



InterAcción y Perspectiv

Revista de Trabajo Social

ISSN 2244-808X
D.L. pp 201002Z43506

Julio-septiembre 2024
Vol. 14 No. 2



Universidad del Zulia
Facultad de Ciencias Jurídicas y Políticas
Centro de Investigaciones en Trabajo Social

Interacción y Perspectiva
Revista de Trabajo Social
Vol. 14 N°2 399-410 pp.
Julio-septiembre

Dep. Legal pp 201002Z43506
ISSN 2244-808X
Copyright © 2024

ARTÍCULO DE INVESTIGACIÓN

Problemas y soluciones en los sistemas modernos de atención médica: una revisión exhaustiva

DOI: <https://doi.org/10.5281/zenodo.10909824>

Liliia Zhyvotovska *, Yrii Kozar**, Maksym Mirzebasov***, Vlada Bilohur****
y Vadym Zozuliak*****

Resumen

La atención de la salud de la población es una de las direcciones más importantes del desarrollo del Estado, ya que garantiza el funcionamiento eficaz del propio Estado, su desarrollo económico, su capacidad de defensa, el nivel adecuado de servicios y la productividad laboral. El propósito del artículo es esbozar un análisis integral de los problemas que enfrentan los tres principales sistemas de atención de salud (público, seguro y privado) junto con posibles soluciones a estos problemas. El autor utilizó métodos científicos generales de análisis, síntesis, generalización, abstracción, así como métodos sistemáticos y funcionales para investigar este problema. Se analizan los desafíos únicos de cada sistema, como el costo y la asequibilidad, el acceso a la atención, las diferencias en calidad y los avances tecnológicos. En busca de soluciones, el artículo enfatiza la importancia de la colaboración interdisciplinaria, las reformas regulatorias y los enfoques innovadores para mejorar la eficiencia, la asequibilidad y la accesibilidad de la atención médica. Al analizar y comprender las fortalezas y limitaciones de cada sistema, aquellos interesados en estudiar el campo pueden obtener información sobre el desarrollo de políticas efectivas para mejorar la prestación de atención médica y promover el bienestar general de la población.

Palabras clave: sistemas de salud, medicina pública, medicina de seguros, medicina privada, desafíos y soluciones.

Abstract

Problems and Solutions in Modern Healthcare Systems: A Comprehensive Review

Public health care is one of the most important areas of state development, as it ensures the effective functioning of the state itself, its economic development, defense capability, and an adequate level of service and labor productivity. The purpose of the article is to outline a comprehensive analysis of the challenges faced by the three main healthcare systems - public, insurance and private - along with potential solutions to address these challenges. The author used general scientific methods of analysis, synthesis, generalization, abstraction, as well as systemic and functional methods of researching this problem. The unique challenges of each system are discussed, such as cost and accessibility, access to care, quality differences, and technological progress. In searching

for solutions, the article emphasizes the importance of interdisciplinary collaboration, regulatory reforms, and innovative approaches to improve the efficiency, accessibility, and affordability of health care. By analyzing and understanding the strengths and limitations of each system, those interested in studying this area can gain comprehensive information on developing effective policies to improve health care delivery and promote the overall well-being of the population.

Keywords: health care systems, public health care, insurance medicine, private medicine, challenges and solutions.

Recibido: 26/12/2023 Aceptado: 12/02/2024

* Poltava State Medical University, Poltava, Ukraine. ORCID: <https://orcid.org/0000-0002-1469-060X> E-mail: lzhivotovska@gmail.com

** Luhansk State Medical University, Rivne, Ukraine. ORCID: <https://orcid.org/0000-0002-6424-6419> E-mail: kozar.yurii@ukr.net

*** Luhansk State Medical University, Rivne, Ukraine. ORCID: <https://orcid.org/0000-0002-4287-8829> E-mail: mirzebasovmaksym@gmail.com

**** Uzhhorod National University, Uzhhorod, Ukraine. ORCID ID: <http://orcid.org/0000-0003-1053-2716> E-mail: bilovlada@gmail.com

***** Luhansk State Medical University, Rivne, Ukraine. ORCID: <https://orcid.org/0009-0006-2973-1546> E-mail: v.o.zozulyak@lsmu.ukr.education

1. Introduction

Health care systems play a vital role in ensuring the well-being of the population throughout the modern world. However, they face numerous challenges that impede their ability to provide equitable, accessible, and high-quality care to all people. This article takes a closer look at the challenges faced by the three primary health care systems: public, insurance, and private. By exploring these challenges, we aim to shed light on the intricacies that underlie the global healthcare landscape and identify potential solutions to address these pressing issues.

The current models that shape the centers of public health policy are derived from the goals of a nation's socioeconomic progress. These goals include sustaining economic progress, increasing social well-being, strengthening human capital, improving the quality of health care services, and addressing current demographic challenges. Evaluation of practical medical effectiveness emphasizes that almost half of the increase in life expectancy can be attributed to clinical preventive and curative interventions.

In order to fulfill the public role of health care, it is necessary to pay attention to taking advantage of the factors that influence premature death. This task is largely influenced by the effectiveness of the country's health care system, including its key elements such as primary health care. The main focus is on overcoming the permanent factors contributing to the increase in mortality, which is confirmed by statistical data.

Improving the well-being of the population requires a government strategy focused on strengthening and increasing health care resources. This involves creating an appropriate legal and regulatory framework, improving the efficiency of the

organizational and operational structure of health care, shifting health care facilities from mainly curative to preventive care, and ensuring cooperation between different agencies and sectors (Novikov, Nykoniuk, 2012), 2) a significant role in this direction is played by the main health care systems (forms), which are responsible for promoting the physical health of society. That is why the study of the main systems (forms) of health care and the identification of their features aims to identify their main shortcomings and improve their functioning.

The purpose of the article is to provide a comprehensive overview of the problems faced by the three main health care systems - public, insurance and private - in the modern world. By exploring the problems specific to each system, the article aims to highlight the complexities and differences in the delivery of health care. Furthermore, the article aims to identify potential solutions and innovative approaches to address these challenges and improve the overall efficiency and accessibility of healthcare systems.

2. Summary of the main material

Public health care is one of the most important areas of state development, as it ensures the effective functioning of the state itself, its economic development, defense capability, and an adequate level of service and labor productivity. The study of issues related to state regulation of public health, maintaining it at the proper level, and promoting scientific research in this area is an urgent issue of today.

The healthcare sector is a vital industry responsible for the effective functioning of the country's economy, strengthening its defense capabilities, maintaining optimal human potential and ensuring its continuous growth. Health care research is closely related and interdependent on the definition of this concept. A clear understanding of this concept allows government agencies to focus their efforts on a range of legal, political, socioeconomic, financial, medical and other measures. These efforts, in turn, contribute to the realization of goals and objectives in this defined area (Terezi, 2018, 46).

Currently, there is no universally standardized health care system that would adequately meet the health needs of the majority of the nation's population. Instead, different countries have different and often numerous coexisting health care structures, each characterized by its own unique national features.

There are three main systems (forms) of health care: public; insurance; and private. The difference between them is based on the source of funding.

The state health care system is recognized as the most optimal. Its organizational principles were recommended by the World Health Organization in 1980 to all countries of the world for the development of national health care systems.

Let us consider the provisions of the national health care system. The comprehensive principle means that the state assumes full responsibility for financing health care, developing medical research, carrying out all types of planning, building health care facilities, and improving the level of education and training of medical personnel. The government creates and structures the healthcare system within the legal framework through its authorities and relevant administrative bodies. At the same time, certain regulations clearly regulate the following aspects: constitutional guarantee of the right to healthcare to all citizens; state ownership of all healthcare institutions; allocation of funds from the state budget for healthcare; planned development of the material and technical base, personnel and financial support for healthcare.

The state nature of health care ensures the implementation of another principle - free and public accessibility. These concepts are interrelated, as public accessibility to some extent implies free access. Conversely, this approach brings healthcare services closer to the population. The very fact of seeking care follows a purposeful and constant trajectory. When it comes to free of charge, it is very important to define free of charge for whom? Government spending on health care translates into a significant financial investment of billions of dollars (Meiners, McKay, Mahoney, 2002). The changing demands on health policy are also intertwined with the current global phenomenon of globalization. In today's context, health issues are increasingly globalized and at the same time subject to active politicization (Spivak, 2015, 272).

The cornerstone of the national health care system is its focus on preventive measures. Until the 1960s and 1970s, when infectious diseases were the main cause of morbidity, the main goal was to eradicate them. In the second half of the twentieth century, the non-epidemic type of pathology came to the fore. Nowadays, the well-being of the population (including morbidity, mortality, disability, etc.) is mainly affected by cardiovascular diseases, neoplasms (e.g., tumors), and accidents. Healthcare professionals, together with government and public institutions, face a major mission: to stop the progression of these and other common forms of disease.

With regard to the health care system's emphasis on prevention, it is important to emphasize the growing intensity of environmental problems. Of all the factors that affect human health, 20% can be attributed to environmental factors. In addition, the role of genetic predisposition is growing, with one in five diseases being associated with it. Targeted and effective efforts are needed to address these aspects.

Timely and thorough prevention means protection against diseases, preservation of health and life. The cost of treating patients far exceeds the cost of preventing disease (Poullier, 1992).

National programs make it possible to: approach prevention problems using not only health care resources, but also the means and capabilities of other agencies and

ministries; organize the interaction of specialists at the international level; and involve NGOs and the general population in the program.

With regard to the health care system itself, the focus on prevention can be manifested in the following ways: organization of socio-economic and medical measures to prevent diseases and eliminate their causes; monitoring compliance with hygiene standards and rules, implementation of sanitary legislation; development of healthy lifestyle skills among the population; and wide coverage of the population with dispensary monitoring. A number of researchers link national health programs to the national security of the country (Borshch, 2019).

Another important principle underlying the public health system is integration within health care: integration of treatment and prevention, combination of scientific knowledge with practical application, etc.

One of the leading places in the public healthcare system is occupied by planning its development. Planning is the main principle, and the lack of its precise implementation hinders the smooth construction of the future healthcare system. Almost every nation is actively involved in finding ways to improve healthcare. Accordingly, ensuring this direction is possible only through an appropriate public administration mechanism (Krynychko, 2019, 181).

However, real and effective health care planning should be based on the possibility of providing it with economic resources.

Numerous health care issues are addressed through the involvement of public associations and the population itself. Within health care, this progress can be described as an autonomous principle that emphasizes its public character. Currently, this can be illustrated by the following fundamental manifestations: both at the local level and in the higher echelons of power, such as parliament, there are parliamentary committees dedicated to addressing health issues; the activities of the Red Cross Society are gradually expanding; and numerous issues related to health and social welfare are addressed by trade unions and similar organizations.

Over the past 25-30 years, global health cooperation has become increasingly evident. This principle is based on bringing together experts from around the world to jointly address important health issues.

Currently, this form of health care is most fully represented in the UK, Slovakia, Bulgaria, Sweden, and some other countries (Wild, Gibis, 2003).

The main principles of health care in Ukraine are: recognition of health care as a priority of society and the state; observance of human and civil rights and freedoms in the field of health care, backed by state guarantees; promotion of a human-centered

approach that prioritizes universal values over individual, group or national interests, while strengthening medical and social support for the most vulnerable segments of the population; ensuring equality, democracy and universal access to medical care and related services; and ensuring the right to health care.

The distinctive features of the national health care system include: general taxation; public allocation of pooled resources; centralized management through a single ministry; compliance with state laws; a unified training system and consistent policies; and mandatory compliance with Ministry of Health orders for all health care facilities.

The unique features of the country's healthcare system include: general taxation; public allocation of pooled resources; centralized management through a single ministry; compliance with state regulations; a unified training structure and consistent principles; and mandatory compliance with Ministry of Health instructions for all healthcare facilities.

Public health system: Public health systems are usually financed and managed by the state, providing universal coverage to all citizens. In this model, the state acts as a single insurer, collecting taxes or contributions to finance health care services for the entire population.

The challenges faced by public healthcare systems are: 1) problems in financing. Financing a comprehensive public healthcare system can be a significant burden on government budgets, leading to potential deficits or tax increases; 2) Bureaucracy and struggle for efficiency: public systems can suffer from bureaucratic inefficiencies, leading to longer waiting times and administrative complexity; 3) Limited choice and lack of innovation: in some cases, patients may have limited choice of healthcare providers, and the system may be slow to introduce new medical technologies. Changes in government and political priorities may affect funding and policy decisions, potentially affecting the stability and continuity of the healthcare system.

3. Insurance-based healthcare. An insurance-based healthcare system in which medical expenses are primarily covered by insurance premiums is called an insurance-based system. In some countries, this system exists alongside the public healthcare model, operating independently but coordinating efforts. Health care financing (through insurance premiums) can come from three main sources: government, business, and individuals. There are two types of health insurance: mandatory and optional.

Compulsory health insurance - one of the types of social insurance, general, mass. The insurers of compulsory health insurance are: for the non-working population - executive authorities; and for the working population - employers (enterprises, institutions, organizations, etc.).

Mandatory health insurance is provided by state-owned or state-controlled organizations. Insurance rules are determined by the state. It is funded by employer contributions and the state budget. The program (guaranteed minimum services) is approved by the state authorities. The quality control system is established by the state authorities. Earnings are used exclusively for the development of the core business, which is compulsory health insurance.

Positive features of compulsory health insurance include a high level of health insurance coverage, guarantees of free medical care; separation of the functions of financing and providing medical services ensures a high level of quality of medical care guaranteed by the state.

Problems of compulsory health insurance: high cost of medical services; ineffective measures to curb prices.

Voluntary health insurance is commercial. It falls under the category of individual insurance and is managed by insurance companies with different ownership structures. The regulations governing insurance procedures are set by these insurance organizations. It is paid for by the individual income of insured individuals and employers' profits. The program (guaranteed minimum services) is determined by an agreement between the insurer and the insured. Tariffs are set by an agreement between the insurer and the insured. Revenues can be used in any commercial or non-commercial activity.

In the context of a market-oriented environment, health insurance (in the broadest sense) represents a new aspect of economic interaction. Its main goal is to create a system of health care and social protection that provides affordable, qualified care for all residents, regardless of their social status or income. The main form of health insurance is compulsory medical insurance. Through this targeted, guaranteed and predetermined contribution of the state, the economic basis of health care is laid.

Principles of the insurance system: 1) health insurance covers the entire population, both working and non-working. It should be comprehensive and cover prevention, treatment and rehabilitation. All persons covered by this initiative receive fair health care of the highest standard. This means that each category of health care is provided in accordance with pre-determined medical and financial standards covering a certain quantity and quality of medical services. Any services provided outside the program require additional payment by the patient with prior notice. The insurance company has the right to use only a certain amount of financial resources, i.e. it can spend only the funds allocated under the program; 2) health insurance uses well-proven and highly effective medical techniques. The better the equipment, the higher the quality of treatment, which means shorter hospital stays, higher bed turnover, and higher efficiency.

Insurance companies take over the payment for home care, as it is less expensive; 3) the fundamentals of the compulsory health insurance system are unchanged. An insured person who has an insurance policy has the right to access medical treatment anywhere in the country, regardless of their place of residence. They also have the freedom to choose a medical institution and a doctor, provided that the chosen institution has a contract with the insurance company. Every citizen is given the opportunity for optional health insurance, which allows them to receive medical services that exceed the established minimum; 4) insurance medicine operates without recognizing a deficit. The patient is guaranteed to receive only qualified treatment; 5) insurance medicine requires a significant level of medical etiquette and experience. Each employee (doctor, paramedic or nurse) must obtain a license or permit for certain tasks. Insurance companies will enter into agreements aligned with these licenses. This encourages medical personnel to improve their professional competence; 6) insurance medicine makes people prioritize their health, and those who neglect their well-being face significant insurance fees. This system requires a strong level of public organization; 7) health insurance companies carefully assess the technological and economic viability of new approaches, adopting them only when the benefits are clear.

In countries such as Canada, France, Germany, Japan, Finland, and others, insurance-based health care is the dominant model, with various variations (Wild and Gibis, 2003).

Thus, in terms of insurance-based health care, we note that in an insurance-based system, health care is provided by private insurance companies. Individuals or employers purchase insurance coverage plans, and insurers negotiate with health care providers for services

Challenges faced by insurance-based health care systems include: 1) affordability and coverage gaps: some insurance plans can be expensive, leaving certain groups or individuals without coverage due to cost constraints; 2) administrative costs: insurance companies often have significant administrative costs that can divert resources from direct patient care; 3) pre-existing conditions and discrimination: insurance companies may deny coverage or charge higher premiums based on pre-existing conditions. Dealing with multiple insurance coverage plans and their different coverage policies can be confusing for patients and providers.

4. Private healthcare. The private healthcare model works on the basis of individual responsibility for health and is a personal concern of each person. The population assumes full financial responsibility for access to medical services. This is an expensive type of medical care. The costs of providing it can often go beyond the financial capacity of the population, and then they are effectively left without medical care.

The main attributes of the private health care system include: dependence on personal finances of individuals and revenues from legal entities as the main source of

funding; wide availability of medical facilities and practitioners; unlimited pricing of medical services; a significant part of the national income is allocated to health care.

Positive aspects of the private healthcare system include: a wide range of medical facilities in terms of quality and cost of medical services, which ensure satisfaction of various individual needs of patients; attention paid to the quality of medical care; high incomes of doctors and other medical professionals; and no waiting lists for medical care.

In its pure form, the private health care system is not present in any country, as its functioning is also associated with certain problems, namely: high cost of medical services, which are unaffordable for some of the poor; insufficient attention to preventive measures; inefficient use of resources, costly system; performance of a significant number of procedures and medical interventions without proper medical justification, overdiagnosis; lack of state regulation and quality control of medical services (Henderson, Souder, Bergman, Collard, 1988).

Private health care is most fully represented in the USA, South Africa, and Luxembourg (other forms of health care are also represented in these countries to varying degrees) (Wild, Gibis, 2003).

Thus, a private health care system includes: In a purely private health care system, medical services are provided and financed by private organizations, including hospitals, clinics, and individual health care providers. Patients pay for services out of pocket or through private insurance.

Challenges faced by private healthcare systems: 1) affordability and inequality: private healthcare can be expensive, leading to inequalities in access to quality healthcare depending on the financial resources of individuals; 2) profit-making and overutilization. The for-profit nature of private healthcare can encourage overuse of services, unnecessary procedures, and higher costs; 3) lack of universal coverage: a purely private system can leave vulnerable populations without access to essential healthcare services; 4) quality control and regulation: without proper oversight and regulation, there is a risk of variable quality and safety standards in private healthcare providers.

It is important to note that many countries have hybrid healthcare systems that combine elements of public, insurance, and private models. Each system has its own advantages and challenges, and the goal is to strike a balance that ensures affordable, accessible, and high-quality health care for all citizens.

A promising avenue for extending this research is the application of crowdfunding in real life. This is when patients and caregivers use web-based campaigns around the world to finance their medical expenses, usually locally, using donation-based or even

reward-based schemes, regardless of the archetype of healthcare system (public, private, insurance, or hybrid) (Grassi and Fantaccini, 2022).

Big data analysis with the use of artificial intelligence in this area can identify positive and negative trends based on actual data, which will allow for a reasonable balance.

5. Conclusions

Solving problems in healthcare systems requires a multifaceted approach that involves collaboration between different stakeholders, including governments, healthcare providers, insurance companies, politicians, and communities. Here are possible solutions to the challenges faced by different health systems:

A public health system ensures: 1) efficient allocation of resources. Governments can focus on optimizing health care spending and ensuring that funds are allocated efficiently to deliver high quality health care without wastage; 2) continuous improvement: Implementing performance indicators and quality improvement programs can help improve the efficiency and effectiveness of public health systems; 3) public-private partnerships: Collaborating with private health care providers can help improve access to care and innovate while leveraging public funds. Investments in health promotion and disease prevention programs can reduce the burden of chronic diseases and minimize health care costs in the long run; 5) Transparency and accountability: governments can ensure transparency of the health care system and be accountable to the public for the use of health care resources.

Insurance-based health care promotes: 1) regulatory reforms: governments can introduce and enforce regulations to standardize insurance practices, limit administrative costs, and protect consumers from discriminatory practices; 2) subsidies and assistance: providing subsidies or financial assistance to low-income individuals can help improve insurance coverage and reduce affordability barriers; 3) competition and increased choice: Encouraging competition among insurers can lead to better plans and pricing options, giving consumers more choices; 4) expanded coverage: Expanding insurance coverage to include essential services and preventive care can lead to better health outcomes and lower health care costs in the long run; 5) expanded health information technology: Investments in health information technology can optimize the administration of health care services.

The private health care system has: 1) universal healthcare coverage. Countries can consider introducing universal health coverage to ensure that all citizens have access to essential health services, even within the private system; 2) a regulatory and oversight function: introducing regulations and oversight mechanisms can ensure quality control, patient safety, and fair pricing in the private health sector; 3) non-profit options:

encouraging the growth of non-profit health care providers can balance the health care services provided by the private sector with those provided by the public sector.

Regardless of the form of health care system, interdisciplinary efforts to overcome these challenges are essential. Public education, research, and data-driven policymaking play a vital role in identifying and implementing the most effective solutions. In addition, international collaboration and knowledge sharing can help countries learn from each other's successes and failures, contributing to positive change in global health.

From the public health system's struggles with underfunding and bureaucracy to concerns about the insurance system regarding affordability and coverage gaps, to the private system's challenges related to accessibility and quality control, it is clear that no system is without its shortcomings.

However, among these challenges are promising opportunities for improvement. The potential solutions identified offer pathways for progress and transformation. Efficient resource allocation, regulatory reforms, health promotion, and technology integration are emerging as powerful tools for improving health systems in all areas.

Collaborative efforts between governments, healthcare providers, insurance companies, policy makers, and communities are paramount in this endeavor. By applying interdisciplinary strategies and developing data-driven policies, we can lay the groundwork for a more physically and financially accessible and equitable health system.

As we navigate the complexity of the modern world, it is imperative that we remain vigilant in understanding the dynamic health needs of different populations. Only through collective action, innovation, and compassion can we strive for a healthier future where healthcare is not a privilege but a basic right for all.

In conclusion, this article is a call to action, urging stakeholders to transcend traditional boundaries and embrace change. By implementing evidence-based solutions and fostering a culture of collaboration, we can begin a dramatic journey toward a brighter and healthier future for all.

Bibliographic References

- Borshch, V. (2019). The healthcare system as a structural element of Ukraine's national security. *Naukovyi visnyk Uzhhorodskoho natsionalnoho universytetu - Scientific Bulletin of Uzhhorod National University*, 23, 19-23.
- Grassi, L., Fantaccini, S. (2022). An overview of Fintech applications to solve the puzzle of health care fundings: state-of-the-art in medical crowdfunding. **Financial innovation**. Vol. 8. Iss. 1. P. 84. DOI 10.1186/s40854-022-00388-9

- Hamburh, L., Mykhailyk, O., Mosaiev, Y. (2020). Affordable healthcare in Ukraine: theoretical and legal issues of legislative terminology. Yurydychnyi naukovi elektronnyi zhurnal - **Legal scientific e-journal**, 3. 18-22. DOI: <https://doi.org/10.32782/2524-0374/2020-3/25>
- Henderson, M.G.; Souder, B.A.; Bergman, A.; Collard, A.F. (1988). Private sector initiatives in case management. **Health care financing review**. Spes. No. P. 89-95.
- Hladun, Z. (2005). Administrative and Legal Problems of Formation and Implementation. Ternopil, "**Ekonomichna dumka**."
- Krynychko, L. (2019). Healthcare as an object of public administration. **Derzhavna ta rehiony - Country and regions**, 1 (65), 179-188.
- Meiners, Mark R.; Mckay, Hunter L.; Mahoney, Kevin, J. 2002. Partnership insurance: an innovation to meet long-term care financing needs in an era of federal minimalism. **Journal of aging & social policy**. Vol. 14. Iss. 3-4. P. 75-93. DOI 10.1300/J031v14n03_05
- Muliar, H. (2020). Foreign experience in the functioning of the healthcare system in the context of ensuring the right to healthcare. Visnyk Akademii pratsi, sotsialnykh vidnosyn i turyzmu - Bulletin of the Academy of Labour, Social Relations and Tourism, 1-2, 43-52.
- Novikov, V., Nykoniuk, K. (2012). Social consequences of Ukraines European integration. **Healthcare system**. Kyiv.
- Popovych, D., Kapitanchuk, M. (2022). Functioning of the Health Insurance System: Foreign Experience and Possibilities of Its Use in Ukraine. Molodyi vchenyi - young scientist, 10, 64-70. DOI: <https://doi.org/10.32839/2304-5809/2022-10-110-14>
- Poullier, J.P. (1992). Administrative costs in selected industrialized countries. **Health care financing review**. Vol. 13. Iss. 4. P. 167-172.
- Seniuta, I. ed. (2015). Healthcare and human rights. Lviv : Vydavnytstvo LOBF «Medytsyna i pravo».
- Spivak, M. (2015). Current state and problems of domestic healthcare policy in Ukraine. Aktualni problemy polityky - Current policy issues, 54, 271-280.
- Terezi, O. (2018). Definition of "healthcare". Naukovi visnyk Uzhhorodskoho natsionalnoho universytetu. Serii PRAVO - Scientific Bulletin of Uzhhorod National University. **Series LAW**, 51, 46-49.
- Wild, C., Gibis, B. (2003). Evaluations of health interventions in social insurance-based countries: Germany, the Netherlands, and Austria. **Health policy** (Amsterdam, Netherlands). Vol. 63. Iss. 2. P. 187-196. DOI 10.1016/S0168-8510(02)00065-9