ANALYSIS OF STATE GOVERNANCE IN THE FIELD OF HEALTHCARE IN UKRAINE AND FOREIGN COUNTRIES

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Summary

The current state of health care in Ukraine is characterized by low efficiency of available logistical using and human resources, slow pace of change in the introduction of innovative diagnostic methods and technologies and lack of understanding of the implementation of standards and indicators of quality and effective management of health services.

The goals of health care are to improve health and meet the needs of consumers. The state of the population health depends not only on the provided medical services, but to a large extent on other factors, including the state of the environment, individual heredity, behavioral risk factors, socio-economic status of society and the state of the health care system *(Obolenskyi O.Iu., 2007:191)*.

Health care activities should be based on the end results, namely: improving the health of the population; cost and quality of medical services, their availability; fairness and efficiency in the provision of medical services; the effectiveness of mechanisms to protect citizens from financial risk in case of disease (Surmin Yu. P. 2006:307)

The authors emphasize the unity of the approach to health care reform in Ukraine at all levels of departmental and national medicine. The study highlights the causes, conditions of formation and functioning of departmental medicine in Ukraine and around the world. The article uses methods of generalization and systematization, grouping and comparison, classification and analogy and systems analysis, as well as the dialectical method and the method of forecasting.

The authors analyze the state of health care reform over the past 10 years in countries with high (Britain, France, USA) and low economies (India), with ongoing military conflicts (Israel), with high life expectancy (Italy), with transition economy (Croatia) and in the post-Soviet countries that joined the European Union (Lithuania).

The study focuses on the rating indicators of gross domestic product (GDP) and life expectancy, according to analytical reports of international organizations WHO, OECD, International Commonwealth Fund and others.

Keywords: state policy, state policy in the field of health care, health care, health care system, health care reform.

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1. Introduction

The health care system of Ukraine in the current conditions of reform requires radical changes in management and regulation, the formation of new scientific methods to solve problems and in making sound management decisions.

The peculiarity of the problem of public health policy is its complexity, systemic, social nature, due to the growing unity of the modern world, the tendency to strengthen the interconne ctedness and interdependence of the components of health care *(Bilynska M and others., 2013:396)*.

The Ottawa Charter on Health Promotion shows that the self is a good and a resource for daily life, not health. Health is a positive concept, which is based on social personalities, as well as physical capabilities *(WHO, Geneva, 1984:1-6)*.

The third millennium is marked by the world's desire to overcome global challenges relevant to every country. The United Nations (UN) focused the efforts of 193 member states on the Millennium Summit in 2000 on the Millennium Development Goals (MDGs), which focused on reducing child mortality, improving maternal health and combating HIV / AIDS. and other parameters, which, on a par with other global tasks, have become a guideline for preserving the most valuable resource of any state – the people. *(MDGs., 2015)* The logical continuation of this program was the program: "Sustainable Development Goals 2030". Ukraine has also joined this Program: "Strategy for Sustainable Development Ukraine – 2030". The section: "Strategic Goal 4" provides: "Ensuring public health, well-being and quality education in safe and viable settlements" (Stratehiia staloho rozvytku Ukrainy: 2030).

In this, the transformation processes taking place in Ukraine encourage the improvement of public administration mechanisms in the field of health care at all levels, including medical information.

The purpose of the study is to substantiate the theoretical foundations and develop practical recommendations for improving public administration in the field of health at all levels and well-known medicine.

Research tasks:

– connection between the state and problems of reforming state policy in the field of health care at all levels;

– to analyze the research of domestic and foreign scientists on the formation and development of public health policy at all levels, including information on medicine;

– to conduct a comparative analysis of health care models in different countries over the past 10 years;

– to offer practical recommendations for improving the public administration of medicine, various departments and levels of subordination.

2. Literature review

The study of available information on the topic of the scientific article allows us to draw conclusions about the high degree of interest in the features of public policy in the field of health care at all levels, including departmental medicine; the current state of its reform at all levels, ensuring the quality, efficiency, accessibility of medical services to the population; restraint and control of budget expenditures on medical care for the population of Ukraine by scientists, analysts, representatives of government agencies, international organizations, etc.

Many domestic scholars have studied the formation of public (state) policy. Thus, Ukrainian researcher O. Demyanchuk notes: “Thus, it becomes obvious that the formation and implementation of public (state) policy in post-communist states are concentrated almost exclusively in the hands of the higher executive and to some extent the legislature” (Demianchuk O. P., 2000).

According to O. Akimov and others, the existence of an inefficient system of public administration, exacerbation of the economic crisis, depletion of financial resources and, consequently, lower living standards, as well as general corruption and distortion of democratic procedures that hinder recovery *(Akimov, O., 2020)*.

All this in combination requires the search for new ways to fully and timely implement the state of its functions, including ensuring the sustainable development of the state.

Such national scientists as: J. Radysh, N. Kryzyna, V. Lekhan, Z. Gladun, M. Badyuk, L. Kryachkova, V. Ginzburg, V. Furdyk, O. Petrenko, G. Slabky and others.

According to J. Radysh: “State policy in the field of health care is a set of national decisions or commitments to preserve and strengthen physical and mental health and social well-being of the population as the most important component of its national wealth through the implementation of the totality. political, organizational, economic, legal, social, cultural, scientific and medical measures to preserve the gene pool of the Ukrainian nation and its humanitarian potential, taking into account the requirements of present and future generations in the interests of each person (individual) and society as a whole ”*(Bilynska M and others., 2013:396)*.

According to O. Petrenko: "… health care system in Ukraine operates in conditions of financial and economic uncertainty; there is an imbalance of the vertical management system and insufficient executive discipline; there are no new management technologies; uncertain role and functions of regional governance, and, at the same time, there is uncritical assessment of the state and role of health care by political forces, as well as excessive criticism and political speculation in its assessment. *(Petrenko O., 2011)*.

And the French scientist Daniel Seymont claims that the reforms of health care systems in Europe after the recession of 2008 are aimed at curbing the growth of budget spending on medicine (Daniel Simonet 2021).

British researchers believe that the existing system of cooperation between health care and social services needs to be improved, as well as the necessary changes in the financial and economic mechanism to increase the staff of hospitals (Mimi Chung 2021).

According to the study, in Italy there is no law on health care and the role of the private sector in the provision of health services is uncertain, but the system has a well-established mechanism for three-year planning *(Andrea Poscia and others., 2020)*.

The task of the current stage of Israeli health care reform is to reduce private spending on medicine in order to eliminate inequality of access to health care *(Avi Y. Ellencweig and others., 2020)*.

In his research, the Indian scientist Tarun Khanna proposed to optimize public spending by: forming a single public procurement body; informatization of the medical services system; development of schemes of rewards and fines for financing health care providers (Tarun Khanna and others., (2021).

Analysis of the state of development of this issue shows the importance of the functioning of departmental medicine in the formation and implementation of state policy in the field of health care, which encourages the improvement of mechanisms of state management of departmental medicine in Ukraine. Many issues related to: legal, financial, economic, resource, personnel mechanisms in the field of health care remain insufficiently studied, especially in

view of the transformation processes in the sustainable development of the state. The need to address these issues at the scientific and practical levels and led to the choice of research topic.

Methods. In the process of achieving the defined goal and solving the set tasks, a set of complementary and interconnected general scientific and special research methods aimed at obtaining objective and reliable results was used, namely:

– generalization and systematization were used in clarifying the theoretical and methodological foundations of the formation and implementation of public administration of departmental medicine and, in particular, establishing the level of research of the problem in the scientific literature;

– grouping, comparison – in order to clarify the conceptual and categorical apparatus of the studied problem;

– classifications, generalizations and analogies – to study the dynamics and regulation of public administration of departmental medicine of Ukraine;

– dialectical, prognostic – in the process of developing and formulating conclusions, summarizing its results and identifying promising areas of research on the topic of the dissertation.

Results. It is known that the level of economic development of any country affects changes in health care, encouraging the development of new or improving existing mechanisms of public administration in health care, but the state constitution and other domestic regulations and international norms determine the policy of any state in this area.

According to the WHO report for 2020, health care reforms in Ukraine have some achievements but also a number of shortcomings. Despite visible progress in achieving the Sustainable Development Goals 72.8% – 41st place in the world ranking of countries in the world, this is not reflected in health care reforms.

At the beginning of the XXI century, global changes have already taken place (globalization of the economy and digitalization of all its branches, building public administration on the principle of "Good governance", epidemics and pandemics of new diseases), which led to changes in Ukraine and a new stage in all countries of the world without exception (digitization of any medical manipulations, creation of electronic databases and synchronization of registers of various organizations in countries and the world, development and distribution of remote counseling and primary care, telemedicine, artificial intelligence and more).

Most research on this issue focuses on the selection of the type of health care system model and the results of different countries' achievements in creating medical infrastructure or analyzing the mechanisms of public health management at all levels, including departmental medicine, for implementation or implementation.

We have analyzed the world's existing models of health care over the past 10 years in foreign countries with different economic development and social security.

The Beveridge model, or the model of public funding for the health care system, is tax funding, well established in the British Monarchy, the French Republic, the Unitary Republic of Greece, the Democratic Republic of Italy, and others. This is the most comprehensive system with a state form of regulation, distribution and control, without targeted insurance funding with a unified and often very limited amount of available medical services. In most cases, this is a small minimum available amount of state-funded assistance, and everything else is from private insurance funds, or from the patient's pocket.

The Bismarck model, or socially oriented health care system, is a system of compulsory social insurance financed by patients' interest-based insurance premiums based on monthly income with unlimited access, which applies in the Federal Republic of Germany, the Belgian

Constitutional Monarchy and the Federal Parliamentary Democratic Republic. Switzerland, the parliamentary-constitutional monarchy of Japan. In this model, the state performs regulatory and supervisory functions. At the same time, the risks are partially covered by other insured persons or by social programs.

The national health insurance model is inherent in the Constitutional Monarchy of Canada, the Parliamentary Republic of Israel, and the Presidential Republic of South Korea, which has greater influence and control from the state, which is the sole payer of health care through non-specific taxation of health care programs. Service providers are private entities. This model provides free access to medical services, but the scope of guaranteed services depends on government-regulated expenditures.

A private model of the health care system used in the United States, Africa (the Presidential Republic of Kenya) and the Federal Parliamentary Democratic Republic of India. It is based on competition from private health care providers with out-of-pocket funding. The independence of medical insurance funds is typical, and the role of the state in this model is only moderating (supervisory). This model cannot provide maximum access, and competition between health care providers and insurance agencies increases the level of patient care, but greatly restricts access to these services *(Kaminska T M., 2012)*.

A 2016 survey of eleven high-income citizens of the world on health care spending found that some citizens were unable to undergo the necessary examinations in a timely manner. For example, 32% of Americans and 11% of Britons did not undergo dental examinations due to lack of funds. 33% of Americans, 7% of Britons and 8% of Germans did not seek emergency medical care for the same reason. Because of this, 19% of Americans and 24% of French people cannot receive the necessary treatment or examination *(Robin Osbornand others., 2016)*.

Spending 17.1% of GDP, the United States is suffering from constant public protests demanding changes and solutions to many health problems. The US Senate considered the Affordable Care Act in 2017, but the Senate did not support the proposed changes in the medical field, which provoked public opposition. The most painful thing for Americans is free access to health care and the large number of people not covered by private insolvency insurance. The Beveridge and Bismarck models are partially reflected in the US military system and the Medicare insurance program.

Ezra Klein's (2020) study of the health care system in the United States and the United Kingdom found that there is a difference in public health policy.

First, the US political elite is corrupt and non-transparent, lobbying for decisions to support insurance funds and pharmaceutical corporations, rather than supporting social and health care reforms. The British government, on the other hand, prioritizes the health care system and its improvement, and this has become their national idea and lever to win the election. If in the USA expensive treatment of the patient is a sentence, in Britain it is a request to the state for help.

Secondly, the state in the United States does not regulate medicine, but encourages any competition among insurers and hospitals and pharmaceutical companies and ignores the rationing of pricing for medical services. The British government has done the impossible – formed a public health system with clear and reasonable regulation of prices for services and developed clear protocols for medical care and patient routing.

The American health care system was created to shape the market for health services, and the principle of British medicine was to create a comprehensive, well-regulated and accessible health care system. A health care system free from state control creates uncontrolled competition and proves the lack of free access.

The US health care market is limiting and displacing social assistance. The state does not change its normative-legal and structural-organizational mechanisms to meet the needs of citizens and to develop and improve the level of primary health care. Changes in the financial and economic mechanism are also needed to curb uncontrolled competition in the field of medical services and equalize their prices.

The effectiveness of public administration of public medicine or medicine of any department or type of subordination depends on how well the state builds, manages and protects it.

European health care reforms since the 2008 recession are aimed at curbing rising budget spending on medicine.

France's first task was to centralize state control, represented by the Ministry of Health, over various regional agencies, and to group them into larger agencies to form remote controls. But the reforms faced regulatory constraints on previous decentralization reforms and territorial development plans.

The creation of single national regional health agencies, through the transformation and subordination of fragmented health organizations, regional health and social affairs departments, health and social affairs departments and regional disease funds, aims to combat duplication of social and health services and speculation on the provision of health services by various agencies, but faced resistance from small local social security agencies and citizens of small areas (villages and suburbs), which are geographically limited in access to larger local associations and health facilities.

The creation of a system of remote control required the birth of a new technological structure, which placed a greater burden on health workers.

The introduction of public-private partnership did not achieve the expected results, the fundamental difference between the goals and models of the financial and economic mechanism became apparent.

The introduction of an open procurement market among healthcare providers has not been as successful as in the UK, as French hospitals and laboratories have not been able to be the only player in the drug procurement market and private doctors have not had professional associations.

Reforms of the health care system and other sectors of the economy, made in the course of previous efforts to decentralize the latter without sufficient discussion with all stakeholders, have led to open public resistance and even greater divisions and separatist manifestations (Daniel Simonet 2021).

The experience of France is close to us because now, building the government on the principle of decentralization and delegation of powers to local administrations, we need to prevent mistakes that already have and have to solve the French government.

Reforms in Israel's health care system are aimed at reducing medical spending. The total expenditure of GDP on medicine in Israel is 7.4% (62nd place in the WHO ranking). Government expenditures on government programs decreased to 63.8% of total expenditures on medicine due to limited investment, but household expenditures on health services grew by about 1.7% (38%) per capita annually. Most household expenditures are on supplementary insurance (voluntary and commercial health insurance). It was found that the lion's share of these costs is the salary of doctors, as well as the purchase of expensive drugs and the use of the latest technology. These issues were discussed at the Dead Sea Conference in 2021 *(The Economic Arrangements Law., 2008)*

The Indian authorities have first improved the regulatory framework and launched a state program of guaranteed medical services, which includes primary, secondary and tertiary

care. From 2021, the state of India requires insurers to reimburse 74% for the insured event. (R. Srinivisan.,2020).

Secondly, a public-private partnership program is being developed *(Ayushman Bharat – National Health Protection Mission., 2018)* which reduces the burden of costs for private service providers in rural areas and reduces the cost of income for suppliers of medicines and medical equipment, even without the approval of government organizations to conduct such transactions (Cabinet approves Continuation and Revamping of the Scheme for Financial Support to Public Private Partnerships in Infrastructure Viability Gap Funding VGF Scheme. 2020).

Also in 2020, the state program of digitalization of health care – the national digital health mission *(INDIA INVESTMENT GRIDE., 2020)*

The Indian authorities seemed to be advancing on all problem areas of health care, but these reforms are as fragmented as the health care system itself.

Decentralization of territorial and inefficient distribution of the medical budget with weak state control over the quality of services and pricing for them hinders the promotion of national reforms, the implementation of state health programs, because:

– revenue parts of state budgets are very different;
– citizens' insurance is not comprehensive;
– has no centralized influence on health care providers *(Leapfrogging to a Digital Healthcare System: Re-imagining Healthcare for Every Indian. BCG and FICCI., 2020)*

Croatia's healthcare system is based on the principle of compulsory health insurance. The Croatian Health Insurance Fund is the only insurer. The principle of public-private partnership has also been introduced, according to which primary health care is provided mostly by private entities. The percentage of GDP expenditure on medicine in 2020 was 6.3% and in 2021-8.3%. The state pays 80% of the costs. Low health pay for public sector doctors, staff shortages and the resumption of public hospitals remain common health problems *(Aleksandar Džakula and others., 2014)*.

The mobilization of medical, civilian and military categories of citizens is characteristic of Croatian medicine. The presence of epidemiological preparedness, which is beneficial for any heterogeneous stress. Equally important is the testing and improvement of the electronic medical services accounting system for detailed analysis and planning of revenues and expenditures. Digitalization of medical records of citizens and medical services at all three levels is a profitable and long-term investment in improving the structural and organizational mechanism of public administration of medicine, which requires improvement of local application but is basis for predicting and forecasting change, thanks to predictors

Lithuania's mixed health care financing system provides for only 66% of the state budget expenditures, which cover the costs of medical care for state programs and treatment of the unemployed. Service providers: public hospitals and private primary care facilities and, to a greater extent, private dental clinics and offices. There are primary institutions in the municipal department. The state health policy of Lithuania is implemented by the Ministry of Health as a customer, payer and partially provider of medical services.

Lithuania entered a period of recession in 2008 with the formation of primary health care and reformed emergency care. Thus, spending 6.5% of GDP on health care, this post-Soviet country has a 3.5-year higher life expectancy than Ukraine. Like any mixed funding system, Lithuania's healthcare system must maintain sufficient efficiency and equal access to health care *(State of Health in the EU Lithuania Country Health Profile., 2021)*.

3. Conclusions

1. The sphere of health care in Ukraine in the current conditions of reform requires radical changes in management and regulation, the formation of new scientific approaches to solving problems and making sound management decisions at all levels, including the reform of departmental medicine.

2. The American health care system was created to shape the health care market, and the principle of British medicine was to create a comprehensive, well-regulated and accessible health care system. A health care system free from state control creates uncontrolled competition and proves the lack of free access. It is necessary to change the legal and structural and organizational mechanisms to meet the needs of citizens and to develop and improve the level of primary health care. Changes in the financial and economic mechanism are also needed to curb uncontrolled competition in the field of medical services and equalize their prices.

3. The experience of France is close to us because now, building the government on the principle of decentralization and delegation of powers to local administrations, we need to prevent mistakes that already have and have to solve the French government.

4. Reforms in Israel's health care system are aimed at reducing the cost of medicine, as the lion's share of these costs is the salaries of doctors, as well as the purchase of expensive drugs and the use of the latest technology.

5. The Government of India has improved the legal framework and launched a state program of guaranteed medical services, which includes primary, secondary and tertiary care. From 2021, the state of India requires insurers to reimburse 74% for the insured event. The state program of digitalization of health care – the national digital health mission has been launched. But these reforms are as fragmented as the health care system itself.

6. Analysis of the state of development of this issue shows the importance of the functioning of departmental medicine in the formation and implementation of state policy in the field of health, which encourages the improvement of mechanisms of public administration of the departmental service of Ukraine. At the present stage it is necessary to improve the legal, financial, economic, resource, personnel mechanisms in the field of health care, taking into account the transformation processes in Ukraine.

7. The creation of single national regional health agencies, through the transformation and subordination of fragmented health organizations, regional health and social affairs departments, health and social affairs departments and regional disease funds, is designed to combat duplication of social and health services and speculation on the provision of health services by various agencies, but faced resistance from small local social security agencies and citizens of small areas (villages and suburbs), which are geographically limited in access to larger local associations and health facilities.

8. The level of economic development of any country affects changes in health care, encouraging the development of new or improvement of existing mechanisms of public administration in health care, but the state constitution and other domestic regulations and international norms determine the policy of any state in this area. That is, reforms can not be virtually comprehensive due to the departmental fragmentation of the whole system, but some measures can still be seen as a prospect for implementation.

The effectiveness of public administration of public medicine or medicine of any department or type of subordination depends on how well the state builds, manages and protects it.

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