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MEDICAL INSURANCE IN UKRAINE: PROBLEMS AND PROSPECTS FOR DEVELOPMENT

МЕДИЧНЕ СТРАХУВАННЯ В УКРАЇНІ: ПРОБЛЕМИ І ПЕРСПЕКТИВИ РОЗВИТКУ

Aleskerova Yuliia

Doctor of Economics, Senior Researcher,
Associate Professor of the Finance, Banking and Insurance Department,
Vinnytsia National Agrarian University
ORCID: <https://orcid.org/0000-0003-3072-4854>

Fedoryshyna Lidiia

Candidate of Historical Studies, Associate Professor,
Vinnitsa National Agrarian University
ORCID: <https://orcid.org/0000-0003-1577-6699>

Mulik Marina

Insurance Agent of «Misto» Insurance Company, Vinnytsia

The article examines the current state of health insurance in Ukraine, problems and prospects for the introduction of compulsory health insurance as one of the sources of funding for health care. The basic principles of compulsory health insurance are considered. The directions and expected results from the medical reform in Ukraine are considered, taking into account the experience of foreign countries. An analysis of the number of insurance companies in Ukraine was made, as well as a rating of Ukrainian insurance companies in the field of health insurance was built and presented. Ways to overcome the crisis period in the domestic health care system have been identified. The main stages of implementation of compulsory and voluntary insurance as a single complex are considered. The main stages of the implementation of compulsory and voluntary insurance as a single complex are considered. The main tasks of health insurance development in Ukraine and directions of improvement of this process in the context of Ukraine's accession to the European Union are determined.

Key words: insurance, insurance market, health insurance, compulsory health insurance, voluntary health insurance, insurance companies, state regulation of insurance activities, medical reform.

У статті досліджено сучасний стан медичного страхування в Україні, проблеми та перспективи запровадження обов'язкового медичного страхування як одного із джерел фінансування охорони здоров'я. Розглянуто основні засади здійснення обов'язкового медичного страхування. Виділено три основні моделі системи медичного страхування: 1) державна модель – система одного платника, яка успішно функціонує у Франції; 2) модель «керованої конкуренції» у Швейцарії; 3) модель повністю приватної страхової медицини (США). Визначено, що медичне страхування може проводитись в обов'язковій та добровільній формах, що в Україні закріплено законом «Про страхування». Вибір форми медичного страхування у кожній країні залежить від конкретних економічних та культурно-історичних умов, особливостей демографічних та соціальних показників, рівня захворюваності та інших факторів, що характеризують загальний стан здоров'я та рівень медичного обслуговування. Доведено, що дефіцит фінансових ресурсів накладає суттєві обмеження на розвиток інфраструктури медичних установ та якість медичної допомоги. Тому розвиток добровільного медичного страхування є об'єктивною потребою, здатною підняти рівень охорони здоров'я населення, забезпечити надходження коштів у соціальну сферу. Все це наголошує на актуальності обраної теми дослідження. Розглянуто напрями та очікувані результати проведення медичної реформи в Україні з урахуванням досвіду зарубіжних країн. Проаналізовано досвід медичного страхування у різних країнах світу, таких як Німеччина, Нідерланди, Бельгія, Франція, Люксембург, США, Канада, Японія, Ізраїль та Швейцарія. Визначено, що медичне страхування, яке провадиться в обов'язковій формі, набуває рис соціального страхування, оскільки порядок його проведення визначається державним законодавством.

Проведено аналіз кількості страхових компаній в Україні, а також побудовано та подано рейтинг страхових компаній України в галузі медичного страхування. Визначено шляхи подолання кризового періоду у вітчизняній системі охорони здоров'я. Розглянуто основні етапи реалізації обов'язкового та добровільного страхування як єдиного комплексу. Визначено основні завдання розвитку медичного страхування в Україні та напрями вдосконалення цього процесу у контексті вступу України до Європейського Союзу.

Ключові слова: страхування, страховий ринок, медичне страхування, обов'язкове медичне страхування, добровільне медичне страхування, страхові компанії, державне регулювання страхової діяльності, медична реформа.

В статье рассмотрено современное состояние медицинского страхования в Украине, проблемы и перспективы введения обязательного медицинского страхования как одного из источников финансирования здравоохранения. Рассмотрены основные принципы обязательного медицинского страхования. Рассмотрены направления и результаты медицинской реформы в Украине с учетом опыта зарубежных стран. Проведен анализ количества страховых компаний в Украине, а также построен и представлен рейтинг украинских страховых компаний в сфере медицинского страхования. Определены пути преодоления кризисного периода в отечественной системе здравоохранения. Рассмотрены основные этапы введения обязательного и добровольного страхования как единого комплекса. Рассмотрены основные этапы реализации обязательного и добровольного страхования как единого комплекса. Определены основные задачи развития медицинского страхования в Украине и направления усовершенствования этого процесса в контексте вступления Украины в Европейский Союз.

Ключевые слова: страхование, страховой рынок, медицинское страхование, обязательное медицинское страхование, добровольное медицинское страхование, страховые компании, государственное регулирование страховой деятельности, медицинская реформа.

Formulation of the problem. Health insurance is a type of insurance against the risk of costs associated with receiving medical care by the insured. In most countries, it is a form of social protection of the property interests of the population in the health care system. Transferring the medical industry of Ukraine to market principles is a long-term mechanism. It is a dynamic process of organizational and managerial nature which requires the adaptation of the current health care system to the economic, political and social conditions of our state, which are constantly changing and improving. The need for compulsory state social health insurance in Ukraine determines the current state and procedure for financing the health care sector, the main drawback of which is the use of the only significant source of funding – the budget. The lack of financial resources imposes significant constraints on the development of the infrastructure of medical institutions and on the level of quality of medical care. Therefore, the development of voluntary health insurance is an objective need that can raise the level of public health, to ensure the flow of funds into the social sphere. All this emphasizes the relevance of the chosen research topic.

Analysis of recent research and publications. Various aspects of the introduction of health insurance were covered in their works by N. Bidnyk, O. Bilyk, T. Govorushko, V. Grushko, O. Ilchuk, S. Kachmarchik, S. Onishko, S. Prilipko, V. Stetsyuk, Y. Shevchuk, O. Yaroshenko and others. It is becoming increasingly obvious that the current situation in social, including health insurance is characterized by insufficient financial support of social guarantees established by the state. The process of reforming the existing

health care system must be systematic and comprehensive.

Previously unsolved parts of the problem. The main purpose of compulsory health insurance is to capitalize on insurance premiums and provide medical care to all categories of citizens at the expense of accumulated funds on legally established terms and in amounts guaranteed by the state. It is the most important element of the social protection system in terms of health care. The deterioration of the financial and economic situation in the country causes a lack of capacity of the state to meet the needs of the population in health care at the expense of budget funds. With this in mind, the legal regulation of compulsory health insurance is a topical and important task. In the article we will pay attention to consideration of directions and expected results from carrying out medical reform in Ukraine taking into account experience of foreign countries.

Formulation of the goals of the article. The purpose of the article is to study the current state of health insurance in Ukraine, problems and prospects for the introduction of compulsory health insurance as one of the sources of funding for health care.

Production of basic material. The financing of health care systems will be combined with various elements with the advantage of one form or another. Most medical services are financed by budget legislation that forms health insurance or by the state budget. Partial medical services are purchased by the population on a voluntary basis. This is either through direct payment for health services or through voluntary health insurance. Thus, health insurance can be provided in mandatory and voluntary forms which is

enshrined in Ukraine by the Law "On Insurance" [9]. The choice of form of health insurance in each country depends on the specific economic and cultural-historical conditions, the characteristics of demographic and social indicators, the level of morbidity and other factors that characterize the general state of health and the level of health care. Voluntary health insurance is present in almost all countries of the world. This is due to the fact that state allocations for the development of medicine aren't enough to finance the system of providing medical care to the population. From an economic point of view, voluntary health insurance is a mechanism for compensating citizens for the costs and losses associated with an illness or accident. For global health insurance standards, the following groups of risks are covered that affect the interaction, taking into account: the cost of medical services for rehabilitation, vindication or care; loss of income caused by the inability to work both during illness and after disability.

It should be noted that today there are three main models of the health insurance system in the world [24]: state model – a system of "single

payer", which operates successfully in France; the model of "managed competition" in Switzerland; model of completely private insurance medicine (USA). Compulsory health insurance acquires the features of social insurance, as the procedure is determined by state law. Compulsory health insurance is generally used in countries where public health is paramount and voluntary health insurance is used where private insurance programs are widespread. Compulsory insurance is coordinated by government agencies. Insurance payments made by citizens and legal entities take the form of a tax. This form of organization of the insurance fund allows you to plan medical care due to the fact that the inflow of funds into the insurance fund is characterized by stability.

The basic principles of compulsory health insurance are shown in Fig. 1.

The ratio of cash flows through voluntary and compulsory health insurance varies significantly from country to country. For example, in Germany whose health care is based on compulsory insurance, this ratio is formed as follows: due to prices, medicine receives about 5%, voluntary

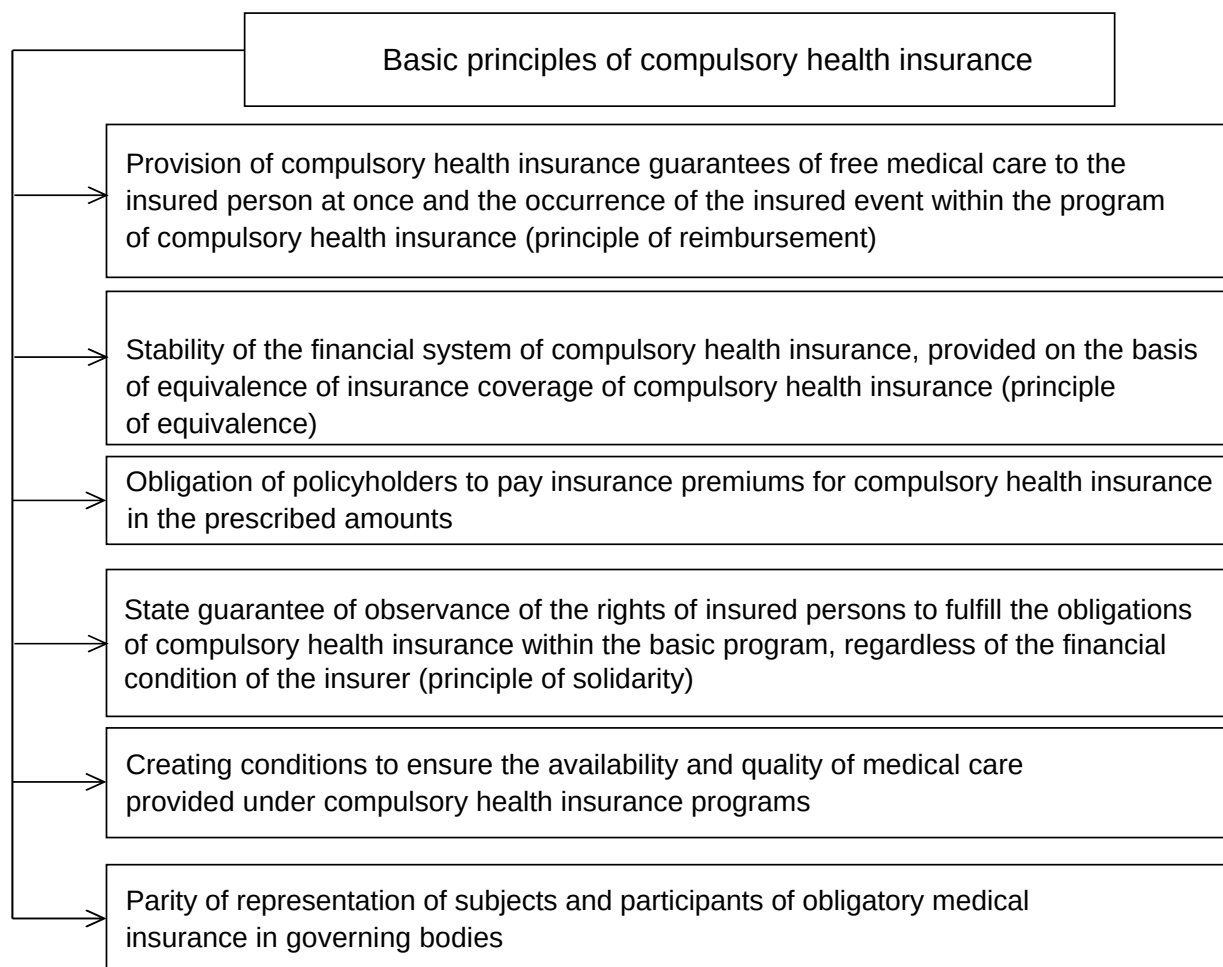


Figure 1. Basic principles of compulsory health insurance

Source: compiled by the author on the basis of [18]

insurance premiums – 10%, compulsory insurance premiums – 75%, taxes – 10% of all financial resources [28]. There are two methods of compulsory health insurance. The principle of service provision applies in Germany and the Netherlands. This means that the patient is treated free of charge, as in countries with a public health system. It only needs to present an insurance certificate. In Belgium, France and Luxembourg, another principle is practiced – reimbursement. There, the insured patient must first pay for medical services himself. And then they will be reimbursed in full or in part in accordance with the tariffs set by the health insurance funds, taking into account a certain own participation [26].

In the United States, health insurance is closely linked to employment. About 11% of GDP is spent on health care – more than in any other country, but more than 15% of Americans do not have any financial protection from high medical expenses due to the lack of health insurance policies. The American model of health insurance is characterized by the following features: accumulation of funds in the centralized insurance fund; distribution of funds of the centralized fund on the basis of the legally established form of settlements (this system covers more than 20% of the population); voluntary group insurance at the place of work covers about 60% of the population.

In Canada, the features of the national health insurance system are as follows [26]: compulsory health insurance; more than 90% of all costs for inpatient and outpatient treatment are covered from public funds. Progressive taxation covers 25% of all health care costs; voluntary insurance covers only those medical services that aren't covered by the national insurance system.

In Japan, there is a point system of payment for medical services, according to which each consultation, examination, surgery is evaluated in points. Insurance is characterized by: availability of two compulsory health insurance programs: state and public; health insurance coverage of all those who work in enterprises with five or more employees, as well as members of their families; accrual of insurance premiums from standard monthly earnings [29].

Health care spending in Japan is only about 6.6% of GDP. Each medical institution is an independent organization. 80% of hospitals are owned by private practitioners. Japan's health care is currently funded mainly by health insurance funds. Assistance is provided in the form of cash benefits and preferential medical care. The maximum amount of benefits can be up to 90% of the cost of treatment (10% paid by the patients themselves). Hospital insurance pays for the stay by 70%, the rest of the amount the patient pays upon receipt of medical services. At very high cost of treatment to the patient expenses over the established maximum are reimbursed. Medicines, constant care of a private nurse, stay in a separate ward are paid in full at the expense of the patient [29].

The principle of compulsory health insurance applies, for example in France, Canada, Germany and the Netherlands. In Israel and Switzerland, voluntary health insurance predominates and compulsory insurance exists only for individuals in certain professions. According to the State Statistics Service of Ukraine, in 2017 prices for pharmaceutical products and medical products in Ukraine amounted to ≈106% of prices at the end of 2016, and for outpatient services ≈115% (Table 1) [20].

In total, in 2020, prices for goods and services in the "Health" category increased less than the overall consumer price index (107.5% vs. 113.7%). The population became very impoverished and treatment became twice as expensive. The Ministry of Health of Ukraine notes that "today more than 90% of medicines on the market are purchased at the expense of the population" (in European countries this figure is about 60%) [21]. Queues and lack of mass quality medical care lead to untimely diagnosis of the disease and complications. This issue is especially acute for the insolvent population (although officially in Ukraine public medicine is free).

That is, de jure medicine is free and publicly available. But in fact, the element of "quality" and "effectiveness" appears only with increasing level of income. Therefore, until the final completion of health care reform (including the introduction of national compulsory health insurance) and

Table 1

**Consumer price indices for goods and services in Ukraine in 2016–2020
(December to December of the previous year, %)**

Year	Consumer price index	Healthcare	Pharmaceutical products, medical goods and equipment	Outpatient services
2016	100,5	103,0	103,0	103,2
2017	124,9	130,0	144,9	117,4
2018	143,3	129,1	134,6	124,4
2019	112,4	107,8	106,4	111,7
2020	113,7	107,5	106,1	114,9

Source: compiled by the author on the basis of [20]

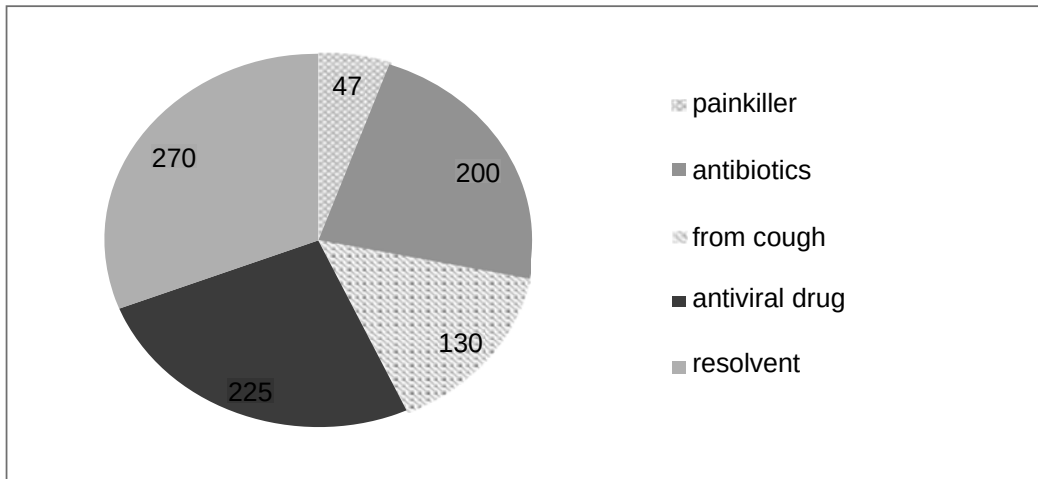


Figure 2. "First aid kit" from the flu, UAH

Source: compiled by the author on the basis of [27]

optimization of funding for public hospitals and clinics, there is an urgent need for alternative health care, especially for people with disabilities [13].

For example, for the treatment of severe seasonal flu with complications after it is necessary to spend about 900 UAH (Fig. 2), which was 28% of the minimum wage of 3200 UAH in 2020. This amount doesn't yet take into account the cost of prior consultation with a doctor. According to the National Commission for State Regulation of Financial Services Markets [23], the market of voluntary health insurance is in decline – in Ukraine for 9 months of 2020 only about 10% (2,025.5 million UAH) of total net insurance premiums belonged to the category of "health insurance (continuous health insurance)".

The total number of insurance companies (IC) as of 30.09.2020 was 296, including life insurance – 34 companies, non-life insurance – 262 companies, as of 30.09.2016 - 323 companies, including IC "Life" – 43 companies, IC "non-life" – 280 companies).

The number of insurance companies tends to decrease, so for 9 months of 2020 compared to the same period in 2016, the number of companies decreased by 27 ICs (Table 2) [23].

Despite the significant number of companies, in fact in the insurance market the main share of gross insurance premiums – 99.6% – is accumulated by 150 non-life insurance companies (57% of all non-

life insurance companies) and 99.8% by 20 life insurance companies (59% of all life insurance companies) [23].

The redistribution in the structure of net insurance premiums as of 30.09.2020, compared to the same period in 2019, took place in favor of such types of insurance as: car insurance (from 32.5% to 34.4%), health insurance (from 9, 0% to 9.7%), accident insurance (from 2.8% to 3.5%).

Also important is the insurance density indicator which shows how much money one person spends on insurance coverage. In Ukraine, one person spends an average of 65,4 dollars USA, while in neighboring Poland it is 140 dollars USA, in Germany – 1482 dollars USA, in Japan – 5–6 thousand dollars USA. The country's insurance industry is considered developed if this figure is more than 140 dollars USA and in Ukraine it doesn't reach this level yet [4]. The high cost of the insurance policy (on average from 5,000 UAH), the lack of a single standard for the basic set of services and the low level of public confidence in insurance companies constrain the growth of the voluntary health insurance market (VHI) [27]. An alternative is state compulsory health insurance (MHI). At the end of 2019, proposals from people's deputies.

The European Social Charter, ratified by the Verkhovna Rada of Ukraine, contains a number of important provisions on various aspects of the

Table 2

Number of insurance companies in Ukraine

Number of insurance companies	Period		
	As of 31.12.2016	As of 30.09.2016	As of 30.09.2017
The total number of IC	361	310	296
including Insurance Company «life»	312	271	262
including Insurance Company «non-life»	49	39	34

Source: compiled by the author on the basis of data [23]

right to social protection, including the right to health care, the right to social security, the right to social and medical assistance and the use of social security services. attitude to the problem under consideration. Let us recall the steps taken towards the first stage of medical reform in Ukraine. As you know, the Verkhovna Rada of Ukraine was waiting for consideration of bills which once again tried to solve this problem in different ways:

- the first – through the introduction of compulsory social health insurance (bills under the register. № 4981, № 4981-1, № 4981-2);

- the second – with a proposal to direct budget funds to pay for specific medical services and medicines provided to patients (the principle of "money follows the patient"), and not to maintain the infrastructure of health care facilities (government bill on state financial guarantees for medical services and medicines », register № 6327).

In fact, these are interconnected models that show what health insurance should ideally be for Ukrainians. They are based on the creation of an appropriate Health Insurance Fund which will cover all segments of the population, not just workers or retirees [19].

According to the concept of draft laws (Reg. №№ 4981, 4981-2), compulsory state medical social insurance should be provided through insurance companies – financial institutions established in the form of joint-stock companies that have received a license to carry it out.

It was proposed to designate the Fund for Guaranteeing Compulsory Social Health Insurance as the main body that will carry out state supervision, control and management in the system of compulsory state medical social insurance. The creation of another fund (currently operating the Social Insurance Fund of Ukraine, the Fund of Compulsory State Social Insurance of Ukraine in the event of unemployment and the Pension Fund of Ukraine) would objectively lead to a significant increase in the cost of organizational activities and duplication of a number of health insurance functions, which are currently assigned to the Social Insurance Fund [19]. Among the risks of introducing private health insurance to be provided by commercial insurance companies are a kind of negative selection, when private insurance companies choose healthy patients and an increase in administrative costs in private insurance companies. According to available information, there are only 5 highly developed countries in the world where private health insurance accounts for more than 20% of total health care costs. Thus, the trade union side didn't support the projects № 4981, 4981-2, as they contradict the requirements of the Constitution of Ukraine, don't take into account international experience and have no financial and economic justification [17].

On December 28, 2017, the President of Ukraine signed the key law of medical reform (№ 6327) – the Law of Ukraine "On state financial

guarantees for the provision of medical services and medicines" [7]. This made it possible to launch the first qualitative changes in the country's healthcare system in 2018.

The law changes the model of state funding of medicine and finally guarantees the provision of quality medical care for citizens.

In fact, in 2018, the national solidarity health insurance system will start operating in Ukraine. All services, tests, research, drugs provided under the state program of medical guarantees will be 100% free. The list of such services will be open. In 2018, the changes affected only primary care. From 2020, the new funding system will work for outpatient and inpatient treatment [10].

Everyone can decide for themselves which medical institution and which doctor to go to, regardless of place of residence or registration. The patient will receive the help and attention of a nurse in any medical institution contracted by the National Health Service of Ukraine, because this is what the state will pay money to a particular institution. And most importantly: the patient will finally receive guarantees that the medical services provided to him will be fully paid by the state [11].

Healthcare workers will receive financial guarantees and a decent income, which will depend on their experience, professionalism and interest in healthy patients. The state will pay each medical institution equally for a quality medical service provided to a patient. The tariff will include all expenses for medical care: medical staff, consumables, medicines, depreciation of equipment and administrative expenses [21].

On January 24, 2018, the League of Insurance Organizations of Ukraine (hereinafter – LSOU) held a meeting of the LSOU Committee on Health Insurance [12]. During the consideration of the agenda, the participants of the meeting worked out the norms of the Law of Ukraine "On State Financial Guarantees of Medical Care" and stressed that the document signed by the President provides ample opportunities for LCA development and requires a new quality of interaction between all participants. The participants of the meeting of the LSOU Committee on Health Insurance considered the optimal ratio of funding sources and their distribution in the health care financing system of Ukraine, as well as the results of insurance companies – members of LSOU with LCA. After analyzing the data of 20 insurance companies-members of LSOU, the LSOU Committee noted that comparing the data for the 2nd quarter of 2017 with the results of the 2nd quarter of 2016, the growth rate of insurance payments is 12.3%, the growth rate of insurance payments – 25.05%. At the same time the level of payments according to the data of 6 months of 2017 was 55.66% against 49.98% following the results of 6 months of 2016 [12].

We will form in table 3 the rating of insurance companies of Ukraine according to the indicators of received insurance premiums.

Table 3

Rating of Ukrainian insurance companies in the field of health insurance

№	The company name	Awards on 30.06.2020, million UAH	Payments to 30.06.2020, million UAH	The level of payments, %
1	Providna	214,77	102,82	48
2	Strakhuvannya AXA	104,96	67,89	65
3	Ingo Ukraine	58,03	45,74	79
4	Ukrainian insurance group	48,75	29,72	61
5	TAS Insurance Group	18,94	15,04	79
6	PROSTO-strakhuvannya	15,67	4,32	28
7	VUSO	15,57	6,71	43
8	Universalna	8,94	8,22	92
9	Ekspres Strakhuvannya	6,72	3,67	55
10	Hlobus VIG	0,09	0,01	15

Source: compiled by the author on the basis of data [22]

As you can see, PJSC IC "Providna" is significantly in the lead in terms of collected insurance premiums with an indicator of 215 million UAH, which is twice the amount of payments received by the next in the ranking of the insurance company. The same quantitative gap is observed between the second and third places in the above ranking.

According to the level of insurance payments, the first place with a rate of 92% is occupied by PJSC "Universalna". The second place with a rate of 79% was shared by PJSC "Insurance Group" TAS "and PJSC" Ingo Ukraine".

Therefore, it is necessary to continue the course of reforms related to health care in general, including the restructuring of relevant institutions, effective financing and equipment of clinics and the development of medical infrastructure throughout Ukraine, as well as improving the quality of health insurance services.

Conclusion. In order to overcome the crisis period in the domestic health care system, it is advisable not only to change the mechanism of its financing but also to change the whole system. Given the need for a systematic approach to reform, we consider it appropriate to modernize the health insurance mechanism through a comprehensive combination of voluntary and compulsory health insurance. Therefore, in Ukraine it is important to consider the possibility of implementing an integrated scheme that contains different elements of these two systems.

Important problems of the low level of health insurance development in Ukraine are: inefficient structure and lack of territorial unity of the compulsory health insurance system; parallel operation of the system of compulsory and voluntary health insurance; lack of clear distinction between paid and free medical services in the domestic legislation; reduction of public funding for the health care system; inefficient use of allocated public financial resources.

It is necessary to define a basic program of compulsory health insurance by creating a clear list of medical services provided to citizens free of charge to avoid duplication of insurance costs.

The state should be interested in attracting private medicine through voluntary health insurance to participate in an integrated scheme of financing the process of providing medical services to the population. Modern social policy of the state should be based not only on the implementation of programs and concepts but also on the involvement of the business environment and the population in solving social problems.

In general, before the introduction of compulsory state medical social insurance or other reforms in this area, it is necessary to complete the development and approval of state social guarantees and standards in the field of health care in accordance with the Law of Ukraine "On State Social Standards and State Social Guarantees" [7], as well as to provide for the development of a single Methodology for calculating the cost of medical services (including in the system of compulsory state social health insurance). But already on their basis to calculate the cost of the minimum guaranteed list of medical services.

The main stages of implementation of compulsory and voluntary insurance as a single complex are as follows: optimization of tariffs for compulsory health insurance on the basis of actuarial calculations, taking into account various factors that may affect the probability of occurrence of insured events; substantiation of the optimal amount of insurance premiums for the unemployed, pensioners and children; introduction of more advanced methods of reimbursement of expenses of medical organizations for compulsory health insurance; establishment of tax benefits in the system of development of voluntary and compulsory insurance for both insurers and policyholders when concluding long-term contracts; increase of insurance tariffs for

those citizens who wish to use the system of state compulsory health insurance and exemption from payment of contributions of persons who have purchased a voluntary health insurance policy; exclusion of the possibility of double payment for services provided under voluntary and compulsory health insurance programs; development of regulations and uniform standards of treatment and provision of medical services, determination of the scope of responsibility of both medical organizations and medical staff. It should be noted that the purpose of state regulation of the insurance mechanism is to develop a program of minimum state guarantees for the provision of medical care to citizens. The program must be clearly defined and balanced with the financial capabilities of the state. Given the above, it is clear

that for the development of health insurance in Ukraine it is necessary: working out a mechanism for financing health insurance processes, which should be of a mixed form, including free funds of the population for non-governmental insurance organizations; expansion of health insurance services, which should cover the cycle: disease treatment, prevention, sanatorium treatment; adjustment of certain provisions of tax legislation in order to introduce incentives for the health insurance industry, etc.

The new modern model of financing the health care system should include clear and transparent state guarantees for the provision of medical care, financial protection of citizens in case of illness, efficient allocation of financial resources and reduction of informal payments.

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