

MAPPING THE HEALTH & SOCIAL CARE SECTOR AND IT'S ACTORS IN EURASIA

KAZAKHSTAN



TABLE OF CONTENTS

2. Key takeaways

3. Background

4. Identifying care gaps

5. Working conditions of health and social care workers

7. FPRK

8. Amanat

9. The Association of GPs

10. Worker initiatives

11. About

KEY TAKEAWAYS

- The healthcare system in Kazakhstan is facing significant challenges due to decreasing access to care facilities, limited healthcare services in rural areas, and a lack of crisis centers to support victims of domestic violence.
- The working conditions of healthcare workers are not ideal, with low salaries in the public sector, long working hours, and a disproportionate number of men among head doctors and hospital managers.
- There is a growing trend towards privatization in the healthcare sector in Kazakhstan.
- The COVID-19 pandemic has worsened pre-existing issues in Kazakhstan's welfare system, leading to an increase in protests across various sectors.
- The combination of inflation, anti-worker legislation, and the lack of independent trade unions has contributed to the increase in strike actions in Kazakhstan.

BACKGROUND

Kazakhstan gained its independence in 1991 after the dissolution of the Soviet Union. The country had a high membership rate in trade unions, including the care sector, which were largely influenced by Soviet-era politics. From 1991 to 2019, Nursultan Nazarbayev ruled the country, and public sector salaries remained low due to economic and demographic crises. Education and healthcare workers were among the lowest paid in the country. The late 1990s and early 2000s saw an oil boom, which led to increased reliance on private institutions in education and healthcare. This was fueled by the accumulated wealth of a few entrepreneurs who created their own private environment around small banks, insurance companies, pharmaceutical producers, and private clinics. As a result, the state lost control of the healthcare sector, leading to a sharp increase in inequality between privately-owned hospitals and clinics and underfunded public facilities. This led to a decrease in union membership across most sectors, including healthcare workers.

The COVID-19 pandemic has worsened pre-existing issues in Kazakhstan's welfare system, leading to an increase in protests across various sectors. The Central Asian Protest Tracker (CAPT) recorded at least 540 protests in Kazakhstan in the first half of 2021, with 150 of these focused on labor issues. The protests were organized by worker collectives and citizens and included strikes by crane operators, bus drivers, medical personnel, ambulance drivers, school teachers, and food couriers. The combination of inflation, anti-worker legislation, and the lack of independent trade unions contributed to the increase in strike actions. In June 2021, the International Labor Organization criticized Kazakhstan for not complying with international labor rights conventions it had signed.

IDENTIFYING CARE GAPS

Despite its economic growth, Kazakhstan's healthcare system still faces significant challenges, particularly in terms of access and quality. The COVID-19 pandemic has further exposed the long-standing issues that have put the country's welfare system under stress. One major area of concern is the de-creasing number of hospitals and clinics. In 2003, Kazakhstan had 1,029 "care facilities," which has now reduced to 773 in 2020. This decrease in facilities could create a gap in access to healthcare services, particularly in rural areas, where healthcare services are limited.

Kazakhstan has 272 registered care centers that primarily cater to pensioners and people with disabilities. However, only a few of these centers are connected to basic utilities, such as electricity, sewer, and central heating, reflecting a lag in infrastructure development, especially in the periphery of the country. This situation puts patients' health and safety at risk, particularly during winter months.

Another significant concern in Kazakhstan is the lack of crisis centers that provide support for victims of domestic violence. Although there are 20 to 38 crisis centers in the country, they are unable to provide adequate services to meet the demand for assistance. Domestic violence is a widespread social problem in Kazakhstan, yet it remains underreported and underrepresented in official statistics.

WORKING CONDITIONS OF HEALTH AND SOCIAL CARE WORKERS

The healthcare sector in Kazakhstan employs approximately 20,000 workers, with most of them working in healthcare (around 17,000). Salaries in the public sector are regulated through government plans, which gradually increase the pay every year. However, historically, education and healthcare professionals were paid very little. In an effort to close the gap between local and international averages, a new program approved in 2020 and in force since 2021 is expected to increase the average salary of doctors from around 200,000 tenge (€400) to 500,000 tenge (€1,000). The head of the local union of healthcare workers under the Federation of Trade Unions of Kazakhstan stated that “that can be considered good for local workers, given that the minimum wage in the country is 60,000 tenge.” Despite this improvement, the average salaries in the sector are still low.

Most workers in healthcare are women, with the exception of a disproportionate amount of men among head doctors and hospital managers. Ambulance drivers work on a 1:3 shift, working one day and resting three, and earn around 300,000 tenge per month (€600), which is considered a good salary for this type of work in Almaty.

During the height of the pandemic, doctors earned bonuses for their work in the makeshift COVID hospitals and in the ICUs. The cumulative monthly pay at the time could reach 1 million tenge (€2,000). Most doctors, given the higher-than-normal pay, asked to be assigned to emergency work. Private care organizations pay better, but they do not provide a social package along with the salary. Private clinics hire the best doctors in an effort to provide the best care for the money they charge to patients.

Younger workers strive to gain better experience first, and they can receive it through state-owned hospitals and clinics, rather than private ones. In an effort to earn a decent wage, most doctors and nurses work several shifts, both in public and private facilities. However, this proves difficult for workers in public facilities because the working hours are quite long. The only way that this is possible is by exploiting the mandatory downtime: a nurse works one day and rests two at a public hospital, which means that they have two days to work at private organizations and forego their rest. This is legal in the healthcare sector, although it is illegal for workers involved in hazardous industries.

There is a growing trend towards privatization because private clinics have access to the state budget for certain services, making it a potentially profitable business to start. In general, it is possible to earn per patient if the patient is a member of the new mandatory insurance system. The state tender system, however, is complicated and requires additional administrative staff to write the application, co-ordinate with the reporting and auditing, and generally dealing with state bureaucracies. Privatization, along with the informal ban on union membership outside of public facilities, results in lower trade union membership, which weakens their budget and therefore their capacity to allocate resources for their services.

FPRK

The Federation of Trade Unions of Kazakhstan (FPRK) is a large, hierarchical organization that mainly represents workers in the public sector and state-owned enterprises. Although it has around 2 million members, FPRK membership in the care sector in Almaty is just 23%, a significant decline from Soviet times. The government does not interfere or help with the union's efforts to gather membership, making it difficult for the union to attract members. The FPRK charges 1% of the monthly salary of the worker for membership, but some workers choose to keep the money for themselves.

There are three organizations now, which subdivide the care sector among themselves. Yet total FPRK membership amounts to just 23% of the workers in the care sector in Almaty. This is a stark difference from Soviet times, when membership was 100%, which also guaranteed a financial strength for the union. The tripartite commission meets twice a month and deals with social issues, with a representative from the vice-mayor's office, an employer representative, and a union representative. The organizations in the care sector that work with FPRK are all government-funded, so bankruptcy is not a concern, but the commission discusses other labor issues such as unlawful layoffs and worsening conditions. FPRK provides its members with free services such as a legal clinic and a conciliatory commission, as well as courses for union members and leaders to improve their legal literacy.

FPRK faces challenges, such as the heads of the Trade Union Commissions at each enterprise who have to balance their work time with union time. During the pandemic, FPRK established a Regional Commission with the participation of government, NGOs, and trade unions. The union bought instruments needed for the emergency, provided dormitories and small apartments for workers living outside the city limits, and paid additional one-time bonuses to workers involved in the pandemic emergency. The union also helped care workers travel to their workplace during urban violence in Almaty in January 2022.

AMANAT

The trade union “Amanat” was born in Karagandy around 2017 and managed to register officially despite the strict rules dictated by the Law on Trade Unions. In Kazakh, “amanat” has several meanings, from “to entrust” to “insurance”. Therefore, the trade union should not be confused with the private insurance company of the same name. In 2022, the ruling Nur-Otan party was renamed Amanat, although it bears no direct affiliation with the trade union.

THE ASSOCIATION GPs

This association is voluntary and unites GPs in lieu of a trade union organization. In contrast to similar professional organizations in the West, the ASV cannot certify doctors, which is a process that remains in the hands of the Ministry of Health.

The organization is an NGO, funded by a monthly fee by physicians (a marginal contribution), plus special consulting projects and private companies' payments. For at least the past 10 years, the central ASV office has not received public funds. There are branches in the provinces that receive small grants from the local governments for specific projects.

Most of the GPs members of this NGO work in state structures, some have private clinics. These represent Tier 1 care workers who could also be members of the FPRK.

WORKER INITIATIVES

In November 2021, ambulance workers in an oil town in the western Mangystau region protested their working conditions. The Mangystau Regional Emergency and Urgent Care Station Medical Aid, a state utility enterprise, employs around 500 workers between drivers and paramedics.¹ The strikes in Mangystau reflect a sentiment of discontent that encompasses the population across economic sectors where the unemployed, oil workers, and security service workers have all organized strikes and sit-ins in the past couple of years.

In July 2021, the Almaty Ambulance Station, another emergency care company, organized a protest action complaining about worker conditions among drivers and paramedics.² Across Kazakhstan, ambulance drivers protested for months against their discrimination during the height of the pandemic, as they were not considered as a category that should receive a bonus for working during the pandemic, as was the case for other care workers. In 2021 they were able to win increased compensation.

ABOUT

About UNI Europa: As the European trade union federation for 7 million service workers, UNI Europa speaks for the sectors that constitute the backbone of economic and social life in Europe.

About Open Society Foundation: The Open Society Foundations, founded by George Soros, are the world's largest private funder of independent groups working for justice, democratic governance, and human rights. We approach this mission through the illuminating principles of justice, equity, and expression—defining characteristics of any truly open society.

Special thanks to the collaborators on this project: Adrian Durtschi, Eka Iakobishvili, Oksana Slobodyna, Paolo Sorbello, Rafal Tomasiak, Shairbek Dzhuraev, Sherzod Shamiev, Sopo Japaridze, Wail Qasim

This project has been coordinated by Mark Bergfeld, Director UNI Care.

For more information, please contact mark.bergfeld@uniglobalunion.org

