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- ◆ Оқытушыларға көмек –
В помощь преподавателю –
To help the teacher
- ◆ Жас мамандар сөз алады –
Слово молодым –
The word to the young

УЧЕНЫЕ ТРУДЫ
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ADMINISTRATIVE AND LEGAL REGULATION OF THE PROCEDURE FOR PROVIDING REHABILITATION ASSISTANCE IN THE MEAI SYSTEM IN CASE OF LOSS OF PROFESSIONAL EMPLOYMENT (INTERNATIONAL EXPERIENCE)

Socio-economic transformations carried out at the present stage of development of the Republic of Kazakhstan dictate the need to revise traditional approaches to financing social protection of the population. Considering that the International Labor Organization focuses on the need for a holistic approach to improving the system of compulsory insurance of industrial accidents and occupational diseases through the implementation of prevention, rehabilitation, compensation functions, there is an urgent need in our country for a structural change in the funds of the insurance fund formed in the MEAI system with reimbursement of expenses from the amount of the insurance premium for the social rehabilitation of the victim an employee with loss of professional ability to work.

Research methods: When writing the article, a set of issues related to legal and regulatory approaches of legislation in the field of healthcare to ensuring and expanding access to rehabilitation services for persons injured in the event of an accident at work is considered.

General and special research methods were used to identify the study of the place of rehabilitation in health legislation and the development of rehabilitation services in key national strategies and action plans in the field of health. The methodological basis consists of general scientific and special research methods: legal analysis and synthesis, dialectical, sociological methods, as well as the method of comparing legal norms, statistical data processing. The combination of the above-mentioned methods of research of scientific phenomena allowed us to substantiate the novelty of the study and substantiate the scientific conclusions obtained.

Research results: proposed changes to the mechanisms for determining the need for financing rehabilitation measures for victims of industrial accidents.

Conclusion: in the Republic of Kazakhstan, there is a need for a structural change in the funds of the insurance fund formed in the MEAI system with reimbursement of expenses from the amount of the insurance premium for the social rehabilitation of the injured employee in case of loss of professional ability to work. The proposed proposals will allow paying attention to encouraging employers to take measures to improve safety and working conditions at the enterprise.

Keywords: social rehabilitation, medical rehabilitation, components of social and medical care, occupational injuries.

Административно-правовое регулирование процедуры оказания реабилитационной помощи в системе ОЧНС при утрате профессиональной трудоспособности (международный опыт)

Социально-экономические преобразования, проводимые на современном этапе развития Республики Казахстан диктуют необходимость пересмотра традиционных подходов к финансированию социальной защиты населения. Учитывая, что Международная организация труда акцентирует внимание на необходимости целостного подхода к совершенствованию системы обязательного страхования несчастных случаев на производстве и профессиональных заболеваний посредством реализации функций

профилактики, реабилитации, компенсации в нашей стране назрела острая необходимость к структурному изменению средств страхового фонда, формируемого в системе ОНС с возмещением расходов от суммы страховой премии на социальную реабилитацию пострадавшего работника при утрате профессиональной трудоспособности.

Методы исследования: При написании статьи рассмотрен комплекс вопросов, касающихся правовых и нормативных подходов законодательства в области здравоохранения к обеспечению и расширению доступа к реабилитационным услугам лицам, пострадавшим при возникновении несчастного случая на производстве.

Для выявления изучения места реабилитации в законодательстве о здравоохранении и развития реабилитационных услуг в ключевых национальных стратегиях и планах действий в области здравоохранения использованы общие и специальные методы исследования. Методологическую основу составляют общенаучные и специальные методы исследования: правовой анализ и синтез, диалектический, социологический методы, а также метод сопоставления правовых норм, статистической обработки данных. Совокупность выше обозначенных методов исследования научных явлений позволила обосновать новизну исследования и обосновать полученные научные выводы.

Результаты исследования: предложены изменения в механизмы определения потребности в финансировании реабилитационных мероприятий, пострадавшим в результате несчастных случаев на производстве.

Вывод: в Республике Казахстан существует потребность к структурному изменению средств страхового фонда, формируемого в системе ОНС с возмещением расходов от суммы страховой премии на социальную реабилитацию пострадавшего работника при утрате профессиональной трудоспособности. Вносимые предложения позволят уделять внимание стимулированию работодателей проводить мероприятия по улучшению охраны и условий труда на предприятии.

Ключевые слова: социальная реабилитация, медицинская реабилитация, компоненты социальной и медицинской помощи, производственный травматизм.

Кәсіптік еңбекке қабілеттілігінен айырылған кезде ЖОМС жүйесінде оңалту көмегін көрсету рәсімін әкімшілік-құқықтық реттеу (халықаралық тәжірибе)

Қазақстан Республикасының қазіргі даму кезеңінде жүргізіліп жатқан әлеуметтік-экономикалық қайта құрулар Халықты әлеуметтік қорғауды қаржыландырудың дәстүрлі тәсілдерін қайта қарау қажеттігін белгілейді. Халықаралық еңбек ұйымы профилактика, оңалту, өтемақы функцияларын іске асыру арқылы өндірістегі жазатайым оқиғаларды және кәсіптік ауруларды міндетті сақтандыру жүйесін жетілдіруге тұтас көзқарастың қажеттілігіне назар аударатынын ескере отырып, біздің елімізде жәбірленушіні әлеуметтік оңалтуға арналған сақтандыру сыйлықақысы сомасынан шығыстарды өтей отырып, ЖОМС жүйесінде қалыптастырылатын сақтандыру қоры қаражатын құрылымдық өзгертуге шұғыл қажеттілік туындады кәсіптік еңбекке қабілеттілігін жоғалтқан кезде қызметкер.

Зерттеу әдістері: мақала жазу кезінде өндірісте жазатайым оқиға болған кезде зардап шеккен адамдарға оңалту қызметтеріне қолжетімділікті қамтамасыз ету мен кеңейтуге денсаулық сақтау саласындағы заңнаманың құқықтық және нормативтік тәсілдеріне қатысты мәселелер кешені қаралды.

Денсаулық сақтау туралы заңнамада оңалту орнын зерттеуді анықтау және оңалту қызметтерін дамыту үшін негізгі ұлттық стратегиялар мен денсаулық сақтау іс-қимыл жоспарларында зерттеудің жалпы және арнайы әдістері қолданылды. Әдістемелік негізді зерттеудің жалпы ғылыми және арнайы әдістері құрайды: құқықтық талдау және синтез, диалектикалық, социологиялық әдістер, сондай-ақ құқықтық нормаларды салыстыру, деректерді статистикалық өңдеу әдісі. Ғылыми құбылыстарды зерттеудің жоғарыда аталған

әдістерінің жиынтығы зерттеудің жаңалығын негіздеуге және алынған ғылыми тұжырымдарды негіздеуге мүмкіндік берді.

Зерттеу нәтижелері: өндірістегі жазатайым оқиғалардан зардап шеккендерге оңалту іс-шараларын қаржыландыру қажеттілігін анықтау тетіктеріне өзгерістер енгізу ұсынылды.

Қорытынды: Қазақстан Республикасында кәсіптік еңбекке қабілеттілігін жоғалтқан кезде зардап шеккен қызметкерді әлеуметтік оңалтуға арналған сақтандыру сыйлықақысының сомасынан шығыстарды өтей отырып, ЖОМС жүйесінде қалыптастырылатын сақтандыру қоры қаражатын құрылымдық өзгертуге қажеттілік бар. Енгізілетін ұсыныстар жұмыс берушілерді кәсіпорындағы еңбекті қорғау мен еңбек жағдайларын жақсарту жөніндегі іс-шараларды жүргізуге ынталандыруға назар аударуға мүмкіндік береді.

Түйінді сөздер: әлеуметтік оңалту, медициналық оңалту, әлеуметтік және медициналық көмектің компоненттері, өндірістік жарақаттану.

Introduction. This article analyzes the international legal regulation governing procedures for providing rehabilitation measures to injured employees who suffer loss of professional ability during implementation of MEAI systems during implementation of scientific and technical programs on "Economic Problems of Safe Work and Institutional Transformations of Insurance Mechanism in Republic of Kazakhstan (BR11965728) through program-targeted funding of research by Republican Research Institute for Labor Protection under Ministry of Labor and Social Protection of Republic of Kazakhstan.

Internationally, occupational accident insurance covers work-related accidents and diseases (excluding Denmark and the UK) including any that occur while travelling to work (except Denmark and UK) that lead to disability, impairment, or death; each system makes clear distinctions between occupational accidents and diseases (some countries even provide separate policies to cover each).

While occupational insurance covers accidents at work, this system includes only predefined diseases as potential workplace health hazards; any compensation related to these specific illnesses would only apply. Diseases typically make such lists when there is evidence linking their impact with specific forms of work, with each EU country maintaining its own list. Two extreme examples include Sweden with their "open system", in which each compensation claim for damage caused by professional activity is reviewed individually; France on the other hand has an "expanded list", including diseases with symptoms or pathological lesions as well as causes and time limits associated with compensation claims [7].

Notably, state programs which offer workers benefits following occupational injury and disease were some of the early forms of social protection.

Materials and methods. As part of writing the article, an array of issues concerning legal and regulatory approaches in healthcare to facilitate and expand population access to rehabilitation services is considered.

Research methods were employed in order to study rehabilitation's place within health legislation and its development within key national strategies and action plans in terms of healthcare delivery. A combination of general scientific as well as special methods was utilized, such as legal analysis/synthesis/dialectic/sociological methods were applied as well as statistical data processing services as a part of this investigation.

An examination was made of foreign literature related to national legislation and health policy from European Union countries to examine how rehabilitation fits into health planning in each of them. Evidence obtained through review and analysis of textual data was then used to create summary reports for each nation as well as descriptive synthesis that summarized major results and discussed any implications on European health policy implications. Literary data collection used publicly available general search engines with manual searching as its method.

Results and discussions. According to the International Labour Organization (ILO), worldwide work-related fatalities total 2.8 million each year while 374 million injuries occur and 160 million illnesses develop every year.

Analysis of National Stats on Injuries and Deaths Related to Labor Activity has demonstrated a declining trend for work accidents in Kazakhstan over the last three years, such that 2022 showed an upsurge in accident victims relative to 2021 by 15%; due to both reduced severity of accidents (-7%) as well as increasing mortality rates (+16); similar indicators had already appeared between 2020-2021 of +20%, +3% and +1% increases, respectively.

Additionally, hidden occupational injuries should also be recognized and their relative increase noted. When looking at data on small enterprises over three years and looking at victims by size versus main growth trends for them in 2021-2022 versus 2021-2022 it appears there has been an 11% reduction between them both years.

Statistics provided us with enough evidence to establish an indicator for occupational injuries at 10:1, considerably less than developed countries such as Finland (5750:1, Germany (1811:1) or Sweden 1000:1).

Manufacturing and mining are leading sectors in terms of industrial injuries in their sectors; between 2020-2022 the primary reasons for an increase in accidents included gross negligence as well as violation of safety or labor protection rules by victims.

Internationally, compensation payments related to occupational injuries account for an estimated financial burden equal to up to four percent of annual global GDP (ILO, 2021d). Yet only 35.4% of worldwide workers are legally protected through occupational accident insurance (EII). As such, workers often experience financial issues when incapacitated as a result of work injuries and occupational diseases; families also may struggle financially when breadwinners pass due to occupational illness-related deaths.

EII's primary goals are to assist workers who find themselves facing financial difficulty temporarily and ensure they return quickly to work; and provide financial support in case of death for dependents of deceased workers (ILO 2021c). EII provides this assistance primarily by way of medical support for physical and cognitive function restoration as well as replacement income via periodic cash benefits throughout any suspension of earnings from treatment periods or funeral allowance for survivors (ILO 2021c).

EII assists employees when it becomes impossible for them to resume all previous activities; when their ability to earn drops below previous levels, EII assists with adapting to a different professional role; it also works toward maintaining their standard of living during difficult financial periods.

EII usually offers financial and technical assistance in such instances to employees receiving reduced employee incomes, purchase of rehabilitation equipment and services as well as adaptation services in some instances; and permanent disability or temporary disability benefits under ILO 2021c for workers unable to return to work.

At our firm, we believe the German Federal Government's National Action Plan 2.0 for People with Disabilities merits particular recognition - this intersectoral plan covers issues directly pertaining to disability rehabilitation. This National Plan places special focus on vocational rehabilitation and capacity restoration; major actions involve rehabilitation services that ensure and promote equal participation for all [10]. Concerning inclusion for individuals living with disabilities, the National Action Plan 2.0 aligns closely with WHO Global Action Plan on Persons with Disabilities for 2014-2021. Improving health for all those with disabilities [11]; related actions include strengthening community-based rehabilitation for people with disabilities and expanding assistive technologies and assistance and support services available for them, in addition to offering rehabilitation measures which support disabled people themselves as well as their families; rehabilitation also plays a part in the prevention of disorders leading to disability [12].

Legislation from European nations that implement compulsory insurance provides for an allotment of premium payments to be allocated toward preventive measures; an example would be

Poland where up to one percent of occupational accident insurance funds is designated specifically for such events as stipulated in their laws [13, 14].

Simultaneously, both this portion of costs and total premium costs reduce a policyholder's tax base, with amounts designated towards creating an appropriate preventive measures fund optimizing tax contributions from insurers.

Socio-economic transformations in Kazakhstan necessitate changing traditional approaches to financing social protection of its population, including reimbursement of any insured employee costs up to 2 % of his or her insurance premium in cases of injury that leads to permanent professional disability and social rehabilitation of injured employee (loss of professional ability to work).

Rehabilitation results typically are achieved through applying principles and methods from rehabilitation medicine, physiotherapy, occupational therapy, speech therapy and the provision of auxiliary means. Psychosocial counseling sessions with caregivers or training of caregivers as well as measures taken towards returning to work may indirectly improve individual health and functioning while contributing towards its improvement.

Social rehabilitation refers to measures designed to safeguard citizens' social rights. In European Union countries, such measures often serve to supplement existing state healthcare systems by covering expenses that go uninsured or aren't fully provided for by state health systems.

According to their personal and social needs, injured employees who require rehabilitation services should receive estimated sums from insurance payments that should be used towards social rehabilitation modalities such as:

- restorative and reconstructive therapy - for reconstructing face, body parts or implant placement; etc;
- sociopsychological methods aim to restore mental and psychological well-being for subjects, optimize intragroup relationships and ties, identify individual potential, provide psychological correction support and assistance;
- professional and Labor Training Services specialize in creating or revitalizing human labor skills as well as professional competencies that may have become obsolete, leading to employment.

Pay particular note that in Kazakhstan, terms and degrees of disability are determined based on rehabilitation prognosis and potential of examined persons, according to an Order issued by Minister of Health and Social Development of Population Republic of Kazakhstan on January 30, 2015 no 44 "On approval of Rules of Medical and Social Expertise".

Individual rehabilitation plans (IPRs) typically combine medical and social components. As part of an overall approach to therapy services delivery, professional parts may also provide combination care packages of both elements of rehabilitation services.

The IPR medical component is being conducted by a multidisciplinary group affiliated with a medical organization under a multi-agency agreement and in compliance with Order KR DSM-116/2020 issued by Minister of Health of Kazakhstan "On Approval of Rules for Medical Rehabilitation", effective October 7, 2020 and paid through mandatory social health insurance or paid at cost financed from citizens' own funds, voluntary medical insurance funds and employers funds (when not prohibited by legislation in Republic of Kazakhstan).

Implementation of IPR of an employee who has experienced an occupational injury reveals the complexity associated with deciphering medical and social assistance components; consequently it becomes challenging to allocate and account for current expenses related to rehab services financing; consequently increasing dissatisfaction from victim.

Given that one of the primary tasks of state policy is the protection of labor potential in Kazakhstan, it seems reasonable that all components of IPR be provided through rehabilitation centers of the Ministry of Labor and Social Protection of Population of Republic Kazakhstan (hereinafter-Centers). Funds collected through insurance premiums would go toward rehabilitation of injured employee in case they lose professional ability to work under Centre conditions - this would demonstrate state policy's attentiveness towards individual needs.

With rehabilitation services like occupational therapy as an example, one can gain an appreciation of the complexity involved in disentangling medical and social components for care funding purposes [9].

Occupational therapy and related services enhance an individual's skills, potential and effectiveness when engaging in personal interactions and environmental conditions. Services may be tailored directly towards an individual or to improve activities and increase participation. Occupational therapy services typically involve therapeutic application of meaningful and purposeful activities (in which "occupation" refers to any activity done for leisure), adaptations in environmental conditions and processes to increase functioning and participation, as well as programs with step-by-step tasks and actions as a prerequisite to functional training for elementary self-care activities (including self-care).

Occupational therapy encompasses the evaluation, selection, manufacturing, application, adaptation and training in using prosthetic technology such as orthopedic devices or prostheses. Physiotherapy services aim at "unlocking maximum motor potential and keeping people functioning throughout life". Services provided under this category involve the restoration of human body systems responsible for movement, optimizing functional abilities and recovery, decreasing disability levels and improving quality-of-life issues for individuals or groups of individuals by working to address functional defects in physical, psychological and emotional domains, along with social well-being concerns. Circumstances which put a risk to motor abilities and functions include congenital disorders, age related changes, injuries sustained during accidents or diseases or environmental influences that impede motor functions and capabilities.

Services provided at CFSI are tailored specifically to each case and may include manual therapy, electrotherapeutic methods, exposure to physical factors and mechanical effects; decoration Designing devices and technical means;

- Methods and technologies designed to restore and safeguard biological functions in skin tissue; techniques for clearing respiratory tract; therapeutic gymnastics.

- Physical and rehabilitation medicine offers services designed to diagnose health conditions, assess functionality and implement biomedical and technological interventions that improve wellbeing while optimizing functional potential.

Services provided may include, among others: mes

- prescribing an array of integrated biomedical, psychological and social interventions such as medication, physiotherapy, occupational therapy, speech therapy/language therapy/dysphagia treatment as well as rehabilitation care including neuropsychological interventions psychological interventions therapeutic nutrition therapeutic nutrition provision of auxiliary equipment prosthetics orthotics training of both patient and family.

- psychological education and adaptation strategies, emotional regulation techniques and behavioral management services for caregivers (including family members). Rehabilitation in endoprosthetics and bioprosthetics aims at increasing mobility or independence of people living with physical disabilities through prosthetics, orthopedics and related fields such as mobility on wheels (MOPO 2005). Technological devices which augment human functions (bioprosthetics) or replace parts of the human body (endoprosthetics) form part of these services, among which are:

- conception and implementation of a treatment plan through medical examination, selection of devices and rehabilitation strategies; Production and fitting of devices including instruction to users regarding use and care.

- evaluation and follow-up, such as maintenance, repair or replacement of devices are an integral component of speech therapy and language therapy services, designed to restore effective communication and safe swallowing practices, by identifying forms of communication problems as well as appropriate ways of treating them. Therefore services provided may include, among others:

- comprehensive clinical and/or instrumental examinations to detect, identify, diagnose, treat and manage speech, voice, language fluency or swallowing disorders that impair communication ability.

– select and develop additional or alternative communication devices and systems for persons with disabilities who use verbal communication, while offering education and training on these systems.

An analysis of occupational therapy's components clearly illustrates its scope: rehabilitation spans all spheres of human functioning; however, as evidenced in the example provided here, its boundaries do not always align with health care criteria - specifically areas related to work, social aspects or recreation which go beyond health goals as main aims.

However, rehabilitation costs in the national health system include only rehabilitation components with primary focus on healthy functioning.

Notably, in Kazakhstan medical rehabilitation services are conducted according to international standards of organization of health care delivery as well as clinical protocols designed for diagnosis and treatment of specific disease profiles; outpatient, inpatient-substituting facilities as well as homecare can all serve this need [7,8].

However, Kazakhstan pays less attention than elsewhere to developing rehabilitation and intermediate care services in outpatient settings. When it comes to restorative rehabilitation services such as physiotherapy, massage therapy or physical therapy performed through primary healthcare organizations (PHC). Yet according to Kazakhstan's Ministry of Health only 10% of required rehabilitation services were covered last year [5,6]. Current circumstances stemming from insufficient qualified personnel in multidisciplinary group for medical rehabilitation as well as lack of an established methodological basis are contributing to such situation.

Conclusion. At this point in Kazakhstan's socio-economic development, providing rehabilitation services to victims of industrial accidents through Centers supervised by the Ministry of Labor and Social Protection of the Population is both appropriate and cost effective. It will further advance Kazakhstan's achievements in social insurance against industrial accidents worldwide while attenuating consequences from disability while restoring lost labor activity, while simultaneously offering opportunities to share experience between developed European Union states as well as Kazakhstan itself.

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