 0,2%.

### **Analysis of key problems**

However, development of national labor market faces particular problems and difficulties.

1. National labor market is not balanced. There is unemployment; its level is especially high among the youth. Due to unemployment enterprises and organizations have vacant work positions (vacant positions). Demand for blue-collar jobs and highly-skilled employees is not satisfied.

2. Informal economic sector keeps on holding a significant part of economically active population without social protection. More than 33,4% of self-employed people are employed unproductively.

3. Quality of manpower does not comply with requirements of innovation-driven economy (approx. one third of employed population does not have professional education).

### **Assessment of key external and internal factors**

In long-term prospective significant influence on national labor market state will be exerted by world trends of global development such as urbanization and scientific and technological progress.

Under fast urbanization the integration and globalization processes are reinforced, population migrates more. New surge of technological changes intensifying the role of social and economic development is anticipated. There is a transition from mining and conventional processing industry to the work in service sector and knowledge-intensive industries which results in a reduction in a number of jobs requiring semi-skilled workers.

The existing potential of developed strategies will be used under the influence of external factors. Subsequent improvement of Road employment map 2020 will foresee an occupational guidance institute to be established for high schools and applicants willing to take part in the Program; improvement of entrepreneurship support mechanisms in rural area through promotion of comprehensive development of support villages; phase-by-phase modernization of employment centers by the example of recruiting agencies and intensive involvement of non-governmental organizations and private employment agencies to training and employment of people; adoption of labor market forecast system; and improvement of program implementation monitoring system, etc.

Sustainable economic development, stable and productive employment will create a firm basis for growth in people's prosperity.

### **Strategic area 5. Implementation of state population migration policy**

#### **Key parameters of sphere development**

According to the International Organization for Migration Kazakhstan relates to countries of the world with intense migration processes. Scales of migration processes, their influence on social and economic situation in Kazakhstan will increase.

Social and economic problems related to population and migration are the key issues of all highly-developed states. Such countries as the USA, Canada, Australia and some European states currently pursue a particular selective immigration policy toward foreign nationals who come. At the same time, certain countries, especially Germany, Israel and Poland pursue a specific ethnic and historic migration policy in order to preserve national identity.

Today migration situation of the republic is characterized by:

1) intense internal migration. Over the last years Kazakhstan sees a high rate of interregional migration and directional flows of population. From the beginning of 2011 to Q2 2014 more than 1 mln. people were involved into interregional migration processes. People move from rural areas to regions with higher living standards and developed infrastructure, from ecologically adverse regions to regions with better environmental situation.

In 2013 the biggest outflow of population, mainly active working age population, was seen in Akmola, South-Kazakhstani, zhambyl, East-Kazakhstani, North-Kazakhstani and Kyzylorda oblasts. Main regions of population inflow are Astana and Almaty cities, Almaty and Mangistau oblasts;

2) optimum employment of foreign nationals (hereafter to be referred to as EFN). In order to protect internal labor market the Government of the Republic of Kazakhstan sets a quota for EFN. In 2014 the quota was 0,7% vs. economically active population of the republic which was equal to 63 thous. people (2011 – 0,85 % or 73,5 thous. people, 2012 – 1 % or 89 thous. people, 2013 – 1,2 % or 108 thous. people). As on August 1, 2014 there are approx. 28,7 thous. permits or 0,5% of total

number of hired men (approx. 28,7 thous. permits were issued in 2011, 21,7 thous. in 2012, 23 thous. permits in 2013).

A share of specialists (1-3 grade expatriates) among foreign nationals employed was 71,6% (2011 – 77,8 %, 2012 – 82 %, 2013 – 75,6 %).

As a part of fulfillment of special conditions imposed when issuing permits Employers were supposed to create the following number of extra jobs for Kazakhstani citizens: 32 336 in 2011, 29 855 in 2012, 19 613 in 2013, 33 427 people trained in 2011, 40 036 in 2012, 24 125 in 2013), 1 727 people replaced by Kazakhstani personnel in 2011, 1 904 in 2012 and 290 in 2013).

3) stable dynamics of Kazakh repatriates arriving annually. Over independence period more than 250 thous. families or more than 950 thous. Kazakh repatriates came back to historical homeland (14,8 thous. families or 47,1 thous. Kazakhs in 2011, 15,1 thous. families or 39,4 thous. Kazakhs in 2012, 15,3 thous. families or 34,0 thous. Kazakhs in 2013).

Analysis of international external migration improvement practice shows that there are bigger opportunities for employment of highly-skilled specialists if open market for EFN is created. For example, immigration policy of Singapore, Canada, Hong Kong, New Zealand is designed to create such market.

### **Analysis of key problems**

Migration processes have peculiar problems which require migration policy management to be enhanced.

1. Decrease in migration gain: balance of migration in 2013 was 279.
2. Spontaneous development of internal migration processes, migration from rural regions to cities remains a dominant form of inter-oblast spatial location.
3. Increased tension due to uneven displacement of immigrants on the territory, slow integration of ethnic Kazakhs at historic homeland.
4. Illegal migration, increased immigration from countries with tensed migration potential.

### **Assessment of key external and internal factors**

External and internal objective factors affecting migration processes can be nominally divided into three groups:

- 1) uncontrolled permanent factors – primarily climatic, geographic, geological and environmental factors;
- 2) temporary factors that can be regulated through indirect influence – factors capable of being changed constantly. They include the level of developed area including development of production and social infrastructure; sex, age, ethnic composition of population. Composition of population according to length of residence is an important impact factor;
- 3) controlled variable factors – increase in salary, fixing or repeal of specific benefits, staffing policy, changes in national politics, etc.

Therefore, a comprehensive system for regulation of migration flows with due consideration of all external and internal factors of migration needs to be elaborated at this phase of development of Kazakhstan.

Internal factors: creation of equal life sustaining conditions in all regions of the country, especially in rural area, ensuring of productive employment of population, creation of a sufficient number of jobs.

External factors: economic globalization, political instability and tangled social and economic situation in bordering countries, ineffective mechanisms for regulation and control of migration flows can result in a growth of uncontrolled migration, pressure on internal labor market. The pressure will be felt under the conditions of free movement of labor within the common economic area, upcoming accession of Kazakhstan to World Trade Organization in near-term prospective.

To that end, measures regarding an increase in qualified foreign labor is expected to strengthen.

## **Strategic area 6. Enforcement of labor rights**

### **Key parameters of sphere development**

In the context of social modernization performed in labor relation regulation policy the work of the Ministry will be focused on improvement of labor conditions, combination of social security system with economical efficiency, stability through improvement of negotiation potential and prevention of labor disputes.

In pursuance of the order of the Head of the state work was performed in terms of update of labor legislation in 2013 and a number of proposed laws was improved. On June 27, 2014 the President of the Republic of Kazakhstan signed:

1) The Law of the Republic of Kazakhstan «On trade unions» (redrafted) made to develop and improve efficiency of social dialogue and to enhance the role of trade-union organizations in terms of representation and protection of interests of personnel, prevention and settlement of labor disputes and conflicts;

2) The Law of the Republic of Kazakhstan «On introduction of amendments to certain legislative acts of the Republic of Kazakhstan related to activity of state unions and industrial regulation», certain are expected to be amended:

- Labor Code of the Republic of Kazakhstan and Law «On state control and supervision in the Republic of Kazakhstan» - amendments are aimed to prevent risks of violation of labor rights and specification of State labor inspector competence. A new form of state control in the form of visit and a right of state labor inspection (hereafter to be referred to as SLI) is being introduced excluding preliminary registration in relevant authorities, unscheduled inspections to check the compliance of health and safety requirements in case of occurrence of danger to life and health of workers are to be performed;

- to improve efficiency of social and labor disputes settlement, minimize violation consequences injurious to the public, the Civil Procedural Code of the Republic of Kazakhstan provides a norm on declaring the strikes cases illegal by courts within the short time period (10 days).

- Law of the Republic of Kazakhstan «On local public administration and self-governance in the Republic of Kazakhstan» with the aim to prevent social tension and labor disputes,

- Law of the Republic of Kazakhstan «On state decorations of the Republic of Kazakhstan» foreseeing creation of a new medal «Enbek» (Labor).

Norms on assignment of responsibility to people for intended induction of occupational disputes, force to strike, late salary payment, non-fulfillment of collective agreements and other violations are now included to new Criminal Code of the Republic of Kazakhstan (articles 402 of Criminal Code and 157 Criminal Code) adopted on July 3, 2014 and the Code of the Republic of Kazakhstan «On administrative violations» adopted on July 5, 2014.

In December 2012 the Government adopted an Action plan to do legal training for all people on basics of labor legislation in the Republic of Kazakhstan for 2013–2015. Upon its implementation in 2013 more than 80 thous. employees from 1895 organizations undertook the legal training, in H1 2014 training on the basics of labor legislation was conducted in 1744 organizations and more than 68,5 thous. employees were covered. Fundamentals of labor legislation have been explained during seminars including labor dispute settlement procedures.

From 2013 approx. 110 thous. copies of specially designed guides were sent to regions to be distributed in labor collectives and for conducting training.

There is a positive dynamics seen in terms of overdue salary payment reduction, over the last three years – 1,5 times reduction (as on January 1, 2012 – 1121,4 mln. tenge, as on January 1, 2013 – 1178,7 mln. tenge, as on January 1, 2014 – 737,9 mln. tenge, as on July 1, 2014 – 384,5 mln. tenge).

1266 international and national health and safety standards have been introduced at enterprises. Therefore, accident frequency rate has decreased – 1 997 people got occupational injuries in 2013, 2241 people in 2012; as on July 1, 2014 - 936 people, in 2013 – 954 people.

In 2012 loss time accident frequency rate per 1000 workers was 0,45, at the level of similar rate in Kyrgyzstan (0,5), Tajikistan (0,3) and at the same time it exceeds the rate of Russia (3,92); 2013 saw rate reduction - LTAFT was equal to 0,42 per 1000 people.

Fatality rate per 1000 workers in H1 2014 in the Republic of Kazakhstan was approx. 0,03, however, over the 2011- 2013 period it was equal to approx. 0,06 on average which was lower than the same rate in Russian Federation (0,124). However, at the same time the rate is more than the same rate in the countries of European Union such as Denmark (0,03), Sweden (0,03) or Norway (0,06).

### **Analysis of key problems**

Development of labor relations faces specific problems and difficulties. Violations of labor legislation still take place.

Relatively low negotiation potential is specific to employment relations which in turn can result in a rise of labor disputes. Over the 2011–2014 period there were 75

labor disputes in the country. The main reasons of labor disputes are late salary payment – 37 disputes (49,3%), discontentment of employees with the rate of wage – 32 disputes (42,7%) and disagreement with labor conditions, interethnic disfavor, etc. – 6 disputes (8%).

Analysis of labor disputes that took place during time period specified shows that protest actions due to late salary payment were primarily typical for construction enterprises, whereas discontentment of employees with the rate of wage became a reason for protest actions in oil and gas industry.

In 2011 salary payable was 1,4 bln. tenge but for 7 months of 2014 it was equal to 196,5 mln. tenge i.e. saw more than 7 times reduction.

There is a still high level of accident frequency rate and occupational diseases rate.

### **Assessment of key external and internal factors**

Labor relations in long-term prospective will be developed in accordance with Labor law regulations to ensure balance of interests of key participants of labor relations and enforcement of their constitutional rights. The role of social dialogue and social responsibility of business is expected to enhance.

Enforcement of labor rights of the people depends on the following external and internal factors.

Internal factors: compliance with labor legislation regulations, social partnership system development, improvement of health and safety, etc. The work of state labor inspections will be carried out under conditions reducing barriers for business. Risk assessment system will need to consider prevention of violations, occupational accident risks, elimination of existing violations and defects.

New health and safety strategy focused on conceptual change in ideology of safety management system consisting of a transition from compensatory, cost-based health and safety management model to a modern occupational safety hazards system is expected to develop.

Voluntary declaration of labor conditions conformity along with upgrading of penalties of employer for labor legislation violation will be introduced.

External factors or a framework for elaboration and implementation of state labor relations management policy include globalization of economy, development of integration processes within the CIS, EurAsEC, establishment of common customs space.

Work on making national labor relation standards equal to standards of developed countries will be continued to ensure consistency and due consideration of recommendations of international social institutes.

## **Strategic area 7. Facilitation of social welfare**

### **Key parameters of sphere development**

Performing social modernization the work of the Ministry will be focused on combining state guarantees with personal responsibility of the people and employers

for social security and sufficiency of social benefits in case main social risks occur, and prevention of dependency and activization of labor potential of low-income able-bodied people.

Bulk of people's income is generated through salary.

Over the last three years minimum wage was raised 1,2 times (from 15 999 tenge in 2011 to 18 660 tenge in 2013, in 2012 it was 17 439 tenge). As on January 1, 2014 Kazakhstan holds 6 position among CIS states for minimum wage following Belarus, Turkmenistan, Russia, Ukraine, Azerbaijan.

Average monthly salary of one worker countrywide raised 1,2 times and in 2013 it was equal to 109 141 tenge, in January – July 2014 – 116 679 tenge (in 2011 it was 90 028 tenge, in 2012 - 101 263 tenge)

Wage rate in public sector has increased as well, from July 1, 2011 – 30% increase. In 2013 salary of public sector workers was 75 239 tenge on average, in January – July 2014 – 81 006 tenge.

In pursuance of the order of the Head of the state encharged in the Address to the people of Kazakhstan dated January 17, 2014 «Kazakhstani path – 2050: shared goal, shared interests, shared future» a draft new model of remuneration of public servants labor has been developed which will be introduced on July 1, 2015. It will ensure differentiated increase in salary of key personnel depending on qualification: from 7% to 28% in healthcare sphere, from 15% to 29% education, from 28% to 40% in other spheres.

Eight industrial sectors (mining and metallurgical, mechanical engineering, coal, oil and gas, construction, chemical, electrical power, railway) have approved and apply rising industry ratio for calculation of minimum salary.

Social securities take the second position in people's income.

At the moment, layer model of social security system assigning responsibility among the government, employer and worker for social security and compliant with market economy principles operates in Kazakhstan.

Ground for social security are permanently updated minimum social standards. In comparison with 2011:

- 1) subsistence level increased from 15 999 to 19 966 tenge in 2014 (in 2012 – 17 439 tenge, in 2013 – 18 660 tenge);
- 2) minimum pensions including basic pension payment – more than 1,3 times, from 24 047 to 32 186 tenge in 2014 from April 1 (26 211 – in 2012, in 2013 - 28 396 tenge).

As consistent with orders of the Head of the state, key provisions of social program of National platform of the «Nur Otan» party and action program of the Government pension payments in 2011 were raised by 30 %, in 2012-2013 – by 9 % (ahead of inflation rate by 2 %). From January 1, 2014 amounts of pension payments have increased by 9%, and from April 1 by 4,59% more. Social benefits in 2011-2013 have increased by 7%. From January 1, 2014 social benefit amounts have increased by 7%, and from April 1 - by 4,59% plus.

Considering these raises and payments from pension saving funds, average amount of cumulative pension payment in 2014 was more than 45 thousand tenge.

In world practice one of criteria of qualitative pension coverage is a conformity of pension amounts to income earned in the course of labor activity.

Systematic increase of pension amounts has enabled raising living standards of the elderly people and reaching one of the highest levels of pension coverage among the CIS states.

Due to basic and joint pension payment the cumulative income replacement ratio in 2014 was at the level of 42,8 % which exceeded minimum norms of ILO (not less than 40 %). In 2011 – 41,8 %, 2012 – 43,1 %, 2013 – 41,2 %.

Replacement ratio in comparison with countries is as follows: 56-57% on average in states of Organization for Economic Cooperation and Development (OECD); approx. 50 % in EU states; 52% on average in emerging markets within the OECD; 35% in Russian Federation.

Number of workers willing to be a part of defined contribution pension system (hereafter to be referred to as DCPS) and compulsory social insurance system increases. As on July 1, 2014 the number of individual retirement accounts of depositors was 9,6 mln., number of participants in compulsory social insurance system reached 5,6 mln. people.

Currently, phase-by-phase fulfillment of orders of the Head of the state specified in the Address to the people of Kazakhstan on June 7, 2013 regarding subsequent development of pension system has began in terms of financial and economic opportunities of the state. Uniform accumulative pension fund (hereafter to be referred to as ENPF) was established in 2013 in order to develop institutional base and improve efficiency of defined contribution pension system. As on July 1, 2014 4,1 tln. tenge of benefit assets are consolidated in it.

Kazakhstan has a functioning social assistance system covering disadvantaged population. The system is represented by social benefits (special state benefits, targeted social assistance, state allowance for children from needy families under 18, housing assistance, etc).

Today targeted social assistance and support system covers more than one million Kazakhstani people.

Poverty rate of the country is going down – share of population getting income lower than subsistence level was 2,9% in 2013 against 5,5% in 2011 (3,8% in 2012). Poverty rate of Kazakhstan in comparison with the CIS is low, for instance, according to 2013 poverty rate of Belarus was 5,5 %, Ukraine – 8,4%, Russia – 11,0% (according to the results of 2012 6,3% in Belarus, 7,8% in Ukraine, 11,0% in Russia).

### **Analysis of key problems**

Despite of actions taken, living standard in the Republic of Kazakhstan goes behind the level of developed countries.

Remuneration of labor still has regional and sectoral differentiation; salary of public sector workers goes significantly behind of overall economic level. Minimum wage standards are not perfect. There is a disturbance between labor remuneration and its outcomes – rate of wage increase runs ahead of rates of rise in labor productivity.

The major problem in social security system is inconformity of social benefits with former income and growing living standards. The population is insufficiently covered with compulsory social insurance system and defined contribution pension system.

Major part of self-employed population is not covered with social insurance system which requires systematic measures to increase the number of citizens of this category participating in social security system to be taken.

Therefore, there is poverty. Primarily, families with many children and rural population are exposed to it. Category of poor people include citizens capable to work; the reasons for this is not only income which is insufficient for self-fulfillment but lack of work incentives as well (active measures for promotion of employment).

### **Assessment of key external and internal factors**

Social welfare is influenced by certain factors.

External factors. Stable macroeconomic situation, opportunity to use international cooperation advantages, improvement of social risk management system compose an environment within the framework of which fundamental challenges need to be beaten back and steady growth in people's prosperity needs to be ensured.

Internal factors contain solutions to issues related to remuneration of labor, enhancement of social legislation, poverty alleviation, etc.

Salary plays a great role in household income.

However, social partners shall include labor remuneration issues into collective agreement system; increase minimum labor compensation standard; ensure dependency of salary on labor productivity and performance.

Moreover, a new model of civil servants labor remuneration system needs to be additionally developed and introduced in long-term prospect.

Update of social legislation is an important factor for enhancing financial stability of social security system and social insurance system.

Concept of subsequent modernization of pension system of the Republic of Kazakhstan 2030 (hereafter to be referred to as the Concept) has been approved in pursuance of orders of the Head of the state announced in the Address of the President of the Republic of Kazakhstan to the people of Kazakhstan devoted to pension reform dated June 7, 2013 and the Address of the President of the Republic of Kazakhstan «Strategy «Kazakhstan – 2050»: new policy of an established country».

The following work will be done to implement the Concept:

1) mechanism of awarding state basic pension will be improved at basic level to reduce poverty among pensioners and encourage participation of the people in pension system;

2) funded component will be preserved and extra component – nominally funded component generated out of 5% employers' contribution in favor of employees will be introduced on compulsory basis;

3) the third voluntary rate generated out of voluntary pension contributions of employees and/or employers will be preserved and subsequently developed.

Implementation of the factors must compose fundamental work of the Ministry in order to improve social welfare of population.

Economic stabilization and transition to industrial and innovative development will expand opportunities to use economic growth to solve the most essential social problems and, first of all, to alleviate poverty.

Considering the results of pilot project implementation in 2014-2015 new forms of stated allowance are expected to be initiated. Contract system will be the mechanism enhancing labor migration and involvement of able-bodied lower-income categories of population into labor market; the system will provide active support conditional upon compulsory participating in professional training and retraining programs, job search and employment.

Overall solution of issues of productive employment and reduction of poverty rate will enable decreasing the number of people requiring social assistance and support and enhancing its targeting.

## **Strategic area 8. Establishment of efficient social support system for the underprivileged**

### **Key parameters of sphere development**

The Republic of Kazakhstan as any other country has a certain part of population – the elderly people, people with disabilities and other representatives of relevant population that require particular social support. Such support is represented by special social services.

When providing social support the role and powers of local bodies of state administration is enhanced. Partnership with civil society actors is being developed, charity grows.

Special social services are actively rendered to create conditions to overcome difficult real-life situation. In obedience of the Law of the Republic of Kazakhstan «On special social services» actions are taken to improve quality of social support rendered to people in difficult real-life situation. At the present time, special social services are rendered to more than 85 thous. people (people with disabilities, handicapped children with psychoneurological pathologies and (or) with supporting-motor apparatus problems, elderly people, persons of no fixed abode).

Standards for rendering special social services have been introduced, a list of guaranteed aid has been defined and forms for provision of special social services

have been extended as a part of social service system modernization. Number of operating units in medical and social institutions used for day stay increased 2 times in 2013 (43 units for more than 4 thousand people) in comparison with 2011 (22 units for 931 people). Non-governmental organizations are widely involved to render necessary social services.

When providing social support particular attention is paid to individuals with disabilities. In conformity with the law of the Republic of Kazakhstan «On social protection of people with disabilities in the Republic of Kazakhstan» complex measures for medical, social and professional aftertreatment of people with disabilities have been elaborated at the governmental level. Free guaranteed medical aid, improvement of social service quality, available education, information, voluntariness in choosing occupation given health status, professional education and retraining, vocational rehabilitation and assistance in employment process are oriented to create equal possibilities for people with disabilities to participate in public life.

Supporting adherence to phase-by-phase implementation of international standards referring to rights of the disabled, and as a part of preparation to ratify the Convention on the rights of persons with disabilities Action plan ensuring and improving living standards of disabled people for 2012–2018 is being gradually implemented, it is focused on provision of environment, creation of conditions required to recover life functions.

### **Analysis of key problems**

Key problems of social support system that need to be solved are as follows:

- 1) Insufficient provision of social support to necessitous population;
- 2) insufficiently effective rehabilitation services rendered to people with disabilities;
- 3) underdevelopment of alternative forms of social service and competitive environment at special social service market;
- 4) scarce opportunities for people with disabilities to fully participate in public life.

Presence of these and other problems in social support system is associated with different reasons. In an unbiased manner they are determined by macroeconomic situation, financial and economic opportunities and priorities countrywide and region wide. Subjectively they are associated with imperfection of mechanism rendering social support, relatively poor qualification and inadequate responsibility of social workers, incomplete and relatively low labor remuneration level.

Under such conditions further development of social support system requires maximum possible use of external and internal factors.

### **Assessment of key external and internal factors**

Formation of effective social support system for the underprivileged is influenced by the following external and internal factors: fulfillment of international

obligations of the country, introduction of activities to enhance rights and improve living standards of people with disabilities, reforming of a system providing special social services. Social protection and creation of equal possibilities for people with disabilities to participate in public life will, in short term, be carried out as a part of fulfillment of international obligations undertaken by Kazakhstan when signed the Convention on the rights of people with disabilities and its Optional protocol. Implementation of the second phase (2014-2015) of the Action plan ensuring rights and improving living standards of the disabled in the Republic of Kazakhstan for 2012–2018 has begun. The Plan makes provision for improvement of legislation in the field of social protection of people with disabilities; improvement of medical and social assessment system with due consideration of provisions of International functioning classification, life activity limitations and health, limit of life-sustaining activity and health; improvement of efficiency of rehabilitation and special social services; development of production infrastructure and provision of rehabilitation equipment and relevant services to the disabled; provision of employment; ensuring availability of facilities in key life activity spheres for people with disabilities.

In the meantime lack of integration of people with disabilities into society is typical for current situation and it is primarily attributable to limited access of the disabled people to housing and public utilities, social and recreation infrastructure. In this situation Akims of oblasts, Astana, Almaty cities need to take immediate actions. Works on adaption of road infrastrucutre to specific needs of the disabled are expected to be enhanced; a list of transport services rendered to people with disabilities undergoing difficulties with movement are to be extended; site maps, etc. are to be elaborated locally to ensure access to the environment.

In the period prior to 2017 reforming of the system providing special social services is expected to continue.

### **3.1. Strategic areas, goals, objectives, target indicators, activities and performance**

Strategic area 1. Promotion of health of people and reduction of mortality rate

Goal 1.1. Effective system of preventive measures, treatment and rehabilitation of diseases

Codes of budgetary programs aimed to achieve the goal: 001, 009, 010, 011, 012, 014, 015, 016, 017, 023, 104

№	Target indicator	Information source	Unit	Reporting period		Target period				
				2012	2013	2014	2015	2016	2017	2018
1.	Anticipated length of life	Statistic data	years	69,61	70,45	71	71,4	71,8	72,2	72,6
2.	Overall reduction of mortality	statistic data	per 1000 people	8,51	7,98	7,62	7,35	7,1	6,9	6,8

3.	Position in GCI for anticipated length of life	WEF data	position	104	103	100	97	94	91	88
4.	Position in GCI for infant mortality	WEF data	position	98	98	96	79	77	75	73
5.	Position in GCI for tuberculosis prevalence	WEF data	position	107	105	104	102	101	100	99
6.	Position in GCI for medium-term impact of tuberculosis on business	WEF data	position	112	111	110	109	108	107	106
7.	Position in GCI for HIV prevalence	WEF data	position	12	45	44	43	42	41	40
8.	Position in GCI for medium-term impact of HIV/AIDS on business	WEF data	position	73	76	74	79	77	75	73
9.	Position in GCI for transparency of decisions taken by state authorities	WEF data	position	32	29	28	39	38	37	36
10.	Position in GCI for favouritism in taking decisions by state officials	WEF data	position		77	76	52	51	50	49
11.	Position in GCI for public confidence in politicians	WEF data	position		35	34	33	32	31	30

Ways, means and methods of target indicator achievement:

Objective 1.1.1. Improvement of approaches to prevention and formation of healthy lifestyle

№	Direct result indicators	Information source	Unit	Reporting period		Target period				
						2014	2015	2016	2017	2018
1.	Prevalence of tobacco	MHSD	%	26,8	26,5	18,2	18,2	18,2	18,2	16,5

	consumption among population									
2.	Prevalence of alcohol abuse among population	MHSD	%	16,6	15	14,0	14,0	14,0	14,0	13,0
3.	Coverage of population with screening	MHSD	% of target population	70	70	70	70	70	70	70
4.	Number of socially significant projects implemented together with NGO	MHSD	Unit	25	11	9	10	11	12	12
5.	A share of young people in total youth covered with activity of Youth health centers	MHSD	%	4,5	5,3	6,0	7,0	8,0	9,0	10,0
Activities directed to achieve direct result indicators:										
1. Improvement and monitoring of National screening program						X	X	X	X	X
2. Strengthening of material and technical base of PHC facilities						X	X	X	X	X
3. Development of social staff institutes at the level of PHC						X	X	X	X	X
4. Implementation of disease management program						X	X	X	X	X
5. Development and improvement of protocols of diagnostics and treatment of patients at out-patient level						X	X	X	X	X
6. Development of mechanisms for raising group responsibility of people for their health						X	X	X	X	X
7. Distribution of information and instructional materials in youth health centers reflecting healthy lifestyle and disease prevention aspects						X	X	X	X	X
Objective 1.1.2. Improvement of diagnostics, treatment and rehabilitation of main socially significant diseases and injuries										

№	Direct result indicators	Information source	Unit	Reporting period		Target period				
						2014	2015	2016	2017	2018
1.	Reduction of mortality caused by circulatory diseases	statistic data	per 100 thous. people	251,9	207,4	205,9	250,0	249,0	248,0	247,0
2.	Reduction of mortality caused by oncological diseases	statistic data	per 100 thous. people	100,3	99,5	95,8	95,5	95,0	93,5	92,5
3.	Reduction of mortality caused by injuries, accidents and poisoning	statistic data	per 100 thous. people	96,8	95,85	92,1	91,0	89,4	86,7	84,0
4.	Reduction of mortality caused by tuberculosis	statistic data	per 100 thous. people	7,5	5,6	5,5	6,7	6,6	6,5	6,4
5.	Reduction of tuberculosis incidence rate	MHSD data	per 100 thous. people	81,7	73,4	71,4	75,7	74,9	74,2	73,4
6.	Retention of HIV-infection in age group 15-49 at the level of not more than 0,6	MHSD data	%	0,2	0,2	0,6	0,6	0,6	0,6	0,6
7.	Increase in percentage of cancer exposed at stages I-II	MHSD data	%	50,1	53,6	55,1	53,0	53,5	54,0	54,5
8.	Increase in percentage of 5-year survival value of patients with cancer	MHSD data	%	51,6	50,0	50,6	52,2	52,5	52,7	53
9.	Reduction of suicides among children at the age of 15-17	statistic data	100 thous. people	13,26	17,6	17,5	17,4	17,3	17,2	17,1
10.	Reduction of indicator for primary	MHSD data	100 thous. people	101,7	90,5	90,0	89,5	89,0	88,5	88,0

	morbidity with emotional illnesses and behavior disorders										
11	Increase in percentage of in-patient substitute technologies in overall in-patient and in-patient substitute aid	MHSD data	%		29,2	30	30,5	31	31,5	32	
12	A number of innovation medical technologies implemented in healthcare system of the Republic of Kazakhstan	MHSD data	units			14	14	14	14	14	
13	A number of oncological service specialists trained and retrained	Up-country	MHSD data	persons	50	278	146	171	69	-	-
		abroad	MHSD data	persons		53	97	113	113	-	-

Activities to achieve direct result indicators:

1. Improvement and implementation of standards for diagnostics and treatment of socially significant diseases	X	X	X	X	X
2. Implementation of new standards of laboratory diagnostics	X	X	-	-	-
3. To build a National scientific oncological center in Astana city			X	X	
4. Establishment of 5 regional high technology centers for radiation oncology with modern equipment	X	X	X	-	-
5. Establishment of simulation center and 2 nuclear medicine centers	X	X	X	-	-
6. To implement up-to-date technologies into oncology	X	X	X	X	X

7. Training and professional development of oncological service staff up-country and abroad						X	X	X	-	-
8. Introduction of up-to-date methods of diagnostics and treatment of children with oncological diseases in accordance with international standards						X	X	X	X	X
9. Elaboration of measures for social support of tuberculosis patients						X	X	-	-	-
10. Making suggestions on elaboration of laws and regulations covering mechanisms of search and treatment of people released from places of confinement, tuberculosis patients with treatment in progress						X	X	-	-	-
11. Provision of reference laboratories of AIDS Regional centers with test systems for doing viral load test on HIV positive						X	X	X	X	X
12. Improvement of material and technical base of emergency wards and in-patient hospitals						X	X	X	X	X
13. Coordination and monitoring of sanitary aviation activity						X	X	X	X	X
14. Improvement of emergency medical service and medical transportation (sanitary aviation) in compliance with international standards						X	X	X	X	-
15. Equipage of ambulance crew with mobile terminals with GPS-navigation systems						X	X	X	X	X
Objective 1.1.3. Prevention of contagious morbidity growth										
№	Direct result indicators	Information source	Unit	Reporting period		Target period				
						2014	2015	2016	2017	2018
1.	Reduction of acute viral hepatitis (B) incidence rate	MHSD data	per 100 thous. people	1,2	1,01	3,4	3,0	2,9	2,8	2,7
2.	Reduction of acute viral hepatitis (A) incidence rate	MHSD data	per 100 thous. people	8,7	5,1	4,9	23,0	22,0	21,0	20,0
Activities to achieve direct result indicators:										
1. Immunization of people against acute viral hepatitis (A)						X	X	X	X	X
2. Immunization of people against acute viral hepatitis (B)						X	X	X	X	X

Goal 1.2. Improvement of maternity and children protection service  
Codes of budgetary program aimed to achieve the goal: 010, 011

№	Target indicator	Information source	Unit	Reporting period		Target period				
				2012	2013	2014	2015	2016	2017	2018
1.	Reduction of maternal mortality	MHSD data	per 100 thous. quick-borns	13,5	12,6	12,4	15,9	15,2	14,4	13,4
2.	Reduction of infant mortality	statistic data	per 1000 quick-born	13,46	11,3	11,2	11,9	11,5	10,7	9,9
3.	Reduction of mortality of children under 5 in view of live birth and stillbirth criteria recommended by WHO introduced in 2008	statistic data	per 1000 quick-born	16,2	14,04	13,4	14,0	13,5	13,0	12,5
Objective 1.2.1 Promotion of health of mother and a child										
№	Direct result indicators	Information source	Unit	Reporting period		Target period				
				2012	2013	2014	2015	2016	2017	2018
1.	A share of pregnant women who registered in obstetric institutions on time	MHSD data	%	72,9	75,1	77	74,0	75,0	80,0	80,5
2.	Level of abortion growth	MHSD data	per 1000 fertile age female population	20,8	18,4	18,2	20,0	19,7	19,5	19,0
3.	Number of cycles of extracorporal fertilization	MHSD data	cycle	600	600	600	750	800	800	800

Activities aimed to reach direct result indicators:					
1. Regionalization of perinatal medical aid and introduction (development and duplication) of protocols and standards for prenatal, perinatal, neonatal and pediatric medical aid based on evidence-based medicine	X	X	X	X	X
2. Improvement of material and technical base in accordance with level of assistance rendered, equipage of children and obstetric healthcare organizations with modern medical equipment as per international standards	X	X	X	X	X
3. Cascade training on safe maternity, effective perinatal technologies and integrated management of childhood diseases	X	X	X	X	X
4. Expansion of GFMC in terms of increase in extracorporal fertilization cycling	X	X	X	X	X
5. Examination of each case of maternal and infant mortality with independent experts involved	X	X	X	X	X
6. Conduct of confidential audit of maternal mortality and critical incidents of obstetric complications in obstetric organizations	X	X	X	X	X
7. Public awareness campaign and propagandistic work on reproductive health	X	X	X	X	X

Strategic area 2. Improvement of healthcare system efficiency

Goal 2.1. Healthcare organizations competitiveness growth

Codes of budgetary program aimed to achieve the goal: 001, 002, 011, 018, 019, 020, 021, 022, 023

№	Target indicator	Information source	Unit	Reporting period		Target period									
				2012	2013	2014	2015	2016	2017	2018					
1.	Level of people's satisfaction with quality of medical aid provided including:	MHSD data, LEA	%	86,7	87,2	90,5	91,0	91,5	92,0	92,5					
	Urban area										92,2	92,8	93,4	94,0	94,6
	Rural area										88,8	89,2	89,6	90,0	90,4
2.	Provision of medicine within GFMC through universal distribution system	MHSD data, MID, LEA	%	65	70	80	80	80	80	80					
3.	Increase in s share of	MHSD data,	%	13	18,1	29,4	16,5	16,5	17	17,5					

	private medical services suppliers funded by republican budget	LEA								
Objective 2.1.1. Improvement of healthcare organizations management and financing										
№	Direct result indicators	Information source	Unit	Reporting period		Target period				
						2014	2015	2016	2017	2018
1.	Indicator for people's addresses on quality of medical aid rendered	MHSD data	per 100 thous. people	3,65	3,6	3,55	3,5	3,45	3,4	3,35
2.	Level of in-patient aid usage funded within UNHS	MHSD data, LEA	Number of bed-days per 1000 people	1372	1176	1172	1170	1160	1150	1140
3.	Reduction of a number of calls of people with chronic diseases during PHC organizations work hours (from 8am. to 8 pm)	LEA data	%	27	25	24	24	23	22	21
4.	Increase in percentage of general practice doctors in total number of PHC doctors	LEA data	%	27	35	50	51	52	53	54
5.	Increase of expenditure for PHC in total volume funds allocated for GFMC	MHSD data	%	20	24	28	30	32	34	36
6.	Percentage of rural citizens administered to hospital on the principle of «free choice of health organization» using republican budget funds	MHSD data, LEA	%	40	45	44	41,5	42	42,5	43
7.	Increase of a level of healthcare organizations' equipage with equipment as per minimum standard	LEA data	%	57,7	64,0	67,0	70	74,0	76,0	79 0



	within specified period of time									
18.	Percentage of inspections of medical services carried out with participation of independent experts in total number of inspections	MHSD data	%	25,0	32,0	33,0	35,0	36,0	36,5	37,0
19.	Number of shares procured by joint-stock companies, lower organizations of the MHSD	MHSD data	Unit	389 541	2 034 381	3 263 530	529 400	-	-	-
Activities aimed to achieve direct result indicators:										
1.	Introduction of a precise list of guaranteed free medical aid					X	X	X	X	X
2.	Improvement of Universal national healthcare system					X	X	X	X	X
3.	Improvement of laws and regulations covering PHC activity					X	X	X	X	X
4.	Consolidations of expenditures for out-patient and polyclinic aid at the level of republican budget					X	X	X	X	X
5.	Improvement of mechanisms for financing healthcare organizations and payment for medical services (partial fund holding, two-component rate per capita, clinic cost-based groups, complex rate per capita)					X	X	X	X	X
6.	Strengthening of partnership relationships with clinics abroad on tertiary care system and transfer of high tech medical services at the level of oblast					X	X	X	X	X
7.	Consolidation of material and technical base of healthcare organizations rendering specialized assistance, laboratory and blood banking					X	X	X	X	X
8.	Auditing of medical equipment in healthcare organizations					X	X	X	X	X
9.	In-patient care provided primarily by multi-filed hospitals					X	X	X	X	X
10.	Improvement of financial leasing system for procuring medical equipment by healthcare organizations					X	X	X	X	X
11.	Improvement of a system for external monitoring of medical service quality					X	X	X	X	X
12.	Improvement of accreditation procedure in field of healthcare including development of motivation system toward participation in accreditation in healthcare					X	X	X	X	X
13.	Involvement of independent experts when inspecting medical services					X	X	X	X	X

14. Development of formulary system	X	X	X	X	X
15. Opening of pharmacies including opening of such in rural area at PHC facilities as well as mobile pharmacies	X	X	X	X	X
16. Extension of National telemedical network	X	X	X	X	X
17. Implementation of Concept of e-healthcare development in the Republic of Kazakhstan for 2013-2020	X	X	X	X	X
18. Assessment of components of Universal National Healthcare system for compliance with information security requirements	-	X	-	-	-
19. Establishment of IT-infrastructure, communications and programming solutions of Universal National Healthcare system for remote rural settlements	X	X	X	X	X
20. Elaboration of detailed investment plans for development of each region of the republic on the basis of common method determining requirements in healthcare facilities	X	X	-	-	-
21. Training on healthcare management	X	X	X	X	X
22. Phase-by-phase shift of health organizations to status of ST EMR and joint-stock companies	X	X	X	X	X
23. Establishment of supervisory boards in large health organizations with status of ST EMR	X	X	X	-	-
24. Improvement of differentiated result-oriented system for remuneration of medical staff labor	X	X	X	X	X
25. Conduct of researches in terms of healthcare system improvement	X	X	X	X	X
26. Consideration of an issue on introduction of compulsory insurance of civil liability of medical staff	-	-	X	X	X
27. Elaboration of proposals for implementation of compulsory social medical insurance and social benefits	-	-	X	X	X
28. Development of public and private partnership in healthcare sphere	X	X	X	X	X
29. To specify functional responsibilities of chief medical officers in healthcare organizations concerning administrative and medical-and-diagnostic and preventive work	X	X	X	X	X
30. To study an opportunity of assigning managers of all levels healthcare organizations using mechanisms for manpower selection and deployment used in public service sphere	X	X	X	X	X

Goal 2.2. Improvement of educational, scientific system and introduction of innovation technologies

Codes of budgetary program aimed to achieve the goal: 003, 004, 005, 006, 007, 013, 024

№	Target indicator	Information source	Unit	Reporting period		Target period				
				2012	2013	2014	2015	2016	2017	2018
1.	Reduction of shortage in medical staff	HD of oblasts, Astana and Almaty cities	persons	4280	3479	3935	4284	3940	2890	1840
2.	Rise in human capacity in the sphere (retraining, professional development) not less	Organizations of education and science	%	20	20	20	20	20	20	20
3.	Number of medical science organizations included into reputable global ratings for publication activity	MHSD data	Unit	0	0	0	1	2	3	4
Objective 2.2.1. Development of science and human resources										
№	Direct result indicators	Information source	Unit	Reporting period		Target period				
				2014	2015	2016	2017	2018		
1.	A share of medical universities graduates employed	MHSD data	%	91,0	92,0	92,0	92,0	92,0	92,0	92,0
2.	Medical staff trained at professional and retraining courses in total number of doctors of state healthcare organizations (not less)	MHSD data	%	20	20	20	20	20	20	20
3.	Percentage of publications in	MHSD data	%	18,0	19,1	20,0	20,5	21,0	21,5	22,0

	international media									
4.	Percentage of international patents	MHSD data	%	3,5	4,5	5	5	5,5	5,5	5,5
5.	Number of medical universities accredited	MHSD data	Unit	4	3	6	6	6	6	6
6.	Number of medical universities' own clinics	MHSD data	Unit	2	2	2	2	4	4	4
7.	Number of pre-clinical and clinical researches on biologically active substances, pharmaceutical substances and drugs, medical products and medical equipment performed	MHSD data	Unit	14	50	52	60	65	70	75
8.	Number of specialists trained at professional development and retraining courses	Up country	MHSD data	persons	20019	17026	19011	15221	15119	15119
	abroad	MHSD data	persons	237	86	145	159	159	159	159

Activities aimed to reach direct result indicators:

1. Improvement of laws and regulations of medical and pharmaceutical education	X	X	X	X	X
2. Training of specialists with higher and post graduation education	X	X	X	X	X
3. Training of specialists at professional development and retraining courses within the country	X	X	X	X	X
4. Training of specialists at professional development courses abroad	X	X	X	X	X
5. Training of specialists at master-classes with participation of specialists from abroad	X	X	X	X	X

6. Accreditation of medical educational organizations	X	X	X	-	-
7. Development of standards of institutional and specialized accreditation of medical education in accordance with international standards	X	-	-	-	-
8. Equipage of Republican center for knowledge and skills evaluation in Astana city (and branch in Almaty city)	X	X	X	X	X
9. Equipage of 16 regional simulation centers to enable practitioners and paramedical workers to train skills	X	X	X	X	X
10. Construction of 7 dormitories for 2000 beds in Astana, for 1000 beds in Almaty, Semey, Aktobe, Karagandy and 1 dormitory for 500 beds in Shymkent	X	X	X	-	-
11. Adjustment of material and technical base of medical education and science organizations	X	X	X	X	X
12. Increase in financing scientific and technical programs	X	X	X	X	X
13. Construction of own clinics at universities (S. Asfendiyarov Kazakh national medical university and Karaganda state medical university) as a part of public and private partnership		X	X	X	X
14. Shift of scientific organizations into state enterprises operating on the basis of right of economic management and joint-stock companies	X	X	X	X	X
15. Development of international cooperation of educational and scientific organizations with leading foreign centers in terms of scientific projects and programs execution	X	X	X	X	X

### Strategic area 3. Facilitation of labor force growth

#### Goal 3.1. Encouragement of birthrate growth

Codes of budgetary program aimed to achieve the goal: 001, 003, 005, 008, 012, 028, 033

№	Target indicator	Information source	Unit	Reporting period		Target period				
				2012	2013	2014	2015	2016	2017	2018
1	2	3	4	5	6	7	8	9	10	11
1.	Percentage of children	MHSD statistic data	%	79,1	73,8	80,9	85,5	85,7	85,4	85,2

	under 1 covered with social support system (versus number of children born in relevant year)									
2.	Percentage of children under 1 covered with social benefits paid from PFSI (versus a number of children born the relevant year)	MHSD data		40,3	33,3	38,8	41,9	42,3	42,7	42,8
3.	Percentage of children under 18 from needy families covered with social support system (versus total number of	MHSD statistic data		11,4	11,0	10,5	10,0	9,6	12,3	11,9

	children)									
Objective 3.1.1. Social support of households with children										
№	Direct result indicator	Information source	unit	Reporting period		Target period				
				2012	2013	2014	2015	2016	2017	2018
1	2	3	4	5	6	7	8	9	10	11
1.	Coefficient of recipients of allowance for children under 18 vs. previous year	MHSD data	in % vs. previous year	91,9	93,7	97	97	97	130 <sup>1</sup>	98
Activities aimed to achieve direct result indicators						Timeline within the target period				
						2014	2015	2016	2017	2018
1. Development of social maternity and child support system based on: 1) improvement of legislation on granting and payment of social benefits using funds of PFSI in case the income lost due to care given to a child under 1; 2) elaboration and submitting of proposals to the RK Government on: amending conditions for granting social benefits to households with children (shift to due payments).						X	X		X	
2. Increase in amounts of state benefits to be paid to households with children						X				

#### Strategic area 4. Facilitation of productive employment

##### Goal 4.1. Increase in level of population employment

Codes of budgetary program aimed to achieve the goal: 001, 008, 012, 014, 015, 019, 028, 121, 128,145

<sup>1</sup> Due to revision of method of subsistence minimum

№	Target indicator	Information source	unit	Reporting period		Target period				
				2012	2013	2014	2015	2016	2017	2018
1	2	3	4	5	6	7	8	9	10	11
1.	Unemployment rate	statistic data	%	5,3	5,2	5,1	5,0	5,0	5,0	5,0
2.	Level of female unemployment	statistic data	%	6,5	5,9	5,7	5,5	5,5	5,5	5,5
3.	Level of youth unemployment (15- 28)	statistic data	%	5,4	5,5	4,7	4,6	4,6	4,6	4,6
4.	Position in Global Competitiveness Index (GCI) for indicator «Female part in manpower»	WEF report	Position in rating	24	26	25	24	23	22	21
Objective 4.1.1. Improvement of labor force quality										
№	Direct result indicator	Information source	unit	Reporting period		Target period				
				2012	2013	2014	2015	2016	2017	2018
1	2	3	4	5	6	7	8	9	10	11
1.	Percentage of people retrained and undergone professional development on basics of entrepreneurship in total number of participants of Road employment map 2020	MHSD data	%	20,7	24	21,7	22,2	22,7	23,2	23,7

	(REM 2020)									
2.	Percentage of people sent for professional training (of a number of people approached employment centers)	MHSD data	%	-	5,4	5,4	5,4	5,4	5,4	5,4
Activities aimed to achieve direct result indicators						Timeline within the target period				
						2014	2015	2016	2017	2018
1. Establishment of national database of vacant positions and expected work positions						X	X	X	X	X
2. Participation in occupational standards elaboration						X	X	X	X	X
3. Provision of state support to people undertaking professional training as a part of REM 2020 and regional programs						X	X	X	X	X
4. Development of situation center						X	X			
5. Implementation of measures aimed to increase coverage of unproductively employed population with professional training						X	X	X	X	X
Objective 4.1.2. Activization of unemployed, self-employed and disadvantaged population										
	Direct result indicator	Information source	unit	Reporting period		Target period				
				2012	2013	2014	2015	2016	2017	2018
1.	A share of people covered with REM 2020 in total number of people who participated	MHSD data	%	91,8	94,7	92,0	92,0	92,0	92,0	92,0
2.	A share of women covered with REM 2020 in total number of people who	MHSD data	%	49,4	47,6	44,5	44,6	44,6	44,6	44,6

	signed social contract									
3.	A share of young people under 29 covered with REM 2020 in total number of people who signed social contract	MHSD data	%	58,7	52,9	42,4	43,5	43,5	43,5	43,5
4.	A share of people employed productively in total number of self-employed population	MHSD data	%	-	61,4	62,5	62,5	64,5	65,5	66,5
5.	Number of remotely employed people per 100 workers	statistic data	persons	-	-	-	-	-	7	10
Activities aimed to achieve direct result indicators						Timeline within the target period				
						2014	2015	2016	2017	2018
1						2	3	4	5	6
1. Implementation of key trends of REM 2020: 1) provision of employment by developing infrastructure and housing and utilities sector; 2) creation of jobs through development of entrepreneurship and support villages; 3) assistance in providing employment through training and resettlement depending on employers' needs.						X	X	X	X	X
2. Implementation of measures aimed to increase a number of population employed productively by providing microcredits and training on the basics of entrepreneurship						X	X	X	X	X
3. Creation of conditions stimulating employers to actively involve vulnerable social groups into work,						X	X	X	X	X

and especially people with disabilities on salary-paid basis										
4. Promotion and raising of public awareness on flexible and distance employment forms.						X	X	X	X	
5. Elaboration and implementation of package of measures to encourage employment of mothers taking care of children registered in employment centers.						X	X	X	X	
6. Development of a mechanism for advance professional training of workers to be released						X	X	X	X	
Objective 4.1.3. Facilitation of employment growth										
№	Direct result indicator	Information source	unit	Reporting period		Target period				
				2012	2013	2014	2015	2016	2017	2018
1	2	3	4	5	6	7	8	9	10	11
1.	Percentage of people provided with permanent position within REM 2020 and programs for developing territories in the total number of people employed	MHSD data	%	-	77,5	78,9	79,0	79,5	80,0	80,5
Activities aimed to achieve direct result indicators						Timeline within the target period				
						2014	2015	2016	2017	2018
1. Elaboration and update of Employment map						X	X	X	X	X
2. To develop five-year forecast of labor market development						X				
3. Improvement of legislation and program documents designed to support employment of population.						X	X	X	X	X
4. Provision of state support to people forwarded for social jobs, public works, youth practice as a part of REM 2020 and programs for regions development						X	X	X	X	X

5. Raising of public awareness on population employment	X	X	X	X	X
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Strategic area 5. Implementation of state policy on population movement

Goal 5.1 Improvement of migration processes management and regulation efficiency

Codes of budgetary program aimed to achieve the goal: 001, 006, 014, 015, 027

№	Target indicator	Information source	unit	Reporting period		Target period				
				2012	2013	2014	2015	2016	2017	2018
1	2	3	4	5	6	7	8	9	10	11
1.	Percentage of qualified specialists in foreign labor involved by legal entities (as per quota for involvement of foreign labor)	MHS D data	%	82	75,6	70	70	70	70	70
2.	Percentage of repatriates employed (in total number of repatriates approached to employment centers)	MHS D data	%	63,8	81,9	81,5	82	82,5	83	83,5

Objective 5.1.1 Regulation of migration processes in terms of movement and adaptation of repatriates

№	Direct result indicator	Information source	unit	Reporting period		Target period				
				2012	2013	2014	2015	2016	2017	2018
1	2	3	4	5	6	7	8	9	10	11
1.	Percentage of repatriates forwarded for professional training (of total number of people who approached	MHS D data	%	8,1	10	11	11,5	12	12,5	13

	and unemployed)									
Activities aimed to achieve direct result indicators					Timeline within the target period					
					2014	2015	2016	2017	2018	
1					2	3	4	5	6	
1. Improvement, if necessary, of data base about repatriates who arrived					X	X	X	X	X	
2. Elaboration of a set of stimulating measures on rational and optimum settlement, professional development and employment of repatriates as per requirement in manpower, demography of oblasts					X	X	X	X	X	
3. Enhancement of cooperation and public awareness campaign with World Kazakh Association, Assembly of People of Kazakhstan					X	X	X	X	X	
4. Proposals for improvement of legislation in terms of strengthened regulation of ethnic migration issues					X	X	X	X	X	
Objective 5.1.2. Regulation of internal migration										
	Direct result indicator	Information source	unit	Reporting period		Target period				
				2012	2013	2014	2015	2016	2017	2018
1	2	3	4	5	6	7	8	9	10	11
1.	1. Percentage of internal migrants in total population	statistic data	%	1,1	0,8	0,7	0,6	0,5	0,4	0,3
Activities aimed to achieve direct result indicators					Timeline within the target period					
					2014	2015	2016	2017	2018	
1. Making proposals on development of a system for forecasting, planning, regulating and decreasing lack of balance in internal migration with due account for spatial development of the country					X	X	X	X	X	
2. Analysis and monitoring of processes of people migration within the country with due account for social and economic depressiveness and environmental situation in regions					X	X	X	X	X	
3. Making of proposals on creation of a system for internal migrant adaption in urban areas (training, employment, etc)					X	X	X	X	X	

4. Making of proposals on solving problematic issues caused by high migration load in large cities and suburban areas					X	X	X	X	X	
5. Making of proposals on improvement of legislation in terms of regulation of migration processes within the country					X	X	X	X	X	
Objective 5.1.3. Labor migration management										
№	Direct result indicator	Information source	unit	Reporting period		Target period				
				2012	2013	2014	2015	2016	2017	2018
1.	Quota for employment of foreign nationals	MHS D data	%	1,0	1,2	0,7	0,7	0,8	0,8	0,8
Activities aimed to achieve direct result indicators						Timeline within the target period				
						2014	2015	2016	2017	2018
1						2	3	4	5	6
1. Improvement of population migration legislation in terms of labor migration management						X	X	X	X	X
2. Elaboration of proposals for fixing up quota for employment of foreign nationals						X	X	X	X	X
3. Control over execution by employers of special conditions for employment of foreign nationals						X	X	X	X	X
4. Creation of record keeping system and informational support of labor migration processes						X	X	X	X	X

#### Strategic area 6. Enforcement of labor rights

##### Goal 6.1 Protection of labor rights and improvement of health and safety

Codes of budgetary program aimed to achieve the goal: 001, 007, 012, 013, 028

No	Target indicator	Information source	unit	Reporting period		Target period				
				2012	2013	2014	2015	2016	2017	2018
1	2	3	4	5	6	7	8	9	10	11
1.	Position in GCI for «Cooperation in employee-employer relations»	WEF report	Position in rating	49	40	39	48	47	46	45
2.	Position in GCI for «Flexibility of			30	24	23	19	19	18	18

	salary»									
3.	Position in GCI for «Payment and efficiency»			10	9	9	15	15	14	14
4.	Position in GCI for «Employment and dismissal»			24	21	20	21	21	20	20
5.	Position in GCI for «Costs associated with dismissal»			25	27	26	25	24	23	22
6.	Accident frequency rate (LTAFR per 1000 people)	statistic data	%	0,45	0,42	0,52	0,50	0,47	0,46	0,45
Objective 6.1.1. Health and safety										
No	Direct result indicator	Information source	unit	Reporting period		Target period				
				2012	2013	2014	2015	2016	2017	2018
1	2	3	4	5	6	7	8	9	10	11
1.	Percentage of people working in harmful exposure (in total number of working people)	statistic data	%	21	21,0	20,9	20,8	20,75	20,7	20,65
2.	Percentage of women working in harmful exposure (in total number of working people)	statistic data	%	13,2	13,2	13,1	13,05	13,0	12,95	12,9
3.	Percentage of large and medium-sized enterprises that have introduced health and safety standards	MHS D data	%	7,0	7,5	8,0	8,5	8,6	8,7	8,8
Activities aimed to achieve direct result indicators						Timeline within the target period				
						2014	2015	2016	2017	2018

1				2	3	4	5	6		
1. Improvement of occupational health and safety monitoring				X	X	X	X	X		
2. Adapting international occupational standards. Implementation of such in economic sectors				X	X	X	X	X		
3. Development and implementation (trilaterally) of measures to cut jobs including women working in harmful exposure				X	X	X	X	X		
4. Elaboration of a method for early detection of risk groups and prevention of occupational diseases				X						
5. Implementation of a project for employers' voluntary declaration of conformity of employees' work environment with labor legislation requirements.				X	X	X	X	X		
6. Social support to people for harm done to life and health, imposed by the court on government in case legal entity went out of business				X	X	X	X	X		
Objective 6.1.2. Prevention and restraint of violation of labor legislation										
No	Direct result indicator	Information source	Unit	Reporting period		Target period				
				2012	2013	2014	2015	2016	2017	2018
1	2	3	4	5	6	7	8	9	10	11
1.	Percentage of violations of labor legislation corrected, in % vs. total number of violations identified	MHSD data	%	90	93,6	92	93	94	95	96
Activities aimed to achieve direct result indicators						Timeline within the target period				
						2014	2015	2016	2017	2018
1						2	3	4	5	6
1. Improvement of risk assessment system.						X	X	X	X	X
2. Monitoring of salaries payable, taking measures for elimination and prevention of occurrence						X	X	X	X	X
3. Formation and execution of joint action plan to exterminate worst-case forms of child labor for 2012–2014, 2015–2017						X				

4. public awareness campaign for compliance with labor legislation				X	X	X	X	X	X	
5. Implementation of action plan for arranging training for people on basics of labor legislation in the Republic of Kazakhstan				X	X					
Objective 6.1.3. Facilitation of social partnership development										
1	Direct result indicator	Information source	unit	Reporting period		Target period				
				2012	2013	2014	2015	2016	2017	2018
1	2	3	4	5	6	7	8	9	10	11
1.	Percentage of enterprises covered by collective agreement system (among large and medium-scale enterprises)	MHSD data	%	92,2	92,4	92,6	93	93,2	93,4	93,6
Activities aimed to achieve direct result indicators						Timeline within the target period				
						2014	2015	2016	2017	2018
1						2	3	4	5	6
1. Elaboration and implementation of «Decent work program in the Republic of Kazakhstan directed to regulate labor relations in accordance with international standards, encourage effective employment, subsequently promote social dialogue							X	X	X	X
2. Encouragement of raising corporate social responsibility						X	X	X	X	X
3. Placing of General Agreement between the Government, employers' associations and employees' associations for 2012–2014, 2015–2017						X				
4. Introduction of measures for adherence to rights and guarantees of manpower as a part of General Agreement placed between the Government, employers' associations and employees' associations for 2012–2014, 2015–2017 and a republican campaign "Place the collective agreement!"						X	X	X	X	-
5. Conduct of systematic organizational and						X	X	X	X	X

information events to control and resolve disputed situations arising in social and labor sphere (implementation of Comprehensive plan to prevent social tension and resolve social and labor disputes)					
6. Adoption of laws of Republic of Kazakhstan “On trade unions” (new edition)”	X				

## Strategic area 7. Facilitation of social welfare

## Goal 7.1. Raising of living standards

Codes of budgetary program aimed to achieve the goal: 001, 002, 003, 004, 006, 008, 011, 018, 028, 033

No	Target indicator	Information source	unit	Reporting period		Target period				
				2012	2013	2014	2015	2016	2017	2018
1	2	3	4	5	6	7	8	9	10	
1.	A share of population with income lower than minimum subsistence level	statistic data	%	3,8	2,9	4,0	4,0	4,0	6,0	6,0
2.	Cumulative income ratio replaced with pension payments without pension savings			43,1	41,2	42,8	42,5	43,0	46,6	46,3
3.	Cumulative income ratio replaced with pension payments with pension savings			45,9	44,6	46,5	46,6	47,4	51,3	51,3
4.	Level of people’s satisfaction with quality of state services provided	MHSD data		-	85,88	85,96	86,01	86,13	86,22	86,31
Objective 7.1.1. Facilitation of growth in salary										

№	Direct result indicator	Information source	unit	Reporting period		Target period				
				2012	2013	2014	2015	2016	2017	2018
1	2	3	4	5	6	7	8	9	10	11
1.	Trend of average salary of civil servants (vs. previous year)	statistic data	%	100	100	107	114	107	107	107
Activities aimed to achieve direct result indicators						Timeline within the target period				
						2014	2015	2016	2017	2018
1						2	3	4	5	6
1. Development of minimum salary standard							X	X	X	
2. Development of a new model of labor remuneration system for civil servants						X	X			
3. Amending laws and regulations concerning remuneration of labor of civil servants and introduction of a new remuneration system						X	X	X		
4. Analysis of performance of new model of remuneration of labor of civil servants introduced and its revision							X	X		
Objective 7.1.2. Sufficiency of social security										
№	Direct result indicator	Information source	unit	Reporting period		Target period				
				2012	2013	2014	2015	2016	2017	2018
1	2	3	4	5	6	7	8	9	10	11
1.	A share of employed population covered with Defined Contribution Pension System	statistic data, MHS D data	%	67,6	68,9	68,9	69,0	69,5	70,0	70,5
2.	A share of employed population covered with compulsory social insurance system	statistic data, MHS D data		74,2	74,4	74,4	74,6	74,7	74,8	74,9
Activities aimed to achieve direct result indicators						Timeline within the target				

		period								
		2014	2015	2016	2017	2018				
1		2	3	4	5	6				
1. Development of a set of measures for subsequent update of pension fund scheme		X	X							
2. Improvement of financial stability of «PFSI» JSC		X	X	X	X	X				
3. Improvement of parameters of compulsory social insurance system					X	X				
4. Raising public awareness on Defined Contribution Pension system and social insurance system		X	X	X	X	X				
5. Development and introduction of social card for pension and benefits recipients		X	X	X	X	X				
Objective 7.1.3. Improvement of targeting of social assistance										
No	Direct result indicator	Information source	unit	Reporting period		Target period				
				2012	2013	2014	2015	2016	2017	2018
1.	A share of recipients of targeted social assistance in total population below subsistence level	statistic data, MHS D data	%	15	12,1	8,9	8,8	11,9	7,7	7,4
2.	Percentage of employed population within targeted social assistance recipients	MHS D data	%	33,7	31,4	31,0	30,0	30,0	30,0	30,0
3.	A share of people among targeted social assistance recipients getting due money payment	statistic data, MHS D data	%			10	15	-		
Activities aimed to achieve direct result indicators						Timeline within the target period				
						2014	2015	2016	2017	2018
1				2	3	4	5	6		
1. Raising of subsistence level				X	X	X				

2. Introduction of due social assistance for needy families	X	X			
3. Improvement of legislation concerning social aid for needy families	X	X	X		

Strategic area 8. Formation of effective social security system for the underprivileged

Goal 8.1. Improvement of social security efficiency

Codes of budgetary program aimed to achieve the goal: 001, 009, 010, 016, 017, 021, 028, 032

No	Target indicator	Information source	unit	Reporting period		Target period				
				2012	2013	2014	2015	2016	2017	2018
1	2	3	4	5	6	7	8	9	10	
1.	Percentage of people receiving special social services (in total number of people requiring it)	MHS D data	%	92,2	95,9	96,0	96,1	96,3	96,4	96,5
2.	A share of partially rehabilitated disabled people (among combed out disabled people)	MHS D data	%	9,7	10,6	9,75	9,77	9,8	9,83	9,85

Objective 8.1.1. Development of special social services provision system

No	Direct result indicator	Information source	unit	Reporting period		Target period				
				2012	2013	2014	2015	2016	2017	2018
1	2	3	4	5	6	7	8	9	10	11
1.	A share of people receiving special social services provided by private sector (including non-governmental organizations)	MHS D data	%	4,6	6,0	5,1	5,4	5,7	6,0	6,3

Activities aimed to achieve direct result indicators					Timeline within the target period					
					2014	2015	2016	2017	2018	
1					2	3	4	5	6	
1. Improvement of laws and regulations in terms of special social services provision					X	X	X	X	X	
2. Introduction of additional special social services provided as per resolution of local representative authorities					X	X	X	X	X	
3. Extending placing of state order among non-governmental organizations					X	X	X	X	X	
4. Raising public awareness regarding special social services provision					X	X	X	X	X	
Objective 8.1.2. Development of a system for rehabilitation of the disabled										
1	Direct result indicator	Information source	unit	Reporting period		Target period				
				2012	2013	2014	2015	2016	2017	2018
1	2	3	4	5	6	7	8	9	10	11
1.	A share of social part of individual programs implemented for rehabilitation of the disabled (in total number of Individual programs of rehabilitation developed within the Reporting period of the last year)	MHS D data	%	73,0	80,9	74,0	74,25	74,5	74,7	75,0
Activities aimed to achieve direct result indicators					Timeline within the target period					
					2014	2015	2016	2017	2018	
1					2	3	4	5	6	
1. Adoption and implementation of action plan for supporting rights and improving living standards of people with disabilities in the Republic of Kazakhstan for 2012 – 2018 (phase-by-phase plans)					X	X	X	X	X	

2. Amendment of certain legal acts of the Republic of Kazakhstan due to forthcoming ratification of UN Convention on the Rights of Persons with disabilities	X	X			
3. Elaboration of innovation approaches toward organization and conduct of medical and social assessment and rehabilitation of the disabled (with due account for International Classification of Functioning).	X	X	X		
4. Elaboration of conditions to ensure unobstructed access for disabled people and other people with limited mobility to critical infrastructure	X	X	X	X	X
5. Improvement of standards for provision of prosthetic and orthopedic and hearing prosthetic aid	X	X	X	X	X
6. Monitoring of passportization of social and transport infrastructure facilities	X	X	X	X	

### Compliance of strategic areas and goals with national strategic targets

Strategic areas and targets of state authority	Name of strategic and (or) program document
1	2
1. Promotion of health of people and reduction of mortality rate Goal 1.1. Efficient disease prevention, treatment and rehabilitation system Goal 1.2. Improvement of maternity and child welfare services	Address of the President of the Republic of Kazakhstan N.Nazarbayev to the people of Kazakhstan dated December 14, 2012 «Strategy «Kazakhstan - 2050» New policy of an established country»
2. Improvement of healthcare system efficiency Goal 2.1. Growth in competitiveness of healthcare organizations	Decree of the President of the Republic of Kazakhstan № 922 dated February 1, 2010 «On Strategic plan of development of the Republic of Kazakhstan to 2020 »
Goal 2.2. Improvement of educational, science system and adoption of innovation technologies	Decree of the President of the Republic of Kazakhstan № 1113 dated December 29, 2010 «On State program for healthcare development of the Republic of Kazakhstan «Salamatty Kazakhstan» for 2011 - 2015»
	Address of the President of the Republic of Kazakhstan N.Nazarbayev to the people of Kazakhstan dated January 17, 2014

	«Path of Kazakhstan – 2050: Shared objective, shared interests, shared future»
3. Facilitation of growth in labor force Goal 3.1. Encouragement of birthrate increase	Strategic plan of the development of the Republic of Kazakhstan 2020 approved by the Decree of the President of the Republic of Kazakhstan dated February 1, 2010 № 922 Address of the Head of the state to the people of Kazakhstan dated December 14, 2012 «Strategy «Kazakhstan – 2050»: new policy of an established country»
4. Facilitation of productive employment Goal 4.1. Increase in occupational level	Strategic plan of the development of the Republic of Kazakhstan up to 2020 approved by the Decree of the President of the Republic of Kazakhstan dated February 1, 2010 № 922 Address of the Head of the state to the people of Kazakhstan dated December 14, 2012 «Strategy «Kazakhstan – 2050»: new policy of an established country» Road employment map 2020 approved by the Government Decree of the Republic of Kazakhstan dated June 19, 2013 № 636
5. Implementation of state policy related to migration of population Goal 5.1 Improvement of efficiency of management and regulation of migration processes	Strategic plan of the development of the Republic of Kazakhstan to 2020 approved by the Decree of the President Republic of Kazakhstan dated February 1, 2010 № 922
6. Enforcement of labor rights of people Goal 6.1 Protection of labor rights and improvement of health and safety	Strategic plan of the development of the Republic of Kazakhstan to 2020 approved by the Decree of the President of the Republic of Kazakhstan dated February 1, 2010 № 922 Address of the Head of the state to the people of Kazakhstan dated December 14, 2012 «Strategy “Kazakhstan – 2050”: new policy of an established country»
7. Facilitation of social welfare Goal 7.1. Raising of living standards	Strategic plan of the development of the Republic of Kazakhstan to 2020 approved by the Decree of the President of the

	Republic of Kazakhstan dated February 1, 2010 № 922
	Address of the Head of the state to the people of Kazakhstan dated December 14, 2012 “Strategy “Kazakhstan – 2050”: new policy of an established country”
	Concept for further update of pension system of the Republic of Kazakhstan 2030 approved by the Decree of the President of the Republic of Kazakhstan dated June 18, 2014 № 841
8. Establishment of efficient social support system for the underprivileged Goal 8.1. Improvement of efficiency of social support	Strategic plan of the development of the Republic of Kazakhstan till 2020 approved by the Decree of the President Republic of Kazakhstan dated February 1, 2010 № 922
	Address of the Head of the state to the people of Kazakhstan dated December 14, 2012 “Strategy “Kazakhstan – 2050”: new policy of an established country”

#### Chapter 4. Development of functional capabilities

Name of strategic area, goal and objective of the state authority	Activities aimed to implement the strategic area and the goal of the state authority	Implementation time
Strategic area 1. Promotion of health of people and reduction of mortality rate Goal 1.1. Efficient system of prevention, treatment and rehabilitation of diseases Objective 1.1.1. Improvement of approaches toward prevention of diseases and formation of healthy lifestyle	Improvement of laws and regulations reflecting healthcare activity	On a regular basis
	Prevention of occurrence, mongering and reduction of contagious, parasitic and occupational diseases of the people	
	Elaboration and improvement of methods and means for prevention, diagnostics, treatment, rehabilitation as a part of priority areas of applied researches of healthcare sphere	
	Promotion of skill level of state healthcare organization staff, deepening of their professional knowledge and skills in accordance with up-to-date requirements of	

<p>Objective 1.1.2. Improvement of diagnostics, treatment and rehabilitation of main socially significant diseases and injuries</p> <p>Objective 1.1.3. Prevention of contagious incidence rate</p> <p>Goal 1.2. Improvement of maternity and child welfare services</p> <p>Objective 1.2.1. Promotion of health of a mother and a child</p>	<p>practical healthcare</p> <p>Improvement, monitoring and assessment of standards for provision of state services regarding social support of households with children in accordance with the Register of state services provision approved by the decree of the Government of the Republic of Kazakhstan</p>	
<p>Strategic area 2. Improvement of healthcare system efficiency:</p> <p>Goal 2.1. Growth in healthcare organizations competitiveness</p> <p>Objective 2.1.1. Improvement of healthcare organizations management and financing</p> <p>Goal 2.2. Improvement of educational, scientific system and adoption of innovation technologies</p> <p>Objective 2.2.1. Development of science</p>	<p>2. Overhaul repair of buildings of territorial bodies, strengthening of material and technical base of the Ministry</p> <p>Ensuring operation and security of information systems and information and technical assistance of the Ministry</p> <p>Training of staff of healthcare central bodies and local executive authorities on principles of strategic planning and analysis</p> <p>Update and deepening of professional knowledge and skills of civil servants in compliance with qualifications specified</p> <p>Elaboration and improvement of standards and regulations on state services in healthcare sphere, transfer of medical</p>	<p>On a regular basis</p>

and human resources	services into electronic format	
Strategic area 3. Facilitation of growth in labor force Goal 3.1. Encouragement of birthrate Objective 3.1.1. Social support of households with children	Improvement, monitoring and assessment of state service standards on social support of households with families in accordance with the Register of state services provision approved by the decree of the Government of the Republic of Kazakhstan. Ensuring availability and improvement of state services quality provided as a part of social supporting of households with children. Professional development of staff of territorial bodies of MHSD subdivisions, SCPP branches on special programs of social support for households with children in State Enterprise “Professional development courses for social and labor staff” MHSD Ensuring operation of Automated information system “Social support: targeted social assistance, state child allowance” and its integration with Universal information system of social and labor sphere of the Ministry (hereafter to be referred to as UIS SLS)	On a regular basis
Strategic area 4. Facilitation of productive employment Goal 4.1. Increase in occupational level Objective 4.1.1. Improvement of labor force quality Objective 4.1.2. Activization of unemployed, employed disadvantaged population Objective 4.1.3. Facilitation of employment growth	Improvement of standards for provision of state services facilitating employment, social support as per the Register of state services provision approved by the decree of the Government of the Republic of Kazakhstan Extension of a list, ensuring availability and improvement of quality of state employment-related services provided, It is also provided in electronic form Creation and functioning of database with vacant positions and perspective jobs on a software platform Automated information system “Labor market”	On a regular basis

	Professional training of State Labor Inspection staff on employment of citizens, employment of foreign nationals and best practices exchange of regions in State Enterprise “Professional development courses for social and labor staff” of MHSD	2014 – 2016
	Ensuring operation of “Jobs – Youth job market” web-portal.	On a regular basis
	Coordination of outdoor best practice exchange events related to employment of population between the regions	
Strategic area 5. Implementation of population migration state policy Goal 5.1 Improvement of migration process management and regulation efficiency Objective 5.1.1 Regulation of migration processes in terms of movement and adaptation of repatriates Objective 5.1.2. Regulation of internal migration Objective 5.1.3. Labor migration management	Improvement of standards for state services provided to repatriates  Professional development of migration staff in State Enterprise “Professional development courses for social and labor staff” of the MHSD  Integration of Automated information system “Repatriates” with an integrated information system of the Ministry	On a regular basis
Strategic area 6. Enforcement of labor rights Goal 6.1.	Professional development of State Labor Inspection staff on labor, health and safety issues in State Enterprise “Professional development courses for social and labor	

<p>Protection of labor rights and improvement of health and safety</p> <p>Objective 6.1.1. Health and safety</p> <p>Objective 6.1.2. Prevention and restraint of violation of labor legislation</p> <p>Objective 6.1.3. Facilitation of social partnership development</p>	<p>staff” of the MHSD</p> <p>Ensuring of operation of Automated information system “Health and safety” and integration of it with UIS SLS</p>	<p>On a regular basis</p>
<p>Strategic area 7. Facilitation of social welfare</p> <p>Goal 7.1. Raising of living standards</p> <p>Objective 7.1.2. Sufficiency of social security</p> <p>Objective 7.1.3. Enhancement of targeting for social assistance provision</p>	<p>Improvement, monitoring and assessment of standards and regulations concerning provision of state services related to awarding pension and social benefits, social assistance in accordance with Register of state services provision approved by the decree of the Government of the Republic of Kazakhstan</p> <p>Ensuring availability and improvement of quality of social support state services provided (including electronic form).</p>	<p>On a regular basis</p>
	<p>Pension and social benefits awarding process automation</p>	<p>2011 – 2014</p>
	<p>Professional training of staff of MHSD territory bodies, SCPP branches on awarding pension and social benefits in State Enterprise “Professional development courses for social and labor staff” of the MHSD</p> <p>Ensuring operation of one-stop service center “Contact center”, Automated information system “Social assistance: state child allowance, targeted social assistance”, “E-social security” and their integration with UIS SLS</p>	<p>On a regular basis</p>
<p>Strategic area 8. Formation of efficient social support system for the underprivileged</p>	<p>Improvement of standards of state services related to preparation of documents for special social services and compensatory technical means in accordance with the</p>	

<p>Goal 8.1. Improvement of social support efficiency</p> <p>Objective 8.1.1. Development of a system for provision of special social services</p> <p>Objective 8.1.2. Development of a system for rehabilitation of the disabled</p>	<p>Register of state services provision to be approved by the decree of the Government of the RK</p> <p>Professional development of staff of MHSD territory bodies on special social services and social support of people with disabilities in State Enterprise “Professional development courses for social and labor staff” of the MHSD</p> <p>Ensuring operation of Automated information system “E-social security” and integration of it with UIS SLS</p>	<p>On a regular basis</p>
<p>Use of information and communication technologies</p>	<p>Ensuring of information security</p> <p>Improvement of UIS SLS and integration with information systems of concerned state authorities.</p> <p>Phase-by-phase introduction of automated system for electronic awarding and payment of pension and social benefits</p> <p>Provision of advisory services related to state policy conducted in social and labor sphere through information center “Contact center”</p> <p>Elaboration and implementation of Action plans on optimization of business processes, reduction of documents requested from people and automation of state services.</p> <p>Increase in percentage of state services provided in electronic format (including partially automated ones) to 70 % of total list of services provided by the Ministry</p> <p>Ensuring of Kazakhstani content when doing tender-based public purchases of ICT equipment (if available) in IT-services.</p> <p>Possibility of “IT-outsourcing” use for information systems of the Ministry</p>	<p>On a regular basis</p> <p>2014</p> <p>2014 -2016</p> <p>On a regular basis</p>

Improvement of quality of services provided by organizations answerable to the Ministry	<p>Professional training of territory departments of Control and social security Committee, SCPP branches on social and labor sphere development in the State Enterprise “Professional development courses for social and labor staff” of the MHSD</p> <p>Social benefits to be paid using republican fund and pension and social benefit awarding process automation of Republican state budget-supported enterprise “State Center for Pension Payment of the Ministry of Healthcare and social development of the Republic of Kazakhstan”</p> <p>Improvement of an organizational chart of Republican state budget-supported enterprise “Republican center for experiment prosthetic care”</p> <p>Provision of information-analysis services on employment, labor legislation and social protection of people by “Information-analysis center” JSC</p>	On a regular basis
Staffing	<p>Strict compliance with government service legislation of the RK (including gender equality) when selecting and deploying staff, in the course of carrier management</p> <p>Labor and performance discipline</p> <p>Human resource development:  training, professional development and retraining of civil servants;  learning and use of Kazakh and foreign languages;  improvement of methods and forms for personnel evaluation;  promotion of productive labor;  staff turnover, creation, training and use of succession pool</p> <p>Management of staffing policy of Ministry departments and organizations answerable to the MHSD</p>	On a regular basis

Material and technical support	Development of material and technical base of the Ministry, its departments and lower organizations with regard to continual activity and administrative costs optimization	On a regular basis
	Requirements set by the legislation concerning public purchase procedures (Prompt publication of approved public purchase plan and relevant amendments at web-site; announcement of public purchases in accordance with the plan; conclusion of contract according to public purchase procedures)	
Finance support	Use of preventive control measures, timely identification, analysis and assessment of potential risks related to finance support of the Ministry	On a regular basis
	Tightening of personal responsibility of heads of Ministry divisions and lower organizations for effective application of budgetary funds	
	Finance and assets management using information system of the Treasury of the Republic of Kazakhstan	

### Chapter 5. Interdepartmental interaction

<b>Indicators of objectives requiring interdepartmental interaction</b>	<b>State authority performing interdepartmental interaction</b>	<b>Actions taken by state authorities</b>
<b>1</b>	<b>2</b>	<b>3</b>
Strategic area1. Promotion of health of people and reduction of mortality rate		
Goal 1.1 Effective system for prevention, treatment and rehabilitation of diseases		
Objective 1.1.1. Improvement of approaches to prevention of diseases and formation of healthy lifestyle		
Reduction of total mortality	MIA, MCS, ME Akims of oblasts, Astana and Almaty cities	Provision of information to the public regarding consequences of alcohol

		<p>and drugs abuse</p> <p>Provision of information to the public regarding healthy eating, road safety.</p> <p>Development and publication of outreach printed media and conduct of campaigns and projects on TV channels related to prevention and treatment of tobacco smoking, alcohol and drug abuse with public figures involved</p>
Goal 1.1 Effective system of prevention, treatment and rehabilitation of disease		
Objective 1.1.2. Enhancement of diagnostics, treatment and rehabilitation of main socially significant diseases and injuries		
Reduction of mortality caused by circulatory diseases	MCS, Akims of oblasts, Astana and Almaty cities	Provision of information to the public regarding consequences of alcohol and drug abuse National screening program in progress
Reduction of mortality caused by oncological diseases		
Reduction of mortality caused by injuries, accidents and poisoning	MIA, MCS, Akims of oblasts, Astana and Almaty cities	Operation of highway centers providing urgent medical and rescue aid Provision of information to the public regarding road safety.
Reduction of tuberculosis incidence rate	MIA, MCS, Akims of oblasts, Astana and Almaty cities	Public awareness campaign concerning mongering of tuberculosis among the convicted. Provision of information to the public regarding consequences of alcohol and drug abuse
Retention of HIV prevalence in the 15-49 age group at the level of not more than 0,6	MIA, Akims of oblasts, Astana and Almaty cities	Provision of antiretroviral agents to HIV positive convicted people to undergo ART therapy. Public awareness campaign concerning mongering of

		tuberculosis among the convicted.
Goal 1.1 Efficient system for prevention, treatment and rehabilitation of diseases		
Objective 1.1.3. Prevention of growth in contagious incidence rate		
Reduction of acute viral hepatitis B incidence rate	MNE, Akims of oblasts, Astana and Almaty cities	Raising public awareness about prevention of contagious diseases. Immunization of population against hepatitis A and B
Reduction of acute viral hepatitis A incidence rate		
Goal 1.2. Improvement of maternity and child welfare service		
Objective 1.2.1 Promotion of health of a mother and a child		
Reduction of maternal mortality	Akims of oblasts, Astana and Almaty cities	Raising public awareness about consequences of alcohol and drugs abuse. Screening.
Reduction of infant mortality	Akims of oblasts, Astana and Almaty cities	Awareness campaign supporting and promoting breast-feeding
Strategic area 2. Improvement of healthcare system efficiency		
Goal 2.1. Growth in healthcare organizations competitiveness		
Objective 2.1.1. Improvement of healthcare organizations management and financing		
Number of people's appeals related to medical services quality	Akims of oblasts, Astana and Almaty cities	Monitoring of appeals related to medical services quality. Improvement of medical services quality
Level of in-patient care use funded by the republican budget funds	Akims of oblasts, Astana and Almaty cities	Development of in-patient care substitute technologies. Improvement of medical services quality at the level of PHC
Level of equipage of medical organizations in accordance with equipage standard	Akims of oblasts, Astana and Almaty cities	Allocation of targeted transfers for equipping health organizations. Monitoring of health organizations equipage level
Goal 2.2. Improvement of educational, scientific system and adoption of innovation technologies		
Objective 2.2.1. Development of science and labor force		
Staffing in healthcare	Akims of oblasts, Astana and Almaty cities	Taking measures for retention of personnel in rural area. Improvement of

		new compensation policy
Strategic area 3. Facilitation of growth in labor force		
Goal 3.1. Encouragement of birthrate growth		
Objective 3.1.1. Social support of households with children		
1. Percentage of children under 18 covered with social support system (versus total number of children). 2. Percentage of children under 1 covered with social support system, (versus total number of children born in the year)	LEA	1. Timely awarding and payment of allowance for needy children under 18. 2. Operation of Automated information system “Social support: targeted social assistance, state child allowance”
Strategic area 4. Facilitation of productive employment		
Goal 4.1. Increase in population employment level		
Objective 4.1.1. Improvement of labor resource quality		
1. Percentage of people retrained and undergone professional development, trained on basics of entrepreneurship in total number of participants of Road employment map 2020 (hereafter to be referred to as REM 2020). 2. Percentage of people forwarded for professional training course in total number of people approached to employment centers	Concerned state authorities, employer’s associations  MES, LEA	Elaboration of occupational standards in relevant sector and its use during training process (in educational institutions and enterprises doing intercompany personnel training) To analyze labor market development and determine staff requirement based on the Method for determining staff requirement in economic sectors sector-, occupation- and region-wise
Objective 4.1.2. Activization of unemployed, self-employed and disadvantaged population		
1. A share of people covered by REM 2020 in total number of people who applied to participate. 2. A share of women covered by REM 2020 in total number of people who signed social contract.	Akims of oblasts, Astana and Almaty cities	Raising public awareness about state labor policy: Conduct of research and practice seminars, round-table discussions, meetings with the public, employers, private recruitment agencies; addresses in mass media;

<p>3. A share of young people under 29 covered by REM 2020 in total number of people who signed social contract.</p> <p>4. A share of productively employed population in total number of self-employed population</p> <p>5. Number of distance workers per 100 workers</p>	<p>Akims of oblasts, Astana and Almaty cities, MNE,</p> <p>MF, MOA, “Fund of financial support for agriculture” JSC</p> <p>Akims of oblasts, Astana and Almaty cities, MES,</p>	<p>posting of information material on MHSD website. Modernization of employment centers of local executive authorities.</p> <p>Occupational guidance of participants of Employment program including those participants who have priority right to participate in it (young people, women living in rural area)</p> <p>Implementation of joint activities provided by REM 2020 as a part of first strand: “Provision of employment by developing infrastructure and housing and utilities”.</p> <p>Provision of employment to REM participants at the level of not less than 50% under current and overhaul maintenance</p> <p>Implementation of joint activities provided by REM 2020 as a part of the second strand of “Creation of jobs by developing entrepreneurship and support villages”</p> <p>Implementation of joint activities provided by REM 2020 as a part of the third strand of “Assistance in employment by training and migration depending on employer’s needs”</p>
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Strategic area 5. Implementation of state population migration policy		
Goal 5.1 Improvement of migration process management and regulation efficiency		
Objective 5.1.1. Regulation of migration processes in terms of movement and adaptation of ethnic Kazakhs		
1. Percentage of repatriates employed (in total number of people approached employment centers)	MNE, MFA, Akims of oblasts, Astana, Almaty cities	Elaboration of joint proposals concerning improvement of legislation related to movement and adaptation of ethnic Kazakhs
Objective 5.1.2. Regulation of internal migration		
Percentage of internal migrants vs. total population	MNE, MIA, Akims of oblasts, Astana, Almaty cities	Elaboration of joint proposals concerning improvement of legislation related to internal migration regulation
Objective 5.1.3. Labor migration management		
Quota for employment of foreign nationals	MNE, ME, MID, MIA, Akims of oblasts, Astana, Almaty cities	Elaboration of joint proposals concerning improvement of legislation related to labor migration management
Strategic area 6. Enforcement of labor rights of people		
Goal 6.1 Protection of labor rights and improvement of health and safety		
Objective 6.1.3. Facilitation of social partnership development		
1. Percentage of enterprises with collective agreement system (among large and medium-scale enterprises)	Social partners, concerned state authorities	Performance of trilateral agreements and improvement of GCI indicators
Strategic area 7. Facilitation of social welfare		
Goal 7.1. Raising of living standards		
Objective 7.1.1. Facilitation of salary increase		
1. Dynamics of average salary of civil servants (vs. previous year)	Concerned state authorities	Elaboration and introduction of a new labor remuneration model: Deployment of posts of civil servants as per functional blocks; Introduction of a new

		ratio net; Optimization of extra payment and uplift system; Development of incentive performance-dependent extra payment and uplifts system
<b>Objective 7.1.2. Sufficiency of social security</b>		
1. A share of population covered by Defined Contribution Pension System  2. A share of employed population covered by compulsory social insurance system	National bank of the RK	Improvement of pension fund scheme and social insurance system Amendment of laws and regulations related to pension coverage and social insurance Improvement of stability of Defined Contribution Pension System and social insurance system
<b>Objective 7.1.3. Improvement of targeting of social support</b>		
1. A share of recipients of state child allowance (SCA) in total population living below subsistence level. 2. A share of recipients of targeted social assistance in total population living below subsistence level. 3. Percentage of employable population in a number of targeted social assistance recipients. 4. A share of families receiving due money payments in total number of families living below subsistence level.	LEA, MNE	Ensuring timely awarding and payment of targeted social assistance to needy families. Improvement of record-keeping and monitoring of social support provided. Participation in preparing proposals on introduction of due social assistance for needy families. Ensuring operation of Automated information system “Social assistance: targeted social assistance, state child allowance”, “E-social security”. Implementation of a set of measures for controlling food market using market mechanisms directed to stabilize prices for the main food stuff

	MoA	
Strategic area 8. Establishment of efficient social support system for the underprivileged		
Goal 8.1. Improvement of social support efficiency		
Objective 8.1.1. Development of special social services provision system		
1. A share of people provided with special social services by private sector (including non-governmental organizations).	LEA, NGO  LEA	Extension of special social services and provision of special social services for people in hard real-life situation. Ensuring operation of Automated information system “E-social security”.
Objective 8.1.2. Development of a system for rehabilitation of the disabled		
1. A share of social part of individual programs implemented for rehabilitation of disabled people (in total number of individual programs for rehabilitation of disabled people developed over the reporting period of the last year)	Concerned parties  LEA	Cooperation of concerned organizations within Coordination Council for social protection of people with disabilities.  Implementation of individual program for rehabilitation of the disabled people (social part) within the competence of state authorities

### Abbreviation expansion

- WEF - World Economic Forum  
GCI - Global Competitiveness Index  
FHLS - Formation of healthy lifestyle  
MIA - Ministry of Internal Affairs of the Republic of Kazakhstan  
MID - Ministry of Investment and Development of the Republic of

	Kazakhstan
LEA	- Local Executive Authorities
MHSD	- Ministry of Healthcare and Social Development of the Republic of Kazakhstan
MCS	- Ministry of Culture and Sport of the Republic of Kazakhstan
MES	- Ministry of Education and Science of the Republic of Kazakhstan
MNE	- Ministry of National Economy of the Republic of Kazakhstan
MoA	- Ministry of Agriculture of the Republic of Kazakhstan
NGO	- Non-governmental Organizations

## Chapter 6. Risk management

In the course of its activity the Ministry can face a number of risks (circumstances that can become an obstruction for goal achievement) or external factors which can not be controlled by the Ministry and can become an obstruction for achievement of goals of the Strategic plan.

Name of possible risk	Goal that can be impacted by the risk	Potential impact if no risk management measures taken	Risk management activities
<b>External risks</b>			
Ineffective work of state authorities in terms of strategic plan indicators achievement	Goal 1.1. Effective system for prevention, treatment and rehabilitation of diseases	Strategic plan goal indicators and objective indicators are not achieved	Monitoring of indicators and activities of interdepartmental cooperation. Enhancement of the role of National coordination council for people healthcare
Risk of contagious disease outbreak	Goal 1.1. Effective system for prevention, treatment and rehabilitation of diseases	Contagious disease outbreak	Public awareness campaign
Wide-scale extension of injuries and diseases (including	Goal 1.1. Effective system for prevention, treatment and rehabilitation of	Escalation of public social tension	Public awareness campaign. Timely medical aid rendered under emergency

contagious diseases) due to technogenic and environmental catastrophes (disasters)	diseases		situation conditions
Economic downturn due to long-term recession of global economy	Goal 4.1 Increase in population employment level	Release of labor at export-oriented enterprises	Ensuring regular systematic monitoring and forecasting of labor market situation. Promotion of measures facilitating employment in case labor is released due to restructuring, drop in production and bankruptcy. Conclusion of labor migration bilateral and multilateral agreements
<b>Internal risks</b>			
Medical staff outflow due to low salary level	Goal 2.2. Improvement of educational, scientific system and adoption of innovation technologies	Decrease in qualified personnel	Further improvement of end-oriented differentiated system of remuneration of medical staff labor. Improvement of management methods
Insufficient material and	Goal 2.1. Growth in	Poor quality of medical services provided	Improvement of healthcare system

technical base of health organizations	healthcare organizations competitiveness		infrastructure
Poor self-governance of medical organizations when taking managerial decisions	Goal 2.1. Growth in healthcare organizations competitiveness	Poor quality of medical services provided ineffective use of budget	Increase in self-government of state healthcare organizations and adoption of corporate governance principles Training of health managers
Deterioration of situation of households with children due to decline in macroeconomic situation	Goal 3.1. Promotion of birthrate	Increase in a share of households with children whose income is lower than subsistence level which results in birthrate decrease	1. Phase-by-phase raise of allowances provided to households with children 2. Tightening up of targeting of social support provided to households with children

Damping of demand for labor force and change in an employment pattern due to economic recession	Goal 4.1. Increase in population employment level	Growth of unemployment. Release of manpower due to restructuring, bankruptcy and shutdown of enterprises. Imbalance of supply and demand at regional labor markets. Poor coverage of unemployed people and people working non-productively by REM 2020	In cooperation with LEA: 1. introduction of active employment measures, regulation of supply and demand of labor market with concerned authorities. 2. elaboration and adoption of employment maps of regions in order to regulate supply and demand at labor market
Violation of the law in terms of migration of population. Economic integration processes	Goal 5.1 Improvement of migration process management and regulation efficiency	Growth in competence at labor market. Disservice of Kazakhstani rights and labor migrants' rights. Competitiveness of national personnel can be deteriorated in the context of economic integration and establishment of a single labor market	Monitoring of migration and elaboration of proposals to improve migration-related legal framework. Professional development of Kazakhstani staff, training, retraining, use of active measures to assist in employment
Increased number of violations of	Goal 6.1 Protection of labor rights and	Salary payable, inobservance of work-rest schedule,	Coverage of medium and large-scale

labor rights	improvement of health and safety	discrimination in recruitment, remuneration of labor, etc.	enterprises with collective agreement system. Enhancement of legal responsibility of employers for violation of labor rights of workers. Increase in control on the part of State Labor Inspection
Increased number of violations of health and safety including the use of outdated equipment, machines and technology		Occupational risk to lose labor capacity (occupational accidents, occupational diseases) Growth of industrial injuries and occupational diseases	Adoption of an occupational risk management system to ensure occupational safety and compliance with international and national health and safety standards. Growth in legal responsibility of employers for health and safety violations
Decrease in level of people's participation in defined contribution pension system and compulsory social insurance system	Goal 7.1. Raising of living standards of people	Low level of pension and social security Insufficiency of pension and social security	1. Stimulation of people to participate in defined contribution pension system and compulsory social insurance system. 2. Increase in number of DCPS participants by introducing active

			employment measures
Reduction of purchase power of pension and social transfers, level of pension savings in Integrated Accumulative Pension Fund and assets of PFSI when level of inflation is high		Growth of poverty among pensioners and social benefits recipients	1. Phase-by-phase increase of pension and state social securities. 2. Facilitation of improvement of DCPS and compulsory social insurance system investment activity efficiency
Incompliance of minimum social standards with international level		Growth of poverty. Increased dependency	Phase-by-phase improvement of minimum social standards in light of stable economic development of the country
Ineffective measures of social assistance and support		Social tension	Improvement of current social assistance and support provision mechanisms
Imperfection of alternative forms of special social services	Goal 8.1. Improvement of social support efficiency	Lack of access to special social services	Development of alternative forms of special social services and an increase in number of social services