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The structure of the national healthcare system, under the influence of European integration process

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Abstract

A multilevel informational model of the national healthcare system has been developed as an object of state policy. This model takes into account all aspects and directions in which the healthcare system manifests itself, reflecting various national characteristics. Each element of the system, to a greater or lesser extent, depends on a combination of national factors – socio–economic, cultural–mental, natural–climatic, scientific–innovative, and political–legal. Accordingly, in each country, a particular group of factors is dominant and may influence both the system as a whole and its individual structural components. Overall, the informational model is designed to identify the points of intersection between national interests and those of the European Union in the process of forming a roadmap for integration into the European medical space.

Keywords: national healthcare system; healthcare structure; European integration; health policy; healthcare reform; institutional transformation; public health management; medical governance; health system modernization; European standards; cross–border healthcare; health sector development; healthcare efficiency; healthcare coordination; policy harmonization.

1. Introduction

Given the identified factors and the proposed interpretation of the national healthcare system – as a multilevel, adaptive, and cross–sectoral system of social relations determined by a set of factors and based on a complex of methods, procedures, principles, measures, instruments, and legal, financial, and organizational mechanisms influencing public health – there arises a need to identify and characterize the components of the national healthcare system. This system encompasses medical care for citizens, stateless persons, and foreigners within the state or, in certain cases, beyond its borders, and may be implemented through public, municipal, and private (domestic and foreign) healthcare institutions operating within the medical services market. Furthermore, it is essential to define the properties of each component, its variability, and its capacity for adaptation to the European integration processes currently taking place in Ukraine.

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2. Literature review

Theoretical and methodological issues of the formation and development of healthcare systems have been raised in the works of domestic scholars: Radysh Ya.F., Buhaitsov S.H., Yarosh N.P., Rynhach N.O., Banchuk M.V., Klymenko O.V., Nadyuk Z.O., Kurylo T.M., Rudyi V.M., Martyniuk O.I., Leshchenko V.V., Parashchych I.M., Buravlov L.O., Yunger V.I., Tyshko D.F., Bedryk I.O., Liakhovchenko L.A., Torbas O.M., Vasyuk N.O., Korolchuk O.L., Vysotska T.Ye., Bilous I.V., Dudka V.V., Kuzminskyi P.Y., Zhilka K.I., Firsova O.D., Kryzyna N.P., Mokretsov S.Ye., Kovalenko T.Yu., Bilynska M.M., Dzhafarova D.M., Furtak I.I., Pitko Ya.M., Dub N.Ye., Filts Yu.O., Shtohryn O.P., Yurystovska N.Ya., Shehedyn Ya.Yu., Shevchuk V.V., Vovk S.M., Karlash V.V., Ustymchuk O.V., Halatsan O.V., Kotliarevskyi Yu.O., Kravchenko Zh.D., Lermontova Yu.O., Antonov A.V., Antonova L.V., Datsii N.V., Dombrovska S.M., Karamyshev D.V., Serhiienko L.V., Krykun O.D., Petryk S.M., Krynychko F.R., and others.

To a large extent, these works are devoted to the structure of the healthcare system, issues related to the mechanisms of state governance, medical law, and the peculiarities of the functioning of the medical services market. All of the above are components of the national healthcare system, which should be considered from the standpoint of a comprehensive scientific object of study by examining the interrelations among components defined by national specificities.

3. Results and discussions

The factors shaping national healthcare systems influence their development and condition in various ways. It is impossible to rank these factors according to the degree of their impact, since in each country, depending on national characteristics, the influence of certain factors will prevail, or their significance may be equivalent. It is considered that natural–climatic, socio–economic, scientific–technological, cultural–mental, and political–legal factors affect both the properties of individual components of the national healthcare system and the interconnections among them, as well as their interaction with other systems of social relations.

At present, the issue of identifying and structuring the national healthcare system has been examined mainly in the context of developing models of healthcare systems based on financing mechanisms. «Today, there are numerous classifications of healthcare systems; however, experts generally group them into three classical models: (1) the Bismarck model (German), (2) the Beveridge model (British), and (3) the Semashko model (former Soviet). Currently, the healthcare systems of economically developed countries do not fully correspond to any one of these models. Reforms continue to evolve, borrowing ideas and individual elements from one another. Modern healthcare systems have become, in essence, so hybridized that it is sometimes difficult to determine which model serves as their foundation» [1]. Let us provide a more detailed description of these models:

1. The Beveridge Model. «The Beveridge model was first developed by Sir William Beveridge in 1948 in the United Kingdom. For the first time in history, completely free medical care was provided based on citizenship rather than the payment of fees or insurance contributions» [2]. «If social specificity is regarded as the main parameter of medical services, the act of purchasing or selling medical care implies an indirect purchase of national health. In this case, the organization of the healthcare system prioritizes the principle of equal accessibility of medical services. This can most easily be achieved through a centralized approach by placing the healthcare system under state control. Thus, social priorities dominate in a budget–funded healthcare system. A typical example of a state model is the medical services market in the United Kingdom, which is based on a system of public (national) healthcare. The national healthcare system, known as the «Beveridge model», was named after Lord Beveridge, who in 1942 proclaimed the ideas that became the foundation of the budgetary model: the rich pay for the poor, and the healthy pay for the sick. Under this approach, society seeks to pay for the nation's health itself through the financing of medical services aimed at maintaining it. In such a market, it is much easier to align national health priorities with other priorities of the national economy. This model of healthcare organization is characteristic of centralized, planned–distribution economies and exhibits both positive and negative features inherent to such systems» [3].

Accordingly, this model can be characterized by the following features:

- the healthcare system as a whole is financed through taxation, since citizens do not make any contributions to insurance funds;
- the state fully funds medical services and organizes healthcare provision within the country, which means that most healthcare institutions are publicly owned;
- every citizen has free access to medical services;
- the system is characterized by centralized, bureaucratic state management of healthcare.

This model is widespread in countries such as the United Kingdom, Sweden, Denmark, Norway, Finland, and Italy. In each of these countries, the national healthcare system has its own specific characteristics but generally corresponds to the principles of the Beveridge model. At the same time, it should be emphasized that financing is only one component of the healthcare system, which, regardless of the chosen model, retains its own nationally specific features.

2. The Bismarck Model. «The first historical system of state medical insurance was introduced in Germany during the chancellorship of Otto von Bismarck (1883–1889); hence, it became known as the Bismarck model. It represented a series of special laws on workers' insurance in cases of illness, accidents, disability, and old age. The foundation of these legislative acts was the following principle: health is capital that increases the efficiency of social labor. Therefore, the main distinguishing feature of medical services in this model is the potential and random demand associated with the risk of loss of health and working capacity. Labor, in this context, is understood as one of the most important production factors – a «cog» in the

mechanism of social production – whose likelihood of «breakdown» must be minimized. The key role of medical insurance lies precisely in this» [3].

This model originated in Germany and later spread to France, Belgium, the Netherlands, Austria, and Switzerland. It should be noted that, depending on political and legal factors, the role and significance of the state in organizing and financing the healthcare system vary across countries.

Accordingly, the key features of this model, common to most countries where it is applied, are as follows:

– it provides for mandatory insurance contributions from employees and employers, which are accumulated in special insurance funds used to finance medical care; the contribution amount depends on income;

– the system is characterized by a high level of decentralization, where the state's role is mainly limited to establishing the overall legal framework for the functioning of the healthcare system;

– the healthcare system covers all citizens, although it was initially intended only for employed persons and their families;

– in certain cases, additional services or medications may be paid for separately by the patient;

– the medical services market is characterized by the free coexistence of public, municipal, and private healthcare institutions.

3. The Semashko Model. «This system is characterized by the financing of the healthcare sector from the state budget, with strict centralized management and control by the state. The model is based on the replacement of a market–based healthcare organization with a state–administrative system. It is oriented toward a centralized mechanism for forming the sector's budget, organizing material, technical, and pharmaceutical provision based on state orders and centralized distribution at fixed prices, and developing a network of healthcare institutions according to state standards regarding staffing, resources, and salaries. Healthcare services are financed exclusively from the state budget, independent of regional revenues – that is, there exists a single state purchaser of medical services. In this system, the interaction between doctors and patients is regulated in all aspects and subordinated to the principles of a planned–distribution economy. The normative–administrative form of healthcare organization eliminates many of the shortcomings of the market system. The healthcare management structure does not require a separate independent purchaser entity responsible for fund collection or for representing the population's interests in each region. Instead, it functions through a vertically integrated chain of executive authorities, including the state (Ministry of Health), territorial (in the USSR – republican Ministries of Health; in independent Ukraine – regional healthcare departments), and local health administration bodies. This system is typical of countries with planned economies» [3].

Accordingly, this model was widespread in the countries of the former Soviet Union and the socialist bloc. At present, most of these countries have transitioned to medical insurance systems.

In their pure form, none of the above models exist today, which can be explained by several reasons:

– first, their development and implementation occurred in the previous century, when the state of social relations was fundamentally different from that of today;

– second, changes in natural and climatic conditions have led to transformations in medical care;

– third, globalization has blurred national cultural and mental characteristics, influencing healthcare systems;

– fourth, the introduction of information and communication technologies in governance has brought significant changes to the organization and financing of healthcare systems.

Accordingly, the components of the national healthcare system shall include:

– the activities of state, regional, and local governance entities responsible for implementing public policy in the field of healthcare and related sectors, particularly in ensuring human health through disease prevention, the creation of safe working conditions, the management of environmental impacts, the protection of human rights, and other related measures;

– the activities of healthcare institutions of various forms of ownership, aimed at providing medical care at different levels and delivering medical services to the population of the country, including both citizens and non–citizens (stateless persons and foreign nationals);

– institutions of civil society, which ensure the realization of the interests of key stakeholders, including:the population – in the context of maintaining health and accessing medical care;healthcare institutions – in terms of securing human, financial, material, and institutional resources, as well as implementing business initiatives and fulfilling social missions;the business sector – in promoting public health to enhance the labor market's activity; the state – in fulfilling its social functions;international partners – in ensuring the implementation of international agreements and commitments;

– the system of legal regulation in healthcare, based on both domestic legislative and regulatory acts and ratified international legal instruments, treaties, and agreements – which is particularly significant in the context of European integration processes;

– the system of financial support, defined by the current regulatory framework governing the healthcare system, including the provision of medical care, the delivery of medical services, the functioning of the medical services market, the operation of healthcare institutions (state, private, and municipal), and the activities of governance bodies at different levels;

– the medical services market, where the supply and demand for various types of medical services are formed. The degree of its development determines the quality characteristics of medical services and the state's potential to ensure adequate provision of healthcare to the population.

In general, the specified components can be grouped into object, subject, and methodological domains, which together determine the national characteristics influencing both the qualitative and quantitative indicators as well as the overall potential of the healthcare system.The features of the national healthcare system define the manner and extent of its integration into the European medical space. Each of these components will be examined in the context of applying a systemic approach (fig. 1–5).

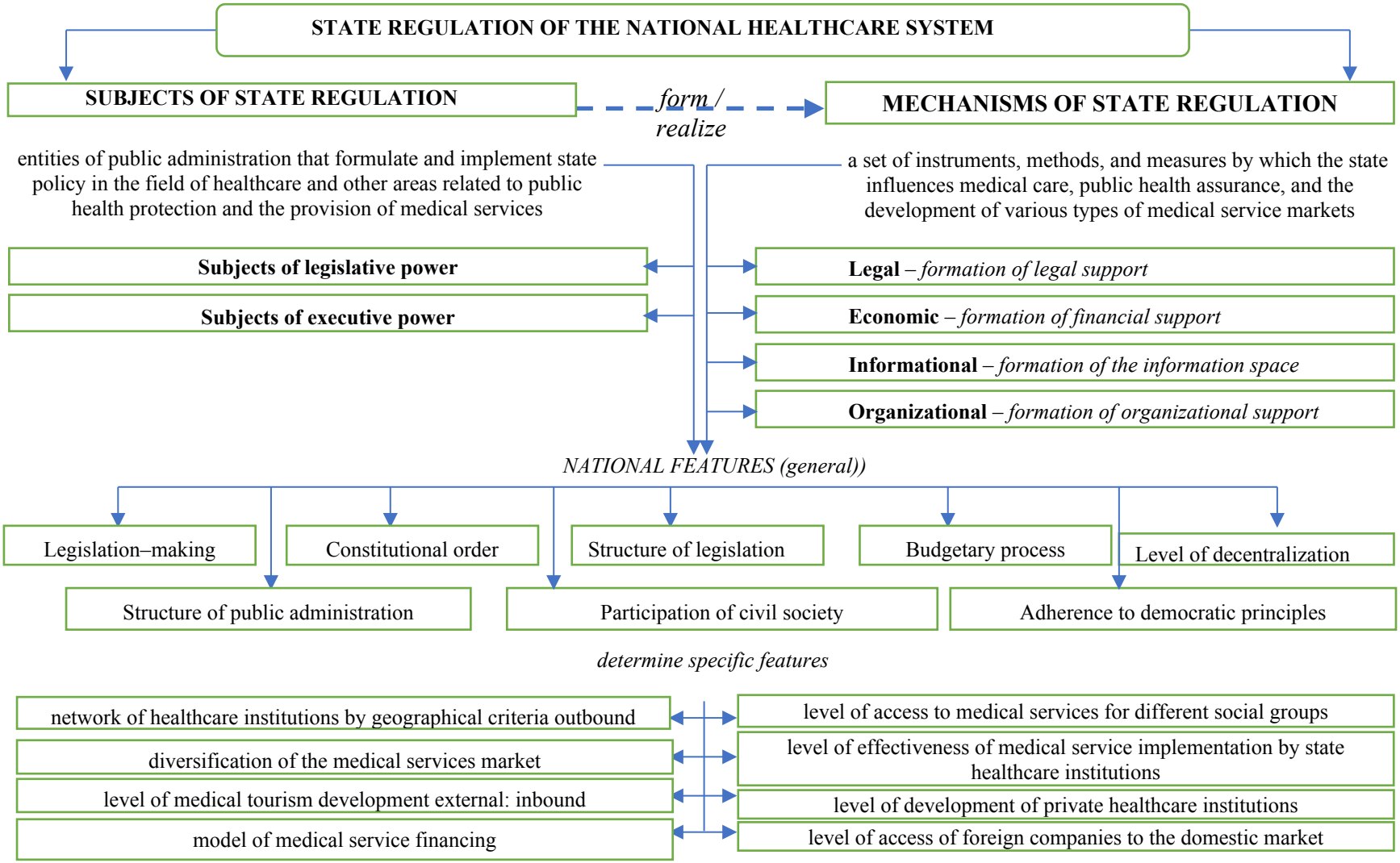

Fig. 1. Structure of the national healthcare system (beginning)

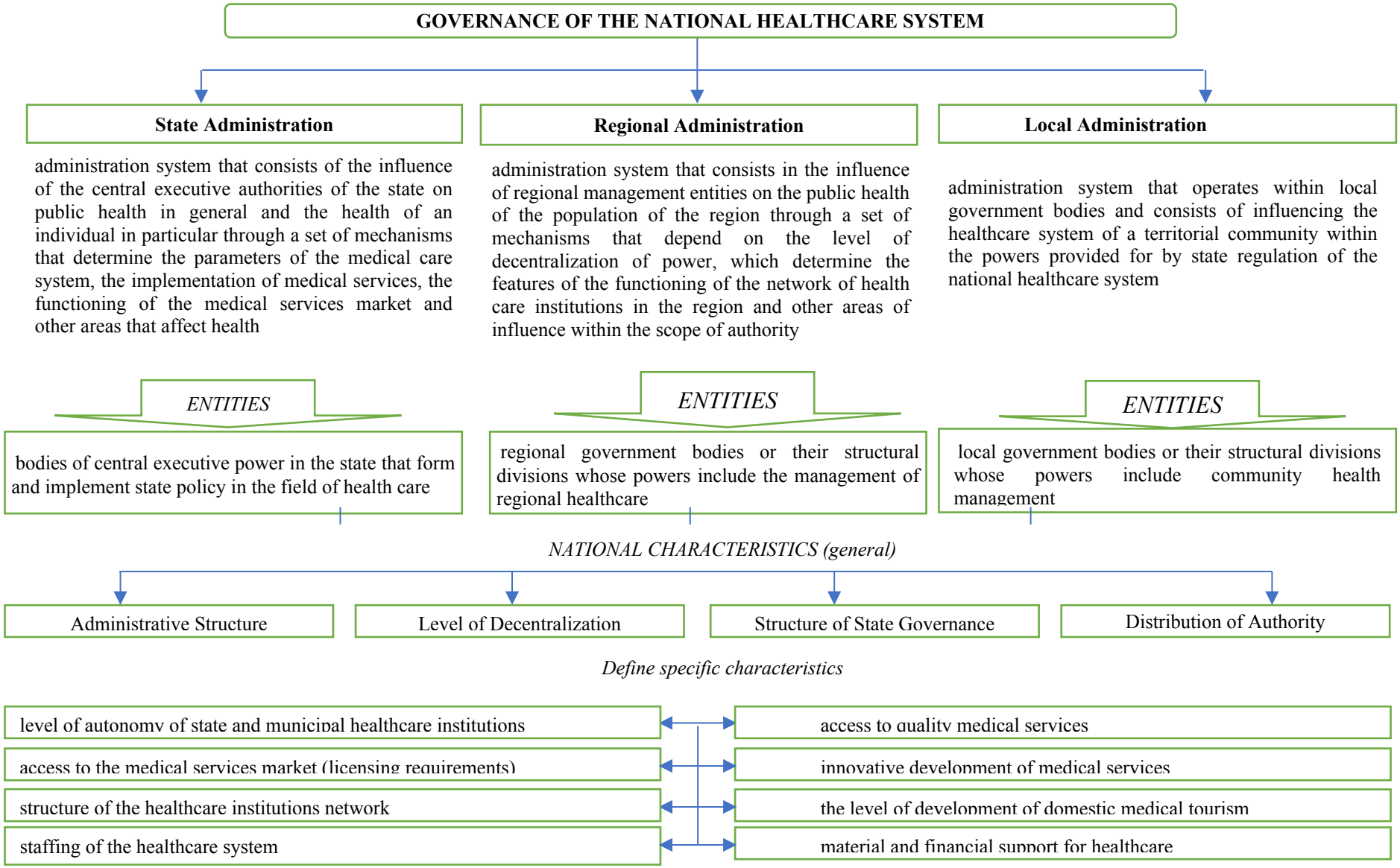

Fig. 2. Structure of the national healthcare system (continuation)

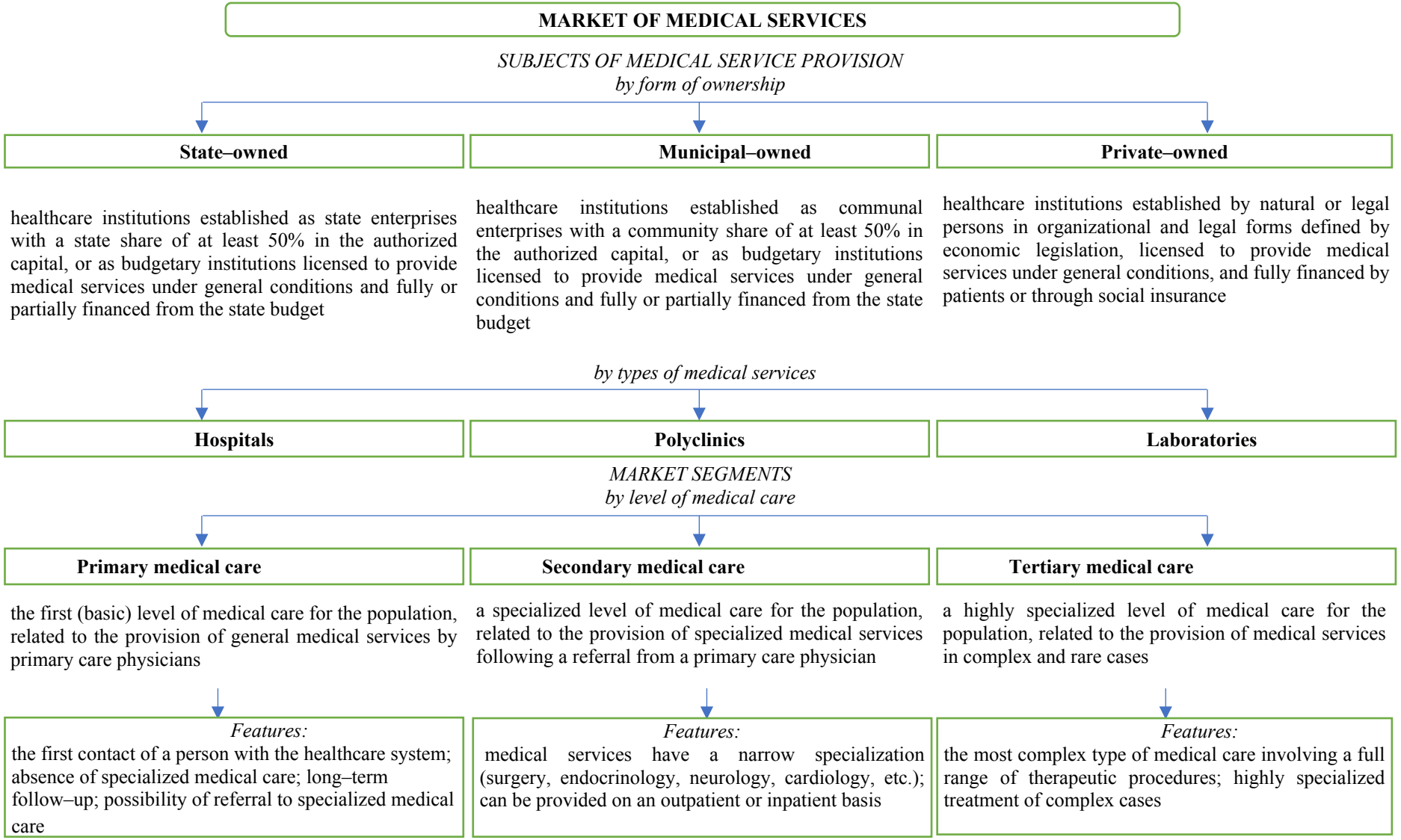

Fig. 3. Structure of the national healthcare system (continuation)

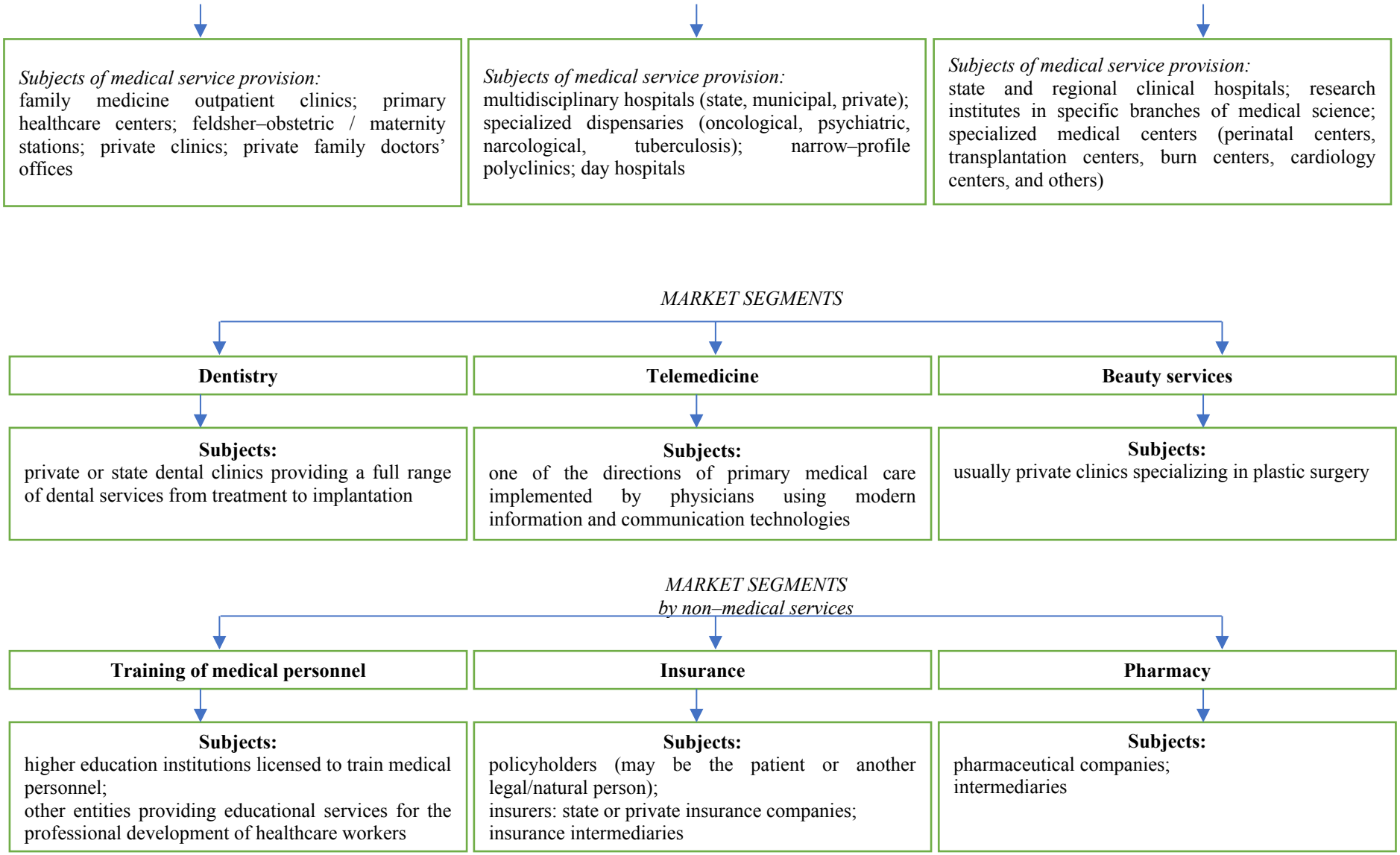

Fig. 4. Structure of the national healthcare system (continuation)

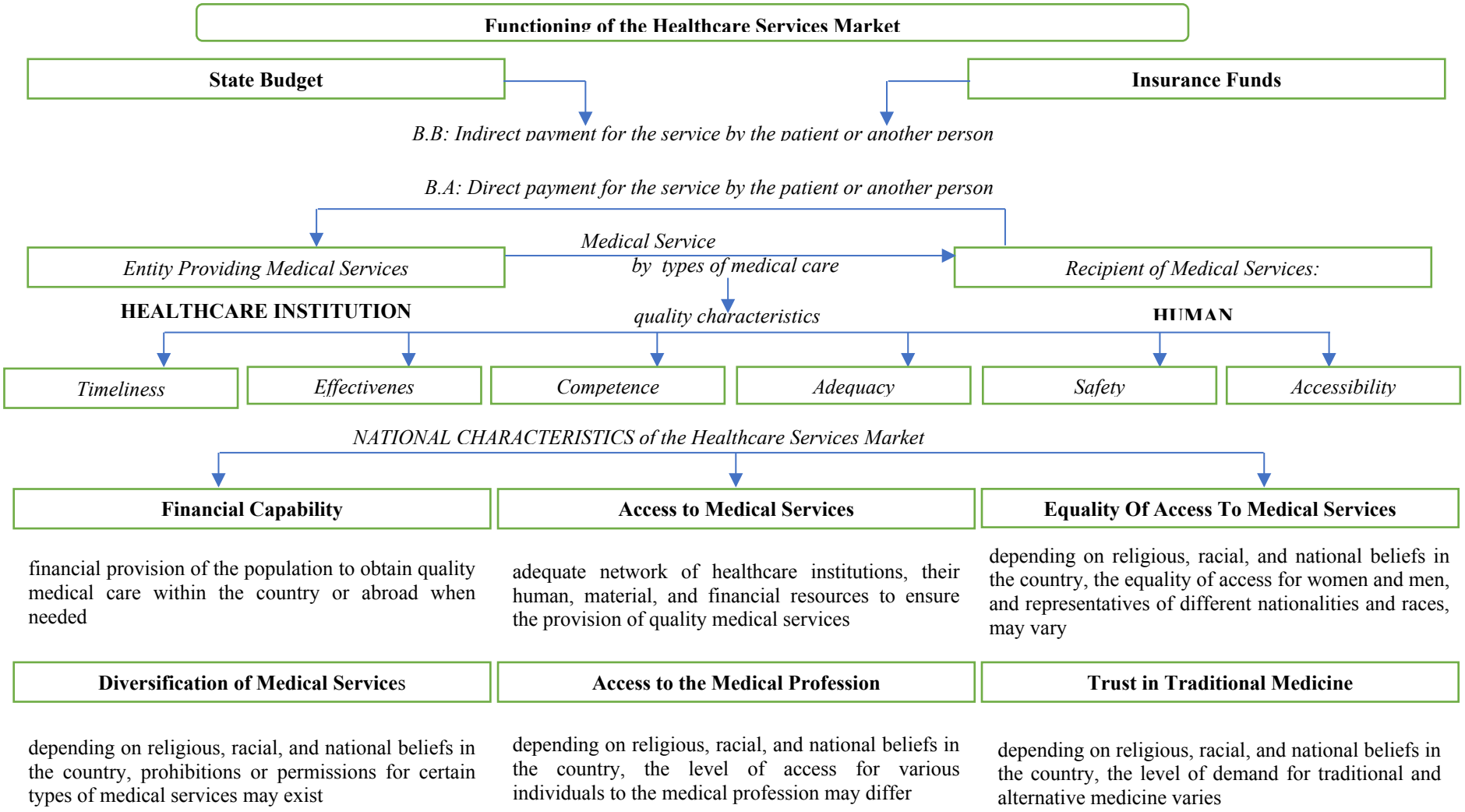

Fig. 5. Structure of the national healthcare system (end)

The developed informational model of the national healthcare system structure is multilevel and defines a set of national peculiarities that distinguish it from others.While each national healthcare system may evolve in different directions, the presented structure is universal, serving as a methodological foundation for its analysis and for the development of state policy in the field of healthcare based on this framework.

4. Conclusions and prospects for further research in this area

A multilevel informational model of the national healthcare system has been developed as an object of state policy. This model takes into account all aspects and directions of the healthcare system in which various national characteristics are manifested. Each element of the system, to a greater or lesser extent, depends on a combination of national factors – socio–economic, cultural–mental, natural–climatic, scientific–innovative, and political–legal. Accordingly, in each country, a specific group of factors becomes dominant and may influence both the entire system and its individual structural elements. Overall, the informational model is designed to identify the intersection points between national interests and those of the European Union in the process of developing a roadmap for integration into the European medical space.

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