

**RESEARCH OF FOREIGN EXPERIENCE  
OF THE INTRODUCTION OF MEDICAL INSURANCE:  
PROBLEMS AND PROSPECTS.**

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Introduction of obligatory medical insurance (OMI) in Ukraine is a serious step in reformation of the whole system of health protection. For successful realization of this project development and introduction of modern strategy that can be based on foreign experience of medical insurance are necessary.

According to the WHL estimation nowadays in Ukraine only 3% of GDP is allocated on health protection, and only insignificant part of them, near 5% is paid from the funds of voluntarily medical insurance, and 80% of consumptions is on payments of population.

Therefore the aim of our research is analysis of foreign experience of introduction of the OMI system with determination of problem questions and directions of improvement of this system.

The system analytical method of analysis has been used in research, in particular, grouping and generalization of data. The analysis of foreign experience of the OMI system introduction has been carried out in the case of six countries such as: Estonia, Poland, Japan, Finland, Switzerland, and Germany. It was stipulated by their different geographical, political and socio-economic features. Thus, Estonia and Poland initially had a number of similar with Ukraine macroeconomic factors of influence on the health protection system.

Therefore results of our research have shown that the main positive results of OMI introduction foreign countries are:

- improvement of the quality of rendered services in health protection;
- increase of population lifespan;

- reduction of health protection establishments funding from state;
- increase of access to the doctors of different narrow specialties.

Thus, along with positive tendencies, there are negative consequences, namely:

- rise in medical services and medications prices;
- reduction of amount of functioning health protection establishments;
- difficulties in procedure of getting the directions to narrow specialists;
- durable period of hospitalization expectation;
- the population is poorly informed about the rules of work of the OMI system and it's separate subjects;
- increase of the obligatory tax from the salary of working citizens.

Taking into account the presence of the critical phenomena in native health protection, which on the estimations of specialists, consists of the low level of financing of medicine and pharmacy, low level of profits of population, mistrust of population to the insurance companies, insufficient technological level of equipment of medical establishments; insufficient amount of skilled specialists, and presence of corrupted constituent it is possible to make conclusion, that introduction of the OMI system will bring not only positive changes in a home health protection and social sphere on the whole but also some negative tendencies.

Therefore, in our opinion, the improvement of organizational structure of native health protection is the main problem that must be solved in Ukraine nowadays for subsequent introduction of the OMI system. The principles of social justice and financial practicability must be fixed on basis of this improvement, that will provide more effective introduction of OMI, taking into account the features of organization of the health protection system in Ukraine, and also national features of country.