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Evaluating Progress towards Universal Health Coverage in Ukraine

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Abstract. The healthcare system of Ukraine is characterized by low ratings, not only in terms of health outcomes, but also in terms of access to services, where one of the main obstacles is the financial problem, equity and justice, as well as the lack of implementation of measures aimed at positively stimulating the health potential of the population countries. The latest political revolution in Ukraine (2014) once again opened up the possibility of implementing a project of deep modernization of the Ukrainian state. However, at this time, we can witness the birth of an entirely new system of healthcare in Ukraine formed “from scratch”: with new priorities as well as completely new approaches and management principles. The transformation of the health care system began to develop gradually, with a focus on primary health care. Significant progress has been made over the past few years towards a human-centered model for the provision of health services. The process to build the National Health Service has started, which should fundamentally change the funding system by focusing not on beds (as was the case before) but on the principle “money follows the patient,” thereby planning to gradually transfer to insurance medicine.

Keywords. universal health coverage, Ukraine, medical reform

Background

The Ukrainian health care system is characterized by organizational and financial inefficiency, inadequacy to the population's health needs and the lack of deeper reforms throughout the post-communist transition. All those that took place and were aimed at modernizing existing solutions (introducing a family medicine model in primary health care, changing methods of financing services, introducing additional financing mechanisms) were purely initial and were introduced only in some areas of the country, or as their own kind of experiment mechanism [1, 2].

In the period after the fall of communism, a systematic increase in the financial burden on the side of patients. In recent years, private cost has reached 45% of total health cost [3]. As a result, the burden on patients became extremely high. Although in 1996 the government made an attempt to normalize the situation and official rates were set for fees charged for patients for the provision of services not covered by state guarantees [4], in practice this mechanism was fictitious, and the border between paid and free benefits remains very unclear.

All of this has been reflected in the low level of concordance to the health needs of individuals and groups, which, in turn, leads to a deterioration in the health status of the

country's population. The system is characterized by low ratings not only in terms of health outcomes, but also in terms of access to services, where one of the main obstacles is the financial problem, equity and justice, and the lack of implementation of measures aimed at positively stimulating the health potential of the country's population. The difficult political and economic situation in the country are additional factors that create obstacles to effectively improve the efficiency of the system [5].

Evidence has shown that the lack of public resources in the Ukrainian health sector is exacerbated by their inefficient use. Health sector spending is biased towards hospital services rather than cheap preventative care. An opaque parallel “out of pocket” payment system risks jeopardizing access to treatment for Ukrainian patients.

Progress towards Universal Health Coverage in Ukraine

The latest political revolution in Ukraine (2014) once again opened up the possibility of implementing a project of deep modernization of the Ukrainian state [6]. Political leaders clearly stated their desire to implement such an ambitious project, and one of the symptoms of such participation was the desire to replace the decision-making elite. A way to achieve this goal is an intensive recruitment of people from other countries to senior positions in government and other centrally managed structures.

In August 2014, the Ministry of Health of Ukraine initiated the development of the National Strategy for Health Care Reform in order to revitalize and accelerate the reform process in the health sector by developing strategic approaches to improve the quality and access to medical care and reduce financial risks. for the population [7]. Afterwards the transformation of the health care system in Ukraine began to develop gradually, with a focus on primary health care.

First, the health financing system was reorganized in 2017, when the parliament and the Cabinet of Ministers approved decrees that increased the financial and managerial freedom of the regions and hospitals. Thus, the separation between the buyer and the provider was introduced by creating a new central health system agency - the National Health Service of Ukraine (NHSU), which acts as the state health insurance fund with the main role of the sole buyer of health services from service providers. Accordingly, the healthcare market has become competitive, as both private and public hospitals have the opportunity to sign a contract with the NHSU [8].

It is estimated that large-scale fiscal decentralization has led to better services and more efficient spending of resources. Nevertheless, experts emphasize the risk of unclear indicators and responsibility for newly established processes in the context of disintegration and inequality in financing between regions [9].

The process of creating the National Health Service has begun, which should radically change the financing system, focusing not on the beds (as it was before), but on the principle of “money follows the patient”, thereby planning to gradually switch to insurance medicine [10].

April 1, 2018 was the start of the “Doctor for every family” campaign. From now on, every Ukrainian has the right to choose a family doctor whom he trusts and who will provide treatment. There are no obstacles to choosing a doctor [11].

Decide with whom you would like to sign the electronic declaration. You can visit the website of the medical institution (clinic or primary care center) and see the list of doctors (most local medical institutions already have corresponding websites, the rest plan to launch them soon).

Another option is to go to a medical institution and see a summary of the doctors who work at your local medical institution (as a rule, such links are placed on the information boards of each clinic or any other medical institution). No one can force you to choose a specific doctor (if your local doctor does not suit you, you can change him). In addition, no one can force you to choose a doctor based on your registration address or place of residence. You have the right to change your doctor in the future if you are dissatisfied with the quality of the medical services he / she provides.

To sign an electronic declaration with a doctor, you need a passport and an individual tax number. Registration of the electronic declaration must be done in person at the healthcare institution. The registration process is free. There is only one limitation in choosing a specific doctor: if he / she has already signed 2,000 applications with patients and exceeded the possible limit. It is impossible to become the 2,001st subscriber, and therefore the patient will need to find another doctor who does not yet have enough patients [12].

Thus, if you have already decided on a doctor or you have good recommendations regarding a particular medical professional, you can immediately contact your local medical institution and sign an electronic declaration.

In accordance with the new system, the National Health Service of Ukraine started financing a package of primary health services instead of the old system, where medical services were technically “free”, but de facto Ukrainians had to make unofficial payments for everything.

The second pillar, the transition to the gatekeeper model of family medicine, occurred in 2018. The main objective was to place primary health care in a health care center. As a result of the gradual transformation of primary health care services and a focus on a stimulating approach to family medicine, the family doctor is currently the first point of contact for patients with the healthcare system. People have the right to choose a primary care physician without restriction at the place of registration. To consult with a specialist or undergo a basic diagnostic test, a referral from a primary care physician is mandatory. In turn, doctors are paid per capita through a single NHSU.

Historically, primary health care doctors in the USSR were perceived by the public as highly qualified, and it was not prestigious to be a therapist. This opinion is still prevalent in modern Ukraine, since approximately 30% of respondents from the nationwide representative health index are not satisfied with primary care physicians. This can be seen as a risk of insufficient use of primary health care and, as a result, unequal access to medical services and a general deterioration in the health of the population are expected. This is crucial for policy makers, since underutilized primary health care undermines the effectiveness of health care reform, which can be expected if successful public information campaigns are not developed that cannot improve patients' attitudes towards primary health care.

The third and fourth pillars are the introduction of the British pound and surcharges for services not included in it. According to the Ministry of Health (MoH), patients will fully cover the costs of emergency care, primary health care, childbirth, palliative care and pharmaceutical treatment for cardiovascular disease, type 2 diabetes and asthma. Nevertheless, the full list of services is not officially announced, but it is assumed that services other than those listed in the guaranteed benefits package will require either surcharges or full coverage by the patient.

It is worth emphasizing that changing the financing model at the level of primary health care itself is a relatively simple solution for implementation, associated with a number of possible advantages, namely: stimulating internal competition, improving the quality of services and strict cost control [13]. A more difficult task is to really strengthen the systemic role of primary health care.

This difficulty is the result of several threats and barriers. Firstly, the strengthening role of the family doctor is associated with the need for a thorough reorganization of the education system and the creation of an incentive system for family doctors to constantly increase their competencies, as well as to ensure the professional and financial attractiveness of primary care. Secondly, it is necessary to systematically and intensively support the primary health care sector in order to eliminate the prevailing habits among medical professionals, as well as patients who are accustomed to perceive this treatment sector from the point of view of inferiority. Both of these problems remain in close connection with each other.

Although a systemic need will increase the burden on the primary health care sector, the lack of well-trained family medicine specialists can be an effective obstacle in this regard [14, 15]. Another possible difficulty is the proper formation of financial relations between the primary health care sector and higher levels of health care. Realization of financial responsibility of primary care physicians for services provided on the basis of their referral may lead to unreasonable restriction of access to diagnostic and specialized services.

Conclusion

Over the past few years, the Government of Ukraine has made significant strides towards a human-centered model for the provision of medical services. In collaboration with civil society and international partners, the national policy on immunization, the control of infectious and noncommunicable diseases has been improved and updated in accordance with international recommendations and standards. In addition, the procurement of medicines through international organizations ensured timely and cost-effective supplies of vital medicines to people across the country.

The current health care reform involves the introduction of solutions that repeat those that have been empirically tested based on the experience of other countries, especially those that have previously gone through a similar path of transformation. The reform project, apparently, was thought out in a reasonable amount of time and had to be completed within a few years. However, the actual success of the measures taken depends on a number of additional factors, both external and related to the assumptions about the reform.

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