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Original article

An Analysis of the Adult Population's Opinion in the Republic of Kazakhstan on Satisfaction with the Free Medicine Supply System

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Abstract

Access to medicines is a fundamental component of the full realization of the right to health. Equal access to medicines is a global priority. Alongside this, market access to innovative medicines is a crucial factor in improving the population's life expectancy and quality of life. The issue of improving the accessibility of medical services by ensuring equal access to quality healthcare is emphasized in the National Development Plan of the Republic of Kazakhstan until 2029. Market access to innovative technologies largely depends on citizens' willingness to adopt the technology. Therefore, patient participation in market access to medicines is crucial.

Research Objective: To study the subjective opinion of the population on satisfaction with the outpatient medicine supply system, offering suggestions to improve its accessibility, effectiveness, and responsiveness to patient needs.

Methods. A sociological study was conducted through a survey of the adult population using the Survey Monkey platform in an online format. The total number of respondents: adults - 1,730 people, including 710 men (41.05%) and 1,020 women (58.95%).

Results. Almost 80% of respondents reported that medicines are always available in the pharmacy, but 18% noted that they are periodically absent, and 2.5% believe that free medicines are never available in pharmacies. 78% of the listed medicines that patients purchased independently are included in the List of free medicines. 23.41% of respondents took antibiotics without a doctor's prescription. 61.12% of respondents are not ready to pay the price difference between the original drug and the generic. The overall assessment of the free drug provision system in Kazakhstan is as follows: 35.47% of participants rated it as excellent, 47.58% as good, 9.14% as satisfactory, and 5.47% of respondents consider the work of the free drug provision system unsatisfactory.

Conclusions. The survey results revealed problems in the provision of medicines guaranteed by the state. Overall, the free outpatient drug provision system in Kazakhstan is well-established, with patients receiving the necessary medicines on time for diseases managed at the outpatient level. However, there are problematic issues that require improvement in this area.

Keywords: access to medicines, free drug provision, population satisfaction with drug provision.

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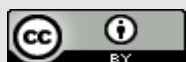
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Introduction

Access to medicines is a fundamental component of the full realization of the right to health. Medical care in case of illness, as well as the prevention, treatment, and control of diseases, largely depend on timely and adequate access to quality medicines [1]. Equal access to medicines is a global priority. Therefore, to achieve the United Nations Sustainable Development Goals (SDGs), particularly target 3.8, it is necessary to address issues of availability, acceptability, and affordability of guaranteed quality medicines [2]. However, about 2 billion people worldwide do not have access to essential medicines, especially in low- and middle-income countries. Recognizing health as a human right obligates states to ensure access to timely, acceptable, and affordable healthcare [3].

In addition, market access to innovative medicines is a crucial factor in improving the population's life expectancy and quality of life [4]. For instance, an analysis of the impact of pharmaceutical innovations on patient health in Belgium showed that medicines approved for sale between 1987 and 1995 reduced premature cancer mortality by 20% and added 1.52 years to relapse-free survival in 2012 [5]. Improving life expectancy and quality of life, in turn, increases labor productivity [4]. For example, a study showed that while market access to innovative hepatitis C drugs significantly increased healthcare costs, this growth was more than offset by savings from reduced use of other medicines, prevention of cirrhosis, further infections, and increased labor productivity in Belgium [6].

The issue of improving the accessibility of medical

Materials and Methods

A population survey to assess satisfaction with the free outpatient drug provision system (ODPS) was conducted at the request of the Ministry of Health of the Republic of Kazakhstan from April 21 to May 16, 2022.

Focus Group: Healthcare consumers at the outpatient level, including patients (adults) under dynamic observation.

Total number of respondents: Adults – 1,730 people, including 710 men (41.05%) and 1,020 women (58.95%).

The sociological study was conducted through a survey of the adult population using the SurveyMonkey platform in an online format. SurveyMonkey is a global leader in online surveys and forms that provide people with

services by ensuring equal access to quality healthcare is emphasized in the National Development Plan of the Republic of Kazakhstan until 2029 [7]. This document notes the underdevelopment of the pharmaceutical sector: in 2023, the share of domestically produced medicines and medical products in the local pharmaceutical market amounted to only 14.4%, and the share of Kazakhstani products in the rapidly growing procurement volumes of medicines was only 32% [7]. As of December 31, 2022, the Single Distributor purchased 1,587 items of medicines (952) and medical products (612). Of the 952 purchased medicines, 328 items (34.4%) do not have registered analogs in the Republic of Kazakhstan (original medicines). For 2022, 97% of drugs and medical supplies from the declared need for 2022 were procured in the amount of more than 385.89 billion tenge [8].

It should be noted that the COVID-19 pandemic also taught us that market access to innovative technologies (such as new mRNA vaccines) largely depends on citizens' and patients' willingness to adopt the technology [9]. Therefore, patient participation in market access to medicines is crucial [4].

This article presents the results of a study on the subjective opinion of the population on satisfaction with the free outpatient drug provision system in light of the reforms, providing suggestions to improve its accessibility, effectiveness, and responsiveness to patient needs.

the information they need to make quick and confident decisions. The fast and intuitive feedback management platform connects millions of users worldwide with AI-generated real-time information, enabling meaningful decisions. The service allows for quickly creating surveys, compiling very detailed and visual reports, protecting data, and integrating tools with MailChimp, GroSocial, CleverReach, and other services.

The survey was predominantly conducted among residents of regional cities (56.21%) and cities of republican significance (31.82%). A total of 6.45% and 5.52% of participants were residents of district centers and villages, respectively (Figure 1).

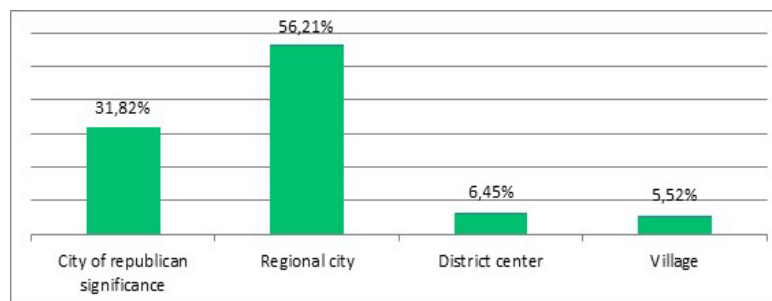


Figure 1 - Ranking of respondents by place of residence

Of the 1,721 respondents, 1,574 people (91.46%) were under dynamic observation by a general practitioner at the time of the survey (Figure 2). By gender, 710 men (41.05% of the total number of respondents) and 1,020

women (58.95%) participated in the survey (Figure 3). In terms of age distribution, the largest group of respondents was aged 18 to 60 years (63.61% of the total number) (Figure 4).

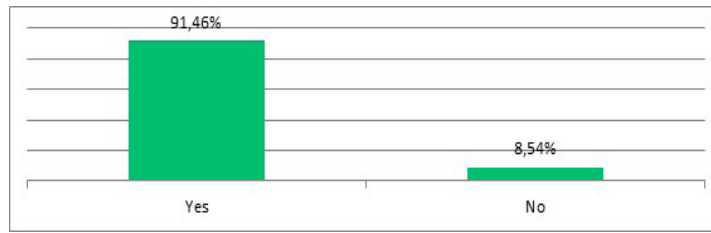


Figure 2 - Status of being under dynamic observation by a general practitioner

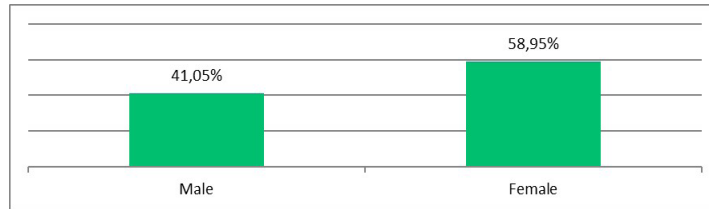


Figure 3 - Ranking by gender

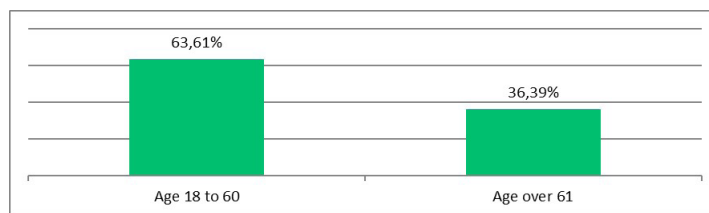


Figure 4 - Ranking by age group

The questionnaire included 17 questions, of which 14 were closed-ended and 3 were open-ended. The

questionnaire was developed by the author independently (Copyright Certificate No. 26456 dated May 24, 2022).

Results

The results of the ranking of respondents under dynamic observation and receiving free treatment for diseases are presented in Table 1. A total of 1.296

respondents answered this question, with 217 skipping the response. Of the participants, 108 noted that they were healthy, and 47 did not receive free medicines.

Table 1 - Ranking of respondents under dynamic observation by a general practitioner and receiving free treatment for diseases

Nosologies	Number	% ratio
Arterial hypertension	529	40.8
Diabetes mellitus	291	22.45
Ischaemic heart disease	96	7.4
Mental disorders	59	4.55
Epilepsy	36	2.78
Rheumatoid arthritis	31	2.38
Coronavirus infection, Pneumonia	21	1.62
Chronic obstructive pulmonary disease	20	1.53
Bronchial asthma	19	1.46
Hypothyroidism, Hyperthyroidism	13	1
Angina	6	0.46
Iron deficiency anemia	5	0.39
Oncology	2	0.15
Chronic heart failure	2	0.15
Arrhythmia	1	0.08
Other	167	12.89
Total	1296	100

Out of 1.718 respondents, 1.571 people (91.44%) answered that they were prescribed free medicines. At the same time, 7.28% of respondents indicated that they were not prescribed free medicines, and 1.28% of respondents indicated various reasons (they did not know they could get medicines for free, they were not under dynamic

observation) (Figure 5). Also, 80.11% of respondents noted that they receive medicines once a month (Figure 6).

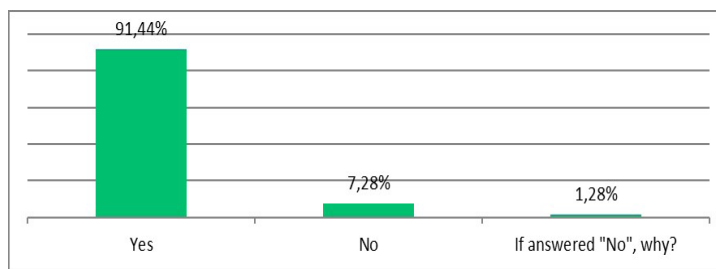


Figure 5 - Respondents' answers regarding prescription of free medicines

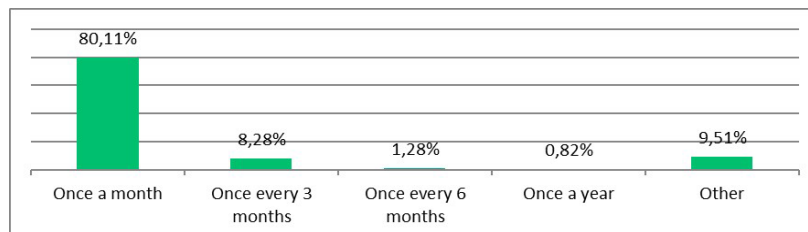


Figure 6 - Respondents' answers to the question: "How often do you receive free medicines?"

To the question: "If you had the opportunity to receive a medicine from another manufacturer that you consider to be better than the drug provided according to the outpatient drug provision system list, would you be willing to pay the price difference?" the following results

were obtained: 531 (30.91%) respondents are willing to pay, 8% might pay for a drug from another manufacturer that they consider better than the drug provided according to the ODPS list. 61.12% of respondents are not ready to pay (Figure 7).

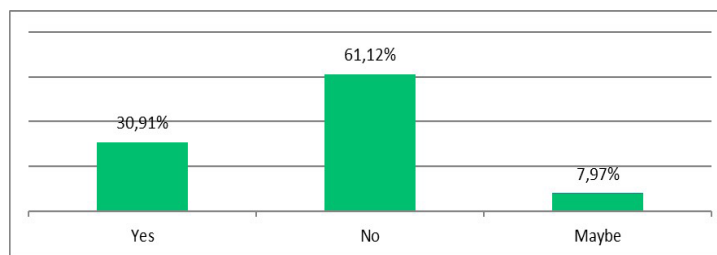


Figure 7 - Respondents' answers to the question: "If you had the opportunity to receive a medicine from another manufacturer that you consider to be better than the drug provided according to the outpatient drug provision system list, would you be willing to pay the price difference?"

When asked if the prescribed medicine is always available in the pharmacy, 1.356 respondents (79.39%) answered that it is always available, 18.15% answered that it is periodically absent, and 2.46% noted that it is never available. When asked: "Name the medicines that

you purchased at your own expense for the treatment of the main disease within the last 3 months or earlier?" the following results were obtained (Table 2).

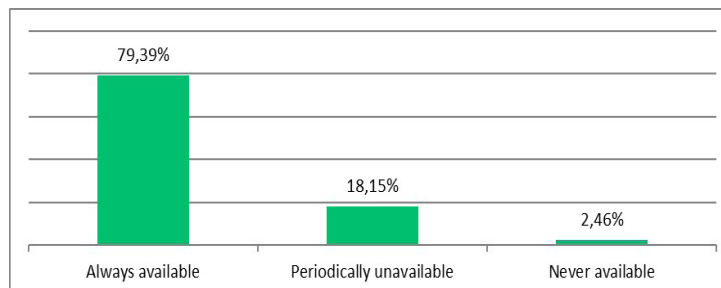


Figure 8 - Respondents' answers to the question: "Is the prescribed medicine always available in the pharmacy?"

At the same time, 78% of the listed medicines are included in the ODPS list (arterial hypertension, antiepileptic, diabetes mellitus).

medicine, 21 people (1.24%) know approximately, and 13 people (0.77%) do not know how to take the prescribed medicine (Figure 9).

1.665 respondents (98%) of the 1,699 who responded know how to correctly take the prescribed

Table 2 - List of medicines/groups of medicines that respondents purchased at their own expense

№	Name of medicine/group of medicines	Number of respondents
1	Antibacterial drugs	6
2	Fenoterol and Ipratropium bromide	10
3	Levothyroxine	3
4	Pantoprazole	1
5	Iron sulfate	4
6	L-lysine escinate	1
7	Methotrexate	5
8	Nonsteroidal anti-inflammatory drugs	16
9	Antiepileptic drugs	94
10	Hypoglycemic drugs, insulin	102
11	Antianginal and antihypertensive drugs	114

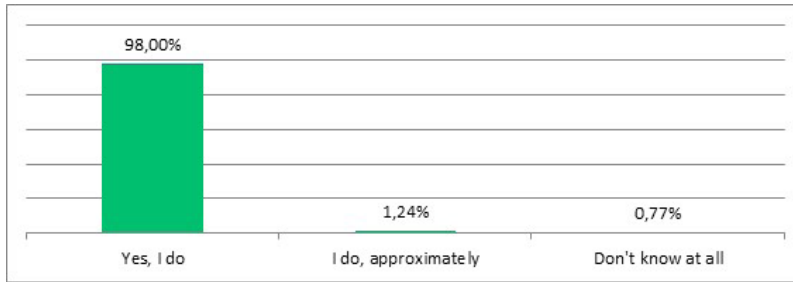


Figure 9 - Respondents' answers to the question: "Do you know how to take the prescribed medicine?"

1.612 respondents (94.05%) of the 1.714 who responded receive information on the correct use of the prescribed medicine from the doctor, 62 people (3.62%) receive information from the instructions for medical use of the medicine, 18 people (1.05%) learn from the pharmacist, 19 people (1.11%) from the internet, and the remaining 3%

of respondents learn from friends, relatives, neighbors, and reference literature (Figure 10).

1.601 respondents (93.3%) learned that they have the right to free medicines from the doctor, and only 0.12% learned from the pharmacist; the rest from other sources (mass media, relatives, friends, etc.) (Figure 11).

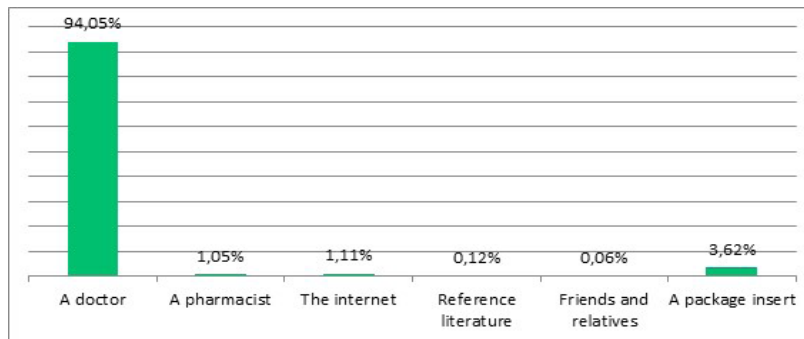


Figure 10 - Respondents' answers to the question: "Where do you get information on how to correctly take the prescribed medicine?"

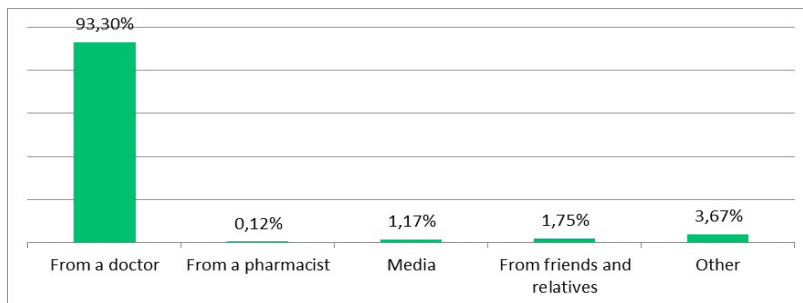


Figure 11 - Respondents' answers to the question: "From whom did you learn that you have the right to free medicine?"

Given that this study was conducted during the pandemic when there was an increase in the irrational use of antimicrobial drugs, two questions about the use of antibiotics were included in the survey. The results showed that 23.41% of respondents took antibiotics without a

doctor's prescription, 51.02% did not take antibiotics without a prescription. Only 22% took antibiotics by doctor's prescription, and 1.98% received antibiotics for free.

When asked if they took antibiotics when they or their relatives were ill with COVID-19, 458 respondents (73%) answered that they did not take antibiotics (Figure 13). 26.71% answered that they did, but most respondents

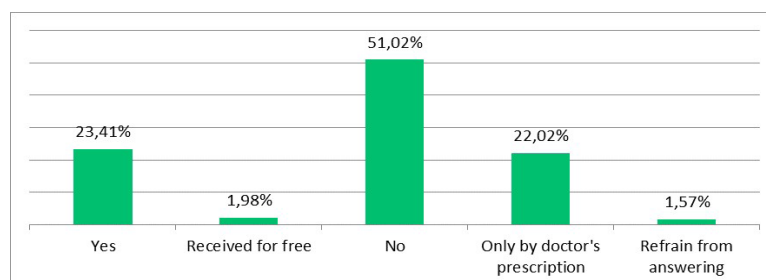


Figure 12 - Respondents' answers to the question: "Did you take antibiotics without a doctor's prescription?"

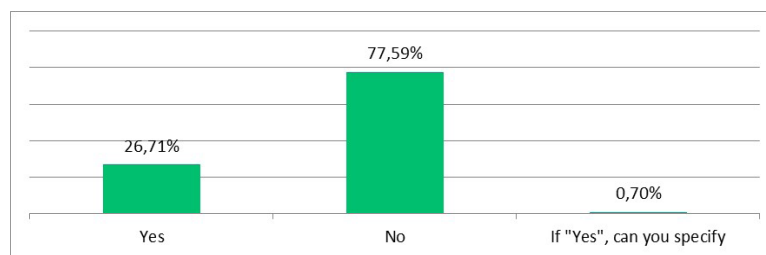


Figure 13 - Respondents' answers to the question: "Did you take antibiotics when you/your relatives were ill with COVID-19?"

Respondents were also asked to provide a general assessment of the free drug provision system in Kazakhstan, and the following results were obtained: 35.47% rated it as excellent, 47.58% as good, 9.14% as satisfactory, and 5.47% of respondents consider the work of the free drug provision system unsatisfactory (Figure 14).

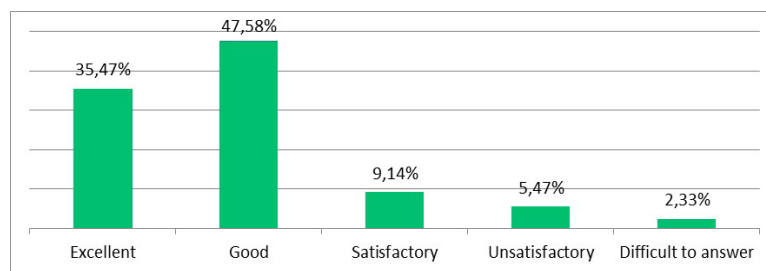


Figure 14 - General assessment of the free drug provision system in Kazakhstan by the adult population

At the end of the survey, respondents were asked to submit proposals for improving drug provision. Proposals were collected from 748 respondents (43%), while 982 (57%) respondents refrained from answering. The proposals were analyzed and grouped by direction and presented in Table 3.

Table 3 - Proposals from the population to improve the free drug provision system

No	Proposals from the population to improve the system of free drug provision
1	Free (full) provision of drugs for all categories of the population
2	Expansion of the list, financing of medicines in accordance with clinical protocols for diagnosis and treatment.
3	Switching to electronic medicine prescription
4	Free provision of medicines to pregnant women
5	Reducing the price of medicines, especially for expensive medicines
6	Do not substitute medicines prescribed by your doctor with cheap analogues. This affects the quality of treatment!
7	Issuing free medications at any pharmacy
8	When providing free medication, the patient's place of residence is not taken into account – in a village, it is necessary to go to the regional center to the pharmacy, the trip costs more than the cost of the medicine
9	Inclusion of orphan drugs in the general drug provision list
10	Expansion of the list of combination medicines for the treatment of arterial hypertension

Discussion

88% of respondents who participated in the survey were residents of regional centers and cities of republican significance. Only 12% of respondents were residents of district centers and villages. This is obviously due to the fact that the survey was conducted online. According to inbusiness.kz, citing ranking.kz, the share of internet users aged 6 years and older in Kazakhstan in 2021 was 90.9% of the total population, which is significantly higher compared

to previous years: 85.9% in 2020 and 81.9% in 2019. The share of network users in cities increased from 87.7% in 2020 to 92.2% in 2021, while in rural areas it increased from 83.4% to 88.8% [10]. Also, 63.6% of respondents were aged 18 to 60 years, with 41% men and 59% women.

According to the results of the ranking of respondents under dynamic observation and receiving free treatment for diseases, 40.8% of participants suffer from arterial hypertension and 22.5% from diabetes mellitus. It should be noted that these nosologies are among the top 10 nosologies on which 73% of the total drug provision expenditure is spent within the allocated budget funds for outpatient drug provision, for example, 19% (first place in the top 10) is spent on diabetes mellitus, and 6% (fifth place in the top 10) on arterial hypertension [8]. 91.5% of participants were prescribed free medicines, which may indicate sufficient availability of medicines, considering that 91.5% of respondents are under dynamic observation by a doctor. At the same time, 80.1% of respondents noted that they regularly receive free medicines once a month.

Although the issue of co-payment for original medicines is often discussed, 61.12% of respondents are not ready to pay the price difference between the original drug and the generic. According to a population survey in 2021, 31% of respondents are not willing to receive a medicine that is better compared to the one provided according to the ODPS list, while the majority (69%) are willing to pay for a similar medicine from another manufacturer [11]. At the same time, proposals to improve drug provision suggest providing free medicines to all categories of the population.

The survey results revealed problems in the provision of state-guaranteed medicines. Although almost 80% of respondents reported that medicines are always available in pharmacies, 18% noted that medicines are periodically absent, and 2.5% believe that free medicines are never available in pharmacies. According to a population survey in 2021, 48% of respondents reported that the prescribed medicine is periodically absent in the pharmacy [11]. Additionally, according to the Single Distributor report, only 97% of medicines were purchased, and the remaining 3% were not purchased, meaning they did not reach patients [8]. Meanwhile, the distribution of budget funds across the regions of the republic is still uneven. The largest amount of funding for ODPS is observed in Almaty, Karaganda region, Astana, East Kazakhstan, and Almaty regions. At the same time, the funding of these five regions accounts for more than 48% of the total ODPS funding by the Single Distributor for 9 months of 2021 [12].

Conclusions

The survey results revealed issues in the provision of state-guaranteed medicines. Overall, the free outpatient drug provision system in Kazakhstan is well-established, with patients receiving the necessary medicines on time for diseases managed at the outpatient level. However, there are problematic areas that require improvement in this direction.

Conflict of Interest. None declared.

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The survey also highlighted that out-of-pocket expenses for purchasing medicines include drugs that are part of the free provision list. For instance, 78% of the medicines that respondents bought at their own expense are included in the ODPS free list. This may be due to the low awareness of the population about the medicines included in the free list.

98% of respondents stated that they know how to correctly take the prescribed medicine, but 2% know approximately or do not know how to take the prescribed medicine. It is encouraging that 94% of respondents receive information on the use of medicines from their doctor, while only 1% receive it from the pharmacist and 5% from the internet, friends, and relatives. However, self-medication remains a serious healthcare issue, which became especially prevalent during the COVID-19 pandemic, with uncontrolled use of non-steroidal anti-inflammatory and antimicrobial drugs [13-15]. Given that this study was conducted during the pandemic, during which there was an increase in irrational use of antimicrobial drugs, two questions regarding the use of antibiotics were included in the survey. The fact that only 23.41% of respondents took antibiotics without a doctor's prescription, i.e., self-medicated, indicates that by the second year of the pandemic, healthcare workers managed to reduce the uncontrolled use of antibiotics compared to 2021 (when 50% of respondents took antibiotics without a doctor's prescription) [11]. Only 22% of respondents took antibiotics strictly as prescribed by a doctor. Here, it is important to note the role of pharmaceutical counseling, which, unfortunately, is not well-developed in our country. More and more studies confirm that addressing medication-related issues is a critical topic for counseling, as low awareness of errors in the administration of certain dosage forms and dosages, even during repeated uses, can significantly impact the safety and effectiveness of medication therapy. For example, in one study, the effectiveness of intervention improved from 29% initially to 46% after receiving pharmaceutical counseling [16-19].

Thus, more than 90% of the adult population positively assessed the free drug provision system, which is significantly better compared to the survey results from 2021 (66%) [11]. At the same time, 5.47% of respondents consider the work of the system unsatisfactory. For comparison, in 2021, 21% of respondents rated the free drug provision system as unsatisfactory.

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Тегін дәрі-дәрмекпен қамтамасыз ету жүйесіне қанағаттану туралы Қазақстан Республикасының ересек тұрғындарының пікірін талдау

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Түйіндеме

Дәрі-дәрмектерге қол жеткізу мәселесі денсаулыққа құқықты толық іске асырудың негізгі құрамдас бөлігі болып табылады. Дәрі-дәрмектерге тең қол жеткізу бүкіл әлемде бірінші кезектегі міндет болып табылады. Сонымен қатар, нарыққа инновациялық дәрі-дәрмектерге қол жеткізу халықтың өмір сүру ұзақтығы мен сапасын жақсартудың шешуші факторы болып табылады. Сапалы медициналық көмекке тең қолжетімділікті қамтамасыз ету арқылы медициналық қызметтердің қолжетімділігін арттыру проблемасы Қазақстан Республикасының 2029 жылға дейінгі ұлттық даму жоспарында атап көрсетілген. Инновациялық технологиялар нарығына қол жеткізу негізінен азаматтардың технологияны қабылдауға дайындығына байланысты. Сондықтан пациенттердің дәрі-дәрмек өте нарығына кіруге қатысуы маңызды.

Зерттеудің мақсаты: пациенттердің қажеттіліктеріне қолжетімділігін, тиімділігін және жауаптылығын арттыру бойынша ұсыныстар бере отырып, амбулаториялық дәрі-дәрмекпен қамтамасыз ету жүйесіне қанағаттану туралы халықтың субъективті пікірін зерттеу.

Әдістері. Әлеуметтанулық зерттеу онлайн форматта SurveyMonkey платформасы арқылы ересек тұрғындарға сауалнама жүргізу арқылы жүргізілді. Респонденттердің жалпы саны: ересектер – 1730 адам, оның ішінде ерлер – 710 (41,05%), әйелдер – 1020 (58,95%).

Нәтижелер. Сауалнамаға қатысқандардың 80%-ға жуығы дәріханада дәрі-дәрмектер әрқашан бар екенін айтты, бірақ 18%-ы мезгіл-мезгіл жоқ екенін, ал 2,5%-ы дәріханаларда ешқашан тегін дәрі жоқ деп санайды. Пациенттер өздері сатып алған аталған препараттардың 78% - ы тегін дәрі-дәрмектер тізіміне кіреді. Респонденттердің 23,41% -ы антибиотиктерді дәрігердің нұсқауынсыз қабылдаған. Респонденттердің 61,12% - ы бастапқы препарат пен генерик арасындағы баға айырмашылығын төлеуге дайын емес. Қазақстанда тегін дәрі-дәрмекпен қамтамасыз ету жүйесінің жалпы бағасы келесідей: қатысушылардың 35,47% -ы өте жақсы, 47,58% -ы жақсы, 9,14% -ы қанағаттанарлық және респонденттердің 5,47% -ы тегін дәрі-дәрмекпен қамтамасыз ету жүйесінің жұмысын қанағаттанарлықсыз деп санайды.

Қорытынды. Сауалнама нәтижелері Мемлекет кепілдік берген дәрі-дәрмектермен қамтамасыз етудегі проблемаларды анықтады. Жалпы, Қазақстанда тегін амбулаториялық дәрі-дәрмекпен қамтамасыз ету жүйесі жолға қойылған, пациенттер амбулаториялық деңгейде басқарылатын аурулар бойынша уақтылы қажетті дәрілік заттарды алады. Алайда, осы бағыттағы жұмысты жетілдіруді талап ететін проблемалық мәселелер бар.

Түйін сөздер: дәрі-дәрмектерге қол жеткізу, тегін дәрі-дәрмекпен қамтамасыз ету, халықтың дәрі-дәрмекпен қамтамасыз етілуіне қанағаттануы.

Анализ мнения взрослого населения Республики Казахстан об удовлетворенности системой бесплатного лекарственного обеспечения

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Резюме

Вопрос доступа к лекарствам является основополагающим компонентом полной реализации права на здоровье. Равный доступ к лекарствам является приоритетной задачей во всем мире. Наряду с этим, доступ на рынок инновационных лекарственных средств является решающим фактором в улучшении продолжительности и качества жизни населения. Проблема повышения доступности медицинских услуг через обеспечение равного доступа к качественной медицинской помощи подчеркивается в Национальном плане развития Республики Казахстан до 2029 года. Доступ на рынок инновационных технологий в значительной степени зависит от готовности граждан принять технологию. Поэтому участие пациентов в доступе на рынок лекарств имеет решающее значение.

Цель исследования: Изучение субъективного мнения населения об удовлетворенности системой амбулаторного лекарственного обеспечения, с предоставлением предложений по повышению ее доступности, эффективности и отзывчивости на потребности пациентов.

Методы. Социологическое исследование проведено путем анкетирования взрослого населения через платформу SurveyMonkey в онлайн формате. Общее число респондентов: взрослые – 1730 человек, из них мужчин – 710 (41,05%), женщин – 1020 (58,95%).

Результаты. Почти 80% опрошенных сообщили, что лекарственные средства всегда есть в аптеке, но 18% отметили, что периодически отсутствуют, а 2,5% считают, что бесплатных лекарств никогда нет в аптеках. 78% из перечисленных препаратов, которые пациенты покупали самостоятельно, входят в Перечень бесплатных лекарств. 23,41% респондентов принимали антибиотики без назначения врача. 61,12% респондентов не готовы оплачивать разницу в цене между оригинальным препаратом и генериком. Общая оценка системы бесплатного лекарственного обеспечения в Казахстане выглядит следующим образом: 35,47% участников оценили на отлично, 47,58% на хорошо, 9,14% на удовлетворительно и 5,47% респондентов считают работу системы бесплатного лекарственного обеспечения неудовлетворительной.

Выводы. Результаты опроса выявили проблемы в обеспечении лекарственными средствами, гарантированных государством. В целом система бесплатного амбулаторного лекарственного обеспечения в Казахстане налажена, пациенты получают своевременно необходимые лекарственные средства по управляемому на амбулаторном уровне заболеваниям. Однако имеются проблемные вопросы требующие совершенствования работы в данном направлении.

Ключевые слова: доступ к лекарствам, бесплатное лекарственное обеспечение, удовлетворенность населения лекарственным обеспечением.