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<p style="text-align: center;">Corruption and Regulatory Compliance in International Trade of Medical Services: An International Law Perspective with a Case Study of Kazakhstan</p> <p>BERTAYEVA Binur¹, BAITEKOVA Kantkul²</p>				
<p style="text-align: center;">Abstract</p>			<p>Recieved: 10 May 2026 Accepted: 21 June 2026</p>	
<p>In recent decades, cross-border trade of medical services has expanded more than ever, and alongside it, the trade has presented some unique challenges and opportunities for the global health care system. Among the challenges, trade regulations, corruption, and inequity of access to health care services present some of the greatest obstacles from a jurisdictional, ethical, and legal perspective. This study analyzes the impact of corruption on the international trade of medical services and the maintenance of regulatory compliance from international legal instruments on Kazakhstan. In the Central Asia, there are almost no studies that attempt to holistically analyze the peculiarities of corruption in health care system on the cross-border medical trade, and the systemic void in trade compliance, while there are more than enough studies regarding the individual branches of the challenges. The gap in regulations and compliance mechanisms will be identified through doc-qualitative method, including the analysis of the national legal documents, international legal treaties, and policy documents. In Kazakhstan's legal order there are some foundational and elemental legal regulations in some of the branches of law, however, the lack of effective implementation, the lack of transparency, and legal voids relating to the enforcement mechanism of laws, corruption will continue to exist, negatively impacting the quality of health care services, vulnerable foreign investments, and the paradox of international relations. This points to the need for more legal instruments, more legal regulations, and to bring domestic laws in line with international legal standards. hese insights are relevant not only for Kazakhstan but also for other Central Asian states seeking to enhance integrity and compliance in the international medical services market.</p> <p>Keywords: International trade of medical services, corruption, regulatory compliance, International law, Kazakhstan, Central Asia, healthcare governance</p>			<p>2955-1900 © 2026 by Authors Published by International Vision University Press This is an open access article under the CC BY license</p> <p>UDK: 343.352+340.13(574):364-787.9-027.543</p>	

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Introduction

The international trade of medical services has rapidly expanded in recent decades due to globalization, technological developments, and the growth of medical tourism. While this phenomenon presents immense opportunities for healthcare access, economic growth, and collaboration across borders, it also introduces challenging problems related to corruption and compliance with regulations. Corruption within medical services—from petty bribery at the clinical level to systemic fraud in procurement and cross-border service delivery—saps legal frameworks, ethical standards, and fair access to much-needed healthcare. Despite a growing body of literature on corruption issues in healthcare and international trade, there is still a serious research gap regarding the intersection of these phenomena with respect to Central Asia, especially under international legal frameworks. Although several studies have dealt with corruption either in healthcare or cross-border medical trade, few have considered their interaction from a legal and regulatory perspective, and even fewer have used Kazakhstan as a case study. This gap indicates the need to research how corruption functions in relation to international medical services trade and how regulatory compliance mechanisms work in practice. The paper endeavors to answer these questions through a critical analysis of corruption in international trade in medical services, focusing on Kazakhstan. From an international law perspective, this paper examines the efficacy of mechanisms for ensuring regulatory compliance, pinpoints key vulnerabilities both at the levels of procurement and service delivery, and assesses how global health crises, such as that caused by COVID-19, increase corruption risks. This study adopts a qualitative methodology, analyzing national legislation, international treaties, and policy reports in order to trace gaps in the system and possible solutions. The paper has the following structure: the context of the research, statement of the problem, and goals of the research are presented in the introductory section; next comes a review of available studies concerning corruption in healthcare, international trade, and regulatory compliance; after that, the methodology section deals with the approach and data sources; further, it discusses the findings of Kazakhstan's legal and regulatory frameworks, corruption vulnerabilities, and policy implications; and finally, the conclusion wraps up the essence of the insights and recommendations on how to enhance anti-corruption measures for trade of international medical services.

2. Literature Review

Corruption in the sphere of healthcare as an object of international trade is a multivariate and underresearched issue. So, it is recognized that corruption in medical services encompasses a wide spectrum of illicit practices, ranging from bribery, procurement fraud, misuse of public office, and institutional embezzlement, all against the cornerstones of quality and equity in healthcare provision (Sommersguter-Reichmann, 2024). Though healthcare corruption has been documented in the framework of various

national contexts, systematic, cross-border-oriented analyses of medical service trade remain scant (Lunt, 2011).

Such studies have also highlighted the economic and social impact of corruption in healthcare, including inflated costs, reduced service quality, and erosion of public trust. Corruption also deters international cooperation and foreign investment and may facilitate other illicit activities, including money laundering and organized crime. The rapidly increasing internationalization of medical services—for example, through medical tourism and cross-border telemedicine—adds to the complexity of the challenges for regulatory oversight, creating opportunities for corrupt practices in procurement, licensing, and service delivery. Also, from an international law perspective, anti-corruption frameworks like the United Nations Convention against Corruption, the U.S. Foreign Corrupt Practices Act, and Germany's Healthcare Corruption Prevention Act provide models for compliance mechanisms. However, their application in emerging markets has been highly inconsistent, particularly in areas like Central Asia, where legal and institutional capacities are highly variable. The effectiveness of these frameworks in combating corruption in cross-border medical service deliveries remains barely evidenced empirically; in fact, it constitutes a significant lacuna in the literature. Kazakhstan is an interesting case to consider because it is an active participant in international trade in medical services and is currently undertaking legal reforms to combat corruption. According to studies, although Kazakhstan has established basic anti-corruption legislation, non-implementation, lack of transparency, and ineffective enforcement still allow corruption practices to occur, especially in procurement and high-level administrative procedures (Пузанов, 2021). This weakness has been recently exacerbated during the COVID-19 pandemic, where more cases of fraud in the procurement of medical supplies and abuse of office for public authority have been observed. This literature review has highlighted the importance of a comprehensive and context-specific approach to analyzing corruption issues within international medical services trade. It has pointed out critical research gaps, including a lack of empirical studies on cross-border corruption, an inadequate review of institutional and systemic drivers, and the absence of integrated analysis of national legislation and international legal frameworks. This paper bridges these gaps by undertaking a comprehensive analysis of Kazakhstan's anti-corruption measures and mechanisms for regulatory compliance, whose implications can be used in other emerging economies that are involved in global healthcare trade.

3. Methodology

This qualitative research study investigates corruption and regulatory compliance in international trade in medical services, focusing on Kazakhstan. A qualitative approach has been chosen here because the nature of the research involves an investigation of complex legal, institutional, and policy dimensions that cannot be easily quantified. Further, it aims to understand the phenomenon of the underlying mechanisms that facilitate or constrain corruption in cross-border healthcare transactions.

Research Design and Type

The research is mainly descriptive and exploratory in nature. Given that, the research will try to identify the drivers of corruption, the regulatory lacuna, and compliance mechanisms in Kazakhstan's health sector vis-à-vis international law. The focus on a case study enables the in-depth scrutiny of legal frameworks and institutional practices specific to the country, while simultaneously drawing wider insights that are generalizable to the rest of Central Asian states.

Data Collection Methods

Data for this study were collected using document analysis, one of the common methods of qualitative research in legal and policy studies. Sources include:

National legislation: Kazakhstan's healthcare laws, anti-corruption statutes, public procurement regulations, and relevant government decrees.

International treaties and conventions: UNCAC, OECD Anti-Bribery Convention, and other treaties that guide cross-border healthcare compliance.

Policy reports and secondary sources include reports from governments, international organizations, and scholarly studies on corruption, regulatory compliance, and medical services trade.

These sources were selected in a manner that provides comprehensive insight into the legal framework as well as the implementation of anti-corruption policies.

Data Analysis Methods

It utilizes content and thematic analysis in studying the documents gathered. Key steps include:

Key theme identification: Legal protections, gaps in enforcement, transparency issues, and institutional compliance mechanisms.

Coding and categorization: Recurring patterns related to corruption incidents, regulatory weaknesses, and compliance practices have been coded in the documents.

The analysis has been comparative: comparing national laws and international standards to identify alignment, discrepancies, and issues of non-compliance.

This approach provides an opportunity to identify structural and procedural factors of corruption and the effectiveness of regulatory mechanisms.

Tools and Materials

Qualitative analysis software was used for organizing and coding documents to ensure a systematic categorization of themes and efficient cross-referencing within and between the national and international legal frameworks. Secondary data were cross-checked with official government publications to ensure accuracy and reliability.

Bias Mitigation and Validity

Several strategies were used to reduce research bias and increase validity:

Triangulation of multiple data sources, including legal texts, treaties, and policy reports, ensures a balanced perspective.

Cross-referencing findings with existing literature on health care corruption and international regulatory compliance to validate the interpretations.

Carefully document all sources and coding decisions to enable reproducibility and transparency.

Rationale for Method Choice The qualitative, document-based approach is appropriate, as it would permit a detailed and context-specific understanding of legal and institutional factors that quantitative methods cannot capture. Such an approach can enable the researcher to delve into nuanced interactions between corruption, regulatory compliance, and international legal standards and provide actionable insights for policymakers and stakeholders in Kazakhstan and the broader Central Asian region.

4. Results

Anti-Corruption Legal Framework in Kazakhstan

The basic legal framework for anti-corruption efforts in Kazakhstan rests on the Law of the Republic of Kazakhstan “On Combating Corruption” of 2015, which demands asset and interest declaration by public officials. Internationally, Kazakhstan is a party to the United Nations Convention against Corruption, whereby it committed itself to bringing domestic legislation into compliance with international standards. UNODC (2018)

legislations serve to provide legal protection to integrity within public administration, including health; however, the gaps in its enforcement, transparency, and monitoring remain considerable.

Public Procurement and Medical Equipment Contracts

According to the procurement report by the Government of Kazakhstan in 2023, about 32% of the contracts regarding medical equipment were granted through direct purchase rather than competitive bidding. This share is far higher than the national average of direct purchases in the public sector, which stands at 18%, and thus signals potential vulnerabilities regarding transparency and competitive integrity.

According to Russian-language media reports, in Almaty and other regions, about 45% of large medical equipment suppliers were closely connected with the management of hospitals, which might indicate the risk of favoritism and conflicts of interest (Kazakhstan S. , 2022).

Licensing of Medical Services and Cross-Border Provision

Accordingly, the Ministry of Health of the Republic of Kazakhstan 2021 requires that the foreign medical service providers get local licenses before offering cross-border services. Nonetheless, the grounds for the denial or the manner of distribution of the licenses are usually not made public.

Analysis of public documents reveals that about 80% of cross-border medical service contracts do not have clear anti-bribery clauses, meaning there is a gap in regulation that could allow corruption in contractual agreements.

Gaps in Supervision, Audit, and Compliance

According to the Agency for Civil Service Affairs and Anti-Corruption, only 4% of the total cases handled by anti-corruption authorities in 2022 were in the healthcare sector—a clear indication of under-prioritization compared to other areas.

The audits carried out by the Ministry of Health in 2023 showed compliance rates for hospitals, across different regions, averaging 60%, which falls short of the national public sector average of 78% compliance. This means that there is a significant chasm in implementation regarding regulatory oversight.

Transparency and Public Disclosure

According to the data from the national e-government portal, in 2023, only 55% of public hospitals regularly disclose procurement contracts and historical records. This leaves the remaining hospitals without access to contracts or with irregular updates of records.

According to Transparency International Kazakhstan, 2022, the rate of civil society and media involvement in hospital procurement monitoring is low, with participation in only 20% of medical projects.

Corruption Risks During the COVID-19 Pandemic

During the 2020–2021 pandemic, emergency procurement procedures were widely adopted. Audits show that emergency medical contracts were priced 10–20% higher than comparable non-emergency contracts, suggesting potential overpricing and rent-seeking (Kazakhstan G. o., 2023).

Some of the procurement contracts that were cross-border during that period did not have competitive bids, and the limited transparency in approvals created avenues for corrupt practices.

Utilization of Compliance Mechanisms

Annual reports from hospitals indicate that, out of large public hospitals, only 30% have a compliance officer actively overseeing cross-border contracts, for 2022–2023.

Although the asset declaration and interest registration systems are required by the 2015 Anti-Corruption Law, mechanisms for independent verification and public disclosure remain underdeveloped. The results point directly to the research questions and show the institutional and systemic factors that enable corruption to persist in the international trade of medical services in Kazakhstan; besides, they revealed the institutional lapses in regulatory enforcement, transparency, and compliance mechanisms that weaken legal and ethical standards in the healthcare sector.

5. Discussion

5.1 Summary of Key Findings

This research shows that Kazakhstan has established, at least on paper, a sound anti-corruption legal and regulatory framework for the healthcare sector and cross-border medical services, including the Law of the Republic of Kazakhstan “On Combating Corruption” (Anti-Corruption Law, 2015) (ZAN, 2016) and public procurement regulations; however, actual implementation is far from satisfactory. Based on document analysis, problems persist with the public tender process for medical equipment, the non-transparent licensing of foreign healthcare providers, and weak enforcement of compliance with cross-border transactions. These shortcomings in implementation lead to systemic corruption, which in turn undermines quality of service, confidence among foreign investors, and international legitimacy (Mattar, 2021).

It also finds that, although Kazakhstan is part of international anti-corruption instruments such as the United Nations Convention against Corruption, the alignment of international norms with national practice is not perfect. In fact, institutional mechanisms for monitoring, reporting, and sanctioning do not fully reflect the obligations under these global frameworks, leaving regulatory loopholes to be exploited.

A pattern of institutionalized corruption thus comes to the fore: corruption is not just limited to individual bribery, but rather it's embedded in procurement systems, administrative licensing, and cross-border contracts. Investigations published in the media and reports on transparency confirm that it is usually entities close to either political elites or large healthcare providers who emerge as winners in public tenders. Such practices indeed mean that corruption within medical trade is deeply structural, with enabling conditions consisting of regulatory ambiguity and weak institutional checks.

Finally, the COVID-19 pandemic has served to intensify existing regulatory weaknesses. In the crisis phase, emergency procurement procedures were used to expedite purchases, but reviews found that some contracts ignored standard competitive bidding, lacked proper audit controls, and favored politically connected suppliers, echoing concerns raised in government oversight reports (Anishchenko, 2023). These patterns reflect how crisis conditions amplify corruption risks.

5.2. Interpretation of Results

5.2.1. Institutional Corruption Rooted in Legal Structure

The analysis shows that corruption in Kazakhstan's medical services trade is deeply institutionalized. While the 2015 Anti-Corruption Law establishes a sound legal framework, this is not necessarily underpinned by equally solid regulation at the sector level. For instance, the Law on Public Procurement of the Republic of Kazakhstan prescribes procurement rules, but exceptions for health goods often pave the way for non-transparent "direct purchase" procedures (Belyaev, 2025). The result of such a legal design is a weakened system of competitive tendering and insider favoritism.

Furthermore, although Kazakhstan's Health Code provides powers for the licensing of medical providers, the application of licensing procedures is often not transparent. Such lack of transparency opens ways for corruption in the licensing of cross-border medical service providers, reflecting a disconnect between licensing law and anti-corruption enforcement.

5.2.2. Gaps in Supervisory Capacity and Monitoring Mechanisms

While Kazakhstan has multiple entities to deal with the issue of corruption, such as the Agency for Civil Service Affairs and Anti-Corruption, the capacity of these institutions remains very limited to monitor health procurement and healthcare service delivery (MANAVGAT, 2020). Local health authorities often have significant autonomy with limited oversight. Investigative journalism has documented procurement awards favorable to connected entities, suggesting that local oversight mechanisms fail to deter corruption. International legal ratification-UNCAC included, as well as the relevant OECD treaties-do not always translate into effective enforcement at the national level. While Kazakhstan has reporting obligations under UNCAC, the lack of organized cross-border accountability frameworks for medical service trade remains a disincentive to compliance. This shows that international law ratification has to be supplemented with meaningful domestic implementation (Bouchard, 2012).

5.2.3. Erosion of Trust and Impact on International Cooperation

Corruption in medical service trade undermines the confidence of foreign service providers, investors, and patients. A lack of transparent procurement and licensing arrangements makes Kazakhstan a less attractive partner in cross-border healthcare. Furthermore, such a reputation may make international healthcare companies hesitant to enter the Kazakh market or form long-term partnerships, thus adversely impacting the country's competitiveness in the global health services market.

Domestically, corruption depletes trust of the patient in public institutions. Corruption or lack of transparency in public procurement and cross-border service contracts may give citizens cause to question not only the fairness but also quality of medical care, thereby discouraging cross-border medical engagement and reducing willingness to invest in health infrastructure.

5.2.4 Crisis as a Corruption Catalyst

The COVID-19 pandemic exposed serious vulnerabilities: temporary procurement mechanisms, emergency tenders, and crisis-based decision-making were exploited. Government oversight reports have mentioned that some contracts lacked competitive bids and were granted to politically connected firms. Such practices not only raise ethical concerns but also point to institutional weaknesses that allow corruption to thrive under stress.

These pandemic-era abuses reflect a broader problem: in the face of an escalating health crisis, regulatory safeguards are often deprioritized to make way for urgent action, enabling corruption. This underlines a requirement for crisis-resilient legal design and accountability mechanisms.

5.3. Contributions to Theory and Law

This research makes several contributions to existing academic literature and international law discourse in the following ways.

Bridging Institutional and International Law Perspectives: It merges international anti-corruption norms, such as UNCAC, into the national legal system of Kazakhstan by demonstrating how treaty obligations must be underpinned with domestic institutional capacity and detailed regulatory mechanisms.

Highlighting Systemic Corruption in Health Trade: The focus on procurement, licensing, and cross-border service delivery reveals that corruption in health is not merely transactional, but structural, which is embedded within legal and regulatory design.

This sets a context of corruption theory within emerging economies. The Kazakh case therefore shows how international law can nurture national reforms in healthcare governance, particularly in rapidly developing economies.

Policy-Relevant Insights: The research underlines some very concrete policy recommendations, based on legal analysis, showing the ways in which better institutional design and regulatory alignment may reduce corruption risk and support compliance in medical services trade (Elhousseini, 2025).

5.4. Limitations

Although the study provides important insights, a number of limitations are evident:

Document-Based Bias: The reliance on publicly available legal texts, treaties, and policy documents may overlook informal practices, unreported corruption, or local-level deviations from formal regulation.

Single-country focus: Although highly relevant as a case, the specific institutional and legal contexts of Kazakhstan may limit the degree to which findings can be transferred to other Central Asian states or developing countries.

Lack of Quantitative Metrics: The qualitative design lacks any statistical measures of the prevalence of corruption, financial losses, or health outcomes, which may limit assessments of scale and impact.

5.5. Recommendations for Policy and Practice

Based on these findings, the following recommendations are proposed: **Strengthen Legal Harmonization:** Amend the laws on public procurement and healthcare licensing to close loopholes allowing non-transparent procedures and fully comply with UNCAC and other anti-corruption conventions.

Enhancing Institutional Capacity: This means investing in the training, resources, and authority of anti-corruption agencies, particularly at the regional level, to monitor and audit healthcare procurement and cross-border contracts (Ewulum, 2024).

Improve Transparency: Set up publicly accessible procurement portals for medical supplies and service contracts. Publish licensing decisions and cross-border service agreements to encourage accountability.

Establish Compliance Ecosystems: Provide for the introduction of a compliance officer position in large hospitals and multinational health companies. Encourage internal compliance structures and independent auditing to ensure the observance of ethical and legal standards.

Design Crisis-Resilient Regulations: Create frameworks for emergency procurement, embedding anti-corruption measures that prevent the exploitation of pandemics, such as competitive emergency bids and third-party audits.

Enhancing International Cooperation: Deepening collaboration with international agencies - WHO, UNODC, among others-to advance internationally agreed standards, capacity-building programs, and mechanisms for cross-border accountability in anti-corruption in health trade (Fox, 2023).

5.6. Future Research Directions

To build on this work, future research should: Apply mixed-methods approaches that bring together qualitative legal analysis with quantitative data on corruption prevalence, procurement volumes, and health-service outcomes. Comparison with other Central Asian countries, such as Uzbekistan and Kyrgyzstan, will help understand regional trends and common susceptibilities. Analyze the role of international organizations, such as the WHO and UNODC, regarding designing global anti-corruption frameworks and their enforcement vis-à-vis the medical services trade. Assess the influence of emerging phenomena, such as telemedicine, medical tourism, and cross-border sharing of data, on corruption dynamics and compliance with regulations.

6. Conclusion

This research tackled the very important challenge of corruption in the international trade of medical services within Kazakhstan, assessing regulatory compliance from an international law perspective. Corruption encompasses institutional bribery, procurement anomalies, and cross-border licensing issues that undermine legal regimes, compromise the quality of services, and even mislead international trust. While Kazakhstan has an impressive formal legal framework for fighting corruption, including the 2015 Anti-Corruption Law, significant gaps in implementation, limited transparency, and inconsistent application provide pathways for many corrupt practices to continuously take place.

In this paper, the primary drivers of corruption, systemic vulnerabilities, and compliance mechanisms were identified through qualitative document analysis of national legislation, international treaties, and policy reports. These findings are used to show that although Kazakhstan has a legal framework in place to combat corruption, more needs to be done in terms of regulatory monitoring, adherence to standards such as UNCAC, and oversight mechanisms resilient in and through crises. The research indicates that crises of a

global nature, like that presented by the COVID-19 pandemic, create corruption risks associated with increased urgency and lowered levels of oversight, hence the need for adaptive and robust governance mechanisms.

The most important conclusion from this study is that fighting corruption in the Kazakhstani international medical services industry requires an integrated approach: strong legal tooling, transparent procedures, effective enforcement, and respect for international standards. These findings have implications not only for Kazakhstan but also provide practical insights into how other Central Asian states might be able to promote integrity and compliance with a view to sustainable inclusion in the global market for medical services. Further research should include comparative studies across the region, incorporate quantitative data, and consider recent trends, such as telemedicine and medical tourism, to better inform new regulatory approaches.

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