

просто високооплачуваної роботи українці їдуть до європейських країн, зокрема до Польщі, Німеччини, Чехії та інших країн. Цьому сприяє і безвізовий режим, нещодавно укладений із Європейським союзом, та пом'якшення політики з працевлаштування іноземних громадян у низці європейських країн.

Підбивши підсумок, можна сказати, що роботодавцям, а також Міністерству соціальної політики слід внести зміни до своєї діяльності за для мотивування молоді працювати саме в Україні. Роботодавцям варто встановлювати більш конкурентну та привабливу зарплату, а також активно допомагати та стимулювати молодь, яка тільки закінчила ЗВО. Також їм необхідно переглянути свої погляди на наймання працівників у віковій категорії 45+. Оскільки відтік українських фахівців переважає у віці до 30 років, необхідно наголосити на тих, хто старший. Міністерству соціальної політики варто змінити свій підхід до допомоги та фінансування молодих сімей. Це не лише зменшить міграцію молоді з країни, а й підвищить природний приріст населення, чого Україна також потребує.

СЕКЦІЯ ІСТОРІЯ УКРАЇНИ: СУЧАСНЕ БАЧЕННЯ

УДК 94(477)"1990/2000"

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BUDGET SUPPORT FOR THE HEALTH CARE SECTOR OF UKRAINE IN THE CONDITIONS OF THE POST-SOVIET TRANSFORMATIONS

Public health is considered to be one of the most important functions of the state, and human health as a result of the effectiveness of this sector is an indicator of civilization, the success of institutions and a part of a universal development assessment of the society - the Human Development Index.

This topic is especially relevant in view of the challenges humanity and our country facing in connection with the COVID-19 pandemic. The speed of the spread of the disease showed that the health care system of Ukraine was not ready for a large-scale pandemic and exposed all systemic, organizational and financial problems of domestic medicine.

Inherited from the Soviet times, the health care system in the early 1990s had a chance to renew and develop in a new socio-temporal paradigm in the young newly formed state. However, in the context of the acute socio-economic crisis and chronic budget deficit, all efforts of the Government of Ukraine and the Ministry of Health were aimed at preventing the destruction of the existing health care system, staff outflow and maintaining at least a minimum level of social guarantees.

In the first post-Soviet decade, Ukraine maintained a predominantly Soviet approach to the organization and principles of financial support for health care. The deep socio-economic crisis that engulfed the country in the early 1990s affected the daily lives of Ukrainians and forced them to look for mechanisms to accommodate to the new post-socialist realities. The beginning of economic liberalization in January 1992 in the context of a colossal shortage of consumer goods provoked a sharp rise in prices, rising inflation and hyperinflation, falling industrial and agricultural production. Financial difficulties became one of the most acute

problems of the young state. Thus, in 1992, Ukraine's budget deficit was 13.7% of GDP, and in the absence of access to capital markets was financed mainly by issuing money. Ukraine became a "world record holder" in terms of inflation among countries that were not at war.

The Ukrainian government resorted to austerity, which affected the level of personal income, but that reduced inflation to double digits in 1996. It was in September that year, when inflation fell sharply, the national currency, the hryvnia, was introduced to replace the "transitional" coupon rubles that had replaced the Soviet Union's Soviet ruble in 1992. In the first years after the declaration of the independence of Ukraine, the budget sphere was regulated by the Law of the Ukrainian SSR "On the Budget System of the Ukrainian SSR" of December 5, 1990. This act generally regulated the centralization of budgetary financial resources between the republican and local budgets [1].

Changes took place only in 1995 with the adoption of the Law of Ukraine "On Budget System of Ukraine", which stated that the budget system of Ukraine consists of three parts: the State Budget of Ukraine, the Republican Budget of the Autonomous Republic of Crimea (ARC), and local budgets. Three years earlier, the system of financing the medical sector had been regulated by the Law of Ukraine "Fundamentals of the Legislation of Ukraine on Health Care", which came into force on November 19, 1992 [2].

The act enshrined the multi-channel principle of financing the industry and expanded the scheme of sources of health care. According to Article 18 of this law, the list of the already established main sources of funding, such as the State Budget of Ukraine, the ARC budget and local and regional self-government budgets, included funds from health insurance funds and charitable foundations. It is the fixed condition of exclusively state funding for health insurance that has significantly narrowed and limited the attraction of additional resources in the health care sector. The next mechanism that limited the attraction and use of extrabudgetary funds in the financing of medical institutions was the Resolution of the Cabinet of Ministers of Ukraine, approved in September 1996 under №1138 "On approval of the list of paid services provided in state and municipal health care and higher medical educational institutions" [3].

The mechanism of financing health care facilities in Ukraine was carried out directly by two methods: program-targeted and estimated. The estimated method provided for the allocation of funds for the maintenance of health care facilities on the basis of a special financial document - the cost estimate. This mechanism was used to fund most public health facilities. In fact, the estimated system of state funding of the medical sector, inherited from the Soviet times, formed the so-called "meme" - "bed medicine", as the main indicators of medical institutions, which determined the costs according to the estimate, were the number of beds and the number of bed-days for the hospitals, and the number of medical positions and the number of medical visits for the clinics.

The indicator used by the World Health Organization (WHO) to compare health expenditures is the level of total health expenditures relative to Gross Domestic Product. During the 1990s and the first half of the 2000s, due to the prolonged economic crisis in Ukraine, the indicators of that main macroeconomic development indicator sharply decreased, and government health care spending fell by more than 60 %. Thus, in 1993, the share of total public expenditure on health care was 3.3% of GDP, while in 1999 it was 3.1% of GDP.

Thus, in the first decades of the independence of Ukraine, the share of Ukraine's budget expenditures on health care in GDP ranged from 3.3% to 4.4% and never exceeded 5%. Although the WHO recognizes 6.5% of the lowest funding rate that ensures the "survival" of the medical sector. In addition, the share of underfunded government expenditures in the structure of the total health expenditures in Ukraine since the second half of the 1990s fluctuated between 55-60% of

the total health expenditures. The lack of state funds for the medical sector resulted in a reduction in free medical care, slow or no overhaul of medical facilities, inability to upgrade medical equipment and low salaries of health staff [4].

Thus, in the first two decades after the proclamation of the independence of Ukraine, the systemic socioeconomic problems of the post-Soviet transformations did not have a chance to avoid such a socially significant component of public life as the health sector, where the Soviet administrative approaches to finance continued for a long time.

Inherited from the Soviet times, but somewhat updated, the budget model of estimated funding with the main sources of resources state and local budgets worked. The system of norms of local budgets did not take into account the actual demand for medical care assistance and left a minimum of financial resources for the capital expenditures and improving the quality of medical care, resulting in rapid depletion of the resources. Budget support of medical institutions in terms of estimated command and administrative funding provided for the payment of doctors as a state social guarantee and maintenance of the infrastructure of medical institutions. However, medical staff officially had one of the lowest salaries among economic activities, and the medical sector itself lagged far behind in terms of material and technical equipment.

Література

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УДК 36:61-51

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СОЦІАЛЬНА ПІДТРИМКА МЕДИЧНИХ ПРАЦІВНИКІВ ЗЕМСЬКОГО ПЕРІОДУ НА ПРИКЛАДІ МАРІУПОЛЬСЬКОГО ПОВІТУ

Враховуючи наявну важку епідеміологічну ситуацію у нас в країні питання матеріальної підтримки медичних працівників є важливим як ніколи. Окрім безпосереднього забезпечення заробітною платою є сенс також проаналізувати питання їх соціальної підтримки, як важливого фактору мотивації для праці у цій відповідальній та виснажливій сфері. За історичним досвідом цього фактору має сенс звернутися до часів зародження нашої сучасної медичної системи – а саме у період після земської реформи управління, коли організація медичної допомоги переходила під контроль місцевих суб'єктів управління, та розглянути її на прикладі окремого земства, у нашому випадку - Маріупольського.