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INTERNATIONAL TRANSPORT CORRIDORS	
<i>Serhiy Filatov</i>	82
KEY ASPECT OF ORGANIZATION OF LOGISTICS COSTS ACCOUNTING AT PRODUCTION ENTERPRISES	
<i>Olexander Sumets</i>	84
USING BLOCKCHAIN TECHNOLOGY TO PROTECT SHAREHOLDERS' PROPERTY RIGHTS	
<i>Iryna Mihus</i>	86
SUSTAINABLE DEVELOPMENT OF AGRICULTURAL ENTREPRENEURS	
<i>Ruslana Levkina, Yana Kotko, Artur Levkin</i>	88
DIRECTIONS OF IMPROVEMENT OF PUBLIC HEALTHCARE IN UKRAINE	
<i>Nataliia Gavkalova, Israel Oluvaseidayo Idris</i>	90
BLOCKCHAIN TECHNOLOGY IN THE TOURIST SPHERE: REALITIES OF TODAY	
<i>Liudmyla Melko, Ganna Uvarova</i>	93
SECTION 2. FINANCIAL, MANAGEMENT AND TAX ACCOUNTING: FROM THEORY TO PRACTICE	95
VIRTUAL MARKETING AS A MODERN TOOL OF COMMUNICATION OF THE ENTERPRISE	
<i>Maxim Barvinok</i>	96
FEATURES OF MARKETING STRATEGY OF INTERNET PROMOTION OF SERVICES	
<i>Valeriia Loiko, Yelyzaveta Loiko</i>	98
MODERN TRENDS OF OPERATING ACTIVITIES DEVELOPMENT OF TOURISM ENTERPRISES IN UKRAINE	
<i>Svitlana Havryliuk</i>	100
INCREASING OPPORTUNITIES FOR AGRICULTURAL ENTERPRISES ACCESS TO FINANCING WITH STATE PARTICIPATION	
<i>Svetlana Andros</i>	102
Marketing direction of development of system of attraction of direct foreign investments on the enterprises	
<i>Igor Moshlak</i>	105
ROUND-TRIP INVESTMENTS AND OFFSHORING: THE RELATIONSHIP ANALYSIS	
<i>Volodymyr Hobela, Halyna Leskiv</i>	107
Security of the insurance market of Ukraine in the realities of development and attraction of foreign capital	
<i>Oksana Motuzenko</i>	109
THE ESSENCE AND PLACE OF INVESTMENT SECURITY IN THE SYSTEM OF ECONOMIC SECURITY	
<i>Stepan Melnyk, Solomia Vasylieva</i>	111
FEATURES OF STATE CONTROL OVER THE FINANCING OF VOCATIONAL EDUCATION IN UKRAINE	

DIRECTIONS OF IMPROVEMENT OF PUBLIC HEALTHCARE IN UKRAINE

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The healthcare sector in Ukraine has become the forefront of the confrontation between supporters of the old healthcare system and lobbyists for the introduction of a new model based on health insurance. A significant number of issues related to the improvement of the efficiency of public health management are associated with significant financial costs for the implementation of relevant changes. All this is of concern to citizens, government officials, businesses, practitioners and academicians about the cost-effectiveness ratio of the actual results of the reform.

At the same time, the ongoing reform of the healthcare system in Ukraine today requires the introduction of mechanisms to actually increase the level of ensuring the medical rights of citizens of Ukraine, which determines the relevance of this study. Thus, the issue of evaluating the effectiveness of the innovations in the field of health care introduced by the reform in terms of their compliance with international standards has not been adequately scientifically substantiated yet.

The purpose of the article is to determine the effectiveness of healthcare reform in Ukraine and the relevance of the reform and the experience of the member states of the European Union, as well as to form scientifically sound recommendations

for its improvement, based on the analysis of professional positions.

Today, the process of introducing state health insurance, which has not been implemented for almost 15 years, has not been completed yet. At the same time, the intensification of the process of reforming the medical sphere currently poses a potential threat of introduction of ineffective technologies and methods in public management of the studied area and may result in deteriorating human and civil rights in healthcare.

It is necessary to distinguish three main models of public administration in the field of healthcare by the criterion of the scope of public authority:

1) the imperative model, which is characterized by the exclusive role of the state in management of healthcare;

2) the state model - represented by the dominant position of the state as a key subject of power and

3) the competitive model, which is based on the activities of the state in the role of "referee", which sets the rules of the game, but does not participate, i.e. the state provides legal support in the field of healthcare, forms and implements certain governmental programs in this sphere [1].

Ukraine needs to apply the European model of medicine, the insurance medicine. As a result of unprofessional actions of management physicians are

overburdened, people cannot get to the doctor on time, there are not enough public funds to finance secondary care physicians, and it is planned to pay for the services of narrow-minded physicians at their own expense [2]. Along with the obvious thesis about the need to introduce a health insurance system, one cannot but agree that ineffective control over the reform of healthcare at the first level has led to a number of problems, including artificial increase in the number of attached patients to improve financial security, lack of physical opportunities to serve a fixed number of patients (for example, in a current epidemic period),

Turning to the fight against corruption in healthcare, we note that the level of corruption largely depends on the level of material support of healthcare employees themselves. An adequate financial security in combination with an increased legal liability creates a significant prevention of corruption offenses. However, it is incorrect to demand transparency and honesty in work where funding does not meet the requirements for the complexity of the profession. Medical reform is aimed at correcting the situation in this direction, in particular by improving the working conditions of healthcare employees.

European experience in combating corruption in the field of medicine is an adequate assessment of work of healthcare employees who receive the appropriate level of financial support. And when domestic doctors go to Poland for employment as paramedics, Polish colleagues can work in more developed EU member states.

Revealing the main benefits of the reform for the population and healthcare employees, we note that the main criterion for the effectiveness of healthcare reform should be the level of human rights in Ukraine. If life expectancy combined with the state of satisfaction with the healthcare system in Ukraine increase, it will be possible to draw a conclusion about the success of healthcare reform. Regarding the current state of affairs, we will give an example with the epidemiological threat in Ukraine. Today, the level of immunization in Ukraine is catastrophic and, according to the World Health Organization, is the lowest in Europe. Therefore, an epidemic can break out at any time [3]. The state of affairs with vaccination to prevent measles in combination with the spread of this disease in Ukraine speaks for itself. It is possible that there is an imperfect organization of vaccine procurement, and perhaps the reason is the premature destruction of the sanitary-epidemiological service in Ukraine.

Taking into account the above-mentioned, we can say that the reform of the health care system in Ukraine is carried out at the theoretical and practical levels. It is the public administration of healthcare that must correspond to them. In fact, there is a situation when the prospects and expectations from the reform do not correspond to the real state of affairs. Isolation from realities and an emphasis on temporary difficulties and inconveniences are the main problems of medical reform in Ukraine. In this context, Gemma Carey and Sharon Friel rightly point out that public

administration and public health stand on opposite sides, although there is a tendency to combine them [4; 5].

The national vector of the reform does not take into account the best European practices in the medical field, except on the general provisions on the introduction of compulsory state health insurance, the implementation of which has a number of shortcomings and controversial provisions. Administrative reform, by its nature, does not focus on ensuring the medical rights of citizens during this difficult period, as evidenced by numerous publications in media.

Improving public governance of healthcare can be possible through the involvement of a group of international experts from the EU member states to determine the optimal mechanism for the transition to a system of compulsory public health insurance. The powers and status of the NSSU should be reviewed, and the main criterion for assessing the effectiveness of the reform should not be the time of full transition to the health insurance system, but the level of ensuring the medical rights of citizens of Ukraine.

Keywords: healthcare; reform; public governance.

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