MRNTI: 06.71.47
JEL Classification: H51
DOI: https://doi.org/10.55871/2072-9847-2024-64-3-124-133

Kabieva A.*
PhD, acting associate professor
Kazakh University of Technology and Business
Astana, Kazakhstan
email: asem_asem_kt_1985@mail.ru
ORCID 0000-0002-8465-6984

Dzhumadildaeva Zh.B.
PhD, associate professor
Turan University
Astana, Kazakhstan
email: Zhaniya555@mail.ru
ORCID 0000-0003-3136-5793

Yelamanova Zh.
m.e.s.
«TURAN» University
Astana, Kazakhstan
email: zhanelman_78@mail.ru
https://orcid.org/0009-0009-7057-0600

Beisekova Zh.B.
c.e.s.
International Transport and Humanitarian University
Almaty, Kazakhstan
e-mail: zhanna.beysekova@mail.ru
https://orcid.org/0000-0002-7721-5611;

EVALUATING THE EFFECTIVENESS OF PUBLIC-PRIVATE PARTNERSHIP PROJECTS IN HEALTH CARE

Abstract. *In Kazakhstan, the development of the mechanism of public-private partnership (PPP) in healthcare has become relevant in the context of strategic goals outlined in the Presidential Addresses of the Republic of Kazakhstan. In the context of global competitiveness and the digitalization of various sectors of the economy, PPP is seen as a tool to stimulate long-term investment and improve the quality of medical services. The Government of the RK plans to implement 201 PPP projects in the healthcare sector worth KZT 1 trillion by 2025. Despite the importance of PPPs, the COVID-19 pandemic has made adjustments to the plans, actualizing the need to address the issues of sanitary and epidemiological safety jointly.*

The study aims to analyze public-private partnership (PPP) mechanisms in the health sector of Kazakhstan, and their impact on improving infrastructure, management efficiency, and quality of health services. The main focus is on developing a methodological framework for assessing the effectiveness of PPP projects in various sub-sectors of health care. The study also aims to identify current problems and proposals to improve the mechanisms to evaluate the effectiveness of such projects, taking into account economic, social, and budgetary factors.

Methods. The work used system and interdisciplinary approaches, qualitative and quantitative characterization of phenomena and processes, methods of comparison, generalization, grouping, economic analysis, and modeling.

Results. A methodological framework development for assessing the effectiveness of PPP projects in healthcare is an urgent task. PPP should provide additional financing, increase the efficiency of projects, share risks, and improve the level of service.

There is no universal methodology for assessing the effectiveness of PPPs in healthcare, which requires further development of scientific and methodological approaches and practical recommendations for the successful implementation of projects.

Keywords: *public-private partnership, healthcare, project efficiency, Kazakhstan, COVID-19.*

Introduction

The development of the PPP mechanism in healthcare was actualized in the context of strategic goals repeatedly outlined in the Presidential Addresses of the RK and other documents - to improve the quality of life of the population and modernize the social infrastructure. In particular, in the Presidential Address of 31 January 2017. "The third modernization of Kazakhstan: global competitiveness" [1] noted the need to upgrade infrastructure "using all possible types and forms of PPP: trust management of state property, service contracts and others...". In the Message of the President of the RK to the people of Kazakhstan dated 10 January 2018. "New development

opportunities in the conditions of the fourth industrial revolution" outlines the directions of digitalization of various sectors of the economy, including healthcare [2].

In Kazakhstan, PPPs are seen as a mechanism that, on the one hand, can stimulate the attraction of long-term investments into the sector, and on the other hand, can develop infrastructure, and improve the efficiency of healthcare organizations and the quality of medical services. The Government of Kazakhstan plans to implement 201 PPP projects in the healthcare sector totalling KZT 1 trillion by 2025.

The Strategic Plan of the Ministry of Health of the RK for 2020-2024 [3] in different contexts mentions PPP as a tool to improve the efficiency of national healthcare but does not consider it a strategic priority for the sector.

The coronavirus pandemic declared by WHO in 2020 is also making adjustments to the Government's plans. COVID-19 is a new respiratory virus, first identified in December 2019 in Wuhan (China). Experts have already predicted a prolonged economic crisis for national economies as early as April 2020. In this regard, the use of the PPP mechanism is also relevant from the point of view of the joint solution of issues of sanitary and epidemiological safety of the population by the state and business [4].

A review of the literature

Research interest in the PPPs has grown significantly over the last two decades, resulting in a significant increase in the number of published theses and research articles, as well as a diversity of research topics, fields, and methods. The academic knowledge base in PPPs has enabled researchers to share and examine the status quo, trends, and practices of PPPs [5].

The increase in PPP research is due to the wider application of PPPs in infrastructure in recent years. However, despite the rapid development of PPP research and its application in practice, knowledge in this area is still in its infancy due to the ongoing cases of significant project cost overruns, and delays in implementation schedules in several large projects [6].

The issues of state-business partnership are comprehensively and deeply researched mainly in English-speaking foreign science. Thus, the consideration of mechanisms of interaction between PPP subjects, including forms, models, and risks of partnership, are presented in the works of such authors as R. J. Barro, D. D. D. Kovalev, and R. M. Kovalev. Barro, D. Corner, D. Cox, M. Gerrard, D. Grimsey and M. Lewis, J.L Guash, O. Hart, E.R. Yescombe, etc. Yescombe, et al.

A significant contribution to the study of the nature and organizational and legal regulation of PPP not only in the world but also in the CIS countries was made by M.S. Ayrapetyan, A.V. Belitskaya, V.G. Varnavsky, J. Delmon, L.A. Dobrynin, E.I. Markovskaya, E.G. Frolova, E.S. Chernov and others.

The problems of PPP financing, including in the health care sector, criteria and methods for assessing the effectiveness of projects were studied by V. Belton, J. Figueira, B.T. B.T. Belton, J. Figueira, B.T. McCallum, P.F. McCallum, P.F. Jacoby, R. Neil, B.U. Park, T.L. Saaty, E.E. Kharlamova, T.G. Sheshukova, M.V. Shmeleva and others.

The development of the PPP mechanism in Kazakhstan is promoted by the republican and regional authorities, Kazakhstani science develops concepts and models of public-private partnership, and methodological recommendations for the PPP project implementation generalize the first experience of project implementation. Kazakhstani scientists, including A.A. Nurseitov, B.S. Adilbekova, B.E. Abilkasym, O.A. Abishev, T.U. Sadykov, M.K. Myrzakhmet, J.H. Madiev, and others, are successfully developing the problems of public-private partnership development.

At the same time, in the healthcare sector, the processes of scientific and methodological support of PPPs are not intensive enough, the practices of interaction between the state and medical organizations at the system level are rarely and incompletely analyzed and generalized, there is no standardization of PPP project selection and evaluation mechanisms in the sectoral

aspect, project efficiency indicators are not always clearly defined and understood, which prevents objective assessment of their economic, social and budgetary efficiency.

Materials and methods

When writing the work, we used system and interdisciplinary approaches, qualitative and quantitative characteristics of the phenomena and processes under consideration, comparison methods, generalization, grouping, economic analysis, and modeling.

Results and discussion

A methodological framework for assessing the effectiveness of PPP projects in various healthcare sub-sectors is one of the urgent tasks of modern economics. The main prerequisites for such an assessment are formed by several circumstances:

- PPPs are designed to provide additional financing beyond traditional budgetary transfers;
- the possibility of improving the efficiency of project implementation;
- the possibility of sharing risks with a private partner and optimizing costs throughout the project lifecycle;
- the possibility of a better level of service in a PPP project compared to a traditional project;
- the possibility of combining public and private expertise in the most efficient way to perform an in-depth assessment of the project;
- the possibility of improving the quality of project management.

When assessing the prospects for PPPs, the private sector expects from the state, first and foremost:

- Justification of public policy on PPPs in the form of laws, strategies and roadmaps;
- guidelines that the public sector will use to select, prepare, agree, and evaluate projects;
- determining who approves selection, preparation, and procurement and when;
- dispute resolution process (often set out in legislation or sector rules, but often in more detail in the contract itself);
- mechanisms for controlling the fulfillment of the contract [7].

The state expects businesses to reduce budget expenditures on the social sphere and improve the quality of life of the country's (region's) population.

On this basis, budgetary and sectoral legislation, and methodological recommendations for PPP project implementation, define approaches, criteria, and requirements for assessing project efficiency. These include, as a rule, financial and socio-economic efficiency. The comparative advantage of the project is determined based on the ratio of several indicators, such as net discounted expenditures of budget funds.

The problem is that no universal methodology or model for PPP efficiency assessment, no methodology for comparative assessment of PPP projects corresponding to the tasks of healthcare, in addition to the construction and reconstruction of infrastructure facilities, has been proposed so far. The existing methodologies for assessing the efficiency of investment projects and PPP projects lack some important aspects, for example, integral criteria of project inclusion in the system of OSMS tariffs and standards of medical care, systematization of data collection, assessment of synergy effect, benchmarking, determination of the need to conduct a similar project in the future, identification of growth points - ways to improve project efficiency, identification of risks, etc. The presence of this problem is reflected in a large number of studies on the subject of PPP project efficiency assessment [8].

In the most general form, the algorithm for assessing the effectiveness of PPP projects in Kazakhstan consists of three stages:

The first stage involves a qualitative assessment of the proposed PPP project, including its information support. In terms of data, the project must prove its higher efficiency compared to traditional public sector projects.

Traditional projects by the Budget Code of the RK include: budgetary and institutional.

The second stage involves a judgment on the need for a partnership based on different types of project performance.

The third stage (quantitative analysis) involves assessing the PPP for project feasibility in terms of its components (finance, professionals, economics) and includes the financial structure concerning all sources of financing as defined in the PPP reference model.

The main criteria for the financial feasibility of a PPP project are: positive net present value; non-negative annual cash flows; debt service rate by established standards; the financial base availability to service the debts of the first stage, even under the worst-case scenario.

Moreover, the methods for assessing budgetary and social efficiency are not clearly outlined in the PPP legislation.

Taking into account the provisions of the current legislation and practice in Kazakhstan, all PPP project appraisal methods can be broadly divided into two broad categories: 1) organizational and legal (procedural), 2) financial and economic.

As for the first group of methods, according to p. 103 of the Order of the Acting MNE RK dated 25 November 2015 No. 725 [9] (Order No. 725), the Rules for Project Planning and Implementation were approved.

Under Clause 40 of Order No. 725, the assessment of the feasibility study of a PPP project is carried out based on the submitted feasibility study and the relevant positive conclusions of the expert examinations required to be carried out on the feasibility study depending on the specifics of the PPP project, namely: 1) comprehensive non-departmental expertise, 2) sectoral expertise, 3) state scientific and technical expertise.

Order of the Acting Minister of National Economy of the Republic of Kazakhstan from 21 January 2016 № 22 [10] prescribes the use of financial and economic methodology for determining the cost of examination and evaluation of documentation on budget investments, public-private partnership, including concessions, investment projects for the provision of state guarantees, budget lending of budget investment projects.

The price of the Service shall be determined, inter alia, according to the formula:

$$Pn = Cp \times (1 + R), (1)$$

where: Pn (price) – the cost of reviewing a package of documents (expertise) excluding VAT;
R – the rate of return in percent.
The cost of the Service is determined by the formula:
Cp = cl x ln, (2)
where: Cp (cost) - the cost price of the relevant Service;
cl – cost of 1 man-hour;
ln – norms of labor input per unit of the Service. Norms of labor input per unit are given in the annex of this Methodology.

The profit margin determined for calculating the price of the Service is 1.27%.

The cost of one man-hour for calculating the price of the Service is determined at 8,266.14 tenge excluding VAT, except for certain services.

Among the successful PPP projects in the healthcare sector of the Republic of Kazakhstan is the project with the participation of the Government of the Republic of Kazakhstan and the World Bank "Technology Transfer and Institutional Reform in the Healthcare Sector of the Republic of Kazakhstan" (2008-2013) (hereinafter – the "Project").

The project aimed to introduce international standards and build long-term institutional capacity in the Ministry of Health and related health institutions in support of key health sector reforms being undertaken by the Government.

The project included the following components and indicators:

1. Improved efficiency and equity in health spending and better financial protection for households in areas that implement a comprehensive package of health financing and governance reforms.

2. Improving the quality and efficiency of health care by establishing a functioning system/institution for the development/dissemination of clinical practice guidelines and accreditation institutions and improving productivity in laboratories.

3. Improve the quality of medical graduates and the ability to conduct medical research by modernizing medical/pharmacological education, research, and implementation of international standards.

4. Improving the efficiency and quality of health facility management through access to reliable, timely health information from the unified health information system.

5. Improved safety, efficacy, quality, and accessibility of medicines through reforms in pharmaceuticals, procurement, pricing; monitoring of prescriptions, provision of information, benefit package design, and quality control.

6. Improved food safety and faster accession to the WTO through the introduction of international sanitary and phytosanitary regulations.

The content of the project covered several sectors: health care (40 percent); information technology (35 percent); compulsory health financing (10 percent); central public administration (10 percent); and vocational training (5 percent).

The Project proponents indicated that Kazakhstan has sufficient budgetary resources, so World Bank involvement in financing is mainly related to knowledge transfer, implementation support, procurement efficiency, and operational control. Health reform presents significant technical, operational, and policy challenges in all countries. These challenges are particularly pronounced in transition countries whose health systems inherited from the Soviet Union do not meet international standards. Effective sequencing and implementation of these reforms require a high level of managerial and technical skills that are lacking in countries such as Kazakhstan.

The project supported several complex institutional reforms. However, the details and paths of reforms cannot be predicted with complete accuracy at the outset. Most importantly, the GoK indicated in the Project feasibility study its commitment to the overall reform trajectory and the need for key institutions such as an independent accreditation agency, an oversight agency, a Health Information System, and new departments/units within the Ministry of Health for policy analysis and provider payment.

One of the main objectives of the Project was to create a modern health financing and management system by building strategic financing for capacity reform at the national level; building health purchasing capacity; introducing payment mechanisms that incentivize providers to deliver effective, efficient, and quality services to the population; building health management capacity; modernizing planning and investment standards in the health sector; and improving the quality of health services.

The total cost of the project was $296.1 million, including a loan of $117.7 million and co-financing of $178.4 million.

Table 1 summarises the main cost indicators of the Project, which shows that the largest amount of funding was envisaged for health information system development ($188,641,837) and healthcare quality improvement ($59,949,782).

Table 1 – Cost indicators of the project "Technology Transfer and Institutional Reform in the Health Sector of the Republic of Kazakhstan"

$US	Cost, including contingencies	% of total cost	Finance. World Bank	% finance.
A. Health care financing and management				
Modernisation of health care financing	6,055,732	2	5,904,280	98
Modernisation of health care management	14,077,514	5	6,081,912	43
Total health financing and management	20,133,246	7	11,986,192	60
B. Improving the quality of health care				

$US	Cost, including contingencies	% of total cost	Finance. World Bank	% finance.
1. accreditation: modernising standards for health care facilities	10,490,032	4	6,195,923	59
2. Modernising clinical practice and technology	34,601,208	12	4,743,992	14
3. Laboratory reform	4,745,242	2	-	-
4. Reform of the blood transfusion system	10,113,300	3	7,316,451	72
Total, improving the quality of health care	59,949,782	20	18,256,366	31
C. Reform of medical education and medical science				
Reform of undergraduate and continuing medical education	6,551,882	2	3,810,928	58
Reform of medical science	2,923,882	1	-	-
Total reform of medical education and medical science	9,475,764	3	3,810,928	40
D. Development of a health information system	188,641,837	64	79,643,110	42
E. Pharmaceutical policy reform	4,282,522	1	313,971	7
F. Food safety and WTO accession	8,739,405	3	-	-
G. Project management, monitoring and evaluation	4,583,953	3,644,009	2	80
Total cost of the project	295 806 509	100	117 654 574	40
Financial expenditure during implementation	294 136	0	-	-
Total cost of financing	296,100,646	100	117,654,574	40

Note: Source: World Bank.

The Project's KPIs were defined by the direct/indirect benefits of the Project at three analytical levels: 1) health sector; 2) the public sector and the economy; 3) society as a whole.

Impacts were estimated using changes in mortality and morbidity rates using Healthy Life Years, i.e. the difference between years lost with and without the intervention (healthy years lost is the sum of years lost due to premature death, disability before death, chronic disability, and acute illness), and from savings from the five potential impacts:

(a) savings in hospitals' running costs as a result of restructuring and a shift to more cost-effective services (e.g. from inpatient care to primary / outpatient care);

(b) mergers of health facilities, reducing staff and utility costs;

(c) savings in hospital costs from reductions in the average cost and length of hospital stay;

(d) consumer-level savings from free or subsidized medicines, or the purchase of less expensive medicines;

(e) increased productivity consequently, on average, fewer hospitalizations and more days at work.

The first three types of savings were to be redirected to primary health care. On average, the cost of outpatient care was supposed to be reduced by 30% due to savings on utilities and other overheads.

Expected impacts from the Project included: per capita intake will drop by 10 percent; the average length of hospital stay will decrease by 10%; hospital operating costs will be reduced by 20 percent; the cost of medicines will be reduced by 1 percent per year; the percentage of pharmacies for free/subsidized medicines will increase by 15% annually.

The hospitals' combined savings in operating costs and costs from reduced bed days were estimated to be $350.3 million and $343.6 million, respectively, by the end of the Project.

The currency and economic crisis of 2015 leveled some results of the Project. However, since 2013, Kazakhstan has been implementing the Unified Health Information System (UHIS) project, which aims to create a health information structure that corresponds to the level of economic, social, technical, and technological development of society. The Unified Health Information System is a direct result of the project "Technology Transfer and Institutional Reform in the Health Sector of the Republic of Kazakhstan".

When considering individual PPP projects, many of the pool of concession projects, the passports of which are publicly available on the website of the Republican Centre for Health Development (http://www.rcrz.kz/), are of investment interest, including Construction and operation of Akmola Regional Hospital, Building No. 2 in Astana city; Construction and operation of a 300-bed multi-profile hospital in Ust-Kamenogorsk city; Construction and operation of a 200-bed children's city hospital in Semey city; Construction and operation of a 300-bed city multi-profile hospital in Aktau city; Construction and operation of an ophthalmological diagnostics center to provide outpatient and inpatient care to the population in North Kazakhstan region; Construction and operation of a regional oncological

While the analysis of economic efficiency is always present in the project documentation, the assessment of budgetary and social efficiency of most PPP projects is not carried out or is carried out formally. As a result, independent experts can't realize the benefits for the budget and the public.

Summarising the results of the PPP development process in healthcare in Kazakhstan, it can be noted that the activation and growth of the number of projects and their attractiveness to investors were influenced by such factors as the introduction of private financial expertise, increased autonomy of local executive bodies, the establishment of regional PPP centers, the ban on sequestration of PPP expenditures and the establishment of KPIs for MIOs. The opening of 16 regional centers in the regions made it possible to increase efficiency and facilitate procedures for supporting local business initiatives. The work of these centers makes it possible to develop human resources potential both at the national level and at the domestic level.

The Government of the Republic of Kazakhstan provides several measures of state support for PPPs: 1) government guarantees for infrastructure bonds; 2) state guarantees for loans raised to finance PPP projects; 3) transfer of exclusive rights to intellectual property objects owned by the state; 4) provision of in-kind grants by the legislation of the Republic of Kazakhstan; 5) co-financing of PPP projects; 6) guarantees of state consumption of a certain volume of goods (works, services) produced in the PPP project implementation course.

However, the new PPP policy developed by the PPP Centre and the Ministry of National Economy in 2019 is insufficiently thought out and contains a significant corruption component.

According to the results of 2023, official agencies of the RK reported that the leader in the conclusion of PPP contracts was the education sector (more than half of the projects). However, the problem is that the main burden of PPP project implementation falls on the Republican and local budgets. At the same time, the methodology for calculating the socioeconomic effect of the implementation of PPP projects has not yet been approved.

The government has promised to compensate the PPP project costs 90 percent of their total cost. According to UARP RK estimates, the rapid increase in the PPP projects number leads to the growth in government liabilities, which are not commensurate with the volume of attracted investments. Two tenge of budget funds are spent to attract one tenge of private investment. The main burden on the budget for the republican projects will fall in 2024 and subsequent years at 58 billion tenge annually. Local budgets will bear an average of 70 billion tenge annually in all regions [11].

Experts note that having the ability to buy out social facilities can turn PPP projects into a "business" of officials and their cronies who have the authority to make decisions in the PPP sphere. In connection with the new law, paying the costs for the Project is allowed. Along with

this, there are government subsidies, availability fees, and facility management fees. At the same time, the PPP mechanism is realized without taking into account the norms of the law "On public procurement" [12].

Conclusion

One of the significant problems of PPP development in Kazakhstan in general and healthcare in particular remains low transparency of partners' activities, including the selection of partners, sources of financing, control over project implementation, and assessment of their effectiveness. The procedure for financing PPP projects in healthcare in Kazakhstan is not regulated and standardized, publicly available information on projects is minimal, the procedures for pre-selection of private investors, as well as information about them, are not placed in the open public Register of PPP projects, and there are no project passports, which creates conditions for corruption and behind-the-scenes decision-making regarding the amount of budget financing and participation of private partners. A separate problem is the lack of a methodology for calculating the socioeconomic effect of the PPP project implementation.

References

1. Message of the President of the Republic of Kazakhstan from 31 January 2017 "The third modernisation of Kazakhstan: global competitiveness" // "Kazakhstanskaya Pravda" from 31.01.2017, № 20 (28399).
2. Message of the President of the Republic of Kazakhstan dated 10 January 2018. "New development opportunities in the conditions of the fourth industrial revolution" // "Kazakhstanskaya Pravda" from 10.01.2018, № 6 (28635).
3. Strategic Plan of the Ministry of Health of the Republic of Kazakhstan for 2020-2024; URL: https://science.kaznmu.kz/wp-content/uploads/2015/06/strategicheskij-plan-mz-rk.pdf
4. Yescombe E.R., Farquharson E. Assessing Needs, Project Definition and Selection // Public-Private Partnerships for Infrastructure (Second Edition), 2018. pp. pp. 69-77.
5. Outsourcing Institute USA; URL: http://outsourcing.com/ (accessed 20.03.2020).
6. Deloitte. 2017 Global Health Care Sector outlook, 2017; https://www2.deloitte.com/global/en/pages/life-sciences-andhealthcare/articles/global-health-care-sector-outlook.html (accessed 15.04.2020).
7. Farquharson E., Torres de Mästle C., Yescombe E. R., Encinas J. How to Engage with the Private Sector in Public-Private Partnerships in Emerging Markets. Washington, DC: World Bank, 2011. - P.16.
8. Ghazaryan M.A. Model for assessing the effectiveness of PPP in healthcare // Voprosy ekonomiki i pravo. - 2016. - № 11. - C. 40-55.
9. Order of Acting MNE RK from 25 November 2015 № 725 "On some issues of planning and implementation of public-private partnership projects" (ed. 17.01.2020) // Information-legal system "Ədilet" 04.02.2016.
10. Order of the Acting Minister of National Economy of the Republic of Kazakhstan dated 21 January 2016 № 22 "On approval of the Methodology for determining the cost of expert examination and evaluation of documentation on budget investments, public-private partnership ..." (ed. of 25.10.2018) // Egemen Kazakhstan. 17.09.2016 ж., № 178 (28906).
11. Kazakhstan faces problems with PPP projects, 10 June 2020; https://inbusiness.kz/ru/last/v-kazahstane-nazrevayut-problemy-s-proektami-gchp (accessed 05.05.2021).
12. Law of the Republic of Kazakhstan dated 4.12.2015 No. 434-V ZRC. «On Public Procurement» https://adilet.zan.kz/rus/docs/Z1500000434

ОЦЕНКА ЭФФЕКТИВНОСТИ ПРОЕКТОВ ГОСУДАРСТВЕННО-ЧАСТНОГО ПАРТНЕРСТВА В ЗДРАВООХРАНЕНИИ

Кабиева А.Т.*
PhD, и.о. ассоциированный профессор
Казахский университет технологии и бизнеса
г. Астана, Казахстан
email: asem_asem_kt_1985@mail.ru
ORCID 0000-0002-8465-6984

Джумадилдаева Ж.Б.
PhD, ассоциированный профессор
Университет «Туран»
г. Астана, Казахстан
email: zhaniya555@mail.ru
ORCID 0000-0003-3136-5793

Еламанова Ж.Б.
м.э.н.
Университет «ТУРАН»
г. Астана, Казахстан
email: zhanelman_78@mail.ru
https://orcid.org/0009-0009-7057-0600

Бейсекова Ж.Ы.
к.э.н.
Международный транспортно-гуманитарный университет
г.Алматы, Казахстан
email: zhanna.beysekova@mail.ru
https://orcid.org/0000-0002-7721-5611

Аннотация. *В Казахстане развитие механизма государственно-частного партнерства (ГЧП) в здравоохранении стало актуальным в контексте стратегических целей, обозначенных в посланиях главы государства. В условиях глобальной конкурентоспособности и цифровизации различных отраслей экономики, ГЧП рассматривается как инструмент для стимулирования долгосрочных инвестиций и улучшения качества медицинских услуг. В планах Правительства Республики Казахстан до 2025 года - реализация 201 проекта ГЧП в сфере здравоохранения на сумму 1 трлн. тенге. Несмотря на важность ГЧП, пандемия COVID-19 внесла коррективы в эти планы, актуализируя необходимость совместного решения вопросов санитарно-эпидемиологической безопасности.*

Цель данного исследования заключается в анализе механизмов ГЧП в секторе здравоохранения Казахстана, их влияния на улучшение инфраструктуры, повышение эффективности управления и качества медицинских услуг. Основное внимание уделено разработке методологической базы для оценки эффективности проектов ГЧП в различных подотраслях здравоохранения. Исследование также нацелено на выявление текущих проблем и предложений по совершенствованию механизмов оценки эффективности таких проектов с учётом экономических, социальных и бюджетных факторов.

Методы. В работе использованы системный и междисциплинарный подходы, качественная и количественная характеристика явлений и процессов, методы сравнения, обобщения, группировки, экономического анализа и моделирования.

Результаты. Разработка методологической базы для оценки эффективности ГЧП проектов в здравоохранении является актуальной задачей. ГЧП должно обеспечить дополнительное финансирование, повышение эффективности проектов, разделение рисков и улучшение уровня обслуживания. Алгоритм оценки эффективности состоит из трех этапов: качественная оценка, заключение о необходимости партнерства и количественный анализ. Основные критерии включают положительную чистую приведенную стоимость и финансовую устойчивость.

Универсальная методика оценки эффективности ГЧП в здравоохранении отсутствует, что требует дальнейшего развития научно-методических подходов и практических рекомендаций для успешной реализации проектов.

Ключевые слова: *государственно-частное партнерство, здравоохранение, эффективность проектов, Казахстан, COVID-19*

МЕМЛЕКЕТТІК-ЖЕКЕ МЕНШІК ӘРІПТЕСТІК ЖОБАЛАРЫНЫҢ ДЕНСАУЛЫҚ САҚТАУ САЛАСЫНДАҒЫ ТИІМДІЛІГІН БАҒАЛАУ

Кабиева Ә.Т.*
PhD, қауымдастырылған профессор м.а. Қазақ технология және бизнес университеті
Астана қ., Қазақстан
email: asem_asem_kt_1985@mail.ru
ORCID 0000-0002-8465-6984

Жұмаділдаева Ж.Б.
PhD, қауымдастырылған профессор
«Тұран» Университеті
Астана қ., Қазақстан
email: zhaniya555@mail.ru
ORCID 0000-0003-3136-5793

Еламанова Ж.Б.
м.э.н.
«ТУРАН» Университеті
Астана қ., Казақстан
email: zhanelman_78@mail.ru
https://orcid.org/0009-0009-7057-0600

Бейсекова Ж.Ы.
к.э.н.
Халықаралық көлік-гуманитарлық университеті
Алматы қ., Казақстан
email: zhanna.beysekova@mail.ru
https://orcid.org/0000-0002-7721-5611

Аңдатпа. *Қазақстанда денсаулық сақтаудағы мемлекеттік-жекешелік әріптестік (МЖӘ) тетігін дамыту мемлекет басшысының жолдауларында белгіленген стратегиялық мақсаттар контекстінде өзекті болды. Жаһандық бәсекеге қабілеттілік және экономиканың әртүрлі салаларын цифрландыру жағдайында МЖӘ ұзақ мерзімді инвестицияларды ынталандыру және медициналық қызметтердің сапасын жақсарту құралы ретінде қарастырылады. ҚР Үкіметінің 2025 жылға дейінгі жоспарында - денсаулық сақтау саласында 1 трлн теңге сомаға 201 МЖӘ жобасын іске асыру көзделген. МЖӘ маңыздылығына қарамастан, COVID-19 пандемиясы санитарлық-эпидемиологиялық қауіпсіздік мәселелерін бірлесіп шешу қажеттілігін өзектендіре отырып, жоспарларға түзетулер енгізді.*

Зерттеудің мақсаты. Қазақстанның денсаулық сақтау секторындағы МЖӘ тетіктерін, олардың инфрақұрылымды жақсартуға, басқару тиімділігі мен медициналық қызметтер сапасын арттыруға әсерін талдау болып табылады. Денсаулық сақтаудың әртүрлі салаларындағы МЖӘ жобаларының тиімділігін бағалау үшін әдіснамалық базаны әзірлеуге басты назар аударылады. Зерттеу сонымен қатар экономикалық, әлеуметтік және бюджеттік факторларды ескере отырып, осындай жобалардың тиімділігін бағалау тетіктерін жетілдіру бойынша ағымдағы проблемалар мен ұсыныстарды анықтауға бағытталған.

Әдістері. Жұмыста жүйелік және пәнаралық тәсілдер, құбылыстар мен процестердің сапалық және сандық сипаттамалары, салыстыру, жалпылау, топтастыру, экономикалық талдау және модельдеу әдістері қолданылды.

Нәтижелер. Денсаулық сақтаудағы МЖӘ жобаларының тиімділігін бағалау үшін әдіснамалық базаны әзірлеу өзекті міндет болып табылады. МЖӘ қосымша қаржыландыруды, жобалардың тиімділігін арттыруды, тәуекелдерді бөлуді және қызмет көрсету деңгейін жақсартуды қамтамасыз етуі тиіс. Тиімділікті бағалау алгоритмі үш кезеңнен тұрады: сапалық бағалау, серіктестік қажеттілігі туралы қорытынды және сандық талдау. Негізгі өлшемдерге оң таза дисконтталған құн және қаржылық тұрақтылық жатады.

Денсаулық сақтаудағы МЖӘ тиімділігін бағалаудың әмбебап әдістемесі жоқ, бұл жобаларды табысты іске асыру үшін ғылыми-әдістемелік тәсілдер мен практикалық ұсыныстарды одан әрі дамытуды талап етеді.

Түйін сөздер: *мемлекеттік-жеке меншік әріптестік, денсаулық сақтау, жобалардың тиімділігі, Қазақстан, COVID-19*