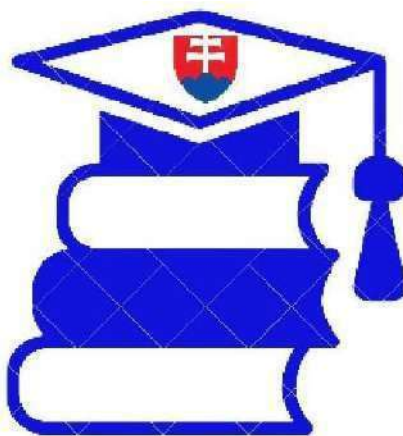


**MEDZINÁRODNÁ  
AKADÉMIA SOCIÁLNYCH A  
PRÁVNÝCH VIED A  
VEREJNEJ SPRÁVY**

**Bulletin sociálno-právnych vied a verejnej správy**

**ISSN 2989-4425**

**EV 342/25/EPP**



**Zväzok 2 Vydanie 1 / 2025**

**MESTO SVIT, SLOVENSKÁ REPUBLIKA**

**2025**

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# PREREQUISITES AND PROSPECTS FOR BUILDING A CAPABLE NETWORK OF HEALTHCARE FACILITIES IN ZAPORIZHZHIA REGION

## PREDPOKLADY A PERSPEKTÍVY PRE VYBUDOVANIE SCHOPNEJ SIETE ZDRAVOTNÍCKYCH ZARIADENÍ V ZAPORIŽSKEJ REGIÓNE

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**Abstract.** Reforming the healthcare system in Ukraine involves creating a capable network of healthcare facilities. In the Zaporizhzhia region, which is in a war zone, this process has certain peculiarities. Analysis of previous measures to form a capable network of healthcare institutions in the Zaporizhzhia region, search for ways to optimize them and increase efficiency. The study used analysis methods, a review of open source information, scientific publications, and the experience of medical institutions in the city of Zaporizhzhia. The study found that a viable network is being built on the principle of hospital districts. In Zaporizhzhia region, a hospital district is proposed to be formed from existing medical institutions: 2 supracluster hospitals, 7 cluster hospitals, and 9 general hospitals. In Zaporizhzhia, the process of optimizing medical institutions has already begun, which includes the reduction and merger of some hospitals. The process of centralizing primary and specialized medical care institutions is underway, which has both positive and negative consequences. A systematic assessment of the effectiveness and feasibility of these actions has not been conducted. It is proposed to conduct such studies and use in the process of creating a capable network of our own recommendations for the rational placement of medical institutions in different areas of the city and region, which will take into account factors that affect territorial accessibility. Building a capable network of healthcare facilities in the Zaporizhzhia region requires additional scientific and sociological research that will assess not only the economic feasibility of this reform, but also contribute to resolving issues of territorial and social accessibility of medical care.

**Keywords:** healthcare, reform, capable network of healthcare institutions, hospital district, hospitals: general, cluster, supracluster, services: specialized, highly specialized.

**Abstrakt.** Reforma systému zdravotnej starostlivosti na Ukrajine zahŕňa vytvorenie schopnej siete zdravotníckych zariadení. V Záporožskej oblasti, ktorá sa nachádza vo vojrovej zóne, má tento proces určité špecifiká. Analýza predchádzajúcich opatrení na vytvorenie schopnej siete zdravotníckych zariadení v Záporožskej oblasti,

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hľadanie spôsobov ich optimalizácie a zvýšenia efektívnosti. V štúdiu boli použité analytické metódy, prehľad informácií z otvorených zdrojov, vedecké publikácie a skúsenosti zdravotníckych zariadení v meste Záporožie. Štúdia zistila, že sa buduje životaschopná sieť na princípe nemocničných obvodov. V Záporožskej oblasti sa navrhuje vytvorenie nemocničného obvodu z existujúcich zdravotníckych zariadení: 2 supraklastrových nemocníc, 7 klastrových nemocníc a 9 všeobecných nemocníc. V Záporoží sa už začal proces optimalizácie zdravotníckych zariadení, ktorý zahŕňa redukciu a zlúčenie niektorých nemocníc. Prebieha proces centralizácie zariadení primárnej a špecializovanej lekárskej starostlivosti, čo má pozitívne aj negatívne dôsledky. Systematické hodnotenie účinnosti a uskutočniteľnosti týchto opatrení sa nevykonalo. Navrhuje sa vykonať takéto štúdie a využiť v procese vytvárania schopnej siete vlastné odporúčania pre racionálne umiestnenie zdravotníckych zariadení v rôznych oblastiach mesta a regiónu, ktoré budú zohľadňovať faktory ovplyvňujúce územnú dostupnosť. Budovanie schopnej siete zdravotníckych zariadení v Záporožskej oblasti si vyžaduje dodatočný vedecký a sociologický výskum, ktorý posúdi nielen ekonomickú uskutočniteľnosť tejto reformy, ale prispeje aj k riešeniu otázok územnej a sociálnej dostupnosti lekárskej starostlivosti.

**Kľúčové slová:** zdravotníctvo, reforma, schopná sieť zdravotníckych zariadení, nemocničný obvod, nemocnice: všeobecné, klaster, supraklaster, služby: špecializované, vysoko špecializované.

Under martial law, the process of reforming the healthcare system in Ukraine continues. One of its main directions is the construction of a capable network of healthcare institutions, which entered the stage of practical implementation in 2022 and became one of the most urgent issues in the development of the industry

**Purpose of the work:** analysis of previous measures to form a capable network of healthcare institutions in the Zaporizhzhia region, search for ways to optimize them and increase efficiency.

**Materials and methods:** the study used analysis methods, a review of open source information, scientific publications, and the experience of medical institutions in the city of Zaporizhzhia.

**Results.** A capable network of healthcare facilities (hereinafter referred to as a capable network) is a network of healthcare providers that provides healthcare within the relevant hospital district, including during emergencies, emergency or martial law, and allows organizing the proper quality of such service, timeliness and accessibility for the population, as well as the effective use of material, labor and other resources (Law of Ukraine, 2022). The procedure for creating hospital districts in Ukraine has undergone a certain transformation both in terms of their boundaries and in terms of the list of institutions included in their structure. These issues were resolved on the basis of a number of Resolutions of the Cabinet of Ministers of Ukraine (No. 1113 of October 24, 2012, No. 932 of November 30, 2016, No. 1074 of November 27, 2019), which have already lost their force.

In early July 2022, the Verkhovna Rada adopted Law No. 2347, which became the legal basis for the formation of a capable network of hospitals. In order to fulfill the

requirements of this Law, the Cabinet of Ministers of Ukraine adopted Resolution No. 174 of February 28, 2023 “Some Issues of Organizing a Capable Network of Healthcare Institutions” (Law of Ukraine, 2022) (Resolution of the Cabinet of Ministers of Ukraine, 2023). This resolution also approved the "Procedure for the functioning of hospital districts and hospital clusters and the establishment of their boundaries" (hereinafter referred to as the "Procedure...").

In accordance with paragraph 4 of this Procedure, “The boundaries of the hospital district in which it operates are the Autonomous Republic of Crimea, the regions, the cities of Kyiv and Sevastopol.”

All the above-mentioned administrative entities of Ukraine must create, and the vast majority have already created, a hospital district on their territory with an appropriate capable network, which should ensure "territorial accessibility to high-quality medical and rehabilitation care for the population."

Thus, the "Order..." envisages building a capable network based on the principle of hospital districts, which in turn are divided into clusters. Within one hospital district, hospitals are divided into supracluster, cluster, and general. It is proposed that the simplest diseases be treated in general hospitals, as close as possible to the patient. Specialized and highly specialized services are provided in cluster and supracluster hospitals. The reform includes regions where there is no active hostilities. At the same time, a capable network is not being implemented in Zaporizhzhia, Donetsk, Luhansk, Kherson, Mykolaiv regions and the Autonomous Republic of Crimea. However, within 6 months after the end of martial law, these regions must submit proposals for defining a capable network of healthcare facilities (Law of Ukraine, 2022). This requires some preparatory work to include our region in the reforms immediately after the end of martial law. Such work has begun in the city of Zaporizhzhia. Thus, it is proposed to include a number of existing medical institutions of the city of Zaporizhzhia in the hospital district that will be created within the Zaporizhzhia region, including 2 hospitals as supracluster, 7 as cluster and 9 as general. Optimization of the network of medical institutions includes the reduction and merger of some hospitals. On May 1, 2024, in the Zaporizhzhia City Council, at a meeting of the standing deputy commission on health care, it was proposed to merge city hospitals No. 1 and No. 7, No. 3 and No. 4, No. 2 and No. 8, children's hospitals No. 1 and No. 5. City Hospital No. 10 and Maternity Hospital No. 3 are being merged into the Emergency and Ambulance Hospital, and five dental clinics are being merged. At a meeting of the Regional Coordination Council for Health Care, decisions were made to create a Mother and Child Center in the Zaporizhzhia region; to merge the regional clinical hospital with oncology and cardiology centers. To create the Mother and Child Center, it is proposed to merge three regional institutions: the municipal non-profit enterprise (NPE) “Zaporizhzhia Regional Clinical Children's Hospital”; the NPE “Regional Perinatal Center”; the NPE “Regional Medical Center for Human Reproduction” (Only 3 of 5 city outpatient clinics will remain in Zaporizhzhia, 2025). The implementation of these actions will allow rationally and effectively distributing and using budget funds, material and human resources in accordance with the role of certain healthcare institutions in a capable network of hospital districts, carrying out infrastructure

restoration and modernization, purchasing expensive equipment, avoiding duplication of medical services, etc.

The process of reorganization of medical institutions in Zaporizhzhia continues. Thus, in 2025, it is planned to merge primary health care centers - out of 5 outpatient clinics, 3 will remain - one in the right-bank part of the city and two in the left-bank. From an economic point of view, this is a rational way of using the resources provided by the state to the healthcare sector, which are insufficient. It is noted that these actions will save budget funds - about 6.4 million UAH per year (Only 3 of 5 city outpatient clinics will remain in Zaporizhzhia, 2025). Thus, the process of centralization of primary, specialized and highly specialized medical care is underway.

However, the perception of these decisions, made by regional and city councils, is not unambiguous. In some cases, they caused dissatisfaction in the city's medical community, as evidenced by a number of lawsuits from medical institutions. The most resonant was last year's merger of the Zaporizhzhia Regional Anti-Cancer Center with the regional hospital. This reorganization turned into a real confrontation between doctors and the authorities. Despite all the opposition, the union took place. And only after this, the team of the anti-cancer center and all residents of the city were provided with the necessary explanations on the justification of the appropriateness of the measures taken.

### **Discussion**

Despite the recognized positive effects of previous measures to form a capable network, a number of problems arise regarding optimal communications between different levels of medical service provision, and, primarily, the territorial accessibility of services for patients, and the logistics associated with medical care. Thus, when merging hospitals, maternity hospitals, dental clinics, and other medical institutions located in different districts of the city, it is not taken into account that residents from one district will have to travel to another, sometimes much more remote, district of the city to visit their family doctor, and then to another institution to undergo a consultation or receive specialized medical care. This will be especially inconvenient for the elderly. That is, the process of centralization of healthcare institutions, which is taking place in Zaporizhzhia, will have not only positive consequences, but also a negative impact on the accessibility of medical care for city residents.

Along with this, the network of private medical institutions is intensively developing in the city, the percentage of paid services provided by them is increasing, and the population's turn to private offices and hospitals is increasing. According to published studies, the share of patients' out-of-pocket expenses for healthcare services, medicines, and medical devices among the total current healthcare expenditures in the country is almost 48% (Cabinet of Ministers of Ukraine, 2025). At the same time, the private healthcare sector is not only a competitor in the provision of medical services on the regional (local) market, but also has the opportunity to fully participate in contractual relations with the National Health Service regarding the provision of medical care packages.

In our previous studies, it was found that territorial accessibility is determined by the ability of the population to receive full medical care in a short period of time in their places of permanent residence. The main factors that influence territorial accessibility were identified. This is, first of all, the nature of the settlement of residents (density, compactness, service radius, distance from housing to a medical facility); the condition and quality of roads; transport connections between settlements and medical facilities; the availability and stability of means of communication. Based on this, it is proposed to pay more attention to the issue of rational placement of medical institutions in different areas of the city and region, taking into account these factors (Petrykhin V.P., 2008) (Alekseev O. H., Taranov V.V., Petrykhin V.P., 2021).

In our previous studies, it was already noted that: "...when studying the quality and accessibility of medical care, one cannot ignore the subjective assessment of the degree of satisfaction of residents with medical care. The system of organizing medical care for the population is, in fact, created to meet the relevant needs of people, so their opinion about its work is very valuable. Even a layman's view of the consumer can often reveal significant shortcomings for him, but hidden from the specialist or insignificant, in his opinion. For this purpose, both in our country and abroad, sociological research methods (questionnaires and interviews) are widely used. But such studies have not been conducted in the region recently" (Alekseev O. H., Taranov V.V., Petrykhin V.P., 2021).

A review of information from open sources and scientific publications on the experience of working in new conditions in medical institutions in other regions of Ukraine shows that research into the effectiveness and feasibility of similar measures has not been conducted either. Therefore, in the healthcare development strategy adopted by the Cabinet of Ministers, an operational plan of measures has been developed and proposed for implementation, and most importantly, monitoring and evaluation of the implementation process of both the strategy as a whole and the planned actions to reform the sector. It is important that the Ministry of Health will carry out the specified monitoring and analysis of the results of the implemented measures, taking into account the developed indicators. It is planned to involve representatives of state authorities and, with their consent, expert and scientific institutions, international organizations, civil society institutions, healthcare providers, and professional associations in this process (Cabinet of Ministers of Ukraine, 2025).

### **Conclusions:**

1. When forming a network of healthcare facilities, special attention should be paid to the rational placement of medical institutions, especially primary care, taking into account factors that affect the availability of medical care.
2. Building a capable network of healthcare facilities in the Zaporizhzhia region requires additional scientific and sociological research that will assess not only the economic feasibility of this reform, but also contribute to resolving legal issues of territorial and social accessibility.

3. The proposed actions in forming a network of healthcare facilities in the Zaporizhzhia region will increase its efficiency, quality and accessibility.

**Prospects.** It is advisable to focus further scientific research on issues of monitoring the operation of the network of primary and specialized medical care institutions within the framework of newly formed hospital clusters and the implementation of information systems in the practice of strategic and operational management of a capable healthcare network.

**Conflicts of Interest:** authors have no conflict of interest to declare.

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