

ЕКОНОМІКА ТА УПРАВЛІННЯ НАЦІОНАЛЬНИМ ГОСПОДАРСТВОМ

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THE IMPACT OF SOCIAL POLICY ON THE DEVELOPMENT OF INNOVATIVE MEDICAL INSURANCE IN UKRAINE**ВПЛИВ СОЦІАЛЬНОЇ ПОЛІТИКИ НА ІННОВАЦІЙНИЙ РОЗВИТОК МЕДИЧНОГО СТРАХУВАННЯ В УКРАЇНІ**

Urgency of the research. In modern terms the relevance to the issues of innovative development of health insurance, as the medical sector Ukraine remains the least reformed and therefore insufficiently adapted to the modern requirements of a market economy.

Target setting. Actual value in addressing the impact of social policy on innovation development of medical insurance is developing appropriate tools development and implementation of compulsory health insurance in order to create optimal health financing mechanism.

Actual scientific researches and issues analysis. Study of the problems of innovation activity in the insurance companies have dedicated their works domestic and foreign scientists, including T. Artyukh, K. Vobloh V. Bazylevych, K. Bazylevych, A. Hamankova S. Goryanskaya, B. Ermilov, O. Zaletov, S. Osadets T. Rotova V. Ruden.

Uninvestigated parts of general matters defining. Analysis of recent publications indicates the need for research policy states towards revitalization innovative sources of organizational and economic development of the health insurance.

The research objective. The article aims to structure innovative areas of health insurance based on the implementation of social and innovation policy.

The statement of basic materials. In the article the theoretical approaches and practical features of the impact of social policy on the development of health insurance in Ukraine. The analysis of indicators of basic types of voluntary health insurance, revealed major problems of innovative development of health insurance in Ukraine. These functional features and characteristics of alternative models of functioning health systems.

Conclusions. Global challenges faced by most health systems is to ensure their innovation and effectiveness of social policy in continuous growth of health care costs and unequal access of different groups to care.

Keywords: health insurance; social policy; innovation policy; compulsory health insurance; voluntary medical insurance; insurance services; insurance market.

Актуальність теми дослідження. В сучасних умовах актуальності набувають питання інноваційного розвитку медичного страхування, так як медична галузь України залишається найменш реформованою, а тому недостатньо пристосованою до сучасних вимог ринкових відносин.

Постановка проблеми. Актуальне значення у вирішенні питань впливу соціальної політики держави на інноваційний розвиток медичного страхування належить розробці адекватних інструментів формування та імplementації обов'язкового медичного страхування з метою створення оптимального механізму фінансування охорони здоров'я.

Аналіз останніх досліджень і публікацій. Вивченню проблем впровадження інновацій у діяльність страхових компаній присвятили свої праці вітчизняні й зарубіжні вчені, зокрема Т. Артюх, К. Воблог, В. Базилевич, К. Базилевич, О. Гаманкова, С. Горянська, В. Єрмілов, О. Залетов, С. Осадець, Т. Ротова, В. Рудень.

Виділення недосліджених частин загальної проблеми. Аналіз останніх публікацій свідчить про необхідність дослідження політики держави у напрямку актизації інноваційних джерел організаційно-економічного розвитку медичного страхування.

Постановка завдання. Стаття покликана структурувати напрями інноваційного розвитку медичного страхування на основі реалізації соціальної та інноваційної політики держави.

Виклад основного матеріалу. У статті досліджено теоретичні підходи та практичні особливості впливу соціальної політики на розвиток медичного страхування в Україні. Проведено аналіз показників основних видів добровільного медичного страхування, виявлено основні проблеми інноваційного розвитку медичного страхування в Україні. Наведені функціональні ознаки та характеристики альтернативних моделей функціонування системи охорони здоров'я.

Висновки. Глобальними викликами, що постали перед більшістю систем охорони здоров'я є забезпечення їх інноваційного розвитку та ефективність соціальної політики держави в умовах постійного зростання витрат на охорону здоров'я та нерівності доступу різних груп населення до медичної допомоги.

Ключові слова: медичне страхування; соціальна політика; інноваційна політика; обов'язкове медичне страхування; добровільне медичне страхування; страхові послуги; страховий ринок.

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Urgency of the research. Public health is an important characteristic of social and economic development and is a component of the labor potential of society. Population health indicators directly depend on the state of national health security, a process operation of which get greatly affected by social and innovation policy of the state. In the current market conditions the source of financial support for health care is the budget, costs of health insurance and personal funds of citizens and businesses in different proportions. Compulsory health insurance in terms of changing to single-channel financing health systems, becomes a ground for the implementation of financial innovation in the field of health insurance, providing balanced state obligations, providing medical care through the redistribution of financial obligations between public and private sources and serves as the main mechanism for ensuring constitutional rights to free medical care. Citizens' needs with medical care should be provided with financial resources regardless of their source.

Target setting. Demographic and negative tendencies of their development, current economic situation does not allow public authorities to take the obligations completely in order to provide public health care. Lack of financial resources makes declarative nature of those government guarantees, which are not provided with financial resources. Formation of market relations in health care is shown in: the implementation of elements of entrepreneurship, the occurrence of significant growth of paid medical services, development of voluntary health insurance. Market conditions require assessment of the real possibility of state participation in financing the national health care through compulsory health insurance and to attract additional sources of funding. The voluntary health insurance system is a reserve, that is being used insufficiently.

Analysis of recent research and publications. To study of the main problems of the theory and practice of health insurance dedicated many works of Ukrainian scientists, such as T. Artyukh, K. Voblyi, V. Bazylevych, K. Bazylevych, A. Hamankova, O. Hubar, M. Mnykha, S. Goryanska, V. Yermilov, O. Zaletov, S. Osadets, T. Rotova, V. Ruden, S. Sribnyi, R. Smolenyuk, Y. Shumelda, V. Nonko, N. Nahaychuk, S. Yuriy, L. Okunev and others.

Uninvestigated parts of general matters defining. Regardless the wide spectrum of research on the development of the national health system, the topic of health insurance remains valid. The need to study this issue taking into account demographic dynamics and socio-economic development is to develop practical recommendations for implementing innovations in health insurance.

The research objectives. The article is to study the theoretical principles and practical implementation details of social policy towards the development of innovative health insurance system in Ukraine based on the systematization of better foreign experience.

The statement of basic materials. Health insurance is an important part of the social infrastructure of every developed country and it is considered as an alternative model of health care. It enables rational use of funds allocated for health care, while at the same time improves the quality of these services and the level of security of the population. In terms of increasing percentage of morbidity in Ukraine and decrease life expectancy of citizens, the question of protecting the health of each and find alternative sources of funding for medical industry raises immediately, and determines urgency and need to study this issue.

Ukrainian market of medical insurance, as a insurance market as a whole, is under formation. There are more than 470 insurers operating today in the domestic insurance market. Almost all of them declare their interest in medical insurance is voluntary (VMI) and more than 100 insurance companies offer to issue the policy LCA in Ukraine, but actually interested in this kind of insurance and rely on it only about 10 companies that, in fact, keep the market [1].

Voluntary medical insurance performs in accordance with the Law of Ukraine "On insurance" [2] as "health insurance (permanent health insurance)", "health insurance sickness" and "medical expenses insurance." Market of health insurance is quickly developing, particularly market of continuous health insurance, for which in 2015 was collected up to 109,200,000 UAH for premiums, or for 8.3% more than in 2014 (Tab. 1). For the increase in premiums gets significantly affected by higher prices of medicines due to changes in the exchange rate. At the same time, as a positive thing, seeing an increase in the number of contracts for all types of insurance, indicating that awareness of citizens and the corporate sector need to purchase health insurance policies. [3]

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There are several features of insurance that negatively affect development and innovation nowadays. Including inefficient management, lack of machinery investment of insurance reserves, lack of transparency in terms of accounting and reporting, stimulating of innovative activity groups of insurance companies, lack of qualified personnel in innovation sector and lack of long-term strategic planning of innovation in insurance companies, poor infrastructure development of the insurance market. At the same time, the leading insurance companies implement certain measures to improve its market using of different kinds of innovation. New services on existing insurance products are developing in the insurance companies; New methods of accounting, financial analysis activities; New staff incentive schemes; New methods of insurance and reinsurance. Interaction within insurance companies, reinsurers, banks and the state, develop towards the realization of social and innovation policy.

Table 1

The dynamic of voluntary medical insurance in Ukraine for 2011-2015 [1; 4]

Index	Years					Deviation, 2015 since 2011, %
	2011	2012	2013	2014	2015	
Continuous health insurance						
Number of insurance contracts, thousands of units	1127,5	1454,9	1636,8	1314,0	1423,2	26,2
Gross receipts of insurance payments, millions, UAH	1165,4	1322,1	1487,5	1625,4	2047,6	75,7
Payment of insurance premiums, millions, UAH	752,4	901,0	1010,4	1108,6	1164,5	54,7
Voluntary health insurance in case of sickness						
Number of insurance contracts, thousands of units	1015,1	1704,4	2060,3	2194,7	2367,8	33,2
Gross receipts of insurance payments, millions, UAH	186,9	318,2	373,6	308,2	327,7	75,3
Payment of insurance premiums, millions, UAH	34,4	40,7	66,6	68,4	71,2	7,0

The main components of the economic substance health insurance under social policy are: social character, a compensation mechanism, contractual relations, programmatic basis, natural form, formation and use of funds, the thrust means, guaranty, kind component (medical, pharmaceutical, preventive and other assistance), compulsory and voluntary form.

One the results of the study is determination the content of social policy towards the innovative development of health insurance as a system of values and objectives, set of management measures, decisions and actions to provide state guarantees for providing citizens with free medical care in the proper amount and of suitable quality to reduce mortality increasing the birth rate, increasing life expectancy of the population.

Health insurance is considered as a kind of personal insurance, under the law or agreement, obligation of the insurer on payment included in the medical insurance programs, medical and preventive care, provided to the insured person, on account of target funds, generated from the funds of enterprises, government and citizens.

Health care is a promising area for organizational and economic innovations, based on scientific discoveries and modern development. Reforming health care funding mechanisms, which include health insurance, is realizing really slowly. Positive changes with the transition to single-channel financing are the basis for the implementation of innovations in the field of health insurance.

In order to create and implement innovative models of health insurance system in Ukraine it requires the active participation of the state in carrying out complex of institutional, legal and economic measures to technological change and effective mechanisms for their implementation. The transition to an effective social policy innovation of health insurance is one of the priority tasks of overcoming the financial and economic problems of access to medical services and, social security as well. Strategy of implementation of this policy should be on system and consistent basis [5]. While forming of innovation policy and the choice of the main priorities for its implementation, it is important to focus on achieve-

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ments and theoretical work recognized theories of innovation. According to the conceptual plan social mechanism of coordination and innovation policy should include the following components:

- a set of evidence-based priorities, methods and tools of innovative and social policy of strategic and tactical character, which promote for enhance of innovational processes in health insurance;
- a list of indicators that characterize innovative and social policies and forecast of their improvement accordingly;
- forward and reverse channels of innovative and social policy influence on innovative development of health insurance system;
- financial and organizational methods of coordination innovative and social policy, including complying promising areas that can bring the insurance companies and the state strategic important and competitive advantage in the international market and significant financial income [6; 7].

Figure 1 shows a conceptual scheme of the mechanism of coordinative realization of social innovative policies in the health insurance system.

Realization of innovation policy in health insurance is the basis for the integration of public and private health sectors. To determine the organizational and economic features such as integration, we consider the basic models of organization and financing of health care. There are three models in World Health Organization: insurance (the Bismarck system), budget (Beveridge- Semashko system), market system.

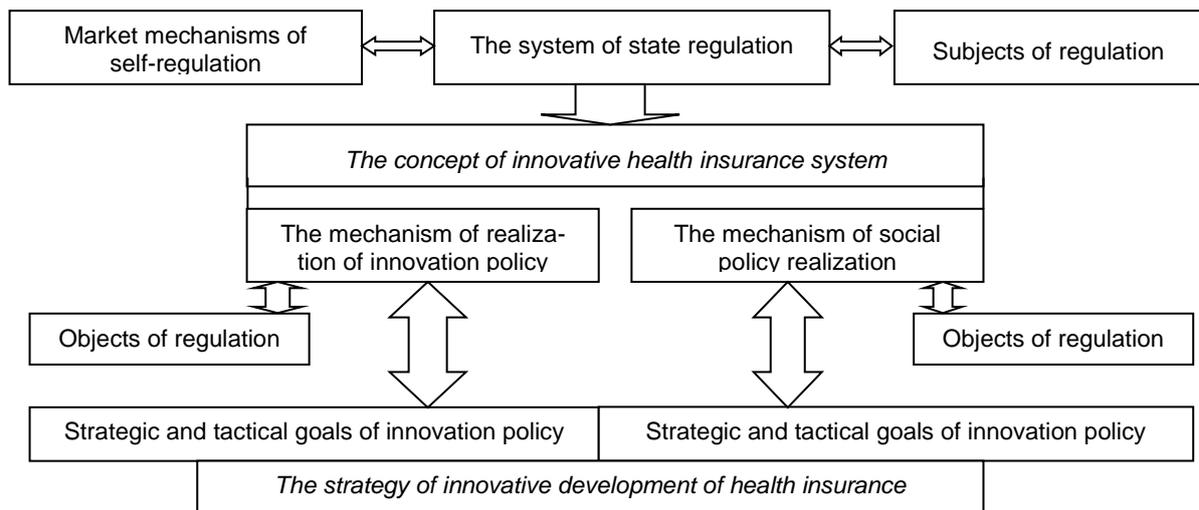


Fig. 1. Conceptual scheme of mechanism coordination for the implementation of social and innovative policy in the health insurance system

Bismarck system is based on a comprehensive health insurance and provides for financing on the funds paid by the insurers to special funds, which are used for insured event, such as the need of medical care. The contribution amount is a percentage of salary, thus ensuring solidarity citizen participation in health care financing on a “healthy one pays for the sick one, the rich one- for the poor one”.

The formation and development of the mentioned above system based on the existence of the social functions of the state, along with basic functions such as national security, socio-political system, the functioning of the national economy and ensuring human rights and freedoms. The social function of the state is manifested in the responsibilities of power to maintain equality of rights for all sections of the population as a whole and for each individual, and to promote for economic and social advancement of all citizens. The social function of the state with budget financing of providing medical care to the population is performed as providing a decent standard of living for citizens by public funds, regardless of the personal contribution of each member of society in their formation.

All these processes lead to the idea that the state can function better and is able to reduce the financial burden if people begin to rely primarily on themselves. That assumes that social security, in-

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cluding health services from public funding sources at the national level should be a guarantee of life on the basis of minimum standards. The social system of the state, primarily is seen as a way to guarantee access to social benefits for the population that cannot be independently supported.

This conclusion can be considered as a precondition for market model forming of healthcare (private funding system), which is based on the principles of functioning of a competitive market and does not involve significant government intervention. In a market model of healthcare with the sources of funds are personal income and costs of employers. Citizens either pay for services directly into the treatment (paid medical services), or use the services of the system of voluntary health insurance that purchase on their own or use policy that gives the employer under the terms of corporate insurance. The system of private health care financing is characterized by competition among insurers who are trying to offer more attractive conditions for voluntary health insurance programs to attract consumers [8].

Unlike the system of compulsory health insurance and funding, market model makes the amount of medical services dependent on the solvency of the patient. You can trace the violation of the principle of fairness in terms of access to care for people with lower incomes. At the same time, disadvantage of budget system of financing is on the high level of dependence on the economic situation in the country and, consequently, the priorities in the direction of budget spending. The principle of fairness are not fulfilled, claimed guaranteed amount of aid does not meet the available resources for financial support for its implementation, thus the constitutional right to health and medical care get violated.

Besides, each model has its advantages and disadvantages, there are circumstances, known as market failures and state failures, that cause the need for a compromise approach that can combine the principles of several models.

The state is an institution that ensures the provision of specialized, high-tech medical care under the program of state guarantees from the state budget and the system of mandatory health insurance. Governing bodies of the national health care might be interested in reducing this type of demand, which can be achieved by increasing the priority of preventive measures, healthy lifestyle, vaccination, regular clinical examination and so on, it certainly affects the prevention, and also early detection of diseases and thus reduce the cost of expensive medical care.

Therefore, the market model of healthcare shows interest in increasing demand for medical services not related to serious and chronic diseases, because it may increase proposal, it gets limited with logistical capabilities and level of economic efficiency. State health sector demonstrates an interest in reducing the demand for health services by improving the quality of public health, as well as the financial resources of the state is limited with amount and require optimal distribution to provide both medical and social, and economic performance.

Like the market, the state failures such as lack of awareness, limited response of the private sector control, limited bureaucracy and restrictions control imposed by the political process. Market failures cause the presence of the state in the field of public health, the failures of the state determine the existence of private sector health services, and violation of the principle of justice can be seen in every model of health care. Budget, insurance and market models are the species, which is based on national health system. Focusing on one of them as the basis and given the specificity of the state and the market may create the most effective option that meets the principles of justice and rationality.

Despite the fact that health care in Ukraine is one of the areas, most tightly regulated by the state, due to the fact that the goods and services of the health system is directly related to providing health and life for population, formation of market relations did not avoid this branch. The institutions of the health system work in terms of resource constraints and economic freedom. The private health system medical organizations have a high degree of economic freedom. The key meaning here is quality - with high quality and lower cost, patients may prefer public institutions, but this condition is not enough, because people appreciate not only qualified services, but also the culture of service. Facing the shortcomings of medical care in the public health system and with financial possibilities, people turn to the commercial medical organizations.

The mentioned features of organization of the health security financing systems allow to make a conclusion as for implemented scheme that includes various elements of these systems. It should also

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be noted that the construction of the national health system in a market economy should take into account the principle of personal responsibility of the population, expressed in common risk compensation. Citizens can simultaneously be insured, and being insurers, paying premiums of their own funds, which will integrate the compulsory and voluntary health insurance. The balance of financial liabilities in financing health care should be based on the principles of solidarity, justice and individual responsibility.

Introduction of the integrated insurance financing medical institutions into the practice of national health sector would attract funds of enterprises and citizens through voluntary medical insurance, and for private medical organizations it will be an incentive to participate in the public health system.

For the implementation of integrated insurance funding requires transformations. The changes are necessary at the legislative level in order to determine, where voluntary health insurance is in the system of financing the national health care, and in order to clear lines of coverage as well.

The development of a market economy requires a fundamental rethinking of the principles of health care and of transformation of organizational and economic nature which imply merging medical and economic activity in order to improve on such performance indicators such as cost, quality, level of service and efficiency.

There is different health insurance system in the EU. In addition, there are isolated private and public (social) health insurance. State insurance in most of the cases is mandatory. Thus the mechanisms for its financial support and provision of care vary greatly across countries. Private health insurance is compulsory in only one EU country - in the Netherlands, where every resident aged 18 or older must purchase an insurance policy, which includes minimum insurance coverage, and additional services can be purchased voluntarily.

Total expenses on health in the EU are different, while their share in GDP is in the range of 6-12%. This shows a significant burden on the economy of these countries, which make up the cost of health care. Germany, France and Great Britain are in top three EU countries several years with the highest expenses on health, probably due to a system of health insurance. Thus, in these countries, the primary responsibility for providing medical care is government and public medical insurance is compulsory for the whole population.

Spending of private sector of economy on health care in the EU vary between 5-15% of the total cost of providing medical care. In the structure of these costs in most countries is dominated by household spending. At the same time in some European countries, a private health insurance developed significantly. It includes France, Ireland, Slovenia, Germany and Spain. [9]

Private health insurance has some advantages comparison to social (public):

- Consumers get greater access to health care, higher quality service than public health system;
- Compared to the system of state insurance private health insurance offers consumers greater freedom of choice (patient can choose the time of the procedure, the specialist and medical institution);
- Companies working in the field of private health insurance manage risk more effectively;
- Consumers can choose a private health insurance provider to meet their needs on contrast of the state system;
- Insurance companies operate in a competitive environment that helps to reduces medical costs and improves the quality of services;
- New EU members that transform our national health security system, introducing private health insurance as a component of reforms to reduce the pressure on public health security system.

Unlike state-guaranteed by health care system, access to health care, the contribution rate paid for private health insurance depends on the coverage, mentioned in the contract. The introduction of private health insurance practice promotes for the formation of a responsible attitude to the patient's health and improving of health care quality and efficiency.

Analysis of international experience of health care based on social health insurance determines the following alternative options and features of its forming in Ukraine [4]

- 1) social health insurance can be either primary or secondary type of health care financing;

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2) alternative types of medical insurance funds are: a single fund for the whole population (Hungary, Republic of Korea, Turkey, Luxembourg, Poland, Slovenia); several common funds, each of which serves the entire population of a certain region of the country; funds that deal with people of the same region, but that does not compete (Austria, Belgium, France, Japan); several competing funds, which can be public (half-public) or private institutions (Germany, Netherlands, Czech Republic, Switzerland and others);

3) determination of the amount and procedure of the contribution to the fund of obligatory medical insurance (stable contribution rate for the total population, the proportion of the contribution of the employer and employee share of contributions, limiting of contributions (by categories of taxpayers, regions, etc.), the presence of additional contributions not related to wages.

The results of the study the global practice shows following: a mandatory form of social health insurance is generally used in countries where significant importance is given to public funding and organization of health care. The choice of form of health insurance depends on the characteristics of health care and the country. Thus, each country adapts the model of health care financing in accordance with the trends and characteristics of social and economic development. As analysis of trends shows, each country must have stable and sufficient sources of financing healthcare through the implementation of a balanced social policy of the country.

Conclusion. The effectiveness of social policy in the area of health insurance depends a lot on the creation of an optimal system of insurance coverage on the basis of rational use of features and benefits as the compulsory and voluntary insurance. To ensure the proper development of innovative national health insurance it is necessary to organize legal events that would make it possible to solve important issues such as: 1. Taking care of competitive market of voluntary medical insurance in case of introduction of compulsory state social health insurance. 2. Providing conditions for the full development of voluntary health insurance as a supplement to its mandatory form which would ensure the provision of quality medical services over a state-guaranteed minimum. 3. Increase of the interest of employers to preserve the health of their employees by means of legislative provisions of economic stimulus as for funds that will be directed by the enterprise towards health insurance. 4. Changes of demands as for the licensing the insurers, wishing to work both in the system of voluntary medical insurance and in the system of mandatory health insurance to increase their reliability. 5. Creation of a unified optimal pricing for medical services. 6. Providing proper state control over the observance of all medical institutions that work in the health insurance system, the only legally enforceable standards.

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