

# **INVESTIGATION OF THE HEALTH CARE SYSTEMS AND MEDICAL INSURANCE APPROACHES IN THE INTERNATIONAL PRACTICE**

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Health is a fundamental human right. Access to health care, which includes access to essential drugs, is a prerequisite for realizing that right. There are about 200 countries on our planet, and each country develops its own set of measures to achieve the three main goals of the health system: three basic goals of a health care system: keeping people healthy, treating the sick, and protecting families against financial ruin from medical bills.

In connection with the foregoing the aim of the study was to investigate the health care systems and medical insurance approaches in the international practice as a way of increasing affordability of the health care. Global health spending is increasing every year due to the aging population and the corresponding increase in chronic diseases; high cost of innovative technology; the growth of patient inquiries in unison with their increased awareness and reluctance to adhere to a healthy lifestyle; outdated priorities and funding mechanisms, are inadequate to meet the requirements of today. But despite this, even today in the XXI century according to WHO data 1.3 billion people in the world do not have access to medical services precisely because they can not afford to pay at a time when they need it. Therefore, financial constraints are one of the main obstacles to accessing medical and pharmaceutical care in many countries. And the solution to this problem is currently being implemented in the world through the introduction of health insurance, which provides confidence in the ability to provide financial and medical assistance during unforeseen health conditions. The main idea of the health insurance is to provide protection against financial loss by unforeseen sickness and others shown on slide.

It has been studied the classification proposed by WHO experts, which distinguishes three primary types of health care systems, as well as a modern, more

detailed classification offering derivative models, of which 9. The financial structure of each of the national health systems has an appropriate level of development, has certain advantages and disadvantages. Our analyses of health insurance models in different countries such as the United Kingdom, France, Germany, Canada, the USA, Japan, Poland show that in a very small number of countries, the state can afford to assume responsibility for almost complete provision of medical care exclusively on a budget basis. Most countries are trying to combine different health financing systems. This is explained primarily by the fact that in today's environment the volume of threats to the health of citizens increases: globalization processes revived the migration of the population, spreading infectious diseases that are not specific to the whole regions; the development of information technology, in addition to positive changes in the economy, generate a number of stressful situations that negatively affect the health of the population; terrorist acts, emergency man-made accidents, etc. Access to countries with a system of government suppliers is almost 100%, while in most "mixed" countries, the difference of 100% consists of additional private insurance. There are no differences between state and mixed systems of providers in terms of quality of care. The private insurance / private provider model of the United States produces the highest costs, but is the lowest level of access and is close to the lowest quality.

Summarizing, we note that the solidarity-corporate model of health services, providing wide access to them to all citizens, most fully ensures the implementation of the basic principle of humanism - the continuity of medical care. And in today's world, health care cannot be even thought of without health insurance coming in the picture. But how the system can be adapted to meet local needs is an area which needs attention of the government of the day in terms of legislation and regulatory initiatives and budgetary allocation for funding.