МИНИСТЕРСТВО ИНОСТРАННЫХ ДЕЛ УКРАИНЫ ПОСОЛЬСТВО УКРАИНЫ В ГРУЗИИ ТБИЛИССКИЙ ГОСУДАРСТВЕННЫЙ УНИВЕРСИТЕТ ИМЕНИ ИВАНЭ ДЖАВАХИШВИЛИ

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Health Financing Policy in the Ukraine and Georgia: Problems and Perspectives

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Abstract

After gaining independence, the crises in the healthcare systems of Post-Soviet countries required fundamental reformation of the sector. Over the past 25 years Ukraine and Georgia passed through specific ways to healthcare system reformation.

In Ukraine health system financing has essentially retained the Soviet system of tax-based approach. Officially, Ukraine has a comprehensive guaranteed package of health care services provided free of charge at the point of use as a constitutional right, nevertheless, user charges are widely levied in the Ukrainian health system. Most part of the health financing comes from general government revenues raised through taxation. Out-of- pocket payments account for a significant proportion of the total health expenditure and there are some limited Voluntary health insurance (VHI) schemes. Health care reform plan initiated from 2000, but Ukrainian health care system is still largely based on the Semasko model. Hospital financing is based on the number of hospitals beds, which provides strong incentives for local authorities to maintain large-scale facilities.

The process of health care system reorientation began in 1995 in Georgia. The main objective of the reforms was to restore the order in the field functioning in an unorganized manner, to establish qualitatively new relationships in the system, corresponding to the requirements of the country's political and economic development. Since 2013, the Universal State Healthcare Program has been enacted. The goal of these reforms was to provide all citizens of Georgia with basic benefit package. The program financing has rapidly increased. It went from 365 million GEL to 980 million GEL in 2018. Despite increased government spending on healthcare in Georgia, the share of government spending on health care is significantly lower not only compared to the margin recommended by WHO, but compared to the indicators of many

low-income, poor countries. Therefore, the population has to bear substantial costs of medical services itself.

In this respect, a comparative analysis of healthcare system financing in Ukraine and Georgia is very interesting.