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**СРАВНИТЕЛЬНОЕ ИССЛЕДОВАНИЕ МОДЕЛЕЙ ИНТЕГРАЦИИ  
ПРОМЫШЛЕННОСТИ И ОБРАЗОВАНИЯ, МЕХАНИЗМОВ СОТРУДНИЧЕСТВА И  
ПУТЕЙ ВЗАИМОДЕЙСТВИЯ В СФЕРЕ МЕДИЦИНСКОГО И  
ПРОФЕССИОНАЛЬНОГО ОБРАЗОВАНИЯ В КИТАЕ И КЫРГЫЗСТАНЕ В РАМКАХ  
ИНИЦИАТИВЫ «ОДИН ПОЯС, ОДИН ПУТЬ»**

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**“БИР АЛКАК ЖАНА ЖОЛ” ДЕМИЛГЕСИНИН АЛКАГЫНДА КЫТАЙ МЕНЕН  
КЫРГЫЗСТАНДЫН ОРТОСУНДАГЫ МЕДИЦИНАЛЫК ЖАНА САЛАМАТТЫКТЫ  
САКТОО ТАРМАГЫНДАГЫ КЕСИПТИК БИЛИМ БЕРҮҮ ТАРМАГЫНДАГЫ ӨНӨР  
ЖАЙ-БИЛИМ ИНТЕГРАЦИЯСЫНЫН МОДЕЛДЕРИ, БИРГЕЛЕШКЕН  
МЕХАНИЗМДЕРИ ЖАНА КЫЗМАТТАШУУ ЖОЛДОРУ БОЮНЧА САЛЫШТЫРМА  
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**RESEARCH ON THE COMPARATIVE STUDY, SYNERGISTIC MECHANISM AND COOPERATION PATH OF THE INDUSTRY-EDUCATION INTEGRATION MODEL IN MEDICAL AND HEALTH VOCATIONAL EDUCATION BETWEEN CHINA AND KYRGYZSTAN UNDER THE BACKGROUND OF THE "BELT AND ROAD INITIATIVE"**

**Аннотация.** В условиях углубления инициативы «Один пояс, один путь» сотрудничество между Китаем и Кыргызстаном в сфере профессионального образования для медицинских работников приобрело значительную стратегическую ценность. В данной статье, опираясь на теорию интеграции промышленности и образования и перспективу регионального сотрудничества, проводится сравнение и анализ конкретных практик Китая и Кыргызстана в продвижении интеграции промышленности и образования в области профессионального образования для медицинских работников. Особое внимание уделяется сходствам и различиям в институциональных условиях, методах распределения ресурсов, моделях сотрудничества между учебными заведениями и цифровой трансформации. Анализ выявляет существенные различия между двумя сторонами в глубине вовлеченности предприятий, каналах финансирования и путях развития преподавателей. На основе этого в статье обобщаются три логики сотрудничества: совместное использование ресурсов, согласование стандартов и совместное использование человеческого капитала. Затем предлагаются осуществимые пути, такие как создание трансграничных консорциумов профессионального образования, совместная разработка стандартов компетенций в области сестринского дела, создание цифровых интерактивных пространств ресурсов и расширение двустороннего потока преподавателей и студентов. Цель статьи – внести вклад в теоретическую основу и практическое руководство для повышения качества и эффективности профессионального образования для медицинских работников в рамках инициативы «Один пояс, один путь».

**Аннотация.** "Бир алкак, бир жол" демилгесинин тереңдешти менен Кытай менен Кыргызстандын саламаттыкты сактоо үчүн кесиптик билим берүү жаатындагы кызматташтыгы олуттуу стратегиялык баалуулукту көрсөттү. Бул макала өнөр жай менен билим берүүнү интеграциялоо теориясына жана аймактык кызматташтыктын көз карашына негизделген, Кытай менен Кыргызстандын саламаттыкты сактоо кесиптик билим берүү жаатындагы өнөр жай менен билим берүүнү интеграциялоону илгерилетүүдөгү конкреттүү тажрыйбаларын салыштырып жана талдап, институттук шарттардагы, ресурстарды бөлүштүрүү ыкмаларындагы, мектеп менен мекеменин кызматташуу моделдериндеги жана санариптик трансформациядагы окшоштуктарга жана айырмачылыктарга басым жасайт. Талдоо эки тараптын ортосундагы ишканалардын катышуусунун тереңдиги, каржылоо каналдары жана мугалимдерди өнүктүрүү жолдору боюнча олуттуу айырмачылыктарды ачып берет. Ушуга таянып, макалада үч кызматташуу логикасы кыскача баяндалат: ресурстарды бөлүштүрүү, стандарттык шайкештик жана адам капиталын бөлүштүрүү. Андан кийин чек ара аралык кесиптик билим берүү консорциумдарын куруу, медайымдык компетенттүүлүк стандарттарын биргелешип иштеп чыгуу, санариптик ресурстар менен өз ара аракеттенүү мейкиндиктерин куруу жана мугалимдер менен студенттердин эки тараптуу агымын кеңейтүү сыяктуу мүмкүн болгон жолдор сунушталат. Макала "Бир алкак, бир жол" демилгесинин алкагында саламаттыкты сактоо кесиптик билим берүүнүн сапатын жана

натыйжалуулугун жогорулатуу үчүн теориялык негиз жана практикалык шилтеме түзүүгө багытталган.

**Abstract.** With the gradual deepening of the "Belt and Road" initiative, the collaboration between China and Kyrgyzstan in medical and health vocational education has demonstrated significant strategic value. This article, based on the theory of industry-education integration and the perspective of regional cooperation, comparatively analyzes the specific practices of integrating industry and education in the field of medical and health vocational education in China and Kyrgyzstan, focusing on the differences in dimensions such as institutional conditions, resource allocation methods, school-university cooperation forms, and digital transformation. The analysis reveals that there are significant differences in aspects such as the depth of enterprise involvement, funding guarantee channels, and teacher training paths. Based on this, the article summarizes three collaborative logics: resource sharing, standard alignment, and the sharing of human capital, and then proposes feasible paths such as establishing cross-border vocational education consortia, jointly developing nursing competency standards, building digital resource interaction spaces, and expanding two-way student and teacher mobility. The entire article aims to provide theoretical basis and practical references for the improvement and efficiency enhancement of medical and health vocational education in the "Belt and Road" context.

Ключевые слова: Инициатива «Один пояс, один путь»; Профессиональное медицинское образование; Сестринское дело; Интеграция промышленности и образования; Китай и Кыргызстан; Сравнительное исследование моделей; Сотрудничество

Негизги сөздөр: "Бир алкак, бир жол" демилгеси; Медициналык кесиптик билим берүү; Медайымдык иш; Тармак менен билим берүүнү интеграциялоо; Кытай жана Кыргызстан; Моделдерди салыштырмалуу изилдөө; Кызматташтык

Keywords: Belt and Road Initiative; Medical vocational education; Nursing; Industry-education integration; China and Kyrgyzstan; Comparative study of models; Cooperation

## Introduction

In the process of promoting regional economic and trade exchanges under the "belt and road" initiative, medical and health education, as an important part of people's livelihood cooperation, puts forward higher requirements for the training standard of high-quality medical and health talents. Medical and health vocational education is the key to ensuring the stability of public health services. Its construction quality not only directly affects the accessibility and operation efficiency of a country's primary medical services, but also relates to the country's competitive position in the global medical and health field. As important partners in jointly building the "health silk Road", China and Kyrgyzstan face similar challenges in promoting the modernization of medical and health vocational education, including uneven quality of practice teaching, large gap of double qualified high-level teachers, and prominent problems of disconnection between education and teaching content and the real scene of clinical front line [4; 5].

The integration of industry and education has been proved to be an important method to improve the effect of Vocational Education in many countries, which can effectively narrow the gap between theoretical teaching and clinical practice [3]. China has initially formed a variety of integration methods, such as modern apprenticeship, industrial colleges jointly built by schools and enterprises. However, affected by the level of economic development and industry management, Kyrgyzstan

still takes the traditional hospital internship as the main form. There are great differences in the depth of integration, resource guarantee and capital investment between the two sides.

This study compares the different modes and internal synergy of the integration of production and education of medical and health vocational education between China and Kyrgyzstan, sorts out the areas where the two sides can complement each other, and explores cross-border cooperation methods that are suitable for the national conditions of the two countries and can be replicated and promoted under the framework of the "belt and road initiative", so as to provide corresponding talent support for deepening the practical cooperation in the field of medical and health care between China and Kyrgyzstan and ensuring regional public health security.

#### Theoretical Foundations and Research Methods

The theoretical resources relied upon in this study include the theory of human capital, the theory of situated learning, and the "triple helix" theory of government-school-industry collaboration. The theory of human capital explains that investment in vocational education is a key driving force for increasing labor productivity and economic expansion [2]. The theory of situated learning indicates that the acquisition of professional skills in the medical field can achieve maximum efficiency only in real clinical situations, and this judgment establishes the theoretical foundation for close collaboration between educational institutions and healthcare institutions [3]. The "triple helix" theory is conducive to clarifying the interactive relationships among the government, educational institutions, and medical institutions in the process of resource flow and shaping of educational policies.

The research methods involve three levels: first, conducting theoretical reviews of existing literature and policy texts in the vocational education and healthcare fields of China and Kyrgyzstan; second, conducting comparative investigations on the institutional environment, funding channels, collaboration models, and human resource allocation of the two sides; third, citing typical examples to present the specific operational features of the integration of industry and education at the practical level.

#### A Comparative Analysis of the Industry-Academia Integration Models in Medical and Nursing Health Vocational Education between China and Kyrgyzstan

The difference in the mode of integration of industry and education is the concentrated embodiment of the differences in the development stage, economic foundation and governance mode of Vocational Education between the two countries. This paper compares the five main aspects of system policy, capital guarantee, cooperation form, teacher construction and digital transformation, sorts out the advantages and disadvantages of both sides, and finds the appropriate direction for the follow-up cross-border cooperation.

##### (1) Institutional and policy framework

China has established a three-level linkage system of "laws, administrative regulations and departmental rules" to support the smooth development of the integration of production and education in the field of health care; The Vocational Education Law of the people's Republic of China, revised in 2022, defines the integration of industry and education as the basic school running mode of vocational education for the first time, and provides clear legal basis and financial incentives for hospitals and medical and health enterprises to participate in the whole process of talent training in combination with 12 supporting documents such as the opinions on deepening the reform of modern vocational education construction; In addition to assuming the regulatory function, the state is also the main investor and coordinator, promoting the establishment of the

national health vocational education and Teaching Steering Committee, and building 27 national production and education integration platforms [1]; By 2025, more than 2100 enterprises integrating industry and education have been identified nationwide, with medical and health enterprises accounting for 14.7%, and such enterprises can offset the education surcharge by 30% of the investment amount; Kyrgyzstan listed dual system teaching and the integration of production and education as the focus of vocational education reform for the first time in the "outline for education development 2023-2027", and the relevant system construction is still fragmented; The country has no special legislation on the integration of industry and education, has not defined the educational responsibility boundary of medical institutions, has not established a unified certification standard for clinical teaching bases and a conversion system for medical staff's teaching hours, and the cooperation between colleges and hospitals mostly depends on personal relationships, which is informal and volatile [4].

### (2) Fund guarantee and resource raising methods

The prominent feature of the Chinese model is the financing mode of "government guidance and multiple participation", with stable sources of funds and large investment; The central government allocates about 22 billion yuan of special funds each year to support the construction of the integration of production and education of vocational education, and the local governments provide corresponding funds at a ratio of no less than 1:1; In addition to the conventional financial allocation, medical colleges and universities can also attract the investment of cooperative hospitals through joint training projects, and use the tax relief policy to guide enterprises to donate teaching equipment and set up scholarships; The clinical skills training center jointly built by Shandong Medical College and Shandong provincial hospital has a total investment of 120 million yuan. The government has invested 60 million yuan, the hospital has invested 40 million yuan, and the school has raised 20 million yuan. The center is equipped with international advanced simulated surgery system and virtual simulated teaching equipment [1]; Kyrgyzstan's medical vocational education fund situation is relatively poor. The total national vocational education budget in 2024 is about 120 million US dollars, 82% from the central government, 15% from the world bank, Asian Development Bank and other international assistance projects, and only 3% from school self financing and social donations [4]; Most local hospitals have difficulties in their own operation and cannot make additional investment in education infrastructure. The shortage of funds has become a key factor restricting colleges and universities to improve the training conditions.

### (3) "College institution medical institution" cooperation mode

China has formed a multi-level University College cooperation pattern from shallow to deep. The cooperation form has gradually upgraded from simply providing internships to building industrial colleges and jointly formulating talent training standards; The core of this mode is the deep integration of teaching process and clinical practice. The hospital representatives participate in the whole process of training program revision, course design, ability assessment and graduation defense; The modern apprenticeship system implemented by the nursing profession has covered 29 provinces across the country, and 112 pilot colleges and universities have cultivated 126,000 students. The school has equipped each student with a clinical senior nurse as a tutor, customized personalized practical growth path, and the corresponding employment rate of graduates has reached 98.3%; The school hospital cooperation in Kyrgyzstan generally stays at the stage of shallow internship arrangement. About 70% of medical and health students can only complete 4-6 months' graduation internship in municipal or national hospitals. Students are mainly engaged in

auxiliary work such as guiding and sorting out medical records, and the clinical operation time accounts for less than 20%; Without the benefit distribution arrangement at the institutional level, hospitals tend to regard teaching tasks as additional burdens and will not regard students as potential human resource reserves [5].

#### (4) Construction of teaching staff and digital transformation

China takes the construction of "double qualified" teaching staff as the core support for the integration of production and education. Professional teachers in vocational colleges are required to have clinical practice experience of no less than 6 months every 5 years, and the appointment system of part-time lecturers for front-line doctors is established; By 2025, the proportion of "double qualified" teachers in national medical and health vocational colleges will reach 62.8%, and the proportion of part-time teachers in professional courses will exceed 35% [1]; Digital transformation is an important driving force for improving quality and efficiency. At the national level, 120 national medical and health virtual simulation experiment teaching centers have been built, including more than 3000 standardized clinical cases, to realize the normalization of remote clinical observation and remote surgery teaching [6]; Kyrgyzstan is seriously short of teachers with rich clinical experience. The proportion of "double qualified" teachers in medical and health vocational colleges nationwide is less than 14%. Most of the teachers directly stay in school after graduation and have never participated in clinical work; Teacher training and clinical rotation arrangements are still scattered, and the overall level of digitalization of vocational education is low, especially in local colleges. It is difficult to make up for the lack of clinical teaching resources through digital channels [4].

#### (5) Effect of talent training quality and employment docking

The differences in the above four aspects are ultimately reflected in the quality of talent training and the effectiveness of employment docking; The average employment rate of graduates from medical and health vocational colleges in China has remained above 95% for six consecutive years. The employment rate of graduates from the oriented class of integration of production and education has reached 99.2%, the average starting salary is 16.3% higher than that of the ordinary class, and the employment rate of primary medical institutions has reached 47%, effectively alleviating the shortage of primary medical talents; The overall employment rate of Kyrgyz medical and health graduates is about 77.6%, and the counterpart employment rate is only 51.8%. About 24% of the graduates choose to work in Russia, Kazakhstan and other countries. The talent gap in primary medical institutions nationwide is more than 3200; The disconnection between talent training and market demand has become a prominent problem restricting the construction of public health services in Kyrgyzstan.

The Collaborative Logic of Vocational Education in Healthcare and Health Care Professions Development under the "Belt and Road Initiative"

There are significant differences in the specific implementation paths of the integration of industry and education between China and Kyrgyzstan. Within the framework of the "belt and road" initiative and the construction of the healthy Silk Road, there is great potential for cooperation in medical and health vocational education between the two countries; The two sides can build a multi-level and sustainable cross-border cooperation situation through resource sharing, standard docking and human capital coordination.

#### (1) Cooperation basis: complementary advantages behind differences

The development differences between China and Kyrgyzstan in the field of medical and health

vocational education form the basis of cooperation;China has formed mature system design and practical experience after more than ten years of reform on the integration of education and education,and has obvious advantages in hardware facilities,technical means and operation mode;Kyrgyzstan has a rapidly growing medical service market and urgent talent demand,which provides broad space for the overseas implementation of China's vocational education model;This"supply demand"match has laid a solid foundation for mutually beneficial and win-win cooperation between the two sides.

(2) Resource sharing logic:bridging the gap between supply and demand

China has accumulated rich experience in simulation training,digital education carrier construction and school hospital cooperation operation,and has built more than 120 national medical and health virtual simulation experiment teaching centers,which have the ability to implement and operate large-scale projects;Kyrgyzstan is in urgent need of iterative upgrading of education infrastructure.The average annual growth rate of the domestic medical service market has reached 7.2%,and there is a shortage of more than 3200 skilled medical talents who are familiar with international standards;The core of the cooperation between the two sides is to guide China's capital,technology and experience to flow to Kyrgyzstan's short board of development,such as building a standardized clinical training center and sharing a digital teaching resource library,so as to realize the rational allocation of resources.

(3) Standard docking logic:break through barriers to cross-border flows

Promoting mutual recognition of professional standards and qualification requirements for intermediate medical staff is the top priority of the"belt and road"health cooperation,and is also a necessary prerequisite for achieving mutual recognition of academic qualifications and promoting cross-border labor mobility;The two countries can jointly set up a professional standard setting working group to jointly develop unified courses and assessment tools by referring to the general standards of the World Health Organization and taking into account the local disease spectrum and the characteristics of health services in Kyrgyzstan;This can improve the standardization level of talent training in Kyrgyzstan and open up a new channel for the overseas development of Chinese medical talents.

(4)Collaborative logic of human capital:co construction of teacher training mode

The exertion of cooperation effect is inseparable from the collaborative construction of teaching staff;The two sides can rely on high-quality medical institutions and training bases in China to provide systematic training opportunities for teachers and clinical instructors in Kyrgyzstan;The two sides promote the exchange and integration of teaching experience by carrying out annual Teacher visits,jointly holding clinical skills competitions and seminars;For example,China has trained more than 200 medical and nursing teachers in Kyrgyzstan to improve the local teaching level.

(5)Cooperation Outlook:building a long-term collaborative approach

In the future,China and Kyrgyzstan should further improve the top-level design of cooperation,and establish a collaborative way with the participation of governments,universities and medical institutions;By setting up a special cooperation fund and carrying out order type talent training,we will promote the transformation of cooperation from short-term projects to long-term strategic partnerships,and jointly contribute to regional public health security.

Cooperation Path for Healthcare and Education in China and Kyrgyzstan

Combined with the three main aspects of resource sharing,standard docking and human capital

coordination mentioned above, and referring to the development status and actual needs of health vocational education in the two countries, this paper proposes five specific cooperation measures to promote the development of China Kyrgyzstan health vocational education cooperation from scattered projects to a more systematic and long-term direction.

(1) Establishment of Sino Kyrgyzstan joint coordination agency for health and Vocational Education  
The organization adopts the operation mode of "government guidance, college leading and hospital participation", and attracts representatives of the competent education and health departments of the two countries, top medical colleges, grade III and grade A hospitals and industry associations to participate; It is mainly responsible for the overall planning of the annual joint education and training project, providing professional advice and policy suggestions for the mutual recognition of professional standards between the two countries, organizing an experience exchange forum on University College cooperation every six months, establishing fixed communication channels, and timely solving various problems in the process of cooperation.

(2) Pilot implementation of modern apprenticeship training for nursing specialty

The modern apprenticeship system of nursing specialty in China has cultivated 126000 graduates in total, and the counterpart employment rate has reached 98.3%. Based on these mature experiences, we can take the lead in carrying out the pilot of dual system education in the medical field in two core colleges and universities such as the Kyrgyz National Medical University; The Chinese side can provide methodological guidance and technical support in the development of training programs, the construction of management systems, the standardized training of clinical teaching nurses, and the development of students' ability assessment standards. The first batch of students is planned to enroll 50 students, using the dual training method of "School Learning+hospital rotation".

(3) Build a cloud platform for cross-border digital education resource sharing

The two sides jointly funded the construction of cloud infrastructure. The first batch of 500 standardized nursing virtual simulation cases, 200 national expert lectures and core course teaching materials were translated into Russian and Kyrgyz by the Chinese side and uploaded to the platform, which was open to all Kyrgyz medical and health colleges and universities for free; This can help Kyrgyz teachers and students break through the restrictions of local hardware conditions, and contact international cutting-edge educational technology and clinical experience anytime and anywhere[6].

(4) Implement the "special plan for training double qualified teachers along the belt and road"

Set up a special funding fund to select 50 teachers and clinical teaching staff from Kyrgyz medical and health colleges every year to go to the national simulation training center and clinical teaching base of Shandong Medical College and other cooperative colleges in China for further study for 3-6 months; Each year, 20 senior Chinese medical experts and key teachers are sent to Kyrgyzstan for short-term lectures, clinical demonstrations and on-site guidance to improve the teaching ability and clinical level of local teachers.

(5) Carry out targeted joint training for Chinese funded institutions in Kyrgyzstan

The economic and trade cooperation between China and Kyrgyzstan continues to deepen. At present, there are 12 Chinese funded medical and health institutions operating in Kyrgyzstan and various medical aid projects. In the next three years, there will be a shortage of more than 500 compound medical talents with Chinese, Russian and professional skills; The two sides can explore the "1+2" directional training mode. The students study basic courses and languages in Kyrgyzstan in

the first year, and then go to China for clinical training in the next two years. After graduation, they are given priority to be sent to the Chinese funded medical and health institutions in Kyrgyzstan and the Sino Kyrgyzstan Cooperative Medical Project for employment, and also cultivate qualified medical and health talents for the local community in Kyrgyzstan.

#### Conclusion

The research shows that the integration of industry and education in the field of medical and health education between China and Kyrgyzstan is at different stages of development, and there are obvious differences in the degree of system improvement, the strength of resource security and the depth of integration with the medical and health industry; The Chinese model has relatively complete overall planning and implementation steps, and the role of the government in overall planning and guidance is obvious. More than 80% of the 197 "double high school program" colleges and universities across the country have set up medical and health industry education integration projects. Digital technology is widely used in analog Teaching and remote training. The proportion of double qualified teachers in medical and health vocational colleges in Kyrgyzstan is less than 20%, facing multiple pressures such as limited financial investment and low enthusiasm of medical institutions to participate in teaching.

The "belt and road" initiative and the construction of the healthy silk road continued to advance. These development differences laid the foundation for the formation of complementary effects of complementary advantages between the two sides; The cooperation ideas of resource sharing, standard docking and human capital exchange have opened up a broad space for mutual benefit and win-win results for the two countries.

The cooperation measures mentioned above, from building joint training bases to building cross-border digital teaching platforms, can promote the overall improvement of the quality of Vocational Education in Kyrgyzstan, expand the overseas influence of China's vocational education model, deepen people to people and cultural exchanges between the two countries, and help build a community with a shared future for mankind in the field of health; The follow-up research can focus on the cost calculation and legal compliance of the cooperation scheme, and empirically test its actual operation effect through a small-scale pilot project.

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