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THE PRINCIPLES OF IMPROVING HEALTH FINANCING SYSTEM IN THE CONTEXT OF SUSTAINABLE DEVELOPMENT

According to the UN concept sustainable development of society means improving the quality of life, including such areas as improving the safety of life and health. Consequently public health is one of the most important components of modern social policies of all countries. Then the level of provision of financial, material and technical and human resources has a big influence on the quality of health care, and therefore public health.

It should be noted that there is no a clear answer to the question of how health care system should be financed [1, p. 32]. Historically, the world has developed three key health financing system:

- budget health care system which implies that the responsibilities for the payment of basic health services entrusted to the state;
- insured health care system which implies that the financing party is mainly employers who pay compulsory insurance contributions to the appropriate funds;
- private toll system which implies that for any medical services the patient pays for its own account in full after providing the service.

An alternative type of health care system is a model of integrated health care, where:

- State system focused on providing medical care to the entire population;
- private system complements state guarantees beyond the latest, and also participates in the implementation of government guarantees;
- the functioning and development of various types of assistance, public and private systems are interconnected and effectively coordinated by the state and professional medical associations.

Compulsory health insurance in many developed countries is based on the general principle: the rich pay for the poor, the healthy one - for patient [2].

The funding source for health systems in foreign countries are usually [3]: the funds of the state and local budgets; Fund of obligatory state social health insurance; The funds of voluntary insurance; charitable contributions and donations of businesses and individuals; the savings fund accumulations of local communities and charities; the funds received for the provision of paid medical services; other sources which are not prohibited by law.

An important issue of public health management is solving the problem of significant inequalities in the distribution of the burden of health care costs among the groups with different income levels (the poor have to spend the most part of their income on paying for the treatment), the big differences in access to care for people of different types of settlements (inhabitants of villages and small towns have less opportunities to receive specialised outpatient care) for working people and retirees (the latest have relatively worse opportunities).

The reforming of remuneration mechanisms in health care is also a priority direction of state-administrative actions on improving health financing. Today we can notice a complete lack of mechanisms for encouraging the subjects which stimulate the funding of health care (health authorities at central, regional and local level, insurers) to improve the efficiency and quality of health system. The distribution of powers between levels of government in the organization and financing of health care is also necessary to view. There is a need to transfer responsibility for funding hospital care at the local level. It allows to limit the extent of financially unsecured, and sometimes just extra capacity will expand the possibility of creating inter-regional centers of specialised help, create conditions to eliminate duplication of public authorities.

Today, when it is necessary to solve the problem of increasing the availability and quality of health care for the general population, the health system needs increased funding. To make it possible, firstly, we should engage an additional costs in health care system and, secondly, more important, to change the principles of health care financing, as well as the entire system of care.

We believe that health care reform should include two main blocks - financing system modernization and optimization of health care (health care institutions and networks). The success of the reform depends on coordination the steps on these two areas. The reform should be carried out in stages with mandatory compliance of the rates of reformation and involvement of all subjects into the process of reformation system, especially the citizens and health care workers, including the doctors associations, employers, and correspond the social and economic transformation in the country and state resources availability.

Based on the research in summary the improving of system of funding the health care hold in the context of the collection of private costs for the purpose that amounts of the funding will depend on the quality of the medical services.

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МЕТОДИКА ИНТЕГРАЛЬНОЙ ОЦЕНКИ ЭКОНОМИЧЕСКОЙ БЕЗОПАСНОСТИ ПРЕДПРИЯТИЯ

Условия рыночной экономики, в которых осуществляют свою деятельность производственные единицы неопределенны и непредсказуемы. Поэтому от точной идентификации угроз, от правильного выбора измерителей их проявления, то есть системы показателей для мониторинга (индикаторов) экономических угроз, зависит степень адекватности оценки экономической безопасности организации, а также комплекс необходимых мер по предупреждению и планированию опасности, соответствующих её масштабу и характеру .

Анализ академической литературы позволил выделить три основных подхода к определению составляющих экономической безопасности предприятия (организации): системный, ресурсный и функциональный. Различные подходы предполагают разный набор составляющих экономической