

MODERN HEALTH CARE REFORM IN UKRAINE: LEGAL AND SOCIAL RESULTS

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I. PROBLEM STATEMENT

The comprehensive reform of the healthcare sector currently underway in Ukraine has fundamentally changed the organisational and economic principles of governance. “Reform in the field of healthcare is aimed, first of all, at modernising the processes of its public administration and improving the legal support of its state-administrative relations”.¹ The main objective

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Anishchenko, Pozdniakova-Kyrbiatieva, Pozdniakova,
Shyian, Shyian

of the reform is to ensure equal access to high-quality medical services and to reformat the system with a patient-oriented focus, since “the safety and protection of human health is a prerequisite for sustainable development and economic growth”.²

The Strategy for the Development of the Healthcare System up to 2030, approved in January

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¹ Yu. I. Senyuk & Z.O. Nadyuk, *Modern Public Policy In The Field Of Health Care: Analysis Of System Reform*, PRAVO TA DERZHAVNE UPRAVLINNYA (2020), available at http://pdu-journal.kpu.zp.ua/archive/2_2020/34.pdf [in Ukrainian].

² Association Agreement between Ukraine, of the one part, and the European Union, the European Atomic Energy Community and their Member States, of the other part (2014), available at https://zakon.rada.gov.ua/laws/show/984_011#Text [in Ukrainian].

Anishchenko, Pozdniakova-Kyrbiatieva, Pozdniakova,
Shyian, Shyian

2025 and oriented toward leading international experience, defines that it is a constitutional obligation of the State to create proper conditions for effective and accessible medical services and care for citizens, while strengthening, protecting, and preserving health are key tasks and priorities.³

At the same time, the modern reform of the healthcare sector has become a “test” of resilience: in 2020, in 2022 – full-scale hostilities on the territory of Ukraine, which led to the destruction of civilian infrastructure and healthcare institutions, mass migration of medical personnel, revealed gaps, and created a number of new tasks for the healthcare system that are not limited to the fulfilment of existing functions and the need to respond to and minimise the consequences of armed aggression (increased workload on medical staff, rehabilitation care, development of forensic medical examination,

³ Cabinet of Ministers of Ukraine, *Strategy For The Development Of The Healthcare System For The Period Until 2030*, Order No. 34-r of 17.01.2025 (2025), available at <https://zakon.rada.gov.ua/laws/show/34-2025-p#Text> [in Ukrainian].

reformatting of psychological and psychiatric care, etc.).

II. STATE OF RESEARCH ON THE ISSUE

Certain issues of healthcare reform have been studied by M. Zaiarskyi, K. Horbunova, V. Lekhan, V. Karlash, M. Kovalevskyi, L. Kriachkova, Z. Nadiuk, Yu. Seniuk, V. Stetsenko, S. Stetsenko, O. Ustinova, Ya. Shatkovskyi, R. Shevchuk, T. Yamnenko and others. At the same time, despite the significant contribution of scholars, a number of issues within the scope of the researched problem, as well as taking into account recent legislative changes, have remained insufficiently addressed.

III. OBJECTIVE

Analysis of the main achievements of healthcare reform from the end of 2016 to the present, outlining the problems and factors influencing the results of the transformation.

The completeness and comprehensiveness of the results were achieved through a combination of general scientific and special methods. The formal-legal method made it possible to analyse the main stages of healthcare reform, while the logical-semantic method was used to determine the main advantages and outline the problems of modern healthcare reform.

IV. MAIN BODY

The modern reform of the healthcare system can conditionally be divided into three stages. At the first stage (since 2016), the transformation affected primary care – the patient enrolment (attachment) campaign to physicians, the results of which revealed a number of problematic issues: imbalance between supply and demand, staffing issues (a significant number of physicians of retirement and pre-retirement age who are not ready to work with computers), problems with internet access and provision of computer equipment, organisational issues (home visits, servicing patients during

vacations, sick leave, maternity leave, medical examinations, certification of death, care for bedridden patients); transition to a new financing system and reorganisation of primary healthcare institutions from state to municipal ownership in order to obtain direct funding from the State Budget and the possibility of concluding contracts with the National Health Service of Ukraine (NHSU).

It should be noted that a significant advantage of healthcare reform is precisely the financing of healthcare institutions. The NHSU is the single purchasing entity in the healthcare sector. The financing procedure differs from the previous one in that currently funds are not allocated from the State Budget directly to healthcare institutions providing services free of charge; instead, a fundamentally new principle is applied – public procurement of the relevant services from healthcare institutions. Currently, competition for patients exists both among municipal non-profit enterprises and with individual entrepreneurs (self-employed physicians) and private institutions.

Changes at the first stage also affected certain legislative provisions regulating standards of medical care (uniform norms and protocols governing all stages of care) – a key mechanism for ensuring the provision of high-quality medical services. The system of standardisation of the Ministry of Health of Ukraine is regulated by the Laws of Ukraine “On State Social Standards and State Social Guarantees”,⁴ “Fundamentals of the Legislation of Ukraine on Healthcare”,⁵ as well as orders of the Ministry of Health. In the medical field, according to I. Ya. Seniuta, standards are regulatory legal acts that regulate the actions of providers of medical services, directly related to improving both physical and mental health in order to achieve a positive therapeutic result.⁶ Three groups of

⁴ Law of Ukraine, “On State Social Standards and State Social Guarantees” (2000, as amended). *Vidomosti Verkhovnoi Rady Ukrainy*, 2000, No. 48, Art. 409.

⁵ Law of Ukraine, “Fundamentals of the Legislation of Ukraine on Healthcare” (1992, as amended), available at <https://zakon.rada.gov.ua/laws/show/2801-12#n324> [in Ukrainian].

⁶ I. Ya. Seniuta, *Healthcare Standards As A Source Of Legal Relations For The Provision Of Medical Care* (2022), available at <https://medcom.unba.org.ua/publications/print/2975-standarti-u-sferi-ohoroni-zdorov-yayak-dzherelo-pravovidnosin> [in Ukrainian].

standardisation objects are distinguished: resources (medical and pharmaceutical institutions, information institutions, personnel and their qualifications, material and technical equipment), processes (treatment, diagnostic, preventive, rehabilitation, organisational and medical technologies), and outcomes of medical interventions (treatment results, effectiveness of medicines).⁷

In 2016, by order of the Ministry of Health, the principles of “unified clinical protocols” were abolished, which allowed physicians, at their own discretion, to choose a clinical protocol from officially recognised electronic resources of various countries and apply it without adaptation as so-called new clinical protocols. This creates risks for the integration and continuity of healthcare delivery. As noted by K. Kosiachenko, Head of the Department of Standards in Healthcare of the State Expert Centre of the Ministry of Health of Ukraine, “in many

⁷ V.G. Ligvinskyi, V.O. Zhahovskyi, A.V. Shvets, & O.M. Ivanko, *Standardization In The Healthcare Sector Of Ukraine*, 3 UKRAINIAN JOURNAL OF MILITARY MEDICINE 5 (2022) [in Ukrainian].

developed countries standards are the foundation of the healthcare system, providing clear guidance for physicians and healthcare institutions. In Ukraine, however, standardisation has not yet reached an appropriate level due to a number of internal and external factors that hinder progress”.⁸

The relevance of this issue is also determined by the fact that Ukraine is in a state of war, since the provision of medical care during hostilities differs significantly from its provision in peacetime conditions and is carried out with mandatory observance of the principles of timeliness, consistency, continuity, and staged provision. Accordingly, it is necessary to develop a system of standards for the defence healthcare sector that takes into account its specific functions (provision of medical care, medical evacuation and treatment procedures, sanitary-hygienic and anti-epidemic measures, medical supply, military-professional

⁸ K. Kosyachenko, *Standardization Of Medical Care In Ukraine: Current Status, Problems And Development Prospects* (2021), available at www.umj.com.ua/uk/publikatsia-259695-standartizatsiya-medichnoyi-dopomogi-v-ukrayini-suchasnij-stan-problemi-ta-perspektivi-rozvitku [in Ukrainian].

training of medical personnel, etc.), which will contribute to its approximation to international medical standards in the field of defence.

In addition, according to legal scholars (M. Shkilnyak, K. Derpak, Yu. Derpak), a certain risk is also posed by the new Procedure for Accreditation of Healthcare Institutions, which at the legislative level (Article 16 of the Fundamentals of the Legislation of Ukraine on Healthcare) transformed accreditation from mandatory state to voluntary for healthcare institutions as of January 2018.⁹

The second stage (since 2020) extended the reform to secondary (specialised) care and other healthcare institutions: the Medical Guarantees Programme was introduced, electronic medical records, electronic sick leave certificates, and electronic prescriptions under the “Affordable Medicines” programme were implemented, and contractual relations between healthcare institutions

⁹ M. Shkilnyak, K. Derpak, & Yu Derpak, *Theoretical And Methodological Foundations Of State Policy Research On The Modernization Of The Primary Health Care System* (2023), available at <https://family-medicine.com.ua/article/view/282490/277332> [in Ukrainian].

and the NHSU were realised. According to the report “Healthcare Financing Reform in Ukraine”, prepared by the World Bank and the WHO Regional Office for Europe, by the end of 2020, 68% of total public healthcare expenditure had been consolidated within the framework of the Medical Guarantees Programme.¹⁰

In February 2023, the Cabinet of Ministers of Ukraine adopted the Resolution “Certain Issues Concerning the Organisation of a Capable Network of Healthcare Institutions”¹¹, which determined that each oblast shall constitute a separate hospital district, divided into relevant clusters. From this moment, the third — infrastructural — stage of the reform began. According to legislators, hospital planning will ensure accessibility, quality, and the

¹⁰ World Bank & WHO Regional Office for Europe, *Healthcare Financing Reform In Ukraine: Progress And Future Directions* (2022), available at <https://iris.who.int/bitstream/handle/10665/366374.pdf> [in Ukrainian].

¹¹ Cabinet of Ministers of Ukraine, *Some Issues Of Organizing A Capable Network Of Healthcare Institutions* (Resolution No. 174 of 28.02.2023) (2023), available at <https://zakon.rada.gov.ua/laws/show/174-2023-п#Text> [in Ukrainian].

free-of-charge nature of medical care, and will also make it possible to define priorities for the restoration of the healthcare sector after the war.

At the same time, a certain negative impact on the implementation of healthcare reform was exerted by another reform — decentralisation of power, as a result of which amalgamated territorial communities were created. As a consequence, primarily in rural areas, certain healthcare institutions were optimised (liquidated), which caused difficulties in accessing medical services.¹² The liquidation of individual healthcare institutions contradicts Article 49 of the Constitution of Ukraine regarding the State's obligation to promote the development of healthcare institutions of all forms of ownership.¹³

In addition, the declarative nature of certain legislative provisions regulating activities in the healthcare sector remains problematic. In particular,

¹² O.A. Boiko & G.G. Kryvchyk, *Pros And Cons Of Medical Reform* (2023), available at <https://archive.liga.science/index.php/conference-proceedings/article/view/308> [in Ukrainian].

¹³ Constitution of Ukraine (1996), available at <https://zakon.rada.gov.ua/laws/show/254к/96-бп#Text> [in Ukrainian].

the Law of Ukraine “On State Financial Guarantees of Medical Services for the Population”¹⁴ has in practice implemented Article 49 of the Constitution of Ukraine with regard to effective, accessible, and free medical services ensured by state funding not only for state and municipal healthcare institutions but also through socio-economic, medical-sanitary, and preventive health programmes.

Moreover, owing to the above-mentioned law, the Law of Ukraine “On Amendments to Certain Legislative Acts of Ukraine Regarding Improvement of Legislation on the Activities of Healthcare Institutions” (on autonomisation)¹⁵, the Order of the Cabinet of Ministers of Ukraine “On Approval of the Concept of Healthcare Financing Reform”,¹⁶ and

¹⁴ Law of Ukraine, “On State Financial Guarantees of Medical Care for the Population” (2017), available at <https://zakon.rada.gov.ua/laws/show/2168-19> [in Ukrainian].

¹⁵ Law of Ukraine, “On Amendments to Certain Legislative Acts of Ukraine Regarding Improvement of Legislation on the Activities of Healthcare Institutions” (2017), available at <https://zakon.rada.gov.ua/laws/show/2002-19#Text> [in Ukrainian].

¹⁶ Cabinet of Ministers of Ukraine, *On Approval Of The Concept Of Reform Of The Healthcare Financing System* (Order No. 1013-r of 30.11.2016) (2016), available at <https://zakon.rada.gov.ua/laws/show/1013-2016-p#Text> [in Ukrainian].

other legal acts, the scope of the free-of-charge provision under Article 49 of the Constitution has in fact been expanded. It now applies not only to state and municipal healthcare institutions but also to private institutions that cooperate with the NHSU within the framework of the State Medical Guarantees Programme.¹⁷ This is essentially a Beveridge-type model that integrates market mechanisms into the economic dimension of healthcare and allows private healthcare institutions to act as providers of medical services under the State Medical Guarantees Programme¹⁸.

However, in practice these legislative innovations did not achieve significant success at first, as private healthcare institutions were unwilling to cooperate with the NHSU due to the low tariffs provided for medical services under the Programme.

¹⁷ M.A. Anishchenko, *Declarative Norms In The Legislation Of Ukraine On Health Care: Issues Of Implementation*, in AZOV LEGAL READINGS-2024: PROCEEDINGS, 12–14 (2024) [in Ukrainian].

¹⁸ M.A. Anishchenko, *Legal And Organizational Issues Of Introducing Co-Payment Into The Program Of State Financial Guarantees For Medical Care For The Population* (2024), available at [dspase.zsmu.edu.ua/bitstream/123456789/21259/1/c5-7.pdf](https://dSPACE.zsmu.edu.ua/bitstream/123456789/21259/1/c5-7.pdf) [in Ukrainian].

In order to improve the situation in this area, in 2023 the Ministry of Health of Ukraine established and approved a working group to strengthen the role of private healthcare institutions in the restoration and development of the healthcare system.¹⁹

Strengthening public-private partnership in the healthcare sector will contribute to the revival of the somewhat forgotten concept of co-payment for medical services in contemporary administrative and legal practice. The provisions of the Concept of Healthcare Financing Reform stipulate that the cost of medical services may be covered fully or partially through an insurance system (i.e., official co-payment by the patient and the State for services and/or medicines).

Given that co-payment for medical services would contradict the requirements of Article 49 of the Constitution of Ukraine, its introduction in state

¹⁹ Ministry of Health of Ukraine, On The Establishment And Approval Of The Composition Of The Working Group To Strengthen The Role Of Private Healthcare Institutions In The Restoration And Development Of The Healthcare System (Order No. 1245 of 10.07.2023) (2023), available at <https://moz.gov.ua/article/ministry-mandates/nakaz-moz-ukraini-vid-10072023--1245> [in Ukrainian].

and municipal healthcare institutions is impossible, whereas this cannot be said of private institutions. For example, in a private medical facility the tariff for a particular medical service may be twice as high as under the Medical Guarantees Programme; accordingly, cooperation with the NHSU will be economically viable only if both the patient and the NHSU contribute to the payment. Thus, the introduction of co-payment is a rather promising development for the State, the healthcare business, and patients alike (the State will expand coverage of the Programme, the medical business will receive an additional source of financing, and the patient will obtain an additional option — to receive treatment free of charge in a state or municipal institution or at a significant discount in a private one), but its practical implementation requires corresponding amendments to national legislation.

Healthcare reform has also facilitated the effective implementation of the provisions regarding the choice of a physician and a healthcare institution, as provided for in Part 2 of Article 284 of the Civil

Code of Ukraine and Article 38 of the Law of Ukraine “Fundamentals of the Legislation of Ukraine on Healthcare”. These provisions had long been declarative due to the absence of an effective implementation mechanism (citizens were generally treated according to their place of registration in outpatient and inpatient healthcare institutions). At the same time, this limited patients’ rights guaranteed by Article 49 of the Constitution of Ukraine.

The adoption of the Law of Ukraine “On State Financial Guarantees of Medical Services for the Population”, the Resolution of the Cabinet of Ministers of Ukraine “Certain Issues of the Electronic Healthcare System”, the Order of the Ministry of Health of Ukraine “On Approval of the Procedure for Choosing a Primary Care Physician and the Form of the Declaration for Choosing a Primary Care Physician”, and other regulatory legal acts regulating this area have improved the effectiveness of the mechanism for choosing a physician and, accordingly, citizens’ right to choose

a physician and a healthcare institution. As can be seen, “any democratic norm remains ‘dead’, unrealised, and declarative without an effective, legally enshrined mechanism for its implementation”.²⁰

Furthermore, modern healthcare reform has implemented the provisions of Part 4 of Article 13 of the Constitution of Ukraine, which stipulates that the State ensures the protection of the rights of all subjects of property and economic activity and the social orientation of the economy; all subjects of property rights are equal before the law. This constitutional norm has found vivid expression in the healthcare sector thanks to the reform. Under the Law of Ukraine “On State Financial Guarantees of Medical Services for the Population” and other regulatory legal acts adopted for its implementation, including Cabinet of Ministers Resolution No. 391 of

²⁰ D. Yu Gudimenko, *The Mechanism For Implementing The Choice Of A Doctor And Healthcare Institution: An Innovation In Modern Legislation* (2024), available at dspase.zsmu.edu.ua/bitstream/123456789/21259/1/c10-12.pdf [in Ukrainian].

28 April 2018 “On Approval of the Requirements for Providers of Medical Services to the Population with Whom Main Spending Units Conclude Contracts on Medical Services for the Population”²¹, contracts under the Medical Guarantees Programme may now be concluded with healthcare institutions of state, municipal, and private ownership, as well as with individual entrepreneurs licensed to practise medicine.

Under the previous model of healthcare financing (the Semashko model), which used a budget-estimate method of financing, private providers could not claim budget funds; only state and municipal healthcare institutions were financed from the budget. In our view, this violated the equality of subjects of private ownership compared to subjects of state and municipal ownership in the healthcare sector and raised doubts about the full implementation of Part 4 of Article 13 of the

²¹ Cabinet of Ministers of Ukraine, *On Approval Of The Requirements For Healthcare Service Providers Contracting With The Main Budget Administrators* (Resolution No. 391 of 28.04.2018) (2018), available at <https://zakon.rada.gov.ua/laws/show/391-2018-п#Text> [in Ukrainian].

Constitution of Ukraine. However, the regulatory legal acts implementing the modern healthcare reform have more fully realised this constitutional provision, at least in the healthcare sector.

This development has not only significant legal but also social importance. The State is not concerned with the form of ownership (state, municipal, or private) of the provider; what matters is that the healthcare services are high-quality, accessible, and fully satisfy citizens' constitutional right to health protection and medical care. This approach promotes both the quality and accessibility of medical care for the following reasons. First, accessibility improves due to the expansion of the network of institutions participating in the Medical Guarantees Programme through the inclusion of private healthcare institutions and licensed individual entrepreneurs. This was particularly evident when public healthcare in many Ukrainian cities could not cope with the large patient flow, and private practitioners, primarily general practitioners/family doctors, made a significant

contribution to overcoming the consequences of this socially significant infectious disease. Second, the introduction of market mechanisms and fair competition in healthcare practice contributes to improving the quality of medical services, as competing providers must demonstrate their advantages to attract patients (service quality, new equipment, highly qualified staff, comfortable conditions, etc.). Consequently, thanks to the implementation of many previously declarative provisions, modern healthcare reform has significantly improved both the quality and accessibility of medical services.

A separate issue in modern healthcare reform is digitalisation – the introduction of modern digital, information, and computer technologies into healthcare practice. Essentially, the electronic healthcare system, introduced by the Law of Ukraine “On State Financial Guarantees of Medical Services for the Population” and Cabinet of Ministers Resolution No. 411 of 28 April 2018 “Certain Issues

of the Electronic Healthcare System”²², serves as the information, communication, and documentation basis for medical practice (electronic patient profiles, appointments and diagnoses, electronic referrals, electronic prescriptions, vaccination records, etc.). These tools significantly optimise the work of healthcare professionals and simplify patients’ access to medical services. For example, an electronic referral for hospitalisation allows a patient to choose any facility of the corresponding specialisation throughout Ukraine.

The next stage of healthcare reform is expected to be the implementation of the declarative provision contained in Article 1 of the Law of Ukraine “On Compulsory State Social Insurance”, which provides that health insurance is carried out within the framework of compulsory state social insurance.²³

²² Cabinet of Ministers of Ukraine, *Some Issues Of The Electronic Healthcare System* (Resolution No. 411 of 28.04.2018) (2018), available at <https://zakon.rada.gov.ua/laws/show/411-2018-rr#Text> [in Ukrainian].

²³ Law of Ukraine, “On Compulsory State Social Insurance” (1999), available at <https://zakon.rada.gov.ua/laws/show/1105-14#Text> [in Ukrainian].

Currently, health insurance in Ukraine is voluntary. It should be noted that since the beginning of the full-scale war, demand for health insurance has increased, as citizens need additional protection. For citizens residing in active combat zones, as well as displaced persons abroad, the possibility of online medical consultations is provided.

At the same time, the country's martial law status hinders healthcare reform. This concerns the delayed involvement of insurers in covering the cost of medical services at the secondary and tertiary levels of healthcare provision.²⁴ There is also a gradual increase in the implementation and realisation of corporate insurance programmes from employers, which significantly enhances the attractiveness of a company for both employees and job candidates. In some cases, corporate insurance may also cover family members of the employee.

Furthermore, in 2024 the Law of Ukraine "On Insurance" entered into force. It was adopted in 2021

²⁴ European Business Association, *New Insurance Law: Key Changes* (2024), available at <https://eba.com.ua/novyj-zakon-pro-strahuvannya-klyuchovi-zminy> [in Ukrainian].

with the aim of reforming and aligning the insurance market with European standards. The main emphasis of the law is on ensuring the solvency, transparency, and integrity of insurers in relation to clients.²⁵ Amendments to subordinate legal acts regulating the procedures and conditions of insurance for specific classes of insurance were required to be implemented by 01.01.2024. However, as of May 2025, this task has not been fully completed, resulting in the insurance market, including in the healthcare sector, being in a state of regulatory uncertainty.

In December 2024, the Cabinet of Ministers of Ukraine approved the procedure for implementing the State Programme of Medical Services Guarantees for 2025, according to which:

– funding was increased by 16 billion UAH, including for primary healthcare with consideration of the rural coefficient, which will allow increasing payment per patient (Presidential Decree “On Measures to Ensure Access to Medical and

²⁵ Law of Ukraine, “On Insurance” (2021), available at <https://zakon.rada.gov.ua/laws/show/1909-20#Text> [in Ukrainian].

Rehabilitation Care, Medicines, and Medical Devices in Rural Areas”)²⁶;

– all state and specialised healthcare institutions are included in the unified space of the Programme;

– three-year contracts with emergency care centres are provided, including special coefficients for providing medical care in territories of potential combat, active combat zones, and mountainous regions;

– additional funding for services for treating war injuries (within the packages “Inpatient Care for Adults and Children without Surgical Operations” and “Surgical Operations for Adults and Children in Inpatient Conditions”); additional coefficients for performing the most complex surgeries, intensive care treatment, performing dialysis interventions in acute conditions; within the framework of strengthened rehabilitation measures, the possibility for patients to receive up to 26 rehabilitation cycles

²⁶ President of Ukraine, *On Measures To Ensure Access To Medical And Rehabilitation Care, Medicines, And Medical Devices In Rural Areas* (Decree No. 483/2024 of 26.07.2024) (2024), available at <https://zakon.rada.gov.ua/laws/show/483/2024#Text> [in Ukrainian].

per year has been added, which is important for patients with amputations)²⁷;

– 44 medical service packages are provided, the new ones include radioisotope diagnostics (access to diagnostic methods for oncological diseases, including PET scans); psychosocial and psychiatric care (development of mental health centres and mobile multidisciplinary teams for adults and children);

– improved payment and working conditions (for resident doctors, a salary of at least 15,000 UAH is provided; for their mentors, additional payments are made from the Programme package “Ensuring the Human Resource Potential of the Healthcare System through the Organisation of Medical Care with the Involvement of Resident Doctors (Pharmacists)”);

– the “Affordable Medicines” reimbursement programme has been expanded, adding more than 30 new active substances (combined drugs for treating

²⁷ O.V. Ustinov, 2025: *What It Will Be Like For Doctors And Patients* (2024), available at www.umj.com.ua/uk/publikatsia-261871-2025-rik-yakim-vin-bude-chi-ne-bude-dlya-medikiv-i-patsiyentiv [in Ukrainian].

cardiovascular diseases, rheumatological, neurological, endocrine, and pediatric diseases). In addition, under this programme, citizens of rural areas and frontline communities are provided the opportunity to order free of charge via Ukrposhta over 500 prescription drugs and 10,000 non-prescription items; purchase medicines in Mobile Pharmacies (currently successfully operating in 13 regions of the country: Zhytomyr, Zaporizhzhia, Kyiv, Lviv, Mykolaiv, Odesa, Rivne, Ternopil, Kharkiv, Kherson, Cherkasy, Chernihiv, and Chernivtsi – 24 mobile pharmacy points covering 644 settlements)²⁸;

– liquidation of medical-social expert commissions and introduction of a digitalised system for assessing daily functioning of individuals at cluster and super-cluster hospitals (implementation of an electronic system integrated with eHealth and available to healthcare institutions; later

²⁸ *How To Use The “Mobile Pharmacies” Service* (2024), available at <https://e-aid.diiia.gov.ua/pages/shche-bilsh-dostupni-liky.html> [in Ukrainian].

synchronized with the information systems of the Ministry of Justice, Ministry of Social Policy, Ministry of Economy, and Ministry of Education, allowing the support procedure for people with disabilities to become transparent and operational; funding for expert teams; granting authority to family or attending physicians to issue referrals; patient cases are assigned without transferring personal data);

- new tariffs for palliative care and expansion of rehabilitation services;

- provision of free mental healthcare services by all primary healthcare institutions²⁹.

The issue of transparency and the anti-corruption orientation of the modern healthcare reform is of particular importance for both the state and society. In addition to the above, several of the most striking examples should be mentioned in this context. Thus,

²⁹ Cabinet of Ministers of Ukraine, *Some Issues Of Implementing The Program Of State Guarantees Of Medical Care For The Population In 2025* (Resolution No. 1503 of 24.12.2024) (2024), available at <https://www.kmu.gov.ua/npas/deiaki-pytannia-realizatsii-prohramy-derzhavnykh-harantii-medychnoho-obsluhovuvannia-naselennia-u-2025-rotsi-1503-241224> [in Ukrainian].

according to the amendments to the Law of Ukraine “On Prevention of Corruption”, members of medical-social expert commissions, military-medical commissions, and medical-flight commissions became subjects of electronic declaration. Moreover, from the moment the expert teams for assessing daily functioning of a person were established (January 2025), members of these teams are also required to submit electronic declarations.³⁰

In addition, in 2024, Article 78-1 of the Law of Ukraine “Fundamentals of the Legislation of Ukraine on Healthcare” titled “Restrictions established for medical, pharmaceutical workers and rehabilitation specialists during the performance of their professional activities” was improved, in particular with regard to the prohibition for healthcare workers to directly or indirectly request, demand, and/or receive for themselves or their close

³⁰ Law of Ukraine, “On Prevention of Corruption” (2014, as amended), available at <https://zakon.rada.gov.ua/laws/show/1700-18#Text> [in Ukrainian].

relatives souvenir or branded products from business entities that produce and/or sell medicines, medical devices, rehabilitation aids, or their representatives for the purpose of promoting samples of medicines, medical devices, and rehabilitation aids.

Legal professional restrictions for medical workers are limitations on the professional rights and duties of medical workers established by law in order to ensure state interests, prevent offences, and protect the rights and legitimate interests of the medical workers themselves.³¹ These restrictions were introduced into legislation so that healthcare workers, motivated by material benefits, would not provide information about certain medicines or certain brands of medicines or other medical products that differs somewhat from accurate information. As Carmen M. Cusack and Matthew E. Waranius rightly point out in their works, “No longer do consumers of information have to work to

³¹ O. H. Aleksieiev & M. A. Anishchenko, *Legal Professional Restrictions Of Medical Professionals Under The Legislation Of Ukraine: Problems And Prospects*, 16 *Patologiya* 288 (2019) [in Ukrainian].

find information. The difficulty now lies in finding good information.”³².

V. CONCLUSION

The reform of the healthcare sector has significantly changed the organisational and economic principles of governance, which are aimed, first of all, at modernising public administration and improving the legal regulation of its state-administrative relations. However, despite the positive changes that have occurred as a result of healthcare reform, both the legislative framework regulating activities in the healthcare sector and the management mechanisms of the Medical Guarantees Programme require further improvement.

To ensure their effective implementation, it is necessary to develop a practical mechanism of interaction at both the national level (Ministry of Health, National Health Service of Ukraine, Ministry

³² C. M. Cusack & M. E. Waranius, *Watering Down The Seventh Amendment: Will Trials Still Leave A Bad Taste In Your Mouth?*, 27 JOURNAL OF LAW AND SOCIAL DEVIANCE 39 (2024).

of Finance of Ukraine, Cabinet of Ministers of Ukraine) and the regional level (interregional departments of the NHSU, local administrations, councils of hospital districts). After all, only under conditions of proper legislative regulation of both theoretical and practical aspects of healthcare reform can its effective implementation be achieved, which is a guarantee of significant socially important results.