REVIEW ARTICLE

CONTENTS

Mechanism for Implementing the State Guarantee Program for Medical Services at the Primary Level

Igor V. Hushchuk[1], Vladyslav A. Smiianov[2], Natalya P. Topishko[1], Halina V. Kraichynska[1], Oleksandr N. Stratyuk[3], Volodymyr I. Potseluiev[2], Oleksandr Pryimenko[2]

[1]NATIONAL UNIVERSITY OF OSTROH ACADEMY, OSTROH, UKRAINE

[2]SUMY STATE UNIVERSITY, SUMY, UKRAINE

[3]OSTROH DISTRICT PRIMARY HEALTH CARE CENTRE OSTROH CITY COUNCIL OF RIVNE DISTRICT, OSTROH, UKRAINE

ABSTRACT

Aim: The goal of this work is to investigate the effectiveness of state regulatory tools influencing the HCS reform process and the institutional support for the implementation of SGPMS at the primary level.

Materials and Methods: To evaluate the effectiveness of SGPMS implementation at the primary level, methods of observation, analysis and synthesis, grouping, and generalization were applied

Results: In the implementation of SGPMS, PMC is prioritized. It ensures the accessibility, timeliness, safety, and effectiveness of medical services. Achieving a balance between the quantity and quality of provided medical services, as well as equality and fairness in access to them, is crucial.

Conclusions: The ways to improve the implementation of SGPMS at both the state and PMC facility levels may include: adjusting the global budget and contracts based on healthcare needs assessment at the regional level; enhancing comprehensive contract strategy and procurement tools; improving financial incentives for PMC; increasing the efficiency of healthcare expenditures; and improving the functioning of mental health services.

The improvement of SGPMS implementation at the primary level is determined by the medical enterprise, specifically: activating preventive activities in primary care; enhancing strategic planning to achieve specific goals; investing in the development and renewal of infrastructure; accelerating the implementation of digital solutions and integrated data systems for remote consultations; seeking effective financial incentives for healthcare facility staff; and developing monitoring of effectiveness and management of primary healthcare activities.

KEY WORDS: health care system reform, medical guarantee program, primary medical care

Wiad Lek. 2024;77(12):2529-2535. doi: 10.36740/WLek/197090 DOI

Healthcare System (HCS)
Ukraine's Healthcare System (UHS)
Primary Medical Care (PMC)
Medical Care (MC)
State Guarantee Program for Medical Services (SGPMS)
Primary Healthcare (PHC)
The level of available economic resources (GDP)
Municipal Healthcare Institutions (MHIs)
Ostroh Primary Health Care Centre (OPHCC)
Public Utility Company (PUC)
Territorial Community (TC)
Regional Emergency Medical Care Centre (REMCS)

INTRODUCTION

HCS is a way of financing, organizing and delivering health care to the population. The goal is to maintain the health of the population in the most efficient way possible in relation to the available resources of society and competing needs. The HCS model defines the specifics of access to healthcare services (for whom and to what services), costs and resources. In the Beveridge model, the government provides funding for the HCS. In the Bismark model, medical services are provided privately and paid for by individual contributions to an insurance company. In the national HCS model, funding is provided by the state and medical institutions are autonomous. All models have private insurance and private practice of medical care. All models have problems with financing the HCS. Even in developed countries (where 8-15% of GDP is spent on HCS), this is due to the high frequency of health care visits, their urgency, and the high cost of instrumental and medicinal components [1].

Since 2018, Ukraine has been using the Beveridge system [2]. The HCS is divided into primary, secondary and tertiary levels of health care. The list of services to be provided at each level is defined. The source of funding for primary care is the state budget. The state pays for a contract with

a doctor chosen by the patient. Payments for patient treatment are not tied to the level of individual contributions. The SGPMS is the only national insurer and purchaser of medical services. Healthcare providers are autonomous. The e-Health system and the Affordable Medicines program are in place. The mechanism for implementing the PMC at the primary care level remains a relevant topic for research.

AIM

To study the effectiveness of state instruments of regulatory influence on the process of reforming the SGPMS and institutional support for the implementation of the PMC at the primary level.

MATERIALS AND METHODS

The assessment of the state of implementation of the HCS at the primary level was carried out using the methods of observation, analysis and synthesis, grouping and generalization.

REVIEW AND DISCUSSION

The PMC is a program guaranteed at the legislative level, according to which the scope and list of medical services and medicines are formed, which are paid for by the state budget through the SGPMS at tariffs for the prevention, diagnosis, treatment and rehabilitation of diseases, injuries, poisoning and pathological conditions, as well as pregnancy and childbirth. State guarantees for the provision of medical services determine the degree of coverage of the population, namely: what services are included in the guaranteed package; who can use them; and what share of costs is covered by public funds. The package of PMC includes the main types of medical care: primary, emergency, specialized care, palliative care and rehabilitation in the healthcare sector. It includes a list and scope of medical services and medicines paid for from the state budget at unified national tariffs.

Every year, the Parliament approves the PMC package in the Law of Ukraine "On the State Budget". The level of available economic resources (GDP) determines the structure of the HCS, the amount and means of financial support, and the structure of the PMC. The means of financing the HCS reflect the values and priorities of society. The principle of centralized management helps to curb the growth of HCS expenditures. The amount of funding also depends on the amount of funding for other items of state budget expenditures and competes with them [3].

Access, costs and quality of healthcare are affected by the level and means of remuneration of healthcare providers. In connection with COVID-2019 and the Russian invasion, the provision of the Law of Ukraine "On State Financial Guarantees of Medical Care for the Population" has been suspended, which stipulates that the amount of state budget funds allocated for the implementation of the PMC should be at least 5% of Ukraine's GDP [4]. In today's difficult conditions, the HCS budget reaches 2-3% of GDP.

In 2021, expenditures from the state budget of Ukraine for HCS amounted to UAH 173.6 billion (including UAH 123.6 billion for fuel and lubricants). In 2022, respectively, 215.3 billion UAH and 146.3 billion UAH. [5]. In 2023, respectively, 206.8 billion UAH and 142.7 billion UAH. In 2024 – 203.4 billion UAH and 158.8 billion UAH. [6,7]. In the context of the Russian aggression, the attraction of international financial assistance contributed to the stable financing of the PMC and allowed timely payment of salaries to more than 500 thousand employees of medical institutions [5].

The development and implementation of the PMC changed the principles of financing the HCS. To implement the changes, a new central executive body (the NHSU) was created, which is controlled by the CMU through the Minister of Health of Ukraine. The NHSU implements the policy of state guarantees of medical care for the population in the HCS; develops a draft PMC based on the analysis and forecasting of the population's needs; identifies reference healthcare facilities and analyses the costs of these facilities for medical services; informs the authorised state bodies of the information on violations of the terms of the PMC contracts; applies measures defined by the regulations to ensure efficient, targeted use of funds under the PMC; concludes, amends and terminates contracts for healthcare services and reimbursement agreements; analyses reports of pharmacies on the dispensed medicines and their reimbursable cost; ensures the maintenance of registers that are part of e-Health; provides proposals and advice on the formation, structure, operation and improvement of the efficiency of the network of state and municipal HCS institutions; ensures the functioning of e-Health, etc [8].

There are 7 registers in the central database of the EHCS, namely: The Patient Register, the Register of Declarations of Choice of Primary Care Physician, the Register of Healthcare Business Entities, the Register of Medical Specialists, the Register of Healthcare Professionals, the Register of Medical Records, Referral Records and Prescriptions, and the Register of Medical Conclusions [9]. To ensure the reliability, relevance and accuracy of the data in these registers, the NHSU carries out their verification.

It is believed that 70-80% of a person's lifetime healthcare needs are met at the primary care level [1]. Primary care includes patient consultations, diagnosis, and treatment of common diseases, poisonings, injuries, physiological and pathological conditions. Primary care is provided by healthcare facilities and individual entrepreneurs who operate in accordance with the current legislation and have obtained a license. The requirements for healthcare providers are de-

Table 1. Adjustment factors for the base capital rate

Patients age group	Coefficients
From 0 to 5 years of age	2,465
From 6 to 17 years of age	1,356
From 18 to 39 years of age	0,616
From 40 to 64 years of age	0,739
Over 65 years	1,232
Mountain factor	1,2

Source: [12].

Table 2. Coefficients depending on the level of exceeding the limit for the provision of primary care

Level of limit exceedance	Coefficient
From 100 per cent of the limit + one declaration up to and including 110 per cent of the limit	0, 616
From 110 per cent of the limit + one declaration up to and including 120 per cent of the limit	0, 493
From 120 per cent of the limit + one declaration up to and including 130 per cent of the limit	0, 37
From 130 per cent of the limit + one declaration up to and including 140 per cent of the limit	0, 246
From 140 per cent of the limit + one declaration up to and including 150 per cent of the limit	0, 123

Source: [12].

fined by the Resolution of the Cabinet of Ministers of Ukraine "On Approval of Requirements for the Provider of Healthcare Services to the Population, with whom the Main Spending Units of Budget Funds Conclude Contracts for Healthcare Services to the Population" of 28.03.2018 No. 391 [10].

The main funding for primary care medical centres is provided on the basis of the PMG. The mechanism for implementing the PMC is structured as follows: the legislator defines the PMC for each year in the Law of Ukraine "On the State Budget of Ukraine"; a healthcare facility must enter into an agreement with the NHSU; a person signs a declaration with a doctor (whom he or she chooses); after providing medical services, the provider reports to the NHSU through the eHealth system and receives payment for the services provided.

At the primary level of the HCS, the list of primary healthcare services includes medical services of a family doctor, general practitioner, and paediatrician. They provide effective prevention and treatment of a wide range of diseases. Procedure for the provision of primary care [11]. The permissible scope of primary healthcare practice is established: for one general practitioner (family doctor) – 1800 persons; for one therapist – 2000 persons; for one paediatrician – 900 persons. The basic capitalisation rate is UAH 786.65 per year [12]. Adjustment coefficients are applied to the basic capital rate (Table 1).

Coefficients are applied to the tariff for primary care services provided to patients who submitted declarations in excess of the limit, depending on the excess (Table 2).

The actual cost per month of primary care services provided under each contract is calculated as the sum of the products of 1/12 of the base capital rate and the number of declarations active as of the first day of the reporting period. Adjustment factors are taken into account. Payment for services rendered is made by the tenth business day after the end of the relevant reporting period in accordance with the applicable tariffs and adjustment coefficients based on reports submitted to the NHSU through the eHealth system.

According to the NHSU report, as of 31.12.2022 [13], the number of declarations submitted to primary care doctors by the forms of ownership of service providers was a total of 32440321, including: municipal institutions – 29659749; state institutions – 2323; private (without sole proprietorship) 1404616; individual entrepreneur (IE) – 1373633. Patients who chose their own doctor accounted for 78.8% of the population of Ukraine. The distribution of declarations was as follows: by doctor's speciality – 74.7%, general practitioner – 14.8%, paediatrician – 10.5%; by patients' gender: 54.5% women; 45.5% men; by age group of patients: 0-5 years – 5.1%; 6-17 years – 15.2%; 18-39 years – 26.9%; 40-64 years – 35.1%; over 65 years – 17.8%.

In 2022, the number of cases treated by priority service groups was as follows: the number of providers – 910; total services provided – 921414; the amount of payment for services provided was UAH 10172.8 million. The number of services provided and the amount of payment in 2022 is shown in Table 3.

The number of patients who received services in 2022 was 22615950 people. Payment to healthcare providers amounted to UAH 33913 million, including the breakdown by ownership type as shown in Table 4. Most declarations were signed with MHIs. They received the largest amount of funds for primary care.

Once every three months, the NHSU evaluates the achieve-

Table 3. The number of medical services provided in Ukraine by the Ministry of Health and the amount of payment in 2022

Service group	Providers	Services provided	Payment amounts (UAH)
Outpatient services	834	588488	578273260
In-patient services	494	332926	9594524138

Table 4. Payment to healthcare providers

Ownership type	Payment amounts (UAH)	Number of providers
state	22670805	3
communal	142419477178	2454
private (without IE)	2204701864	354
IE	1009542492	688
Total, including by type of assistance	145656392340	
primary	24685328795	
emergency	11361076676	
specialised	92510757993	

Source: [13].

Table 5. Receipt and use of funds of the PUC "REMCS" in 2020-2022

Indicators	2020 рік	2021 рік	2022 рік
Primary medical care, UAH	18671528,70	19579608,02	24817600,33
State budget (including centralised procurement), UAH	715844,87	10158997,83	1685707,56
Regional, district and local government budgets, UAH.	869401,69	858716,06	717266,31
Charitable assistance	63416,46	0	962350,25
% of the bank	261370,85	138581,15	282100,56
Total income	20581562,57	30735903,06	26948025,01
Usage	19970226,40	19074028,72	24280594,28

Source: financial report of REMCS

ment by healthcare providers of the indicators of fulfilment of the contractual terms in terms of vaccination. Based on the results of the assessment, the amount of the surcharge is calculated for the level of vaccination of children under six years of age (inclusive) in accordance with the "Calendar of preventive vaccinations in Ukraine" approved by the Ministry of Health. The amount of the additional payment is calculated as the product of the sum of the cost of medical services for the two months preceding the evaluation period and the month in which such evaluation is carried out, and the adjustment coefficient for achieving the indicators of fulfilment of the contractual terms in terms of vaccination for the relevant period, which is 0.025 for the duration of the contract.

Once a year, the NHSU evaluates the achievement by healthcare providers of the indicators of contractual performance in terms of the level of coverage of people aged 40-64 and 65 and older with hypertension, cardiovascular disease, and diabetes [14].

The mechanism for implementing PMG at the primary level can be seen on the example of the OPHCC of the Ostroh City Council of the Rivne Region of the Rivne District. The founder and owner of the PUC is the Ostroh City TC represented by the Ostroh City Council. The PUC "Ostroh Primary Health Care Centre" serves almost 30,000 citizens of Ostroh Territorial Community. Patients are served by 29 doctors, 39 nurses and 8 paramedics. The agreement with the NHSU was signed in 2018. Service packages concluded by the institution with the NHSU: No. 1 "Primary health care"; No. 41 "Support and treatment of adults and children with tuberculosis at the primary level of health care"; No. 24 "Mobile palliative care for adults and children"; No. 36 "Vaccination against acute respiratory disease COVID-19 caused by coronavirus SARS-CoV-2"; No. 50 "Ensuring the human resources potential of the health care system by organising medical care with the involvement of interns". The REMCS uses the Medical Information System "MEDIX". There is a hospital cash desk. The hospital participates in the "Affordable Medicines" programme. The revenues of the PUC by sources of funding are shown in Table 5.

The largest amount of funding was received under the PUC "REMCS". The volume of revenues increased due to the increase in medical services provided to the population, especially during the COVID-19 epidemic and the war. Under martial law, in order to ensure the continuity of funding for

hospitals and patients' access to medical care in an emergency, the government introduced certain changes to the PMG Procedure. From March 2022 to July 2022, most payment methods were temporarily replaced by a global monthly budget. Later, they returned to payment for the services actually provided. The NHSU launched an additional funding package that was in effect until the end of 2022 [15].

Due to the full-scale Russian invasion in 2022, new services were introduced in the state primary healthcare system. In particular, support and treatment of adults and children with mental disorders at the primary level and comprehensive rehabilitation care for adults and children in inpatient settings.

More than 15200 primary care physicians (60% of the total number of physicians) were trained in the course "Management of common mental disorders in primary care using the mhGAP guidelines". As of 05.12.2023, almost 850 healthcare facilities were involved in this PMG package. More than 85.5 thousand patients used the service [16].

For 2024, despite the emergency conditions and limited resources, 44 service packages are provided for in the PMG. Starting from 1 April 2024, the NHSU does not pay for excess services if the healthcare provider exceeds the rehabilitation capacity of the institution when providing services under the contract for healthcare services under the package "Rehabilitation care for adults and children in inpatient settings" [17]. As of 08.02.24, the NHSU has paid under the contracts: Primary health care – UAH 1.95 billion; emergency medical care – UAH 1.74 billion; specialised medical care – UAH 3.3 billion. [18].

Internal monitoring of the use of funds from the state budget for PMG is carried out by the Ministry of Health of Ukraine and the NHSU. State external financial control (audit) is provided by the Accounting Chamber of Ukraine through financial audit, performance audit, expertise, analysis and other control measures [19]. It assesses the state of affairs and control over the quality of healthcare services provided by their providers; the degree of systematic analysis of the results and effectiveness of healthcare services; emphasises the need to improve the algorithm for collecting information for further analysis and the mechanism for ensuring the continuity of FMH provision (outside of the hours of reception of patients by doctors, as well as for providing such care on weekends, holidays and non-working days). The degree of interaction of the ESHC with other information systems and state information resources is determined to help ensure the reliability, completeness and accuracy of the data in it [19, 6].

To support the total funding of the PMG in 2022-2023, the US government allocated USD 1.7 billion (UAH 49.7 billion) and UAH 4.2 billion from the state budget of Ukraine to ensure the payment of salaries to healthcare providers. These are almost 560 thousand employees who provided emergency, primary, and specialised medical care and were deployed to the territories controlled by Ukraine [9, 5].

From August to December 2023 the Accounting Chamber conducted an audit in accordance with the International Standards of Supreme Audit Institutions (ISSAI) to assess compliance with the conditions for the use of US direct budget support (DBS) for the SHCU, timeliness and completeness of management decisions, the state of the NHSU internal control system, and analysis of the reports of the Cabinet of Ministers (Ministry of Finance) on "US Direct Budget Support at the Beginning of Russia's Military Invasion of Ukraine: Preventing Collapse and Maintaining the Stress Resilience of the Ukrainian Healthcare System" on 21 December 2023 [20].

The NHSU paid funds to medical institutions on the basis of reports on medical services provided or NHSU registers for the transfer of funds. The audit confirmed that the NHSU's internal control system complies with the requirements of Ukrainian legislation, namely the "Basic Principles of Internal Control by Budgetary Fund Managers" [21].

Before the war, the NHSU used a unified approach to procuring healthcare services across Ukraine. The current conditions, significant displacement of the population and healthcare workers have raised the issue of adjusting the budget, calculated as 1/12 of the planned budget under the contract. Practice has shown the problematic nature of applying the capital rate. According to O. Tulai and S. Nytka, it does not encourage family doctors to provide the maximum possible amount of medical care to patients, but shifts responsibility to narrow-profile specialists [1].

In 2024, in order to ensure the functioning of the HCS facilities network and provide medical care to citizens in the combat zone under the package "Preparedness and provision of medical care to the population located in the territory where hostilities are taking place", the tariff is defined as a global rate per month equal to the actual cost of medical services for December under the contract that was in force until 31 December 2022 for packages of medical services for inpatient care with surgical operations and/or "Mental health care for adults and children in inpatient settings", and/or "Prevention, diagnosis, monitoring and treatment in outpatient settings", and/or 1/12 "Diagnosis and treatment of adults and children with tuberculosis in inpatient and outpatient settings" of the relevant health care provider) [22].

Contracts can be adjusted to take into account specific regional needs and the use of different approaches to financing healthcare services in different regions. It is important to improve the interaction of the EHCS with other information systems and government information resources to help ensure the reliability, completeness and accuracy of data. In 2023, the Ministry of Health approved a roadmap for the introduction of complementary health insurance to expand the sources of financial resources for the HCS and the choice of healthcare providers, insurers and insurance packages, and to support the development and modernisation of HCS facilities and infrastructure.

CONCLUSIONS

Ways to improve the implementation of PMG at the state level and at the level of primary care facilities include: adjusting the global budget and contracts based on the study of the needs for HCS at the regional level; improving the comprehensive contracting strategy and procurement tools; improving financial incentives for primary care; increasing the efficiency of HCS spending; and improving mental health services.

Ways to improve the implementation of primary care in the primary link are identified by the healthcare enterprise, namely: intensification of preventive primary care activities; improvement of strategic planning to achieve specific goals; investment in infrastructure development and renewal; acceleration of the introduction of digital solutions and convenient integrated data systems for remote consultations; search for effective financial incentives for healthcare staff; development of performance monitoring and management of primary healthcare activities. It is incredibly difficult to ensure this in the context of large-scale Russian aggression.

REFERENCES

1. Tulai O, Nytka S. Finansuvannya pervynnoi medychnoi dopomohy: realiyi ta problemy implementatsiyi brytanskoho dosvidu v Ukrayini [Financing Primary Medical Care: Realities and Issues of Implementing British Experience in Ukraine]. Svit finansiv. 2021;4(69):39-52. (Ukrainian)
2. Kontseptsiya reformy finansuvannya systemy okhorony zdorov'ya: rozporyadzhennya KMU vid 30.11.2016 r. №1013-r. [Concept of Healthcare System Financing Reform: Cabinet of Ministers of Ukraine. Order No. 1013-r of November 30, 2016]. https://zakon.rada.gov.ua/laws/show/1013-2016-%D1%80#Text [access date 10.09.2024] (Ukrainian)
3. Voronina OO. Vprovadzhennya Beveridzhskoyi modeli finansuvannya okhorony zdorov'ya: perspektyvy ta zahrozy dlya Ukrayiny [Implementation of the Beveridge Model of Healthcare Financing: Prospects and Threats for Ukraine]. Zbirnyk naukovykh prats Cherkaskoho derzhavnoho tekhnolohichnoho universytetu. Seriya: Ekonomichni nauky,2019;52:80-86. (Ukrainian)
4. Zakon Ukrayiny «Pro derzhavni finansovi harantiyi medychnoho obsluhovuvannya naselennya [Law of Ukraine «On State Financial Guarantees of Medical Services to the Population»]. https://www.apteka.ua/article/579552 [access date 10.09.2024] (Ukrainian)
5. Minfin: U 2022 rotsi vydatky na okhoronu zdorov'ya stanovyly 215,3 mlrd hrn. [Ministry of Finance. Healthcare Expenditures in 2022 Amounted to UAH 215.3 Billion]. https://www.kmu.gov.ua/news/minfin-u-2022-rotsi-vydatky-na-okhoronu-zdorovia-stanovyly-2153-mlrd-hrn#:~:text [access date 10.09.2024] (Ukrainian)
6. Derzhbyudzhet – 2023: vydatky na okhoronu zdorov'ya v byudzheti voyennoho chasu [State Budget 2023: Healthcare Expenditures in the Wartime Budget]. https://www.apteka.ua/article/651969 [access date 10.09.2024] (Ukrainian)
7. Zakon Ukrayiny «Pro Derzhavnyy byudzhet Ukrayiny na 2024 rik [Law of Ukraine «On the State Budget of Ukraine for 2024.»]. https://zakon.rada.gov.ua/laws/show/3460-20#Text [access date 10.09.2024] (Ukrainian)
8. Polozhennya pro Natsional'nu sluzhbu zdorov'ya Ukrayiny, zatverdzheno postanovoyu Kabinetu Ministriv Ukrayiny vid 27 hrudnya 2017 r. № 1101. [Regulation on the National Health Service of Ukraine, Approved by the Resolution of the Cabinet of Ministers of Ukraine No. 1101 of December 27, 2017]. https://zakon.rada.gov.ua/laws/show/1101-2017-%D0%BF#Text [access date 10.09.2024] (Ukrainian)
9. Napryamy diyal'nosti Rakhunkovoyi palaty ta zakriplenya yikh za chlenamy Rakhunkovoyi palaty [Areas of Activity of the Accounting Chamber and Their Assignment to Members of the Accounting Chamber]. http://www.rp.gov.ua/upload-files/Activity/Collegium/2023/31-2_2023/Zvit_31-2_2023.p [access date 10.09.2024] (Ukrainian)
10. Postanova KMU «Pro zatverdzhennya vymoh do nadavacha posluh z medychnoho obsluhovuvannya naselennya, z yakym holovnymy rozporyadnykamy byudzhetnykh koshtiv ukladayut'sya dohory pro medychne obsluhovuvannya naselennya» vid 28.03.2018 № 391 [CMU Resolution «On Approving the Requirements for Healthcare Service Providers with Whom Principal Budget Holders Conclude Contracts for Healthcare Services» No. 391 of March 28, 2018]. https://zakon.rada.gov.ua/laws/show/391-2018-%D0%BF#Text [access date 10.09.2024] (Ukrainian)
11. Nakaz MOZ «Poryadok nadannya pervynnoi medychnoi dopomohy» vid 19.03.2018 №504 [Ministry of Health Order «Procedure for Providing Primary Medical Care» No. 504 of March 19, 2018]. https://zakon.rada.gov.ua/laws/show/z0348-18#Text [access date 10.09.2024] (Ukrainian)
12. Postanova KMU «Poryadok realizatsiyi prohramy derzhavnykh harantiy medychnoho obsluhovuvannya naselennya u 2023 rotsi» vid 27.12.2022 r. №1464 [CMU Resolution «Procedure for Implementing the State Guarantee Program for Medical Services to the Population in 2023» No. 1464 of December 27, 2022]. https://zakon.rada.gov.ua/laws/show/1464-2022-%D0%BF#Text [access date 10.09.2024] (Ukrainian)
13. Zvit Natsional'noi sluzhby zdorov'ya Ukrayiny [Report of the National Health Service of Ukraine]. https://edata.e-health.gov.ua/storage/files/2002-web-new-compressed_1690204056.pdf?1707076784 [access date 10.09.2024] (Ukrainian)

14. Prohrama medychnykh harantiy – 2024: perelik posluh, taryfy, osoblyvosti. https://medplatforma.com.ua/article/15737-programa-medichnikh-garantiy-2023-perelik-poslug-osoblivosti [access date 10.09.2024] (Ukrainian)
15. Medytsyna v umovakh viyny: yak zminylasya systema okhorony zdorov'ya [Medicine in Wartime: How the Healthcare System Has Changed]. https://mind.ua/publications/20245779-medicina-v-umovah-vijni-yak-zminilasya-sistema-ohoroni-zdorov-ya [access date 10.09.2024] (Ukrainian)
16. MOZ: Ponad 60 % likariv pidhotovleni dlya nadannya psykholohichnykh posluh na «pervyntsi» [Ministry of Health: Over 60% of Doctors Trained to Provide Psychological Services at the Primary Level]. https://www.kmu.gov.ua/news/moz-ponad-60-likariv-pidhotovleni-dlia-nadannia-psykholohichnykh-posluh-na-pervyntsi [access date 10.09.2024] (Ukrainian)
17. Prohrama medychnykh harantiy – 2024: perelik posluh, taryfy, osoblyvosti [Medical Guarantee Program 2024: List of Services, Tariffs, Features]. https://medplatforma.com.ua/article/15737-programa-medichnikh-garantiy-2023-perelik-poslug-osoblivosti#ancex3 [access date 10.09.2024] (Ukrainian)
18. Natsional'na sluzhba zdorov'ya Ukrayiny [National Health Service of Ukraine]. https://nszu.gov.ua/ [access date 10.09.2024] (Ukrainian)
19. Rakhunkova palata Ukrayiny «Zvit pro rezultaty audytu efektyvnosti vykorystannya koshtiv derzhavnoho byudzhetu, vydilenykh NSZU na pervynnu medychnu dopomohu» [Accounting Chamber of Ukraine «Report on the Results of the Audit of the Efficiency of Using State Budget Funds Allocated to the NHSU for Primary Medical Care»]. https://rp.gov.ua/upload-files/Activity/Collegium/2021/11-3_2021/Zvit_11-3_2021.pdf [access date 10.09.2024] (Ukrainian)
20. Zvit pro rezul'tatyvnyy audyt «Pryama byudzhetna pidtrymka SSHA na pochatku viys'kovoho vtorhnennya Rosiyi v Ukrayinu: zapobihannya kolapsu ta pidtrymka stiykosti ukrayins'koyi systemy okhorony zdorov"ya» 21 hrudnya 2023r [Performance Audit Report on "US Direct Budget Support at the Beginning of Russia's Military Invasion of Ukraine: Preventing Collapse and Maintaining the Resilience of the Ukrainian Healthcare System" December 21, 2023]. http://www.rp.gov.ua/upload-files/Activity/Collegium/2023/31-2_2023/Zvit_31-2_2023.pdf [access date 10.09.2024] (Ukrainian)
21. Pro zatverdzhennya Osnovnykh zasad zdiysnennya vnutrishn'oho kontrolyu rozporyadnykamy byudzhetnykh koshtiv» Postanova KMU vid 12 hrudnya 2018 roku № 1062 [CMU Resolution «On Approving the Basic Principles of Internal Control by Budget Holders» No. 1062 of December 12, 2018]. https://www.kmu.gov.ua/npas/gpro-zatverdzlyu-rozporyadnikami-byudzhetnih-koshtiv-ta-vnesennya-zmin-do-postanovi-kabinetu-ministriv-ukrayini-vid-28-veresnya-2011-r-1001 [access date 10.09.2024] (Ukrainian)
22. Uryadovyy Portal [Government Portal]. https://www.kmu.gov.ua/ [access date 10.09.2024] (Ukrainian)

CONFLICT OF INTEREST

The Authors declare no conflict of interest

CORRESPONDING AUTHOR

Igor V. Hushchuk

Department of Public Health and Physical Education
National University of Ostroh Academy, Ostroh, Ukraine
e-mail: igorgus2014@gmail.com

ORCID AND CONTRIBUTIONSHIP

Igor V. Hushchuk: 0000-0002-8075-9388 A D E F
Vladyslav A. Smiianov: 0000-0002-4240-5968 A B E F
Natalya P. Topishko: 0000-0001-9823-0805 D F
Halina V. Kraichynska: 0000-0002-7355-3779 D F
Oleksandr N. Stratyuk: B E
Volodymyr I. Potseluiev: 0000-0003-2140-4058 B E
Oleksandr Pryimenko: 0009-0007-9672-6648 B F

A – Work concept and design, B – Data collection and analysis, C – Responsibility for statistical analysis, D – Writing the article, E – Critical review, F – Final approval of the article

RECEIVED: 04.08.2024
ACCEPTED: 22.11.2024

CREATIVE COMMONS 4.0