UDC 330.567.4:369

https://doi.org/10.52058/2708-7530-2024-2(44)-28-42

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MEDICAL INSURANCE IN THE FINANCIAL SECURITY OF SOCIAL GUARANTEES FOR THE POPULATION OF UKRAINE

Abstract. Medical insurance is a type of insurance against the risk of costs associated with receiving medical care by the insured. In most countries it is a form of social protection of property interests of the population in the health care system. Transferring the medical industry of Ukraine to market principles is a long-term mechanism. This is a dynamic process of an organizational and managerial nature, which requires adaptation of the current health care system to economic and political ones and social conditions of our state, which are constantly changing and improving.

The need for mandatory state social medical insurance in Ukraine determines the current state and procedure of financing the industry health care, the main drawback of which is the use of the only significant source of funding - budget funds. The deficit of financial resources imposes significant restrictions on the
development of the infrastructure of medical institutions and on the level quality of medical care. Therefore, the development of voluntary health insurance is an objective need capable of raising the level of public health care, to ensure the inflow of funds into the social sphere. All this emphasizes the relevance of the chosen research topic.

The purpose of the article is to deepen the theoretical and methodological foundations of the public management mechanisms development in the area of health care, the organization of the medical insurance in the financial security of social guarantees for the population of Ukraine, the regulatory aspect of state institutions. The subject of the research is the theoretical and methodological principles and scientific and practical recommendations for the organizational and economic support of the formation and development of the modern health insurance system.

Among the unresolved components of the general problem is the issue of reforming the state management of the financing for the health care system in the period of change, especially in the issues of developing the unified vision of building the Ukrainian model of health care in the market economy conditions.

In the work, authors researched theoretical approaches to the development of sustainable mechanisms for public administration in the sphere of health care. The work highlights the peculiarities of the formation of the domestic health insurance market in the regions of Ukraine. The historical aspects of its formation are analyzed, which must be considered in accordance with the socioeconomic development of society as a whole, since this will make it possible to assess the relationship between the needs of people in medical care and the degree of their satisfaction, as well as to draw conclusions about the development of the health care system as an important component of social insurance. The existing structure of the voluntary health insurance market is presented. The study of the historical and logical aspects of the formation of the domestic health insurance market in the regions of Ukraine gave reason to argue the conclusion that for the further development of health care in Ukraine, a well-balanced, developed system of health insurance is necessary, which requires a comprehensive development of theoretical, methodical and practical aspects of its formation and functioning, research and rethinking of the essence and role of health insurance in modern macroeconomic conditions.

The study and analysis of world experience in the area of financing and organization of the health care system was conducted. Models of health care financing and health care financing systems in the leading countries of the world were considered: the United States of America, Canada, Germany, France, Great Britain, the Netherlands and Japan, which proved that the use of foreign experience, especially in European countries, is for Ukraine is a significant example for the formation of a modern system of both voluntary and mandatory health insurance from various sources of funding.
МЕДИЧНЕ СТРАХУВАННЯ У ФІНАНСОВОМУ ЗАБЕЗПЕЧЕННІ СОЦІАЛЬНИХ ГАРАНТІЙ НАСЕЛЕННЯ УКРАЇНИ

Анотація. Медичне страхування - вид страхування ризику витрат, пов’язаних з отриманням медичної допомоги застрахованою особою. У більшості країн це форма соціального захисту майнових інтересів населення в системі охорони здоров’я.

Переведення медичної галузі України на ринкові принципи є довгостроковим механізмом. Це динамічний процес організаційно-управлінського характеру, який потребує адаптації діючої системи охорони здоров’я до економічних, політичних та соціальних умов нашої держави, які постійно змінюються та вдосконалюються.

Необхідність загальнообов’язкового державного соціального медичного страхування в Україні визначає сучасний стан і порядок фінансування галузі охорони здоров’я, основним недоліком якого є використання єдиного вагомого джерела фінансування – бюджетних коштів. Дефіцит фінансових ресурсів накладає суттєві обмеження на розвиток інфраструктури медичних закладів та рівень якості медичної допомоги. Тому розвиток добровільного медичного страхування є об’єктивною необхідністю, здатною підвищити
рівень охорони здоров'я населення, забезпечити надходження коштів у соціальну сферу. Все це підкреслює актуальність обраної теми дослідження.

Метою статті є дослідження прикладних засад розвитку механізмів державного управління у сфері охорони здоров'я, організаційного механізму медичного страхування у фінансовому забезпеченні соціальних гарантій населення України, міжнародної практики, правових засад державної установи. Предметом дослідження є теоретико-методичні засади та науково-практичні рекомендації щодо організаційно-економічного забезпечення формування та розвитку сучасної системи медичного страхування.

Серед невирішених складових загальної проблеми – питання реформування державного управління фінансуванням системи охорони здоров'я в період змін, особливо в питаннях вироблення єдиного бачення побудови української моделі охорони здоров'я на ринку.

Серед невирішених складових загальної проблеми є питання реформування державного управління фінансуванням системи охорони здоров'я в період змін, особливо в питаннях вироблення єдиного бачення побудови української моделі охорони здоров'я в умовах ринкової економіки.

У роботі авторами досліджено теоретичні підходи щодо розвитку сталого механізмів публічного управління у сфері охорони здоров'я. У роботі виокремлено особливості формування вітчизняного ринку медичного страхування в регіонах України. Проаналізовані історичні аспекти його становлення, які необхідно розглядати відповідно до соціально-економічного розвитку суспільства в цілому, оскільки це дасть змогу оцінити співвідношення між потребами людей в медичній допомозі і мірою їх задоволення, а також зробити висновки про розвиток системи охорони здоров'я, як важливу складову соціального страхування. Представлено існуючу структуру ринку добровільного медичного страхування. Дослідження історичного та логічного аспектів формування вітчизняного ринку медичного страхування у регіонах України, дало підставу аргументувати висновок, що для подальшого розвитку охорони здоров'я України необхідна виважена, розвинута система медичного страхування, яка вимагає kompleksної розробки теоретичних, методичних і практичних аспектів її формування та функціонування, дослідження та переосмислення сути вності і ролі медичного страхування у сучасних макроекономічних умовах.

Проведено вивчення та аналіз світового досвіду у сфері фінансування та організації системи охорони здоров'я. Розглянуто моделі фінансування охорони здоров'я та системи фінансування охорони здоров'я у провідних країнах світу: Сполучених Штатах Америки, Канаді, Німеччині, Франції, Великій Британії, Нідерландах та Японії, який довів, що використання закордонного досвіду, особливо у країнах Європи є для України значним.
Problem setting. The development of medical services in Ukraine and its regions on a market basis is an important factor in the formation of a full-fledged economic environment. The need to adapt the health care system to the modern political, social and economic conditions of Ukraine is obvious due to the fact that medical care has remained until now, almost the only area where the norms of the new civil legislation have given way to outdated relations between a medical institution and a patient when the patient is in a position without rights, dependent on the state health care system. That is, the process of reforming the medical care system that exists today should become systematic and comprehensive. For the prospects of socio-economic development of Ukraine and its regions, the issue of the introduction of insurance medicine is particularly important.

The rate of economic development of any country directly depends on the state of health of citizens and their social security. In recent years, state authorities have adopted provisions on voluntary health insurance (VHI). At the moment, society has realized the need for the implementation of the mandatory health insurance system (MHI) as one of the most important social guarantees. Most of the regions of Ukraine today find themselves in a difficult situation, when: on the one hand, social and economic development requires activation in the area of social and medical insurance, and on the other hand, inhibition due to the lack of sufficient human rights practice, as well as the presence of a large number of special medical legal issues that must be resolved within the framework of medical law.

The state of the population health, which is determined by many indicators, is the most important characteristic that assesses the level of socio-economic development of the country, and also affects the national security of the state.

Literature review. Issues of methodology and organization of management tools for public administration in the sphere of health care were studied by various scientists. Researches of many foreign and domestic scientists and specialists are devoted to the study of problems associated with the financial and economic mechanisms which ensure state guarantees in the area of medical cares. A wide range of issues related to research in the sphere of medical services market and financial system of health care. For example, Karpenko and Zhylinska in 2019 research the human development in the context of provision of the society social safety. Golovanova and Krasnov in 2015 present actual problems of medical insurance
development during the period of market reform. Thomson and Jun in 2018 explore International Profiles of Health Care Systems, etc. However, some issues, in particular, modern practice of development of public administration mechanisms in the sphere of health protection, development of the financial mechanism for providing the state guarantees of population medical service remain insufficiently explored. There is a need to improve and expand the study of this issue.

Issues of methodology and administration tools of public management in the sphere of health care were studied by various scientists, including which I.A.Bilobzhetskyi, P.T.Voronchuk, A.M.Gerasimovych, E.P.Dedkov, R.T.Dzhoga, V.P.Zavhorodnii, L.M.Kindratska, M.V.Kuzhelnyi, A.M.Kuzminskyi, L.M.Karpenko, M.M.Kalensky, V.I.Krysyuk, V.M.Onyshchuk, E.V.Mnykh, M.S.Pushkar, V.S.Rudnytskyi, V.V.Sopko, V.O.Shevchuk, M.T.Senchenko, N.S.Vitvytska, and others.

Health insurance is marked by a number of studies and publications. Namely, these are the works of such specialists as M. Klimov, N. Andriishyna, E. Pysanets, E. Polishchuk, M. Mnykh, V. Rudnya and other scientists, who considered the need and features of medical insurance in Ukraine, as well as the problems and possible ways to solve them.

The study of social insurance is inextricably linked with the creative achievements of such domestic scientists, as V. Bazilevich, A. Zagorodnyi, R. Pikus, S. Osadets, V. Tropina, T. Fedorova, and others. They allocated significant attention to issues of institutional support social insurance in Ukraine, its role in financing social protection of the population. Previously unsolved parts of the overall problem.

There is a question of financing state social guarantees multifaceted and has different aspects. One of the aspects is the impact of social insurance as a tool for accumulating financial resources on state provision social guarantees. This issue is not sufficiently disclosed and requires additional research.

Research goal. The purpose of the study is to develop proposals for improving the financial support for the development of medical insurance in Ukraine. The research hypothesis is an assumption that the formation of a financing system in the area of health care that is optimal for today’s realities will be a guarantee of providing the population of Ukraine with quality medical care available to all strata.

The methodological basis of the work consists of the fundamental provisions of the theory in public administration, the fundamental legislative and normative acts of Ukraine; scientific works of domestic and foreign scientists on issues of state regulation of the health care system.

The information base of the research was made up of legal acts of the Verkhovna Rada of Ukraine, the Cabinet of Ministers of Ukraine, data of the Ministry of Health of Ukraine, the Ministry of Economic Development and Trade of Ukraine, materials of the State Statistics Service of Ukraine, bibliographic sources, results of own calculations.
The application of an interdisciplinary approach allowed to comprehensively considering the legal regulation of the development of public health management, as well as the laws and principles of reforming the mechanisms of public health management in Ukraine in the context of the European dimension. The systematic approach was used to develop and justify modern improvements in the mechanisms of public management of the health care system in Ukraine, taking into account foreign experience in the formation of mechanisms for public management of the health care system.

**Key research findings.** The medical industry in Ukraine today does not have the opportunity to enjoy the advantages of the market economy. Health insurance is at the stage of development. The state budget, from which medicine is currently financed, is unable to cover even half of its needs. The health insurance system today is not a clear explanation for many people, that is, insurance is a guarantee in the event of an insurance event of reimbursement of financial costs for medical care due to the early accumulation of funds. This is due to the need to provide citizens with affordable, high-quality and diverse medical services. It can become an additional source of financing health care activities. But today, medical insurance should make it possible to attract additional financial resources at the expense of various sources for the organization of medical assistance to the population by providing medical services and guarantees of various opportunities to receive them in full for the entire population [1].

It is considered necessary to carry out a number of measures for the organizational nature, including the adoption of normative legal acts, which would ensure the solution of such important problems as:

- creation of conditions for the development of voluntary health insurance as an effective supplement to mandatory social health insurance.
- legislative settlement of the issue regarding the possibility for legal entities (employers) to include the costs of paying insurance payments under voluntary medical insurance contracts of their employees in the cost of production.
- increasing the reliability of insurance organizations that will work in the voluntary health insurance system (set requirements).
- ensuring control over the use of uniform standards by all medical institutions working in the voluntary health insurance system, regardless of their departmental subordination and organizational and legal form [2].

Medical insurance is the form of personal insurance that guarantees citizens receiving medical care in the event of an insured event at the expense of accumulated insurance funds. From a socio-economic point of view, health insurance is one of the most important components of the national health care system. The relevance of this issue lies in the fact that health insurance is a form of protection against risks that threaten the most valuable thing in a personal and public sense-human health
Medical insurance as the form of social protection in the area of health care is a guarantee of providing medical care under any circumstances, including in connection with illness and accidents. To date, three main types of health care financing are defined: state, mandatory and voluntary health insurance and a mixed form.

Health care financing is usually carried out in a mixed form. In different countries of the world, depending on which form of financing is dominant, the health care system is called public (England, Ireland, Italy, Scotland), compulsory health insurance (Austria, Belgium, Netherlands, Germany, Sweden, Japan) and mixed (insurance-budgetary) (USA), where about 90% of the country’s population use the services of private insurance companies [3].

Ukraine, carrying out market transformations in this area, strives to form a mixed budgetary and insurance system of health care financing. Not having its own experience of mixed financing of health care, Ukraine adopts this experience from other countries of the world.

One of the first countries to introduce health insurance is Germany (1881).
- decentralization, the meaning of which is that there are more than 1,000 insurance funds in the country: professional, territorial and ersatz funds;
- mandatory nature of medical insurance.

The British model is characterized by the following features:
- high level of centralization. Compulsory health insurance covers 1/3 of the country’s population;
- prevalence of the budgetary system of financing;
- payment by patients of 10% of the cost of treatment.

The American model of health insurance is characterized by the following features:
- accumulation of funds in the centralized insurance fund;
- distribution of the funds of the centralized fund on the basis of the legally established form of calculations. This system covers more than 20% of the population;
- about 60% of the population is covered by voluntary group insurance at the place of work.

In Canada, the features of the national health insurance system are as follows:
- mandatory medical insurance;
- more than 90% of all costs for inpatient and outpatient treatment are covered by public funds. Progressive taxation covers 25% of all health care costs;
- voluntary insurance covers only those medical services that are not covered by the national insurance system.

The Japanese model of health insurance is characterized by:
- presence of two mandatory health insurance programs: state and public;
- health insurance coverage of all those who work at enterprises employing five or more people, as well as their family members;
- calculation of insurance premiums (contributions) from standard monthly earnings [5].

From the above models it is clear that in a very small number of countries the state can afford to take responsibility for the almost complete provision of medical care exclusively on a budgetary basis. In most countries, they are trying to combine different systems of financing the health care system. This is explained primarily by the fact that in modern conditions the volume of threats to the health of citizens is increasing:

- globalization processes have revived the migration of the population, which spreads infectious diseases that are not characteristic of entire regions;
- the extremely fast pace of life, the development of information technologies, in addition to positive changes in the economy, give rise to a number of stressful situations that negatively affect the health of the population;
- terrorist acts, extraordinary man-made accidents, etc. increase the need for medical assistance;
- the extension of life expectancy is accompanied by the aging of the population, which generates additional costs for providing assistance in connection with diseases of aging, etc. [6].

As for the insurance market at the level of the regions of Ukraine, it takes into account certain features related to the formation of demand in a certain territory for specific insurance products (Fig. 1).

**Fig. 1. The structure of the insurance market of the region**

Source: formed by authors on basic of [7; 8; 9]
As for the health insurance market, according to the authors, it is a certain sphere of financial relations and is a special socio-economic structure that unites various subjects who pursue their specific interests and perform certain functions. The voluntary health insurance market in Ukraine has great development potential. Let’s consider the historical experience and stages of development of the medical insurance market in Ukraine [10].

Global market changes taking place in modern Ukraine; changes occurring in the insurance market; the crisis state of the country's economy in recent years was caused by changes that led to a certain complication of relationships between participants in the reinsurance market. This, in my opinion, caused an increase in the need for reliable reinsurance services and led to the gradual formation of needs for the development of the national reinsurance market. Market participants are well aware that the formation of a high-quality reinsurance market in Ukraine ensures the financial security of the entire insurance market and, as a result, increases economic stability and financial solvency [11].

According to the State Statistics Service of Ukraine, in 2023, prices for medical goods in Ukraine were 107.0% of the prices at the end of 2022 and for outpatient services 113.0% (Table 1).

<table>
<thead>
<tr>
<th>Year</th>
<th>Consumer price index</th>
<th>Healthcare</th>
<th>Medicines and equipment</th>
<th>Outpatient services</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>104.1</td>
<td>103.8</td>
<td>102.0</td>
<td>109.6</td>
</tr>
<tr>
<td>2020</td>
<td>105.0</td>
<td>107.7</td>
<td>109.9</td>
<td>109.2</td>
</tr>
<tr>
<td>2021</td>
<td>110.0</td>
<td>106.1</td>
<td>104.4</td>
<td>111.3</td>
</tr>
<tr>
<td>2022</td>
<td>126.6</td>
<td>119.9</td>
<td>121.9</td>
<td>116.7</td>
</tr>
<tr>
<td>2023</td>
<td>105.1</td>
<td>108.7</td>
<td>107.0</td>
<td>113.0</td>
</tr>
</tbody>
</table>

Source: calculated by authors on basic of [12; 14]

In total, for 2023, the prices of goods and services in the "Health care" category increased more than the general consumer price index (105.1% versus 108.7%). The population was greatly impoverished, and treatment became twice as expensive. The Ministry of Health of Ukraine notes that "today, more than 90% of medicines on the market are purchased at the expense of the population" (in European countries, this indicator is about 60%) [12].

Queues and the lack of mass quality medical care lead to untimely diagnosis of the disease and the occurrence of complications. This issue is especially acute for the insolvent population (although officially in Ukraine, public medicine is free).
That is, de jure medicine is free and publicly available. But the de facto element of "quality" and "effectiveness" appears only with an increase in the level of a person’s income. Therefore, until the final completion of the reform of the health care sector (including the introduction of national compulsory health insurance) and the optimization of the financing of state hospitals and polyclinics, there is an urgent need for an alternative provision of medical care for the population, and especially for people with limited financial opportunities [13].

According to the National Commission, which carries out state regulation in the area of financial services markets [14], the voluntary health insurance market is in decline. Changes in the composition of insurance market participants (insurers) in 2023 are presented in the Table 2.

<table>
<thead>
<tr>
<th>The number of insurers in SRFI</th>
<th>01.01.2022</th>
<th>01.03.2022</th>
<th>01.09.2022</th>
<th>01.06.2023</th>
<th>01.09.2023</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRFI Licence</td>
<td>Total</td>
<td>non-life</td>
<td>life</td>
<td>Total</td>
<td>non-life</td>
</tr>
<tr>
<td>01.01.2022</td>
<td>156</td>
<td>143</td>
<td>13</td>
<td>109</td>
<td>99</td>
</tr>
<tr>
<td>01.03.2022</td>
<td>144</td>
<td>131</td>
<td>13</td>
<td>109</td>
<td>99</td>
</tr>
<tr>
<td>01.09.2022</td>
<td>145</td>
<td>132</td>
<td>13</td>
<td>109</td>
<td>99</td>
</tr>
<tr>
<td>01.06.2023</td>
<td>142</td>
<td>129</td>
<td>11</td>
<td>109</td>
<td>99</td>
</tr>
<tr>
<td>01.09.2023</td>
<td>110</td>
<td>99</td>
<td>11</td>
<td>109</td>
<td>99</td>
</tr>
<tr>
<td>Source: calculated by authors on basic of [12; 14; 15]</td>
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</tbody>
</table>

As of September 1, 2022, 140 insurers were registered in the State Register of Financial Institutions (SRFI), of which 13 are life insurance companies. All insurers in the DRFU are licensed. In January-February 2022, 10 non-licensed insurers were excluded from the DRFU, which were registered in the OOS zone and the Autonomous Republic of Crimea, as well as 1 insurer - after the cancellation of his licenses (as a measure of influence). Since the beginning of the military aggression, the insurance market has decreased by 5 participants in the non-life segment: 3 insurers – after the cancellation of licenses (as a measure of influence); 1 insurer – after cancellation of licenses upon application; 1 insurer, which was included in the DRFU in January 2022, but did not receive any insurance license. As of September 22, 2022, 3 insurers have had their insurance licenses temporarily suspended, and 1 insurer has had their licenses revoked [15].

According to the data of the National Bank of Ukraine, the number of insurance companies on the market decreased to 115 companies. At the end of June 2023, there were 99 non-life insurers and 11 life insurers among them. At the end of August 2023, there were 109 insurance companies left on the insurance market: 99 non-life insurers (about 50 companies are actively working on the market - with
payments of more than UAH 1 million) and 10 life insurers. It is also worth noting that the number of insurance companies on the market has significantly decreased from 2021, when there were 208. And this trend will continue.

Despite the large number of companies, in fact, the main share of gross insurance premiums on the insurance market, 99.6%, is accumulated by 109 "nonlife" insurance companies.

As you know, the Verkhovna Rada of Ukraine has draft laws that once again tried to solve this problem in different ways: the first is through the introduction of mandatory social health insurance (bills under register No.4981, No.4981-1, No.4981-2); the second - with a proposal to direct budget funds to pay for specific medical services and medicines provided to patients (the principle of "money follows the patient"), and not to the maintenance of the infrastructure of health care institutions (the government bill "On State Financial guarantee of provision of medical services and medicinal products", reg. No. 6327).

Conclusions. Today, it is very important that Ukraine, when introducing insurance medicine, the new system of providing medical care, introduction of paid medicine and a system of payment for services, should adopt the positive world experience and take into account the mistakes that other countries have gone through. Medical insurance, which is provided in a mandatory form, takes on the features of social insurance, since the procedure for its implementation is determined by state legislation. Mandatory insurance is coordinated by state structures. Insurance payments paid by citizens and legal entities take the form of a tax. Mandatory health insurance is under strict state control and is characterized by unprofitability. This form of organization of the insurance fund makes it possible to plan medical care due to the fact that the inflow of funds to the insurance fund is characterized by stability.

Thus, the restructuring of the health care economy is needed and it should begin with strengthening the financial basis of the industry, with a change in the general financing scheme, which involves a mandatory transition from the budget system of financing to a mixed budget and insurance system financed with the active participation of enterprises, institutions, organizations of various forms of ownership with elements of voluntary health insurance of the population. Thus, the state policy for the development of medical insurance as part of the general social and economic policy of Ukraine should determine the main principles, directions and forms of economic influence in the sphere of social protection of the population. Health insurance must be supported by a regulatory framework; improvement of tax policy and state supervision; increasing the financial reliability of insurers, the insurance culture of the population; training and retraining of personnel.

Today, more than 95% of people do not have health insurance. That is, the prospects for the development of the health insurance system in Ukraine are great,
since there are many potential consumers of insurance services. But all efforts will be useless without proper support of the state. The developed laws in the sphere of health insurance should be carefully checked by domestic and foreign specialists who have some experience in practical health insurance. Health insurance should be mandatory; it will lead to the growth of a strong and healthy nation, and as a result, a strong and efficient economy.

According to the results for the study of different views presented in the scientific literature, we define health insurance as a type of personal insurance that provides, in accordance with the law or contract, the insurer’s obligations for payment included in the insurance program for medical, medical and preventive care provided to the insured person, at the expense of the target funds formed through the funds of enterprises, authorities and citizens. Medical insurance is classified according to various features. Both in the world and in Ukrainian practice, two main forms of medical insurance are distinguished, which are characterized by common and distinctive features: mandatory and voluntary medical insurance. Today, the health care system of our country is not only in a financial, but also in an organizational crisis, which is caused by the uneven distribution of funds and insufficient level of medical care. The implementation of medical reform and, in particular, the introduction of mandatory medical insurance can be a step towards solving the problems identified in the medical care system. The perspective of further research may be the analysis of the leading risks affecting the health of the population, the study of the dynamics and current state of the health insurance market, as well as the clarification of the peculiarities of health insurance in the context of a pandemic. On the basis of the analysis of the level of social risks of the population of Ukraine, it is possible to justify the economic and organizational principles of the introduction of voluntary social health insurance.

The organization of an adequate health care system is a priority task of the state, because the level of medicine development is one of the main indicators of the state policy success in the developed countries of the world. Thus, the cited international practice makes it possible to provide practical recommendations for improving the mechanisms for public management of the strategic potential in the health care system.

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