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The scientific monograph presents the theoretical and practical aspects of the modernization of research area: national prospects and European practices. General questions of economics and enterprise management, technical sciences, technology of food and light industry, physical and mathematical sciences, geographical sciences, medical sciences, legal sciences, national security issues, pedagogical and philological sciences, and so on are considered. The publication is intended for scientists, educators, graduate and undergraduate students, as well as a general audience.

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CHAPTER «ECONOMIC SCIENCES»

HEALTH INSURANCE, PROSPECTS OF DEVELOPMENT IN UKRAINE

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Abstract. *The purpose* defines health insurance as a form of social protection in the field of health care, which provides guarantees of medical care in case of loss of health for any reason, including in connection with illness or accident. There is a mechanism for providing health insurance through the formation of personal insurance funds designed to finance medical care under insurance programs. The directions of improvement of legislative regulation of health insurance are offered. The peculiarities of the formation of health insurance programs by insurance companies, ensuring effective cooperation with medical institutions are determined. Theoretical bases of medical insurance, study by domestic scientists, problems of introduction of medical insurance and prospects of introduction and development of medical insurance in Ukraine are covered. *Results*. Ukraine remains united a post-Soviet country where compulsory health insurance for all citizens has not been introduced. On the law why the order of formation and distribution of health insurance funds, mechanisms of cooperation is not fixed state and insurance companies in the field of insurance medicine. The above issues need further research and proposals for the development of health insurance in Ukraine in order to effectively ensure the financing of medicine and protection of citizens' rights health

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care. The solution is especially important problems of health insurance in the process of health care reform. *Value/originality*. Compulsory health insurance can be provided by the implementation of insurance companies that have a license for such insurance. It should be noted that in many countries around the world, such services are provided, in particular, to certain categories of the population, and priority, expensive programs. A prerequisite for this insurance is the creation of preferential tax terms for insurance companies, guarantees of fulfillment of their obligations under compulsory health insurance. The next way is to form a fund of compulsory health insurance based on contributions from employers, workers and the state. The formation of such a fund is based on the interest of employers in the health of employees, as the main element of the production process. Objective necessity of formation of such fund also due to the provision of social funding th health insurance. Social health insurance provides to meet the needs of citizens in medical services, regardless of purchasing power. And for children, students, people of retirement age contributions will be paid by the state. To optimally determine the tax burden for employers and citizens, compulsory health insurance programs should include only basic medical services, especially outpatient treatment and hospital stay. The list of basic services in the development of health insurance programs should be includes the provision of basic drugs, ancillary medicines, providing medical rehabilitation in cases of severe illness or disability, special early diagnosis and disease prevention services.

1. Introduction

A socially developed society cannot function without insurance, which is an integral part of economic relations, a guarantee of prosperity and sustainable development. This is due to the fact that today there are many risks associated with the possibility of harm to life, health or property of individuals or legal entities in the course of any activity. The development of society and competition in the insurance market led to the creation of qualitatively new insurance products, which in turn led to the development of new types of insurance contracts and the need to regulate them at the legislative level.

With the development of the market of medical insurance services, the growth of competition between insurance companies, the study of the wishes of the population in various types of medical care, health

insurance (continuous health insurance) is being actively introduced. An important tool to ensure the rights and interests of individuals in the event of unforeseen losses due to adverse events related to their health is a health insurance contract. Health insurance is a system of relations for the protection of property and personal interests of individuals in the field of health care. There is no professional normative legal act in Ukrainian legislation devoted exclusively to these relations, so in practice the general norms of contract law contained in the Civil Code of Ukraine and other acts of civil legislation are used to regulate them, but their content does not always correspond to the specifics of this area.

Preserving the health and lives of citizens is an essential condition for the harmonious, effective development of modern society. Governments of developed countries report maximum effort in the face of a pandemic. Development of market relations in Ukraine, medical reform system determines the formation of a new in nature social protection system, one of the types of which there is health insurance. The post-Soviet system of health care financing, which has developed in the distribution of budget funds, has led to a reduction in medical expenditures, deteriorating quality of medical care citizens, especially the vulnerable. Legislative guarantees in Ukraine include ensuring the rights of citizens to health care and the implementation of state guarantees for free medical care and health insurance.

So necessary a prerequisite for improving the quality of medical services in Ukraine there is a reform of the domestic security health system.

It should be emphasized that, as modern experience shows, the reform should be carried out taking into account the positive developments that have developed in previous years (maximum retention of beds, qualified medical staff, ensuring a high enough level of education of doctors and nurses) and use experience of developed countries in the field of health insurance. Improving the system of health care financing and search remains a priority additional sources of funding through the formation of compulsory and voluntary health insurance funds. The development of health insurance is relevant, which is associated with the organization and determination of budget expenditures within the social health care, which is financed from the budgets of all levels, the introduction of appropriate medical insurance funds. Compulsory medical education needs to be further developed insurance, promote the development of insurance medicine.

The urgency of the research is due to the need to determine the possibilities of contractual regulation of relations for the provision of medical insurance services. It is urgent to improve the legal regulation of contractual relations of health insurance caused primarily by European integration processes in Ukraine and the need to take into account the positive foreign experience. The effectiveness of the implementation of these tasks at the present stage depends on the extent to which the civil legislation of Ukraine coincides with current trends in the development of contract law. Most modern domestic research is devoted to issues of the institute of insurance in general, or individual types of insurance, staying away from the relationship of health insurance.

In the domestic science of civil law, comprehensive research on the legal regulation of contractual relations of health insurance has not been conducted. In this regard, there is no doubt about the need for scientific study of general theoretical problems of contractual relations of health insurance to improve the existing mechanism of their legal regulation. The study of these relations is timely and aimed at meeting the current needs of science and law enforcement.

2. Economic crisis effects on consumer behavior

Systematic health care is based on a combination of different elements with the advantage of one form or another. A large part of medical services is financed through mandatory legal forms of health insurance or directly by the state through the budget. To some extent, medical services are purchased by the population on a voluntary basis. This is either through direct payment for health services or through voluntary health insurance. In modern conditions, the issue of health insurance for the world's population is quite acute. Since the beginning of the insurance market, this issue is more important because the number of different diseases only increases over time.

And every conscious citizen wants to ensure their safety different rhinestone companies offer different insurance packages for different diseases and health insurance cases. The risks that are covered are directly proportional to the cost of the policy [4].

The current state of the state insurance market does not fully meet the requirements of the world market. The creation and development of a productive insurance market requires the development of an effective

policy to ensure the insurance activities of foreign reinsurers, policyholders, the creation of a developed solvent insurance system. The process of the insurance market is accompanied by a small number of problems of regulatory, economic, personnel and organizational and methodological.

The total number of insurance companies in Ukraine as of 01.01.2021 was 181, including life insurance – 19 companies, non-life insurance company – 162 companies, (as of 01.01.2020 – 233 companies, including IC "life" – 23 companies, IC "non-life" – 210 companies). The number of insurance companies has decreased significantly, so in 2020 compared to 2019, the number of companies decreased by 52 ICs, compared to 2018, this figure reached a reduction of 113 ICs.

The market for insurance services is not stable enough over time, it depends on the mandatory reserve fund, which is for insurance companies "non-Life" is 1 million euros, and for companies "Life" it is ten times more than 10 million Euro [11]. Such a sharp reduction can only indicate that there are insurance companies on the market that have conducted insurance operations during the year of their activity and their licenses have not been revoked.

Table 1

Number of insurance companies in Ukraine

Number of insurance companies	As of 01.01.2018	As of 01.01.2019	As of 01.01.2020	As of 01.01.2021
the total number of	294	281	233	181
incl. Non-life insurance company	261	251	210	162
incl. Life Insurance Company	33	30	23	19

Insurance is a complex organizational and legal complex, interdisciplinary, multifaceted scientific discipline. Systematic development and implementation of problems in this area involves the management of social insurance. In order to improve the management and financing of health care, it is necessary to ensure its integrity through a unified health care system of planning, regulation, standardization, licensing, certification, common technological and personnel policy, capacity building and further development of science, as well as clear division of competence between

different levels of stage medical care. An integrated approach, which is that the creation of a health insurance system must fit into the overall concept of health care reform in general in the Ukrainian reality. In this regard, it is necessary to choose a model of health care that is adequate to the current conditions in the country. The creation of a health insurance system should be considered as a multifaceted process in which it is necessary to link the legal, economic, organizational, managerial and motivational components. It is also important to use foreign experience in insurance medicine.

There are some differences between social and commercial health insurance, which are as follows: social health insurance is provided only in a mandatory form, in accordance with the requirements of certain laws that determine the procedure and conditions of its conduct; provides insurance protection of citizens from various risks and is designed for this purpose; commercial health insurance is mostly carried out on a voluntary basis and is the result of coordination of the positions of the insurer and the insured on insurance protection; covers not only social risks, its scope is much wider.

However, it is inconceivable to deny the fact that along with the differences between social and commercial health insurance there are many similarities: a single economic nature, proximity to the principles of its construction, and therefore they are competitive [6].

The foreign experience of countries with developed health care systems is motivated by the fact that the medical sector can operate effectively and efficiently only if there is a system of compulsory state health insurance. The mechanism of compulsory health insurance in Ukraine is at the stage of creation, the main reason for which is the limited public funds allocated to support this industry. Changing the health care system to introduce compulsory health insurance will increase the effectiveness of the mechanism of accumulation and distribution of funds, raising social standards of the country and living standards.

Health insurance is insurance against loss of health for any reason, including illness and accident. Compulsory health insurance is determined by the fact that all citizens, regardless of gender, age, health status, place of residence, level of personal income, have the right to receive medical services. Compulsory health insurance helps economic and social protection of the poor and middle classes and guarantees the right of every citizen to quality medical care.

Compulsory health insurance funds are state property. The country provides a permanent system of such insurance and is a direct insurer for the unemployed. If the profit from compulsory health insurance is generated, it replenishes the sources of financial resources of this insurance. Insurers pay contributions in the prescribed amounts, the level of insurance is equal for all insured.

Table 2

Mortality rates in Ukraine

Years	Total dead	Mortality rate
2018	587665	14.8
2019	581114	14.7
2020	616835	15.9

According to the table, we can conclude that mortality only increases with age.

Analyzing the process of development of health insurance, it is necessary to highlight the following features:compulsory health insurance acquires the features of social insurance, as the procedure for its conduct is determined by state legislation; compulsory form of insurance is coordinated by state structures; insurance payments paid by citizens and medical personnel take the form of a tax; compulsory health insurance is under serious control of the country and is characterized by non-profit.

According to international experts, the effective implementation of health care reforms requires the development of three areas of health policy:

1) improving the health of the population by improving living standards and improving environmental conditions;

2) improving the work of mechanisms for efficient allocation and allocation of resources by clearly setting goals, increasing the effectiveness of work to limit risk and prohibit costs;

3) improvement of medical and sanitary legislation, training and retraining of medical personnel, improvement of the structure and functions of medical institutions.

One of the key problems in the field of health care in Ukraine is the imperfection of regulations that affect the creation of conditions to improve the health of the population and increase the efficiency of human health,

material, technical and financial resources in the health care system. in a market economy.

All-Ukrainian Program for the Adaptation of the Legislation of Ukraine to the Legislation of the European Union defines the mechanism for Ukraine to meet the third Copenhagen and Madrid criteria for membership in the European Union.

This mechanism includes the adaptation of legislation, the establishment of appropriate institutions and other additional measures necessary for effective lawmaking and law enforcement.

The purpose of adapting the legislation of Ukraine to the legislation of the European Union is to achieve compliance with the legal system of Ukraine to the acquis communataire, taking into account the criteria put forward by the European Union to the States intending to join it. An integral part of this Program is the adaptation of Ukrainian legal acts in the field of public health and life to the acquis of the European Union. Based on this, the need to introduce health insurance in Ukraine is urgent [9].

On January 1, 2018, the medical reform came into force, which provides for the introduction of health insurance in Ukraine. This event is an important step towards improving the health care system and one of the prerequisites for receiving the fourth tranche of the International Monetary Fund, which provides for the maintenance of financial stability in our country.

Currently, the field of medicine is characterized by low efficiency, which is due to the inadequate level of funding for health care. Thus, the introduction of health insurance as an important element of the insurance system of medicine is a topical issue today and one of the promising areas for solving the problem of providing financial resources for health care [1].

In Ukraine, the process of practical introduction of health insurance began on January 1, 2018 based on the approval of health care reform in the last days of 2017.

The main changes envisaged by the reform include: introduction of the state guaranteed package of medical care, which includes a fairly wide list of outpatient and inpatient medical care, as well as medicines; the fact that the only national purchaser of medical services is the National Health Service of Ukraine (NHSU), which is the central executive body (it will pay for the provided medical services at the expense of the state budget within the medical guarantees program); introduction of the principle “money

follows the patient", ie the state will no longer allocate money in accordance with the budget for the maintenance of a health care institution, resulting in the fact that medical institutions must become autonomous entities that will receive payment for the results of their activities (for the medical care they actually provided to patients); autonomy of health care providers, as the relationship between the medical institution (service provider) and the budget manager, namely the National Health Service of Ukraine (customer service), is set up in accordance with contracts for medical care with clearly defined parameters of funding; introduction of the e – Health system, ie translation of all medical documentation into electronic form; the launch of the Affordable Care Act, which allows patients with asthma or type II diabetes, cardiovascular disease, to receive drugs free of charge or at a small cost, for which they need to see a doctor and get prescription drugs. pharmacy attached to the program; transparent and efficient procurement of medicines, namely the creation of a procurement organization whose goal is to form a modern convenient system aimed at a competitive environment in Ukraine; creation of new opportunities for local authorities to exercise their powers in the field of health care (a program of medical guarantees will be provided at the national level, and local budgets will be used to ensure the operation of the system and local programs).

The Law of Ukraine "On Insurance" is aimed at consolidating the legal status of insurers, defining the rights and obligations of policyholders, establishing the specifics of concluding insurance contracts, detailed regulation of certain types and forms of insurance. Significant development of private law regulation of insurance obligations began with the adoption of the Central Committee of Ukraine in 2003. The provisions of Chapter 67 define the concept of insurance contract, its essential conditions, the form of the insurance contract, the moment of its entry into force, the rights and obligations of the parties, features of contractual relations of co-insurance and reinsurance, termination of the insurance contract and its invalidity.

Today in Ukraine there is no legal framework that would clearly regulate health insurance. The provisions of the Law of Ukraine "On Insurance" and the Central Committee of Ukraine are taken as a basis for concluding health insurance contracts. Attempts to consolidate the regulation of health insurance at the legislative level were manifested in several bills "On compulsory state social health insurance in Ukraine". The last draft of the Law "On Compulsory

State Social Medical Insurance in Ukraine" was registered by the People's Deputy of Ukraine O.V. Bogomolets on August 2, 2016.

There are one-tier and multi-tier system of contractual obligations. The one-tier system of contracts is built on dichotomous principles.

The dichotomous method of classification of contracts provides for the possibility of their division on all grounds on which the division into types of transactions in general and is based on the allocation of a certain dichotomous criterion of division (ie division into two opposite elements, for example:

At present, the relations on the provision of services are mediated by the following contractual constructions: those provided by the Central Committee of Ukraine or other regulations (contracts of carriage, commission, power of attorney, storage, loans, credit, agency agreement, maritime towing agreement, agreement on legal assistance, agreement on tourist services, insurance agreement, insurance contract, etc.); those that are not provided by current legislation, but are common in the contractual practice of participants in civil relations (agreements on the provision of hotel, medical, financial, theatrical, entertainment, telecommunications, educational services, etc.). A.E. Sherstobitov offers the following classification of contractual obligations to provide services: obligations to provide services of a factual nature (storage contract, contract of carriage); obligations to provide legal services (power of attorney, commission agreement); obligations to provide factual and legal services (trust management agreement, freight forwarding agreement, agency agreement); obligations to provide services of a monetary nature, which include loans and credit, bank account, bank deposit, non-cash payments, insurance.

3. Results

The country is interested in the development of the insurance market, because everything is due to the fact that insurance improves social protection, reduces the burden on the state budget to compensate for man-made losses, redirects state compensation for insurance payments from the budget. Depending on how effectively the insurance market works, in turn, the solution of a large number of problems facing the economy of the state.

The current state of development of the insurance market of Ukraine indicates that it is not performing its role in the functioning of the financial

system effectively enough. Thus, according to experts, the share of personal insurance payments in Ukraine is only 4-5%, while in Western Europe and the United States this type of service is about 60%, in Japan – 80%, in the UK – 70%, and in world average – 58.3%. The total volume of insurance services in the financial market of Ukraine in the last decade in terms of collected premiums was 0.06% of world volume and was 400 times lower than in the US, 60 times – with Germany, 50 times – with France.

The total number of insurance companies as of December 31, 2020 was 210, including life insurance companies 1–20 companies, non-life insurance companies – 205 companies (as of December 31, 2018 – 281 companies, including life insurance companies) – 30 companies, IC "nonlife" – 251 companies). The number of insurance companies has decreased significantly, so in 2019 compared to 2018, the number of companies decreased by 48 ICs, compared to 2017 decreased by 61 ICs. Compared to previous years, the number of concluded contracts has increased significantly. If we analyze the number of insurance contracts excluding compulsory insurance, in 2020, compared to 2019, it grew by almost 45%, which is a very high growth rate compared to previous years.

An important indicator of the functioning of the insurance market is the indicator of penetration or depth of the insurance market, as well as an

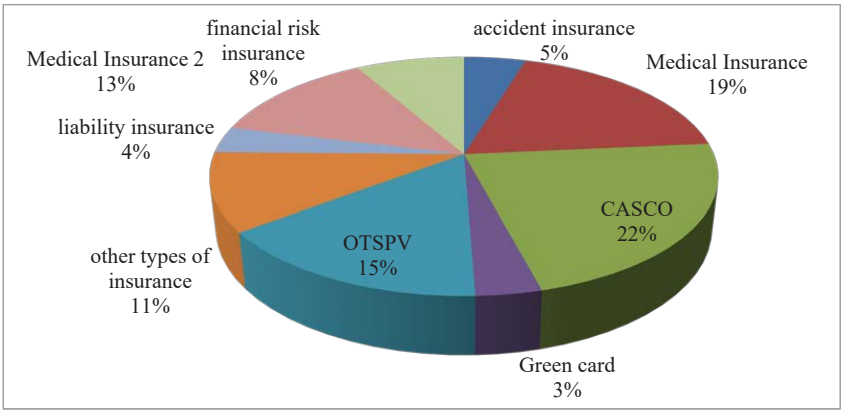

Figure 1. The structure of the insurance portfolio for 2020 by type of insurance, %

indicator of assessing the impact of insurance on the economic and social development of the country. This indicator is calculated in GDP as a share of insurance premiums, which provides an opportunity to assess the state of the insurance market in Ukraine (Table 3).

Table 3

Share of insurance premiums in GDP, %

Years	Ratio of insurance premiums to GDP, %	
	Gross insurance premiums	Net insurance premiums
2016	1.5	1.1
2017	1.5	1.0
2018	1.4	1.0
2019	1.3	1.0
2020	1.2	1.0

In 2020, the share of gross insurance premiums in relation to GDP was 1.2%, which is 0.1 percentage points. less than in 2019; the share of net insurance premiums in relation to GDP remained at the level of 2017–2019 and amounted to 1.0%.

We will analyze the ratio of the amount of insurance premium received and insurance payment. In the state the level of insurance payments varies between 24-27%, but in developed countries – 61-91%. Then we can conclude that the state has developed "scheme insurance", and the greater its share, the lower the level of financial security of Ukraine. The increase in the level of insurance payments, which we observe in 2017, is positive. But it should be noted a significant decrease in insurance premiums in 2020 (by 15%) compared to 2019. Analyzing the state of the insurance market, it is necessary to consider its industry structure, which can be characterized by the ratio of voluntary and compulsory insurance, the amount of insurance payments and premiums for certain types of insurance, the share of reinsurance of total insurance payments [3].

The structure of premiums by type of insurance indicates the development and state of the insurance market. The main types of insurance in the EU are health insurance, life insurance, car insurance, while in the insurance market of Ukraine the first place is occupied by voluntary property insurance and voluntary personal insurance.

Table 4

Dynamics of insurance payments in Ukraine

Years	Gross insurance premiums, UAH million	Gross insurance payments, UAH million	The level of insurance payments, %
2016	35170.3	8839.5 / 25	25.1
2017	43431.8	10536.8 / 24	24.3
2018	49367.5	12863.4 / 26	26.1
2019	53001.2	14338.3 / 27	27.1
2020	45200.0	14907/31	31.0

As of December 31, 2020, insurance reserves increased by 16.6% compared to the same date in 2018, while the amount of assets increased by 1.4%.

Reasons that affected the increase in insurance reserves and decrease in assets and total assets, which are determined by law: the fighting in eastern Ukraine and the annexation of the Autonomous Republic of Crimea led to the loss of assets; revaluation of assets at fair value, which led to an increase in insurance reserves.

In general, all the above indicators have a positive trend, so we can say about the positive work in the financial market of Ukraine.

Despite the fact that the dynamics of the insurance market is generally positive, the level of popularity of insurance is still low compared to developed countries in Europe.

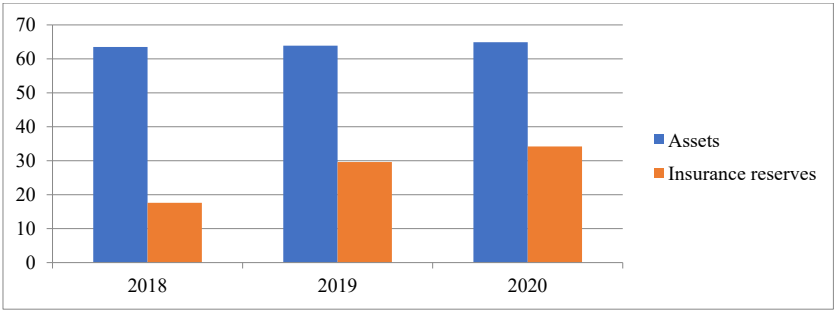

Figure 2. Dynamics of assets according to the balance sheet and insurance reserves, UAH billion

One of the reasons is economic instability, as well as the weak development of the stock market, which prevents the use of securities as a category of assets for safe placement of insurance reserves, sustainable production growth and high inflation. In December 2018, the inflation rate in Ukraine was 0.80%, which is 0.60 less than in November 2018 and 0.20 less than in December 2017. At the same time, inflation since the beginning of 2018 was 9.78%, and in annual terms – 9.78%.

In 2020, the insurance market was redistributed, as a result of which many of the current participants will be forced to leave, unable to withstand competition and new regulatory requirements. At the same time, the growth rate was maintained. Much, of course, depends on the regulator – its further actions, in particular on the "cleansing" of the market from unscrupulous insurers who do not fulfill or are unable to fulfill their obligations under contracts. The process of market cleanup will be much faster if the law on "split" and the transfer of functions of the regulator of the National Bank, as provided for in the Memorandum of Cooperation between Ukraine and the International Monetary Fund [5]. Quality, not quantity: The financial performance of the Ukrainian insurance market is growing.

It should be noted that the world economy has suffered a certain blow due to the pandemic. All the events that unfolded against the background of COVID-19 in some way affected the insurance market. It should be noted that the situation with insurance in the world is almost no different from Ukraine.

COVID-19 was particularly quarantined, during which the rules of movement were strict. As a result of heavy losses suffered aviation insurance and reinsurance. The annual volume of insurance and reinsurance premiums due to aircraft downtime decreased significantly, but there was no proportional decrease in insurance and reinsurance payments. The crisis has led to the fact that the rates of reinsurance programs increased by 25-30%, which significantly complicated negotiations with reinsurers in 2021. In addition to the effects of restrictions through COVID-19, the market aviation insurance is forced to hold a reserve of more than $ 2 billion due to the cessation of flights Boeing 737MAX after two crashes in Indonesia and Ethiopia. The volume of this reserve can be compared with the annual reinsurance premium collected by the market from all airlines in the world [6].

Results of insurance companies in 2019. As a result of quarantine measures, the demand for property insurance, houses and premises has decreased, which is predictable, as people stay at home and do not intend to incur additional costs during the crisis.

COVID-19 has been a good impetus for finding new ways to provide its services and attract new customers online. Currently , most insurance companies have their own websites on which they are active.

It is worth noting that insurers spend most of their profits on reinsuring their risks. In the third quarter of 2020, global specialized reinsurance capital peaked at $ 625 billion. The global capital of the world's reinsurers in 2020 has reached its peak. Reinsurance market overview. Analyzing the insurance market, it should be understood that it does not work independently (like all other industries), so the economic situation in the country is very much affected.

The main problem in the development of insurance is the decline in the solvency of the population. The population is losing their jobs, their costs and priorities in terms of spending their money are growing, which reduces the incentives of the population to turn to insurance companies.

Another important problem is the economic situation, which affects the growth and profitability of guarantee and investment portfolios of insurance companies. How much insurers receive less income from their assets and suffer losses.

Insurance companies around the world will be affected by a sharp slowdown in economic activity, which will undermine growth and even reduce the number of insurance facilities.

This trend is observed all over the world . This applies to both declining GDP, declining business activity, high volatility in the stock market, and declining purchasing power of the population [1].

For example, in the UK, insurance companies will pay travelers at least £ 275 million (about $ 340 million) due to the epidemic. As of the end of October 2020, the losses of UK insurers from COVID-19 exceeded $ 23 billion [4].

Insurance companies are specific entities that concentrate on the property interests of policyholders (individuals and legal entities).

In this regard, the most important goal of the insurance company is to achieve and maintain its stable financial condition, which is characterized

by a system of indicators that reflect the availability, placement and use of capital of the insurer.

The financial condition of the insurance company is characterized by indicators that describe its ability to develop and succeed in a competitive market environment.

The financial condition of the insurance company is determined by a set of economic factors and is characterized by a system of indicators that reflect the availability, location and use of financial resources. Therefore, the financial condition of the company is understood as its ability to finance its activities.

Let's assess the financial and economic condition of PJSC "Ukrainian Fire Insurance Company", which is in the TOP-10 insurance companies of Ukraine.

PJSC "Ukrainian Fire Insurance Company" was established on June 22, 1993 and for more than 28 years of impeccable work has become one of the leading insurance companies in Ukraine. The IC has a well-developed structure of its separate divisions, which are represented in all regions of Ukraine.

The basis of the IC's activities is the provision of insurance services (except life insurance) and reinsurance. The IC operates under license and provides a wide range of services. In 2020, the IC had a total of 21 licenses for voluntary insurance and 39 licenses for compulsory insurance.

During the study period, PJSC "Ukrainian Fire Insurance Company" increased net earned insurance premiums by UAH 30,5995.4 thousand, while increasing the cost of services by UAH 148.4 thousand. This led to an increase in the pre-tax financial result by UAH 28,632 thousand. There is also an increase in gross profit in 2020 compared to 2018 by 141430.0 thousand UAH; The presence of gross profit indicates that the main activity of the insurance company is profitable, which is positive. The amount of equity in 2018–2020 decreased by 33266.1 thousand UAH. The share of equity in the balance sheet currency decreased from 46% in 2018 to 31% in 2020.

The analysis of the above-mentioned financial indicators of PJSC "Ukrainian Fire Insurance Company" for 2018–2020 is not financially stable but shows positive financial and economic indicators. The general assessment of the financial condition begins with an analysis of the property of the IC and the sources of its acquisition. All assets owned by the IC and reflected in its balance sheet are called assets.

Table 5

The main financial and economic indicators of the PJSC "Ukrainian Fire Insurance Company"

Indicator	2018	2019	2020	Absolute deviation of 2020 from 2018, (+ ;-)
Net earned insurance premiums	458724.6	653762	764720	+305995.4
Cost of services sold	18149.3	22257	18298	+148.7
Gross profit	298588.9	421177	440019	+141430.0
Financial result before tax	-4846	-38341	23786	+28632
Net profit (loss)	-20777.2	-58403	196	+20973.2
Currency balance	529329.9	602551	673558	+1444228.1
Equity	241186.1	173071	207920	-33266.1
Non-current assets	292903.4	379329	409895	+116991.6
Current assets	231696	194409	234850	+3154

Table 6

Analysis of the composition of the property of PJSC "Ukrainian Fire Insurance Company"

Indicator	2018	2019	2020	Absolute deviation of 2020 from 2018, (+ ;-)
1. Non-current assets				
Intangible assets	552.8	1049	1026	473.2
Fixed assets	24346.8	84989	141486	117139.2
Long-term financial investments	5494.6	-	-	-
Total for section 1	292903.4	379329	409895	116991.6
2. Current assets				
Inventories	1626,9	2083	1623	-3.9
Accounts receivable for goods, works, services	7703.1	10656	6293	-1410.1
Cash	209718.8	165585	215828	6109.2
Total for section 2	231696	194409	234850	3154
Total	524599	573738	644775	120176

Assets are economic resources of the enterprise in the form of aggregate property values, which are used in economic activities for profit; resources controlled by the enterprise as a result of past events, the use of which is expected to lead to economic benefits in the future. Let's determine the financial condition of the IC from the analysis of the composition of the property.

According to Table 6. there is an increase in the total assets of the insurer by 18.6% for the period 2018–2020. The growth of assets at the end of 2020 was due to a significant increase in non-current assets by 116,991.6 thousand UAH. As part of non-current assets in absolute terms, there is an increase in intangible assets (by 473.2 thousand UAH from 2018 to 2020) and the value of fixed assets (by 117,139.2 thousand UAH from 2018 to 2020). Along with the analysis of the composition of the property, the structure of the value of the property gives a general idea of the financial condition of the insurance company. It shows the share of each item in the assets. During this period, the share of non-current assets increased from 56% in 2018 to 64% in 2020. Accordingly, the share of current assets has a smaller share. Thus, current assets in 2020 accounted for 36%. Among the items, cash has the largest share in the balance sheet. During this period, the amount of receivables for goods, works and services decreased by UAH 1,410.1 thousand, which indicates the fulfillment of obligations by debtors of the insurer. We will analyze the coefficients of the structure of assets, determine the coefficients of constancy and mobility of assets of the enterprise and the ratio between non-current and current assets.

Coefficient of constancy (KP) is the ratio of non-current assets to all assets. If this indicator is low, it indicates low production potential, ie it is necessary to make additional capital investments (it is necessary to replenish equity or attract long-term loans). Mobility factor (CM) is the ratio of current assets to total assets (or one minus the coefficient of constancy). The ratio of current to non-current assets is the ratio of current assets to non-current assets. This ratio should increase, which will increase the liquidity of the balance sheet. A drastic change is negative. Return on assets (property) – this indicator shows what profit the company receives from each hryvnia invested in assets.

The share of non-current assets (coefficient of constancy) fluctuated during the study period from 0.56 in 2018 to 0.63 in 2020.

Table 7

Analysis of the coefficients of the asset structure of PJSC "Ukrainian Fire Insurance Company"

Indicator	2018	2019	2020	Absolute deviation of 2018 from 2020, +; -
Coefficient of constancy	0.56	0.66	0.63	+0.07
Mobility factor	0.44	0.39	0.36	+0.08
Ratio of current and non-current assets	0.79	0.51	0.57	-0.22
Return on assets, %	-3.96	-10.17	0.03	+3.99

Such indicators indicate a "difficult" structure of assets. "Heavy" structure indicates significant overhead costs and high sensitivity to changes in revenue, "light" – the mobility of the enterprise. The growth rate of non-current assets ranged from 0.44 in 2018 to 0.36 in 2020. The growth rate of current assets was higher than the growth rate of non-current assets. Return on assets only in 2020 was positive and amounted to 0.03%, in 2018 and 2019 it was negative, as the IC suffered a loss as a result of its activities.

4. Foreign experience of health insurance

In the process of Ukraine's transition to a market economy, a situation has arisen that requires changes in the functioning of the health care economy. The activity of health care institutions has a significant social significance, ie it is related to the needs of the primary social orientation, which necessitates the support of the health care system by society.

Unfortunately, to date, most of the proposed projects of the experiment on the restructuring of the health care economy, to create a system of compulsory state social health insurance, are aimed only at gaining effect by redistributing and using resources available in this area. The main task is to attract significant additional extra-budgetary financial resources for health care in these projects.

In our opinion, the restructuring of the health care economy should begin primarily with strengthening the financial base of the industry, changing the overall funding scheme, which provides for a mandatory transition from a budget financing system to a mixed budget insurance system, financed with

the active participation of enterprises , institutions, organizations of various forms of ownership with elements of voluntary health insurance.

Accumulated many years of world experience in the field of health insurance testifies to the high efficiency of various models and systems of health insurance and health insurance. To date, three main types of health care financing have been identified: public, through compulsory and voluntary health insurance, and mixed form. It should be noted that these species in their separate form are practically not used in any state, but in some states they occupy a dominant position. For example, in England, Ireland, Scotland, Italy and Denmark, the public funding system dominates. Countries such as Germany, France, Austria, Belgium, the Netherlands, Sweden and Japan are dominated by compulsory health insurance, while the United States favors mixed forms of health care financing, with about 90% of Americans using private insurance. companies. One of the first countries to introduce health insurance. The health insurance system was established in Germany in 1881.

The basic principle of the German health insurance system is that the government does not take responsibility for financing health care (except in some of its segments), but only creates the conditions for the necessary funds to be created by employees and employers, and supervises over the functioning of the entire health insurance system. Germany has a decentralized health insurance system. It deals with about 1,200 insurance funds (insurance funds) built on a professional basis (miners, farmers, sailors, etc.), on a territorial basis and ersatz cash registers. Territorial insurance funds take out insurance of those categories that are not covered by insurance at enterprises . All three types of health insurance funds are included in the system of state-run health insurance (Siburina T.A. et al., 1992).

The main function of the government in relation to health insurance is to ensure compliance of insurance companies with the law, in particular, to ensure the implementation of insurance programs. In this regard, the state makes health insurance mandatory and determines its main conditions – the basic rates of insurance premiums, the scheme of financing and organization of medical care, participates in the formation of prices for medical services, provides non-governmental bodies – insurance companies and doctors' associations. significant functions in the management of the system, giving them the right to represent the interests of the insured and the interests of

health workers Insurance funds in Germany are autonomous organizations that have the right to set the insurance premium rate above its base level, expand the scope of medical services above the base program, choose the form of settlements with health care facilities. Hence their complete financial independence from the state. But this, in turn, does not mean that insurance funds are not part of Germany's health care system. Insurance funds are an integral part of the entire health care system, its subsystem. Insurance funds work closely with the government to pursue an active policy of curbing the growth of the cost of health care, committing to a stricter system of settlements with medical institutions, introducing surcharges to insured persons, etc., as a result of which insurance funds are not opponents of health authorities. I and share with them the responsibility for the state of medical care (I.M. Sheiman, 1992).

In France, health insurance was introduced in 1910, initially in the form of mutual funds, and since 1928, these funds have been transformed into insurance companies. Currently in France there is a single hierarchy of insurance funds, a vertical health insurance system: a powerful insurance organization – the National Insurance Organization (National Insurance Fund for Employees), which is controlled by the Ministry of Social Security and Labor and covers 78% of the population. 129 local branches, each of which is responsible for insurance in a particular region and does not compete with each other. Local branches have some autonomy, but are generally subject to administrative control from the center (de Pouvourville et al., 1985).

French farmers have retained their insurance companies, but they are also, in general, subject to general rules set by the government. Farmers ' and other professional insurance funds account for 12% of the population. In addition, France has a well-developed network of private insurance companies. In the case of obtaining an insurance policy from a private insurance company, the latter, like any insurance company, pays for hospital costs and patient bills for doctor's appointments. The scale of additional services varies and is subject to competition from private insurance companies.

In the Netherlands, health insurance originated in 1901 and at that time consisted of several hundred mutual societies and insurance companies. Some of them were large, but most were small organizations representing the interests of the population of a small town, business , and others.

In 1940, the introduction of managed health insurance began, which required the introduction of standardization in the creation of a health insurance system, in connection with which most small companies merged into larger and insurance funds. The activities of territorial insurance organizations are currently regulated by the Central Council of Insurance Funds, which consists of representatives of employers, trade unions, medical associations, government agencies. This body is not a government body, but it has delegated a number of important powers, in particular, to ensure that insurance companies do not deny the public insurance services, control the cost of resources, provide information needed to determine the standard of centralized financing of insurance companies, calculation of insurance premiums and tariffs. The majority of the population was included in the system of managed insurance with the right to choose the insurance company.

Until 1990, 60% of the population of the Netherlands was in the system of regulated insurance. More than 30% of the population was insured with private insurance companies. The private insurance sector is trying to attract customers with a smaller insurance premium. About 40% of private insurance is group insurance agreements between entrepreneurs and insurance companies. Entrepreneurs pay half or more of the sum insured, the latter is paid by employees. There is also personal or family insurance.

Reforms in the early 1990s, known as the Decker Plan, replaced fragmented insurance programs with a universal compulsory health insurance system. A single insurance premium rate has been introduced for all categories of the population, calculated as a percentage of the income fund and does not reflect individual risks. Funds selected on this basis are accumulated in the insurance fund and then returned to the insurer chosen by the client, or the insured representing his interests. Payment to the insurer is made on the basis of weighted standards per insured. The insurance company that undertook the insurance should know that regardless of the composition of the insured, it will receive deductions that reflect the actual possible amount of costs. In the Netherlands, costs are also taken into account in the standard. Under this system, the government's responsibility for the state of health care remains, but many management and planning functions are transferred to insurance companies (Van de Ven W., 1991).

Sweden has one of the highest living standards in the world. In Sweden, health insurance laws were issued in 1898. Universal compulsory health insurance was introduced in 1955. It embraced all citizens under the age of 16. The national social insurance system is general and mandatory for the entire population of the country. Personal medical and dental insurance is an integral part of it. The entire system is managed by 26 regional social insurance bureaus. Their activities are managed by the National Social Insurance Council. Expenditures on social welfare are covered by 25% of the central government budget, 26% by municipal and district councils, and 48% by employers. Purely on health care and medical care, 18% of funds are allocated by the government, 51% by local authorities, 31% by employers. One of the features of the Swedish insurance system is the transfer of insured persons to insurers of their legal rights in matters of health insurance (Brohams D., 1988).

The United Kingdom uses a system of budgetary financing of health care, which determines its public nature with a high degree of centralization of management. The Insurance Act, passed in 1912, introduced the principle of compulsory and covered compulsory health insurance for a third of the population of England, Scotland and Ireland, almost all persons and employees under the employment contract, with a few exceptions.

The financial basis of the National Health Care System is tax revenues, which make up 90% of the health care budget. Only 7.5% of the budget is formed by employers' contributions. Thus, the National Health Care System practically exists at the expense of funds contributed by taxpayers and allocated by the government for health care from the item of expenditures for social needs (F.E. Vartanyan et al., 1991).

In general, patients pay 10% of the cost of treatment. All workers are subject to compulsory health insurance, except for unemployed married women who can join voluntary insurance. At the expense of these funds are often provided financial assistance for temporary disability due to illness.

The UK government is proposing to stimulate the efforts of the National Health System to increase the efficiency of health care by increasing competition between its varieties. A division of responsibilities for the purchase of medical care and for its provision has been introduced. The health insurance system is also connected to the purchase of medical care (Robinson R., 1989).

Private health insurance in the UK covers mainly those areas of health services that are not provided by the National Health Service. More than 13% of the population is covered by private voluntary health insurance.

Voluntary health insurance in England is provided by various insurance companies. But the leading role among them is occupied by the insurance association "BUPA", which emerged in 1947 as a result of the merger of small insurance companies. The profit received from BUPA's insurance operations is practically spent on expanding and modernizing the network of commercial medical institutions. This network is used both within insurance programs and outside them. Profits from the commercial activities of medical institutions, in turn, support health insurance, ensuring the financial stability of "BUPA".

The main principle of private insurance companies is to supplement the state health care system. This means that the object of insurance is only those risks that are not covered by the National Health Service. Given the high level of development of the National Health Service, the scope of private health insurance is quite limited, it covers only the paid part of medical care, both in commercial medical institutions and hospitals of the National Health Service. Voluntary health insurance programs are branched only to that part of the activities of state medical institutions, which goes beyond social obligations.

There is no state health care system in the state of Israel, but 94% of its population is covered by comprehensive health insurance. Health insurance is mainly provided by the health insurance fund of the huge trade union Histadrut (83% of cases), as well as on the basis of other health insurance funds (17% of cases). Medical facilities are run by various agencies, the most important of which are trade unions and the government. In the office of the Israeli Workers' Union Kupat Halim are the largest and best in countries and hospitals. A small number of hospitals are privately owned. Israel's largest trade union is the main provider of medical services through the Universal Working Fund for Patient Care.

The United States has a health insurance system that combines a central insurance fund with a network of local independent insurance companies. The funds are accumulated in the central fund, which does not have administrative functions, and then distributed to insurance companies on the basis of a legally approved form of payment. This system operates in

the United States as part of the Medicare and Medicare programs. These systems cover more than 20% of the population, group insurance at the workplace is 58% of the population and voluntary health insurance at the workplace is 2%. About 15% of the population do not have access to health insurance and are low-income, unemployed, homeless and family members of employees who do not have a health insurance system. Having a job does not guarantee health insurance. The most widely covered by health insurance are industrial workers, civil servants, trade union members, and full-time workers. Loss of a job automatically leads to loss of health insurance.

Thus, in the United States, health insurance is linked to employment (Staples C.L., 1989). The health care economy in the United States is a paradoxical combination of shortcomings and excesses. The United States spends 11.5% of its gross income on health care – more than any other country in the world , and at the same time, more than 15% of the American population has no financial protection from the high cost of health care. due to the lack of medical insurance policies.

Among the private insurance companies in the United States, the two most common and well-known are the non-profit insurance companies Blue Cross and Blue Shield, which provide voluntary health insurance that pays for hospitalization or outpatient care and medical services for their members. in this area. Currently, there are numerous associations of these societies that pay for all types of medical care.

Since 1981, the United States has developed a system for classifying cases of hospitalization or diagnostic groups. The payment for medical care under the Medicare and Medicait programs was performed depending on the number of medical services. Such a system of calculations led to unjustified detention of patients in the hospital, an increase in the number of operations without indicators, clinical, laboratory and other studies. At the same time, the main goal of universal access to health care for all citizens has not been achieved.

In such conditions, almost all medical and social programs in the United States operate. New models of the National Health Care System provide for an increase in the size of insurance premiums that accompany rising prices. Therefore, compulsory health insurance is not widely supported among the poor in the United States (Levey S., Hill J., 1989).

In Canada, the National Universal Health Insurance System was introduced in 1971, which includes all types of inpatient and outpatient care except dental care, prosthetics and the purchase of medicines. More than 90% of the costs of inpatient and outpatient care are reimbursed from public funds. The progressive tax covers 25% of all health care costs.

Voluntary health insurance has little development and provides benefits only in those areas that are not covered by universal insurance.

In Australia , the Medicare program is based on the Medicare program, which pays the entire population 85% of the cost of various medical services, except for dental, optometric and ambulance services. Funding is provided through insurance premiums of 1% of salary. Low-income medical care is provided free of charge in state medical institutions. Voluntary health insurance is underdeveloped and provides additional services (Loshak A Ya., 1989).

Japan ‘s health insurance system is complex and multifaceted. In 1984, several programs were merged and two programs are currently in operation: state and public. All employees of enterprises with 5 or more employees, as well as members of their families are subject to insurance. The amount of the insurance premium is calculated from the standard earnings, which is determined monthly. Insurance companies also provide voluntary health insurance to increase the comfort of service, the use of expensive medicines and medical technology.

Thus, summarizing a brief overview of different health insurance programs and systems in different countries in different parts of the world, it should be noted that all countries use certain forms and types of health insurance, both voluntary and compulsory, and only economically developed countries such as the United Kingdom, Sweden, Canada, and Australia can afford to have public health care financing, but even these economically developed countries have health insurance systems.

Therefore, based on the above review, it is possible to draw only one conclusion that there is no alternative to health insurance. Health insurance is the only way out of Ukraine’s health care from the deep economic and social crisis.

5. Finding

A study of health insurance and the preconditions for its emergence revealed that the objective need for it is due to the existence of many risks, the occurrence of which may harm the property interests of citizens due to loss of health and disability due to illness. Public health insurance against such risks is provided both through the system of national compulsory social insurance and through insurance provided by insurance companies on a commercial basis. Based on the analysis of existing views on health insurance, the author proposes the definition of health insurance as a system of economic relations between participants in the creation of monetary funds designed to provide insurance protection of property interests of citizens associated with loss of health. This definition allowed to combine in the concept of "health insurance" economic relations related to compulsory health insurance (in the social insurance system) and economic relations in voluntary health insurance (commercial insurance). This is important given the need to define health insurance as a comprehensive system.

The health care system in Ukraine today needs immediate reform. Ukraine has many opportunities and prospects for the development of the health insurance system. In order to introduce an effective and reliable health insurance system and solve certain problems, it is advisable to take a number of measures: create and operate a single register of insured persons to prevent double insurance and financing; develop a progressive system of contribution rates to the compulsory health insurance fund, which will reflect the relationship between the amount of contributions and the amount of income of contributors. Determining the lower limit or full coverage by the state of medical expenses of vulnerable categories of citizens will allow maintaining the universality of coverage of medical services; determine the distribution of contributions to the compulsory health insurance fund between the employer and the employee; attract additional sources of funding for health care costs. Thus, the existing problems in the system of compulsory health insurance create organizational, personnel problems in the health care system, worsen the availability, quality and efficiency of health care and need an immediate solution.

The following measures are proposed to solve the problems in the field of compulsory health insurance and the health care system:

– optimize the network of medical institutions (increase new medical equipment in clinics);

– to improve the quality of used medical materials;

– retraining and advanced training of medical workers;

– increase motivation, it is necessary to ensure an increase in salaries of medical workers;

– increase funding for the state health care system through the system of compulsory health insurance;

– to ensure the creation of a certain freedom in terms of finances to provide the population with quality and free medical care under compulsory health insurance;

– there should be no shortage of funds for the program of state guarantees of medical care;

– it is necessary to strengthen control and regulation by the state in the provision of paid medical services provided in various medical institutions;

– employers as well as local authorities must pay insurance premiums for their employees;

– to develop common criteria for the work of experts to assess the activities of the WCO and the validity of penalties.

The state policy in the field of health care, its purpose and meaning are aimed at making citizens feel protected from various diseases, to be able to seek help from medical institutions and receive guaranteed medical care. Therefore, in Ukraine, it is necessary to improve the quality and accessibility of medical care to all segments of the population. Due to this, the average life expectancy will increase, the birth rate will increase, mortality will decrease, and the health indicators of the population will improve. The state needs to adhere to the strategy of support and financing of the health care system, strongly strengthen control over the fund of health care, eradicate various corrupt schemes. This will solve the most acute problems. It is important to ensure that inequalities in health care are eliminated and that everyone receives quality health care. After all, human health is the most important and necessary resource for strengthening and developing the state.

The basis for the introduction of the health insurance system is: preparation and approval of the necessary legislative and regulatory framework; completion of work on medical standards and treatment

protocols; determination of cost indicators of medical services; completion of organizational and economic restructuring of the industry; involvement in the financing of additional health care sources (insurance contributions of employers and employees, increase in excise duties and the introduction of an asset tax, etc.).

The most noticeable changes are waiting for hospitals and clinics: to cooperate with the Fund of Compulsory Social Health Insurance, they will have to pass accreditation: present a license for medical practice; enter into an agreement on the provision of medical services with the insurer; to have a material and technical base that meets the legal regulations.

6. Conclusions

Through stacking insurance contracts in the process of meeting the needs of insurance protection, which implemented through insurance interest. The introduction of the health insurance system in Ukraine is a very important issue and is one of the priority tasks that require immediate solution, as the current state of health care is one of the most pressing in our country. On ambush generalization theoretical and methodological and methodical approaches was justified definition categories “insurance market” – is the order of economic and social relations between market participants, who make transactions of sale and purchase of insurance products

For effective development insurance market needed systematization him functions so offered such classification functions: risky, organizational, social, distribution, preventive, stabilizing, accumulative, savings, compensatory and controlling. The structure of the insurance market has been studied, its participants have been identified. To subjects of insurance market include: insurers, insurers and insurance intermediaries. They in turn are divided into: indirect and direct intermediaries, non-insurance intermediaries.

It is substantiated that at the present stage of development public policy regarding the development of the insurance market of Ukraine should be comprehensive and to be realized on grounds strategic goals which oriented on improve legislative software and tax regulation, development measures of increase investment labor insurers, strengthening financial security market.

As a result of the study analyzes of indicators of insurance development market in previous years show the problems of its development, such as:

tense political situation, lack of public confidence in insurance companies fall course national currency, not high level capitalization of insurers, conflicting tax and insurance legislation, ambulance inflation, deficit financial resources, absence economic stability, insolvency people, underdevelopment systems insurance life.

It is substantiated that the best source for the implementation of insurance investment is life insurance, which is underdeveloped in Ukraine. It shows necessity development strategy exactly for development long-term species insurance.

In Ukraine, the insurance market has its nuances and features. IN nearest time insurance companies of Ukraine actively will be fight by customers and their loyalty. This means not only price competition, but also offer with more wide spectrum services. Here can include: improving service quality, personalizing products, simplifying and acceleration all procedures.

Digitalization is an appropriate trend in the insurance market. Services and services are actively moving to the Internet. These changes are beneficial to all because for the client – it's simple and convenient. And for the company – an opportunity to use costs and reach a larger audience, identify potential customers. Present the service is designed primarily for those people who make purchases through Internet.

Because the time is near when not only virtual ones will appear banks, but and virtual insurance companies. As only will be expand the number of operations that can be done thanks to the mobile application. Except positive parties digitalization to bring and new threats, because digitization leads to openness insurance market, what needs creation systems protection from cyber risks. So further research will be to treat to study exactly risks in the world digital insurance.

National bank carries out regular meetings with representatives and market experts to understand their views on solving real ones problems.

Medical services that are part of medical care, like other services, cannot be free. Quality medical services require significant material and other costs. It is known that the budget funding that prevails in Ukraine is not able to fully finance health care expenditures. According to the experience of developed countries, insurance medicine is the basis for providing guaranteed and affordable medical services for citizens.

The basis of insurance medicine is the formation of insurance funds to cover risks related to the health and lives of citizens. The introduction of compulsory health insurance, the formation of insurance funds at the community level, the development and improvement of voluntary health insurance, cooperation between the state and insurance companies in the field of public health is of paramount importance.

The main problems of the introduction of compulsory health insurance are: optimization of health care expenditures guaranteed by the state to every citizen (determining the need for hospital beds, financing the modernization of hospitals, purchasing medicines, decent wages, training of doctors and medical staff at a high qualification level); calculation of a sufficient level of taxation of employers and citizens in order to form the Compulsory Health Insurance Fund (introduction of tax benefits, transparency of relations in the field of labor law and remuneration).

In our opinion, it is important to form financial resources for health care financing at the level of territorial communities. After all, the main network of health care facilities is maintained at the expense of the relevant territorial communities. The optimal system of distribution of budget funds, the Fund of obligatory medical insurance, further development of health insurance funds, legislative regulation of formation of charitable funds on financing of health care of territorial communities needs to be developed of Ukraine. In our opinion, it is important to introduce local fees to specifically finance health care expenditures (especially for environmental pollution and exceeding the limits of pollution of water, land and air resources).

The development of voluntary health insurance in the field of insurance of additional medical services, certain health insurance programs (for example, the "Child" program, the "Healthy Old Age" program, prevention programs and others defined by the state) remains a topical issue. Moreover, it needs to improve and adopt a new law "On Insurance", in the context of the preferential operation of relevant insurance companies that will be involved in joint insurance of state medical programs. Of course, it remains important to strengthen control over the implementation of such insurance.

The basis for the implementation of measures to reorganize the health care system and the introduction of insurance medicine, according to foreign experience, is the growth of the state economy, the introduction of anti-corruption measures in health care, adoption of the law "On Compulsory

Health Insurance in Ukraine", adoption of a new law "On insurance", development and adoption of legislation on the procedure for financing health care expenditures of territorial communities of Ukraine.

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