HEALTHCARE IN WARTIME: INSTITUTIONAL CAPACITY OF THE STATE AS A FACTOR OF NATIONAL SECURITY

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Summary

The article explores the institutional capacity of the healthcare system during wartime as a critical dimension of national security, with a particular focus on Ukraine's experience in the context of Russia's full-scale military aggression. It emphasizes that healthcare is no longer solely a social or humanitarian sphere but a vital political instrument for maintaining state resilience in crises. The author examines the role of medical institutions in sustaining logistical, psychological, and operational support for the civilian population and armed forces alike, highlighting the politicization of healthcare in hybrid warfare, including through disinformation and psychological attacks.

Drawing comparative insights from Israel and Georgia, the article illustrates how institutional flexibility, intersectoral coordination, and public trust enable healthcare systems to adapt to wartime conditions. In Ukraine, despite some legislative and administrative efforts, the healthcare system faces numerous challenges: insufficient staffing, lack of legal frameworks for military medicine, fragmentation of governance, weak decentralization mechanisms, and poor integration of mental health services. The author stresses the need for a comprehensive framework law on medical security, expanded public-private partnerships, modern digital platforms for healthcare management, and reform of medical education and human resources policy.

The article argues that only through institutional reform, strategic leadership, and strengthened accountability can healthcare become a sustainable element of national security policy in wartime.

Key words: governance, public policy, crisis management, healthcare system, national resilience, institutional reform, decentralization, human capital.

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1. Introduction

The full-scale aggression of the Russian Federation against Ukraine has brought the issue of the institutional capacity of the healthcare system to the forefront as a key element of national security. Traditionally perceived as a social sphere, healthcare is increasingly acquiring a political dimension, becoming an important instrument for ensuring state resilience in times of crisis.

The novelty of this study lies in the conceptualization of healthcare as a political institution performing strategic functions during wartime. The aim of the article is to analyze institutional challenges and governance gaps in Ukraine's healthcare sector under war conditions and to outline reform directions based on international experience.

The research objectives include defining the role of healthcare in the national security system, analyzing the adaptation of political institutions, identifying management shortcomings, and formulating policy recommendations. The methodology is based on institutional analysis, a comparative approach, and case studies of Israel and Georgia.

2. Healthcare as a factor of security during wartime

In the context of the Russian Federation's full-scale armed aggression against Ukraine, the concept of national security has undergone a significant conceptual expansion. The healthcare sector, traditionally perceived as a social institution designed to ensure the physical and mental well-being of the population, is increasingly being positioned as a structurally important element of the national security environment.

In the current environment, healthcare is seen not only as a technical or humanitarian area of state policy, but also as a political tool for implementing a strategy for the survival of society in situations of multifactorial crisis. Armed conflict, which destroys civilian infrastructure, destabilises medical logistics, causes mass migration of the population and provokes deep psychological trauma, exacerbates these threats and creates additional challenges for the healthcare system *(ACAPS, 2023).*

During armed conflict, the healthcare system takes on a multifaceted role in the architecture of national security. First and foremost, it performs the critical function of providing treatment to wounded military personnel and civilians, acting as an element of logistical support for defence capabilities.

Medical support for combat operations, effective evacuation, provision of first aid in the field, and the activities of military medical units are an integral part of the state's defence logistics. Any weakening of the medical infrastructure or disruption of its coordination with military structures directly affects the combat potential of the Armed Forces of Ukraine and the overall stability of the defence system.

At the same time, the functioning of the healthcare system ensures the preservation of the critical life functions of the state. Medical services are a prerequisite for the stable functioning of related areas – the economy, education, and social protection. In wartime, it is extremely important to prevent the emergency care system from shutting down, access to medicines from being interrupted, and the work of family doctors and outpatient clinics from being disrupted, as this creates a sense of state presence, support, and organised management among the population *(Bondarenko-Zelinska, Boryslavska, Zelinskyi, 2021).*

In hybrid warfare, the healthcare system also becomes a target of hostile information and psychological influence. The enemy uses the destruction of medical facilities and the lack of medical services as tools to demoralise the population and spread misinformation.

The dissemination of false reports about medical experiments, water poisoning or artificial contamination is part of a strategy to destabilise the rear. In this respect, healthcare is an object of strategic communication that requires institutional protection within the framework of state information policy *(Minenko, 2023).*

3. Institutional adaptation in wartime: the experience of Israel and Georgia

The formation of political institutions in the field of healthcare in conditions of armed conflict requires high institutional flexibility, strategic coordination and public trust. The experiences of Israel and Georgia are illustrative examples of how public healthcare systems can adapt to the constant security challenges associated with military action.

In the case of Israel, the integration of medical and security policies, implemented within the framework of a comprehensive national security concept, is decisive. The healthcare sector functions as a structural part of the institutional complex responsible for ensuring the viability of the state during emergencies and martial law.

The legislative consolidation of the role of the Ministry of Health in the state's security architecture allows Israel to effectively manage the medical system in threatening conditions. This includes not only the organisation of medical care, but also political leadership of evacuation processes, public information, deployment of medical infrastructure and mobilisation of medical personnel *(OECD, 2025).*

An important component of the effective functioning of the healthcare system is interagency coordination between the Ministry of Health, the Armed Forces, the National Emergency Service, and local authorities. This model ensures horizontal policy coordination, which facilitates rapid response to various threats and challenges.

The mobilisation of resources in Israel is seen as a key political task, which is implemented through mechanisms of interaction between government structures and public institutions. Of particular importance is the maintenance of national medicine reserves, the system of reserve hospitals, and political control over medical infrastructure *(Nitzan, Mendlovic, Ash, 2024).*

The role of political parties in Israel's healthcare system is manifested through mechanisms of parliamentary control, rule-making, and participation in the formation of the state budget for medical needs. Opposition and coalition forces interact within the framework of specialised committees, which ensures a high level of institutional accountability.

In addition, civil society organisations and medical associations play an important role in Israel's healthcare system, exercising their political influence through participation in advisory bodies. This mechanism contributes to the institutionalisation of interaction between the state and civil society *(Levi, Davidovitch, Dopelt, 2021).*

In the context of Israel, armed conflict is not only a challenge but also a catalyst for the modernisation of political institutions. Crisis conditions contribute to the formation of a political culture focused on efficiency and the strengthening of institutional links between different sectors.

Unlike Israel, in Georgia, the political dynamics of the formation of health care institutions in wartime are determined by the specifics of the historical context and transformation processes. The armed conflicts of the 1990s and the war of 2008 became catalysts for reforming the system of public administration in the medical sphere.

For a long time, Georgia was dominated by a fragmented healthcare model with limited political influence from central authorities. Military actions in Abkhazia and South Ossetia revealed the structural weakness of the system, which necessitated the centralisation of medical management and the strengthening of state coordination.

After the 2008 conflict, the Georgian government initiated a set of institutional reforms aimed at strengthening the role of the Ministry of Health as the central political body for crisis response. A rapid response system was created, coordinated through specialised government platforms.

A distinctive feature of the Georgian model was the active participation of international donors, who influenced the formation of the institutional architecture by providing technical assistance, political expertise and funding. This involvement led to a certain dependence on external political actors *(World Bank Group, 2010).*

The Georgian government worked closely with the WHO, the European Union, USAID and other international organisations to modernise the healthcare system. This cooperation provided resource support, but also created political risks associated with the delegation of some sovereign powers.

Communication with the population during periods of conflict was limited due to the underdevelopment of the information infrastructure. However, over time, the government

introduced digital platforms to provide information about medical services, which was an important political step in increasing public trust.

At the same time, the political institutionalisation of healthcare in Georgia remained incomplete due to the fragmentation of the political system and frequent changes of government, which created obstacles to the formation of long-term strategies for crisis medical response *(World Bank Group, 2025).*

Both countries demonstrate different approaches to crisis management, which are determined by political traditions and specific threats. What these cases have in common is that armed conflicts act as drivers of institutional transformation, changing decision-making structures and determining public policy priorities. In this context, political health institutions acquire not only functional but also legitimising significance.

4. Challenges to the institutional capacity of the healthcare system

After the Russian Federation launched a full-scale military aggression against Ukraine in 2022, significant transformations took place in the healthcare system, which brought the issue of political governance of the medical sector to the fore. The war has increased the need for effective political institutions capable of responding quickly to threats in emergency situations. The political adaptation of the healthcare system has become one of the key factors determining its stability and ability to function.

Military administrations, which temporarily perform the functions of providing medical care in the combat zone, play a significant role in supporting the medical system. They represent a new level of political mediation between local communities and the central government. However, the lack of an established legal basis for their activities creates uncertainty in the area of management decision-making *(Kovalchuk, 2023).*

The staffing crisis in the healthcare system has emerged as a result of both the mass emigration of professionals and the internal rotation of medical personnel driven by mobilization processes. The absence of a centralized policy for the distribution of medical staff in frontline and rear regions has led to a shortage of doctors and nurses in critical areas.

Staffing issues in frontline zones are further exacerbated by the lack of adequate living conditions and professional infrastructure. Medical workers are forced to operate under constant threat of shelling, resource shortages, and psychological stress. At the same time, central government authorities often fail to take these circumstances into account when allocating budgets and planning support *(Karamushka, 2022).*

The medical care system in combat zones has undergone significant strain and transformation. The deployment of mobile hospitals, the organization of casualty evacuations, and coordination with military units have become routine elements of medical practice. However, these processes have been carried out without proper strategic planning, revealing the weakness of political governance in this domain.

The issue of ensuring continuity of medical services for the civilian population in conflict areas has become particularly acute. Due to the destruction of healthcare infrastructure, many medical facilities have been forced to cease operations.

In rear regions, the healthcare system has also faced considerable pressure due to the influx of internally displaced persons. Many medical institutions are operating at the limits of their capacity, making access to services increasingly difficult. At the same time, political institutions have failed to develop coherent policies for integrating internally displaced persons into the healthcare system *(Pravo na zakhyst, 2021).*

The lack of a systemic approach to mental health has emerged as another critical issue exacerbated by the conditions of war. Psychological support for military personnel, their families, and the civilian population is vitally important, yet it largely remains neglected by political actors.

Civil society organizations and international partners have played a significant role in supporting the mental health system; however, their efforts have not been integrated into a unified state policy. The absence of coordination between these actors and political institutions has resulted in the duplication of functions and inefficient use of resources. Moreover, the lack of a legislative mechanism for cooperation between the state and non-governmental initiatives has further widened the gap between existing needs and adopted decisions.

A positive example has been seen in certain regional initiatives, where local authorities, in collaboration with volunteers, provided comprehensive medical and psychological services. These practices highlight the potential of political decentralization in the healthcare sector. However, scaling such models to the national level requires political will and regulatory support *(NISD, 2024)*.

5. Institutional challenges and management gaps

A key challenge has remained the institutional capacity of the Ministry of Health and other central executive bodies. Insufficient human resources, excessive bureaucratization of processes, and poor quality of managerial decisions have negatively impacted the effectiveness of public policy implementation. The political culture of governing bodies has been marked by inertia, with a predominance of reactive rather than proactive actions.

Strengthening the role of local self-government in healthcare is a promising direction that enables policy adaptation to regional specificities. The delegation of powers within the framework of decentralization creates opportunities for more effective management of medical resources at the local level. However, the absence of clear coordination mechanisms between state and municipal levels limits the potential of these reforms.

The financial stability of the healthcare system largely depends on political decisions related to budget planning and the attraction of international aid. In wartime conditions, the ability to exercise financial flexibility is critical, yet the mechanisms for doing so remain weakly institutionalized, which undermines the system's resilience to long-term challenges *(Romashka, 2025)*.

Another important area is the regulatory framework for military medicine, in particular ensuring the proper status of military medics. Political institutions have not yet created a comprehensive system of guarantees, social protection and professional development for this category of specialists. The lack of relevant legislation weakens the position of medical personnel in the defence sector.

It is worth noting the role of the Verkhovna Rada of Ukraine as a key political institution in shaping the framework policy for healthcare in wartime. Although a number of important legislative acts were adopted (the Law of Ukraine "On Amendments to Certain Legislative Acts of Ukraine Regarding Improving Access to Medical and Rehabilitation Care During Martial Law" *(Zakon Ukrainy Pro vnesennia zmin do deiakykh zakonodavchykh aktiv Ukrainy shchodo pidvyshchennia dostupnosti medychnoi ta reabilitatsiinoi dopomohy u period dii voiennoho stanu, 2022)*, the Law of Ukraine "On Amendments to Certain Legislative Acts of Ukraine Regarding Improving the Provision of Medical Care" *(Zakon Ukrainy Pro vnesennia zmin do deiakykh zakonodavchykh aktiv Ukrainy shchodo udoskonalennia nadannia medychnoi*

dopomohy, 2022) etc.), most decisions were mainly short-term or situational in nature. The lack of a long-term parliamentary strategy reduces the institutional predictability and effectiveness of public policy.

Specialised parliamentary committees became an important component during the war, but their activities often boiled down to responding to crisis situations rather than forming a systematic strategic vision. The lack of proper political dialogue between the government and parliament on long-term planning in the health sector exacerbated the dysfunction of institutional interaction.

The political institutionalisation of medical self-government requires particular attention. In wartime, this mechanism could become the basis for adaptive management at the local level, but in Ukraine it has not been properly developed. The lack of political recognition of the role of medical self-government hinders the initiatives of healthcare institutions to function autonomously.

Successful implementation of healthcare policy in wartime requires a combination of institutional flexibility and political accountability. It is necessary to balance operational decision-making with long-term strategic vision. Political institutions must acquire the ability to act in conditions of uncertainty, drawing on the experience of international partners and analytical support *(Alliance for Public Health, 2025).*

6. Healthcare reform in wartime

Reforming the healthcare system in wartime requires rethinking the political role of key actors, including parliament, government, local government and civil society. It is important to establish a sustainable mechanism for interaction between these actors to ensure the continuity, adaptability and inclusiveness of healthcare policy. Only under such conditions is it possible to transform the crisis into a potential opportunity.

The first step should be to improve the legislative framework, which currently does not take into account the specifics of the healthcare system's functioning in conditions of military conflict. Regulatory and legal acts need to be systematised, harmonised and supplemented with provisions regulating the activities of medical institutions in crisis situations. It is advisable to adopt a separate framework law on medical security, which will define the competences of state and local authorities, the rules for mobilising resources and the algorithms for responding to emergency situations.

Legislative initiatives should provide for a clear division of powers between the Ministry of Health of Ukraine, the Ministry of Defence of Ukraine, local authorities and self-governing medical organisations. The introduction of such a division will avoid duplication of functions, increase the speed of decision-making and ensure the effective use of available resources.

Legislative improvements should also include mechanisms for the emergency reallocation of budget funds, the optimisation of tender procedures under martial law, and the deregulation of internal logistics. The introduction of such tools will ensure the system's rapid response to changes in the situation and increase the effectiveness of management decisions.

The policy of managing medical resources should be transformed from a centralised model to a hybrid system that combines vertical and horizontal coordination mechanisms. Modern digital platforms for accounting and monitoring need to be created to enable real-time tracking of hospital needs, the availability of medicines and the status of logistics chains.

It is necessary to expand public-private partnership tools in the healthcare sector, in particular by creating joint logistics centres, introducing outsourcing of technical services and

involving businesses in the formation of medical reserves. Political institutions must identify priority areas for such partnerships and ensure appropriate regulatory oversight.

The human resources capacity of the healthcare sector remains one of the most vulnerable links in the context of military conflict. A comprehensive national strategy for the formation and support of human resources is needed, including motivational programmes, reforms of the medical education system, professional rotation mechanisms and the protection of social rights.

Improving the quality of medical education should be based on updating curricula to reflect the realities of wartime, including training for work in combat conditions, providing psychological support, and teaching crisis management. At the same time, continuing education programmes for current employees should be developed to ensure the flexibility and competitiveness of the system.

Institutional change can only be successful if the accountability and transparency of all medical policy actors is strengthened. It is advisable to establish independent analytical centres within parliamentary committees to monitor the implementation of reforms and provide sound recommendations.

Institutional development of healthcare in wartime is impossible without political leadership, strategic vision and the ability to reform flexibly. It is political institutions that must act as guarantors of the transformation of the healthcare system into an instrument of national security.

7. Conclusions

The study confirms that in conditions of armed conflict, healthcare becomes not only a critical component of social infrastructure but also a strategically important political institution. Its ability to function effectively under wartime pressure directly influences national resilience, public trust, and the operational capacity of the defense sector. The Ukrainian case illustrates that fragmented governance, insufficient institutional coordination, and the lack of a coherent legislative framework significantly hinder the performance of the healthcare system.

The comparative analysis of Israel and Georgia reveals that institutional flexibility, interagency coordination, and integration of civil society can strengthen healthcare systems in crisis. For Ukraine, the key areas of reform should include the adoption of a framework law on medical security, development of medical self-governance, improvement of human resource policies, and modernization of healthcare infrastructure through digital platforms and public-private partnerships.

Further research should focus on the development of political accountability mechanisms in wartime healthcare governance, the institutionalization of mental health support systems, and the role of decentralized models in crisis response. These areas remain underexplored and are essential for building a sustainable, inclusive, and adaptive healthcare system capable of responding to modern security challenges.

References

1. ACAPS. (2023). Vplyv konfliktu na systemu okhorony zdorovia ta aktsentuvannia uvahy na konkretnykh potrebakh [Impact of conflict on the health system and focus on specific needs]. ACAPS. https://www.acaps.org/fileadmin/Data_Product/Additional_resources/20231004_ACAPS_thematic_report_Ukraine_impact_of_the_conflict_on_healthcare_system_and_spotlight_on_specific_needs_Ukrainian.pdf [in Ukrainian]

2. Bondarenko-Zelinska, N., Boryslavska, M., & Zelinskyi, A. (2021). Pro pravo na okhoronu zdorovia sotsial'no vrazlyvykh hrup naselennia [On the right to health protection of socially vulnerable groups of the population]. University Scientific Notes, (82), 157–190. https://doi.org/10.37491/unz.82.13 [in Ukrainian]

3. Minenko, Y. (2023). Vplyv rosiis'koi propahandy na suspil'no-derzhavnu stabil'nist' Ukrainy: analiz metodiv ta naslidkiv [The impact of Russian propaganda on Ukraine's socio-state stability: Analysis of methods and consequences]. Naukovi pratsi Mizhrieghional'noi Akademii upravlinnia personalom. Politychni nauky ta publichne upravlinnia, 3(69), 47–51. https://doi.org/10.32689/2523-4625-2023-3(69)-6 [in Ukrainian]

4. OECD. (2025). Upravlinnia novymy krytychnymy ryzykamy. Keis-stadii ta porivnial'nyi analiz krain [Managing emerging critical risks. Case studies and cross-country synthesis report]. OECD. Retrieved from https://www.oecd.org/en/publications/managing-emerging-critical-risks_1f9858ea-en/full-report/country-case-study-israel_0726674d.html

5. Nitzan, D., Mendlovic, J., & Ash, N. (2024). Izrails'ka systema travmatolohii v umovakh viiny – polityka ta upravlinnia [The Israeli trauma system during wartime – policy and management]. Israel Journal of Health Policy Research. BioMed Central. Retrieved from https://ijhpr.biomedcentral.com/articles/10.1186/s13584-024-00623-x

6. Levi, B., Davidovitch, N., & Dopelt, K. (2021). Na sluzhbi suspilstvu? Medychni asotsiatsii yak ahenty sotsial'nykh zmin – naslidky dlia medychnoi polityky ta osvity v Izraili [In service of the society? Medical associations as agents of social change – implications for health policy and education in Israel]. Healthcare, 9(10), 1264. https://doi.org/10.3390/healthcare9101264

7. World Bank Group. (2010). Hruzyns'ka spil'na otsinka potreb u postkonfliktnyi period otrymuie nahradu Svitovoho banku [Georgia post-conflict joint needs assessment wins a World Bank prize]. World Bank. Retrieved from https://www.worldbank.org/en/news/press-release/2010/03/31/georgia-post-conflict-joint-needs-assessment-wins-a-world-bank-prize

8. World Bank Group. (2025). Upravlinnia pryvatnym sektorm okhorony zdorovia v Hruzii [Governance of the private health sector in Georgia]. World Bank. Retrieved from https://iris.who.int/bitstream/handle/10665/381681/WHO-EURO-2025-11941-51713-79128-eng.pdf?sequence=1

9. Kovalchuk, V. B. (2023). Osoblyvosti pravovoho rehuliuvannia funktsionuvannia orhaniv mistsevoho samovriaduvannia v period voiennoho stanu v Ukraini [Peculiarities of legal regulation of local self-government bodies during martial law in Ukraine]. Ukrainskyi chasopys konstytutsiinoho prava, (4), 37–46. [in Ukrainian]

10. Karamushka, L. (2022). Psykhichne zdorovia personalu orhanizatsii v umovakh viiny: osnovni vyiavy ta resursy [Mental health of organizational personnel during the war: Key manifestations and resources]. Scientific notes of the University "KROK", 67, 124–133. https://doi.org/10.31732/2663-2209-2022-67-124-133 [in Ukrainian]

11. Pravo na zakhyst. (2021). Analiz Stratehii intehratsii VPO ta vprovadzhennia serednostrokovykh rishen' shchodo vnutrishnoho peremishchennia na period do 2024 roku [Analysis of the Strategy for IDP integration and implementation of medium-term solutions on internal displacement until 2024]. Pravo na zakhyst. Retrieved from https://archive.r2p.org.ua/strategiya-integracziyi-vpo-analiz [in Ukrainian]

12. NISD. (2024). Tendentsii rozvytku systemy okhorony zdorovia v umovakh detsentralizatsii [Trends in the development of the healthcare system under decentralization]. NISD. Retrieved from https://niss.gov.ua/doslidzhennya/sotsialna-polityka/tendentsiyi-rozvytku-systemy-okhorony-zdorovya-v-umovakh [in Ukrainian]

13. Romashka, S. (2025). Finansuvannia okhorony zdorovia v Ukraini pid chas povnomasshtabnoi viiny ta prohnoz na pisliavoiennyi period [Healthcare financing in Ukraine during the full-scale war and forecast for the post-war period]. https://doi.org/10.5281/zenodo.14922016 [in Ukrainian]

14. Zakon Ukrainy Pro vnesennia zmin do deiakykh zakonodavchykh aktiv Ukrainy shchodo pidvyshchennia dostupnosti medychnoi ta reabilitatsiinoi dopomohy u period dii voiennoho stanu: pryiniatyi 29 lyp. 2022 roku № 2494-IX [Law of Ukraine on amendments to certain legislative acts to improve access to medical and rehabilitation care during martial law, from July 29, 2022, № 2494-IX]. (2022, July 29). Retrieved from https://zakon.rada.gov.ua/laws/show/2494-20#Text [in Ukrainian].

15. Zakon Ukrainy Pro vnesennia zmin do deiakykh zakonodavchykh aktiv Ukrainy shchodo udoskonalennia nadannia medychnoi dopomohy: pryiniatyi 1 lyp. 2022 roku № 2347-IX [Law of Ukraine on amendments to certain legislative acts to improve the provision of medical care, from July 1, 2022, № 2347-IX]. (2022, July 1). Retrieved from https://zakon.rada.gov.ua/laws/show/2347-20#Text [in Ukrainian].

16. Alliance for Public Health. (2025). Yak zabezpechuietsia stiikist' v okhoroni zdorovia Ukrainy pid chas viiny [How resilience in Ukraine's healthcare is ensured during the war]. Alliance for Public Health. Retrieved from https://aph.org.ua/uk/novyny/yak-zabezpechuyetsya-stijkist-v-ohoroni-zdorov-ya-ukrayini-pid-chas-vijni-2 [in Ukrainian].

17. Shevchuk, R. (2022). Analiz problem reformuvannia systemy okhorony zdorovia v Ukraini [Analysis of the problems of healthcare system reform in Ukraine]. Vcheni zapysky TNU imeni V. I. Vernadskoho. Seriia: Publichne upravlinnia ta administruvannia, (6), 178–183. https://doi.org/10.32782/tnu-2663-6468/2022.6/28 [in Ukrainian].

18. Ivanchov, P. (2020). Problemy reformuvannia systemy okhorony zdorovia v Ukraini: instytutsiinyi aspekt [Problems of healthcare system reform in Ukraine: Institutional aspect]. Aktualni problemy ekonomiky, 228(6), 133–145. Retrieved from https://eco-science.net/wp-content/uploads/2021/08/6.20._topic_Ivanchov-P.V.133-145.pdf [in Ukrainian].

19. Pravylo, O. (2024). Pravove rehuliuvannia okhorony zdorovia v Ukraini [Legal regulation of healthcare in Ukraine]. Elektronne naukove vydannia "Analitychno-porivnial'ne pravoznavstvo", (3), 390–395. https://doi.org/10.24144/2788-6018.2024.03.67 [in Ukrainian].

20. Dzvinchuk, D., & Baran, M. (2020). Zastosuvannia dialogichnoi modeli zmin u protsesi reformuvannia systemy okhorony zdorovia v Ukraini na pervynnomu rivni [Application of the dialogical model of change in the process of healthcare reform in Ukraine at the primary level]. Public administration and regional development, (7), 89–108. https://doi.org/10.34132/pard2020.07.04 [in Ukrainian].

21. Liakhovych, H. I., & Vakun, O. V. (2025). Kadrova polityka v zakladakh systemy okhorony zdorovia: zarubizhnyi dosvid ta problemy v Ukraini [Personnel policy in healthcare institutions: Foreign experience and problems in Ukraine]. Investytsiyi: praktyka ta dosvid, (2), 39–45. https://doi.org/10.32702/2306-6814.2025.2.39 [in Ukrainian].