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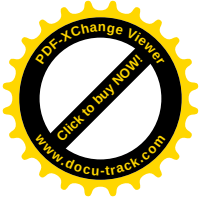
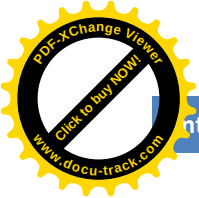
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The Problems of Public Administration in the Sphere of Healthcare in Ukraine

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Abstract

The purpose of this article is to establish the level of efficiency rise ways of public administration implementation in the sphere of healthcare in Ukraine on the basis of the international experience use; to define a unified conception of the institutional and legal basics' management in the sphere of healthcare and to offer specific recommendations as to the introduction into legal reality of Ukraine. The methodology includes general philosophical and special methods of scientific cognition namely, the system-analysis technique, the dialectical method, the Aristotelian method and the structural-functional process as well as the range of empirical methods were used while carrying out the research. Authors came to a conclusion about a low adaptation level of a present healthcare system of Ukraine to real population needs. The formal international standards consolidation in a designated sphere does not provide the services in the sphere of healthcare with the availability and quality signs. The free access ability to the international protocols, in accordance with which the treatment should be provided, has to be in Ukrainian which will allow to simplify the procedure of specific decision making in the sphere of healthcare as well as to find mistakes which can occur in medical practice in due course. The research results are relevant for domestic lawmakers and entities which carry out the public administration in the sphere of healthcare against a background of the tendencies actualization of administrative processes democratization in Ukraine. All the results are independently obtained and original (incorrect adoptions and taxes are absent). The subject of research is examined for the first time in Ukraine and has the prospective for further development.

Keywords: healthcare, public administration, financing, institutional and legal basics, international standards.

Introduction

The health of Ukrainian nation should be the most important thing for any administrative staff machinery and this thesis is not in need of any special justification. But at the same time, the institutional and legal mechanisms of a proper healthcare state provision in Ukraine are characterized with casuistic discrepancy tendencies of a current state of population health in the model of the healthcare system which is tried to be introduced during the last years.

The healthcare system as an object of legal regulation is a set of measures on the security and provision with the proper state of physical, mental and social welfare but not only the absence of illnesses and physical defects (Polozhennya pro Natsionalnu sluzhbu zdorovya Ukrainy, 2018). Illegitimate signs of management in the sphere of healthcare first of all are first of all the absence of a clear bringing to account algorithm of the public administration authority particularly it concerns the health-care agencies and the absence of the healthcare structuration on the specific directions of such a state achievement. While the international community makes it their aim to solve such global issues of community health protection as the provision with the proper state of ecology and safe for health foodstuffs, the minimization of bugs, the observance of treatment protocols considering age-related, national and personal factors, the solve of psychological disturbance connected with "igromania" and depressions, the make of new archetypes of consciousness as relatively specific diseases like dementia and as regards the solo responsibility for the state of health (The official site of the World Health Organization WHO, 2019) Ukraine tries to reformat the national system of health protection on the basis of the obsolete administrative staff machinery and the negative people association of the order and quality of the health care services provided.



The public administration in the sphere of healthcare cannot develop and function separately from the problems and consequences of social evolution. The elaboration of both a long-term concept of the steady healthcare system development and the constant monitoring of existing and emerging problems in this sphere are considered to be necessary.

Methodological Framework

The problems of public administration implementation in the sphere of healthcare in Ukraine are relevant but at present the complex research which is aimed at the theoretical understanding of the medical reform impact on the public administration key points as well as on the service quality rendered in the sphere of healthcare on the whole. A great amount of specialists in different aspects of common knowledge (legal, medical and social) have taken part in the research depending on which the approach to identifying the administration peculiarities in the sphere of healthcare differs.

The theoretical footing of this research is the knowledge about a present financing system in the sphere of healthcare on the one hand and the essence of public administration on the other. On the whole, it is possible to point out such healthcare systems as the system of Bismarck which is based on the social health insurance that is carried out on the state and local level (the healthcare model mentioned is the basis of the public administration national concept construction in the sphere of healthcare in Germany, Austria, the Netherlands and Belgium). The system of Bismarck which consists of medical care accessibility that is ensured at the expense of the fiscal and non-tax budget income without the intensification of medical services into a private doctor prerogative (the healthcare model mentioned is the basis of the public administration national concept construction in the sphere of healthcare in Spain, Portugal, Sweden, Finland and Denmark) (Baeva, 2008) and the system of Semashko (a former Soviet one) which is constructed on the principles of a free medical care mainly at the expense of budgetary funds that is followed by economic risks (the healthcare model mentioned is the basis of public administration national concept in the sphere of health protection in Armenia, Georgia, Moldavia, Bulgaria and Slovenia) (Panov et al., 2001).

It is important to notice that modern systems of healthcare are in fact hybrid. The characteristic feature of countries with the transitional economy is the gap between the guaranteed civil rights for the receiving of a free medical care and their real financing. While at that time the modernization of the national healthcare system should be followed by the standards unification in the sphere of medical services at the international level, development and the priority of the healthcare system entity market relations; the solve of specific internal problems of the expense control important for the coverage of medical public services (Dolot, 2013; Gluzman et al., 2018). The estimate of the medical facility cost and income is approved by the same bodies, that is owned by them, as a result of which the bodies are given an incentive to act in the interests of corresponding facilities but not in the interests of a specific patient.

The reformation of the healthcare system financing, which has the aim to implement a state solidary medical insurance, is being carried out now in Ukraine. While at the same time the chief source of a renewed healthcare system financing are the funds of the State Budget of Ukraine obtained from national tax but payments for the treatment of a separate person will not depend on the amount of his individual contribution (Reform Finansuvannya, 2016). Medical guarantees provide for the obtaining of necessary medical services and medicine connected with the granting of the emergency medical care, primary health care, secondary (specialized) medical care, tertiary (highly specialized) care, palliative care, medical rehabilitation, medical care for children under 16, medical care connected with the pregnancy and labour. Those kinds of medical care which are not listed are paid independently by the patient (Zakon Ukrainy vid 19.10.2017 № 2168-VIII, 2017).

What concerns the definition of public administration the position of this research according to which under the public administration is understood the statutory and normative-legal acts activity of public administration authorities which is aimed at the fulfilment of laws and other normative-legal acts by means of adoption of the administrative decree and the statute-established services provided is taken as a basis (Chernov, 2014; Bondarenko, 2017). The essence of public administration in the sphere of healthcare is respectively defined on the ground of the common theory combination of the administrative law and the specificity of the healthcare sphere as the regulated by the law and by the other normative-legal acts executive-administrative activity on the protection and provision with the proper state of physical, mental

and social welfare by means of the administrative decrees adoption and the statutory healthcare services provided.

In spite of the obvious urgency of the management provision with a proper population health rate it is important to recognize that native researchers resort to fragmentary studies on the issue of medical reform in Ukraine only. At the same time the study of real tendencies of danger and diseases which pose a threat to the population in terms of the technological development is insufficient. From this point of view the use of the formal-dogmatic approach, the constitutional state has to create favorable conditions for the functioning of the effective management and development in any sphere. Therefore, the quintessence of normative (legal and international-legal basis of healthcare regulation), managerial (the management of public authority functioning) sociocultural (the state of the compiled health culture archetypes, the presence of safe for health living conditions) the determinant of a healthcare protection sphere which will be the basis for the formation of public administration integrity concept in the sphere of healthcare in Ukraine is appropriate.

The global aspects of the healthcare protection as a systematic instrument of the managerial approach reformation in Ukraine are first examined in this article. For a consistent problem coverage there are allotted separate informative blocks which characterize the uniform group of social relations concerning the features of public administration in the sphere of healthcare namely, the institutional-legal basics of public administration in the sphere of healthcare, global tendencies in the sphere of healthcare, international-legal basics of public administration in the sphere of healthcare and the foreign experience.

Results and Discussions

3.1. The Institutional-Legal Basics of Public Administration in the Sphere of Healthcare

In Ukraine the legal health care maintenance is stipulated by the art. 49 of the Constitution of Ukraine and is expressed through such direct authority as the right for health protection, the right for medical care and the right for medical insurance. The health care is provided with the government financing of correspondent socio-economic, health and sanitary-preventive programs. What concerns the medical care the state creates the conditions for the effective and available medical care for all the citizens. The medical care in government and public institutions of healthcare is provided free of charge. At the same time the support of the physical culture and sport development and the provision with the sanitary-epidemic population welfare is attributed to the state responsibilities (The Constitution of Ukraine, 1996).

The executive and administrative activity and the services provided in the sphere of provision with the proper state of physical, mental and social population welfare is carried out:

1) The health authorities of national importance which are attributed to: The Ministry of Healthcare of Ukraine (Postanova Kabinetu Ministriv Ukrainy: Polozhennya vid 25.03.2015 № 267, 2015) there are 3 departments, 10 administrations, 3 divisions and 5 departments that are the part of the structure (The official site of the Ministry of Healthcare, 2019), the National Health Service of Ukraine which is the central executive body the activity of which is aimed and coordinated by the Government of Ukraine through the Minister of Healthcare of Ukraine who implements the public policy in the sphere of the state financial guarantees of medical population care (Polozhennya pro Natsionalnu sluzhbu zdorovya Ukrainy, 2017);

2) The health authorities of the local importance which are the following: local public administrations in the context of the authorities which are stipulated by the law (Zakon Ukrainy, 1999), rural, communal, urban councils and their executive bodies as well as district and regional councils which represent the interests of territorial communities of villages, settlements and cities in the sphere of health protection (Postanova Kabinetu Ministriv Ukrainy vid 15.07.1997 № 765, 1997);

3) The health-care agencies (legal entities of any kind of property and organizational-legal form or its isolated subdivision providing with the medical public service on the ground of a correspondent license and the professional activity of medical (pharmaceutical) workers (Zakon Ukrainy, 2012). Among them the special place are occupied by the sanatoria and health facilities (Zakon Ukrainy, 2000; Postanova Kabinetu Ministriv Ukrainy vid 11.07.2001 № 805, 2001);

4) The social associations which act with the aim to safe and restore the physiological and psychological functions, optimal working capacity and social activity of a man under the maximum biologically possible individual life expectancy (Postanova Kabinetu Ministriv Ukrainy vid 3 lystopada 2010 r. № 996, 2010).



It is important to notice the bodies carrying out the activity in the sphere of healthcare. Thus, it is reasonable to create the State inspection on the issues of medical services quality. The competence of this body should consist of the following: the observance check of the international medical protocols, the compliance of medical ethics, the issue, stoppage and revocation of licenses to practice medicine.

As regards the health-care agencies in order to obtain the status of the health-care facility a legal entity has to comply with the license requirement such as the carrying out of medical practice, the activity of umbilical blood sampling and other tissues and cells of a man all these are the kinds of activity which have to be licensed (Zakon Ukrainy, 2015). It is necessary to: to obtain the license which is possible in case of the compliance of managerial, regular and technological requirements to the material and technical base compulsory for the fulfillment during the carrying out the economical activity on medical practice as well as under the presence of a comprehensive list of documents enclosed to the application about the license obtained for the realization of the economical activity on medical practice (Postanova Kabinetu Ministriv Ukrainy vid 02.03.2016, 2016). Furthermore, it is important to get the accreditation approved by the health-care agency as an official recognition of the presence of the entity conditions for qualitative, modern, defined level of medical care population and the observance of standards in the sphere of medical care, the compliance of medical (pharmaceutical) workers to the unified qualifying requirements (Zakon Ukrainy, 1997).

3.2. Global Tendencies in the Sphere of Healthcare

The importance for call registration concerning the problems of healthcare security for all the international community is mediated by the process of borders blurring between the states. The absence of global problems registration connected with the population health leads to the fragmentariness of the national public administration realization in the defined sphere.

One of the key problems for today is the fight against the epilepsy. On the whole, the epilepsy touches almost 50 million people all over the world, 80% of which live in the countries with the low and medium level of income in many cases the reasons are the traumas while giving a birth, brain infection, traumas and strokes. Due to the abnormal electrical activity of the brain, suffering people may experience cramps or unusual behavior, the feeling and sometimes the loss of consciousness. The insertion of the event on the fight against the epilepsy of the international healthcare programs, to encourage the investment in the decrease of its load and act for action aimed at the overcoming of gaps in the epilepsy knowledge and research is the important thing (Epilepsy: a public health imperative, 2019). At the same time this problem is ignored and is not solved in Ukraine. Furthermore, the part of the sick people does not have the officially confirmed clinical outcome due to a low qualification of medical stuff.

The actual problem in the sphere of healthcare is the abuse of antibiotics. The increased attention of the international community to antibiotics consumption and the take of them only in necessary cases connected with the development of a feedback between the bacterium and the antibiotics. The compulsory antibiotics prescription from the very beginning of the bacteriosis and bugs is seen in Ukraine. The consequences of the uncontrolled antibiotics consumption are the following: the inability to treat serious and even widespread infections as a result of the loss of resistance, the inability to carry out operations and the increase risk in the exhaustion of health resources (Adopt AWaRE, 2019). The Ministry of Healthcare of Ukraine has recommended to implement the national legal systems, measures on the monitoring of antibiotic use, the control on the use of antibiotics in the veterinary medicine and agriculture.

Concurrently with the dangerous diseases and the ways of their overcoming one of the key aspects of public administration in the sphere of healthcare is the absence of the healthcare problems opposition system. The increase in the level of physical activity can be attributed to such measures. Providing the neglect of physical activity there emerges a range of cardiovascular diseases. The confirmation of the healthcare importance system is the adoption of the Global action plan on Physical Activity 2018-2030. Moreover, the modern situation in the world shown that on the whole 28% of adults (1,4 billion people) do not spend enough time on physical activity with a view to prevention of widespread chronic diseases and the improvement of mental health. It is important to adopt a national plan of action on the increase of physical activity rate which has to consider the analysis results of a current situation, the strategical package

of political measures, the package of technical documents namely, ACTIVE, the attraction of public organizations for the physical activity ideas spreading (ACTIVE, 2019)

One of the indicators of the national healthcare system effectiveness is the presence of statistics on the key activity indicators including the mortality statistics and the reason which caused it. The similar data on the world indicators are annually published in the edition namely, World Health Organization under the WHO. The determination of the population and their diseases and death is certainly the activity indicator of public administration entities. The statistics of death reasons helps the health-care agencies to identify the protection means. In case of the death from cardiovascular diseases, for example, or diabetes the necessary measures will be the realization of energy programs and the cholesterol consumption minimization program. Similarly, if to certify a high death rate among children from pneumonia the slight part of the budget is given for treatment thus the important thing is to raise the cost increase in this sphere. It is interesting that in the states with a low and middle level of income such statistics is absent and the number of death cases from the specific reasons is inaccurate (World health statistics, 2018). Thus, the official data concerning the death rate and its reasons is absent in Ukraine or they are not found in the open admission. The reasonable fact is to adopt the Resolution of the Cabinet of Ministers of Ukraine "Ob osushestvlenii obyazatel'nogo statisticheskogo monitoring smertnosti v Ukraine".

3.3. The International Basics of Public Administration in the Sphere of Healthcare

The system of international legal norms concerning the public administration in the sphere of healthcare is first of all based on the statute of the Universal Declaration of Human Rights. According to the international document every person has the right for medical care and necessary social service which is necessary for the maintenance of his and his family health and welfare and the right for the maintenance in case of unemployment, disease, disability, widowhood, old age or any other case of the loss of the means of substance by virtue of the independent circumstances (art. 25) and so on. (The Universal Declaration of Human Rights, 1948). The fundamental principles of human rights security in the sphere of healthcare are contained in the International Covenant on Economics, Social and Cultural Rights. Measures that should be taken by the state for the full realization of the right in the sphere of healthcare are attributed to: the provision with the decrease of mortality, the infant mortality and healthy child development; the improvement of all the hygiene aspects of the environment and the industry labour hygiene; the prevention and treatment of epidemic, endemic, professional and other diseases and the fight against them; the creation of the conditions which would provide all people with the medical care and medical in case of illness (The International Covenant on Economics, Social and Cultural Rights, 1966).

Among the documents of WHO, it is important to notice the Declaration on the Promotion of Patients' Rights in Europe (1994), where the requirements to the information provided with the patient and which has to be comprehensive are determined. The conditions of the consent to medical intervention and the conditions of the health status information keeping and any other personal information about the patient are indicated in the document. The norms, which are stipulated in the article, regulate the issues of medical care assistance in accordance with the state of health including the disease-prevention and medical service where the human rights security is stipulated in the article 6 of the international act (The Declaration on the Promotion of Patients' Rights in Europe, 1994).

The important thing for public administration in the sphere of healthcare is the international legal acts which are adopted by the World Medical Association such as: the International Code of Medical Ethics (1983), the Human Rights Declaration and the Personal Freedom of Health Professional (1985), the Declaration on Physician Independence and professional Freedom (1986), the Declaration on Euthanasia (1987), the Declaration of Helsinki; the Declaration on Human Organ Transplantation (1987), the Twelve Principles of Provision of Health in Any National Health Care System (1983), Zayavleniye obispol'zovaniipsichotropnych sredstv izloupotrebleniyeimi (1983), Declaratsyya o zhostkom otnoshenii k pozhylym ludyam i starym (1990), the Statement of Policy on the Care of Patients with Severe Chronic Pain and Terminal Illness (1990), the Declaration on Physician Independence and Professional Freedom (1986), Zayavleniye o podgotovke meditsynskikh kadrov (1986) and others (The official site of the Verkhovna Rada of Ukraine, 2019).



Thus, the international standards in the sphere of public administration compose the system of norms encircling the important aspects of the managerial process. The system given is not stable it always develops with the evolution of social relations. For example, in terms of the intensification of technologies the important thing is the popularization of the electronic participation of people in the sphere of healthcare and the provision with the medical care quality services provided. The creation of an electronic database with the protocols on the principles of the demonstrative medicine in Ukrainian remains relevant for Ukraine. The use of the new clinical protocols in medical practice is one of the main ways of medical practice introduction in our country.

As regards the international practice of a healthcare system reformation the experience of Georgia is controversial. The inpatient care in Georgia is provided in the secondary and tertiary care institutions, multifield hospitals and diagnostic and treatment centers, research institutes, specialized hospitals and dispensaries. Since 2006 the main reform principles of Georgia have been aimed at a full transition of healthcare sector into market relations: the private rendering of services, the private system of services buy, the liberal regulation and minimal control. The adoption of such decisions was dictated by the economic policy conducted which is aimed at the security of economic growth at the expense of liberalization and development of the private sector. The changes adopted in 2008 are directed to a radical reduction of human rights, to the obtaining of medical care in the context of state programs, to the allocation of state funds only for the needs of the most vulnerable households and to the change of the medical service buying change (Systema zdravoochraneniya: vremya peremen, 2010). Thus, the radical actions on the change of the healthcare system have favorably affected the economy of the state and the provision with the population health.

Another example of a typical representative of a private healthcare model is the USA. The branching network of private health-care agencies where the medical service is provided either for the direct payment or at the expense of the private insurance healthcare means functions in the USA. The activity of state and municipal health-care agencies is aimed at the charity and support of the unprotected segments of the people. That is why the significant volume of medical care in the country is provided on the paid basis and private means compose of more than 58% of all the healthcare expenses. Among which 27% is the direct personal population payment for the medical care and almost 32% is the means which come through the system of private health insurance. The feature of the American system of healthcare consists of that the state differentially approaches to the security of population medical requirements by means of the target social insurance program development. The specific feature of the healthcare system organization in the USA is the distinction of the medical services production functions and their financing. The question is that who has to provide medical services (whether it is state non-governmental, commercial health-care agencies), separate from the problem of financing. Such an approach guarantees the equal opportunities in obtaining the medical care both for patients of government programs and for the patients insured on the basis of the private medical insurance but in practice this mechanism not always works (Karpishyn & Komunitskaya, 2008).

The conduct of a cardinal healthcare reform with the obligatory noticing the sense of people justice on the healthcare services provided will be useful for Ukraine. What concerns the experience of the USA the realization of such a system of healthcare which will stipulate the competitive basis as to the quality of the medical services provided is relevant for Ukraine. The innovation given will certainly improve the state of health-care agencies functioning.

Conclusion

One of the results of 20th century, the lesson obtained at the cost of the colossal social cataclysms became a relative but rather important advantage of the socio-political democratic model of manager relations and those who are led which is approved in Western countries. This advantage which emerges in the long term consists of flexibility which is provided at the expense of the effective feedback. The democratic transformation in Ukraine is expressly or by implication connected with the global processes during the time of the references choice for the formation of national healthcare system. As a result, it is offered to realize the following measures:

- the creation of the concept for the epilepsy counteraction and the medical assistance for people



suffering from this disease;

- the realization of the antibiotics supply check in accordance with the international medical protocols;

- the establishment of the State inspection on the issues of medical quality services provided the check of compliance of medical protocols, the observance of medical ethics, the issue, stoppage and the revocation of licenses for the medical practice work and so on should be attributed to the competence;

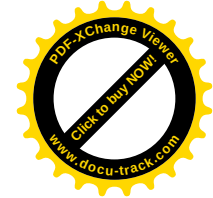
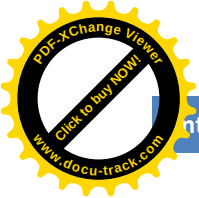
- the adoption of the national plan of actions on the increase of physical activity rate which has to consider the results of the current situation analysis, strategic package of political measures, the packages of technical documents provided namely, ACTIVE (2019), the attraction of public organizations for the spreading of physical improvement ideas;

- the adoption of the Resolution of the Cabinet of Ministers of Ukraine “Ob osushestvlenii obyazatel’nogo statisticheskogo monitoring smertnosti v Ukraine”.

The unified concept of public administration in the sphere of healthcare in Ukraine has to express the combination of normative (legal and international legal basis of the healthcare sphere regulation), managerial (the management of public authority management in the sphere of healthcare, the feature of the public administration entity structure) sociocultural (the state of the health culture archetypes compiled, the presence of health safe living conditions) the determinant of the healthcare provision sphere.

References

- ACTIVE. (2019). A technical package for increasing physical activity. ACTIVE: a technical package for increasing physical activity. Geneva: the World Health Organization.
- Adopt AWARe. (2019). Handle antibiotics with care. URL: https://adoptaware.org/resources/AWARe_Brochure.pdf
- Baeva, O.V. (2008). Management u galuzi ochorony zdorovya: navchalnyi posibnyk. Kiev: Tsentr utchbovoi literatury.
- Bondarenko, K.V. (2017). Gosudarstvennoe upravleniye I publichnoye administrirovaniye –sootnosheniye ponyatii. Legeasi Viata,3, 10-13.
- Chernov, S.I. (2014). Text lektsii z dystsypliny “Publichne administruvannya”. Minsk: Khark. nats. Un-t misk. Gosp-vaim. O.M. Beketova.
- Dolot, V.D. (2013). Sistema ochorony zdorovya Ukrainy: vibir natsionalnoi modeli rozvytku. Derzhavne upravlinnya: udoskonalennya ta rozvytok, 2, 154-168.
- Epilepsy: a public health imperative. (2019). Licence: CC BY-NC-SA 3.0 IGO. Geneva: World Health Organization URL: https://www.who.int/mental_health/neurology/epilpsy/rep-ort_2019/en/
- Gluzman, N.A., Sibgatullina, T.V., Galushkin, A.A., Sharonov, I.A. (2018). Forming the Basics of Future Mathematics Teachers’ Professionalism by Means of Multimedia Technologies. Eurasia Journal of Mathematics, Science and Technology Education, 14(5), 1621-1633. <https://doi.org/10.29333/ejmste/85034>
- Karpishyn, N. &Komunitska, M. (2008). Kласychni modeli finansovogo zabespechennya ochorony zdorovya. Svit inansiv, 1, 104-112. URL: <http://dspace.tneu.edu.ua/bitstream/316497/26425/1/%D0%9A%D0%90%D0%A0%D0%9F%D0%98%D0%A8%D0%98%D0%9D.pdf>
- Panov, B.V., Svirskyi, O.O., Dzigal, O.F., Kovalevska, L.A., Konkin, S.I., Kyryluk, M.L., Balaban, S.V. & Belyakov, O.V. (2001). Suchasni svitovi tendentsii rozvytku natsionalnykh system ochorony zdorovya. Visnyk sotsialnoi gigieny ta organizatsii ochorony zdorovya Ukrainy, 4, 85-89.
- Polozhennya pro Natsionalnu sluzhbu zdorovya Ukrainy. (2017). Postanova Kabinetu Ministriv Ukrainy vid 27.12.2017. Ofitsiyni visnyk Ukrainy,15, St. 29.
- Postanova Kabinetu Ministriv Ukrainy vid 02.03.2016. (2016). Pro zatverdzhenniya Litsenziinykh umov provadzhennya gospodarskoi diyalnosti z medychnoi praktyky. Ofitsiyni visnyk Ukrainy, 30, St. 18.
- Postanova Kabinetu Ministriv Ukrainy vid 11.07.2001 № 805. (2001). Pro zatverdzhennya Zagalnego polozhennya pro sanitarno-kurortnyi zakld: Ofitsiyni visnyk Ukrainy,28, St. 78.
- Postanova Kabinetu Ministriv Ukrainy vid 15.07.1997 № 765. (1997). Pro zatverdzhennya Poryadku akredytatsii zakladu ochorony zdorovya. Ofitsiyni visnyk Ukrainy, 29, St. 61.



- Postanova Kabinetu Ministriv Ukrainy vid 3 lystopada 2010 r. № 996. (2010). Pro zabespechennya utchasti gromadskosti u formuvanni ta realizatsii derzhavnoi polityky. Ofitsiyni visnyk Ukrainy, 84, St. 36. Zakon Ukrainy
- Postanova Kabinetu Ministriv Ukrainy: Polozhennya vid 25.03.2015 № 267. (2015). Pro zatverdzhennya Polozhennya pro Ministerstvo ochorony zdorovya Ukrainy. Ofitsiyni vistnyk Ukrainy, 38, St. 86.
- Reforma Finansuvannya. (2016). Pro schvalennya Kontseptsii reform finansuvannya systemy ochorony zdorovya: Rozporyadzhennya Kabinetu Ministriv Ukrainy: Kontseptsiya vid 30.11.2016. Ofitsiyni visnyk Ukrainy, 2, St. 75.
- Systema zdavoochraneniya: vremya peremen. (2010). Gruziya: obzorsystemyzdravoochraneniya. URL: http://www.euro.who.int/__data/assets/pdf_file/0004/155551/E-93714sumR.pdf
- The Constitution of Ukraine. (1996). Zakon Ukrainy vid 28.06.1996 r. Vidomosti Verhovnoi Rady Ukrainy, 30, St. 141.
- The Declaration on the Promotion of Patients' Rights in Europe. (1994). URL: http://www.irf.ua/files/ukr/programs/euro/patients_brochure.pdf
- The International Convent on Economics, Social and Cultural Rights. (1966). The international document from 16.12.1966, 4, Art. 19.
- The official site of the Ministry of Healthcare. (2019). URL: <http://moz.gov.ua>
- The official site of the Verkhovna Rada of Ukraine. (2019). URL: <https://zakon.rada.gov.ua/laws/main/c43>
- The official site of the World Health Organization WHO. (2019). URL: <https://www.who.int/home>
- The Universal Declaration of Human Rights. (1948). Mizhnarodnyi document vid 10.12.1948 r. Ofitsiyni visnyk Ukrainy, 93, St. 89.
- World health statistics. (2018). Monitoring health for the SDGs, sustainable development goals. Geneva: World Health Organization; 2018. Licence: CC BY-NC-SA 3.0 IGO. URL: <https://apps.who.int/iris/bitstream/handle/10665/272596/9789241565585-eng.pdf?ua=1>
- Zakon Ukrainy. (1997). Pro mistsevi derzhavni administratsii: Zakon Ukrainy vid 09.04.1999. Ofitsiyni vistnyk Ukrainy, 20, St. 190.
- Zakon Ukrainy. (1999). Pro mistseve somovryaduvannya v Ukraini: Zakon Ukrainy vid 21.05.1997 r. Ofitsiyni visnyk Ukrainy, 25, St. 20.
- Zakon Ukrainy. (2000). Pro kurorty: Zakon Ukrainy vid 05.10.2000 Vidomosti Verhovoi Rady Ukrainy, 50, St. 435.
- Zakon Ukrainy. (2012). Pro vnesennya zmin do Osnov zakonodavstva Ukrainy pro ochoronu zdorovya shodo udoskonalennya nadannya medychnoi dopomogy: Zakon Ukrainy vid 07.07.2011 r. Vidomosti Verhovnoi Rady Ukrainy, 14, St. 624.
- Zakon Ukrainy. (2015). Pro litsenzuvannya vydiv gospodarskoi diyalnosti: Zakon Ukrainy vid 02.03.2015 r. Vidomosti Verhovnoi Rady Ukrainy, 23, St. 1234.
- Zakon Ukrainy vid 19.10.2017 № 2168-VIII. (2017). Pro derzhavni finansovi garantii meduchnogo obslugovuvannya naselennya. Ofitsiyni visnyk Ukrainy, 5, St. 5.

