ORGANIZATIONAL AND LEGAL PRINCIPLES
OF PUBLIC ADMINISTRATION IN THE SPHERE
OF FIRST MEDICAL AND SANITARY AID
FOR RURAL POPULATION IN UKRAINE

In terms of the topicality of the problem of health care reform in Ukraine special importance is given to the introduction of new approaches to organizational and legal mechanisms of public administration in the provision of health services in rural areas.


Paper objective is about the research of organizational and legal principles of public administration in the sphere of first medical and sanitary aid provision to the rural population in Ukraine.

In Ukraine nowadays there are conditionally highlighted three stages of medical aid provision to rural population: first, secondary, tertiary.

First medical and sanitary aid, which is the closest to villagers, provides a medical unit, which combines the work of all located on its territory healthcare
institutions: local hospitals and ambulatories, paramedical and obstetrical centres (hereinafter - POC) and others. The first stage includes a set of therapeutic and preventive, recreational, anti-epidemic measures; current sanitary supervision, there is ensured an early detection of infectious diseases and relevant anti-epidemic measures; there are implemented measures to protect maternal and child health, including nursing pregnant, dynamic monitoring of children and adolescents, delivering babies in the normal course of pregnancy; there is held current sanitary supervision of the territory and objects of economic activity, educational and training institutions; the study of public health.

Secondary medical aid is provided at the Central District Hospitals (hereinafter - CDH), which include regional hospitals, a centre of hygiene, epidemiology and public health, district clinical dispensaries and other medical institutions. The activity of these institutions covers a territory with a radius of about 40 km, so that in one hour period there could be provided the accessibility to any settlement.

Tertiary medical aid, according to the "Basic Laws of Ukraine about health care" is provided by a physician or a group of physicians who have an appropriate education and knowledge in the sphere of difficult-to-diagnosis and treatment of diseases, and in case of the treatment of diseases, which require special methods of diagnosis and treatment. To tertiary medical aid centres in Ukraine belong regional health facilities – many specialized hospitals, specialized dispensaries, and national specialized centres of medical aid. These institutions differ significantly by their material and technical support, the complexity of structure and functions. However, due to demographic changes that have occurred in the village during the last decades, rural aging population of Ukraine, because of long distances to regional centers of tertiary medical services, uses highly specialized medical aid in extreme cases.

According to the Basic Laws of Ukraine on Healthcare, a network of public and municipal health institutions is formed to meet the needs of the population in health care, the need to ensure the quality of the service, timeliness, accessibility to citizens, effective utilization of material, labor and financial resources.

In Ukraine, there is a situation where, on the one hand, there is an inefficient model of financial maintenance that cements structural inefficiencies of the system as
a whole, and therefore the entire health care system requires radical modernization and the optimization of medical facilities in rural areas. At the same time, on the other hand – the structure of the rural population requires preservation in each locality (particularly in sparsely populated rural areas) maintaining the old system of first medical and sanitary aid, which is provided by paramedical centres. In such circumstances, the Ministry of Health of Ukraine has proposed a blue print "Concept of the Healthcare financing Reform in Ukraine" including the best of the modern world experience in reforming the health system, which is supported by WHO (World Health Organization) and other international organizations that deal with the effectiveness of security systems of healthcare worldwide. However, in the blue print of the above mentioned Concept there are not taken into account the specific needs of rural medicine. We can predict that the reorganization of health facilities, which will be carried out on the basis of the decision of public or local authorities, to which jurisdiction the medical institution belongs, in practice will lead to further closure of unprofitable rural POCs, which will exacerbate the poor state of health care situation in rural areas.

The regulation of public administration in the health sector should take into account the peculiarities of the functions and tasks of rural medicine, to the performance of which it will have to be adapted. However, the factors that determine the differences between urban and rural areas affect the organizational forms and methods of work of rural health facilities: the nature of residents’ settlement, radius of services, seasonal works, the impact of weather conditions during the agricultural works, the specific conditions of the labor process, disorder of domestic activity and conditions, regional and national characteristics and customs, educational and cultural level and so on. Because we believe that in the process of health reform in Ukraine, in order to prevent the negative effects of the future reform, there is a need to develop specific legal provisions concerning the organization of rural medicine. In particular, we believe that the optimization of a network of rural medical institutions (health facilities) is possible only in conditions of applying new approaches to the organization of regular medical examinations in the remote and sparsely populated rural areas where the maintaining of paramedical and obstetrical centers is
unprofitable. There should be developed and adopted regulations, which would determine the order of the visiting medical teams from the central district hospitals and the scope of the medical services provision. Given the fact that in rural areas live the majority of lonely old people, there should also be explored the possibility of transferring hospitals to the social services and the organization on their basis the territorial centres of social assistance.