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ADAPTING TO THE CONDITIONS OF UKRAINE THE BEST WORLD EXPERIENCE IN THE HEALTH OF THE NATION: CHALLENGES AND PROSPECTS

АДАПТАЦІЯ ДО УМОВ УКРАЇНИ ПЕРЕДОВОГО СВІТОВОГО ДОСВІДУ ЩОДО ЗДОРОВ'Я НАЦІЇ: ВИКЛИКИ ТА ПЕРСПЕКТИВИ

Виокремлено для подальшої адаптації до умов Україні такий передовий світовий досвід щодо розвитку та покращення здоров'я нації: основна функція держави полягає у створенні мотиваційного простору для громадян щодо відповідальності за власне здоров'я (сучасна політика Німеччини та Франції); створення мережі закладів відновлювального лікування (реабілітаційних центрів), мережі паліативних закладів у районних центрах (досвід Латвії); нова тендерна політика, що дозволить поліпшити результати лікування пацієнтів і створити вартість в системі охорони здоров'я (досвід Великобританії, Іспанії, Канади, Нідерландів та інших країн); надання психологічної допомоги тяжко хворим не лише у спеціалізованих медичних закладах, але й у центрах, організованих благодійними та громадськими організаціями (США); запровадження Стандарту, згідно з яким реабілітація хворих (допомога пацієнтам адаптуватися та сформувати навички і спроможність самостійного перебування в суспільстві, поліпшення якості їхнього життя) може бути профілактичною, відновлювальною, підтримуючою та паліативною (ЄС).

Ключові слова: *бюджет держави, мотиваційний простір, сфера охорони здоров'я, європейський досвід*

In most developed countries, health policy is aimed at expanding the scope of individual responsibility of their citizens for their health and the corresponding reduction of the role of the state in this area. That is, the main function of the state is to create a motivational space for citizens to take responsibility for their own health. Based on this, the current policy of Germany and France confirms the high articulation of the integrated interest in health, physical culture and sports, so that citizens have the opportunity to receive quality assistance from the consolidated state budget without spending their own money. Following this functional logic,

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the health policy of developed countries is aimed at providing the population with economically and socially efficient and at the same time high-quality medical care. At the same time, it guarantees equal and, at the same time, high enough indicators of public health with a sufficiently balanced approach to the costs of health care efficiency. Most of the world's medical experts agree that a nation's health is a prerequisite for an efficient and productive economy, and that an effective health care system blocks the nation's premature loss of labor potential, which in turn is a strategic benefit to the economy states. The additional year of life of the active population is measured by the growth of gross domestic product (GDP) per capita, and therefore gradually by 2025 the reduction of adult mortality following the example of EU countries from non-communicable diseases will increase GDP to 29 %.

The state gradually has new functions, including: the formation of a strategy for the development of the industry at the national level; strict regulation of total medical expenses and quality of medical services; determination of quality standards of services in the field of public health; monitoring and evaluation of results in the field of public health. Due to the expansion of health care functions, in most Western European countries there is a strengthening of the functions of state regulation, which applies, in particular, even to those countries where the health care system is based solely on insurance principles. An important role in defragmenting the state's position in the field of health care also belongs to the introduction of an innovative strategy for the development of this area. It should be noted that this applies to the introduction of various modernization and innovation projects not only in the field of diagnosis, treatment and monitoring of patients, but also the institutional sphere of the medical sector. All this raises the question of health care restructuring, ie changing the structure of health authorities and the structure of institutions that provide medical services to improve their quality, accessibility for citizens through the use of health resources. For the most part, restructuring has the opposite effect in terms of efficiency, as it involves a total and unjustified reduction in the number of institutional structures in the field of health care, which thus threatens the strategic performance of the industry.

The generalization of best practices in the use of public-private partnerships in the field of health care involves a fair distribution of risks between private and public partners, promotes the availability of health services to the population and improve their quality, and is therefore promising for implementation in Ukraine. In order to solve the existing problems, we can suggest:

– development of a national strategic instrument or roadmap for public-private partnerships that will identify risk factors and barriers to the implementation of its public-private partnership models through the study and analysis of the current legal, policy and regulatory framework;

– creation of a specialized institution or organization for management, monitoring of public-private partnership in health care;

– adoption of legislative initiatives to ensure transparent, competitive conditions for the functioning of public-private partnerships in the field of health care;

– introduction of standard agreements on joint activities, on public-private partnership, concession and lease; the partnership should be based on a detailed agreement describing the responsibilities, general risks and benefits of both public and private partners;

– formation of methodological recommendations on the selection and use of financial models for the implementation of public-private partnership projects acceptable to the health care system;

– development of the procedure for registration of objects implemented on the basis of public-private partnership, in the registers of objects of capital investments and state contracts, which will allow to ensure the accounting and monitoring of relevant budget expenditures;

– ensuring continuous communication with all stakeholders of public-private partnership on the basis of openness, transparency;

– disclosure in budget documents and budget execution report for each public-private partnership project of the following information: future payments and revenues of the state related to the provision of services specified in the contracts for future years; the amount and terms of financing and other support provided through lending by the state or through public financial institutions; the amount of state guarantees; the impact of the project on the budget balance and public debt.

Currently, one of the most successful models of public administration in the field of rural medicine was introduced in 1996 in Australia. The Australian healthcare system combines the private and public sectors. In particular, the primary level includes outpatient clinics of both communal and state ownership, as well as dental institutions and pharmacies, which are mostly private. In the secondary level, 65 % of hospitals are state-owned and 35 % are private. In total, 70 % of health care needs are funded from the state budget through the universal health insurance Medicare, which is provided to all Australians and is available in both public and private health facilities. The difference between the different forms of ownership of medical facilities is that in public hospitals Medicare fully covers all medical expenses, and in private hospitals – by 75 %. A visit to a family doctor is fully covered by the state insurance policy, and in the case of a consultation with a specific specialist – 85 %. Because the price of private hospital services is market-based and can significantly exceed the cost of services in public hospitals, the government has set a standardized price for medical services (Medical Schedule Fee, MSF). If the medical care provided in a private clinic exceeds a certain standard price, the patient pays the difference out of his own pocket. A similar scheme applies to the purchase of medicines: most of the price is covered by Medicare, the rest is paid by

the patient. In addition, Australian citizens can pay for other expenses not covered by public insurance through insurance policies with private companies. But insurance policies, the annual cost of which ranges from 1.5 to 8 thousand Australian dollars, are bought mostly by wealthy city dwellers. In the Australian healthcare model, Medicare does not cover most dental services, eyeglasses and home care services. The state insurance policy also does not apply to ambulance services, as compensation for costs in unusual situations is provided by other insurance funds.

Ukraine should use the experience of Canada, which has solved the problem of optimization and reformatting of rural medical institutions by opening on the basis of unprofitable palliative care facilities, the maintenance of which is entrusted to local communities. It should be noted that such palliative care facilities for the elderly do not require additional technical equipment and can be opened on the basis of those hospitals that are subject to closure. Equipment in institutions using telemedicine would create conditions for successful treatment. In another direction, the problem of re-profiling of central district hospitals (CDHs) can be solved by creating a network of rehabilitation facilities (rehabilitation centers). For the rural population, which is closely connected with the agricultural sector and, accordingly, with great physical activity, it is important that such institutions, in addition to therapists and neurologists, have specialists in the treatment of musculoskeletal system (massage, balneology, paraffin therapy, etc.). Latvia has a positive retention experience of holding of associations of territorial communities (TC) of such institutions. The development of a network of palliative and rehabilitation facilities in district centers will solve the problem of single people left without family care and in need of medical care. At the same time, it will solve the staffing problem and relieve social tensions among doctors who are at risk of losing their jobs, and will additionally solve the problem of job creation in depressed regions.

In recent years, the approach to medical and pharmaceutical supplies has changed in the United Kingdom, Spain, Canada, the Netherlands and other countries where the public sector is the main purchaser of health products and services. By changing the approach to the supply of medical and pharmaceutical drugs and services, which was based only on costing, a new approach is implemented that focuses on the results of treatment. This approach seems to be the only way to maintain the financial sustainability of the health care system and cope with the growing demand for volume and quality. Based on foreign experience, it is safe to say that the role of procurement in supporting health system innovation is very important. At the same time, it is necessary that one of the means to stimulate innovation is a tender policy that will improve patient outcomes and create value in the health care system. However, most importantly, the criteria used in the tender should focus primarily on the benefits that provide the most effective treatment outcomes for patients.

The generalization of the EU experience gives grounds to assert that in the conditions of lack of financing, economic instability, necessity of rational use of

resources the resource-saving approach acquires great importance. This helps to maximize the economic efficiency of individual treatment and prevention facilities and the health sector. Mechanisms for efficient use of resource-saving technologies provide about 20 % savings. Many EU countries have introduced funding through the method of global budgeting, which provides for the receipt of a fixed budget for treatment and prevention facilities "for the volume of services". In addition to those agreed in the global budget, the treatment and prevention institution receives funds through the treatment and prevention institution-family medicine-fund holders, which gives an additional 10-12 % savings. The mechanism of combining funding through treatment and prevention facilities - family medicine-fund-holders with the method of global budgeting is called an integrated health care system. Analyzing the processes of health care reform in Ukraine, it is advisable to use the experience of EU member states. The existing funding mechanism for the health care system can also be successfully improved through budget funding and social health insurance. After all, in many EU countries, the state in one way or another (either on behalf of certain categories of citizens or in the form of capital investment) participates in the development of both the principles of insurance medicine and the principles of social justice and solidarity.

In world practice, psychological care for cancer patients is provided not only in specialized medical institutions, but also in centers organized by charitable and public organizations. In the United States, such organizations are the Wellness Community, the Guild Club and others. Creating an accessible network of such facilities, where patients can receive free psychosocial care, is called a necessary condition for improving the quality of life of patients and "survival". The central organizational principle of Wellness Community programs is the active position of the patient. Support groups are held, which include patients with different or identical diagnoses. Usually patients visit the group from 12 to 18 months. The care covers not only the patient, but also his family and close environment. There are 2-hour meetings each week for relatives caring for patients, as well as groups for family members after the loss.

L. King, D. Stackler developed a scenario forecast of health development and its protection as a means of national security of the modern state. Such scenarios include:

– inertial scenario, envisages a dissonant situation in the field of health care, which will continue to characterize the high level of social stratification of citizens, resulting in continued marginalization of the poor, deepening social diseases and reduced life expectancy;

– a scenario of moderate growth of welfare, possible only if the state redistributes the income of different groups of the population on the basis of income from the export of resources, as a result it will be possible to reduce the number of poor groups and their transition to higher social strata and public health in general;

– progressive scenario, provides for the modernization of the economy and social policy, which will increase the self-preservation of citizens, change their way of life and quality of health, radically changing the deep layers of human life , procreation, love, death, revision of traditional moral norms and the whole worldview. This scenario characterizes the matrimonial, creative, sexual, family, life, migration model of behavior, which affects the formation of a new type of personality, its intellectual and emotional world.

L. King and D. Stackler pay special attention to the development and substantiation of methods for approving the progressive scenario of human development, how much it fully serves to ensure the quality of life of the vast majority of society, which in turn is the key to effective national security. The progressive scenario serves to form a full-fledged civil society, mitigate income disparities, provide all groups with affordable and high-quality health care, education, culture, which will reduce the number of marginals and increase the number of middle-class groups characterized by high quality health. S. Joking, proposed two models of health care development in a postmodern state, the first – individualistic, which places responsibility for the quality of life on citizens and their loved ones and public, which characterizes the high level of state participation in ensuring social justice in society, redistribution income between its rich and poor strata and special attention to the poorest strata in terms of obtaining quality medical services and good education, which will create the appropriate starting conditions for implementation in modern social practice. Given that the socio-economic situation of certain social groups is the main factor determining the quality of life, and therefore the state should structure the activities of its institutions in the field of public health to ensure indicative dynamics of growth of public health parameters, thereby will turn it into a strategic condition for ensuring the national security of the state.

The proclamation of health care reform is fully in line with the logic of sociopolitical processes in modern Ukraine and is a component of ensuring the rights, freedoms, needs and legitimate interests of the Ukrainian people. But radical reform of the health care sector also requires significant changes in the socio-political, financial and economic, administrative-territorial, legal and other spheres of state activity. Therefore, reforming public management of cancer support can have a social effect only in the case of coordinated transformations in other state institutions, areas of state activity in the implementation of state policy in the social, economic, financial spheres, changes in administrative and territorial organization. Such reform cannot be successfully carried out without the introduction of simultaneous and even advanced transformations in the implementation of the mentioned directions of state policy. The implementation of any reform is carried out through the adoption of relevant laws and their further implementation by the executive.

Undoubtedly, the condition for the success of health care reform is also its coordination with the activities of the state in other areas. In particular, compliance with

the requirements for the establishment of hospital districts will require solving the problem of road quality: the service area of the hospital district is determined by the timeliness of access to multidisciplinary intensive care hospitals (may not exceed 60 minutes and be equivalent to a service area of 60 km). The introduction of health insurance will require the preparation of financial and legal support, the establishment of appropriate public financial infrastructure, as well as the development of models and cooperation with the banking sector and insurance companies. The organization on the new principles of health care as a component of social protection of Ukraine provides for the approval of new standards, which, accordingly, requires a revision of modern state social standards.

In order to improve the system of ensuring the implementation of public-private partnership projects in the field of health care, it is advisable to implement the following measures: identify areas for improving the mechanism of state support, in particular by providing state guarantees; increasing the institutional capacity of public authorities and local governments to use modern mechanisms of public-private partnership in the field of health care; improving the legal framework for public-private partnerships in health care; development of a unified approach to the development of public-private partnership in order to increase the competitiveness of the economy, defining the sphere of health care as a priority area of application; implementation of a clear division of powers between the executive authorities in the system of public management of support for cancer patients.

Psychoeducational programs that combine emotional support with information on how to coping with the disease and techniques to create a positive environment to reduce stress, improve quality of life, and increase the likelihood of recovery have proven useful in helping cancer patients and their families. Psychoeducational programs include up-to-date scientific information on cancer treatment combined with interventions that improve patients' quality of life and develop useful skills (communication, emotional management). Programs include the following: treatment side effects management, proper nutrition during and after treatment, cancer treatment, stress reduction exercises, and problem-oriented exercises. Psychological support groups play an important role in improving and strengthening care. This is especially important for families and loved ones who are unable to provide increasing emotional support to the patient or when the support provided by the family is insufficient for the patient, or when patients want to communicate with other people who like them have cancer. Such groups provide patients with a safe environment in which they can express their, often negative and destructive emotions, among people who understand their experiences and experiences of fighting the disease. Support groups encourage confrontation, contemplation, and revision of the traumatic event and can take into account the social constraints manifested in the relationship, thereby enhancing emotional assimilation and adaptation. Thus, psychological support groups and psychoeducational programs provide a safe en-

vironment for patients to express their emotions and learn more adaptive coping methods, which generally reduce the emotional damage caused by cancer and become a safe place to learn new information in the host and understanding environment. Mutual exchange of information and support helps to streamline the "cancer experience" and support the patient in all the uncertainties of treatment and recovery, to interact effectively with the treatment team.

In European countries, the provision of qualified rehabilitation and palliative care to cancer patients is regulated by the "National Standards for the Rehabilitation of Cancer Patients" (2010), which were developed on the basis of the Recommendations of the National Institute of Clinical Excellence. "Improving supportive and palliative care for adults with cancer" (2004), which states that rehabilitation seeks to maximize patients' ability to function, promote their independence, help them adapt to their condition, and improve their quality of life, regardless of duration, treatment and stages of the disease. The main goal is to ensure the dignity and reduce the impact of cancer on the physical, psychosocial and economic condition of the patient. In addition, the Advisory Group on Cancer Care and Rehabilitation proposed to include in the definition that cancer rehabilitation can be preventive, restorative, supportive and palliative. These standards meet all the requirements of patient safety and health and define the principles of care for qualified personnel. These rehabilitation services help patients to adapt and develop skills and ability to be independent in society, to improve the quality of life. The main areas of rehabilitation services presented in the Standards are: volunteer; dispensary; dietary; spiritual; informative; practical; psychological; social; physical; financial.

Based on the experience of successful states in the field of health care, it is fundamentally important for Ukraine not to copy even sufficiently successful, foreign practices in the field of ensuring the effectiveness of health care, but to develop its own, nationally regulated practice that clearly correlates with objective needs and conditions of the development of health care in the state. Experts' approaches are characterized by a certain nihilism, based on the fact that only high health care costs are the main tool for ensuring the efficiency of health care delivery. We assume that a correct, mentally and socially indicative model of health care that meets public demands with a sufficiently balanced approach to its financing may be more effective than vice versa, when the high investment capacity of the state to provide health care is not always be able to provide the expected result accordingly.

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