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TRANSFORMATION OF HEALTHCARE FINANCING ORGANIZATION: INTERNATIONAL EXPERIENCE

The article examines the process of transforming the organizational principles of healthcare financing in the context of global trends and international experience. The effectiveness of the financial provision of the healthcare system directly affects the quality of life, social stability and people-centered values of society. Global challenges - full-scale war, pandemics, demographic aging, rising costs of medical services require the transformation of traditional financial approaches and the formation of a sustainable policy focused on people, their safety and well-being. A comparative analysis of key financing models, in particular budgetary, insurance and mixed, as well as the mechanisms of their interaction in conditions of limited resources, is carried out. Particular attention is paid to the analysis of the experience of the European Union, Great Britain and Scandinavian countries, whose healthcare systems are characterized by a high level of efficiency due to the combination of state regulation with market mechanisms and principles of social responsibility.

Each state forms its own strategy for the development of the health care system in accordance with national priorities, socio-economic conditions and historical aspects. Therefore, there is a fairly significant variety of models of its organization in the world. At the same time, the establishment of most such systems was accompanied by the search for the optimal mechanism for financing the medical

sphere in conditions of limited resources, which required a combination of high social orientation with economic rationality.

For Ukraine, the priority task is to form a balanced financing model that combines state guarantees and elements of insurance medicine, which is aimed at the efficient use of resources and increasing citizens' trust in the healthcare system. The Ukrainian healthcare system is in a transformation stage: it is trying to preserve the best features of the socially-oriented model while simultaneously increasing the level of efficiency, openness and patient orientation.

This process is taking place gradually, focusing on creating a stable and flexible medical system that meets social needs and modern challenges.

Keywords: financing, healthcare, state budget, local budgets, international experience.

ТРАНСФОРМАЦІЯ ОРГАНІЗАЦІЇ ФІНАНСУВАННЯ СФЕРИ ОХОРОНИ ЗДОРОВ'Я: МІЖНАРОДНИЙ ДОСВІД

У статті досліджено процес трансформації організаційних засад фінансування сфери охорони здоров'я в контексті світових тенденцій та міжнародного досвіду. Зазначено необхідність подальшого удосконалення національної системи охорони здоров'я з урахуванням орієнтації на пацієнта, прозорості та фінансової стійкості.

Ключові слова: фінансування, охорона здоров'я, державний бюджет, місцеві бюджети, міжнародний досвід.

Statement of the problem in a general form and its connection with important scientific and practical tasks. The relevance of the topic is undeniable, because the level of financing determines not only the accessibility of medical services, but also the guarantee of every person's right to health, dignity and a safe life. The current state of the healthcare system is characterized by systemic transformations, which are caused by both socio-economic changes and global challenges - the pandemic, the growing needs of the population for quality medical care, demographic aging, the increase in the cost of medical services, as well as the consequences of a full-scale war, which significantly affected the accessibility and financial sustainability of the medical sector.

Analysis of the latest studies, in which the soluti on to the problem was initiated. The conceptual foundations of healthcare

financing were studied by such scholars as A.A. Duke (A.A. Duke, 2018), B. Malinyak (B. Malinyak, 2021), E.S. Ovsyannikov (E.S. Ovsyannikov, 2017), V.A. Smiyanov (V.A. Smiyanov, 2020) and others. In their works, they consider the issues of healthcare financing through the prism of economic efficiency, social justice, institutional capacity, and orientation of state policy to human needs. The researchers pay special attention to finding ways to improve the mechanisms for financing the industry.

Objectives of the article: The main objective of the article is to conduct a comprehensive study of the process of transformation of the healthcare financing system in modern conditions and the possibilities of applying international experience in the national system.

Presentation of the main material of the study with a full justification of the obtained scientific results.

Military actions have significantly changed the priorities of state policy in the field of health care, in particular in terms of the distribution of financial resources, the organization of medical care and the provision of human resources. There is a need to form more flexible and sustainable financing mechanisms that can respond quickly to emergencies, restore infrastructure and guarantee the continuity of medical services even in crisis conditions. Therefore, the analysis of international financing models that demonstrate different levels of efficiency and social orientation is important in view of the possibility of their adaptation to Ukrainian realities.

From a scientific point of view, the following approaches (models) to organizing healthcare financing can be identified:

1. The Bismarck model, which was developed during the industrialization of Europe in the 19th century. Its author, Otto von Bismarck, viewed people through the prism of their labor and social utility to the state. Therefore, the model is based on compulsory state insurance against risks associated with loss of health and working capacity. In its original form, this system was aimed at financing only the most common and important areas of healthcare. This model

began to develop and found its reflection in countries such as Germany, France, the Netherlands, Belgium, Luxembourg, and Turkey.

2. The Beveridge model, which appeared in 1942 based on Beveridge's thesis "the rich for the poor, the healthy for the sick." Thus, this model is similar to a system of circular guarantee in healthcare financing. The main thesis of such a system is to preserve the health of the nation, where significant attention is paid to prevention rather than treatment. At the same time, the difficulty of implementing such principles in practice has led to the creation of a stable and inflexible healthcare organizational system, insufficient flexibility of mechanisms, and the impossibility for patients to choose a specific healthcare provider. This model began to develop and found its reflection in countries such as Great Britain, Iceland, Ireland, and the Scandinavian countries.

3. Semashko N. model, which represents general budget financing. This model exists within the framework of total financing of the sphere through taxes. At the same time, a parallel principle of this model is universal access to medical services. This model originated in the former USSR and has spread in post-Soviet countries, including Ukraine. The characteristic features of this system are its strong regulation, the absence of significant incentives for development, and a number of strict restrictions.

4. The market model, which is a solidarity-based principle of financing medical care, mainly implemented through voluntary health insurance for citizens. The state provides only additional subsidized financing. This system is characterized by high quality and cost of medical services, significant development of the private sector of the healthcare system, and the development of targeted charitable foundations. This system is typical of modern states with market economies and a high level of economic development [Smiyanov and Smiyanova, 2020].

The above models should be considered only from the point of view of theoretical systematization, since each country is free to

develop its own policy. Such policies are developed taking into account national identity, principles and approaches, historical background, and the economic well-being of the population and the state as a whole. Therefore, each country has its own characteristics and nuances in the development of its healthcare system and its financing.

The healthcare system of Ukraine is characterized by a mixed system, which is a symbiosis of the Semashko model and the market model. This is due to the fact that our state received a "Soviet legacy" in the form of an outdated, backward compared to European countries and problematic in terms of financing healthcare system (since it is financed from the budget in conditions of its deficit). However, the modern transformation policy of the medical system has borrowed some aspects of insurance medicine, creating a state insurer - the National Health Service of Ukraine. Along with this, the Ukrainian healthcare system continues to change, and therefore is on a constant path of development in search of its own model.

Article 49 of the Constitution of Ukraine regulates a number of fundamental statements in the field of healthcare:

– «Everyone shall have the right to health protection, medical care and medical insurance;

– Health protection shall be ensured through state funding of the relevant programs.

– The state is responsible for providing effective and accessible medical care to all citizens;

– State and communal health protection institutions shall render medical care free of charge;

– The network of healthcare facilities shall not be reduced;

– State policy is aimed at developing healthcare institutions of all forms of ownership» [Constitution, 1996].

Financial analysis of the healthcare system is impossible without studying its organizational structure. This is due to the fact that within the framework of the decentralization reform there is a clear division of subordination of certain medical institutions to the

relevant department and its budget. Therefore, the organizational structure of the healthcare system in Ukraine consists of four levels:

1. The national level, represented by the relevant ministry (the Ministry of Health of Ukraine), state-owned institutions subordinate to it, research institutes and higher educational institutions. This system also includes the above-mentioned institutions subordinate to the National Academy of Medical Sciences of Ukraine.

2. The regional level, represented by the Ministry of Health of the Autonomous Republic of Crimea, health departments under regional state administrations, state health institutions subordinate to them, and those that are jointly owned by territorial communities (regional hospitals, diagnostic centers).

3. The local level, represented by local government bodies and municipally owned health care institutions subordinate to them.

4. Special level, represented by healthcare facilities of individual institutions, organizations, and enterprises (for example, the Ministry of Internal Affairs of Ukraine, the Ministry of Defense of Ukraine, JSC "Ukrainian Railways").

5. The private level, represented by healthcare institutions based on private ownership.

In recent years, Ukraine has undergone two large-scale reforms: decentralization and healthcare, each of which has had a huge impact on the topic under study. The decentralization reform has given local public authorities a wide range of powers and new sources of financing. Such powers have also been granted to local authorities in the field of healthcare. As for the healthcare reform, it has created a qualitatively new, more transparent relationship between the patient and the healthcare institution, and most importantly, it has established clear rules for financing such institutions.

In 2024, healthcare expenditures amounted to UAH 238.7 billion, an increase of 9.8% over the year (Fig. 1). State budget expenditures (including transfers) also increased by 12.3%, reflecting the strengthening of the role of state financing of the sector and

allowing citizens to receive the necessary medical care. The Medical Guarantees Program remains an important direction in 2024, and its funding increased by UAH 17.9 billion.

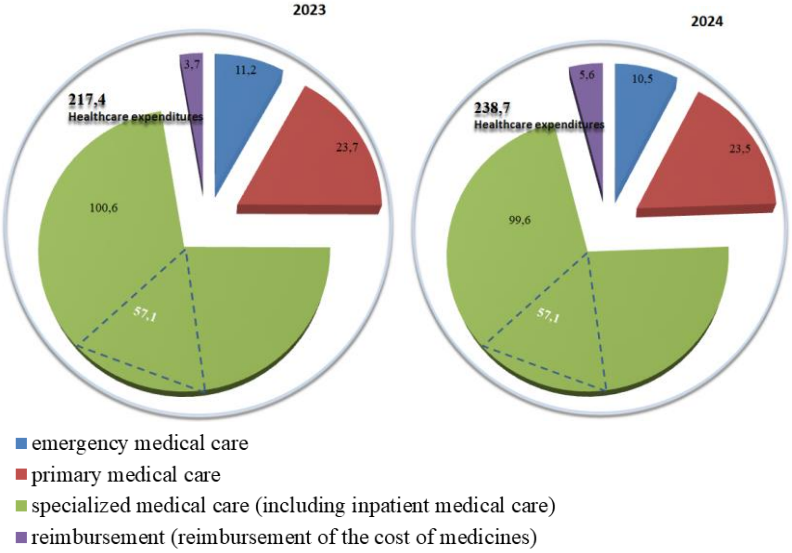

Fig. 1. Healthcare expenditures, billion UAH [Ministry of Finance of Ukraine].

The positive trend of increased funding for reimbursement programs indicates expanded access to medicines program for the population. Analysis of data from the Ministry of Finance of Ukraine indicates a gradual strengthening of state health policy to increase the availability of medicines and support priority areas of medical services.

Conclusions. Analysis of the main models of financing the health sector shows that they have their own advantages, limitations and specifics of application, depending on the socio-economic development of the state. This international experience is important for Ukraine, as it provides an opportunity to develop a nationally coordinated financial system. The main goal of healthcare financing

reform in Ukraine should be to build a people-centered system that guarantees everyone's right to health, dignity, and a safe life.

Список бібліографічного опису

1. Сміянов В.А., Сміянова О.І. Основні моделі систем охорони здоров'я. Суми: Сумський державний університет, 2020. 70 с.

2. Конституція України Верховна Рада України; Конституція України, Конституція, Закон від 28.06.1996 № 254к/96-ВР URL: https://zakon.rada.gov.ua/laws/show/254к/96-вр#top (дата звернення: 10.09.2025).

3. Ishchuk L., Feshchuk A. Financial aspects of providing health care. Економічні науки: збірник наукових праць Луцького національного технічного університету. Серія "Регіональна економіка". Випуск 21(83). Редкол.: відп. ред. д.е.н., професор Л.Л. Ковальська. Луцьк: ВІП ЛНТУ, 2024. С. 31-42 URL: http://e-region.lutsk-ntu.com.ua/index.php/ekonomichni_nauky/issue/view/7/10

4. Міністерство Фінансів України. Офіційний веб-сайт URL: https://mof.gov.ua/uk/news/minfin_u_2024_rotsi_vidatki_na_okhoronu_zdorovia_stanovili_2387_mlrd_griven-4999 (дата звернення: 10.09.2025).

References

1. Smiianov V.A., Smiianova O.I. Osnovni modeli system okhorony zdorovia. Sumy: Sumskyi derzhavnyi universytet, 2020. 70 s.

2. Konstytutsiia Ukrainy Verkhovna Rada Ukrainy; Konstytutsiia Ukrainy, Konstytutsiia, Zakon vid 28.06.1996 № 254k/96-VR URL: https://zakon.rada.gov.ua/laws/show/254k/96-vr#top (data zvernennia: 10.09.2025).

3. Ishchuk L., Feshchuk A. Financial aspects of providing health care. Ekonomichni nauky: zbirnyk naukovykh prats Lutskoho natsionalnoho tekhnichnoho universytetu. Seriia "Rehionalna ekonomika". Vypusk 21(83). Redkol.: vidp. red. d.e.n., profesor L.L. Kovalska. Lutsk: VIP LNTU, 2024. S. 31-42 URL: http://e-region.lutsk-ntu.com.ua/index.php/ekonomichni_nauky/issue/view/7/10

4. Ministerstvo Finansiv Ukrainy. Ofitsiinyi veb-sait URL: https://mof.gov.ua/uk/news/minfin_u_2024_rotsi_vidatki_na_okhoronu_zdorovia_stanovili_2387_mlrd_griven-4999 (data zvernennia: 10.09.2025).