

PROCEDURE AND PROBLEMS OF FINANCING PROVISION OF HEALTH CARE TO THE IMPRISONED PERSONS

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Abstract. *The purpose of the paper* is a study of economic and legislative problems in financing the provision of health care to the imprisoned persons, exercising their right to health care and providing proposals to fill existing gaps in the legislation. *Methodology.* The survey is based on an analysis of the development of the regulatory framework for health care and the principles of financing health care in some European and post-Soviet countries. A general description of the principles of financing the health care system in the European countries is given. The principles of expenditures on health care financing in relation to public and private expenditures and basic models of health care financing are analyzed. The current state of the health care system and the problems and features of providing health care to imprisoned persons in the post-Soviet territory, in particular in Ukraine, Armenia, the Russian Federation, in the Republics of Kazakhstan, Belarus, Uzbekistan, is studied. The problems of provision, realization and ensuring the right to health care to persons who are in the institution of execution of penalties are considered. An analysis of the regulatory framework governing the issue of the right to health care and the procedure for its implementation. Ways to solve problems related to the exercise of the right to health care for prisoners are proposed. Proposals for improving the regulatory framework in the health care sector on the harmonization of legislative acts (regulations governing the general principles of health care and the provision of health care for the imprisoned persons) are presented. *Results.* In the process of studying the state policy on financing the provision of health care to the citizens in the European and post-Soviet countries and based on the analysis of the modern legal framework, the need to reform the health care system is justified since only public financing of health care, or a larger percentage (over 80%) of such financing cannot provide all the necessary needs of the health care system. The need to harmonize the legislation of the post-Soviet countries is emphasized in accordance with the international standards. It is concluded that in most post-Soviet countries, the imprisoned persons have the opportunity to implement the legislation on financing and guarantees of health care, but taking into account their legal status and the regime of serving the sentence. *Practical implications.* Proposals to take into account the health care experience of countries, the achievements of which in the health care sector are recognized by the world community, and which, in addition to public financing of health care, actively turn to other sources, such as social insurance, targeted contributions of the enterprises, etc., are made. *Value/originality.* The article provides proposals for amendments to the legislation in the health care sector in some post-Soviet countries on the harmonization of legislation governing the general principles of health care and regulations governing the provision of health care to imprisoned persons.

Key words: financial support, health care, health care system, the right to health care.

JEL Classification: A13, D63, H51

1. Introduction

The research focuses on the financing of the health care system, as well as the problem of improving the exercise of personal non-property rights of the imprisoned persons, in particular in terms of financing the provision of health care. The solution of this problem is of great theoretical and practical importance, given that it is associated with such urgent tasks as: clarifying the scope of personal non-property rights of the

imprisoned persons, identifying trends in their possible development, improving the implementation of these rights, solving problems related to public financing of health care.

One of the inalienable rights of the individual is the right to health care, the implementation of which, in many cases, faces such urgent difficulties as the financing of health care and the imperfection of the health care system in general.

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In civilized countries, health and life protection is one of the priorities. On the other hand, the quality of health care depends, first of all, on the level of its financing.

Certain difficulties in financing the health care sector arise in the post-Soviet countries, where financial resources in the health care system mainly cover the costs of maintaining medical and support workers, paying for utilities, purchasing medicines and modern equipment, upgrading infrastructure, etc. But, in fact, this area is financed on the so-called residual principle.

The medical units of state institutions where the prisoners serve their sentences are, at best, staffed with medical specialists and the necessary medicines only in half, which does not allow to provide quality and timely qualified health care to the imprisoned persons. Funds and medicines do not arrive on time. There are no basic conditions for providing health care. The state of health care of persons detained in places of confinement does not meet the requirements of criminal executive legislation. Not all medical units have the necessary equipment, that is why regular fluorography examinations are not provided for prisoners. Medical practice activities are carried out without the license and accreditation certificate reissue. The problem of providing dental services to prisoners is the most difficult. It is quite relevant for many countries in the post-Soviet territory, despite the fact that the Constitutions of most countries explicitly define: one of the main responsibilities of the country is to protect human life and health; citizens have equal constitutional rights and freedoms and are equal before the law; they have the right to social protection; everyone has the right to health care, health care assistance and medical insurance, etc. Therefore, first of all, such an unsatisfactory condition of medical units in places of imprisonment violates the constitutional rights of the imprisoned persons. Ukraine has special difficulties concerning this issue, as the country's health care system is currently in the process of reform and is undergoing significant changes, this is particularly the condition of the health care system of the state criminal executive service. The difficult economic and political situation in the country leads to extremely insufficient financing of the health care system and to the fact that the measure of health of the population in recent years has acquired serious negative trends, including rising morbidity and mortality, declining life expectancy, etc. Therefore, for the country, the points of solving problems related to the current condition of health care and financing of health care services to the population become especially relevant.

When analyzing the scientific literature on this problem, the interesting works of A.M. Bandurka, A.P. Hel, T.A. Denysova, O.M. Dzhuzha, V.M. Pruss, A.H. Stepaniuk, Yu.A. Chebotarova, D.V. Yahunova, I.S. Yakovets should be noted. Presenting significant results, most studies lack coverage of the realization

of the right to health care for the persons sentenced to imprisonment and the problems of its financing, especially during the period of reforms in the health care system, i.e., transformations, changes, innovations that do not destroy the foundations of the existing structure (A New Explanatory Dictionary of the Ukrainian Language, 2003). The aforesaid issues determine the purpose of the study.

The purpose of the article is a study of economic and legislative problems in financing the provision of health care to the imprisoned persons, exercising their right to health care and providing proposals to fill existing gaps in the legislation

2. Current state and problems of financing of the health care system

Providing the population with quality health care depends, for the most part, on providing the material and technical base of state health care institutions, professionalism and qualifications of medical workers, i.e., financial support of the health care sector.

When analyzing the problems of the post-Soviet countries related to such provision, it is necessary to note, first of all, the positive experience of the countries of Central and Eastern Europe (for example: Germany, France, Switzerland), where health care is successfully provided through financing from the state budget, and due to the institution of health insurance, the key point of which is the targeted nature of contributions. At the same time, in many countries of the European Union, the state is directly involved in the system of compulsory health insurance through budget contributions in one form or another (Homon, 2014).

As the Council of the EU emphasizes, "in conditions of financial difficulties, the main task of the countries is to ensure the financial stability of the health care system without compromising the common values of the EU countries, i.e.: full coverage of the population with medical assistance, solidarity in financing, equal access to health care and high quality of medical assistance" (Bondar, 2011).

Similar principles regarding health insurance are used in the post-Soviet territory, however, unfortunately, they do not lead to the desired result. Due to the inefficiency of the health care system, the quality of health care services provided to the population is declining. There are other problems, such as the need for citizens to pay for health care services at their own expense or through charitable foundations (private expenditures), the migration of health workers (primarily due to low wages and unsatisfactory working environment), and, in this connection, the lack of sufficient professional skills of medical workers, etc.

There are three main models of health care financing in the world:

1. Public medicine with a budget financing system based on Beveridge's concept (and in post-Soviet countries – the Semashko system);

- 2. The system of public health fund (Bismarck's concept);
- 3. Private business financing model (Sitash, 2019).

The first of these models is characterized by the following principles:

- 1. health care organization is based on financing from the state budget;
- 2. significant restriction of market relations between doctor and patient;
- 3. health care is guaranteed by the state and provided to all citizens regardless of social and wealth status;
- 4. doctors are not subjects in the market of the health care services, but act as employees (Lytvynenko, 2015).

Such a system is used, for example, by the post-Soviet countries, Great Britain, Greece, Denmark, Italy, Spain, and Portugal.

According to Bismarck's concept:

- 1. health care is based on work, so it should be provided to those persons who have earned this right by their work;
- 2. compulsory provision exists for those employees whose wages are lower than a certain minimum amount (for persons who cannot use individual insurance);
- 3. health care is based on insurance methodology;
- 4. health care is managed by employers and employees themselves (Hryhorash, Oliinyk, Subachov, 2007).

This system is used by Germany, France, Switzerland, Japan.

Private business financing model for the health care sector provides:

- 1. financing of the health care sector from public funds and from private insurance funds;

2. financing of the health care sector from private insurance funds and from public funds for the provision of health care to specific groups of the population;

- 3. financing of health care from public and private insurance funds (Baieva, 2008).

Such principles are used, in particular, in Canada, the Netherlands, South Korea, and the United States.

The fundraising mechanism is divided into public and private. The state part includes direct taxes (fees, mandatory payments) and social insurance contributions; the private one includes private health insurance contributions; health insurance savings accounts; funds of charitable foundations; direct payments of the population (Bohachev, 2013).

However, first of all, any model of health care financing is based on the functions of financing (fundraising, consolidation, procurement of health care services, provision of health care services).

The process of financing the health care system in developed countries, as a rule, begins with the collection of financial resources and consolidation of funds.

Consolidation means the accumulation of funds paid in advance for the interests of the population and the use of finances of healthy people to cover the cost of health care for those who need it (Kutzin, 2008).

The procurement of health care services is the allocation of funds to providers of such services in order to meet the needs of the population (Buzduhan, 2008).

If we pay attention to the principles of financing health care in the European countries, the following picture emerges (Figure 1).

As you can see, the share of private expenditures for health care services is the lowest in Great Britain. That is, the population of this country is the most socially protected in the health care sector. This is despite the

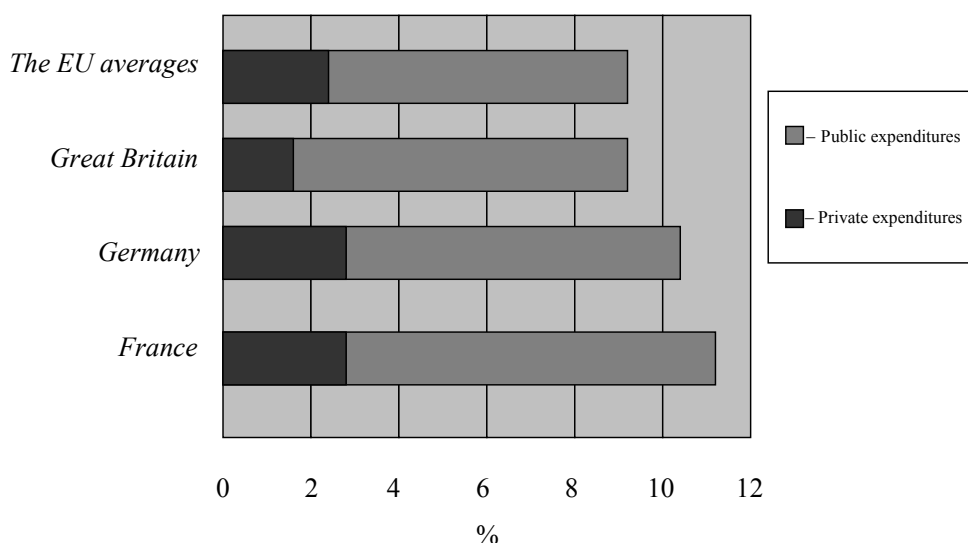


Figure 1. Principles of expenditures for financing the health care sector (in % of GDP)¹

¹ GDP – gross domestic product

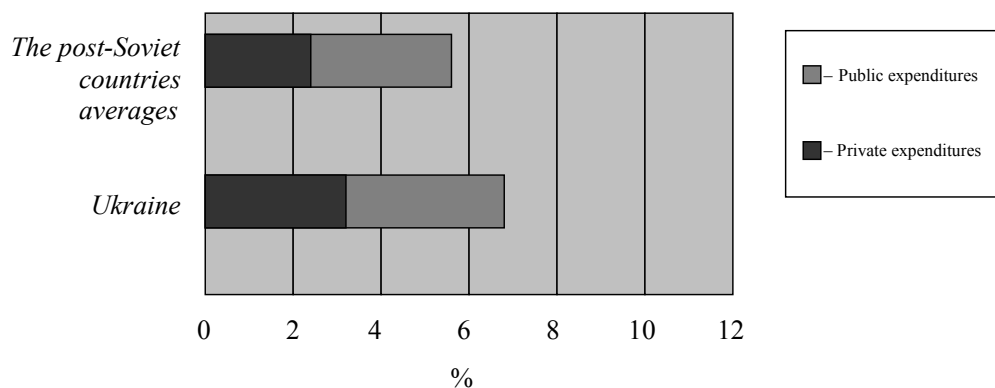


Figure 2. Principles of expenditures for financing the health care sector in the post-Soviet countries (in % of GDP)

fact that Great Britain uses centralized financing for the health care sector, which provides about 90% of all health care expenditures (Bondar, 2011). At the same time, in most post-Soviet countries, these figures are much higher. First of all, it concerns Ukraine.

That is, in Ukraine the share of private expenditures on health care services is the largest compared to other countries (3% of GDP).

Therefore, the main condition for the effectiveness of the health care system is its adequate financial support, i.e., the method of financial mechanism that determines the sources, principles and forms of functioning and financing of economic and social spheres of society (Buzhugan, 2008), in particular, the health care services provided by the health care sector. The ways, in which countries obtain financial resources for this purpose, are different, but they all require effective legislation.

As it has been noted, in the post-Soviet territory, state policy in the health care sector is based mainly on the first model (public medicine), according to which financing is provided mainly from the budget through taxes, fees (mandatory payments) coming from legal (economic) entities and individuals. The population of the country receives health care services free of charge. A small set of certain (mostly too expensive) health care services is paid. That is, there is a centralized financing of health care. The main disadvantage of such a system is the reduced quality of health care services and the inability of the consumer (patients) to control the activities of health care facilities.

Health care in these countries is mainly financed from sources such as: taxation; voluntary health insurance contributions; social insurance; direct payments of the population.

For example, the health care system in Armenia is largely financed by tax revenues. In addition, the state health care system is in the process of continuous improvement and optimization. The system of compulsory health insurance has been introduced. The health care system in Armenia itself is divided into

three administrative levels: republican (some hospitals of highly specialized health care and epidemiological service); regional (hospitals), as well as municipal / communal (primary health care). Low-income citizens and representatives of certain social groups have the right to receive health care and medicines free of charge or on preferential terms (Armenia's health care system, 2018). In order to improve the provision of health care services in Armenia, an electronic health care system has been introduced, which is the only information platform used by medical institutions, citizens, and government agencies operating in the health care sector. The purpose of this system is to digitize patient questionnaires to free them from unnecessary and additional documentation (Hevorkian, 2018). The system is financed from the state budget.

In the Republic of Kazakhstan, state regulation in the health care sector falls within the competence of the Ministry of Healthcare. The state plays an important role in the issues of medicine, as 80% of medical institutions in Kazakhstan are state-owned. In general, health care is controlled by the republican and municipal state bodies.

The main legislative act in the health care system of Kazakhstan is the Code of the Republic of Kazakhstan No 193-IV "About the health of the people and the health care system" dated September 18, 2009. The legislation of the Republic of Kazakhstan in the health care sector is based, in addition to the above Code, on the Constitution and other normative legal acts. If an international treaty ratified by the Republic of Kazakhstan establishes rules other than those contained in the Code "On Public Health and the Health Care System", the rules of the international treaty (Art. 3 of the Code of the Republic of Kazakhstan "About the health of the people and the health care system", 2009).

State policy in the health care sector in Kazakhstan is conducted on the basis of the following principles: 1) ensuring equal rights of citizens to receive safe, effective and quality health care; 2) solidary liability of the state, employers and citizens for the preservation

and promotion of individual and public health; 3) protection of motherhood and childhood; 4) providing a guaranteed amount of free health care; 5) priority of preventive orientation in the activity of the health care system; 6) availability of health care; 7) continuous improvement of the quality of health care; 8) ensuring the sanitary and epidemiological well-being of the population; 9) continuity of activity of health care organizations in providing health care; 10) ensuring the continuity and heredity of medical and pharmaceutical education using modern learning technologies; 11) state support of domestic medical and pharmaceutical science, introduction of advanced achievements of science and technology in the field of prevention, diagnostics, treatment and medical rehabilitation, innovative developments of new medicines and technologies, as well as world experience in the health care sector; 12) encouragement of voluntary free donorship; 13) state support for domestic developments and the improvement of a competitive medical and pharmaceutical industry; 14) participation of public associations in ensuring the rights of citizens to health care; 15) social orientation of health care, aimed at meeting the needs of the population and improving the quality of life; 16) assistance in the formation of a healthy lifestyle and healthy eating; 17) attribution of public health, safety, effectiveness and quality of medicines to the factors of national security; 18) ensuring the availability of safe, high-quality and effective medicines, medical devices and their rational use (Art. 44 of the Code of the Republic of Kazakhstan "About the health of the people and the health care system", 2009).

In Belarus, as in most post-Soviet countries, the health care system still bears the main features of the Semashko system, which has been created in the 1920s, when the structure of morbidity has been dominated by infectious diseases and the need for treatment of traumas. The health care system of Belarus is based on the Law of the Republic of Belarus No 2435-XII "On Health Care" dated June 18, 1993 (Law of the Republic of Belarus "On Health Care", 1993). According to Articles 11 to 15 of this Law, direct health care is provided by specialized state and non-state institutions. Entrepreneurs and other organizations provide services in accordance with existing permits and qualifications. There is also a list of health care services provided free of charge by the Republic. But public health care organizations can provide services for a fee according to a list by the Ministry of Health. According to Art. 16 of the Law, health care is divided into: primary; specialized; first aid; planned; stationary; outpatient (Law of the Republic of Belarus "About the Health", 1993).

The situation is a bit more complicated in Uzbekistan, where the concept of "traditional medicine" still exists. To solve this problem, in 2019, the Lower Chamber of the Parliament of Uzbekistan approved the bill

"On Amendments to the Law of the Republic of Uzbekistan" On Public Health" in the second reading, aimed at regulating the activities of doctors and traditional healers. For the most part, this document is aimed at solving such tasks as the development of traditional medicine and strengthening from a legal point of view of this activity. That is, the main attention is paid to streamlining the law of persons who provide health care services using the methods of traditional medicine, or doctors and control over financial flows and their management in this area (Isaiev, 2017). The Resolution of the President of Uzbekistan "On the State Program for the Early Detection of Congenital and Hereditary Diseases in Children for the Period 2018-2022" dated December 25, 2017, came into force, which became a program document on early detection of hereditary diseases, improvement of the effectiveness of diagnostic and therapeutic measures, development of the gene pool of the nation. In addition, the President adopted a resolution "On Measures for Further Development of Specialized Medical Care for the Population of the Republic of Uzbekistan for 2017-2021", according to which the Republican health care centers in the form of joint stock companies acquired the status of state institutions (Shadmanov, 2017).

Ukraine also has a budget model for financing the health care system. Financing is provided from the state budget, local budgets, health insurance funds, charitable foundations and other sources not prohibited by law. That is, the main part of financial support is provided by the state and local budgets, and funds received from other sources are considered additional financial resources. The main normative document regulating the issue of providing health care to the population is "Fundamentals of the Legislation of Ukraine on Health Care" No. 2801-XII dated November 19, 1992.

As noted, the health care system in Ukraine is in the process of reform. Thus, on March 30, 2018, the National Health Service of Ukraine (hereinafter – NHSU), the central executive body, has been established, which: operates from the state budget through the program of medical guarantees; coordinates through the Minister of Health; manages the Medical Guarantees Program (state guaranteed package), forms it and develops adjusting tariffs and coefficients on the basis of strategic directions and priority services determined by the Ministry of Health; enters into agreements with providers of health care services of any form of ownership (public, municipal and private). In addition, in 2018, a new model of primary health care financing came into force: financing of health care services. That is, health care institutions that have signed an agreement with the National Health Insurance Fund of Ukraine receive payment from this service for the provision of health care services to the population by family doctors, therapists and pediatricians. Previously, they were financed by a medical subvention.

However, despite some progress towards providing adequate health care to the population in the post-Soviet countries, it should be noted that the health care system and the principles of its financing in these countries leave room for improvement. First of all, it concerns the financing of the health care sector, which often takes place on a "residual" basis. Exclusive government financing for health care, or a higher percentage (over 80%) of such financing cannot meet all the necessary needs of the health care system. Insufficient state funds in this area lead to a decrease in the amount of free health care, which has a negative impact on the general level of public health. Therefore, it is advisable to refer to the experience of health care in countries whose achievements in the health care sector are recognized by the world community, and which, in addition to public financing for health care, actively turn to other sources (social insurance, targeted contributions, etc.). In addition, it should be noted that expenditures on health care in developed countries are directed straight to their destination, due to which the health care sector receives sufficient financial support. Examples include public financing for the health care system of Great Britain and the US health care financing system, where almost 16% of GDP is spent on health care (Organization for Economic Cooperation and Development, 2007).

3. Problems and features of financing provision of health care to the imprisoned persons

At the present stage, the problem of providing the imprisoned persons with health care is extremely relevant for most post-Soviet countries, as evidenced by the large number of shortcomings and violations identified in this sector. The problems in the criminal executive system of the states that have been part of the former USSR are practically equal to such problems throughout Europe.

Human life and health are the highest values that are protected by law. Everyone has the inalienable right to life, health and health care. Any civilized country ensures the protection of these values, based on the fundamental principles of the Universal Declaration of Human Rights. Thus, in accordance with its provisions: everyone has the right to life, liberty and security of person (Art. 3); no one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment (Art. 5); all are equal before the law and are entitled without any discrimination to equal protection of the law (Art. 7); everyone, as a member of society, has the right to social security and is entitled to realization of rights indispensable for his dignity and the free development of his personality (Art. 22) (Universal Declaration of Human Rights, 1948). Therefore, persons sentenced to imprisonment have the same rights as other citizens of the country, except for those rights that are limited by a court or

law. However, these rights are not always properly protected. Problems arise both at the legislative level and in the direct financing of the provision of health care to persons sentenced to imprisonment. In many post-Soviet countries, the main problems in providing financing of the health care for prisoners are such as: untimely or incomplete provision of primary health care to prisoners; lack of qualified personnel; understaffing of doctors of medical units in places of imprisonment; inadequate provision of medical units with medicines and medical equipment; delay renewal of the license and accreditation certificate, which allow to carry out medical practice; violation of the terms and procedure for passing the certification by medical workers; unsatisfactory level of health care for the imprisoned persons; violation of the procedure for keeping health care records, etc. (Avtukhov, 2018).

At the international level, there are three main models of health care for prisoners: departmental, non-departmental, mixed.

If it is a departmental model, then medical workers in places of imprisonment are in the state and under the control of the criminal executive system of the country. That is, medical care is provided by the criminal executive system, which is ineffective due to the already excessive workload of this system and due to the manifestations of abuse of office by representatives of the administration of correctional facilities. This model operates in the post-Soviet countries, in Asia and some European countries, such as Albania and Ireland. On the other hand, the main advantage of this system is the strict state control over financial costs in the health care sector.

The non-departmental model is characterized by the provision of health care to the prisoners by commercial organizations or the public health care system. Such a system exists in Australia, England, Germany, Norway, France. This is a more efficient system, as medical workers, on the one hand, do not depend on the administration of correctional facilities, but, on the other hand, cooperate with them, and therefore have a wider range of powers and opportunities.

In a mixed model, the components of the first two systems are combined. This model is effective in the United States, where federal prisons are financed from the state budget. At the same time, medical workers are subordinated to the federal executive body, are considered civil servants and have the appropriate titles, which guarantees them high social security. This is a significant incentive for medical workers to perform their professional duties. On the other hand, the country effectively controls the work of the medical workers. Medical supplies are financed by the country, and the health care directly is provided by commercial organizations that have undertaken to provide health care for convicts and have received appropriate funds (Yakovets, 2016). This practice seems the most

acceptable. The only thing that needs special attention is the state financing of medical supplies for prisoners in sufficient quantities and at the appropriate level.

As noted, in the greater territory of the former USSR, there is a departmental model of providing health care to prisoners. However, some scholars consider such a system effective, calling relatively low financial costs as its main advantage (Yakovets, 2016). But the level of supplies correlates to the financing received. However, for example, according to the legislation of the Russian Federation, in cases when the medical institution of the criminal executive service cannot provide the prisoner with the necessary health care, the patient may be referred to the appropriate state medical institution that has the necessary medical equipment and specialists to provide such care (Torbin, 2013). However, in practice, this right of the imprisoned person is used very rarely and extremely inefficiently, because there is no additional financing allocated from the state budget for this purpose. In some post-Soviet countries, although round-the-clock health care is provided in prisons, but at night and on weekends the medicines needed for treatment are handed over to the prison administration (prison guards), who do not have the necessary medical training (Torbin, 2013). Whereas in Ukraine, where there is also a departmental model of providing health care in places of imprisonment, in recent years there have been an increase in filing lawsuits to the European Court of Human Rights against Ukraine for inadequate health care for prisoners (Avtukhov, 2018).

In general, due to the fact that both the health care sector and the criminal executive health care system of Ukraine are currently in a period of active reform, there are not only problems related to the financing and provision of health care in Ukraine for prisoners, but also certain difficulties in harmonizing several legislative acts. However, first, it should be noted that according to the Criminal Executive Code of Ukraine (hereinafter referred to as the CEC of Ukraine), the imprisoned persons have the right to protection of their life and health, and, therefore, the right to health care. Thus, according to clause 1 Art. 107 of the CEC of Ukraine, the persons serving a sentence of imprisonment have the right in the manner prescribed by this Code and regulations of the Ministry of Justice of Ukraine: to receive health care and treatment, including paid health care services in health care institutions that are licensed by the Ministry of Health of Ukraine and are not referred to the central executive body that implements state policy in the field of execution of criminal penalties at the expense of personal funds or funds of relatives (Criminal Executive Code of Ukraine, 2004). The Art. 8 of the CEC of Ukraine emphasizes that the prisoner is guaranteed the right to freely choose and admit a doctor to receive health care, including at his or her own expense (Criminal Executive Code of Ukraine, 2004). In accordance with Part 4 of

Art. 116 of the Criminal Executive Code of Ukraine, the procedure for providing health care to persons deprived of their liberty, organization and carrying out of sanitary supervision, use of medical and preventive, and sanitation establishments of health care services, the involvement of their medical workers for this purpose, is determined by the regulations of the Ministry of Justice of Ukraine and the central executive body, which ensures the formation of state policy in the health care sector (Criminal Executive Code of Ukraine, 2004). That is, like all citizens of Ukraine, the prisoners have the right to health care and adequate health care services.

Health care is the activity of professionally trained medical workers aimed at prevention, diagnosis, treatment and rehabilitation in connection with diseases, injuries, poisonings and pathological conditions, as well as in connection with pregnancy and childbirth. Health care services are the activity of the health care institutions and sole proprietors who are registered and licensed in the manner prescribed by law, in the health care sector, which is not necessarily limited to health care, but is directly related to its provision (Law of Ukraine "Fundamentals of the legislation of Ukraine on health care", 1992).

The right to quality, qualified, affordable and free health care is guaranteed to all persons, including the imprisoned persons, by the state. However, the procedure for exercising such a right by the imprisoned persons is somewhat different from that for other citizens.

The basic requirements for the health care of persons deprived of their liberty are regulated by the European Prison Rules and the national legislation of Ukraine. According to the standards of the European Prison Rules, the provision of health care in places of imprisonment must be carried out in compliance with certain basic requirements, namely: 1. medical units of prisons are obliged to cooperate with the health administration of national or local level; 2. the imprisoned persons who need the assistance of a certain specialist in the health care sector must be hospitalized in specialized medical institutions or ordinary hospitals; 3. it is necessary that the childbirth should be performed in a specialized institution (maternity home). If this is not possible, the health unit of the institution of imprisonment must have workers and all the necessary equipment for childbirth and postpartum care; 4. the imprisoned persons shall not be used in experiments, which may cause physical or moral harm; 5. each institution of imprisonment must have at least one general practitioner and personnel with appropriate medical training; 6. the measures necessary for the provision of emergency health care must be ensured; 7. every imprisoned person should be provided with the services of qualified dentists and ophthalmologists; 8. a doctor or a qualified nurse should examine each imprisoned person at the earliest possible opportunity or at his or her request, and examine

all prisoners as necessary (European Prison Rules, 1987). As we see, the criminal executive legislation of Ukraine does not contradict the requirements of international standards. Problems mostly arise at the stage of implementation of these principles and with the financing of such implementation. For example, if we examine the problem of the right of persons sentenced to imprisonment to choose a doctor who provides primary health care, we can see a number of problems associated with its implementation.

According to Art. 34 of the “Fundamentals of the legislation of Ukraine on health care”, the attending doctor is selected by the patient or appointed to him or her in the manner prescribed by these Fundamentals. The responsibilities of the attending doctor are timely and qualified examination and treatment of the patient. Пацієнт вправі вимагати заміни лікаря. According to Art. 38, every patient who has reached the age of fourteen and who has sought health care treatment has the right to freely choose a doctor, if the latter can offer his or her services, and to choose methods of treatment in accordance with his or her recommendations. Every patient has the right, when justified by his or her condition, to be admitted to any health care institution of his or her choice, if this institution has the opportunity to provide appropriate treatment (Law of Ukraine “Fundamentals of the legislation of Ukraine on health care”, 1992). However, there may be a situation where a person has already exercised his or her right to choose a doctor by submitting to the health care provider a declaration on the choice of a primary care doctor, and then he or she has been subsequently sentenced to imprisonment. At the same time, the “Procedure for selecting a primary care doctor” does not contain the grounds related to a person's sentence to imprisonment and serving a sentence in an institution of execution of penalties among the grounds for termination and temporary suspension of the “Declaration on the selection of a primary care doctor” (Order of the Ministry of Health of Ukraine “Procedure for selecting a primary care doctor”, 2018). Therefore, this person has the right to receive primary care from the chosen doctor under the “Declaration on the selection of a primary care doctor”. However, such a possibility is not provided by order of the Ministry of Health of Ukraine No 1348/5/572 “On approval of the Procedure of providing health care for people sentenced for imprisonment” dated August 15, 2014 (Order of the Ministry of Health of Ukraine “On approval of the Procedure of providing health care for people sentenced for imprisonment”, 2014).

Pursuant to clause 15 of Section I of the “Procedure of providing health care for people sentenced for imprisonment”, it is provided that reimbursement of expenses related to the provision of health care by a selected convict is provided at the expense of the imprisoned person or his or her relatives (Order of the Ministry of Health of Ukraine “On approval of

the Procedure of providing health care for people sentenced for imprisonment”, 2014). Thus, according to the “Declaration on the selection of a primary care doctor”, the chosen doctor may provide primary care to a person sentenced to imprisonment. At the same time, reimbursement of expenses related to the provision of primary health care by the selected doctor shall be made at the expense of the imprisoned persons or his or her relatives. In our opinion, in order to eliminate the possibility of controversial issues regarding the implementation of the Law of Ukraine “On state financial guarantees of health care services to the population” (Law of Ukraine “On state financial guarantees of health care services to the population”, 2017) by the imprisoned persons, the Ministry of Justice of Ukraine and the Ministry of Health of Ukraine should amend the “Procedure of providing health care for people sentenced for imprisonment” in terms of reflecting the provisions of the Law of Ukraine “On state financial guarantees of health care services to the population”, as the basis for effective implementation in practice of any normative document is consistency of its content with the content of other legislative acts. That is, firstly, the provisions of the Law of Ukraine “On state financial guarantees of health care services to the population” may be implemented by the imprisoned persons taking into account their legal status, the regime of serving the sentence, and, secondly, the “Procedure of providing health care for people sentenced for imprisonment” is subject to revision by reflection of the norms of the Law of Ukraine “On state financial guarantees of health care services to the population” in it.

4. Conclusions

The state policy concerning principles of financing of the health care costs in relation to public and private expenditures and basic models of health care financing are studied. A general description of the principles of financing the health care system in some European and post-Soviet countries is given. The current state of the regulatory framework for health care and the principles of financing of health care are analyzed. The problems and peculiarities of providing health care to the imprisoned persons in some post-Soviet countries have been studied. In the process of research, the necessity of reforming the health care system is substantiated, taking into account the possibility of financing of health care not only through public expenditures, but also turning to other sources, such as social insurance and targeted contributions of enterprises. Proposals have been made to amend the legislation in the health care sector in some post-Soviet countries on the harmonization of legislation governing the general principles of health care and regulations governing the provision of health care services to the imprisoned persons.

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