



Western Models of Health Management System

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Abstract: Healthcare is a system of socio-economic relations that ensures the availability of a guaranteed volume of medical and social assistance to the population. The modern objective condition for the existence, functioning and development of the sphere of medical activity is public health which according to most experts studying this topic is an integral organizational system. In modern society, health plays a very important role. Health is the most important component of the social sphere, it is one of the defining conditions for the life activity of human society. In many ways, healthcare ensures the quality of life of the population. The regulator of health in the region is the Department of Health which coordinates and regulates the activities of unitary enterprises and public health organizations of the region.

INTRODUCTION

The topic of this work is quite interesting and necessary, since, health care is such an industry without which it is difficult to survive today. Certain aspects of this problem are covered in the media and the work of researchers but there is no integrated approach to studying this issue. That is why this study is really relevant and necessary. The purpose of my work is to study the management system in the healthcare field^[1].

Health care is a set of measures of political, economic, legal, social, cultural, scientific, medical, sanitary and hygienic and anti-epidemic nature aimed at preserving and strengthening the physical and mental health of every person, maintaining his long active life, providing him medical care in case of loss health. To implement these measures, special social institutions are created^[2].

Healthcare is a system and everyday reality of life support for the nation and every individual, this is one of the most important institutions for the security of the nation this is the highest priority of a civilized state^[3].

Health care, like most social sectors, is also a strategic industry. A low level of its development can lead to population degradation and social unrest. It is this strategic importance of the industry that requires the state's priority treatment of it.

In addition, the proclaimed slogan the fight against poverty can't be realized without a significant increase in spending on health, physical culture and social security. And the expenses should be increased both state and non-state^[4].

The management system is the composition and nomenclature of management bodies and positions. Some authors under the organizational structure understand only the apparatus of enterprise management. The majority of

authors take into account the interrelations between the elements and the management system is defined as: “design” of the organizational system, characterizing the composition, the relationship of the management and execution links (the object and the subject of management); the structure of the management system, the way it is internally organized, the links between the elements of the management subject to each other (the order of location, subordination of individual links of the administrative apparatus departments, groups, bureaus) that allow performing the necessary management functions; elements of the system, their connections, its integral properties if they somehow ensure the stable existence of the system; the composition of the elements, their rights, responsibilities and interrelations for the implementation of management tasks of the facility; the relationship between departments and posts in the organization, the distribution of roles, powers, responsibilities as well as the functional and technological links that arise in the management processes^[5].

Kazakhstan inherited from the Soviet period a health care system organized on the basis of the Semashko model. Public health services were owned by the state, functioned on the basis of centralized planning and one of the key principles was universal and free access of the population to medical care^[6].

Prior to independence, the Ministry of Health of Kazakhstan pursued a policy established in Moscow which was provided by a centralized hierarchical management structure, from the republican level to the level of regional and city administrations which in turn were subordinated to district health authorities^[7].

After gaining independence in 1991, the country had to develop its own health care policy and planning system. There were frequent changes in the leadership of the Ministry of Health and in its organizational structure. Many functions were decentralized and transferred to the oblasts the regional health departments had a significant degree of autonomy. Patient’s rights are still poorly developed and are not practically legislated^[8].

Despite an increase in the share of expenditures for primary health care, the majority still falls on the provision of inpatient care. In 1996-1998 years. A health insurance system was introduced in the country but now Kazakhstan has again returned to the model of public health financing. In 2004, a program of state guarantees for the provision of free medical care to the population was introduced including the free provision of medicines to privileged categories of the population with outpatient care. But the program has a declarative nature due to the fact that it is financially secured by 65%. There are three main sources of health financing in the country: the state budget, official patient payments and informal payments. Since 2005, financial resources for health have been accumulated at the regional level and the regional health authorities have been acting as a single payer^[9].

As for the health of the population, the following problems are typical for Kazakhstan: low life expectancy, high infant and maternal mortality, high incidence of tuberculosis an evolving HIV/AIDS epidemic^[10].

Health facilities that deal directly with the health care of citizens and provide sanitary and epidemiological services are divided into two types, depending on the conditions for the provision of medical care: inpatient and outpatient. The main types of such institutions are medical-preventive, pharmacy, sanitary-preventive, forensic medicine^[11].

There are quite a few types of medical institutions: hospitals, polyclinics, maternity hospitals, ambulance stations, medical and sanitary units at enterprises. Institutions of the public health system as a rule are under the authority of higher-level health authorities, guiding and supervising their activities. Heads of such institutions are appointed and dismissed by higher-level health authorities^[12].

Municipal and private health care institutions, being unincorporated with public health authorities are nevertheless controlled by them in matters of quality of medical care, compliance with legal acts common to all healthcare institutions^[13].

The idea of socialization of health care consisted in the fact that in the war years Great Britain, capable of realizing almost full employment of the population and spending colossal money for the army could quite easily send such social solidarity and financial resources to the well-being of citizens in peacetime. Yet after the development of legal grounds for reforming the system of medical care, the UK Ministry of Health faced an unexpected problem the doctors not only did not support the innovations but also provided organized resistance. Aneurin Bevan who was then a minister of health, had to fulfill the difficult task of enticing medical personnel to his side because without the support of medical institutions the plan would be doomed^[14].

According to historians, Mr. Bevan was a cunning politician and managed to split the political opposition and get support from leading medical luminaries, promising to all scientific advisors an impressive material reward^[15].

Money and power did their thing and on July 5, 1948, the founder of modern British medicine officially proclaimed the introduction of the National Health Service with these words: “Now we have become an ideological example for the whole world”.

Until then, millions of citizens of the United Kingdom could not afford the services of predominantly private medical institutions and actually did not have any medical support. To date, every Briton has access to high-quality health care services which is funded through progressive taxation that is everyone pays according to their capabilities and how the patient receives services as

needed. It is interesting that even now the British Labor Party still considers the establishment of the NHS its most outstanding achievement^[16].

Thus, the British NHS has become the world's first state organization providing universal free health services. In modern conditions, the work of a time-tested system is still successful but its stability in many analysts raises concerns. Globalization and the increase in the cost of medicine led to serious structural problems, primarily to the need to wait even for some urgent interventions. In the European scientific periodicals, reports of decreasing treatment standards are increasingly appearing in some hospitals in the United Kingdom. In addition, many high-income Britons prefer private insurance to the state and an increasing number of employers provide employees with commercial insurance policies^[17].

Healthcare in the UK: Nevertheless, existing shortcomings are more than offset by the internationally recognized high quality of care and absolute accessibility for the entire population which is ensured by the dynamic response of British legislation to changes in society. An important role in this process is played by the well-thought-out structure of the United Kingdom's health system, at the heart of which is the Department of Health. It is this government body that creates and centrally controls the implementation of laws and regulations in the medical industry and local NHS departments take the main decisions at the local level^[18].

There is also a third type of government which serves as a link between the above two levels of the health organization, the Strategic Health Authorities. Today, for example, there are 28 similar structures that are responsible for certain regions and ensure the integration of national priority developments such as programs for the early detection of cancer, in the plans of activities of local treatment and prevention institutions^[19].

To distribute diverse medical services in the United Kingdom, they are divided into primary and secondary. Both groups of services are provided by the relevant local NHS units, the so-called trusts (NHS trusts), directly subordinate to the regional strategic health departments. Primary healthcare provides routine medical care, provided in the offices of general practitioners, outpatient surgical departments, dental and ophthalmology offices. Secondary are considered specialized medical services in hospitals, outpatient clinics as well as the work of psychologists and psychiatrists.

Depending on the field of activity, all health system trusts are divided into several groups, the main of which are primary care trusts engaged in primary health care and public health organization.

Most other organizations that do not belong to primary care trusts are commonly referred to as NHS

trusts without specifying specific functions, although, this is necessary in order to further outline the health work principles of the UK.

Health System in Germany consists of state and non-state institutions and individuals. In international comparison, Germany has an unusually large number of doctors, specialist doctors, psychotherapists, dentists, social educators, nursing staff and hospital beds. In addition, it also includes employees of other medical specialties and pharmacists with their staff. Approximately one in ten working (4.2 million out of 80 million people) is engaged in health care.

At the same time, the health system is represented by the state (federation, land and communes), medical insurance companies, accident insurance, nursing and pension insurance, pooled health care providers, employers and workers and not least patients partially represented associations of patients and organizations "Help yourself".

The offer of medical services is carried out with the exception of public clinics by private enterprises. In the health sector, either "free professions" doctors and pharmacists or large private enterprises (for example, the pharmaceutical or medical-technical industry) prevail. The state plays a secondary role in providing medical services, in the form of health departments, community hospitals and university clinics.

Social health insurance is subject to persons whose annual earnings do not reach 40 thousand EUR. This type of insurance provides for the diagnosis and prevention of diseases as well as the outpatient (including dental) and inpatient care, the provision of medicines and auxiliaries, the payment of temporary disability benefits, the termination of pregnancy, maternity and The employer's contribution provides insurance and non-working members of his family. The amount of the contribution depends on the earnings, it is paid by the shares both by the employer and by the insured himself. At the same time, the contribution does not depend on the number of children.

Private (voluntary) health insurance: It applies to individuals whose annual income exceeds 40,000 EUR. For each insured, the degree of risk on which the insurance contribution depends (age, health status, amount of desired health services, etc.) is calculated. Such an insured person has the right to choose the time for scheduled hospitalization, to be treated by a doctor of the highest category (department head or chief doctor), to be in a 1-2-bed ward, etc. In private insurance, in contrast to the social one, where the health services are paid by the health insurance fund the patient personally pays for medical assistance and then presents an account to his insurance company. It as a rule, reimburses 70-90% of

costs (with the contribution itself is much less than with 100% reimbursement). The repayment of funds is usually realized by reducing the contribution for the extension of the contract. Private insurance exists in two forms: complete and partial.

Medication support: The pharmacy chain consists of public and private pharmacies. With compulsory insurance, prescription drugs cooperating with sickness funds are sold for almost a nominal fee of 5€ (in some cases, the selling price is slightly higher and special rules apply to chronic patients). Under the prescriptions for children and teenagers under 18 years of age, no payment is required at all. The price of 5 EUR is still applied to packaging of any packaging and cost: it can contain from 7-100 tablets, capsules, etc. and their real value can be 100 or more euros (but if the price of packaging, for example, 5,50 EUR, then the surcharge will still make a five). Without prescription, the drug is either not available for sale or it is released at a real cost. But pharmacies are interested in selling cheap medicines: the trade mark-up on them is much higher than on expensive ones (up to 68%). The cost of medicines is the same throughout Germany.

Legislation that ensures the implementation of this social right of citizens, called the legislation on health. Literally, the word "health care" is interpreted as "protection of public health, prevention and treatment of diseases, maintenance of public hygiene and sanitation". Even in the first half of the last century, a prominent scientist, Professor NI. Gurevich wrote: "Medical contingents not instructed in the legal norms of their profession during the academic course when they face the diversity and complexity of the practitioner's practical activities can't but experience serious difficulties and often painful experiences". Indeed, the decisions taken in the practice of the doctor are far from always valid and can lead to tragic consequences not only for the patient but also for the doctor himself. However, starting a conversation about the legislation on health care, it should be immediately stipulated that it is clearly intersectoral in nature. We see a rather clear picture of its division into many categories, from the analysis of which, we can understand the multi-branch nature of the norms of health legislation.

This model is most vividly represented by the public health services of the Federal Republic of Germany, France, the Netherlands, Austria, Belgium, Holland, Switzerland, Canada and Japan.

The social and insurance model includes the signs of both state and market models. Depending on which parameters prevail, the social-insurance model may be closer to either state or market. For example, social insurance models of health systems in Scandinavia and Canada have much in common with the state model and

the health care system in France is close to a market one. However, the selection of these models is based not only on the role of the state but also on the understanding and definition of "goods" in the health sector. It should be noted that a clear opinion about the fact that the product is in this sphere of life still exists, although, from ancient times to this question tried to answer and the Egyptian priests and doctors of Chinese emperors.

For example, in Egypt, the physician's fee was determined in a very specific way: the patient paid silver for the weight of his hair after the illness. If the disease was long, then the hair grew more. Thus, the doctor was economically interested in prolonged treatment. In ancient China, on the contrary, doctors serving the elite received salaries as long as the patients were healthy that is actually paid for their health status. In this case, the doctor was economically interested in the patient's health.

Although the main goal of health care is precisely human health, the attempt to consider it as a commodity is very problematic. And above all because it is poorly measurable and difficult to assess in money. But most importantly, if such an assessment of human health in monetary terms was found, it was she who would determine the value of human life. In fact, this price is implicitly present, for example, in calculations related to safety of life, in military medicine (in determining priorities in the provision of medical care). However, the explicit definition of the price of human health and therefore of human life, is contrary to tradition, culture and, given its clearly insufficient justification, is seriously and fairly criticized. In this regard, it is proposed to consider medical services as a good and define the health care system as organized activity, during which the production of these services is carried out.

The models of the organization of public health services described earlier take different account of the specifics of the medical service as a commodity. And this factor is no less important than the role of the state, for distinguishing various types of organization of the health care system.

For example, in a market model, medical services are treated like any other commodity that can be purchased or sold in accordance with the classical laws of the market (i.e. with minimal regard for its social specifics). As already noted, a typical example of a market model is the US health care market. The healthcare sphere is represented here by a developed system of private medical institutions and commercial medical insurance, where doctors are sellers of medical services and patients are their buyers. Such a market is the closest to the free market and has all its advantages and disadvantages.

Because of the acute competition, conditions are created for the growth of quality, the search for new products and technologies, the rigid rejection of

economically inefficient strategies and market participants. This determines the positive aspects of the market model of health care.

However, on the other hand, insufficient consideration of the specificity of the commodity in question (unlimited demand for it, seller's monopoly, etc.) causes certain negative aspects:

- Excessive growth of medical costs
- The impossibility of exercising state control
- Consequently, the difficulty in establishing priorities between health and other sectors of the economy
- The possibility of emergence of crises of overproduction and the stimulation of the supply of unjustified services
- Prerequisites for unscrupulous ways of competition
- Excessive influence of fashion and advertising
- Most importantly, unequal access to health care

Health care is still the most unreformed sector. Important for successfully solving the accumulated problems should be the further development of legislation in the field of protecting the health of citizens. The development of the state policy in the field of protecting the health of citizens requires work on the development of the legislative framework. Russian legislation in this area is inherent in many shortcomings. Among them, the lack of an integrated approach to solving the problem, insufficient financial support, declarativeness and inconsistency of certain norms.

When discussing health problems, proposals were made to normalize and increase the wages of medical workers to a level that exceeds the level of labor remuneration by 20%.

Unfortunately, when discussing the issues of healthcare restructuring, public opinion was not taken into account, for whom these changes are planned. In many democratic countries with market economies, public organizations have been created in various forms which form the opinion of the population about the quality of the organization of medical care.

Created by various medical public organizations in our country have not received adequate support to date. The above negative indicators of the health of the nation this is a direct evidence of the confusion that is taking place in health care at the present time: payment of basic types of medical care is a direct violation of the Constitution. This led to a "disintegration" and a violation of medical ethics.

Decrease in the level of remuneration of labor >2 times compared with the beginning of the 90s gave rise to corruption in medicine.

According to a number of scientific organizers of health care, the introduction of insurance medicine in a country where most people live poorly is unacceptable.

Introduction of the very principle of insurance in medicine can be used for an insignificant part of the population (15%).

In addition to the low overall level of funding, the important problem of Russian health care is significant regional differences in the financing of free medical care for the population, the existing mechanisms of financial equalization of the conditions of health facilities in the regions do not ensure equality of citizens in obtaining free medical care guaranteed by the state (the gap in financing of territorial programs per capita by regions in recent years has been 13-15 times).

In addition, to the imbalance in the program of state guarantees of free medical care and their financial provision, important health problems are weak incentives for the work of medical workers, low efficiency of using available resources in health care; extreme wear and tear of medical equipment available in medical and prophylactic establishments (according to the Accounts Chamber of the Russian Federation, up to 80 percent of physically worn out and obsolete medical equipment are in operation, a number of devices and devices are operated for 15-20 years, they have repeatedly developed their resources, are morally obsolete, that can not guarantee high quality of examinations and treatment effectiveness).

One of the indicators of the socio-economic development of the region, political stability and prosperity is, of course, the level of public health, i.e., the same indicator that healthcare is constantly working on increasing.

The health system can be effective and effective only if it takes into account the needs of each of the stakeholders and moreover, constantly monitors their level of satisfaction. In recent years, the modernization of healthcare is actively carried out in the region the creation of a system where the patient really becomes the main one in it and the employees are motivated for the result. The main directions of the industry development in the field of steel:

- Introduction of single-channel financing of medical assistance on an insurance basis
- Development and implementation of intra-agency standards of medical care
- Providing free choice by the insured patient of the health care organization operating in the CHI system, regardless of place of residence
- Transition to payment of out-patient medical care on the finished case of treatment, when the price of the service directly depends on the volume and quality of medical care
- Determination of the patient as the main element in the system of payment for medical services

- Improvement of the incentive mechanism for effectively functioning health organizations
- Bringing the labor resources of the industry in line with the volume of medical care

Development and introduction of the sectoral wage system, focused on assessing the effectiveness and effectiveness of each employee, stimulating the work of workers, taking into account the volume and quality of medical care provided.

Within the framework of the “one-channel” financing of medical assistance on the basis of insurance principle, a transfer to medical care for a completed case of treatment has been made where the payment for a service directly depends on its completeness and quality. At the same time, a list of services rendered for the final result has been put into practice in which the patient gives an assessment of the satisfaction with the services rendered and taking into account that the internal audit expertise of the quality of medical care is conducted.

In the same period, a new system of remuneration in medical institutions was introduced in the region. The system allows chief physicians to independently within the current legislation, approve the wage system, incentive fund, base rates, to form a staffing table depending on the actual workload and the needs of the medical institution in providing this or that type of medical care.

The new wage system is focused on assessing the effectiveness and effectiveness of each employee, stimulating the work of workers, taking into account the volume and quality of medical care provided.

Providing the population with high-tech assistance will be provided not only by increasing the number of quotas for treatment in existing federal specialized centers but also by building new centers in the regions.

Abroad, for several years in the region, regional target programs have been implemented aimed at the prevention and treatment of diseases, primarily of a social nature.

In order to ensure the availability of medicines in rural areas, the rights of paramedics for the discharge and dispensing of medicines have been expanded. Coordination of activities and interaction of participants in the system of additional drug provision is ensured in the region. Work continues on the introduction of automated technologies for the formulation of prescriptions, accounting, prescribing and dispensing of medicines. In general, at the expense of the federal and regional budget, the issue of the technical equipment of medical and preventive institutions participating in additional medicines is provided with the necessary computer equipment.

Such an image, the priority areas of the Government of the region is the prevention of diseases at all levels of

medical care, ensuring the epidemiological well-being of the region’s population, developing and strengthening the primary health care system, re-equipping and improving the material and technical base of the regional health institutions, maintaining a positive trend in reducing the incidence of socially significant diseases: HIV infection, tuberculosis, drug addiction, etc. Creating economically effective working industry where provided medical services affordable and quality for patients.

Analysis of mechanisms of healthcare management:

Organization of specialized medical assistance in dermatological, venereal, tuberculosis, narcological, oncological dispensaries and other specialized medical organizations, including organization of provision of medical organizations with medicinal and other means, medical devices, immune-biological preparations and disinfection means as well as donor blood and its components in within the territorial program of state guarantees for providing citizens with free pocket medical care.

Organization of the provision of specialized (ambulance) air ambulance:

Interaction with federal supervisory authorities regarding the control of the organization of medicinal provision of the population and medical and preventive institutions and public health organizations of the region.

Monitoring of the state of drug provision of the population, trends in the development of the pharmaceutical market in the region, organization of drug provision for certain categories of citizens in accordance with federal and regional legislation.

Development, together with the territorial fund of compulsory medical insurance, of the territorial program of state guarantees for providing citizens with free medical assistance, preferential medical provision and control over their implementation.

Participation in development and coordination of tariffs for medical and other services within the territorial program of compulsory medical insurance. Implementation of measures to prevent, limit the spread and eliminate infectious diseases on the territory of the region within its authority.

In accordance with the procedure established by the current legislation, the coordination of the activities of the executive authorities of the region, economic entities, state, municipal and private health systems in the field of health protection of citizens.

Protection of the family, motherhood, paternity and childhood, participation in the organization of hygienic education and training of the population, promotion of a healthy lifestyle. Organization of attestation of medical and pharmaceutical workers.

Regularly informing the population including through the mass media, about the prevalence of socially significant diseases and diseases that pose a danger to others. Organization of medical measures to eliminate mass diseases, emergency situations (accidents, disasters, natural disasters, epidemics).

Implementation of mobilization preparation of health care and preparation for sustainable functioning in wartime conditions. Monitoring the level of health of the population of the region, the activities of health care organizations, their material and technical and personnel support.

Realization of analysis, planning, financing within the funds allocated from the regional budget and control over the financial and economic activities of the subordinated institutions, the implementation of the plan and budget, the targeted use of budgetary allocations, fixed and circulating funds, inventories in state institutions and healthcare enterprises, measures on the results of audits and inspections.

Development of proposals for improving the work of health care institutions, their financing, improving the forms and methods of interaction between medical organizations of state, municipal and private health systems.

Determination of the order and conditions of continuity of the medical diagnostic process, functions and interaction of institutions of the state and municipal health care systems at each stage of medical care provision in accordance with the current legislation on the protection of public health.

Providing methodical and consultative assistance to health organizations and pharmaceutical organizations within their competence. Submission of proposals to the department of property relations of the region for transfer to lease, alienation of property in operational management of institutions subordinated to the Department. Organization of primary accounting and reporting on medical statistics, work and monitoring of accounting and reporting. Making proposals for their improvement, analysis of accounting reports and compilation of summary reports on subordinate institutions. Interaction with medical and pharmaceutical associations and other public organizations on health issues.

Coordination of work to ensure social protection and create safe working conditions for health workers, to implement and comply with fire safety measures by state health institutions of the region. Implementation of measures to ensure the protection of state secrets, the protection of confidential information, official, commercial and other secrets protected by law; including the implementation of technical protection of information that is a state secret in the conduct of all types of secret work, the handling of classified documents.

The next problem is the financing gap, i.e. Inadequacy of real health needs for allocated financial resources. The fourth is a costly model of health care with excess hospital beds. Weak equipment of health care, lack of effective medicines and advanced technologies were compensated by a large number of hospitals, a whole army of doctors and a strong polyclinic. Over the past 10 years, the preventive component of health care has weakened and from the preventive one it has become curative. And in the legacy we have a bloated hospital network and a large number of inefficiently operating hospitals.

The fifth problem is the increase in the level of diseases typical for unstable periods of society, including HIV infection, alcoholism, drug addiction and a complex demographic situation characterized by:

- High overall mortality of the population, especially in rural areas
- The fall of the birth rate
- Reduction of life expectancy of the region's population (today it is 70 years for women and 57 years for men)
- Mortality exceeds the birth rate by almost 2 times (in the structure of causes, cardiovascular diseases are at one place, injuries and poisonings in the second place and oncological diseases on the third)
- Over-mortality of the able-bodied population is registered from injuries and poisonings, especially men and especially in the countryside

The program of state guarantees is the reform of public health services and restoration of the vertical of management; this is a way to redistribute financial means of health care and increase the efficiency of resource use. This shift of emphasis from specialized medicine to the general, from inpatient care to the outpatient, from the treatment of diseases to prevent them, from the number of medical services to their quality. The program is designed to ensure the availability of medical care to the widest sections of the population.

The Ministry of Health implements a long-term target program: "The main directions of the development of the health of the region".

The main objectives of the program:

- Providing affordable and high-quality medical care to the population of the region
- Improvement and development of methods of prevention, including socially significant diseases
- Protection of motherhood and childhood
- Development of primary health care including preventive referral
- Provision of population with high-tech medical care
- Implementation of information support and project management

Reducing mortality from preventable causes Activities on population policy. Among the problems of the healthcare system there is a dissatisfaction of the population with the organization of services in hospitals, unequal opportunities for providing health care to the population in the city, a low percentage in hospitals of narrow specialists and large lines to them. Also motivation to preserve the patient's own health.

CONCLUSION

The vital activity of the health systems of a high degree of will, in particular liberal ones which rely on the dynamism of development is constantly transformed into the basis of economic regularities as can be seen is difficult to achieve the strategy of classical planning because of the constant mobility of internal and external contradictions that are the basis of life and development of such systems.

Different understandings of the health system can be grouped as follows: "all types of activities whose main goal is to promote, restore and maintain health". Measures directly aimed at ensuring the health and treatment of the disease that is the system of providing medical services. Wider measures aimed at maintaining health, for example, a healthy lifestyle, environmental protection. Some activities and services that do not have the primary purpose of ensuring health but have a significant indirect impact on it such as education or housing.

Most often, it is about medical care and it's not accidental, since the health care system is considered more narrowly or more broadly, the provision of medical care remains, at least in any case, its basis. The principal goal of the health system is to ensure:

- The right to health protection
- Opportunities for citizens to receive decent medical care in a timely and qualitative manner

From this content analysis, we can conclude that health care in the region as a social sector is very important, a low level of its development can lead to population degradation and social unrest. It is this strategic importance of the industry that requires the state's priority treatment of it. This sphere has many problems, the solution of which is currently actively occupied by the regional government bodies.

As mentioned above, in the management of the health sector, there is the following problem of multidimensionality and fragmentation which complicates the management of this field and narrows the possibilities for pursuing a targeted state policy in the field of health care. For a full-fledged functioning of the sphere, a complete organizational management structure should be developed.

The next, quite serious problem is the funding gap which contributes to the disparity between the real health needs of the allocated funds. Health care is an industry that requires large-scale funds, this is the sphere for which financial resources should be allocated first of all, since it is healthcare that primarily ensures the quality of life of the population. Health is the most important component of the social sphere, it is one of the defining conditions for the life activity of human society.

In my opinion, healthcare needs some reform and restoration of the vertical management, namely: the redistribution of financial means of health care and increasing the efficiency of resource use.

Health care is a set of measures of political, economic, legal, social, cultural, scientific, medical, sanitary and hygienic and anti-epidemic nature aimed at preserving and strengthening the physical and mental health of every person, maintaining his long active life, providing him medical care in case of loss health. To implement these measures, special social institutions are created.

In this study, the healthcare and regional management spheres were analyzed. The theoretical and practical problems of this issue were revealed which radically differ from each other. Also, the legislative base of the Russian Federation and the region regulating the role of political parties in the region was studied. A content analysis of the periodical press of the region for 2009 was conducted and the main recommendations on the problem were given.

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