Assessment of health care system and ways of its reformation by future specialists in the medical field

(Code - HCS reform)

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Content

Introduction. The topicality of scientific research is the significant importance of the health care system in preserving and strengthening the population health and its recovery in the event of deterioration or loss. Not only the health and welfare of individuals, but also the status and perspectives of the development of society, its economic stability, scientific, cultural, defense potential, etc., depends not only on the effectiveness of all sections of the health system, the successful performance of the functions assigned to it. According to WHO experts, the priority task of all countries of the world should be to improve national health systems, bringing them into line with the real needs of the population in health care to resolve a wide range of health problems, and to balance warranties with the provision of health services and the possibilities of providing them [1-2].

In the new European policy "Health -2020" one of the priority areas of activity is the strengthening of human-oriented health care systems. The document noted that in order to provide high-quality medical care to the population and improve the performance of health care systems in general, it is necessary to ensure the financial stability of the systems. At the same time, attention is focused on the need to ensure universal coverage of public health services, including access to high-quality and inexpensive health care and necessary medicines. International strategic health documents state that despite the success of many countries in reaching the general coverage of health care in the general population, in the WHO European Region, there are still high outlay that people and their families have to bear because of their health, illnesses and injuries, and growth in the need for medical services. In view of the above, extremely important tasks are to provide reliable financial protection to the population and ensure long-term sustainability of health care systems to negative economic impacts, containment of rising prices for medical services under the influence of supply, and the fight against the inefficient using of available resources [3,4].

The study of the publications of the European Observatory on Health Systems and Policies has shown that in the majority of European countries from

the end of the twentieth century a number of healthcare reform has been carried out, aimed at improving the availability and quality of public health services, ensuring the efficiency of functioning and sustainability of systems Health Care. In many European countries, the reform process involved the provision of health services and increased their profitability, quality and accessibility, as well as the integration and coordination of national health systems in cost reduction. They aimed at the development of non-hospital care, the decentralization of medical services, the wider involvement of the private sector in this process, ensuring continuity in the provision of medical care between its different levels, the introduction of new modern health care models, the redistribution of services between different levels of medical care, the preparation of multidisciplinary teams, modernization of infrastructure, etc. Reforms of national health care systems in the context of resource generation envisaged addressing important issues of shortage of personnel associated with global migration and other causes, using financial and regulatory strategies for this, including staffing and staff exchange, educational support measures, including the provision of new training opportunities, retraining of staff, adaptation to new conditions, implementation of international monitoring of human resources of health care, conclusion of bilateral agreements and multilateral agreements on recruitment and use of personnel, etc. The management reforms focused on a clear division of responsibilities for implementing and improving health policies between national and regional authorities, setting up an effective but flexible management system, creating new information systems, influencing health determinants, improving sectoral interaction [5-7].

Reforms in health care system financing were implemented in two directions, such as ensure the accumulation of revenues and improvement of their distribution. At the same time, reforms to increase the sustainability of health care systems were implemented by introducing changes in the responsibility and institutions of accumulation funds, introduction of health insurance measures, shifting the burden of collective financing of medical services to individual levels,

increasing competition between funds, improving mechanisms for public funds accumulation, including reducing disparities, optimizing patient care financing and public health systems. Reforms aimed at improving the allocation of financial resources and envisaged the introduction of strategic supply, the introduction of prospective budgets, payments by number of cases, supplier contracts, selective contracts, etc. WHO experts indicate that the strategic objectives of funding systems coincide with the overall goals of health systems as a whole and concern the strengthening of the protection of the population from financial risks and the fairer distribution of the financial burden in the health care system [5,8].

Ukraine proclaimed and began reforming many spheres of social life as the European vector of development, including such a defining sphere as health care. The reformist vector of the Ukrainian health system development is reflected in the Ukraine-2020 Sustainable Development Strategy, the National Strategy for Reforming the Health Care System in Ukraine for the period 2015-2020, the Concept for the Reform of the Health Care System of Ukraine, a number of Supreme the Council of Ukraine laws that introduce reform processes. According to these documents, medical reform relates to various functions of the health system, including provision of services, financing, management, generation of resources, various types and parts of medical care, including primary and specialized, in-patient, emergency medical care, etc. [9-11].

Thus, in the context of improving the provision of services in Ukraine, it is foreseen to strengthen the primary care unit, the reform of the hospital network, the formation of hospital districts, the development of public health and emergency services, and the reform of dental care. Improving the governance of the national health care system involves reforming the health ministry with the dismantling of its functions unrelated to it and by concentrating the central executive authority on political leadership, regulatory oversight and information provision. The reform also provides for the development of professional self-governance and partnership with the private sector, ensuring the autonomy of service providers, including the autonomy of their financial management, the delegation of managerial authority

and the planning of service development. Resource Generation Reform will focus on the introduction of staff contracting and competitive outcome-based hiring procedures as well as on providing training opportunities throughout their professional life and skills development, including using distance learning forms.

The reform of the financing of the national health system is extremely important, aimed at ensuring stable and predictable financing of the industry, guaranteed population and system protection against identified financial risks, fair distribution of resources and reduction of informal payments. The objectives of the reform are the introduction of a state-guaranteed medical care package, the formation of a single national customer of health services, the creation of new opportunities for local authorities to exercise healthcare authority, the autonomy of medical care providers, the introduction of the principle of "money walking on the patient," the development of a modern management system medical information [10].

According to the Concept of the reform of the financing of the health care system of Ukraine, state guarantees in this area should correspond to the economic opportunities of the society, the financial capacity of the state. A practical approach to addressing this issue is the substantiation and development of a state-guaranteed health care package. When forming it, it is necessary to take into account the priorities of the national health system, the current state of health of the population and the economic opportunities of the country. It is envisaged that a state-guaranteed medical care package will include a wide range of medical services, including primary emergency medical care; main types of specialized outpatient and inpatient medical care in the direction of a general practitioner; reimbursement of the cost of drugs for outpatient treatment included in the national list of essential medicines.

At the same time, in according to provisions of the Health Insurance Financing Reform Concept, certain services will not be completely covered by guarantees, will be provided outside the state-guaranteed health care package, and will require a partial official salary payment by patients.

The decision of a state-guaranteed health care package, a list of services that provide for a co-payment, a charging approach, calculation of tariffs for medical services in the framework of a guaranteed package of medical care, salary amounts, etc. is a difficult task. This process requires a thorough analysis of the economic situation, financial capacity, competing priorities, taking into account expert opinions and the population as consumers of medical services. Particular attention needs to be paid to the study and consideration of the views of health professionals, especially those who in the future should work in a reformed health system, which determined the relevance of the study.

The methodology of the study envisaged the use of a bibliosemantic, analytical, medical-statistical, sociological research method.

The source base was the statistics of the Ukraine Ministry of Health [12], the European database "Health for All" [13], the State Statistics Committee of Ukraine [14], the results of sociological research conducted among students of the Bogomolets National Medical University.

The method developed by the participants of the joint Ukrainian-Polish project "In Search of Effective and Effective Solutions for Health Care Systems of Poland and Ukraine – Leading Problems and Main Directions of Activity" was used, with in the framework of cooperation between the Bogomolets National Medical University and Warsaw School of Economics and Medical University of Lodz. The object of the sociological study was the students of the medical university. The subject is the idea of the direction of change necessary to improve the effectiveness of the health care system.

The anonymous questionnaire for students of medical universities included a number of questions, including demographic characteristics of the respondents (age, gender, training course), socio-economic characteristics (place of residence of the family, assessment of the material condition, frequency of use of health care services), self-assessment of health and comprehensive assessment of the health care system (its effectiveness, quality assessment and availability of medical services, problems requiring immediate resolution, priority of funding for different

units, ways to improve health care efficiency, the optimal sources of financing medical services, willingness to participate in the payment of medical services).

Respondents were 312 students of the National Medical University who were studying at the I-VI years. The gender distribution of the sample (73.1% of the female population and 26.6% of the male) corresponded to the real distribution in the student medical environment. The prevailing age group was a group of students aged 20-22 who had 58.7%, while the proportion of students aged 18-19 was 26.9%, 23 years or more - 14.4%.

In the sample, respondents from the middle and large cities (70.9%) predominated. Most of them evaluated their material condition as almost good (26.0%) or good (51.1%). At the same time, every tenth of the respondents considered their material condition bad, and every sixth could not determine.

According to self-assessment, 80.8% of the students were healthy or completely healthy, 12.7% could not determine, and 6.7% had poor health.

Analysis of volumes and tendencies of health care system financing in Ukraine. It is known that without adequate financing of the health care system it is impossible to provide the necessary volume of medical services to the population. And in the conditions of the epidemic of non-communicable diseases, the considerable spread of risk factors for their development, population aging, the growth of the cost of new medical technologies and the increase in demand for them, the growth rate of the cost of medical services is particularly high. The study of integrated health financing indicators of Ukraine in the period 2000-2016 and their comparison with similar indicators in the countries of the European Region of the World Health Organization (WHO) has shown their insufficiency.

The analysis of overall health expenditure in the WHO European Region has shown that Ukraine has significantly lower rates compared to other countries and average in the Region. Thus, in 2014, the total health care expenditures as a percentage of GDP in Ukraine were 7.1%, while the average in the Region was - 8.2% and in the EU-9.5%. In Moldova this percent was 10.3%, Poland - 6.4%, Germany - 11.3%, France - 11.5%, Sweden -11.9%.

According to the Ministry of Health of Ukraine, the share of public health expenditures as a percentage of GDP over the past 16 years has never reached the WHO recommended 5% (Fig. 1).

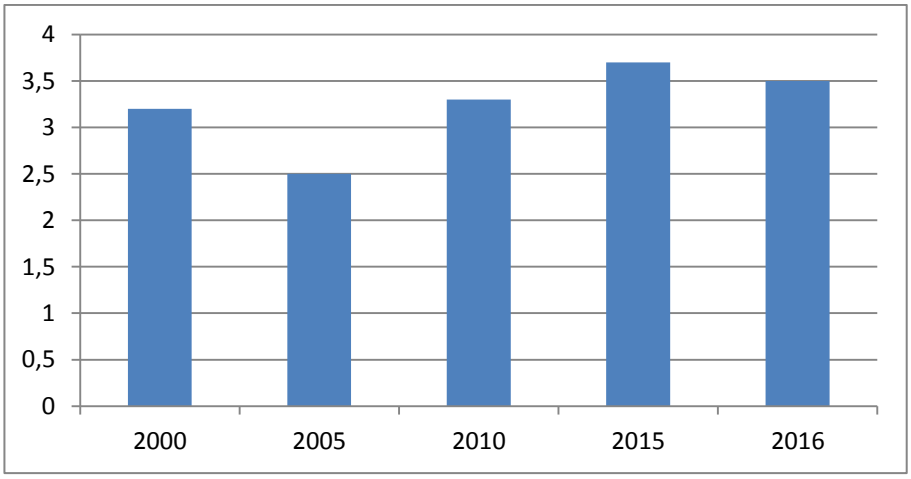

Fig.1. Percentage of GDP on public health expenditures in Ukraine (%).

The analysis of the European Health Data for All data showed that public health expenditures as a percentage of GDP in Ukraine are significantly lower than those in economically developed countries and the average values of the European Union (EU) and European Region WHO (ER) (Fig. 2).

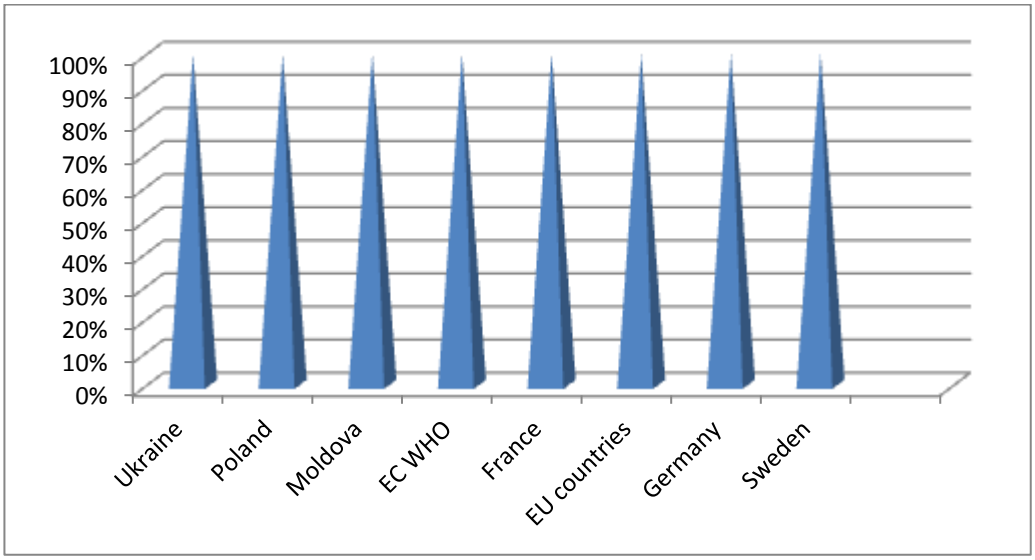

Fig. 2. Share of public health expenditures in the WHO EU countries as a percent of GDP in 2014 (%).

Thus, in 2014, this indicator made up 3.6% in Ukraine, while in Moldova it was 5.3%, Poland - 4.5%, the EU countries - 5.7%, France and, on average, EU countries - 7.3%, Germany - 8.7%, Sweden - 10.0%. It should be noted that the size of GDP in European economy developed countries is significantly larger than in Ukraine.

In 2018, the Government Budget of Ukraine provides for health care expenditures of 3.5% of GDP or 113.9 billion UAH.

Thus, according to WHO estimates, the total health care expenditures in Ukraine amounted to 7.1% of GDP in 2014, of which 3.6% were government expenditures. That is, in the structure of total expenditures on health care, the share of private funds of the population was significant.

Therefore, an important indicator for the analysis of health financing is the share of financing from public and public funds in the overall structure of health care expenditures and the share of financing from private sources. WHO statistics show that most European Union countries account for 70% or more of the national or community sources. In particular, in Poland, the share of public health expenditures in the total expenditure on health care in 2014 was 71.0%, Germany - 77.0%, France - 78.2%, Sweden - 84%. In general, in the countries of the EC WHO this indicator was equal to 67.9% in 2014, in the EU countries - 76.6%. At the same time, in Ukraine, the share of public or community sources in the total expenditure on health care in 2014 was 50.8% (Table 1).

Table 1. WHO Health Care Financing from various sources in 2014 (%).

Sources of funding	EU countries	Countries of the Euro Region	Ukraine
Public funds	76,6	67,9	50,8
Private insurance	4,6	3,5	2,6
Private family benefits	16,7	26,6	46,2
Other	2,1	2,0	0,37

According to the statistics of the Ministry of Health of Ukraine in 2016, the share of public payments in the structure of total expenditures on health care was even lower - only 48.9%, which indicates a significant share of the financial burden, which is paid by the population from their own funds.

The negative dynamics of various sources of financing health care in the last 15 years leads to special anxiety (Fig. 3)., The share of public health expenditures in the structure of total health expenditures over 1995-2014 remained at a stable high (within 75%) in the EU countries, in the countries of the UC WHO averaging 67-72%, in Ukraine there is a clear tendency to reduction during 1995-1999 and 2007-2014.

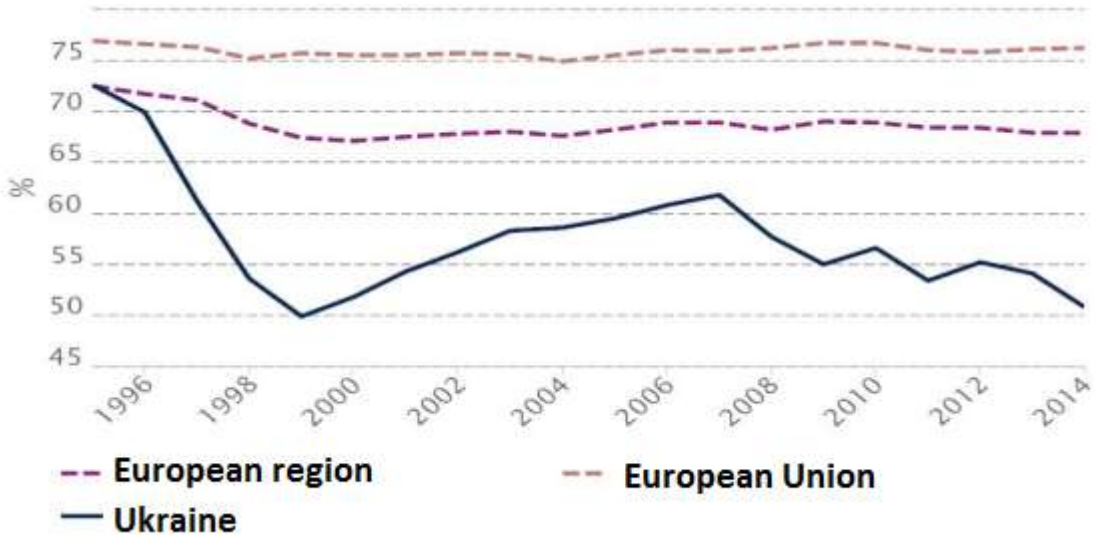

Fig. 3. Share of public health expenditures in the structure of total expenditure on health care in the countries of the UC WHO in 1995-2014 (%).

The analysis of public health expenditures per capita showed a low level in Ukraine, with its significant excess in the countries of the UC and the EU. So, in 2014, health financing from state sources per person per year was 360 dollars. US converted to purchasing power parity (PPP). For comparison, in Poland this figure was three times higher (1083 USD), Germany - 10 times (3713 USD), France - 9.4 times (3368 USD), Sweden - 12 times (4349 USD). The level of per capita funding

in Ukraine was 5 times lower than the average in the UCWHO countries ($ 1,189) and 7.3 times less than in the EU ($ 2,635).

A negative dynamics was found to reduce this important financial indicator in Ukraine (Fig. 4).

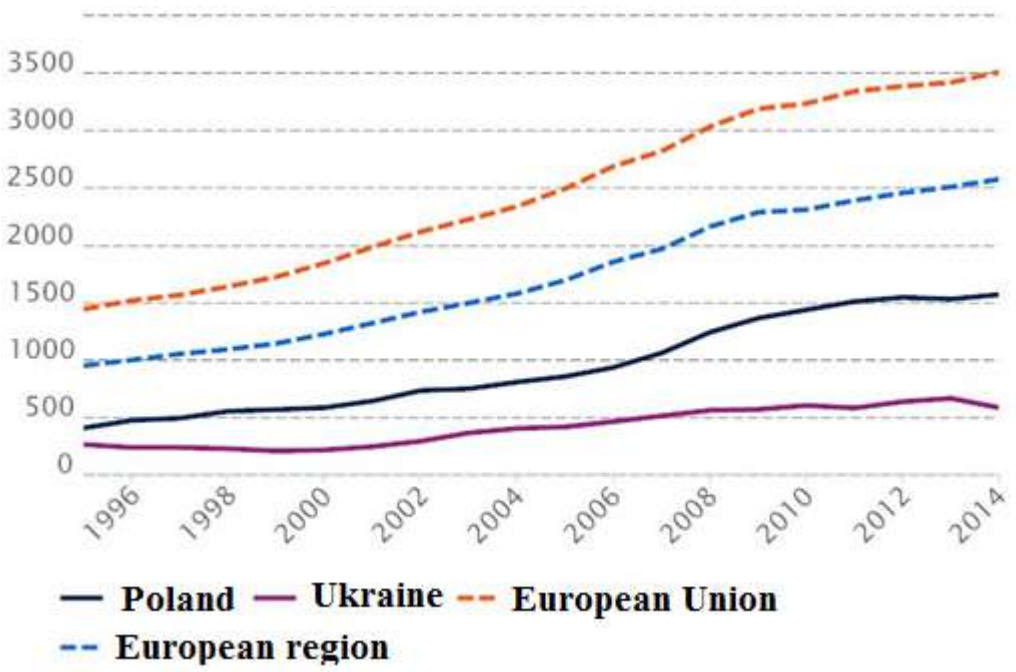

Fig. 4. Total health expenditures per capita in the countries of the UC WHO for 1995-2014 (US, $, PPP).

The calculation of the rate of growth of health care expenditures per capita found that for the 15-year period in general in the EU countries this figure was 82.7%, in the countries of the UC WHO on average - 92.5%, in Poland - 129.0%, while in Ukraine - only 36.9% at a low starting level.

Taking into account the unfavorable state and dynamics of integrated health financing indicators, the opinion of the population on the availability of health care services and existing problems was analyzed.

Assessment of the availability and quality of medical services by the population of Ukraine.

The analysis of the data of the State Statistics Service of Ukraine, namely, the indicators of the survey of individuals from the sample survey of living

conditions of households, suggests that in 2016, it showed that in 98% of households, one of the members needed medical care and purchase of medicines, etc.

However, part of the population could not keep it for various reasonsin spite of the need for medical care. Thus, almost every fourth respondent noted that his need for medical care remained unsatisfied (23.1%). They could not afford to buy drugs for 19.4% of respondents, medical equipment - 3.7%, to visit a doctor - 10.1%, a dentist - 8.3%, to make prosthesis - 5.8%, to conduct a medical examination - 12, 2%, to receive medical treatment - 6.1%, to receive treatment in a hospital - 7.3%.

It was found that the main reason of dissatisfied medical care remained was the high cost of services and products. Thus, the reasons for the inability to buy medicines at 96.7% were high cost, 2.5% - their lack of sale, medical equipment - 97.3% and 1.7% respectively. In the structure of the reasons why respondents were unable to visit a doctor, 77.9% is overly expensive, 13.9% lack the necessary specialist, 8.2% is too long, visiting the dentist - 95.7%, 2.5% and 1.8% respectively. The high cost of services was almost exclusively the sole reason for the inability to make prosthesis namely (98.2%), to conduct medical examinations (92.6%), to receive medical procedures (95.2%) and inpatient treatment (94.7%).

The most noticeable financial losses are least secured segments of the population, including the Idecile's group.

Thus, the analysis of the data of the State Statistics Service of Ukraine shows that the economic opportunities of many families are not sufficient to pay for the necessary medical services, they are often a cause of non-appeals for medical assistance in necessary, lead to self-treatment or refusal of treatment, and as a result, to deterioration of health, experiencing significant complications and an excessive burden on family members. This requires taking preventive measures in terms of social protection of the most disadvantaged, equitable distribution of health care expenditures, which has become one of the drivers of health care reform.

Future health care estimation workers of the current state of the health care system in Ukraine.

The analysis of the results of medical university students' surveys regarding the assessment of the existing health care system in Ukraine, accessibility and quality of medical services has shown the following.

The low availability of medical services for the population in communal and state health care establishments is considered to be 28.4 per 100 respondents, in private health care facilities - 22.0 per 100 respondents. On the other hand, more than half of respondents report high enough or high availability of medical services, including in communal and public health care institutions - 58.9 per 100 respondents, in private health care institutions -66.0 per 100 respondents (Fig. 5).

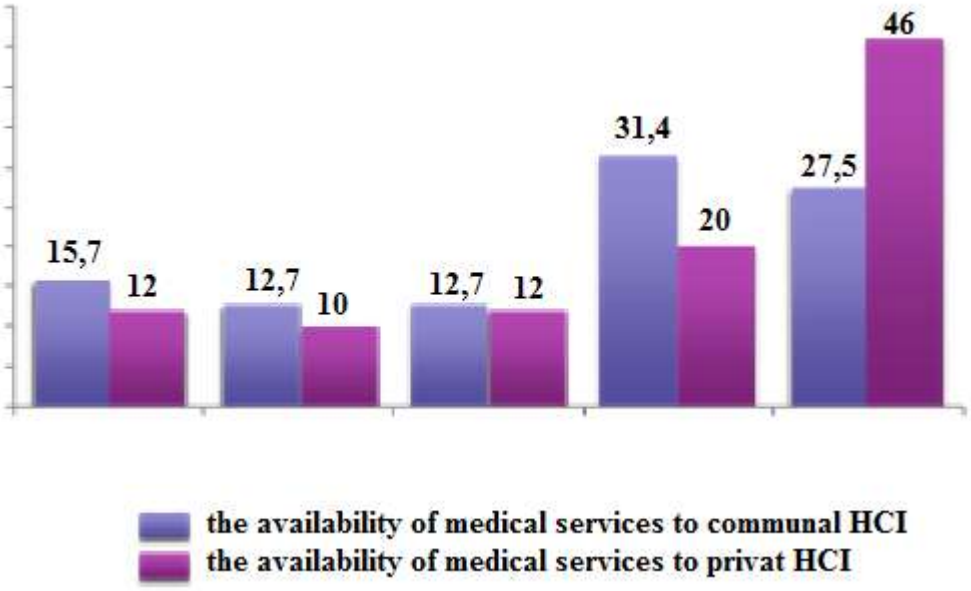

Fig. 5. HMS student'sestimation of the availability of medical services to health care institutions of various forms of ownership (per 100 respondents).

The study of students' thoughts about quality of health services revealed a pattern with regard to its generally low ratings in communal and public health care institutions, and mostly high - in private. Thus, in communal and state health care institutions quality of services was rated as low by 23.8 per 100 respondents, but

rather low - 28.7 per 100 respondents, while in private health care institutions poor quality assessments made only 2.0 and 4.0 per 100 respondents.

There is high quality of medical care in communal and public health care institutions - 21.8 and 14.8 per 100 respondents, in private health care facilities - 25.3 and 54.8 per 100 respondents (Fig. 6).

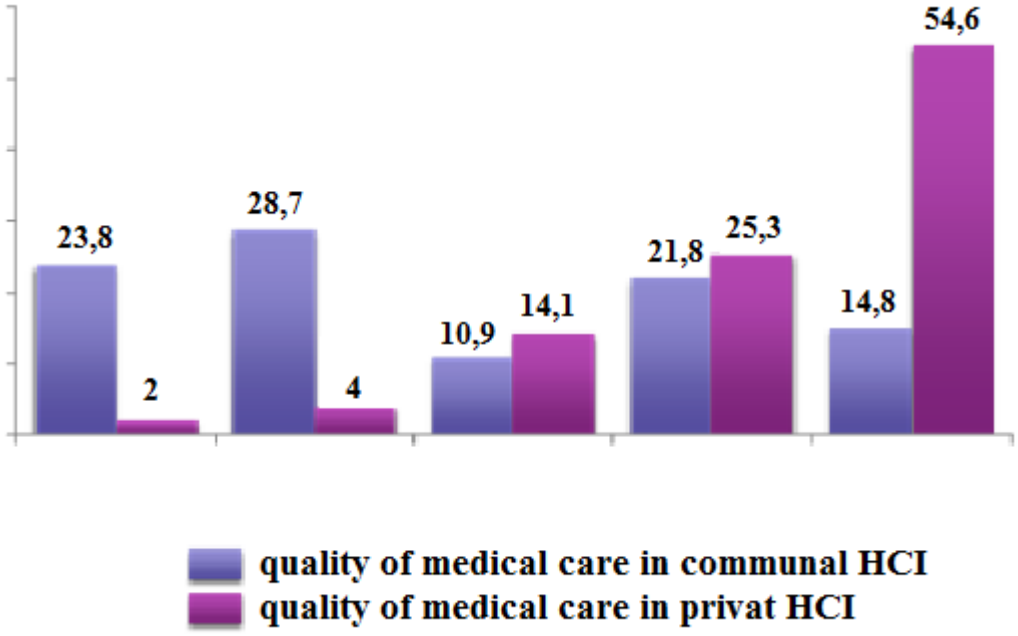

Fig. 6. Medical students assessment of the quality of medical care in health care institutions of various forms of ownership (per 100 respondents).

Particular attention was needed to study the student's opinion on the effectiveness of the existing health care system.

The results of the sociological survey showed that 24.3 per 100 respondents considered the system ineffective: ineffective - 14.6, rather ineffective - 26.2. 12,6 per 100 respondents could not be determined on this issue, but 14.6 per 100 respondents, but good opinion have 5.8, and certainly good - 1.9. Thus, two thirds of the respondents give negative assessments of the effectiveness of the domestic health system (65.1 per 100 respondents), while positive - only 22.3 per 100 respondents.

Of the factors that have the greatest impact on the effectiveness of the health care system, 87.5 per 100 respondents named financing of health care, 88.2 - medical facilities of health care institutions, 82.5 - organization of medical care, 80.3 - expenses for drugs (Table 2).

Table 2. Distribution of student's opinions on the influence of various factors on the effectiveness of the health care system (per 100 respondents)

Components of HCS	**No influence**	**Some influence**	**Can not be determined**	**More influence**	**Considerably influence**
Organization of medical care	5,9	0	5,8	5,8	82,5
Health care financing	5,8	1,9	1,9	2,9	87,5
Number of practicing doctors	8,8	2,9	2,9	20,6	62,8
Competences of practicing doctors	1	4,92	4,9	6.9	84,3
Infrastructure	2	2,91	6,8	16,5	70,8
Medical devices for diagnostics and treatment	4,9	3,9	0	4,9	88,2
The cost of medication	3	1	3,9	11,8	80,3
Prevention	2	5	5	16,8	71,2
Screening programs	0	4,9	11,8	16,7	66,6

At the same time, 69.4 per 100 respondents denied or did not support the idea that the existing system of treatment is totally free of charge, 63.7 per 100 respondents - that all patients had equal treatment options, 60.1 per 100 respondents - that the conditions for treatment were good, 33.3 per 100 respondents - which is easy to get to a doctor.

To the question of who is the best existing health care system, 78.3 per 100 respondents said that for public health officials, 72.7 per 100 respondents - for owners of private health care facilities, 42, 5 per 100 respondents - for pharmacists. Only 13.1 out of 100 respondents indicated that the system is effective for patients, only 22.7 per 100 respondents sad that it is effective for physicians.

Student's vision of higher educational institutions prospects for the development of the health care system and its financial support.

Given the student's low assessment of the effectiveness of the existing health care system, the lack of availability and quality of medical services, the student's perspective on the development of the system, priority measures for its improvement was studied.

Students believe that immediate improvement requires the quality of health care (47.5 per 100 respondents), health care financing (47.0 per 100 respondents), access to health care services (43.5 per 100 respondents), infrastructure development (42.0 per 100 respondents).

About distributing funds for various types of medical care, respondents indicated the need to increase financing of emergency medical care (78.9 per 100 respondents), stationary (70.8 per 100 respondents) and highly specialized (72.4 per 100 respondents), specialized outpatient (63.4 per 100 respondents), primary care - (54.5 per 100 respondents). At the same time, dental care (33.4 per 100 respondents) and spa treatment (36.4 per 100 respondents) received the smallest support (Table 3).

Table 3. Student's opinions distribution on the appropriateness of distributing financial resources for various types of medical care (per 100 respondents).

Types of medical care	No influence	Some influence	Can not be determined	More influence	Considerably influence
Primary health care	8,1	3,0	6,1	28,3	54,5
Outpatient specialized medical care	4,0	5,1	5,1	22,4	63,4
Highly-specialized medical care	6,2	5,1	4,1	12,2	72,4
Inpatient care	5,0	4,0	3,0	17,2	70,8
Health Care Services	8,0	9,1	17,2	32,3	33,4
Dental care	11.1	16,2	13,1	23,2	36,4
Rehabilitation treatment	4,0	6,1	6,1	24,2	59,6
Emergency medical care	4,0	1,0	2,0	14,1	78,9
Sanatorium treatment	9,1	14,1	10,1	30,3	36,4

The vast majority of respondents consider the desired form of health care financing to be mixed (from partly social and partly private foundations) supported by 67.7 per 100 respondents (Fig. 7). At the same time, at approximately the same low frequency, students supported a private form (16.7 per 100 respondents) and the government (15.6 per 100 respondents).

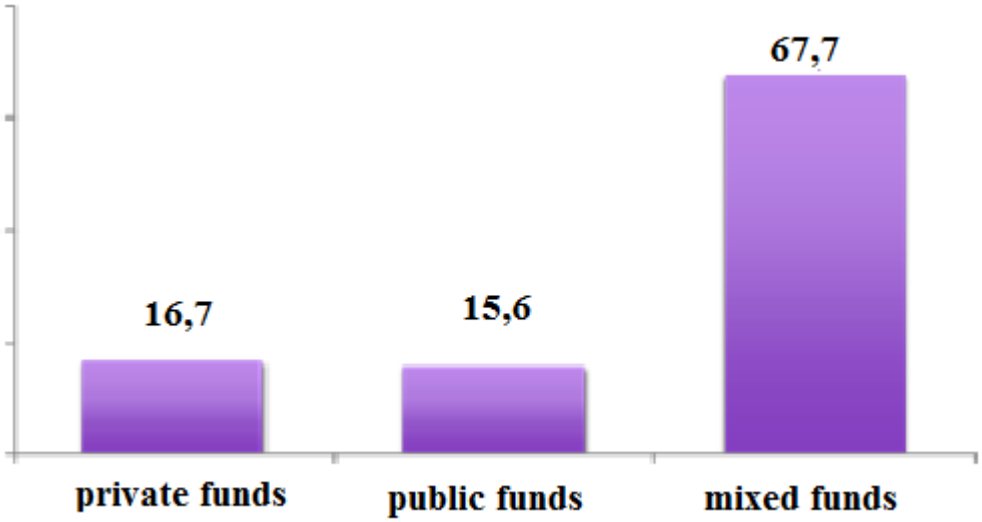

Fig. 7. Student's opinions Distribution on the desired form of financing health care (per 100 respondents)

The optimal proportion in a mixed funding system was 50 to 50, which was voiced by 38.1 per 100 respondents, as well as by 30 per 70 and 40 per 60, supported by 16.7 per 100 respondents.

Estimates of the maximum wage per month significantly varied. On average, according to students, for physicians, the amount of monthly wages should be 52 thousand UAH, for dentists - 26.7 thousand UAH, for doctors-laboratory assistants - 20.5 thousand UAH, for medical assistants emergency (medical) emergency help -16,0 thousand UAH, for nurses -13,3 thousand UAH.

The importance of the fact that the heads of health facilities and their structural divisions were guided in their activities by the interests of patients, supported by 70.3 per 100 respondents.

91.0 per 100 respondents referred that changes in the fundamentals is priority changes to improve the effectiveness of the health care system, 89.1 per 100 respondents - changes in the system of training medical personnel, 75.7 per 100 respondents - the introduction of health insurance.

Student's opinion about the sources of health care financingis interesting. So, primary health care should be financed from taxes (80.4 per 100 respondents), emergency medical care (72.8 per 100 respondents), outpatient specialized care

(65.2 per 100 respondents). At the same time, dental care (59.2 per 100 respondents), sanatorium treatment (67.6 per 100 respondents) should be financed from their own patient's savings.

The decision of the issues of the insurance premiums size and health taxes, on the prevailing opinion of students, should be within the competence of state bodies (38.9 per 100 respondents), experts, scientists (26.7 per 100 respondents), while physicians should be carried out the definition of priorities in health care (52.2 per 100 respondents), distribution of funds for various types and levels of assistance (39.1 per 100 respondents).

One participated in the payment of the cost of medical care, every fifth part of the respondents (22.2 per 100 respondents) each visit to the doctor, the acceptable amount of payment co-payment varied from 50 UAH to 1500 UAH. It turned out that one third of the respondents are prepared to pay for additional health insurance.

Conclusions

The analysis of integral indicators of health care system financing in Ukraine revealed insufficient levels and lack of a tendency to improve, which raises the issue of improving the financing system of domestic health care as a priority. For many years, public health expenditure, as a GDP percentage, exceeded the recommended WHO indicator (5% of GDP) for decades. Comparison of integrated health financing indicators with Central European countries and EU countries testifies to their low levels in Ukraine. The cost of health care per capita per year is 5 times smaller than the average in the UC WHO countries and 7.3 times higher than in the EU countries. The share of private households in the overall structure of health care spending has a negative tendency to increase, reaching 46.2%, while in the EU countries it is 16.7%. Familiar financial burdens for people to pay for medical services require the use of financial risk protection measures and the search for ways to improve the health financing model.

The data from the State Statistics Service of Ukraine revealed a low level of access to medical services for a significant part of the population, and the inability

to receive medical assistance if there is a need in it (23.1%). The main reason for dissatisfaction with the existing needs of the population in health services was their high cost, as indicated by over 90% of respondents, and the need for payment at the time of receipt, which also confirms the need to find ways to protect against financial risks.

An analysis of the results of medical university student's surveys on the assessment of the existing health care system in Ukraine, the availability and quality of health services revealed their views on existing problems in financing health care systems and ways to address them.

More than 70 out of 100 respondents assessed the existing POPs as ineffective because of insufficient: logistical support (88.2 per 100 respondents), funding (87.5), competence of physicians (84.3), and organization of medical care (82.5), availability of medicines (80.3).

Less than 20 per 100 respondents confirmed the availability of primary care (19.6), good attitude towards the patient (11.9), free treatment (14.8), good treatment conditions (13.3), equal treatment opportunities (16, 7).

The reasons for late diagnosis of diseases are the late referral of the patient to a specialist (86.0), general practitioner (78.1), inpatient treatment (74.0), patient's disregard for symptoms (82.7), self-treatment (79.9), lack of funds (72.7 per 100 respondents).

Students consider that the mixed financing health care systems is the best form. Quality (41.6) and accessibility (35.6) of medical services require immediate improvements, their financing (41.1 per 100 respondents). Need to increase financing of emergency (fast MD (78.9), highly specialized (72.4), stationary (70.8), outpatient specialized (63.4), PMD (54.5 per 100 respondents).

The maximum monthly doctors salary on average should be 52 thousand UAH, dentists - 26 thousand UAH, nurses - 13,3 thousand UAH, physiotherapists - 14,9 thousand UAH, medical assistants emergency (emergency) medical aid - 16 thousand UAH, researchers of medical laboratories - 20,5 thousand UAH.

Sources of funding for various types of medical care are defined by state and mandatory medical insurance funds. Coverage of expenses mainly from own funds of citizens was considered expedient for payment of dental services (59.2) and sanatorium treatment (67.6 per 100 respondents).

Every fifth respondent considers it expedient to introduce a co-payment for a visit to a doctor. Acceptable size of the payroll is 50-1500 UAH. The willingness to pay health insurance above the standard was confirmed by 30.1, additional insurance - 34.9 per 100 respondents.

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