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PECULIARITIES OF REFORMS OF NATIONAL HEALTH SYSTEMS IN EUROPEAN COUNTRIES

The state health care policy in Ukraine is: socially significant, relevant for statesmen, politicians, public servants, doctors, public figures; the most important tool for ensuring the proper preservation, functioning and development of domestic society. The success of this policy depends on many factors, including awareness and consideration of the positive and negative foreign practices of health care reform. The experience of European and CIS countries is interesting for Ukraine. Learn from this experience to overcome the internal challenges of health care reform. This experience is analyzed by a wide range of researchers. The need to reform health care by increasing health care costs and the need to increase the health care system's ability to improve public health. Health care reform in Europe has been carried out by: giving priority to primary health care; introduction of mechanisms for saving money and increasing the capacity for quality medical care in market conditions. The introduction of primary health care has had positive achievements. However, her 40 years of experience show that today only 50% of the world's population has access to basic medical services. In the process of reforms, mechanisms were introduced: decentralization of the health care system, participation of citizens in the management of local health care; the right to choose a doctor, hospital and insurer, the patient's participation in medical decisions; providing financing and savings of the health care system in market conditions; strengthening its capacity to improve the health of the population by improving the management of medical facilities and the quality of medical services.

The implementation of reforms in Europe has been difficult and with unpredictable consequences. The reform process took place under the influence of external and internal factors. In the process of reform, the main obstacles were: decentralized management of the reform, the wrong choice of time for its implementation, the opposition of disinterested groups, resource constraints, especially the lack of trained personnel. The main actors in the reforms were the population, health workers, political elites and interest groups. The last three actors were the biggest opposition.

Key words: *reform; policy; health; experience; Europe; country; mechanism; process; medical care; medical service; medical institution.*