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LEGAL PRINCIPLES OF RURAL MEDICINE DEVELOPMENT IN THE CONTEXT OF MEDICAL REFORM IN UKRAINE

Abstract. Legal support for the constitutional right of citizens to health care and medical care is an important condition for the realization of the principle of recognition the individual on the highest social value. The state guarantees everyone the right to protection of health, medical care and medical insurance; creates the conditions for effective and affordable medical care for all citizens. At the same time, the low level of provision of modern medical equipment, machinery and medicines makes it virtually impossible to provide timely and high-quality medical services in rural areas. The quality of primary health care in rural areas is in terrible condition and the people who live there, and this is more than 30 % of the total population of Ukraine, were very looking forward to changes in this area. After all, most of the old buildings and medical equipment are in poor condition. Medical institutions do not have a complete set of equipment, medical supplies and equipment necessary for primary care. The state of the legal regulation of providing medical care to the rural population of Ukraine objectively needs to be improved. Despite the adoption of numerous normative legal acts, the issues of providing health facilities located in rural areas with the necessary modern equipment and technology remained unresolved until recently.

The goal of the article is to investigate the current problems of the legal support for providing medical care in the rural settlements. Particular attention is paid to the reform of the network of the rural health facilities and the problems of staffing.

According to the results of the study it is established that from January 1, 2018, the implementation of the rural health reform began in Ukraine. This was due to the need to improve the availability of medical services for the population living in rural areas, to increase the efficiency and effectiveness of the use of funds allocated for the development of health care in the village, to bring the network of healthcare institutions in rural areas and their material and technical support into line with the needs of the population. Rural medicine reform is the lengthy process that requires not only careful adherence to legislation, but also a preliminary assessment of the real state of medicine in the remotest corners of Ukraine in order to prepare a platform for change. It is determined that the implementation of medical reform in cities is perceived better, and therefore much faster is happening, what not to say about the countryside. The prompt and timely solution of the problems of reforming rural medicine is possible with the assistance of the state authorities and local self-government, domestic businesses, foreign investors and financial donors, without which it is extremely difficult to cope with decentralization.

Key words: medical reform, rural medicine, health care, medical care, rural social development.

Introduction. The state guarantees everyone the right to health care, medical care and health insurance; creates conditions for effective and accessible health care for all citizens (Article 49 of the Constitution of Ukraine). At the same time, in 1983, the World Medical Association established that the rural population has the same rights to receive medical care as residents of cities. Although there may be economic and other factors affecting the number of health services available in rural areas, then there should be no difference in their quality [1]. In Ukraine, the availability and quality of health care in rural areas have always been lower than in comparison to the similar assistance received by the city residents. Territorial remoteness from health care facilities, difficulties with transport services, and the mismatch between the logistical base of the rural health care facilities and the modern requirements – all these circumstances create insurmountable obstacles to obtain medical services in the rural areas.

In this regard, the reform of medicine in general and rural medicine in particular has become a pressing issue. The conditions in which the medicine functioned were absolutely unacceptable, starting with the quality of health care and ending with the motivation of the healthcare provider. Previous reforms in the field of health care have not produced the desired result due to the fact that they were inconsistent, mostly fragmented, in general, without changing the outdated system of health care since the time of the planned economy, which made it impossible to adapt it to market relations [2, p. 108].

Since 2018, rural health reform has been implemented in Ukraine, arising by the requirement to improve the availability of health care to the rural population, increase the efficiency and effectiveness of spending on rural health development, and in line with the network of rural health facilities and their logistics to the needs of the population.

Analysis of recent researches and publications. Among scientific research dedicated to the research of social problems of rural development should be allocated leading scientists working in the field of agricultural law, such as: V.M. Yermolenko, M.I. Kozyr, O.O. Pogribniy, V.I. Semchyk, A.M. Stativka, N.I. Titova, V.Yu. Urkevich, V.Z. Yanchuk. However, the legal problems of peasants' access to medical care are poorly researched, which determines the relevance of the chosen topic of the article.

The **purpose** of the article is to investigate the current problems of the legal support for the provision of health care in the rural settlements. Particular attention is paid to the reform of the network of rural health facilities and the problems of staff.

Main results of the study. The low level of availability of modern medical equipment, automotive equipment and medicines makes it practically impossible to provide timely and high-quality medical and preventive services in the countryside. The quality of primary care in rural areas is in a terrible state and the people live there, more than 30 % of the total population of Ukraine, expect changes in this area. After all, the vast majority of the old facilities and medical equipment are low level. Health facilities do not have the full set of equipment, medical supplies and supplies required to provide primary care.

Despite the adoption of numerous regulations, the issue of providing rural health facilities with the necessary modern equipment and technology has not been solved until recently.

In 2017, the Verkhovna Rada of Ukraine has initiated a medical reform and adopted the Law of Ukraine On Improving the Accessibility and Quality of Rural Health Care, which defined the legal, economic and organizational principles and directions of regulation of rural health care development to ensure guarantees of equal treatment, access of peasants to quality and effective health care. In 2017–2018 years 5 billion UAH were allocated for reform of rural medicine, aimed for building new modern medical dispensaries in the rural areas and developing transport infrastructure. The State Budget for 2019 provides another 1 billion UAH in subsidies to local budgets for the implementation of measures aimed at developing the health care system in the rural areas. This money should be spent on the construction of the new medical facilities, equipment for doctors' offices, the purchase of transport and the construction of roads from remote villages to hospitals.

The state has committed itself for ensuring performing of measures to improve the availability and the quality of health care in the rural areas in the following areas: bringing quality healthcare to the public by facilitating the development of health care facilities of all types of ownership in the rural areas, improving the health care network; introduction of the modern technologies for health care in the rural areas, in particular using telemedicine; development and implementation of the rural health programs; introduction of effective mechanisms for involvement of the qualified medical and pharmaceutical workers in the rural areas; development of the transport infrastructure to provide timely medical assistance in rural areas; attraction of investments in the development of health care in rural areas, etc. (Article 4 of the Law of Ukraine On enhancing the availability and quality of health care in rural areas). This is exactly how rural medicine should look like starting from 2018.

The Law of Ukraine On the Priority of Social Development of the Village and the agroindustrial Complex in Agriculture stipulates that the village is favored over the city (per capita) in the construction of educational, cultural, sports and health care facilities (Art. 8), however, rural residents are constantly experiencing restrictions on access to health care services. This is primarily due to the scarcity of the network of relevant health facilities in the rural areas.

At the legislative level, it is ensured that the network of public and communal health care institutions is formed taking into account the needs of the population in health care, the need to ensure the proper quality

of such care, timeliness, accessibility for citizens, efficient use of material, labor and financial resources (Article 16 of the Law Ukraine Fundamentals of the legislation of Ukraine on health care). But the statistics showed otherwise, in particular, the provision of medical and obstetric points in 2010 amounted to only 2 %, dispensaries – 52.5 %, outpatient clinics – 12.1 %, pharmacies – 9.7 % [3, p. 516].

The absence in the villages of medical stations, dispensaries, pharmacies, medical centers and obstetric centers is one of the negative factors that «push» the population out of settlements, increasing the rate of migration [4, p. 244]. Despite the prohibition on the reduction of the existing network of medical institutions (Article 49 of the Constitution of Ukraine and Article 16 of the Law of Ukraine Fundamentals of the legislation of Ukraine on health care), a number of measures aimed at reducing the number of health care facilities located in the countryside and their hospital beds.

The National Program for the Development of Primary Health Care on the Basis of Family Medicine for the Period up to 2011, approved by the Law of Ukraine of January 22, 2010, indicated the requirement to continue the work on creating a network of family medicine outpatient clinics in the rural areas through reorganization health. The State Goal Program for the Development of the Ukrainian Village, approved by the Cabinet of Ministers of Ukraine on September 19, 2007 No.1158, envisaged the restructuring of the network of primary medical (health care) facilities with the introduction of paramedics and obstetricians' points as the part of the rural medical units (item 7, Article II). This approach of the legislator has created the conditions for the destruction of the existing network of the rural health care facilities. It is a well-known fact that a district hospital with the nine and day clinic for 20 persons was closed in the village of Mykolaivka-1 in Dnipropetrovs'k region, which serviced more than 7,000 residents of this village and surrounding villages. The outpatient clinic for family medicine was created instead of the hospital. In this regard, the closest to the village hospital with the nine and day clinic was allocated 70 km away [5].

An analysis of the legislation in this area, which was in force until 2017, evidences about the gradual tendency to reduce the mandatory number of the health facilities in the rural areas. Thus, by the Decree of the President of Ukraine On Comprehensive Measures to Improve Health Care for Rural Population for 2002–2005 of January 3, 2002, No. 8, it was envisaged to continue the establishment of the general practice dispensaries in the rural settlements with more than 1 thousand people – family medicine (p. 4). That is, according to this normative legal act, for every 1 thousand rural population 1 outpatient clinic should operate. But the Order of the Ministry of Health of Ukraine dated September 10, 2013 No. 793 established a standard of provision for outpatient clinics for rural population, which determines the proportion between the number of the rural population and the number of outpatient clinics and specifies the minimum required number of outpatients per 10 thousand rural population: $N_{AmbC} = 3,3$. For comparison in the European countries, the availability of health facilities is 4.9 per 10 thousand people, regardless of the city or village [6].

Thus, even adherence to the said standard did not ensure access of the rural people to health care at an adequate level.

In addition, not only the construction but also the repair of medical facilities were carried out in the rural areas. According to the envisaged by the State Goal Program for the Development of the Ukrainian Village for the period up to 2015, projected indicators for the construction, reconstruction and repair of 1,9 thousand medical dispensaries and 5,4 thousand medical and obstetric points, 10 physician and obstetric units during 2008–2011 that were affected by the flood in 2008 in Chernivtsi region were put into operation [7, p.9].

Thus, it was a hidden liquidation of the network of health care facilities in the rural areas. According to the State Statistics Service of Ukraine, as of 2015 (since 2000), the number of hospitals (with beds) has decreased more than 12 times (from 1007 to 74), self-contained outpatient clinics and clinics more than 4 times (from 2321 to 525), paramedics and obstetric points – by almost 3000 (from 16113 to 13205) [8]. In order to stop this process, the Law of Ukraine of February 23, 2014 introduced a moratorium on the liquidation and reorganization of healthcare facilities. But it was soon found invalid. That is to say, contrary to the law, the right of rural residents to health continued to be violated.

In accordance with resolution WHA 62.12 Health Assembly Primary Health Care, including the strengthening of the health system and other relevant resolutions the secretariat of the World Health Organization has developed a framework for integrated, socially-oriented health services. It provides for the necessity of reforms with a view to reorienting health services so that they were completely focused on the needs of individuals, families, careers and communities and receive support from responsive services that

more fully meet their needs and would coordinate their work within the framework of the health sector and beyond, regardless of the context or status of development of the country [2, p. 107].

Approaching quality healthcare to the public by facilitating the development of health care facilities of all types of ownership in the rural areas, improving the network of the health care facilities, including primary health care centers, and the material and technical base of such facilities are one of the measures to increase accessibility and quality of health care in rural areas in the context of medical reform (Article 4 of the Law of Ukraine «On enhancing the availability and quality of health care in the rural areas»).

The Ministry of Health of Ukraine, together with the Ministry of Regional Development, Construction and Housing and Communal Services of Ukraine, developed and approved the Order of Formation of Capable Primary Care Assistance Networks of February 6, 2018 No. 178/24, which defined the mechanism and conditions for the formation of capable supply networks primary care as well as the procedure for developing and approving a plan for a capable primary care network. The capable primary care network provides an organizationally integrated set of health care facilities (primary care providers) capable of providing quality, comprehensive, continuous and patient-centered primary care in accordance with the socio-demographic characteristics of the population, planning territory. By early 2019, the co-operative network of rural primary care facilities across Ukraine was established in conjunction with the regions, numbering just over 4,200 institutions, as well as technical requirements for the types of premises concerned.

Significant changes also take place in the structure of the rural health care network. Previously, it was formed within the administrative district on an inter-community basis. It consisted of a central district hospital, district and district hospitals, medical dispensaries, as well as medical and obstetric and paramedical points, central district pharmacies, general-purpose pharmacies, pharmacy kiosks and pharmacy points I and II groups (item 5.4. Order of the Ministry of Construction and Architecture of Ukraine Planning and Construction of Rural Settlements DBN B.2.4-1-94 dated January 5, 1994 No. 6).

Today, the provision of medical assistance to the population should be based on the priority development of primary care on the basis of family medicine. Primary health care is provided by the health care institutions and individuals – entrepreneurs who have been licensed in the manner prescribed by law. Primary care is provided by the general practitioners – family doctors, doctors of other specialties and other medical professionals who work under their direction (Article 35-1 of the Law of Ukraine On Fundamentals of the Legislation of Ukraine on Health Care). Rural health care is provided by healthcare facilities, including central district hospitals, primary care centers, paramedics, outpatient clinics, medical centers, medical offices, mobile medical offices etc.

In villages with more than 15,000 people are envisaged primary care centers (type «C») with house family doctors, therapists, pediatricians and nurses. Primary care services, laboratory testing and instrumental examinations will be provided here. In the villages with a population of 3 thousand people Group practice outpatient clinics (type «AG») will be established. At least two doctors must be admitted here and undergo the same diagnosis as at the Primary Care Center. Where approximately 1.5 thousand people live, there will be Mono-Practice Outpatient Clinics (type «AM») where only one doctor will be admitted daily. Another type of healthcare facility is a Health Center (a type of «software»). Such points will be in small villages with a population of less than 750 people. Nurses and paramedics will be served at the health center. Also on the days of your doctor's visit it will be possible to make a diagnosis of diseases. The doctor should come at least twice a week. Where it is unprofitable to build health centers, the local authority must arrange transport that will go to the medical institution at least four times a day (paragraph 3 of the 3rd Order of the Ministry of Health of Ukraine, Ministry of Regional Development, Construction and Housing and Communal Services Economy of Ukraine On Approval of the Procedure for Formation of Capable Primary Care Assistance Networks dated February 6, 2018 No. 178/24).

In 2018–2019 it was planned by the Government of Ukraine to build 517 rural health facilities with the purchase of new medical equipment. At the initial stage of construction, there are 300 outpatient clinics, leading the Kirovograd region, which already has 10 new healthcare facilities. Dnipropetrovsk, Donetsk, Luhansk, Mykolaiv, Rivne, Kharkiv and Khmelnytsky regions are recognized by leaders by volume of construction [9].

Another crucial issue for rural medicine reform is staff. After all, the formation of a network is possible only with its clear provision of medical staff. In Ukraine, there has been a catastrophic situation with the provision of rural settlements to doctors, which is primarily due to the aging of the staff of rural doctors.

Rural youth, even after graduating from medical institutions of higher education and having received appropriate education, does not hurry to return to the village. Given the physicians' earnings in rural areas, living conditions and working conditions, young professionals categorically refuse to be allocated to the rural medicine. The number of full-time positions of primary care physicians is often lower than the normative one, with a staffing level of 76.6 %. The burden on primary care physicians in rural areas in some places reaches 5–6 thousand of the attached population [6]. In order to encourage young professionals to work in rural areas, the decision of the Ministry of Health Board of Ukraine of April 29, 2010 «The current state, reform and further development of primary health care» was scheduled to amend by July 1, 2010 to the Resolution of the Cabinet of Ministers of Ukraine of September 26, 2006 No. 1361 «On providing one-time financial assistance to certain categories of graduates of higher educational establishments» concerning the classification of graduates of higher medical educational establishments who are directed to work in the countryside, in the list of graduates who provided one-time financial assistance to five times the minimum wage (para. 3.1.2). The implementation of this clause remained on paper.

With the start of the rural health reform in 2017, the Government of Ukraine has put in place effective mechanisms for attracting qualified medical and pharmaceutical workers to rural health care. In particular, additional pay guarantees and appropriate working conditions are created for such employees, including provision of necessary medical equipment and special transport, motivational packages are developed and implemented, including providing housing, transport, mobile communication, preferential (mortgage) loans for construction or purchase of housing, compensation for housing and communal services and energy, other promotional activities, as well as the continued promotion of professional knowledge and practical skills of these workers (Article 4 of the Law of Ukraine On improving the availability and quality of health services in the rural areas).

The availability of motor transport is of particular importance for ensuring that primary health care is adequately accessible to the rural residents. According to this indicator, there are significant interregional differences: from 5.2 vehicles per 10 thousand rural population in Kharkiv region to 1.3 cars in Ternopil, Ivano-Frankivsk and Rivne regions. According to the data from Ministry of Health of Ukraine, the primary care fleet is worn out by 80 % or more in all regions [6]. In such circumstances, there is a doubtful possibility to observe the standard of arrival of emergency (ambulance) brigades to the location at the applications belonging to the category of emergency, which is in settlements outside the city – within 20 minutes from the moment of the application to the dispatcher of the operational-dispatching service of the center emergency and disaster medicine. Taking into account meteorological conditions, seasonal features, epidemiological situation and road conditions, the specified standard may be exceeded, but not more than 10 minutes (clause 2 clause 1 of the Cabinet of Ministers of Ukraine Decree «On the standard of arrival of emergency (ambulance) brigades for venue» dated November 21, 2012 No. 1119).

Development of the transport infrastructure, creation of conditions for use of aviation, water, automobile special and specialized sanitary vehicles, including those equipped with resuscitation, for rendering medical aid in rural areas – is one of the directions of medical reform in the rural areas.

It is envisaged the purchase of the business transport for doctors – for simplification of logistics, timely arrival on call to the patient home and so on as the general European practice. The doctor does not have to wait, the residents will come to his clinic for an appointment. It sets the admission schedule not only in the dispensary but also in its controlled settlements. In order to implement this area of rural medicine reform in 2019, UAH 0.26 billion was allocated for the purchase of 514 units of official transport [10].

Another innovation is telemedicine. Very often in the rural areas, distance and time are critical factors for primary care. In this regard, the Law of Ukraine «On Improving the Availability and Quality of Rural Health Care» provides for the introduction of modern technologies for rural health care, in particular the use of telemedicine, and the provision of adequate resources (telemedicine consulting, telemedicine consultancy, telemetry and home teleconsulting). In the near future, telemedicine is to be launched in rural dispensaries of Kirovograd, Kharkiv, Vinnytsia, Dnipropetrovsk and Poltava regions [11].

Conclusions. New institutional conditions for the functioning of the health system require the development of the health system based on the development of new ideas, legal norms, regulatory procedures and the mechanisms that implement them, and, on the whole, qualitative systemic transformations of the health sector [12, p.90].

On January 1, 2018, rural health reform has begun in Ukraine. It is too early to talk about certain results. But, as practice shows, the transition period is the most difficult. Experience has shown that the implementation of medical reform in cities is perceived better, and so much faster is happening, except the countryside.

Since the adoption of the Law of Ukraine «On Improving the Availability and Quality of Rural Health Care» in 2017 only 10 rural dispensaries were commissioned from 517 promised by the authorities. In 190 rural dispensaries from the 517 planned, construction has not even begun. Today in Ukraine there are 4 thousand rural dispensaries and 13 thousand rural obstetric and obstetric points: 80 % of them are in an emergency state, 71 % of them have no water supply, 75 % have no drainage [13]. Instead of giving social guarantees to rural doctors, the authorities provide informational textbooks to the regions of Ukraine – a technical task for the introduction of telemedicine in rural dispensaries.

The experience of the foreign countries shows that reforming the medical sector is the lengthy process that requires not only careful adherence to legal requirements, but also a preliminary assessment of the real state of medicine in the remotest corners of Ukraine in order to prepare a platform for change. Prompt and timely resolution of certain problems is possible with the assistance of state authorities and local self-government, domestic business, third-party investors and financial donors, without which it is extremely difficult to cope with decentralization.

The experience of Germany is useful at the present time, which proves the expediency of establishing non-governmental insurance funds (like the German sickness funds) that are purchasers of health services from state or private health care institutions, which will increase the level of competition between them, will facilitate more operational provision of medical care, and the increase in the number of private medical institutions. The main measures for the introduction of an optimal model of the organization of the health care system in Ukraine should be further coverage of the whole working population with the health insurance [14, p.715]. EU members have direct access to medical care in any EU country, with a European Health Insurance Card and identity document. The insurance institute is the main means for citizens to exercise their right to health care in EU [15, p.1339].

It will take time to achieve the desired results and change the existing system. In the meantime, there is still an opportunity to influence and change the situation for the better. The quality of life of the population of the state as a whole, in particular the rural population, is an integral characteristic that gives an idea of the life of a person and society [16, p. 104], therefore improving the quality of life of the valley is the main task and criterion for the activities of state authorities.

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**УКРАИНАДАҒЫ МЕДИЦИНАЛЫҚ РЕФОРМА КОНТЕКСТІНДЕ
АУЫЛДЫҚ МЕДИЦИНАНЫ ДАМУДЫҢ ҚҰҚЫҚТЫҚ НЕГІЗДЕРІ**

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**ПРАВОВЫЕ ОСНОВЫ РАЗВИТИЯ СЕЛЬСКОЙ МЕДИЦИНЫ
В КОНТЕКСТЕ МЕДИЦИНСКОЙ РЕФОРМЫ В УКРАИНЕ**

Аннотация. Правовое обеспечение конституционного права граждан на охрану здоровья и медицинскую помощь является важным условием реализации принципа признания человека высшей социальной ценностью. Государство гарантирует каждому право на охрану здоровья, медицинскую помощь и медицинское страхование; создает условия для эффективного и доступного для всех граждан медицинского обслуживания. При этом низкий уровень обеспечения современным медицинским оборудованием, техникой и медикаментами

практически делает невозможным предоставление своевременных и качественных медицинских услуг в сельской местности. Качество оказания первичной медицинской помощи в сельских населенных пунктах в ужасном состоянии и люди, которые там проживают, а это более 30% всего населения Украины, очень ожидали изменений в этой сфере. Ведь подавляющее большинство старых помещений и медицинского оборудования находятся в неудовлетворительном состоянии. Медицинские учреждения не имеют полного набора оборудования, препаратов медицинского назначения и инвентаря, необходимых для оказания первичной помощи.

Кроме того, состояние правового регулирования оказания медицинской помощи сельскому населению Украины объективно нуждается в совершенствовании. Несмотря на принятие многочисленных нормативно-правовых актов, вопросы обеспечения учреждений здравоохранения, расположенных в сельской местности, необходимым современным оборудованием и техникой, до недавнего времени оставались нерешенными. В связи с этим, реформирования медицины в целом и сельской медицины в частности стало очень актуальным вопросом. Условия, в которых функционировала медицина, были абсолютно неприемлемыми, начиная от качества медицинского обслуживания и заканчивая мотивацией медицинского работника.

Целью статьи является исследование современных проблем правового обеспечения оказания медицинской помощи в сельских населенных пунктах. Особое внимание обращается на реформирование сети учреждений здравоохранения в сельской местности, а также проблемы их кадрового обеспечения.

По результатам исследования установлено, что 1 января 2018 г. в Украине началось внедрение медицинской реформы в сельских населенных пунктах. Верховной Радой Украины принят Закон Украины «О повышении доступности и качества медицинского обслуживания в сельской местности», который определил правовые, экономические и организационные основы и направления регулирования развития здравоохранения в сельской местности для обеспечения гарантий равного доступа сельских жителей к качественному и эффективному медицинскому обслуживанию. Это было обусловлено потребностью в улучшении доступности медицинского обслуживания для населения, проживающего в сельской местности, увеличении результативности и эффективности использования средств, выделяемых на развитие здравоохранения в селе, приведении в соответствие сети учреждений здравоохранения в сельской местности и их материально-технического обеспечения с потребностями населения.

О некоторых результатах говорить пока еще рано. Но, как показывает практика, переходный период является самым сложным. С момента принятия Закона в 2017 г. из обещанных властью 517 сельских амбулаторий всего лишь 10 сельских амбулаторий введены в эксплуатацию. В 190 сельских амбулаториях с 517 запланированных пока даже не началось строительство. 80 % сельских амбулаторий и фельдшерско-акушерских пунктов – в аварийном состоянии, в 71 % из них нет водоснабжения, 75 % – не имеют водоотведения.

Реформирование сельской медицины – это длительный процесс, который требует не только тщательного соблюдения законодательных предписаний, но и предварительной оценки реального состояния медицины в самых отдаленных уголках Украины, чтобы подготовить платформу для изменений. Определено, что внедрение медицинской реформы в городах воспринимается лучше, а потому происходит значительно быстрее, чем не скажешь о сельской местности. Оперативное и своевременное решение проблем реформирования сельской медицины возможно при содействии органов государственной власти и местного самоуправления, отечественного бизнеса, инвесторов и финансовых доноров, без которых в условиях децентрализации справиться крайне сложно.

Ключевые слова: медицинская реформа, сельская медицина, здравоохранение, медицинская помощь, социальное развитие села.

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