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DO PEOPLE EXPECT THE HEALTHCARE REFORM? (RESULTS OF THE NATIONAL REPRESENTATIVE SURVEY «HEALTH INDEX. UKRAINE»)

ЧИ ОЧІКУЮТЬ ЛЮДИ РЕФОРМУ ОХОРОНИ ЗДОРОВ'Я? (РЕЗУЛЬТАТИ НАЦІОНАЛЬНОГО РЕПРЕЗЕНТАТИВНОГО ДОСЛІДЖЕННЯ «ІНДЕКС ЗДОРОВ'Я. УКРАЇНА»)

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Анотація

We aim to examine the health care reform in Ukraine through the angle of health care users, their perceptions and understanding of the reform. The country overall inherited numerous public institutions and organizational

culture from the Soviet Union, which have not been transformed until recent time. The analysis is based on two waves of «Health Index. Ukraine» survey that comprise questions on the perception, whether health care reform is needed and if is taking place in Ukraine (on the opinion of citizens). In 2017 we added new question on the content of the reform. The data has been collected in May - July 2016 and in 2017 in Ukraine with the use of nationally and regionally representative sample of adults 18+ years old. The overall sample size is more than 10 000 respondents per year. Face-to-face interviews based on structured questionnaire have been the mode of data collection.

In 2016, 93% Ukrainians believed that health care reform was necessary, while in 2017 the share of the respondents decreased (84%). In most regions the difference between 2017 and 2016 is not statistically significant, but in Volyn (14%), Dnipropetrovsk (12%), Zaporozhia (23%) and Donetsk, Lugansk (30% and 32%) regions fluctuations are high. Only in Ternopil region, the share of those who see the need in health care reform has substantially increased (from 60% in 2016 to 92% in 2017). Still, in 2016 only 15% recognize that the reform takes place. Respondents who report worse health status as well as older people have higher probability of noticing reform implementation. To ensure that policies are effective, they need to be driven by the underlying needs of the population. Data are a critical element for policy design, but lack of availability and poor quality of data often present challenges, which is clearly the case of Ukraine.

Анотація

Метою цієї наукової розвідки є вивчення реформи системи охорони здоров'я в Україні з перспективи споживачів медичних послуг, у роботі досліджуються власне сприйняття та розуміння реформи. У цілому, країна успадкувала численні державні інституції та організаційну культуру від Радянського Союзу, які не були реформовані до недавнього часу. Стаття базується на результатах двох хвиль дослідження «Індекс здоров'я. Україна». Дослідження містить запитання щодо сприйняття реформи, наприклад, «Чи потрібна реформа системи охорони здоров'я?» та «Чи реформа відбувається в Україні». У 2017 році ми додали нове додаткове запитання щодо змісту реформи. Дані були зібрані в Україні у травні-липні 2016 року та 2017 року з використанням репрезентативної вибірки дорослих людей віком до 18 років (на рівні країни та на рівні області). Загальний обсяг вибірки становить понад 10 000 респондентів (в один рік)

У 2016 році 93% українців вважали, що реформа системи охорони здоров'я була необхідною, тоді як у 2017 році частка респондентів зменшилась до 84%. У більшості регіонів різниця між 2017 та 2016 роками не є статистично значущою, але у Волинській (14%), Дніпропетровській (12%), Запорізькій (23%) та Донецькій, Луганській (30% та 32%) областях коливання значень суттєві високі. Зростання очікуваності реформи помічено лише в Тернопільській області, а саме з 60% у 2016 році до 92% у 2017 році. Тим не менш, у 2016 році лише 15% вважали, що реформа відбувається. Респонденти, які повідомляють

Key words:

health care reform, Ukraine, citizens' perception, attitude.

Ключові слова:

реформа охорони здоров'я, Україна, сприйняття населення, ставлення.

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про гірший стан здоров'я, а також люди похилого віку мають більшу ймовірність повідомляти про те, що реформи системи охорони здоров'я відбуваються.

Для забезпечення ефективності політики мають керуватися потребами населення. Дані репрезентативних досліджень є критичним елементом розробки політики, але брак доступності даних та їх низька якість часто слугують ключовими перешкодами в імплементації політики, що базується на доказах.

Introduction

2017 was a remarkable year for Ukraine, as it was for the first time in the 27-year history of independent Ukraine that key acts on health care reforms were adopted (Verkhovna Rada of Ukraine, 2017; Stepurko, 2017). It means that finally fundamental changes, not cosmetic ones, are being launched in Ukrainian health care. Among them: implementing the principle of free selection of a physician and a health care facility by patients, shift from financing a medical institution to financing the services provided to the patient, and abolition of number-of-beds-based funding (basis of old Soviet Semashko model).

In 2017, Ukrainians already started to feel changes: from January 1, the first phase of the reform was launched, i.e. changes in primary health care financing. The following was also launched: reference pricing, drug reimbursement and Affordable Drugs program, electronic registry for patient, physicians and health institutions (pilot mode). Transformations during 2017 year have been implemented step-by-step and they will continue. New funding model for secondary and tertiary health care facilities will be launched starting 2020 only. Nevertheless, in 2018-2019 some of these services will be financed under pilot projects. Also, in 2018-2019 the Cabinet of Ministers Ukraine will temporarily use subvention mechanism that will give the government more flexibility in implementing health care reform.

To ensure continuity of reforms implementation, health care accessibility and quality should be monitored at the level of health institutions with special attention paid to consumers' opinion (Segal, 1998). For such systemic assessment, International Renaissance Foundation together with its partners conducts «Health Index. Ukraine» survey for two years already. In 2016, the Health Index determined the baseline level of people's satisfaction, user's experience receiving health services (out- and in-patient), behavior in case of illness, availability of medications, and healthy lifestyles. In 2017, it was possible to track the changes in health care system (in the country in general and on the level of communities) and in particular, how end users' perception of health care services changes.

The goal of this study is to describe how people perceive health care reform in Ukraine in 2016 and in 2017. Ukrainians observe variety of messages on health care reform: Ministry of Health promote the changes towards building modern health care system which responds to the needs of people, while at the same time many professional groups oppose changes. This paper presents findings of Health Index. Ukraine that are focused on the respondents' perception of health care reform, i.e. whether it is needed and taking place in Ukraine. For health care reforms it is critically important to consider opinions of many different people, not only of patients with large experience seeking care (those who already know how to overcome existing barriers). So, the methodological basis used in this study allows learning attitudes and experience of those people who due to various reasons do not seek medical care.

Methodology

The survey got its inspiration from Eurohealth consumer index (2017) in the part which is focused on the regional comparison. Ukrainian study was focused on people's satisfaction with health care, attitudes towards health care reforms, healthy behaviors and experience in seeking health services as well as private health expenditures. It started in 2016 with support from International Renaissance Foundation. In the same year, the first large-scale survey of household's representatives took place, it was representative for the country in general and for each region (oblast) in particular. In 2017, just like in 2016, data was collected by Kyiv International Institute of Sociology (KIIS). Survey took place in May-June 2016 and 2017.

Overall, 10,205 respondents in 2017 and xx in 2016 were interviewed in Ukraine. Study sample is representative for adult population (18 years old and older) of Ukraine in general, as well as of each oblast of Ukraine and Kyiv city. The study uses multi-stage sample, random at each stage. At the first stage of sample development in each oblast, inhabited locations are randomly chosen proportionally to their population size. The second stage involves randomization of areas on the territory of the chosen inhabited locations. On the territory of each chosen area, streets, buildings and apartments are randomly selected. The last stage included choosing a respondent within a household and actual interview. Field research was performed in 476 inhabited locations in Ukraine (on territories, controlled by the government of Ukraine).

The data obtained corresponds to estimated data of State Statistics Service in terms of share of individual sex-age groups within population of Ukraine (as of January 1, 2017). Distribution of study respondents by key demographic characteristics correlates with official population composition according to statistical data (State statistics committee of Ukraine, 2018). Among all interviewed, 55% were women, 45% – men (see **Table 1**). A quarter of all surveyed people (27%) are 60+ years old. One third (31%) of respondents live in villages, the rest (69%) – in cities, towns and urban-type settlements, that is similar to demographic characteristics of the first wave sample of 2016. Out of all respondents, 48% were employed, of those 4% are self-employed, employed pensioners – 1.6%. Unemployed population (50% overall) category included pensioners (28%), unemployed (5%), housewives and other unemployed people not looking for a job (11%), students (3%) and incapacitated people (3%). Average respondents' household size was three persons.

Face-to-face interviews based on the structured questionnaire was the mode of data collection. Questionnaire was pre-tested by interviewing 25 respondents in the city of Kyiv and several towns and villages of Kyiv oblast in April - May. The research design was approved by the International Scientific Board launched for the purpose of good research practices of this project.

In 2017, as in 2016, the survey instrument contained the question about the attitude toward health care reform, namely: «Do you think there is a need for health care reform at all?» and «Do you think the healthcare reform is underway?».

The theoretical framework underpinning this paper is the concept of 'felt need' (or perceived need) from the taxonomy of Jonathan Bradshaw (1972; 1994). The taxonomy provides detailed definitions of felt needs, as well as expressed needs, normative needs and comparative needs. A felt need could be equated with want, however, in a democracy it could be imagined that felt need would be an important component of any definition of need. We share the vision that the information on perceptions and expectations of the profiled population might be used as a basis for bringing about change through negotiation with stakeholder groups (Cavanagh & Chadwick, 2005), could serve for articulation and justification of the policy action (McGregor, Camfield & Woodcock, 2009; Semigina & Mandrik, 2017).

Survey results

The results indicate a great variability of the health care reform perception among citizens of different regions and to a lesser extent - variability across two years. According to the results of the 2017 survey,

the majority of Ukrainians report the need in health care reform and in particular, 84.4% of respondents indicated that health care reform is needed, while in 2016 the share has been 92.9% (Table 2).

Table 1. Distribution of respondents by the key demographic characteristics

Survey Questions N = 10,184		Health Index Survey		National Data	
		N	%	N	%
Age Groups	18-29	1.992	19.6	6.818.972	19.5
	30-44	2.841	27.9	9.757.462	27.9
	45-59	2.621	25.7	8.983.229	25.7
	60 and older	2.730	26.8	9.417.210	26.9
Sex	Female	5.583	54.8	22.770.3	53.7
	Male	4.601	45.2	19.644.6	46.3
Education	Primary /incomplete high	418	4.1	—	—
	Complete high education	1.992	19.6	—	—
	Vocational	2.008	19.7	—	—
	Basic college	2.909	28.6	—	—
	Basic higher education	476	4.7	—	—
	Complete higher educ.	2.373	23.3	—	—
Type of Residence	Urban	7.017	68.9	29.482.3	69.2
	Rural	3.167	31.1	13.102.2	30.8
Average Household Size		10.162	2.9	—	2.58

The oblast dimension perspective suggests the following most positively inclined regions (Top - 9) in 2016: Kirovograd (100% and in 2017 - 97%), Ivano-Frankivsk (99% and 96% in 2017), Kherson (99% and 95% in 2017), Lviv (99% and 97% respectively), Mykolaiv (99% and 98%), Rivne (98% and 90%), Odesa (98% and 88%), Kyiv city (98% and 94%) and Transcarpathian (98% and 99% in 2017) regions. At the same time, the share of affirmative responses in 2016 has been comparatively lower in Ternopil (60% however it has become 91% in 2017) and in 2017 the Kharkiv (65% that is about 30 points decline from 2016), Zaporizhzhya (59% with about 20 points decline since 2016), Donetsk (58%; 25 points decline), and Luhansk (55% with about 30 points decline). It is important to underline, that in 2017 we do not reveal so extremely high scores (e.g. 99% and 98%) for reported need in health reform compare to 2016.

There is no particular difference in opinion regarding the need of reform between age groups and by gender. Somewhat greater proportion of the rural population than the urban one supports the beginning of the reform: 88.9% and 82.4%, respectively, which may be explained by somewhat worse access to health care in rural areas.

Table 2. The perceived need for the reform and its implementation (percentage)

	Do you think that healthcare reform is needed at all?		Do you think that healthcare reform is underway?	
	YES, 2017	YES, 2016	YES, 2017	YES, 2016
UKRAINE	84.4	92.9	22.6	15.2
Vinnitsia	84.0	84.0	23.7	55.3
Volyn	81.1	94.2	35.9	12.4
Dnipropetrovsk	80.2	91.8	24.7	28.7
Donetsk	58.1	84.8	18.1	17.2
Zhytomyr	90.5	97.3	29.7	19.4
Transcarpathian	99.3	98.4	17.7	3.3
Zaporizzhya	59.5	82.3	31.5	13.9
Ivano-Frankivsk	96.0	98.9	36.2	10.3
Kyiv oblast	90.5	93.3	44.3	7.9
Kirovograd	97.4	99.8	9.2	5.8
Luhansk	54.6	86.8	43.4	4.2
Lviv	97.4	98.7	15.9	8.1
Mykolayiv	97.6	98.9	4.4	8.4
Odesa	87.5	97.7	17.4	10.5
Poltava	96.4	95.0	46.7	5.1
Rivne	89.5	98.3	19.3	14.0
Sumy	98.3	97.5	6.0	27.6
Ternopil	91.6	60.2	36.0	9.7
Kharkiv	65.2	96.5	29.3	9.8
Kherson	95.2	98.9	4.9	22.6
Khmelnitsky	85.9	96.2	18.0	28.4
Cherkasy	94.3	95.1	19.5	14.2
Chernivtsy	86.5	93.6	28.9	13.5
Chernihiv	87.3	91.9	8.9	11.5
The city of Kyiv	94.1	97.8	10.8	8.2
TYPE OF RESIDENCE				
Urban	82.4	92.9	22.8	14.9
Rural	88.9	93.1	22.0	16.1
GENDER				
Male	84.1	92.6	21.4	15.4
Female	84.7	93.3	23.5	15.1
AGE GROUP				
18-29 years	88.6	94.8	27.5	17.8
30-44 years	86.5	93.1	23.3	16.6
45-59 years	84.3	92.4	21.3	13.5
60 years and older	78.8	91.9	19.5	13.6

Even greater regional differences has been revealed in citizens' opinion on whether reform has already taken the place. On the national level in 2017 we observe the wider scope of people who report their perception that reform is taking place, i.e. in 2016 15.2% and 22.6% in 2017 of the household representatives -

respondents. Concerning the regions, in 2016 the highest share of those who reported that reform implementation has been noticed in Vinnytsia (55% versus 24% in 2017), Dnipro (29% vs. 25%), Khmelnytskyi and Sumy (28% vs. 18% and 6% respectively in 2017), Kherson (23% vs. 5%), Zhytomyr (19% vs. 30%), Donetsk (17% vs. 18%). Indeed, Sumy and Kherson has shifted to the low-recognized reform achievements regions in 2017. Meanwhile, in 2017 we see another list of the regions in top-5: Poltava (47% in 2017 vs. 5% in 2016), Kyiv oblast (44% vs. 8%), Luhansk (43% vs. 4%), Ternopil (35% vs. 10%) and Volyn (35% vs. 12) oblasts.

Among the respondents with a basic or tertiary education, 72.8% and 78.4%, respectively support the need for the reform. Interestingly, respondents with lower income support reform less than richer respondents. Perhaps this is explained by both probable bigger cautions/warnings as a result of fears of having to pay more for medical care and a likely lower knowledge about the substance of reform and change. On average, respondents with higher incomes often also report that reform has already been taking place.

In 2016, the household representatives were asked the question «What does the health care reform mean for you?» with the answer options presented in cards. 9963 out of 10178 respondents have provided the answer on the question. As it is presented in **Figure 1**, for the majority of the respondents «improved health care quality» is the key understanding of the reform outcome (43.4% as first choice and 14.4% second choice) and the second frequently mentioned option is «decreased patient's expenditures on pharmaceuticals» (19.3% + 33.7%) as well as on the medical treatment (19.2% + 27.4%). Besides, in total 20% of respondents perceive reform as «increased salaries of health personnel», whereas «improved physicians' attitudes to patients» and «possibility to get the service close to home» have mentioned much less frequently (about 10%).

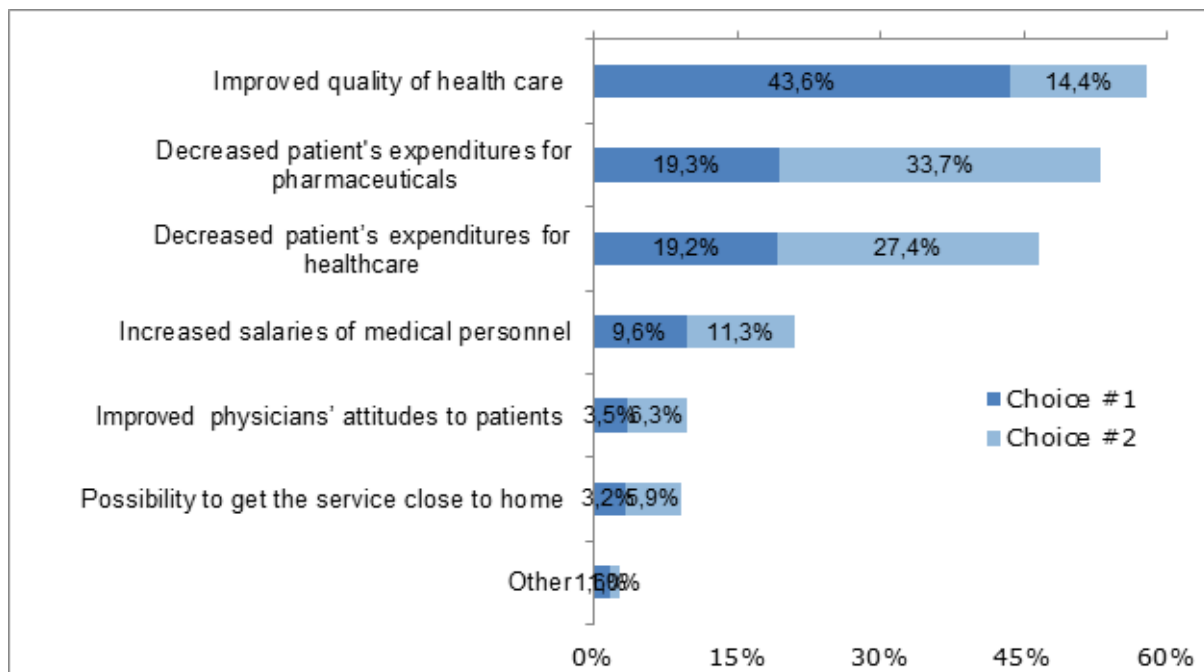


Figure 1. The share of the 1st and 2nd choice answer on the question «What does the health care reform mean for you?»

Improved health care quality as the key reform expected attribute has been reported almost by all oblasts except of Sumy and Ternopil (in these oblasts people firstly select option «decreased patient's expenditures»). Ternopil oblast stands out among others by highly rated attribute of «the service close to home» (20% respondents in Ternopil oblast vs average 3% for Ukraine) and «improved physicians' attitudes

to patients» (9% vs. 3%, respectively). The respondents from Sumy (32.5%) and Vinnitsa (31%) oblasts also think that reform means decreased expenditures on pharmaceuticals.

In 2017 the previous question has been transformed into 2 questions: «What would you like to see as a result of health care system reform?» (obtained 10031 responses out of 10184) and «What will change as a result of the reform, which is currently under the implementation by the national government and local bodies?» (8676 out of 10184). It appears that the expectations of the citizens are the following: in the first place people want to see the «correct diagnosis and prescription of treatment»: 47.2% of respondents mentioned this very result as the first choice and 18.1% - as the second one (**Figure 2**). Also, respondents would like the reform implementation to result in a reduction of patients' expenditures on medical assistance and medicines (41.6% and 37.8% of the interviewed, respectively). The poorer respondents more often than others would like to see the reduction of the cost of medical care and medicines as result of the reform. Households with medium income more often than others expect increasing salaries of medical personnel.

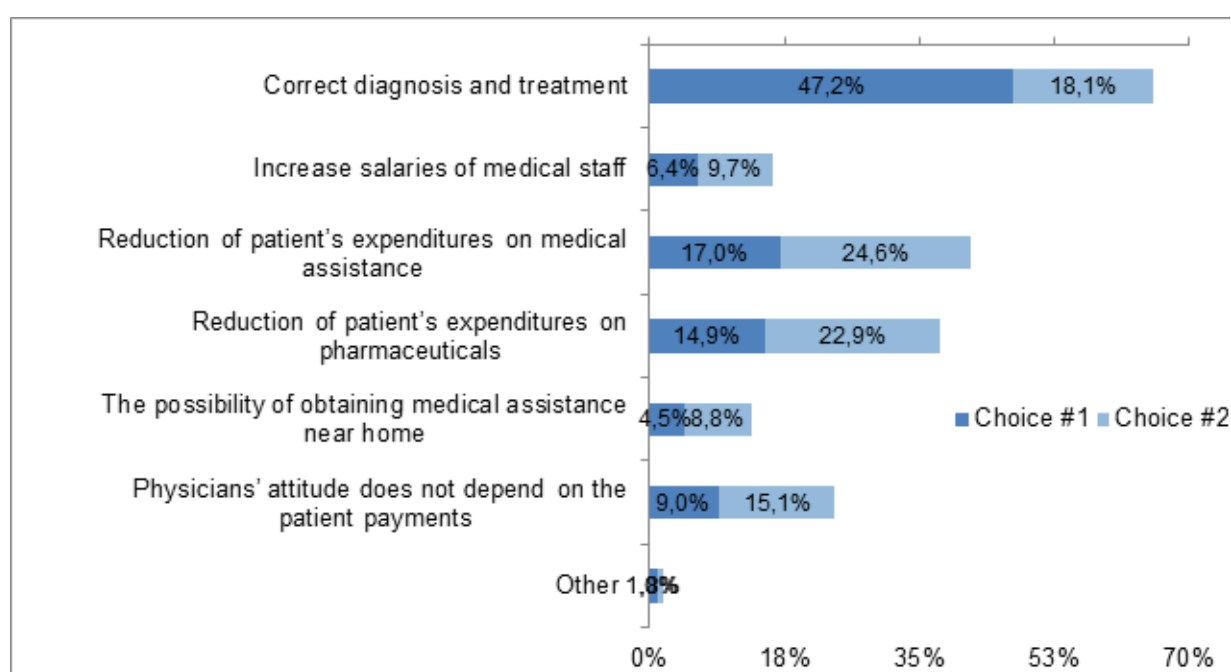


Figure 2. What would you like to see as the result of healthcare system reform?

Proper diagnosis and prescription of treatment are the main expectations of citizens for the reform outputs in most oblasts of Ukraine (**Table 3**). At the same time, in Sumy and Poltava oblasts, the highest share of the respondents expect the «reduction of patient expenditures for medicines». Reducing patient expenditures for health care was important for almost 30% of respondents in the Poltava oblast.

No significant differences were observed in responses by type of residence, gender, and age group. However, residents of villages and elderly people more often than others would like to see as the result of the reform cheaper medical care and medicines.

Table 3. What would you like to see as the result of healthcare system reform? (first choice)

	Correct diagnosis and prescription of treatment	Increased salary of medical personnel	Lower costs of medical care for the patient	Lower patient expenditures for medicines	Possibility to get care close to home	Attitude of doctors does not depend on the size of gratification from a patient
UKRAINE	47.2	6.4	17.0	14.9	4.5	9.0
Vinnitsia	50.31	3.66	17.68	15.20	5.25	6.26
Volyn	29.99	11.46	11.44	13.71	13.78	6.62
Dnipropetrovsk	51.60	10.64	11.85	11.20	4.34	7.68
Donetsk	43.02	5.96	22.22	13.19	2.97	10.11
Zhytomyr	42.18	2.83	25.40	18.34	3.20	7.77
Transcarpathian	47.22	11.43	13.18	9.91	3.00	13.82
Zaporizhzhya	42.78	7.38	21.11	12.52	4.67	8.90
Ivano-Frankivsk	46.60	8.15	17.98	14.59	1.76	8.66
Kyiv	63.07	2.58	9.39	15.72	3.34	3.42
Kirovograd	64.80	0.52	12.10	6.01	2.96	12.47
Luhansk	55.43	1.22	15.95	12.25	8.96	2.81
Lviv	56.63	6.72	11.69	12.54	4.07	7.55
Mykolayiv	62.40	1.37	9.68	12.26	2.11	9.87
Odesa	48.98	3.40	15.68	14.28	3.97	11.93
Poltava	26.80	6.18	29.14	33.15	1.24	2.36
Rivne	46.34	6.61	15.26	18.43	4.44	6.50
Sumy	31.10	2.78	18.81	33.51	3.24	8.54
Ternopil	46.33	7.73	12.96	19.19	2.85	8.96
Kharkiv	34.56	11.02	21.62	18.93	7.50	3.26
Kherson	46.65	3.95	13.90	14.42	2.09	14.48
Khmelnytsky	39.65	3.17	15.95	19.02	3.97	16.18
Cherkasy	42.61	6.27	22.58	9.87	5.33	12.41
Chernivtsy	35.69	15.68	21.73	12.35	4.78	6.49
Chernihiv	51.38	10.04	11.90	10.85	4.76	7.90
The city of Kyiv	46.27	5.68	13.64	8.83	5.39	18.06
TYPE OF RESIDENCE						
urban	48.30	6.62	16.17	13.60	3.39	9.16
rural	42.42	5.61	17.85	17.11	6.89	8.30
GENDER						
Male	46.39	6.51	15.99	14.54	4.47	9.09
Female	46.53	6.14	17.28	14.81	4.49	8.72
AGE GROUP						
18-29 years	49.60	8.57	14.98	11.79	3.46	9.32
30-44 years	49.47	6.93	14.12	12.51	4.43	10.14
45-59 years	47.07	5.89	17.41	13.92	4.80	8.73
60 years and older	40.49	4.41	19.94	19.81	4.97	7.43

At the same time, the respondents' perceptions of the reform (**Figure 3**), which is currently being implemented by the government, are somewhat different from their expectations. Thus, 12% of respondents believe that as a result of the current reform nothing will change. Concerning the first choice of respondents perceived impact of the reform; almost 50% of the population believes that the consequences will be positive: better equipment, availability of medicines in medical institutions, and no need to pay for medical care «out-of-pocket». At the same time, a rather high percentage of respondents (38% among the first choice) believe that the consequences of the reform will be negative: respondents fear the worsening in accessibility and affordability of health care services. Interestingly, the negative aspects of the reform implementation are also seen by those interviewees, whose firstly declared positive consequences of the reform.

The respondents' responses differ significantly between oblasts. Patients in the most of oblasts think positively about the results of the reform, while more negative expectations predominate in Kyiv, Vinnytsia, Donetsk, Zaporizhzhya, Kirovograd, Luhansk, Mykolayiv, Odesa and Poltava oblasts. A significant proportion of respondents from the Sumy region (almost 30%) believe that reform will result in no changes.

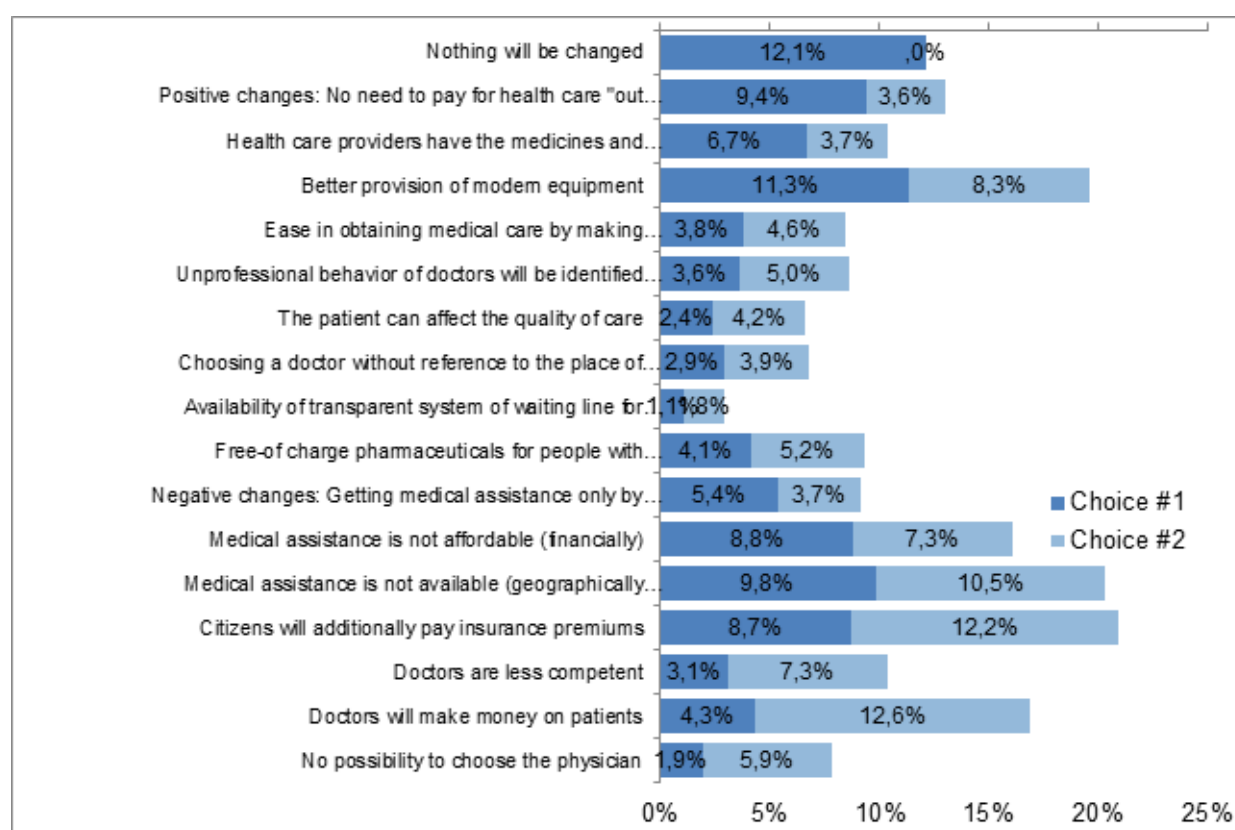


Figure 3. What do you think will be changed as the result of the reform which is being currently implemented by the government and local authorities?

Discussion

The results of the survey show that share of those who notice implementation of healthcare reform in 2017 has risen to 23%, compared with 15% in 2016. This may indicate on the effectiveness of communication of the health care reform team as well as regional practices of health care governance (Stepurko and Belli, 2017) and associated improvements in health care service provision. At the same time, the proportion

of those who think that reform is needed (felt needs) has decreased from 93% in 2016 to 84% in 2017. Reducing the perception of the need for reform can be interpreted by first, the communication on the reform implementation and since the reform vector is declared no urgent need in other changes is seen by the people. Second, a significant critique of the reform: there is a lot of criticism in the media, many reform-linked myths (e.g. «reform is killing people») have been shared by reform opposers (see, for example VoxCheck (2018)). Given the lack of certainty on the reform implementation, lack of reliable and supportive sources of information about reform, its components and consequences as well as the overall moods of the population towards the changes, people might be fearful of any changes.

The overall regional differences in attitudes and perceptions of health care reform could be interpreted by initial differences in the health financing in the regions and previous experience of service reforming (Lekhan et al., 2015). Regional media also provide information on reforms differently. However, in 2017 the reform has not yet begun - the major changes are implemented in 2018 - health care users select primary health care providers, who are contracted / paid by newly established National Health Service, while the turn of hospitals in reform is scheduled for the next years.

A direct comparison of the findings regarding expectations from the reforms between 2016 and 2017 is complicated, as the questions have been somewhat changed. At the same time, the further research will take into account not only the attitudes and perceptions of the reform, but also service utilization, service affordability and more efficient use of the recourses, e.g. growth of primary health care users (expressed needs according to Bradshaw (1994)).

Besides this, other studies are being conducted the Sociological Group Rating for instance interviews the public about their perception of the medical sector in Ukraine, a part of the questions concerns the attitude to the health care reform. In December 2017, a survey showed that 86% of respondents were well aware of the implementation of medical reform (Sociological Group Rating, 2017). Surveys conducted by the Rating during the year 2017 showed that the population supports a number of other steps of the reform, including «money has to follow the patient». However, the Rating surveys show that there is no complete understanding of all changes that may explain the difference in supporting the need for reform, which was identified in the Health Index study.

The survey of the Center for Economic Strategy (2017) showed that 31% of the respondents know about and support the reform, and 30% of respondents know and do not support it, which is somewhat less than the Rating survey. At the same time, the respondents' awareness and support for reform essentially depend on its various elements. In general, those factors that support the availability of quality medical care and reduce health care costs will be supported more. This is also revealed within the framework of the Health Index.

One of the key goals of the health system is the responsiveness of the system and related services (Coulter & Jenkinson 2005). Thus, the feedback in the form of consumers' opinion, their expectations, preferences and choices, as well as satisfaction with the service, has gained considerable significance (Bleich et al., 2009; Stepurko et al., 2017).

Despite the limited objectiveness of perception, we understand the importance of people's satisfaction with health care services, as well as the attitude to and awareness about reforms, thus these measurements are included in the study «Health Index». Such subjective indicators as «attitudes», «satisfaction» and «perception» (felt needs) facilitate better understanding of the more objective indicators, such as the presence of a diagnosis (which can be confirmed on the basis of medical documentation) or payment for a medical service (receipts with amounts paid are available), or so called expressed needs. Although the Ukrainian health care reform is currently aimed more at achieving other, no less important goal - the financial protection of people while using health care services, however, the «responsiveness» of health care service providers will become to the priority.

Concluding remarks

«Health Index. Ukraine» is an instrument that helps health care managers and those involved in national and local policy-building assess what impact reforms have on patients and community. In the process of health care reform, «Health Index. Ukraine» provides very important data that will enable better understanding of local situation, compare it with other regions (oblasts) and national situation, and timely respond to any challenges.

In this paper, we have unpacked an important part of the reform implementation - willingness of people to join the changes and support them in daily practices. To ensure that policies are effective, they need to be driven by the underlying needs of the population. Data are a critical element for policy design, but lack of availability and poor quality of data often present challenges, which is clearly the case of Ukraine.

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