Health care in Kazakhstan
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Faced with major economic difficulties in the wake of political upheaval, Kazakhstan is striving to strengthen its health care system, not only materially but also through the adoption of enlightened approaches by professionals and of beneficial lifestyles by the public at large.

Following the Alma-Ata Declaration of 1978 it was intended that Kazakhstan, the Soviet Republic in whose capital it was issued, should provide an example of how the health-for-all goals could be achieved, with a comprehensive system of health care, good access to services, and special attention to preventive measures. Unfortunately, although some goals were met, the health of the population has not improved, largely because of the political and economic turmoil that accompanied the collapse of Soviet power and the emergence of Kazakhstan as an independent country.

Steady deterioration
In this partly industrialized multi-ethnic country almost all indicators of public health are declining. The health budget fell from 4% of gross national product in 1991 to 1.6% in 1992, a very low figure in comparison with the 6–10% allocated to health in most developed countries. This was particularly disturbing in view of the drastic decline in the gross national product itself during recent years.

The Soviet system produced a plentiful supply of health personnel. For instance, Kazakhstan today has 400 physicians per 100,000 population, about double the ratio in the USA. However, they cannot serve the people to the desired extent because of the inadequacy of material resources. Corruption among administrators, public dissatisfaction, and demoralization among professionals have occurred. There is severe pollution, particularly in the area of the Aral Sea and the nuclear testing zone at Semipalatinsk. Nutritional problems range from semi-starvation to excessive consumption of animal fats, and the use of tobacco and alcohol is increasing.

There is a threat of civil strife if the interests of different population groups are not accommodated: of the country’s 17 million people, some 42% are Kazaks, 36% are Russians, and 5% each are of German and Ukrainian origin. Clearly, then, advances in health care do not depend solely on the availability of physicians.
and services: many non-medical problems also have to be solved.

**Aid and prioritization**

During the past few years, considerable aid from international, national and private bodies has led to improvements in maternal

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and child health services and in supplies of essential drugs, baby food, vaccines and medical equipment. However, health care facilities in most parts of the country urgently need support because of the deterioration of equipment, hospital beds, buildings, and water and energy supply systems. There is a need to develop training programmes for administrators, public health professionals, educators and family planning workers, so that health care facilities can be managed and public health promoted in a modern fashion.

On the basis of the prioritization concept of the United States Centers for Disease Control and Prevention, the 14 commonest diseases in Kazakhstan have been categorized with regard to their importance and the feasibility of control. Tuberculosis has been given first priority. It is believed that this disease can be controlled within the framework of the present primary care system if drugs and materials are provided and if treatment regimens are followed.

Oesophageal cancer is second in the order of priority because of its high incidence and the high mortality rate associated with it. In addition to early diagnosis and treatment, research is needed on dietary and environmental fac-

ors. Cardiovascular diseases and lung cancer are also given high priority in recognition of current and projected mortality. Studies on the control of cardiovascular diseases are being conducted along the lines of work reported from Finland (1).

An educational drive is necessary to convince people of the importance of prevention and to influence lifestyles and habits affecting health. Training in public health should devote more attention to the behavioural sciences and to advocacy skills in practitioners. Doctors and administrators responsible for managing health services – and for reducing the demand for them through the prevention of disease and injury – require additional training so that they are competent to tackle problems associated with food contamination, air pollution, epidemics and the use of tobacco, alcohol and drugs.

The present education system provides little or no training in such disciplines as epidemiology, biostatistics and behavioural sciences. Programmes in environmental and occupational health, nutrition and health care administration do not meet modern standards. A network of centres coordinates and regulates the public health services but the staff have not been trained to cope with today’s challenges.

International cooperation may become a key factor in the improvement of health in Kazakhstan. Scientific and academic contacts and exchanges have been arranged with bodies in other countries. In particular, WHO collaborating centres attached to the University of Texas and the National Academy of Sciences of Kazakhstan are working together in wide-ranging community-level prevention studies, in addition to their involvement in the training of personnel and in exchanges of specialists in health promotion and protection.
Success will depend on education and behavioural changes, and public health leaders will therefore have to learn from advances in social and behavioural science applications, such as those demonstrated for the reduction of cardiovascular disease in Finland \(1\) and for family planning in some developing countries \(2\).

References


Investing in people

Emphasis on the social and political dimensions of development – poverty alleviation, social justice, civil liberties, etc. – is receiving more attention from international development organizations and agencies. UNDP and the World Bank, for example, are now going back to their approach and perspective of the 1960s and 1970s, when the United Nations studied and searched for a unified approach to development, and are again stressing the positive implications of a socially responsible development strategy for developing and developed countries alike. Policies focusing on “investing in people” as a powerful engine for development are being promoted.