

УДК 614.2:001.8.001.57(477)(1-4)

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THE COMPARATIVE ANALYSIS OF HEALTH CARE SYSTEM DEVELOPMENT MODELS IN UKRAINE AND IN SOME COUNTRIES OF THE WORLD

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Purpose. Comparative analysis of the principles of health care systems formation in Ukraine and the developed countries of the world with the purpose of use its individual tools in the development of management by national health care system.

Materials and methods. In the course of the study has been analyzed the status of HCS in Ukraine and in some countries of the world using the bibliographic, statistical and comparative analysis.

Results. The model of health care system is determined by the objectives, principles and parity of system elements, social, political, economic status, traditions, culture.

Conclusions. Basis for improving the efficiency of HCS is perfection of its organizational and economic mechanism – sets of forms, methods and mechanisms by which the organization of social production in healthcare is carried out.

KEY WORDS: models of health care system, principles, mechanism, quality, efficiency, socially-oriented economy.

Introduction. Health care is an integral part not only of public life, but also of the state policy. After all nation's health is the most important wealth of the state, factor of its national safety. In modern conditions public health takes unprecedented importance for sustainable development of society, ensure its political stability, progress in social, economic, scientific, intellectual and cultural spheres, there is an obligatory condition of the vital program implementation of each person, an increase of well-being and life quality for all citizens. One key area that provides the nation's health is sphere of health care. Although the experts of the World Health Organization (WHO) mark that activity of the health care branch only on 10-15% impacts on the nation's state of health, in our opinion, adjusted health care system has considerably more powerful influence. Ensuring the appropriate level of public health is a priority problem of any country, its health care system (HCS), as marked in strategic documents of international, European and national levels.

The purpose of this study, which results are reflected in the article, was comparative analysis of the principles of health care systems formation in Ukraine and the developed countries of the world with the purpose of use its individual tools in the development of management by national health care system.

Materials and methods. When writing the article has been used the following methods: bibliographic, statistical and comparative analysis.

Results of research and their discussion. The health care system (WHO, 2005) is a collection of all organizations, institutions and resources, which primary purpose is strengthening, support or recovery of health. The main objectives of the health care system is improvement the health of the whole population, conformity to demands and needs of people, ensure justice in distribution of financial resources, availability of all to available resources. Condition for the successful operation of HCS are legal and regulatory base that includes a set of resources such as financial, human, material and technical, management and leadership, technologies, and core values ??are justice, solidarity, population participation, ethical approach to systems development. Progress in achievement of main objectives directly depends on the effective implementation of key functions: management, formation resources, services, financing.

The model of health care system is determined by the objectives, principles and parity of system elements and also of social order, political and socio-economic status, traditions, culture and more.

In most countries the foundation of national policy in health care is an appropriate legal base developed on international standards set out in legal acts of the United Nations Organization (UN), the Council of Europe (CE), World Health Organization (WHO), the International Labour Organisation (ILO).

By working out of strategy for financing and organization of health care, most countries adheres to three basic principles [7]:

- ensuring of equal access to health care for all citizens, based on solidarity participation for poor and rich, sick and healthy, young and elderly, irrespective of place of residence;

- high quality of medical care at optimal expenses;

- macroeconomic efficiency: maximum allowable share of national resources that should be focused on the needs of the healthcare industry.

Despite the variety of specific forms of health care, the specific economic relations in this field, we can distinguish several parameters that reflect its main economic characteristics:

- the ratio of property;

- ways of financing (obtaining resources);

- mechanisms of stimulation of health professionals (producers of medical services).

In each country is formed and develops a way of economic resources attraction for medical care, preservation and strengthening of population's health. The quantity and quality of community resources, efficiency of their use in the field of health care is determined by a complex system of economic, political, ethical and other relations, which have developed in separately taken country. Presence in this or that country of relevant health care system is determined by many circumstances, however at all distinctions in systems of public health services of the different countries economic models are formed by definition of role and state function in these processes.

In world practice financial resources of health care are derived from four sources: taxation, state system of social health insurance, voluntary health insurance and direct payments of the population.

Based on the international experience of the WHO [8], the nature of the funding, there are three main models of health care systems:

1. State (budgetary, models of Beveridge and Semashko): in public health services financing means state and local budgets (50-90 %) have priority value. It's a common system of taxation; territorial health departments are buyers of medical services, quality state standards, wages of health workers per capita basis, patients partially pay the medical services, which are not entering in guarantees of the state. In this model the state is in the status of the supplier and purchaser of health services. Market carries out a supporting role and is under strict control of state. Health facilities are owned or controlled by the state.

To positive attributes of this model is centralized financing, which provides about 90% of all health expenditure and inhibits the growth of the cost of treatment.

The disadvantages are inevitable decline in the quality of health care and lack of control over the activities of health care establishments from

consumers. Such countries, as Great Britain, Denmark, Portugal, Italy, Greece, Spain and others use this model [1].

2. Insurance (social insurance, model of Bismarck). These are non-governmental insurance funds and companies with legally defined status; insurance companies are purchasers of health care services; obligatory payments of workers and employers or special taxes are provided; payment of medical workers for services is caused ?? by the estimate of the insurance company; patients partially paid medical services, which have been not captured by insurance policies. In this model the state carries out a role of the guarantor in satisfaction of socially necessary requirements for medical aid of all citizens irrespective of incomes level. The role of the medical services market - satisfaction of consumers requirements more guaranteed level. So, the multichannel system of financing (from profits of insurance companies, deductions from wages, State budget) creates necessary flexibility and stability of financial base of social and health insurance. Financing from off-budget funds of medical insurance prevails in Germany, France, Switzerland, Japan and other countries. Financing from off-budget funds of medical insurance prevails in Germany, France, Switzerland, Japan and other countries.

3. Private (private-insurance, market, paid, American model): in based on the financing of health services at the expense of means of citizens and businesses directly or through system of private insurance funds. At introduction of such model of health care the medical aid volume is formed by the market, which regulated independently. Lower-income strata have the limited access to health care. The state role is limited:

- legislative acts regulating relations of business market of medical services;

- individual programs, which are financed from the state budget.

As a rule, countries alongside the market model using the others. Or at introducing of market model of health care apply combined private and public funding.

Typical example of market model is the market of medical services of the USA. The public health services in this country are presented mainly by system of private medical institutions and commercial medical insurance by which manufacture doctors are sellers of medical services, and patients – their buyers. This market is most approached to the free market and has both all its advantages and lacks.

The advantages of market model of health care:

- stimulate the development of new medical technologies;

- providing intensive activities of health workers;

- permanently improve quality of medical services, which stimulated by intense competition;

- rigid selection of economically inefficient technologies and strategies;
- resources mobility.

The disadvantages of market model of health care include:

- ◆ unequal access to health care of various levels of population;
- ◆ high expenses and accordingly to them the high prices of health services;
- ◆ high public expenses on health services;
- ◆ inability of state control over the definition of priority directions of health care;
- ◆ the possibility of unfair competition between health care providers;

- ◆ strengthening of advertising influence;
- ◆ absence of dynamism at national level.

The way of health care financing system predetermines also system of the organisation of health care. However, in each country the model of financing of health care developed throughout many years and depended on many factors. First of all it is experience of development of health care systems and historical features of country development. For this reason practically in each country the system of branch financing does not exist in "a pure" form, is mobile, that is develops and changes (table) [3].

Table. Models of health care systems on character of financing

Model type	State (budgetary)	Socially-insurance		The market	The HCS post-Soviet territory countries
Country	Great Britain, Ireland, Denmark, Portugal, Italy, Greece	France, Japan, Belgium, Switzerland	Germany, Netherlands, Austria	The USA, South Korea	Ukraine
Expenses on HCS, % from GNP	9,8	6,6–8,5	11	15	2,8–3,5
Financing, (%)	State budget	Obligatory medical insurance 50 Voluntary medical insurance 20 State budget 10 Personal means 20	Obligatory medical insurance 60 Voluntary medical insurance 10 State budget 15 Personal means 15	Private insurance 40, personal means 20, programs for aged and needy 40	The state budgets by a residual principle and local
Control by efficiency of expenses	The state through Ministry of Health	Private insurance companies and state organisation of social insurance	Private and state insurance firms	Insurance firms	The state through Ministry of Health, law enforcement bodies, public organisations
Availability of health services	General availability	80% population is captured by programs of obligatory medical insurance	90% population – obligatory medical insurance, 10% voluntary medical insurance, 3% from them has obligatory medical insurance and voluntary medical insurance	It is limited by solvency of patients, programs for aged and needy extend not on all interested persons	Limited to solvency of patients (after all really the patient pays also taxes and separately pays for inspection, buys medicines)
Price control to medical services	Financial assets pay off on the basis of the specifications considering sex and age structure of the population	The prices are regulated by the government, reconsidered twice a year (and as a rule grow)	The prices are expressed in "points", reconsidered at change of an economic situation	Regulation practically is absent. The price is established as a result of the agreement between the patient, the insurer and MPI	Regulation practically is absent. In private clinics the patient pays officially, and in state - informally

Thus, the scope of health care in all countries financed from the following major sources:

- taxation;
- contributions to social insurance system;
- contributions to voluntary health insurance;
- direct payments of the population.

Health care system of Ukraine is funded by the state and local budgets. According to the Budgetary Code of Ukraine, means among levels of budgetary system are distributed with the principle of subsidiarity, that is services are as close as possible to the consumer [2].

Distribution of responsibilities between the budgets in Ukraine causes local budgets priorities in health care financing: about 80 % of state funding of health care in Ukraine are means of local budgets. Thus, according to the functional classification, most of the budgetary funds in Ukraine sent on financing of hospital and resort facilities (70%), as well as polyclinics, outpatient clinics, first-aid stations (13,5%). Less than 1% of means is allocated for financing of scientific researches in sphere of health care [6].

In Ukraine HCS continues to be funded by the residual principle, and function - as costly. According to the WHO, while spending on health care is less than 5% from GNP, it is unable to perform its functions [4].

In recent studies by WHO [6] it is marked that, despite of revealing of the certain laws at a global level, connection between GNP and health indicators of the population, between GNP and total expenditure on health, as well as between the level of total spending on health and health indicators are not of precisely determined or linear character, as some countries have higher results compared to the others, due to the large number of other factors, including the performance efficiency of health care systems functioning.

Insufficiency of the means allocated by the state on branch results in reduction of volume of free-of-charge health services, to inhibition overhaul of medical institutions and updating of the equipment, and results in a relatively low salaries of medical personnel. It should be noted that, in addition to the amount of financial support, quality of health services is influenced considerably with its rational use.

Conclusions. Thus, the basis for improving the efficiency of HCS is perfection of its organizational

and economic mechanism – set of forms, methods and mechanisms by which the organization of social production in health care system and will be coordinated its activities as uniform system is economically expedient. The structure of the organizational and economic mechanism to a functional attribute should include three main subsystems: state regulation at different levels (national-wide, regional, local), self-regulation and self-development at a micro level, public regulation on the part of the population. Thus, the mechanism reflects the typical form combining elements of market self-regulation of the elements with democratic state regulation inherent in today's socially-oriented economy.

It aims to ensure, firstly, the availability of scientifically proved set of medical services to all citizens due to introduction and observance of specifications of financing and it is material and technical supply of HCS, adoption of standards of medical care and second, the effectiveness of health care, namely: conformity of public charges and the results achieved with their help to the state purposes and guarantees in HCS; economic efficiency both in terms of feasibility, costs and ensure a positive effect from rationalizing the allocation of resources between different health services, the optimization of the stationary and ambulatory outpatient services, improving the health of the territorial structure, institutional effectiveness (including orientation to innovation) due to creation of new system of governance through combination of centralized and decentralized its models, adjustment of vertical and horizontal administrative connections.

Selecting the most optimal model for conditions of Ukraine has paramount importance by elaboration of the main directions of HCS reforming.

Prospects for further development in the given direction. Analyzing the above-stated models, it can be concluded that none of them in pure form is not acceptable for Ukraine. The state policy should be aimed at creating transformational model most corresponds to socio-economic realities of Ukraine. Thus the main task is creation of mechanisms of population influence on quality of public health services and, thus, the orientation of brunch to satisfaction of individual interests of citizens at preservation of solidarity mechanisms participations in payment of health care.

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ПОРІВНЯЛЬНИЙ АНАЛІЗ МОДЕЛЕЙ РОЗВИТКУ СИСТЕМ ОХОРОНИ ЗДОРОВ'Я В УКРАЇНІ ТА ДЕЯКИХ КРАЇНАХ СВІТУ

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Мета: проведення порівняльного аналізу принципів формування систем охорони здоров'я в Україні та розвинених країнах світу з метою використання його окремих інструментів при розробці управління вітчизняною системою охорони здоров'я.

Матеріали і методи. У процесі проведення дослідження був проаналізований стан системи охорони здоров'я України і деяких країн світу з використанням бібліографічного, статистичного методів і методу порівняльного аналізу.

Результати. Модель системи охорони здоров'я визначається цілями, принципами та співвідношенням елементів системи, а також суспільним устроєм, політичним і соціально-економічним становищем, традиціями, культурою.

Висновки. Основою підвищення ефективності системи охорони здоров'я є вдосконалення її організаційно-економічного механізму – сукупності форм, методів і механізмів, за допомогою яких здійснюється організація суспільного виробництва у сфері охорони здоров'я.

КЛЮЧОВІ СЛОВА: моделі системи охорони здоров'я, принципи, механізм, якість, ефективність, соціально-орієнтована економіка.

СРАВНИТЕЛЬНЫЙ АНАЛИЗ МОДЕЛЕЙ РАЗВИТИЯ СИСТЕМ ЗДРАВООХРАНЕНИЯ В УКРАИНЕ И НЕКОТОРЫХ СТРАНАХ МИРА

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Цель: проведение сравнительного анализа принципов формирования систем здравоохранения в Украине и развитых странах мира с целью использования его отдельных инструментов при разработке управления отечественной системой здравоохранения.

Материалы и методы. В процессе проведения исследования было проанализировано состояние системы здравоохранения Украины и некоторых стран мира с использованием библиографического, статистического методов и метода сравнительного анализа.

Результаты. Модель системы здравоохранения определяется целями, принципами и соотношением элементов системы, а также общественным строем, политическим и социально-экономическим положением, традициями, культурой.

Выводы. Основой повышения эффективности системы здравоохранения является совершенствование ее организационно-экономического механизма – совокупности форм, методов и механизмов, с помощью которых осуществляется организация общественного производства в сфере здравоохранения.

КЛЮЧЕВЫЕ СЛОВА: модели системы здравоохранения, принципы, механизм, качество, эффективность, социально-ориентированная экономика.

Рукопис надійшов у редакцію 13.02.2014 р.

Відомості про автора:

Кучеренко Наталія Тимофіївна – к.е.н., завідувача відділення зв'язків з міжнародними та національними організаціями в охороні здоров'я ДУ “Український інститут стратегічних досліджень МОЗ України”; тел.: (044) 576-41-19;