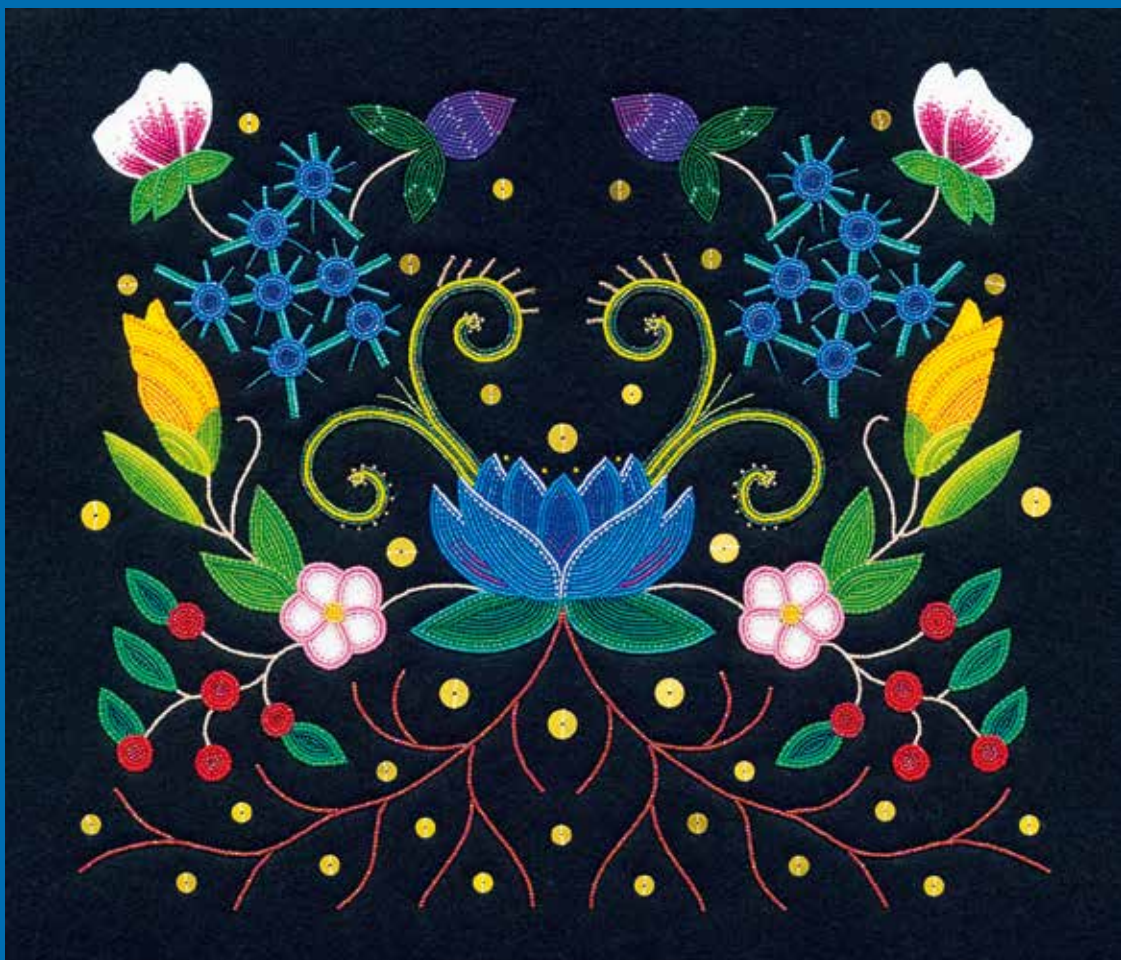
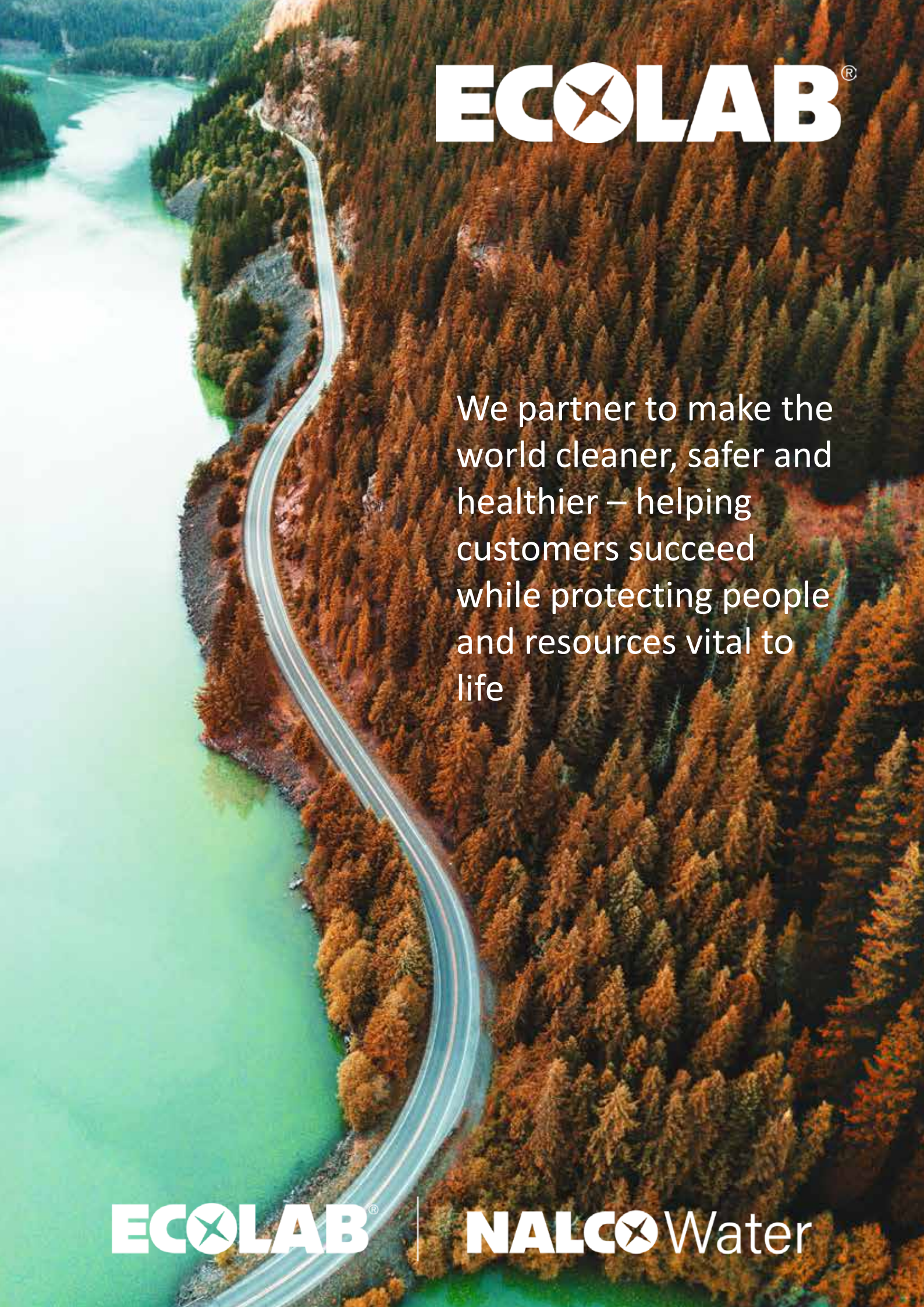




Healthcare Reform for Kazakhstan: Protecting the Nation's Health



- ▶ Healthcare Challenges - U.K. and Kazakhstan
- ▶ Canadian Perspectives on Healthcare Delivery
- ▶ Kazakhstan's Health Sector Transition
- ▶ Healthcare Workforce Management
- ▶ Reforms in the Healthcare Sector and Pharmaceutical Industry
- ▶ Key Components of a National Drug Policy
- ▶ 'One Health' Approach to Improving Quality of Life

An aerial photograph showing a winding asphalt road that curves along the edge of a large, calm lake. The road is flanked by a dense forest of trees with vibrant autumn foliage in shades of orange, yellow, and brown. The lake's water is a clear, light green color. The overall scene is peaceful and scenic, emphasizing the company's commitment to environmental stewardship.

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EDITOR'S NOTE



Dear Readers,

Over the years, AmCham has devoted on-going attention to Healthcare Reform in Kazakhstan, which has served as the subject of conferences, many discussions during monthly AmCham Council sessions with the Prime Minister, and for Working Groups chaired by healthcare specialists. At the request of AmCham members, a broadly-focused *Healthcare Reform Group* headed by an EY specialist in healthcare administration and an *Intellectual Property Rights Group* focused on medicinal and pharmaceutical patent protection were created. The Healthcare Groups quickly became our most active and productive Groups, meeting regularly with the Health Minister.

The *World Health Organization* and the Atlanta-based *Centers for Disease Control*, both present with offices in Kazakhstan and Central Asia, supported and contributed to these conferences, meetings, and many publications, including an AmCham-researched White Paper, "*Building a World-Class Healthcare System in Kazakhstan*", developed in 2018 when elaboration of a new Health Code was in process. The White Paper was presented by AmCham to the Health Minister and Prime Minister.

Much has changed since the Covid-19 pandemic, which challenged the entire world in late 2019, including Kazakhstan, transforming our lives and requiring an urgent response from the medical and pharmaceutical professions. Although the worst of the pandemic was overcome with the eventual development of Covid vaccines, the world realized that unexpected global healthcare emergencies are a reality for which we should be prepared. Healthcare is now top of the world's agenda and will always remain on the horizon.

And so the *December 2023 Investors' Voice* revisits AmCham's constant enquiry into the current status of healthcare today – in Kazakhstan, in Central Asia, and on the world's global platform. The *December Issue* contains a broad range of commentary on this trifold base: articles by *the World Bank*, *the Asian Development Bank*, *the U.N. High Commission for Refugees*, the *Ambassadors of Canada and the United Kingdom*, pharmaceutical companies (*Pfizer and Johnson & Johnson/ Janssen* – leaders in the development of Covid vaccines), and *EY*. We have also included past articles revisiting the development of Covid-19 vaccines, most notably the U.S. Government's creation of *Operation Warp Speed* to hasten the vaccines that saved lives and enabled our return to a safe and active lifestyle.

We hope the very diverse collection of articles in the present *December Investors' Voice* reflecting Healthcare Reform today and from the not-so-distant past will encourage your faith in the never-ending enquiry into Healthcare to protect Kazakhstan and our world.

AmCham wishes all of its members and friends joy and success in the New Year! We look forward to seeing you in 2024!

Doris Bradbury
Executive Director, AmCham in Kazakhstan
Editor-in-Chief, *Investors' Voice*



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Alan Hamson joined Foreign Affairs Canada in 2004. In Ottawa, he has worked in the Human Rights, Humanitarian Affairs, and International Gender Equality Division (2004 to 2005), in the National Security Branch of the Privy Council Office (2013 to 2015) and as Director of Strategic Planning and Coordination in the Peace and Stabilization Operations Program (2018 to 2021).

His overseas assignments have included postings in Beijing (2006 to 2009), the Provincial Reconstruction Team in Kandahar, Afghanistan (2009 to 2010) and in Kabul, Afghanistan (2010 to 2012). He was also Canada's Ambassador to South Sudan (2016 to 2018), served at the Canadian Permanent Mission to the UN in New York (2005) and with the International Red Cross in Colombia (2015 to 2016).

Alan Hamson holds a BA Hons in Political Science, McGill University (2004), an LLM in International Law, University of London (2012), and an MPA, Royal Military College (2014). He is a graduate of the National Security Program at Canadian Forces College.



Kathy Leach, U.K. Ambassador to Kazakhstan

Kathy Leach joined the Foreign Office (now the Foreign Commonwealth and Development Office) in 2000. Over the course of her career she has worked on EU trade and development, security policy, human rights, consular policy, climate change and energy, and UK-EU negotiations. She has been posted to Moscow and Tokyo and was Ambassador to Armenia from 2012-2015. Most recently, in London she was Head of the Policy Unit, then Deputy Director of the Strategy Directorate, before becoming Deputy Director of Constitution and Devolution in the Europe Directorate. She took up her role as Ambassador to Kazakhstan in August 2021.

Ambassador Leach has a First Class Honours degree in Russian from the University of Cambridge, and during her career in the FCDO has also studied Japanese, Armenian, and now Kazakh.

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Asian Development Bank (ADB)



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Brian Chin is Senior Health Specialist at the Asian Development Bank headquarters based in Manila, Philippines and leads health sector operations and technical assistance in the Central West and East Asia region. He has more than 20 years of experience in health systems development and health policy research in the United States, Central West Asia, South Asia, and sub-Saharan Africa. Prior to joining the Asian Development Bank in 2011, Brian Chin held various positions in academia and worked in multilateral organizations such as UNICEF and the World Bank. He has written several publications on various topics, including urban health, health systems, and health financing.

Brian Chin holds a PhD in demography from the University of Pennsylvania and a Master's degree from the Harvard School of Public Health.



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Vincent de Wit, former Lead Health Specialist at the Asian Development Bank, advises on health service reforms in the Central West Asia region. He has extensive experience in planning, managing, and teaching public health services, including in maternal and child health, communicable diseases control, and health systems research and development. Prior to his ADB engagement, he worked as a district health officer in Kenya and as Assistant Professor at the Aga Khan University.

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Andrei Mikhnev was appointed World Bank Country Manager for Kazakhstan and Turkmenistan on February 1, 2023. He leads the World Bank policy dialogue with counterparts in Kazakhstan and Turkmenistan, managing the country program and the team based in Astana. Andrei Mikhnev has more than 20 years of international experience in economic development. Most recently he led the World Bank Country Office in Mongolia. Prior to that he led programs in Middle East and the Gulf countries aimed at enhancing competitiveness and private-sector led growth.

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Ksenia Babushkina has over twenty years' experience in government, public administration, and structural reform projects. She joined EY in March 2012, following her tenure as Director of Risk Management and Internal Audit practice at a global consultancy firm based in Toronto, Canada. She has extensive experience in a broad range of public sector projects at the regional level and in North America, working on capacity building and development of government bodies.

Ksenia Babushkina received her MBA in Accounting Information Systems from Bentley College in Boston.



Talgat Zhaminov, EY Manager, Business Consulting, Kazakhstan

Talgat Zhaminov possesses over two decades of expertise in public service and consulting for strategic planning, public policy analysis and human capital development. Having joined EY in 2022, Zhaminov's career spans roles in various Kazakh ministries, the Prime Minister's Office, and analytical organizations.

Talgat has demonstrated project management skills including a comprehensive digital employment ecosystem, vocational training, and entrepreneurship. He played a pivotal role in crafting Kazakhstan's Strategic Development Plan, formulating the country's Social Development Concept, and developing a new model for financing the national health system.

Talgat Zhaminov holds a Master's degree in public administration from the Eurasian National University.



Anel Abdrakhmanova, EY Consultant, Business Consulting, Kazakhstan

Since joining the EY team in 2022, Anel Abdrakhmanova has actively engaged in diverse projects within the public sector, showcasing her expertise in areas such as capacity building for labor authorities, strategic planning, and the implementation of business process reengineering and online services. Anel's contributions extend to promoting economic inclusion in Kazakhstan's natural resources and energy sectors.

Currently, Anel is at the forefront of a large-scale project focused on the digital transformation of a Kazakhstan government agency. In this role, she is actively involved in crafting a comprehensive strategic plan for a more flexible, technologically advanced, and efficient service delivery model for healthcare sector services.

Anel Abdrakhmanova holds a Bachelor's degree in economics from Nazarbayev University.

Johnson & Johnson (Janssen)



Adilet Nazarbayev, CIS Cluster Lead, Janssen (Johnson & Johnson)

Adilet Nazarbayev graduated from South Kazakhstan Medical Academy in Shymkent and in 2006 he completed postgraduate studies at the Kazakhstan Research Center for Maternal and Child Health in Almaty specializing in obstetrics and gynecology. In 2010 he graduated from the International Academy of Business with a Masters' degree in Business Administration.

Adilet Nazarbayev joined Janssen (Johnson & Johnson's pharmaceutical companies) in 2005, working in sales and marketing. In 2014 he was appointed Branch Manager of Janssen in Kazakhstan, and in the 2019 he was promoted to the Janssen CIS Cluster Lead position.

Pfizer



Dmitry Kozenkov, Head of Pfizer Representative Office in the Caucasus and Central Asia

Prior to Pfizer, Dmitry Kozenkov spent 9 years at Eli Lilly, where he held the position of Regional Head of the Eli Lilly in Central Asia, Mongolia, Ukraine and Moldova. Previously, he held executive positions in the Lilly sales, pricing, commercial and financial departments, as well as at KPMG and Basic Element.

Dmitry Kozenkov graduated from the Dubna International University of Nature and Society in 2004.



HEALTHCARE CHALLENGES -THE U.K. AND KAZAKHSTAN

by Ambassador Kathy Leach
U.K. Ambassador to Kazakhstan

A strong healthcare system is a critical pillar for a healthy, happy and productive society. This year the U.K. celebrated the 75th anniversary of its *National Health Service (NHS)*, a service funded through additional tax contributions and entirely free at the point of use. Over 1 million people per day are now treated on the *National Health Service* and the topic of healthcare reform is always present in the U.K. national political debate.

We know that Kazakhstan is striving to upgrade its healthcare system, as set out in the *State Program for the Development of Healthcare 2020-2025*, with the key ambitions of increasing life expectancy to 75 years; reducing the risk of premature death due to preventable lifestyle-related illness; and reduction of maternal and infant mortality rates.

First, let us set out how British investors and businesses active in the Kazakhstan market see the opportunities and challenges in the healthcare sphere, and how the government can support the modernisation, growth, and resilience of this critical sector to achieve these hugely important goals for citizen health.

Kazakhstan is of course a member state of the *World Health Organization (WHO)* and the 1978 Almaty WHO conference, whose declaration formed the foundation for the last 40 years of global primary health care efforts, was featured at an important moment in WHO history.

Kazakhstan's hosting of the *Seventy-Third session of the WHO Regional Committee for Europe* in Astana in October 2023, preceded by an international conference on *Primary Health Care* was welcomed. It was fantastic to see Kazakhstan's continuing efforts in multilateral cooperation attended by with senior delegations, including from the UK Ministry of Health.

Of course healthcare doesn't just exist in the theoretical space of policy dialogues and conferences. Policy must translate into operational and clinical excellence, and this means a constant effort to ensure state health services are balancing both value for money and bringing in the latest proven best technologies, training and treatments. Of crucial importance are:

- *Capacity within the Ministry of Health to facilitate international partnerships*
- *Actions that will help or hinder bringing a wider choice of pharmaceuticals to the market*
- *Training of the next generation of professionals*

Second – capacity of the Ministry of Health. I want to highlight the particular success of a British pharmaceutical company in Kazakhstan that we have supported to develop a joint roadmap with the Ministry of Health, which paves the way for localisation of manufacturing and production in Kazakhstan. In early October, during the visit of the UK Minister for Europe for the annual *UK-Kazakhstan Strategic Dialogue*, the Minister witnessed the signing of the agreement on localisation that will allow patented medicines to be produced here and distributed across Central Asia.

Given the priority of the government for developing local manufacturing, this was very welcome news. The company has also invested significant sums in providing diagnostics and treatment for certain types of so-called “*orphan diseases*” – that is, conditions that are very rare and difficult and expensive to treat, supporting vulnerable patients who normally would have no other option. The company is also investing in the next generation of professionals, partnering with the local branch of a British university to offer corporate internships.

However, the resources to promote international partnerships in the Ministry of Health do not seem to be sufficient to encourage these efforts. In our experience, securing meetings with the Ministry of Health for a business that wants to invest here can be difficult to achieve in a timely way. If the aim is to encourage more international cooperation, we strongly recommend ensuring that the Ministry of Health has sufficient human resources to support fast, responsive engagement, decision-making, and problem-solving.

One particular example for the Council's attention to illustrate the challenge is the following. Another major pharmaceutical company found it was unable for two years to get the Ministry of Health to list the correct price of its childhood vaccine on tender documentation, resulting in only a single, sole-source company - with a more expensive vaccine - participating. The other company won the tender, costing the state budget more money and reducing choice.

Our strong recommendation is that improving the dialogue and problem-solving between the Ministry of Health and pharmaceutical companies, providing prompt updates to issues like pricing and clinical guidelines, will make Kazakhstan much more attractive for future investment in this sector.

Another possible barrier to adoption of the best available diagnostic techniques and latest medicines are new regulatory measures proposed by the Eurasian Economic Union (EAEU).

We understand these regulatory measures, proposed by one EAEU member state, would require testing of each new production batch of imported pharmaceuticals by accredited laboratories. At the moment, current guidelines allow random sampling on the basis of a decision by an authorised person. This proposed new regime would apply even to pharmaceuticals that have gone through the extremely rigorous testing of European medical licence procedures. This proposed testing by EAEU states is more rigorous than EU, US, or WHO procedures or guidelines, which are among the most stringent and highly regulated in the world.

There is also a possibility that some pharmaceuticals will be unable to be tested in laboratories in the EAEU due to lack of suitable chemical reagents or other issues. Furthermore, outside Russia, the laboratory in Karaganda in Kazakhstan is the only other suitable laboratory in the EAEU that could perform these tests to the required standard. At the same time, the capacity for such testing is unclear either in Kazakhstan or across the EAEU.

The potential impacts therefore are:

- *Significant delays in getting both new and even existing medicines to sick and vulnerable people*
- *A significant increase in the dependence of Kazakhstan's healthcare sector on laboratories of other EAEU countries*
- *A significant increase in prices for drugs*

In response to this and other market pressures, Kazakhstan may wish to develop its own laboratory and testing facilities. British companies are very willing to help Kazakhstan develop its own standards and testing capacity. But, as the issue of WHO certification of Kazakhstan's COVID vaccination showed, developing the procedures and certifying laboratories at the required standard is not a rapid process and requires a significant investment in human and equipment capacity.

Third, within the *State Program for the Development of Healthcare 2020-2025*, international education and training partnerships developed over recent years are identified as a real success of Kazakhstan's health policy. The UK is keen to support these efforts – it is an Embassy priority to support the Ministry of Higher Education in its efforts to bring international universities to set up courses and campuses in Kazakhstan. In the last two years *De Montfort University* has been supported to set up and expand in Almaty, and in September *Heriot-Watt's* joint program opened with *Zhubanov University* in Aktobe.

The UK Embassy is keen to understand more about the demand for healthcare education and specialist training in Kazakhstan and how the UK can support efforts to bring in UK partners and institutions. From working with a British Healthcare provider in Atyrau, where primary and emergency medical services for staff working for the oil companies are provided, the difference that modern equipment, visiting clinicians and embedding international best practice can make to patient outcomes in hospitals and community care has been seen at first-hand.

The company's support for intensive care services in Atyrau during the Covid pandemic resulted in strikingly improved recovery rates for patients in serious condition. This resulted in the then Minister of Health sending a team to Atyrau to determine whether the drastically reduced mortality figures were accurate (they were!).

In summary, requests from prospective investors and UK businesses active in the market are clear:

- *Ensuring the Ministry of Health has sufficient resources for timely, responsive international engagement*
- *Resolution of a number of business environment challenges in the pharmaceutical sphere*
- *Understanding the appetite in Kazakhstan for international collaboration in medical technology and training.*

These challenges are not unique to Kazakhstan. As the potential of life sciences develops at an increasing tempo, we are all dealing with the need to update our healthcare systems and the training of our professionals more quickly to meet the needs and expectations of our populations. We look forward to sharing learning and best practices together.

QUALITY CARE ACROSS A VAST TERRITORY: CANADIAN PERSPECTIVES ON HEALTHCARE DELIVERY

by Ambassador Alan Hamson
Ambassador of Canada to Kazakhstan

Healthcare is an essential support to quality of life and well-being of individuals and societies. Canada and Kazakhstan share the challenges of large territories with sparse populations, leading to healthcare delivery challenges, especially accessibility of healthcare in remote areas. In addition, COVID-19 has had significant impacts on healthcare delivery approaches, as the patient's experience is substantially different than it was before the pandemic.

Both of these factors create opportunities for improvement and innovation, including towards improving the quality and accessibility of care, medical education, and the affordability of healthcare. Canada reiterates its support to Kazakhstan in its health reforms and is always ready to share ideas and best practices on such important topics.

First, to address the quality of services. Patient safety continues to be a crucial global issue, and medical education and patient safety are intrinsically linked. In Canada, the latest advancements, and techniques to enhance medical students' learning experiences are widely employed. For example, the Canadian-based company *CyberPatient*, with its 24/7 virtual training hospital, helps medical students practice making autonomous decisions in a variety of medical circumstances.

Studies conducted at *University of British Columbia* show that using such technology is as effective as using standardized patients in delivery of practical knowledge for medical students and reduces the impact and number of medical errors. The accessibility of these innovative educational tools and their potential to shape the future of medical education are key elements to improve the **quality of services** in healthcare.

Second, improving healthcare also means also an **accessible** healthcare. Access to medical care suffers when there is a shortage of medical specialists near a given population. Smaller communities in Canada, particularly those in rural areas, face similar challenges as in Kazakhstan, in attracting and retaining healthcare professionals. Some provinces offer financial incentives while others oblige new doctors to work in remote areas during the first years of practice.

Those measures have been beneficial in terms of recruiting but insufficient in terms of long-term retention of doctors. As solution, some provinces, territories, and local health authorities recruit international medical graduates, and physicians who were educated



overseas, who are frequently placed in underserved regions temporarily while they await full professional registration and the completion of immigration papers.

There are currently two primary ways of recruiting international medical graduates to rural and remote communities: through provisional licenses and through *Return of Service* agreements. In both cases, international medical graduates agree to work in an underserved area for several years before receiving full licenses to practice medicine in Canada.

Third, healthcare includes pharmaceuticals where issues of **price regulation** warrant attention. Prices that are lowered by regulation can improve accessibility but may also reduce the incentive for companies to bring innovative new drugs to the country. Given pressures on the value of the tenge, drug prices are likely to rise from the patient's perspective, so it may become necessary to revise ceiling prices.

Canada has put in place systems to keep medicine prices stable, including the federal government's establishment of a semi-judicial agency to control factory-gate prices, as well as numerous provincial-level initiatives such as formulary management, the use of generics, reference-based pricing, price freezes, and markup limitations. These price-control measures have largely been effective. When a drug is introduced to the Canadian market, the price is set at the median sticker price of 11 countries with similar GDP per capita.

There are multiple challenges in the healthcare sector in Kazakhstan and Canada, but tools and solutions to achieve better healthcare reforms are within reach. In this regard, Canada remains ready to share experiences in the areas of public policies and programs, best practices, technologies, and continuing exchanges at all levels.

CANADA AND KAZAKHSTAN SHARE COMMON CHALLENGES

The implementation of healthcare can be a very controversial topic. In Canada, there are debates particularly surrounding healthcare as well. Although universal health care in Canadian is ambitious, all nations face challenges.

Both Kazakhstan and Canada face similar obstacles in regards to geography, weather, and population distribution. Canada has twice the population of Kazakhstan but three times the territory. Many difficulties arise when trying to provide quality healthcare to sparsely populated areas. While it can be extremely difficult to adhere to ideological healthcare principles under such conditions they are worth fighting for.



The concept of Canadian universal healthcare was pioneered in Saskatchewan by a man named *Tommy Douglas*, who was elected Saskatchewan premier in 1944. Tommy Douglas believed that every Canadian deserves the right to have quality healthcare, regardless of their economic or social situation. Tommy Douglas is considered the father of universal healthcare in Canada. Through his efforts, universal healthcare was introduced in Saskatchewan in 1962. It was later expanded nationally in 1972.

In modern times, it is the accepted belief that all Canadians should be provided access to quality healthcare. Currently, 85 percent of Canadians have regular access to a doctor (*General Practitioner*). According to studies, 89 percent of Canadians receive healthcare when they feel they need it; of those who did not receive healthcare when it was needed, only 11.4 percent claimed that cost was the barrier.

Additionally, over the past 90 years, life expectancy in Canada has increased by over 20 years for men and 23 years for women. 64 percent of Canadians receive influenza vaccines, one of the highest percentages in the OECD, and 61 percent of Canadians feel that they are in very good or excellent health. Overall, 92.4 percent report being satisfied or very satisfied with life. As Kazakhstan strives to develop its own universal healthcare program, there are many lessons that can be learned from Canada's experience.

In 1984, the *Canada Health Act* was established, and specified the conditions and criteria for health insurance programs to guarantee universal coverage. The *Canada Health Act* enshrines five principles. These were considered radical back in 1944, but are now widely accepted:

- **Universality**, which means that public healthcare insurance must be provided to all people;
- **Comprehensiveness**, which means that medically necessary hospital and doctor services are covered by public healthcare insurance;
- **Accessibility**, which means that financial or other barriers to the provision of publicly funded health services are discouraged, so that health services are available to all Canadians when they need them;
- **Portability**, which means that all Canadians are covered under public healthcare insurance, even when they travel within Canada or internationally, or when they move from one province to another;
- **Public administration**, which requires that provincial and territorial healthcare insurance plans be managed by a public agency on a not-for-profit basis (this principle says nothing about the ownership structure of a health service delivery institution).

These five principles flow from two primary federal healthcare objectives:

- To ensure that every Canadian has **timely access** to all medically necessary health services, regardless of his or her ability to pay for those services;
- To ensure that no Canadian suffers **undue financial hardship** as a result of having to pay healthcare bills.

The basic values of **fairness and equity** are demonstrated by the willingness of Canadians to share the resources and responsibilities that are proudly displayed in Canada's healthcare structure. These values have also been reflected in the modifications and major reforms made to the system since its inception.

The Canadian system has been and continues to be modified as the country's population and circumstances change, and as the nature of healthcare itself evolves. For example, healthcare has developed from a **reliance on hospitals and doctors, to alternative care delivery in clinics, primary healthcare centers, community healthcare centers, and home care**. Treatment using medical equipment and drugs has evolved, and there is a greater emphasis on public health and health promotion.



The Canadian healthcare system has faced challenges in recent years due to a number of factors, including changes in the way services are delivered, **fiscal constraints**, the **aging** of the baby boom generation, and the **high cost of new technology**. These factors are expected to continue in the future.

Like Canada, Kazakhstan also faces many of these same challenges, such as rising costs. Both nations also share similar obstacles in terms of population, geography, and climate. Therefore, the challenges involved in upholding the five principles of the **Canada Health Act** (*Universality, Comprehensiveness, Accessibility, Portability, and Public Administration*) are similar to the challenges that Kazakhstan faces. In general, the Kazakhstani government can benefit from utilizing many solutions which are already employed in Canada.

Universality

The main obstruction to **Universality** is the fact that healthcare costs are increasing at an unsustainable rate. How healthcare dollars are spent has changed significantly over the last three decades. On average, the share of total health expenditures paid to hospitals and physicians has declined; meanwhile, spending on drugs has greatly increased. Canada has combatted this challenge through its system of controls and approvals for generic drugs. This has maintained comprehensive coverage over drug therapies while keeping costs under control.

Despite these increasing costs, the expectations for access remain the same and the demand for services is outstripping supply. Therefore, it is necessary to provide alternate modes of delivery, diverting from emergency rooms to **Community Health Centers** and **Tele-health**. Additionally, it is possible to sustain services by increasing investment in Public Health and prevention. In Kazakhstan, Universality could be established through the development of a similar comprehensive system of healthcare delivery, including Tele-health.

Comprehensiveness

The challenge to **Comprehensiveness** is maintaining coverage over the full range of integrated (and medically necessary) services, from acute to chronic care. One way to preserve comprehensiveness is to employ Public-Private Partnerships to increase hospital beds. Canada's globally-recognized PPP model has created 25 billion dollars in investment in 92 healthcare projects. Another solution is to introduce a systemic approach to primary healthcare and chronic diseases management. The **Canadian Society for International Health** has already worked with the Kazakhstan Ministry of Health to implement a **Chronic Disease Management Program** in certain regions.

It is the responsibility of the Kazakhstani government to work towards expanding the pilot programs nationally. Furthermore, the government can follow through on initial discussions about twinning the University of Toronto with a Kazakhstani medical school, and Kazakhstan can examine the Canadian model for PPPs in healthcare delivery.

Accessibility

The challenge to **Accessibility** for Kazakhstan will be ensuring access for all citizens, not only those in urban centers, when and where they need it to streamline emergency medical responses, helping patients receive cost-effective help when and where they require it.

In the future, Kazakhstan can work to develop a comprehensive Tele-health and air ambulance plan. The country can benefit from contracting emergency vehicles that have already been developed in Canada for use in adverse weather. Additionally, Canada has five major ambulance manufacturers that create high quality, competitively priced ambulances that are built for cold winters.

Portability

The challenge to **Portability** is insuring seamless delivery in various jurisdictions, regardless of residency. One solution is the use of eHealth, a system for keeping and transferring medical records and insurance information. Furthermore, Kazakhstan could benefit from the development of service centers to facilitate the transfer of medical information and services.

Public Administration

Lastly, the challenge to **Public Administration** is to maintain an effective management of national

healthcare services. This requires a strong, professional civil service that has the **public's trust**.

Canada can assist Kazakhstan in achieving its goal of developing a professional civil service. Following this, Kazakhstan can apply the *Regional Hub of Civil Service* to the healthcare sector, ensuring transparency and equality of payments. A cashless payment system for insured services would improve equality, accessibility, tracking, as well as reduce corruption in health care delivery.

Conclusion

In conclusion, Canada has a long and rich history in the development of universal healthcare. The concept of universal coverage is entwined with Canadian principles. For Canada, healthcare is at the heart of the motto "*we are our brother's keeper*"; the principles of fairness and equality are ingrained into the very fabric of Canadian culture. Nonetheless, such principles require creativity and innovation.

As Tommy Douglas said, "*We are all in this world together, and the only test of our character that matters is how we look after the least fortunate among us. How we look after each other, not how we look after ourselves.*" In this spirit, Canada looks forward to deepening its partnership with Kazakhstan and supporting Kazakhstan in attaining its health-related goals.



THE UNHCR CALL FOR UNIVERSAL HEALTH COVERAGE

by UN High Commission for Refugees
UNHCR Kazakhstan

As a 2nd year medical student, Almas is perhaps more aware than many her age of the importance of good health, and good healthcare. While she is looking forward to being qualified to administer medical services to the people of Kazakhstan, she is also mindful that if she was to develop diabetes, she couldn't afford treatment. Despite living legally in Kazakhstan since she was five years old, as a refugee, Almas is considered only a 'temporarily' residing foreigner, and as such does not have access to free medical assistance under Kazakhstan's *Mandatory Social Health Insurance*.

Universal health coverage critical to sustainable development

Sustainable Development Goal (SDG) 3, Target 8, calls on States to "Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all", by 2030.

Universal health coverage ensures that everyone has access to quality health services, without suffering financial hardship. Such coverage reduces health disparities and poverty, fosters economic productivity, and promotes social equity, stability and cohesion.

As shown by the *World Health Organization (WHO)*, protecting people from the financial consequences of paying for health services out of their own pockets reduces the risk that people will be pushed into poverty because the cost of needed services and treatments requires them to exhaust their life savings, sell assets, or borrow – destroying their own futures and often those of their children.

Since the first days of its independence, Kazakhstan has worked towards *Sustainable Development*. Following adoption of the SDGs in 2015, Kazakhstan formed a legal framework to integrate SDGs into the country's strategic planning, and approved a list of national SDG indicators. In 2022, its second *Voluntary National Review* on the implementation of the *2030 Agenda for Sustainable Development* revealed that, despite the challenges of the COVID-19 pandemic, Kazakhstan had advanced towards achieving the SDGs, including developing measures for targeted social support of the population.



Health coverage in Kazakhstan

Kazakhstan introduced *Mandatory Social Health Insurance* in 2020, thanks to which funding of the sector has more than doubled, enabling improvements to the availability of medical care. Participants of the *Mandatory Social Health Insurance* scheme can receive a wide list of medical services at no additional cost, including specialist consultations, specialized examinations of children, outpatient hospital treatment, diagnostics, and dental care.

Considered in Kazakhstan as "temporarily residing foreigners", however, refugees and asylum-seekers are banned from participating in the health insurance system. Refugees have access to only a "minimum" volume of free medical care, such as ambulance services, primary health care, common lab tests, chronic disease treatment.

Asylum-seekers have even less access, with healthcare provided only if they contract diseases that pose a danger to others and not, for example, for pre- or post-natal care.

Health services covered by the *Mandatory Social Health Insurance* are only available to refugees and asylum-seekers on a paid basis, which they often cannot afford.

Leaving no one behind

The SDGs and *2030 Agenda for Sustainable Development* commit to "leave no one behind", emphasizing the importance of ensuring that all individuals, especially those who are vulnerable or marginalized, have the opportunity to benefit from a country's development.

Despite adhering to the "leave no one behind" principle, and being a signatory of the 1951 *UN Convention Relating to the Status of Refugees* and its 1967 *Protocol*, Kazakhstan's unique practice of issuing only one-year temporary residency status falls short of international standards and restricts refugees from exercising their due rights.

While legally able to study and work, refugees cannot contribute to *Mandatory Social Health Insurance* or pension funds and cannot receive social benefits. Refugees and asylum-seekers in Kazakhstan are ineligible for public allowances, such as disability and survivors' benefits, childbirth benefits, care allowances, and benefits for raising a disabled child. Refugees and asylum-seekers are being left behind.

Providing refugees with due access to rights and services

In 2011, the *Human Rights Commission* under the President of Kazakhstan recommended that refugees be issued five-year permanent residency in line with Kazakhstan's obligations as a party to the *Refugee Convention*. This would give refugees automatic access to public healthcare and insurance, as well as other due socio-economic rights and services.

As of mid-2023, Kazakhstan hosted only 333 refugees recognized by authorities under the national *Law on Refugees*. Most are from Afghanistan – like Almas – and have been residing in the country for over five years – some for more than 20. They speak local languages, and live, study or work peacefully together with nationals of Kazakhstan and are culturally well integrated.

In 2022, the government approved its *Migration Policy Concept for 2023-2027* which, *inter alia*, calls for implementation of provisions of the *Refugee Convention* relating to access to healthcare, employment, education, and social assistance on an equal basis with citizens and permanently residing foreigners.

UNHCR continues to call on Kazakhstan to amend its *Law on the Legal Status of Foreigners* and its *Law on Refugees*, to equate refugee status with the status of a permanent resident from the moment of recognition as a refugee. As a result refugees would be able to duly access universal health coverage, as well as employment, social assistance and local integration.

Such amendments would help ensure Kazakhstan leaves no one behind, achieves SDGs, and implements its *Refugee Convention* obligations, while also enabling refugees to contribute to the country's sustainable development.

UNHCR, the UN Refugee Agency, is a global organization tasked by UN Member States to support their protection of forcibly displaced and stateless people, and find sustainable solutions to their plight. UNHCR has been present in Central Asia since 1993, and in Kazakhstan since 1995. The UNHCR Representation to Central Asia is based in Almaty, and the UNHCR National Office Kazakhstan is in Astana. In Kazakhstan, UNHCR focuses on strengthening local ownership and quality of asylum systems; promoting local integration of refugees; and eradicating statelessness.



OPERATION WARP SPEED: REVISITING DEVELOPMENT OF THE COVID-19 VACCINES

Healthcare in the U.S., including the provision of medicines and treatments, has traditionally been handled by the private sector. However, the *Department of Health and Human Services (HHS)*, the US equivalent of *Kazakhstan's Ministry of Health*, plays an important role in supporting and incentivizing research and development, manufacturing and patient care.

Generous funding is provided to *HHS* each year to achieve this. Part of this budget goes towards grants to academia, institutions, NGOs and private industry for medical research, as well as support for institutions and sub-agencies working on medical innovations such as the *National Institutes of Health (NIH)* and the *Biomedical Advanced Research and Development Authority (BARDA)*.

BARDA supports the transition of medical countermeasures such as vaccines, drugs, and diagnostics from research through advanced development towards consideration for approval by the *Food and Drug Administration (FDA)* and inclusion into the *Strategic National Stockpile*. This is achieved through Public-Private Partnerships, in which industry shares financial risk with the government, improves efficiency and accelerates development, all while sustaining a marketplace that guarantees continued access to countermeasures vital to the national security of the United States.

In addition to *HHS*, other US agencies work in partnership with private industry to address pharmaceutical security for the nation. A lesser-known example is the *U.S. Department of Defense*, which funds the research, development, manufacture and supply of vaccines, antiviral drugs, antitoxins, and monoclonal antibodies unavailable on the commercial market and which may not be developed due to lack of commercial incentive. A good example is vaccines for tropical diseases such as Ebola, which are not financially viable to produce without government funding.

In 2010, the Assistant to the President for *Homeland Security and Counterterrorism*, recognizing that the supply of certain medical supplies was not being addressed by private industry in a manner that might be needed in a health emergency, ordered the *Department of Defense (DoD)* to “[e]stablish agile and flexible advanced development and manufacturing capabilities to support the development, licensure,

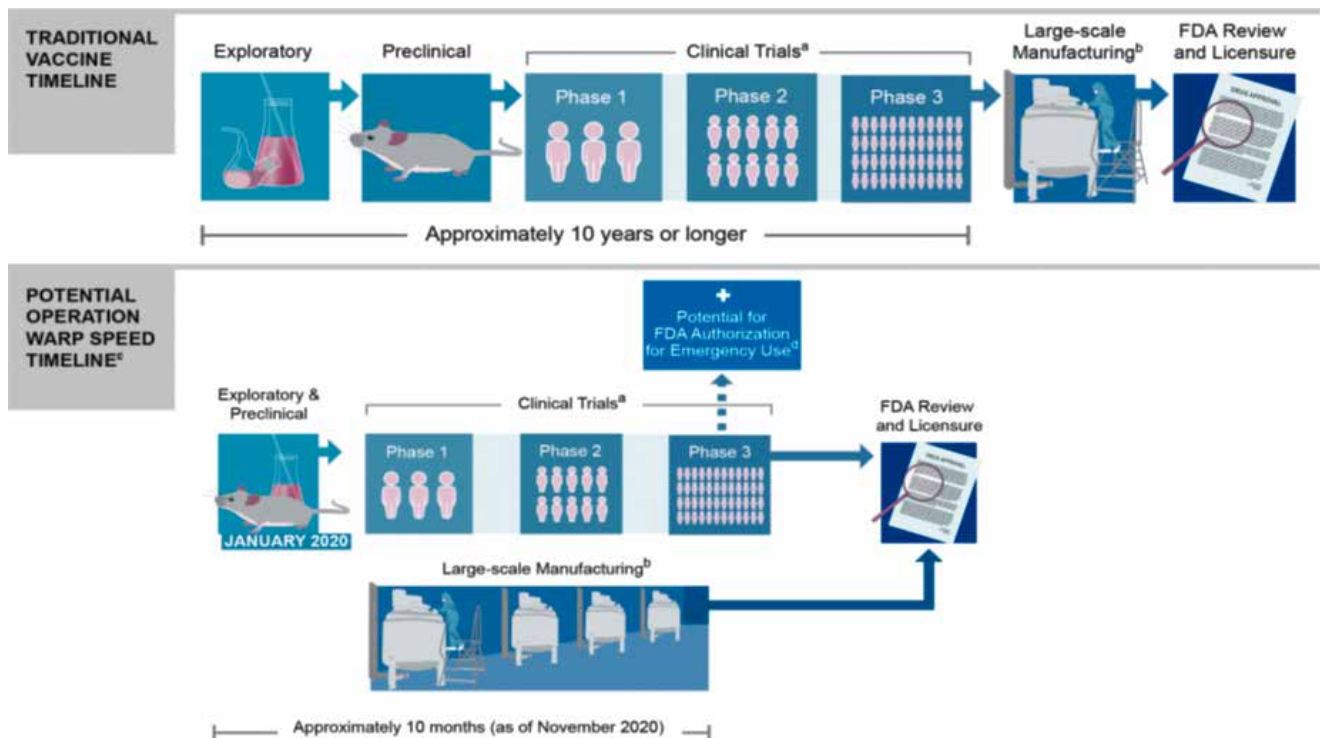
and production of medical countermeasures that address the needs of our military and the nation”. In response, the DoD funded construction of the *Advanced Biologics Manufacturing Facility for Private and Public Use*. This facility is now a center of COVID-19 vaccine development, wherein the government owns the facility, and private companies operate it. Such a structure is routinely used in the U.S. and is known as a “Go-Co”, i.e., government-owned, company-operated.

On the *HHS* (civilian) side, the *FDA* is collaborating with federal partners and with industry to improve manufacturing of the current generation of influenza vaccines and facilitate the next generation of influenza vaccines. *BARDA* has established three ‘Centers’, referred to as *Centers for Innovation in Advanced Development and Manufacturing (CIADM’s)*, to develop and manufacture medical countermeasures such as vaccines and therapeutics used to protect health in emergencies, and which can transition quickly and cost-effectively between products. Created as Public-Private Partnerships, the *HHS CIADM’s* will provide a significant domestic infrastructure in the United States capable of producing medical countermeasures to protect Americans from pandemic influenza and other diseases in response to public health emergencies.

Despite all these efforts, the COVID-19 pandemic presented a unique problem not envisioned by the system. Recognizing the urgent need to develop a relevant vaccine and therapeutics, the U.S. government quickly established a partnership among components of the *HHS*, *CDC*, the *National Institutes of Health (NIH)*, *BARDA*, and the *DoD*, with initial funding by the U.S. government of \$10 billion.

On May 15, 2020, the federal government publicly announced *Operation Warp Speed (OWS)*, a partnership between the *DoD*, *HHS* and the private sector with a goal of producing 300 million doses of safe and effective COVID-19 vaccines with initial doses available by January 2021.

Further, it was clear that conventional approaches to vaccine development would be insufficient, and rapid development methods would need to be developed and implemented. Through consultations and studies, the accelerated timeline of development for *OWS* was developed, and is shown below in comparison to traditional vaccine timelines:



Source: GAO Analysis of Food and Drug Administration (FDA), Pharmaceutical Research and Manufacturers of America, and Operation Warp Speed Information. | GAO-21-319

As a result of these efforts, by January 30, 2021, five OWS vaccine candidates entered phase 3 clinical trials, a record-breaking development. Then, in November 2020, *Pfizer/BioNTech's* and *Moderna's* vaccines received emergency use authorization (EUA) from the *Food and Drug Administration (FDA)*. OWS proved unequivocally that public-private partnerships in the health space can provide synergistic results unachievable when such parties work separately. Public-Private Partnerships can achieve far more, far quicker, than these sectors working independently.

Importantly, the U.S. government decided to take on the risk of funding the manufacturing infrastructure (i.e., biologics production facilities) to produce these vaccines and therapeutics, so as to give firms confidence that they can invest aggressively in development. Also, for the first time ever, manufacturing capacity for selected candidates was advanced WHILE the candidate was still in development, rather than scaled up after approval or authorization, with the government, rather than private companies, taking the risk to build the manufacturing. It was reasoned that the manufacturing capacity developed could eventually be used for whatever vaccine is eventually successful, if possible given the nature of the successful product, regardless of which firms have developed the capacity.

Further, it was found that traditional drug development processes can be rapidly sped up and also achieve success. This includes utilizing clinical trial data from

related platform technologies, accelerated reviews by regulatory authorities, and concurrent development and manufacturing build out. Additionally, it was found that, to mitigate risks of failures in development, the government should consider and fund alternatives with varying technology development levels and platforms. Just like in financial investing, spreading the risk is key. In the case of OWS, the payoff was unexpectedly tremendous, with multiple successful vaccines.

Conclusion

The COVID-19 pandemic has caused governments to look at how things have been done in the past, their shortcomings when a health emergency struck, lessons learned, and to start planning and taking action to ensure pharma and biopharma security for their nations in the future. We must all now recognize that better planning from all sectors (private and public) is needed. Working together to determine how best to prepare for health emergencies in the future is crucial.

For some countries this preparation may mean stockpiling, localizing manufacturing of essential medicines at government expense, or entering into agreements with international partners to assure supply. For others, like the U.S., preparation may mean government funding of research, development and manufacturing facilities, and public-private partnerships with industry leaders capable of operating such facilities. Cooperation is key.

KEY COMPONENTS OF A NATIONAL DRUG POLICY

The need for implementation of a national drug policy in Kazakhstan is paramount. To comprehend the significance of this policy, one must understand the importance of pharmaceutical drugs and medications in modern society. In many respects, the pharmaceutical industry is unique compared to other industries because its products save lives and improve the overall health of the population. In addition, the ability to supply reliable drugs is paramount for promoting trust and participation in health services.

However, pharmaceutical drugs and medications are also costly. These factors necessitate a comprehensive national drug policy in order to monitor the price, authenticity, and safety of medicines and guarantee that they are being prescribed and taken appropriately. A national drug policy for Kazakhstan will promote a more secure and efficient pharmaceutical market.

A national drug policy can be broken down into components which together constitute a drug management cycle. In practice, the management of the drug supply will involve collaboration between government policy-makers, drug program managers, NGOs, and drug manufacturers to help promote a safety and protect the market from counterfeit medications. Currently, there is a lack of coordination between these actors in the pharmaceutical industry. The development of such a cycle will ensure that high-quality drugs are available, affordable, and used rationally.

The first key component in the drug management cycle is the **drug selection criteria**. Drug selection criteria are essential to ensure that medications are chosen correctly based on a multitude of factors: relevance to the patient's disease, proven efficiency and safety, as well as quality (including bioavailability and stability). Also, one must consider the cost-benefit ratio of the drug in terms of the total treatment cost. In order to establish these selection Criteria, there must be a standard choice for drug and nondrug treatments. Standard treatment guidelines are crucial to promote proper selection.

Following selection criteria, the next step in the management cycle is **procurement**. Drug procurement is a cyclical process in itself which determines how to effectively purchase drugs through the appropriate retailers. This process involves coordinating funds, determining the methods of purchase, selecting appropriate suppliers, and monitoring the status of the orders. It is a multistep process involving coordination of multiple actors in

the public and private sector. A national policy for this cycle will promote secure channels to help procure drugs which are authentic, safe, and fairly priced.

Following procurement, the next step in the drug management process is **distribution**. To ensure the authenticity of the medicines being delivered, standards for all aspects of delivery, including: port clearing, receipt and inspection, inventory control, storage, and the requisition of supplies must be ensured. Furthermore, the distribution of medications to patients must be monitored carefully.

Finally, **consumption reporting** is necessary to ensure that the drugs are being taken properly. The rational and appropriate use of medication is crucial, not only to ensure the health of the patient, but also to combat the rise of antimicrobial resistance to antibiotics.

In order for the entire drug management cycle to function effectively, it must be held together by a re-envisioned policy and legal framework encompassing all aspects of the drug cycle. The government, healthcare providers, and pharmaceutical industry will be united by this framework, which will enforce sound policy throughout all stages. Furthermore, this legal framework will help promote the training of medical professionals who play a crucial role in patient education, further promoting the rational use of medications. This structure will involve not only consumers, but also the media, schools, and universities in order to raise public awareness.

Overall, one cannot overstate the need for a comprehensive national drug supply in Kazakhstan. In order to help implement and run this national drug policy effectively, decision-making needs to be based on health economics. Kazakhstan still needs to standardize many aspects of the drug management cycle, and the nation would greatly benefit from more innovative contracting and financing stability. Wise drug selection underlines all other improvements.

Moreover, effective management of the drug supply will improve performance, save money for all actors involved, and safeguard patient health. Systematic assessment and monitoring at all stages of production and distribution are essential to protect against counterfeit drugs in the market and ensure quality. Lastly, proper legislation and regulation is vital for overseeing and enforcing this process. If Kazakhstan can implement these changes in its drug policy, the nation will gain a safer, more secure, and more cost-effective pharmaceutical market.



Business



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THE 'ONE HEALTH' APPROACH TO IMPROVING QUALITY OF LIFE

by **Andrei Mikhnev**
Kazakhstan Country Director
World Bank

The COVID-19 pandemic has emphasized the necessity to strengthen the core capacities of *International Health Regulations* for future outbreaks. Kazakhstan now has access to grants from the pandemic fund, to carry out:

- A single-country project of \$19 million to strengthen the *National Capacity for Pandemic Preparedness and Response to Infectious Disease Outbreaks in Kazakhstan*
- A multi-country project of \$27 million to strengthen the *Pandemic Preparedness and Response* through a *One Health* approach together with the four other Central Asian countries: Kyrgyz Republic, Tajikistan, Turkmenistan, and Uzbekistan.

The following article will inform our readers to the *One Health* approach. The interconnectedness between human health, animal health, plant health, and the environment are widely acknowledged. Factors such as population growth, globalization, increased movement of goods, animals, and people, as well as environmental degradation, have made public health threats more complex.

- Activities such as food production, intensive agriculture, livestock systems, wildlife trade, encroachment on wildlife habitats, and weather-related disasters all contribute to the heightened risk of new zoonotic diseases and thus pandemics.
- Managing global health risks requires full cooperation between the livestock, environmental, and public health sectors, at the national, regional, and global levels.
- *One Health* is an integrated, unifying approach that aims to sustainably balance and optimize the health of people, animals, and ecosystems. It recognizes that the health of humans, domestic and wild animals, plants, and the wider environment are interdependent.
- With the signing of the *Communiqué Protecting Food Systems, Preventing Future Pandemics in Central Asia* in Almaty on 14 November 2022, Central Asian countries affirmed their commitment to increase collaboration between health, agriculture, and environmental sectors at the national level but also to work closer together at the regional level to:

- Develop a *Regional One Health Framework of Action* in Central Asia
- Establish the appropriate *One Health Governance Structures* for the implementation of national and regional activities, and
- Engage in joint resource mobilization.



The *Regional One Health Framework of Action* will provide the direction and coordination mechanisms for regional cooperation to address three high-level goals shared among Central Asian countries: pandemic prevention and preparedness, the resilience of food systems, and regional trade and competitiveness of agriculture.

This regional and cross-sectoral engagement is very timely for four reasons:

- **First**, the world economy is still recovering from the COVID-19 crisis. Yet, as the pace of emerging infectious disease outbreaks continues to accelerate, the next pandemic may be closer than we think. Researchers estimate we currently face a 2% chance of a COVID-19-like pandemic in any given year. This means that the probability of experiencing a pandemic similar to COVID-19 in one's lifetime is about 38%. Climate change is increasing this risk. Central Asia is particularly vulnerable as it is located at an intersection of global value chains and bird migration routes, and heavily relies on labor migration.
- **Second**, there is a high level of awareness in the region around the risks and opportunities from increased production and trade of animal products. Addressing zoonotic diseases and food safety concerns in Central Asia is required to improve food system resilience boost productivity and ensure the safety and sustainability of the growing production and trade of animals and their products in the region.

- **Third**, the region already has a strong foundation for implementing *One Health*: a collaborative approach that brings animal, environmental, and public health sectors together to prevent, detect, and respond to infectious diseases. The work carried out by national institutions, in collaboration with international organizations such as the Quadripartite alliance for *One Health* has provided the initial scientific evidence and human capacities that can underpin the planning and implementation of *One Health* approaches at scale.
- **Fourth**, there is increased momentum for regional cooperation and recognized value in addressing some of the shared regional challenges such as vulnerability to pandemics, zoonotic diseases, climate change and water stress.

The economic case for investing in *One Health* is also compelling. A World Bank cost-benefit analysis showed that investments by the international community of US\$1.9 to US\$3.4 billion per year (depending on whether disease prevalence is low or high) in *One Health* systems will result in an annual expected rate of return between 44–71% and prevent half or all mild pandemics.

In Central Asia, the diagnostic laboratory sector, which shares similarities across health, agriculture/livestock, and the environment, presents opportunities for joint work and resource savings: approximately half or the investment needs identified for laboratory strengthening could be shared through cross-sectoral collaboration, leading to potential efficiency gains.



The World Bank is ready to continue supporting Kazakhstan to advance this agenda, working collaboratively with government ministries, agencies, and other partners including the *Quadripartite Alliance for One Health*. We can leverage international expertise and support knowledge exchange, or provide tailored support through analytical work, technical assistance, capacity support, and finance.

Kazakhstan is in a unique position to address the various challenges across human health, animal health, and environmental health sectors to effectively prevent future pandemics, improve food system resilience and competitiveness, and ultimately improve quality of life. Kazakhstan is not only in a position to deliver this to its people but lead the way regionally and globally.



KAZAKHSTAN'S HEALTH SECTOR TRANSITION: CHALLENGES AND OPPORTUNITIES

by **Brian Chin**, Senior Health Specialist
Asian Development Bank

Vincent de Wit, Public Health Expert
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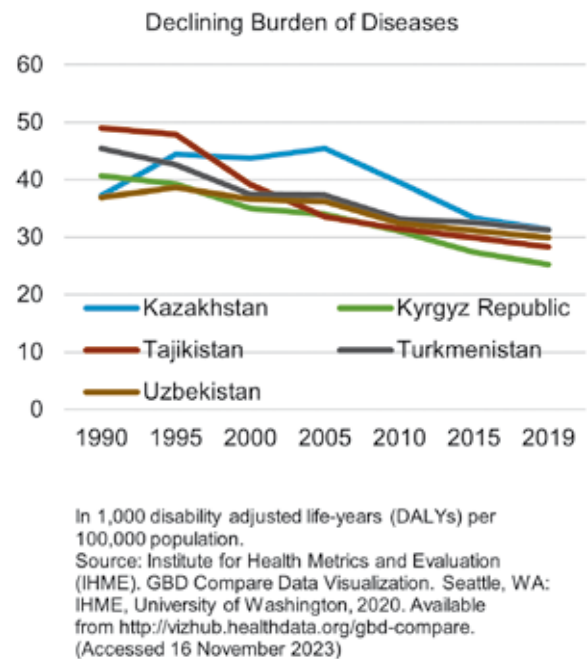
Laura Omarova, Associate Portfolio Management
Officer, Asian Development Bank

Kazakhstan has achieved significant progress with universal *health coverage*. However, *health indicators are not yet at par with the country's economic status* and Kazakhstan is facing several challenges in the health sector. These include:

- **A changing disease burden.** Kazakhstan's population is aging. While the overall burden of diseases is declining, there is a relative increase of noncommunicable diseases and injuries. *Maternal and child health and communicable diseases control have improved dramatically.*
- **Sustaining reforms.** *The health sector remains biased towards specialists and tertiary care.* The sector reforms commenced in 1995, such as for rationalizing hospital services and expanding family medicine, are yet to be completed.
- **Improving access.** The country's population density in rural areas, which is about 3 persons per square kilometer, makes providing health services challenging. *While primary health care was restructured and innovations were introduced, more upgrading of health services is required.*
- **Enhancing prevention.** *Kazakhstan's current health spending of 3.79% of GDP is relatively low but expected to increase faster than economic growth post-COVID-19 pandemic as part of a global trend.* One answer to contain public and private health spending is to enhance preventive healthcare and reduce the population's exposure to health risks such as smoking, alcohol, other unhealthy behaviors, and pollution. Most drivers of medical consumption are related to lifestyle, environment, and preventable injuries.
- **Improving the quality of care.** The country has internationally accredited universities. Medical education is being reformed based on international experiences. However, *universities remain clinically focused and less responsive to primary care priorities*, and require further reorientation towards *continuity* of care based on teamwork in an integrated health system.

- **Upgrading infrastructure.** *A large part of Kazakhstan's rural health infrastructure and equipment is outdated.* The country is highly vulnerable to climate change, with related changes in disease burden.

These are well-known issues to the country's health authorities. Many of them are being addressed, and some still require focus with priority attention.



Building sector resilience. As elsewhere across the globe, the *COVID-19 pandemic demonstrated multiple gaps in the health sector* such as weak community preparedness and surveillance capacity, vulnerability of population to epidemics due to noncommunicable diseases, limited critical care capacity, and underinvestment in the health sector.

The pandemic accelerated a brain drain to more affluent countries that requires response. It also demonstrated opportunities in digital technology and public-private partnership (PPP). The health sector requires more investment than governments can mobilize and draws more attention from governments and partners.

Planning healthcare infrastructure. The *Ministry of Healthcare of Kazakhstan* (MOH) is preparing a long-term infrastructure plan in modernizing health services. It is encouraging that MOH desires to move out from stand-alone standard planning with a focus on primary health care and hospitals, to need-based planning based on continuity of care.

The *Asian Development Bank's (ADB)* report on international experiences on infrastructure planning prepared for MOH in September 2023 highlights the need for master planning of integrated health networks based on this lifecycle approach, with health services to become more patient-centered and efficient. To contain the escalating cost of health services, *primary care will require further strengthening in terms of preventive services*, appropriate referrals to specialist care, and other measures.



Increasing private sector participation. Noting the growing gap in healthcare infrastructure, *the government has proposed to increase private investment in healthcare from about \$260 million in 2020 to about \$1.68 billion in 2025*, along with the creation of 13,000 jobs, and increased domestic pharmaceutical production. PPP projects in healthcare may be contracted through MOH for republican projects, local governments for regional projects, or “*Turar Healthcare*” - the National Healthcare Operator for health sector development. Foreign ownership of equity in PPP projects is allowed up to 100%.

The role of medical university hospitals is changing, as an integral part of a health network, and assuming a broader knowledge management role of improving health services in the catchment population, which will in turn improve medical education. The design of university hospitals has evolved also, including green and environmentally friendly hospital designs, better critical care capacity, and patient-centered hubs. ADB welcomes the government's intention to connect medical education to science and practice, meaning to a model of the trinity of science, education, and clinical activities, to improve the efficiency of clinical trials.

ADB has been providing advisory support for bringing the 300-bed *Karaganda Multidisciplinary University Hospital* project to the market. This is planned to be

a PPP project for tendering in 2023, with a design, build, finance, equip, operate, and maintain contract of 20 years including a 3-year construction period with fixed payments for construction, operation, and facility management. The clinical and education services will be provided by *Karaganda Medical University* – the second largest medical university in the country with 23% of foreign students' enrollment.

In addition to transaction advisory support, ADB will assist MOH and *Turar Healthcare* to standardize the facility management specifications and key performance indicators by incorporating international best practices and project scoping through the healthcare planning. If tendered successfully, the Karaganda university hospital project will be the first internationally tendered hospital PPP in Kazakhstan and the region.

Kazakhstan has made impressive progress towards universal health coverage and shows strong commitment to sustain health sector reforms based on international best practices. This requires modernization of university hospitals, as centers of excellence for health services, medical education, research, and health system development. ADB believes that the development of Karaganda and other university hospitals through PPP can make a major contribution to health sector goals.



ADVANCING HEALTHCARE WORKFORCE MANAGEMENT IN KAZAKHSTAN: DISPARITIES AND GLOBAL TRENDS

by Ksenia Babushkina

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Talgat Zhaminov

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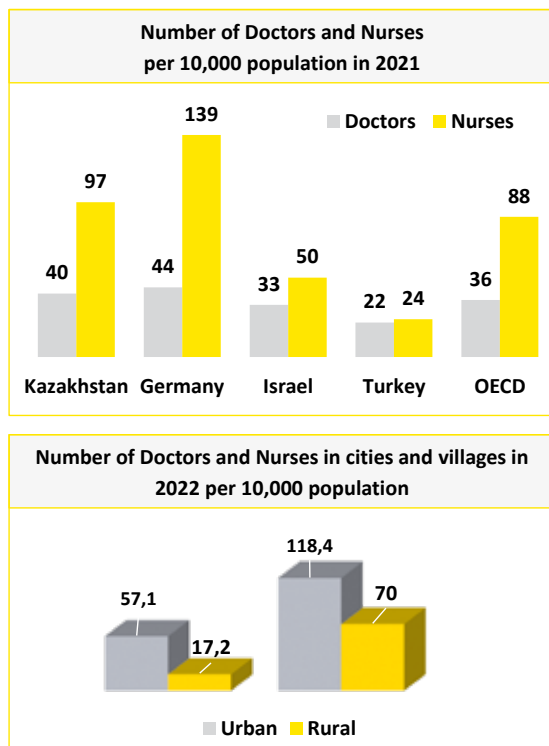
Anel Abdrakhmanova

EY Consultant, Business Consulting, Kazakhstan

In September 2023, the American Chamber of Commerce in Kazakhstan (AmCham) entered into a high-stakes dialogue with the government of Kazakhstan. During the deliberations, the AmCham task force with the guidance of the experts of Ernst & Young (EY) representatives gave a comprehensive presentation. Its objective was to unveil the current tapestry of Kazakhstan's healthcare workforce.

As the findings were laid bare, it became evident that Kazakhstan's healthcare landscape is marked by both promising trends and noteworthy challenges. EY highlighted the need for strategic enhancements to bolster the quality of healthcare, rectify demographic imbalances, and align the nation with the prevailing global health trajectories. The discussion marked a crucial juncture in charting the course for the future of healthcare in Kazakhstan, focusing on the urgency of taking proactive steps to manage the dynamically evolving healthcare system.

Healthcare Workforce in Kazakhstan at a Glance



Sources:

Health at a Glance 2023: OECD Indicators, OECD Publishing, Paris, 2023

Population Health Status of the Republic of Kazakhstan and Activity of Healthcare Organizations in 2022, Ministry of Health of the Republic of Kazakhstan, 2023

Kazakhstan has made strides in ensuring healthcare accessibility, with the provision of medical personnel per 10,000 population aligning closely with the OECD average.

However, a notable urban-rural disparity exists in the distribution of doctors and nurses, highlighting the imperative for targeted initiatives to bridge this gap. Delving into the demographic profile of the medical workforce unveils both youth and age imbalances, which emphasizes the critical importance of effective workforce planning and development. Evidently, 37.5% of doctors fall within the youthful age bracket of up to 35 years, while almost a quarter (23%) of medical workers are aged 55 years or more.

Medical Education and Professional Development

In the realm of medical education and professional advancement, there is a promising surge in enrollment within medical universities and colleges, although the number of graduates remains rather steady. The Ministry of Health's initiative to grant scholarships and enforce a three-year service in public medical institutions, particularly in rural areas, stands out as a commendable endeavor.

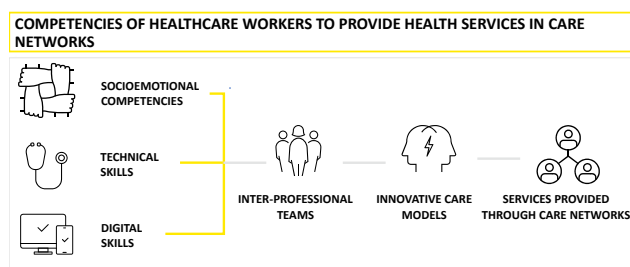
Kazakhstan has made substantial investments in constructing an educational framework within the health sector. This includes the establishment of 27 additional informal education institutions and independent examination bodies (certification centers). This infrastructure aims to confirm the qualifications of medical and pharmaceutical personnel, providing a foundation for ongoing professional growth. Another crucial development involves the determination of qualification characteristics for 86 healthcare positions, outlining the necessary skills and attributes.

Despite these positive strides, some challenges, particularly the lack of a unified human resources platform, impede the timely monitoring of personnel movements and predicting future needs. There is also a pressing need to articulate professional standards that encompass critical professional and soft skills for emerging diagnostic and treatment methods. Currently, 57 professional standards are being developed, which signifies a concerted effort made to keep pace with the new and innovative advancements in the area.

Global Trends in Healthcare Workforce Improvement

In line with the global *World Health Organization*¹ (WHO) trends emphasizing five fundamental competencies, it is crucial for Kazakhstan's healthcare system to acknowledge the significance of:

1. *Patient-centered care*—prioritizing responsiveness and respect for the patient's needs, values, differences, and preferences;
2. *Partnering* – fostering collaboration with patients, other providers, and communities for effective care through strong communications and referral pathways between healthcare settings and external organizations;
3. *Quality improvement* – demanding clarity from the healthcare workforce regarding the desired outcomes, the ability to identify areas for improvement, and proficiency in evaluating their efforts;
4. *Information and communication technology* – harnessing available technologies to support patient care, which is essential for organizing and monitoring responses to treatments and outcomes, as well as facilitating communication among providers;
5. *Public health perspective* – recognizing the healthcare organizations' influence, which is shaped by broader national healthcare policies, on patient care throughout the disease continuum, from clinical prevention to palliative care.



Source: *Toward the Future of Healthcare Workers: upcoming trends and challenges*, IDB, 2023

Recognizing the dynamic nature of their roles, the healthcare sector's professionals are urged to cultivate a multifaceted skill set to navigate the complexities of modern healthcare delivery.

At the forefront of these competencies are the social and emotional skills, emphasizing the crucial role of effective communication, adept problem solving, critical and creative thinking, lifelong learning, empathy, agility, and emotional resilience.

Equally significant are *the technical and professional competencies*, encompassing a robust foundation of knowledge, training in the application of scientific evidence and experience. In a field where precision

and expertise are paramount, healthcare workers are encouraged to continually hone and expand their technical prowess.

In the digital age, healthcare professionals are called upon to embrace *digital competencies*, which involve the collection, analysis, utilization, and dissemination of information. This includes a nuanced understanding of ethical considerations and security aspects, ensuring the responsible and secure handling of sensitive healthcare data.

EDUCATIONAL FRAMEWORK FOR DIGITALLY COMPETENT HEALTHCARE WORKERS

Administration and management of services	Information analysis	Attitudes towards information technology	Clinical care	Communication to increase interpersonal skills
Clinical decision support	Documentation of care	Education and Training	Ethical, legal and regulatory aspects	Financial management
Health information management	Information quality and security	Imaging	Informatic concepts and processes	Integration and interoperability
Information technology promotion	Leadership and management	Medication management and administration	Patient access to and involvement in self-care	Privacy and security
Project management	Public Health	Remote service	Research	Risk management
Implementation of systems	Technical support knowledge			

Source: *Toward the Future of Healthcare Workers: upcoming trends and challenges*, IDB, 2023

The key recommendations from overseas experts also include implementing curricular reforms aimed at the creation of educational spaces tailored for emerging professions, aiming to foster innovation in technological solutions for enhanced care and productivity, all while upholding ethical standards and patient safety.

A systematic review identifies the main domains of digital competencies derived from different frameworks applied in the health workforce, emphasizing the comprehensive approach required to equip healthcare professionals for the evolving landscape of healthcare technology.

Hence, Kazakhstan's healthcare landscape must transition from a reactive care to a proactive one. This involves adept negotiation of individualized care plans, considering patients' needs, values, and preferences. Healthcare professionals are encouraged to champion patients' self-management endeavors, operate effectively in community-based settings, and leverage technology and communication systems to exchange crucial patient information. In navigating this multifaceted landscape, healthcare professionals of Kazakhstan should be more than medical practitioners: they should be agile, empathetic, technologically savvy, and forward-thinking, poised to meet the challenges of the ever-changing healthcare landscape.

Charting the Course for Healthcare Advancement

As Kazakhstan continues its journey towards a robust healthcare system, strategic investments in workforce management, education, and alignment with global trends will be pivotal. Within this narrative, several key strategic points emerge, shaping the future of healthcare management in the national qualification system.

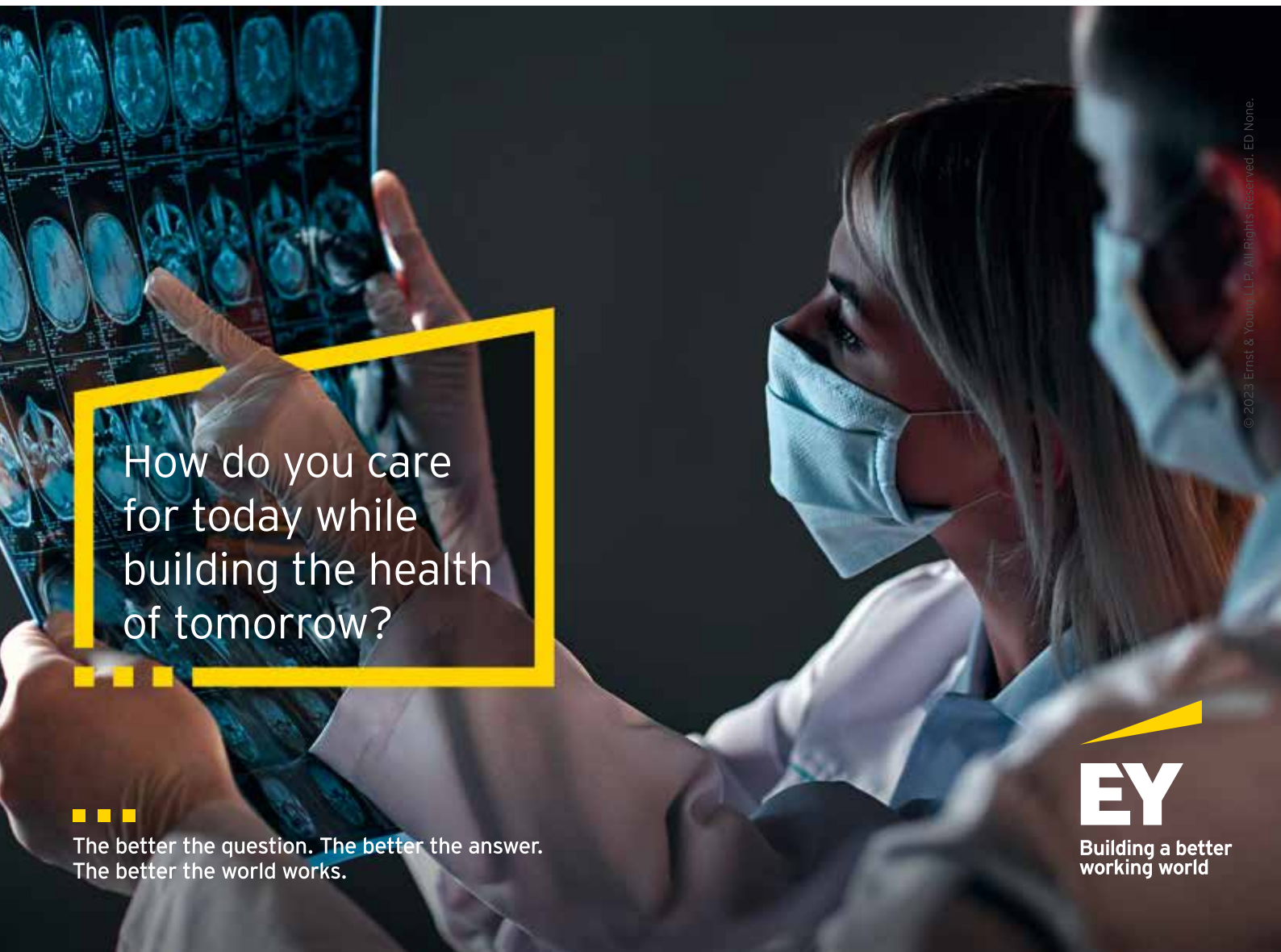
Strengthening the forecasting system involves integrating both qualitative and quantitative methods to anticipate future skills needs in the healthcare workforce. As life expectancy and quality in Kazakhstan is increasing, a more contemporary approach to forecasting, training, and qualification of health care workforce becomes imperative.

There is also a need to enhance the **development of professional standards based on forecasts of future needs** in healthcare, focusing on the skills required for new technologies and sectoral drivers of change.

Putting a spotlight on the innovative training models, teaching methods, and curriculum development aligned with professional standards is key to preparing qualified healthcare workers. It is recommended to consider preliminary assessment of skill levels within the professional standards and development of the educational program (curriculum, training materials, etc.). Learning outcomes of curriculums must correspond to the qualification level and labor activities.

It is necessary to emphasize the importance of **social partners' involvement in educational activities** for the training programs to be aligned with in-demand sectoral skills and knowledge, and for driving the development of the healthcare qualification system.

Finally, to streamline the efforts, establishing a **Project Office (PO)** is recommended. The PO would play a crucial role in supporting the implementation and monitoring of the full cycle of the qualification system development – from forecasting and occupational standards to training and certification, fostering a dynamic and responsive healthcare sector.



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REFORMS IN THE HEALTHCARE SECTOR AND PHARMACEUTICAL INDUSTRY

by Adilet Nazarbayev
CIS Cluster Lead
Johnson & Johnson/ Janssen Central Asia

The Government of Kazakhstan has set the task to increase localization of manufacture of medicinal products to 50% by 2029, including through the involvement of foreign pharmaceutical companies. To date, we see the following areas requiring improvement in order to achieve the strategic goals of localization: *increased funding, reduction of time to access the market, and compliance with patent protection legislation*. Each of these three key areas is discussed below.



Insufficient Healthcare Funding

The *World Health Organization (WHO)* recommends increasing the level of funding to 5% of Kazakhstan's GDP, 4% of which should come from the Government.

However, the total funding of healthcare in Kazakhstan currently amounts to about 3.8% of GDP with Government expenditures accounting for only 2.6% of GDP. On average, funding support is 2-3 times lower than in countries comparable to Kazakhstan in terms of macroeconomics.

The level of per capita expenditures for provision of medicines is 3-4 times lower than in developed countries. This requires a government-level political decision to increase healthcare funding and to improve investment attractiveness.

An Example of Insufficient Funding

The most recent revision and draft list of outpatient provision of medicines is an example of inadequate



healthcare funding. Only 36 out of 73 products in the preferential lists received positive decisions from the Ministry of Health's *Formulary Commission* and were included in the draft list of outpatient pharmaceutical assistance (*OPA* list). Thirty-seven products were not included in the draft list due to inadequate budgetary resources.

This is not a systematic approach when some drugs are included and others are excluded although they have all passed the stages of market access and are recommended for inclusion in the list of outpatient medicines.

Among the drugs not included are those that do not require allocation of additional budgetary funding and in some cases will even save funding. These include drugs that have already been purchased at the hospital level for several years. Their inclusion only requires the flow of current funding from the hospital to the outpatient level, thus reducing the burden on the hospital. This will ultimately lead to optimization of budgetary funding and will decrease hospitalization, thus also economizing on budgetary expenditures.

The absence of a unified approach to inclusion of drugs in the list of outpatient medicines to reduce budgetary expenditures is also a negative signal for investors, who will lack confidence in the possibility of a return on investment.

Patient Access to Innovative Medicines

The process of patient access to innovative therapy in Kazakhstan takes more than 5 years from the moment of product registration. This process is consistent - without inclusion in one list it is impossible to be included in a subsequent list.

The Ministry of Health and the *Agency for Protection and Development of Competition* are jointly headed in this direction, aiming to establish a roadmap to reduce access time by 2025. Hopefully, this process will be subject to Government control and all measures will be implemented in time so that investors will understand that market access will take 1.5-2 years, as in most European countries.

Investors can then come to the market knowing that their return on investment will begin in 1.5-2 years, not in 4-5 years.

Protection of Patent Rights

A priority for attracting investment to Kazakhstan is effective legislation and compliance with this legislation at all levels. In general, Kazakhstan has good legislation but in practice there are legal gaps in the legislative protection of patent rights that are still imperfect. This leads to lawsuits in the field of patent rights protection.

These lawsuits are delayed for a year or more, which eventually leads to disruption of the provision of medicines to patients and a decrease in Kazakhstan's investment attractiveness.

The *AmCham Healthcare Working Group* provides international experience and specific proposals for legislation to strengthen protection of patent rights. It is crucially important to further develop this legislative mechanism to protect investor rights and to comply with international obligations.

To Summarize:

1. **Increasing healthcare funding requires strong political will to prioritize this increase.**
2. **Fairness in the inclusion of products in preferential lists is essential, including all products that have achieved access.**
3. **A regulatory framework that will be adhered to by all market participants must be established.**



ADVANCING ACCESS TO INNOVATIVE THERAPY FOR KAZAKHSTAN PATIENTS

by **Dmitry Kozenkov**
Country Manager
Pfizer in Central Asia, Caucasus and Mongolia

In the dynamic landscape of global biopharmaceutical endeavors, Pfizer stands committed to its patients across the world. Operating in over 150 countries, our steadfast dedication extends to the patients of Kazakhstan, where we have actively championed innovative therapies for almost three decades.

Focusing on diverse therapeutic areas such as oncology, inflammation and immunology, neurology, urology, cardio-vascular diseases, hospital infections, and vaccine prophylaxis, Pfizer collaborates relentlessly with the Ministry of Healthcare of Kazakhstan. Together, we strive to fortify the nation's healthcare system and usher in a new era of medical advancements.

Challenges exist in any industry and overcoming them means joining forces across sectors, industries and institutions. Here is what we hope will be resolved in the nearest future so that patients of Kazakhstan have access to the best available innovative therapy that may change their lives.

EAEU Registration Challenges

Navigating the intricacies of harmonization with the *Eurasian Economic Union (EAEU)* regulatory requirements poses challenges to therapy access. Recognizing the evolving landscape, Pfizer advocates for an extended grace period to ease the transition and ensure uninterrupted patient care.

Time is Life

Lengthy timeline of market access of medicines – up to six years for an innovative product to reach patients in Kazakhstan – demands strategic interventions. Pfizer applauds the Ministry of Healthcare's efforts in redefining approaches for medicine listing and reimbursement, emphasizing the crucial role the digital transformations plays in expediting patient access.

Open Dialogue for Progress

In an era marked by volatility, transparency and constructive dialogue become pivotal. Pfizer encourages open discussions. Successful past practices such as live broadcasts of the *Formulary Committee* deliberations would be useful to turn back to today, to navigate the evolving landscape and ensure patients receive optimal therapy.



Guarding Intellectual Property Rights

Recognizing the critical role of intellectual property protection for an investment-attractive environment, we advocate for strong preferences for Local manufacturers of generic drugs to be limited when *Patent Protection* for the original medicines is still in place. This is an opportunity to introduce *Patent Linkage*, as one of the best practices.

Co-Developing Clinical Guidelines

Budget constraints often impede the development and updates of clinical protocols, hindering the progress of innovative therapies. Given the capabilities of the *National Center for Health* development, Clinical Guidelines could be co-developed, adapted and/or localized from international counterparts

Rationalizing State Budget Allocation

Given the scarcity of financial resources ensuring rational Budget spending, while putting the patient in the center is critical. Reaching the World Health Organization's recommended 5% of GDP spending on healthcare would be beneficial while implementing an overarching approach to rationality of budget spending (i.e. max price requirements on trade name, requiring generics to register lower prices and maintaining IP rights)

In navigating these multifaceted challenges, Pfizer remains unwavering in its commitment to advancing patient access to innovative therapies in Kazakhstan. Together with our partners, we look toward a future where healthcare knows no bounds.

GENDER EQUALITY MEANS BETTER BUSINESS

The current agenda for *UN Women 2015-2030* as established by the United Nations under the *2030 Agenda for Sustainable Development*. Goal 5 of the *17 Sustainable Development Goals* refers to gender equality. Since this resolution there has been unprecedented consensus on the recognition of gender equality as a human rights imperative in the international community. The six targets of *Sustainable Development Goal 5* are:



- ending all forms of discrimination against all women and girls everywhere;
- eliminating all forms of violence against all women and girls in the public and private spheres, including trafficking;
- ending all harmful practices such as child, early and forced marriage;
- recognition of the value of unpaid care and domestic work;
- ensuring women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic, and public life;
- ensuring universal access to sexual and reproductive health and reproductive rights;

This recognition places gender equality at the heart of *Agenda 2030*. While this historic consensus is extremely encouraging and uplifting, there remains much to achieve by 2030 to address the challenge of pervasive gender inequalities in all countries of the world.

Global Challenges to Gender Equality

Although there has been much progress in recent times towards gender equality, there is no country that has achieved or has come close to achieving gender equality in economic life. In the global economy, only half of working age women are in the labor force, compared to three quarters of men, and those women in the labor force are not on equal footing with men. In Kazakhstan, for instance, 70% of employees in the field of healthcare, social services, and education

are women. These fields are often less paid than traditionally "male fields", such as construction, the oil and gas industry, and other traditional male domains. Globally, women earn 24 percent less than men. In Kazakhstan, the gender wage gap is 33%. Even though the wage gaps are closing in many countries, one study conducted in the U.S. estimates that it will take another 118 years to reach gender wage parity at current rates.

Although both men and women engage in paid and unpaid work everywhere, women perform a much higher percentage of unpaid care work when compared with men. Women perform 52 percent of all work (paid and unpaid) globally, and in many countries, unpaid care work within families is considered primarily women's responsibility, even when they also have a paid job. Additionally, mothers with dependent children earn less on average than women without dependent children and less than fathers with similar household and employment characteristics. This gender wage gap tends to grow during child-bearing and child-rearing years. In OECD countries, the average wage penalty for having children was estimated at 14 percent in 2013.



Furthermore, we live in a world of glass ceilings and sticky floors. Women are under-represented on corporate boards and in higher levels of management. The share of women in management occupations is about 31 percent today; however, their share in top leadership positions is small. According to a *Credit Suisse* study based on 3,000 companies across 40 countries, women comprise only 4% of chief executive officers in 2013. According to the *Association of Women Entrepreneurs* in Kazakhstan, 46% of women are self-employed and 45% of small and medium businesses are led by women. The potential for female entrepreneurship remains untapped.

Benefits of Workforce Equality

These facts demonstrate that eliminating these inequalities is a human rights imperative. However, eliminating them is also good for families, children, businesses, and for the economy as a whole. Thus - equality means business. Globally, gender inequality costs trillions of dollars. At the macroeconomic level, research has shown that growth rates are higher in countries with less gender inequality in economic life. The *McKinsey Institute* had estimated that women's economic empowerment would boost annual global GDP by 26 percent.

Reducing gender gaps in the labor market will become increasingly important for economic growth and national competitiveness in the coming decades, something which is very important to nations like Kazakhstan that are seeking to diversify their economies. Furthermore, research has shown that companies with more women in senior management or corporate boards have better performance; an increase of one woman on a corporate board or senior management is associated with an increase of 8 to 13 basis points in return to assets. Finally, increasing women's presence in politics is associated with lower levels of corruption.

Role of the Private Sector

The private sector can play a very important role in closing the gaps by monitoring and incorporating equal pay for equal work, eliminating discriminatory practices, and instituting family-friendly work places, including: flexible work arrangements, the provision of on-site child care, and parental leave for both mothers and fathers (beyond what may be legally required).



In order to help achieve these goals, *UN Women* and the *UN Global Compact* launched the *Women's Empowerment Principles (WEP)*, a set of principles that can help guide businesses on how to promote gender equality. The seven principles are as follows:

By committing to these principles, businesses can help eliminate gender barriers in the workforce. Since 2010, more than 1300 companies have signed up for the *WEPs* and have made a commitment to implement them. Very recently, the first few Kazakh companies also agreed to sign the *WEP*.

It is imperative to understand that the abolition of gender inequalities in economic and social life is not a zero-sum-game. It is beneficial, that is to say lucrative, for businesses. Supporting and advocating for gender equality in business is profitable. Therefore, it is the responsibility of business leaders, both in Kazakhstan and abroad, to make gender equality a reality because - equality means business.



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MEMBER NEWS

PHILIPS



**Olga Volkova, CEO Philips Kazakhstan,
Regional Director for the Caucasus,
Central Asia, and Mongolia**

Olga Volkova started her career in Philips in 2005. Over the last 18 years, she has held various sales, marketing, and management positions. Beginning in 2011, she led the Consumer Lifestyle business in Belarus. In 2019 she was appointed General Manager of Philips Belarus responsible for the overall HealthTech business in Belarus. In both positions, she showed strong, successful leadership, which led to her appointment as Regional Director of Philips HealthCare business in Caucasus, Central Asia and Mongolia.

With her support and direct involvement, Philips realized several significant projects with leading Transplantology and Cardiology Institutions that strengthened their market share in the IGT & HMP public domains. Strong partnership with LODE, a leading private clinic chain, ensured access to high quality diagnostic care for the local population. Philips also made significant progress in the promotion and sales of consumer devices. Olga Volkova was engaged in introducing Saeco to the Belarusian market and was involved in launching the Philips official online store, enabling Philips to expand its distribution system in Belarus.

Olga Volkova graduated from Belarussian Economic University with a degree in International Economic Affairs in 1997. She later received a Professional Marketing Diploma at the Charter Marketing Institute in the U.K. She is a member of the European Business Association in Belarus.



**Batyr Batjargal – Regional Director
of RE/MAX Kazakhstan**

Batyr Batjargal, the Regional Director of RE/MAX Kazakhstan, plays a pivotal role both as a member of the Board of Directors and as the CEO of the regional office. Under his leadership, the Kazakhstan branch of RE/MAX, a global giant in real estate franchising, is actively engaged in innovative and transformative strategies within the local real estate market. This effort is in collaboration with RE/MAX's extensive global network, encompassing over 140,000 agents and 9,000 offices worldwide.

Prior to his current role, Mr. Batjargal made significant contributions as a Mining Executive at the Rio Tinto Group, the world's second-largest metals and mining corporation. In this capacity, he was instrumental in strategizing the financial modeling and analysis for the investment structures and cash flows of the Oyu Tolgoi Project, demonstrating his adeptness in complex financial undertakings.

As a strong advocate for professionalism and innovation, Mr. Batjargal is leading RE/MAX Kazakhstan on a transformative journey. His focus on harnessing data science and intelligent automation aims to revolutionize the real estate market in Kazakhstan.

Batyr Batjargal holds a Bachelor's degree in Economics and an MBA in Finance. He speaks English, Russian, and Chinese.

MEMBER NEWS



Anton Polyakov is Appointed General Director Medtronic Kazakhstan

Appointed as A/I General Director in January 2023, Anton Polyakov brings over seventeen years of seasoned expertise in commercial and financial management to Medtronic Kazakhstan. With a background in leadership roles within the pharmaceutical and medical technology sectors, he has effectively navigated "Go-Direct" initiatives and led successful market expansion projects.

Anton Polyakov is dedicated to executing significant projects and fostering the development of high-performance teams. He is recognized for his strategic mindset and dynamic leadership style, consistently contributing to the success of organizations within the pharmaceutical and medical technology fields. A results-driven professional, he remains committed to achieving excellence in all aspects of commercial and financial management.

His educational foundation includes an Executive MBA from Quantic School of Business & Technology, coupled with a Master's degree in Engineer-Economics from the Kazakh Academy of Transport and Communications.



Arman Sutbayev is Appointed General Manager of Mars Central Eurasia, Belarus, and Turkey

Arman Sutbayev was appointed General Manager of Mars Central Eurasia, Belarus and Turkey in August 2023. He is responsible for leading overall business strategy, operational planning, performance excellence, engagement and development of Mars Associates in the region covering Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Mongolia, Tajikistan, Turkey, Turkmenistan and Uzbekistan.

Originally from Kazakhstan, Arman Sutbayev has over twenty years of experience in general management, sales and marketing. From 2020-2023 he served as General Manager of Mars in Romania. Previously he was Business Development Director overseeing operations in Belarus, Moldova, the Caucasus, Central Asia and Mongolia. He began his career at Mars in 2014 as Sales Director for the Wrigley segment in Kazakhstan after a decade of successful experience in the FMCG sector.

Arman Sutbayev is based in Almaty with responsibility for guiding and regularly visiting Mars in the Central Eurasia, Belarus and Turkey regions.





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ADVOCACY UPDATE: OCTOBER – DECEMBER 2023

HEALTHCARE AND REVISITING TAX REFORM

To bring 2023 to its conclusion, AmCham chose to revisit two important topics as priorities for the *AmCham-Prime Minister's Council to Improve the Investment Environment* at the end of September and early December. Between Council sessions there were individual meetings with Ministers to continue the enquiries and discussions launched at the Council. It is a characteristic and benefit of the Council that the platform for dialogue that constitutes the Council sessions opens the doors to further meetings and exchanges between AmCham members and the government.



The first topic in September was *Healthcare Reform: Protecting the Nation's Health*, a topic that AmCham has revisited repeatedly in many venues – working groups, conferences, webinars, publications, Council sessions, and private meetings in ministerial offices over the last two decades. Healthcare is in constant flux, examination, and reform the world over. Whether a country's healthcare system is considered exemplary or deficient, every country strives to improve the current system as a basic requirement for protecting its population. Apart from daily healthcare, the Covid-19 pandemic demonstrated that global healthcare crises can never be foreseen, thus requiring the best possible foresight and preparation.

The Council Healthcare session began with two Ambassadors whose Canadian and U.K. healthcare systems have much in common with each other and with Kazakhstan. They examined the challenges in their own countries that are shared with Kazakhstan – medical training, diagnostic methods, affordability, infrastructure, serving remote areas, constant striving for better medical practices and treatment, and intensive research to produce new pharmaceuticals.

The medical doctors who head many of the pharmaceutical companies in Kazakhstan are particularly concerned by the need to improve access

to innovative medicines for patients who require rapid and critical treatment. Bureaucratic delays in releasing new medicines for clinics and hospitals can cost patients their lives if not made available quickly once the medical treatments' benefits are established. Innovative therapy in Kazakhstan takes more than 5 years from the moment of product registration, while most European countries take only 1.5-2 years for market access.

Government funding is also a critical question. The *World Health Organization* recommends that 5% of GDP be spent on healthcare funding with 4% provided by the government, however the current total healthcare funding in Kazakhstan is only 3.8%, with only 2.6 of GDP provided by the state.

The overall picture is that Kazakhstan, including its government, does not prioritize funding, medical training, accessibility, or affordability for first-class healthcare for its population.

The *December Council* topic was *Revisiting Tax Reform Priorities*, looking ahead to the anticipated new Tax Code that the government has spent 2023 developing and will announce publicly in early 2024. Before the new Code becomes public and subject to scrutiny, AmCham hopes to clear away unresolved tax issues in many different industries over many years: *double taxation, royalties, subsidies, and intellectual property rights*. All have led to lengthy tax disputes, some of which have been resolved individually following the Council, but systemic change has not been forthcoming.

In order to tackle these problematic disputes, AmCham turned to the *World Trade Organization (WTO)* where these issues have been studied in depth and coherent policy positions established. Two WTO Directors, experts in their fields, agreed to deliver presentations for the Council to clarify the WTO positions: the *Rule and Regulations Division* clarified double taxation and subsidies, and the *Intellectual Property and TRIPS Division (TRIPS -Trade-Related Intellectual Property)*. Unable to attend in person, both sent virtual presentations that occupied the center of the December Council meeting.

WTO is subject to some global variability in its policies, which function as weathervanes to point countries in the right direction yet allow each country its own sovereignty in determining the structure and rates of their domestic tax regimes. However, *WTO Rules and Regulations* offer less flexibility for both subsidies and double taxation.

The *WTO TRIPS Agreement* is the most comprehensive multilateral agreement covering a wide range of intellectual property rights and their effective enforcement, including the core areas of intellectual property – *patents, copyright, trademarks, designs, and geographical indications* identifying the origin of a good or service. This is built mainly on the knowledge economy and creative industries. TRIPS offers more flexibility for governments to adjust and update their domestic laws and legal systems.

In short, the four tax issues that have long been interpreted by the *Kazakhstan State Revenue Committee (SRC)* as variable are indeed flexible and open to interpretation but this may be seen as allowing for imposition of generous tax revenue. Intellectual property is no longer limited to creative or technological industries, but in recent years has spread across virtually every industry.

The companies that have brought their royalties disputes to the Council over many years include *pharmaceuticals, agriculture, telecoms, food and beverages, retail clothing*, and many other areas. Not only does the SRC rely on generous interpretations but the courts – including the Supreme Court – have a weak grasp on application of intellectual property to a broad range of goods and services. This is a



source of frustration to the companies, leading first to disputes, then to lengthy litigation.

Following the December Council and its WTO presentations, meetings directly with the relevant Ministers were requested and held by AmCham with the *National Economy and Finance Ministers*. Before the Council, meetings were held with the *Agriculture and Trade Ministers*. Follow up meetings at senior Government levels will follow.



WORKING GROUPS UPDATE SEPTEMBER – DECEMBER 2023

Healthcare Reform Working Group September 22, 2023

The Almaty Healthcare Reform Working Group met on September 22 chaired by Ksenia Babushkina, EY Partner and Head of Advisory Practice.

The latest news in Kazakhstan's healthcare system was reviewed. The Group then proceeded to discuss the problem of access to medicines for a wide range of patients and the drug price deregulation process in Kazakhstan. If certain drugs are not profitable to sell on the Kazakhstan market, a revision of their prices or their withdrawal from the market will be inevitable.

The Prime Minister's Council to Improve the Investment Climate included a presentation on Advancing Healthcare Workforce Management in Kazakhstan by Ksenia Babushkina.

Corporate Social Responsibility Working Group September 26, 2023

On September 26, a joint meeting of the Almaty/ Atyrau CSR Working Group was chaired by Thomas Jose, Eurasia General Director at Beiersdorf. The Agenda was «CCI Kazakhstan 2030 Sustainability Commitments» and the speaker was Balzhan Baizakova, Coca-Cola CCI Public Affairs, Communication, CSR & Sustainability.

According to the Coca-Cola CCI Sustainability 2030 Roadmap, "Taking Responsibility," the company continues to make 100% of its packaging recyclable and to use at least 50% recycled materials in their plastic packaging by 2030. The CCI plan is also to increase water efficiency by 20% by 2030. Regarding climate issues, Coca-Cola is going to run its manufacturing sites on 100% renewable electricity and make them carbon-neutral. In addition, they plan to reduce their total absolute GHG emissions by 13% by 2030 and emissions per litre of the product by 50% by 2030 while growing the business.

CCI has established mechanisms to ensure that CCI's distributors and priority suppliers are 100% compliant with the CCI Human Rights policy. The company ensures that 35% of new hires, 40% of managerial positions, and 50% of Executive Committee members will be women by 2030.

People are the most important factor for sustainability in CCI operations. Its policies and practices are designed to provide a safe and equal working environment for everyone. Coca-Cola CCI is committed to creating a diverse and inclusive work environment by focusing on 3 priority areas:



- Gender equality
- Intergenerational Diversity
- Cultural Diversity

Technology and Innovation Working Group October 31, 2023

On October 31, the AmCham Technology and Innovation Working Group members met online. Sergey Leschenko, Microsoft Country Manager, chaired the meeting. The Guest speaker was Elena Medina, Division Manager | Digital & Integration | Caspian – KZU & AZT Schlumberger, whose topic was "SLB's Vision for Digital Impact on the oil industry".

The oil and gas industry has been at the forefront of technology since the first modern oil wells were constructed in the industrial era. More than 150 years later, innovation is transforming the sector for the digital age, as energy embraces a cleaner, greener future.

The SLB objective is to create technology that unlocks access to energy for the benefit of all. Our collective future depends on decarbonizing the fossil fuel industry while innovating across the entire energy landscape. Oil and gas companies are increasingly facing up to the demands of "the dual challenge"- the need to meet the world's growing energy demand while simultaneously acting on climate concerns. At the same time, the industry is combatting the reality of a skills shortage and an impending wave of retirements.

Schlumberger has applied transformative digital solutions with partners across the globe, realizing stunning advances in exploration and production for customers, with a raft of accompanying benefits. SLB has continuously set the benchmark for innovation, proven by a long-held and continuing track record of solutions, industry firsts, and new industry standards.

Corporate Social Responsibility Working Group November 2, 2023

On November 2, a joint meeting of the Almaty/Atyrau CSR Working Group was held online, chaired by Thomas Jose, Eurasia General Director at Beiersdorf. The speaker was Procter & Gamble Eastern Europe staff member Svetlana Chekalina whose agenda was "P&G's Global Sustainability and Community Strategy"

The session started with a short introduction to the activities of P&G in the CSR field. P&G began operating in Kazakhstan in 1996. And is the largest non-food FMCG company. The company's staff consists of over 40 employees and more than 2500 indirect jobs. P&G works closely with NGOs like Kazakhstan's Red Crescent and SOS Children's Villages.

P&G priorities include gender equality, people with disabilities, and racial equality.

Foreign Investment Working Group November 14, 2023

On November 14, a joint meeting of the AmCham Foreign Investment Working Group was held in the AmCham Office Boardroom, Rixos Hotel Business Center. The meeting was chaired by Enrique Jimenez, Managing Director for Kazakhstan & Central Asia, Philip Morris International. The Speaker was Esteban Giudici, Senior Policy Analyst at Transnational Alliance to Combat Illicit Trade (TRACIT), who presented a report on illicit trade in Kazakhstan and Central Asia, covering data for various sectors of the economy.

Illicit trade has grown well beyond the capabilities of individual governments and individual companies, and now demands a sustained, coordinated response. The Transnational Alliance to Combat Illicit Trade (TRACIT) is a private sector initiative to mitigate the economic and social damages of illicit trade by strengthening government enforcement mechanisms and integrating supply chain controls across industry sectors most impacted by illicit trade.

Business has an important role to help shape the regulatory response to illicit trade, and to share intelligence, data, resources and measures demonstrated to effectively control illicit trade and associated supply chain abuses.



Technology & Innovation Working Group November 21, 2023

On November 21, the AmCham Technology and Innovation Working Group members met online, chaired by Sergey Leschenko, Microsoft Country Manager. The Guest speaker was Simion-Dorin Rusu, Microsoft Government Affairs Manager Romania & Baltics & CIS, whose agenda was "Cloud 1st Policy in Romania - Principles and Learnings for Kazakhstan".

The Speaker spoke about different countries' Cloud policies. The US Federal "Cloud Smart" strategy fosters adoption and implementation. The UK Cloud policy reduced costs up to 40 %. Chile, Brazil, Argentina and Columbia prioritize cloud services through legislation and government support.

Canada implemented a Cloud Adoption Strategy mandating the public cloud as the preferred option for IT services. Singapore connects separate government agencies with a readymade platform. Australia introduced a principles-based Secure Cloud strategy enabling consistency with flexibility.

Romania adopted a cloud-first policy in 2022. The Cloud GEO creates the legal framework enabling the setting up, management and development of a national hybrid-cloud infrastructure (the Platform). The Romanian public entities responsible for the implementation, management, security, and development of the Platform are the Ministry of Research, Innovation and Digitalization (MCID), the Romanian Digitalization Authority (ADR), the Special Telecommunication Services (STS), the Romanian Intelligence Service (SRI) and the National Cybersecurity Authority (DNSC).

The purpose of the Cloud GEO is to continue the digitalization of the public administration. One of the key instruments to achieve this purpose is allowing private software developers to enter the Platform's marketplace where the public entities can choose from a wide variety of digital services provided by private companies.



Technology & Innovation Working Group December 11, 2023

On December 11, the AmCham Technology and Innovation Working Group members met online chaired by Sergey Leschenko, Microsoft Country Manager. The agenda was "Recommendations to Government the Draft Digital Code and Cloud Regulation".

Kazakhstan's Ministry of Digital Development and Innovation has developed a Regulatory Policy Advisory Document for the Draft Digital Code. At the moment, there are several problems in digitalization:

- Cumbersome, contradictory, and unstable legislation.
- Excessive regulation of the functions of state bodies and administrative procedures at the legislative level, which deprives authorized bodies of independence, as well as the ability to make operational decisions to optimize external and internal business processes and implement best practices and digital solutions.
- Legislative gaps in the regulation of digital human and civil rights.
- The uncontrolled use of big data, data processing algorithms using AI, and the Internet of Things to conduct "digital surveillance", covert collection of personal or sensitive data, manipulation of citizens, and providing them with "selective" or unreliable information.
- The lack of a unified legislative framework regulating the activities of digital service providers, etc.

The document also indicates:

- insufficient financing of the IT industry and information and communication infrastructure;
- shortage of qualified IT specialists who meet the practical needs of the market;
- strict legal restrictions on testing advanced digital products;
- disunity of government support;
- gaps in the legislative regulation of legal data turnover in the economy;
- insufficient use of data potential for the digital transformation of economic activity;
- low level of data culture in the public and private sectors.

It is necessary to create favorable conditions for a mature digital economy and accelerate digital transformation of government agencies, as well as the transition from an "electronic" to a "digital" state.

Working Group members plan to take an active part in the process of creating the Digital Code. It was decided to write a letter to the Minister of Digitalization Mussin Bagdat and devote an upcoming Prime Minister's Council session to Digitalization.

Healthcare Reform Working Group December 11, 2023

The Almaty Healthcare Reform Working Group met online on a Microsoft Teams virtual platform on December 11 chaired by Ksenia Babushkina, EY Partner and Head of Advisory Practice. The Speaker was Aleksei Zaitsev, Senior Legal Adviser, Tax and Legal Services Department, EY Kazakhstan, whose agenda was: «Protection of Intellectual Property for Medicines in Kazakhstan».

The EU Kazakhstan presented its research, a comprehensive analysis of legislation and judicial practice in IP protection, as well as EAEU legislation.

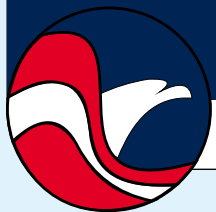
Research objectives:

- to analyze the major problems affecting IP rights in Kazakhstan
- To analyze international experience in IP rights protection in the pharmaceutical industry, in particular in China, Singapore, India, and Russia.

The results of the pandemic in Kazakhstan have disclosed the urgent need for pharmaceutical innovation at various stages. The lack of incentive slows down breakthrough technologies to overcome epidemiological challenges.

The Speaker highlighted the following key issues to provide IP protection:

- when registering a drug, there are no mechanisms to delay the sale of drugs until the expiration of the patent valid for the original drug
- there are no grounds and procedures for canceling the registration certificate for a drug
- insufficient regulation of data exclusivity issues
- at the level of EAEU legislation, it is not envisaged to provide information about applying for registration of medicines to a large number of people.



AMERICAN CHAMBER OF COMMERCE IN KAZAKHSTAN

MEMBERSHIP APPLICATION

ABOUT AMCHAM

Registered in Kazakhstan as a non-profit organization in March of 1999 with 36 charter members, the American Chamber of Commerce in Kazakhstan currently represents over 200 member companies including US, multinational, and local businesses in 30 industry sectors. Their collective investment in Kazakhstan's economy is several billion USD. The American Chamber in Kazakhstan is a member of the US American Chamber of Commerce in Washington D.C. and has working relationships with many regional business associations.

BENEFITS OF MEMBERSHIP

- ✓ AmCham members participate in an organization existing solely to serve members
- ✓ AmCham actively advocates for reform of the business environment with the Kazakhstan Government at senior levels
- ✓ AmCham members may attend 20 Working Groups in 5 cities plus 3 Inter-Ministerial Working Groups
- ✓ Monthly speaker luncheons with senior government and business leaders are reserved for AmCham members
- ✓ Seminars, conferences, and monthly social networking events are organized for AmCham members
- ✓ AmCham membership contact lists are available exclusively to AmCham members
- ✓ Economic, political, legal, social, and business development information is distributed to AmCham members
- ✓ Member companies provide exclusive discounts on products and services to other AmCham members
- ✓ Access to the Members' Only section on the AmCham Website
- ✓ Publishing opportunities are available in *Investors' Voice*, the *Annual Membership Directory*, and Special Publications

MEMBERSHIP APPLICATION

Company Name:

Industry Area:

CEO Name, Signature, Email:

Contact Individual:

Title(s):

Address:

Tel.: Fax: E-mail:

Please include us in the following Working Groups:

Almaty (7)

- ☐ Foreign Investment
- ☐ Human Resources
- ☐ Tax
- ☐ Technology and Innovation
- ☐ Corporate Social Responsibility

Atyrau (4)

- ☐ Healthcare Reform
- ☐ Trade and Customs
- ☐ Tax
- ☐ Human Resources
- ☐ Trade and Customs
- ☐ Corporate Social Responsibility

Aktau (3)

- ☐ Human Resources
- ☐ Tax
- ☐ Trade and Customs

Astana (4)

- ☐ Foreign Investment
- ☐ Tax
- ☐ Trade and Customs
- ☐ Human Resources

Shymkent (1)

- ☐ Foreign Investment

AMCHAM WORKING GROUPS

Working Groups made up of representatives from Amcham member companies provide comment, discussion and submission of positions and represent the united interests of the business community in Kazakhstan by identifying challenges faced by investors and proactively addressing them. Each group meets regularly, providing a forum for networking and the exchange of information. Groups are formed on an as-needed basis at the request of the AmCham membership.

GOVERNANCE

The AmCham is governed by a Board of Directors elected annually from and by the membership. Directors currently and in the past have included individuals from the following company members:

AES	HSBC
AIG Insurance	Hyatt Hotel
Baker & McKenzie	Honeywell
BASF Central Asia	Inditex
Beeline	Intercontinental Hotel
BG Group	KIMEP
Bracewell and Giuliani	KPMG
Capital Bank	LeBoeuf, Lamb, Greene
Chevron	Nestle
Citibank	Pfizer
Conoco Phillips	Philip Morris Kazakhstan
Coca-Cola	Philips Kazakhstan
Dechert	PricewaterhouseCoopers
Deloitte	Procter & Gamble
EBRD	Raytheon
EY	Scot Holland CBRE
GE International	Tengizchevroil
Halliburton	Visor Capital
	White & Case

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MEMBERSHIP CATEGORIES AND ANNUAL FEES

Corporate A	(Worldwide revenues in excess of 100 million USD)	\$5,000 USD
Corporate B	(Worldwide revenues between 2-100 million USD)	\$3,800 USD
Corporate C	(Worldwide revenues not exceeding 2 million USD)	\$2,700 USD
Non-Profit		\$1,500 USD
Individual**		\$500 USD

***Individual memberships are available only under special circumstances for persons not associated with a company.*

Corporate membership entitles a company to delegate 3 individuals as AmCham voting members. The number of persons from each company participating in working groups, forums, and business roundtables is usually not limited.

All applications for membership must be approved by the Board of Directors of the American Chamber of Commerce in Kazakhstan. For further information about membership benefits, the application process, or Investors' Voice magazine, please contact: info@amcham.kz



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License for banking and other operations and activity on securities market № 1.2.247/81/30 dated February 03, 2020 issued by the Agency for Regulation and Development of Financial Market of the Republic of Kazakhstan / Қазақстан Республикасының Қаржы нарығын реттеу және дамыту агенттігі берген 2020 жылғы 3 ақпандағы № 1.2.247/81/30 банктік және өзге де операцияларды және бағалы қағаздар нарығындағы қызметті жүзеге асыруға лицензия / Лицензия на проведение банковских и иных операций и осуществление деятельности на рынке ценных бумаг № 1.2.247/81/30 от 3 февраля 2020 года, выданная Агентством Республики Казахстан по регулированию и развитию финансового рынка

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