

LOCAL SELF-GOVERNMENT BODIES AS SUBJECTS OF THE IMPLEMENTATION OF PUBLIC POLICY IN THE HEALTHCARE SECTOR

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Summary

The ambiguous impact of decentralization and centralization on public governance mechanisms in the health sector is examined through an analysis of domestic and international experience. The article substantiates the role of local self-government bodies as actors in implementing public health policy under decentralization and martial law. Particular emphasis is placed on the «Health in All Policies» principle and the need to implement it at regional and local levels through the development of a «healthy community». The paper analyses how decentralization/centralization affects sector governance, the regulatory foundations, and the differentiation of local self-government competences (own and delegated) in health care. The methodological framework includes a systems approach, institutional and comparative analysis, and examination of national legislation and international sources. Using the Vinnytsia City Territorial Community as a case study, the article demonstrates the importance of strategic planning and municipal targeted programmes as tools for strengthening population health, ensuring service accessibility, and increasing local system resilience in Ukraine during war-time. Successful international governance practices in selected countries (Switzerland, Norway, Denmark, Finland) are also highlighted. The article concludes that a combination of subsidiarity, clear delineation of competences, and adequate resource provision for communities is a prerequisite for effective implementation of public health policy and for adapting the system to contemporary threats.

Key words: public governance, healthcare system, public policy, transformation, public administration, decentralization, centralization, strategic planning.

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1. Introduction

Ukraine's integration into the European health system presupposes public governance in the field of public health in compliance with the principle enshrined in Part 2 of Article 427 of the Association Agreement (Chapter 22) – «Health in All Policies» (Uhoda, 2014). This

principle should be interpreted broadly: not only in implementing public policy across different sectors, but also in designing and implementing regional and local health policies and programmes in general, and locally – in shaping the health of residents of a particular territorial community («healthy community»). The above necessitates assessing the significance, role, powers, and tasks of local self-government bodies in building a resilient and capable health care system. Determinants influencing the transformation of public governance mechanisms in public health, and their adaptation to new realities, include reforms – in particular, the administrative reform of the public authority system in Ukraine, which envisages expanding the powers of local self-government through decentralization. Thus, modernization of the national health care system amid a protracted war requires not only updating the nationwide development vision, but also rethinking it at regional and local levels, which makes this study relevant.

The purpose of the study is to determine the impact of decentralization/centralization on public governance in the health sector (using successful international and domestic practices as examples) and to clarify the role of local self-government bodies in building a capable «healthy community» system under martial law.

The methodological basis includes general scientific methods for studying mechanisms and processes within the public governance system in health care. Based on a systems approach, proposals were developed to improve public governance mechanisms of the health care system, taking into account international experience in shaping such mechanisms. The information base comprises academic sources, national and international legislation, official data from the UN, WHO, and the Ministry of Health of Ukraine, as well as information resources of international health organizations.

2. The impact of decentralization reform on the health care system

Recently, Ukraine's health care system has undergone a number of transformations associated with various reforms (administrative, medical, digitalization). Let us examine the impact of administrative reform – specifically decentralization – on public governance in health care at the level of an individual community in Ukraine, as well as analyse successful foreign governance practices grounded in decentralization/centralization principles.

In academic literature, decentralization's impact on health care is assessed ambiguously: it may have negative consequences, or it may be a foundation for building an effective health system. This issue is particularly debated given that Ukraine's health care system operates under conditions of a protracted war.

Within their jurisdiction, local self-government bodies in Ukraine may be authorized to implement state policy in the field of health care (Article 14 of the Law of Ukraine «Fundamentals of Ukrainian Legislation on Health Care» (*Zakon, 1992*).

Z. Hladun emphasized the role of local self-government and the delegation of public powers in regulating relations in population health care in his fundamental research: «...although local self-government does not belong to the system of state authorities, being an independent type of public power, within certain limits defined by legislation, through delegation of powers of executive authorities to it, it performs functions of management and regulation of activities of communal property objects. Acting as authorized bodies of power, they guide the socio-cultural life of the respective territorial community, organizing and regulating relations in various spheres of life. Executive bodies of local self-government carry out certain regulatory activities which, depending on their content, acquire the character of either state regulation or local (municipal) regulation» (*Hladun, 2006: 441*).

In the normative dimension, the general legal status of local self-government bodies is defined by the Constitution of Ukraine (*Zakon, 1996*) and the Law of Ukraine «On Local Self-Government in Ukraine» (*Zakon, 1997*).

Regarding local self-government competences specifically in regulating relations in population health care, Article 32 of the Law of Ukraine «On Local Self-Government in Ukraine» differentiates them into: own (self-governing) and delegated powers. In this respect, A. Basko's position is of academic interest: he proposes dividing the competences of representative bodies of territorial communities in health care, defined in special legislation, into organizational competences and competences of a supportive nature (*Basko, 2024*). In our view, this classification does not fully capture the specificity of the overall set of rights and duties of local self-government bodies in the analysed domain.

The issue of delimiting and differentiating local self-government competences by policy area is actively discussed by leading specialists in public administration and law. Contemporary decentralization processes in Ukraine unfold under extremely difficult conditions of ongoing hostilities and, in our view, should primarily aim to strengthen local self-government institutions by expanding the competences of representative bodies of territorial communities. As for the activities of local self-government bodies in ensuring public health within a community, this issue should be studied both through the lens of decentralization and through the lens of Ukraine's medical reform, which is an integral component of decentralization.

A more scientifically substantiated and well-argued approach appears to be that proposed by the working group led by Ya. Kaziuk in the Concept of Delimitation and Distribution of Competences between Local Self-Government and Executive Authorities (hereinafter – the Concept). Under this approach, all competences differentiated in legislation are proposed to be further subdivided, namely:

«...Delegated competences aimed at addressing social and humanitarian issues, subdivided into:

- mandated – functions assigned to executive bodies of local self-government to exercise certain state powers (e.g., social protection programmes);
- transferred – competences to provide mandatory services to specific population groups of Ukraine at a level guaranteed by social standards (e.g., remuneration of teaching staff in general secondary education);
- закрeплeні (fixed/assigned) – competences to provide social and humanitarian services to citizens upon request (e.g., preschool and extracurricular education, culture, physical culture and sports). Own competences aimed at creating and ensuring the living environment of community residents (e.g., local housing and utilities development programmes and settlement improvement, local cultural and artistic programmes)...» (*Kaziuk, 2023*).

In our view, precisely this subdivision proposed by the Concept's authors contributes to a better understanding of the content of local self-government competences when developing municipal targeted programmes aimed at forming a healthy community – strengthening residents' health, ensuring guaranteed access to quality medical services, and supporting and developing a capable network of health care facilities.

3. The role of communities in building a capable health care system in Ukraine

In our opinion, one prerequisite for effective performance of public governance functions in health care at the municipal level is strategic planning, developed not only with regard to the global Sustainable Development Goals through 2030, but also – primarily – with regard

to the specific features of the respective region (a territory-oriented approach). In this regard, let us focus on analysing such a competence of local self-government bodies in health care as approving targeted programmes for the development of the relevant administrative-territorial unit (using an example of a Ukrainian community – the Vinnytsia City Territorial Community).

We believe that developing and implementing an effective community development strategy, sectoral strategies, concepts, programmes, and plans can not only mobilize the potential of the whole community for implementing concrete and clear plans, but also serve as an effective instrument in the public governance mechanism adapted to modern challenges and threats, including full-scale ongoing hostilities. Undoubtedly, public governance in ensuring public health in the Vinnytsia City Territorial Community has its own specificity and a certain degree of local autonomy.

A doctrinal understanding of strategies, concepts, and programmes as normative legal acts adopted by state authorities at different levels is defined in legal scholarship. The authors of the collective monograph «Economic Activity and Advanced Technologies: Current Regulatory Issues under Martial Law» formulate the thesis that: «...a strategy is based on the foundational principles contained in legal doctrine and on the general goal contained in a concept approved as a legal act; it is a strategic document limited in time, since it has clearly defined goals and objectives. In its essence, it rather resembles a declaration of the state's intentions to achieve desired development indicators in a particular sphere of social relations and contains an overall action plan (for specific development directions) for a certain period, with delineation of responsibility zones and functional workload among various state authorities and local self-government bodies...». (*Dmytryk, 2022: 190*).

Different academic approaches exist regarding the theoretical-methodological essence and practical value of strategies, concepts, and programmes adopted within local self-government competences.

The authors of the research work «Strategic Planning for the Development of an Amalgamated Territorial Community» view the main mission of strategic documents adopted by local self-government bodies as ensuring qualitative transformations in the economic and social spheres: «...under current conditions, when opportunities for territorial development through past achievements have been virtually exhausted, it is important to develop long-term strategic programmes and consistently implement them...». (*Berdanova, 2017: 7*).

The importance of a strategic development vision for territorial communities should not be underestimated. During the war in Ukraine, new Methodological Recommendations «On the Procedure for Developing, Approving, Implementing, Monitoring and Evaluating the Implementation of Territorial Community Development Strategies» dated 21.12.2022 No. 265 were approved. They provide a normative definition of a territorial community development strategy as: «...a strategic planning document of state regional policy that defines strategic and operational goals and tasks for sustainable development of a territorial community; it is developed for the period of implementation of the State Strategy for Regional Development and the relevant regional development strategy, taking into account the provisions of the Law of Ukraine 'On the Principles of State Regional Policy». (*Nakaz, 2022*).

I. Boryshkevych and V. Yakubiv assess a territorial community development strategy as one of the most important documents adopted within the competence of local self-government bodies: «...a territorial community development strategy is a long-term plan that outlines the general vector of actions of local authorities, their partners, business representatives, education institutions, residents, and other stakeholders toward the phased achievement of

set goals, the core vision, and the rationale for the existence of the community's mission...»). (*Boryshkevych, 2022: 127*).

It appears that regional health programmes, by their orientation, should be classified as social targeted programmes. The development and purpose of any targeted programme should primarily correspond to the priority development directions of the relevant territorial community formulated in its development strategy.

Let us examine ways to form a resilient healthy community using the Vinnytsia City Territorial Community as an example. By Decision of the Vinnytsia City Council dated 26.02.2021 №. 194, the Development Strategy of the Vinnytsia City Territorial Community through 2030 – Strategy 3.0 – was approved. More detailed sectoral planning with strategic measures, projects, and changes for the city of Vinnytsia is presented in the Concept of Integrated Development of Vinnytsia 2030, developed with regard to international sustainable development standards and linked to regional and national development programmes.

According to the Strategy, the second strategic priority for the development of the Vinnytsia City Territorial Community through 2030 is an integrated community (high-quality and accessible municipal services for all), and the initial operational goal 2.1 for achieving this priority is a healthy community.

Ukrainian legislation lacks a definition such as «community health» or «healthy community». As for academic conceptualizations of «healthy community», the results of the Ukrainian-Swiss project «Act for Health» deserve attention; it offers the following definition: «... a healthy community is a territorial-social community characterized by a comprehensive, integrated approach to preserving and improving residents' health through combining medical, social, educational, and infrastructure initiatives». (*Zvit, 2024: 5*). Thus, «healthy community» is generally understood as a community involving representatives of all social groups within a territorial community in pursuing one shared goal – improving the health of its residents.

Municipal targeted sectoral development programmes are developed to implement strategic documents. Thus, targeted sectoral development programmes are created to implement the Strategy and include measures aimed at forming a resilient public health system. Among such programme documents, it is also necessary to mention the Programme of Economic and Social Development of the Vinnytsia City Territorial Community for 2025 and the programme «Health of Vinnytsia Residents for 2022-2025». The main goal of adopting the community health programme is quite ambitious – achieving the highest possible level of health for all community residents and internally displaced persons registered in the community, regardless of age, sex, or social status; disease prevention; and fostering a responsible attitude of the population toward their own health and the health of others. To achieve this goal, strategic goals («Creating conditions for preserving residents' health») and operational goals were formulated:

- 1) developing a responsible attitude of city residents toward their own life and health;
- 2) preserving and strengthening the health of Vinnytsia residents (*Prohrama 2021, 2024*).

In our view, given the subject of the study, in the context of public health system development, the principles of decentralization and subsidiarity are particularly important for ensuring the overarching principle of «Health in All Policies». Delegating powers to local self-government bodies not only brings decision-making closer to citizens, but also directly increases the effectiveness of policy implementation in the field of sanitary and epidemiological well-being, and genuinely strengthens the health of residents of a specific territorial community. Local administrations – using the Vinnytsia City Community as an example – become active subjects of public governance: they develop and directly implement

prevention programmes, monitor population health, manage crises, and effectively ensure health promotion within the community.

4. International governance practices in the health sector

Foreign countries use different approaches to health system organization (centralization or decentralization of sector governance). It should be noted that decentralization is a current trend in a large share of countries with the most effective national health systems. Many countries (Switzerland, Denmark, Norway) have succeeded in ensuring accessibility, quality, and safety of health services thanks to strategic approaches, such as decentralization of public governance. A tendency toward decentralization is also observed in some Asian countries, where strict centralized governance in health care has traditionally prevailed.

Let us examine how decentralization influences health governance and the building of resilient health systems in communities.

Among foreign countries with decentralized health system governance, Switzerland's experience deserves particular attention. The modern Swiss health system is decentralized, with competences distributed among federal, cantonal, and municipal levels. Corporate actors – including associations of insurers, physicians, and hospitals (through negotiations on tariffs and quality), as well as voters (through direct democratic mechanisms) – can significantly influence governance of Switzerland's health system.

The three-level structure aims to balance government responsibility. Swiss health system governance is based on the distribution of responsibilities among three levels:

1. Federal level: the role of the federal government has expanded significantly over the past two decades and now plays a decisive role in key national areas, including health system financing, quality and safety of medical products, supervision of national public health, and leadership in research and innovation in health-related areas. It sets the framework within which cantons and municipalities operate, ensuring compliance with national standards.

2. Cantons: Switzerland's federal structure provides cantons with substantial autonomy, especially in health care. In some cases, responsibilities at the federal level and those arising from autonomous arrangements apply simultaneously. Cantons have significant administrative powers, continue to oversee health infrastructure and facilities, and engage in large-scale and inter-cantonal cooperation.

3. Municipalities: municipalities are responsible for long-term care and social services for vulnerable persons and also deliver many locally tailored services not regulated by cantonal or federal rules.

The involvement of specific persons and bodies – such as local officials, physicians, hospitals, and other stakeholders – creates a unique governance model with broad public participation in decision-making and quality assurance. This model includes direct voting on key issues and decision-making at political and practical, as well as administrative and political, levels. The Ministry of Health bears the main responsibility for the highest level of health planning and public health, although municipalities also share responsibility, especially for social assistance and children's mental health (*Stefan Boes, 2024*).

Norway's current public policy vector in public health aims to strengthen decentralization by providing municipalities and counties with governance instruments to address key tasks. Counties and municipalities have high legitimacy and capacity to implement policy and plans in health care, and health and health-related services are among municipalities' most important tasks, consuming more than one-third of their total resources. Nevertheless, small

rural municipalities face challenges, as they often show lower levels of compliance than larger ones, mainly due to lack of capacity and experience. In Norway, regions are responsible for specialized care, while municipalities manage primary health care by addressing shortages of general practitioners, reducing inequalities in access to medical care, and strengthening efforts in health promotion and disease prevention (*Saunes IS, 2024*).

Another country with a decentralized health system is Denmark. The country has a universal tax-financed health system with a decentralized organizational structure serving more than 5.9 million residents. Denmark's health system is financed by taxes and organized at three administrative levels: the state, regions, and municipalities. The state performs general regulatory, supervisory, and fiscal functions and is also responsible for many strategic, coordination, and «soft» regulatory functions. Responsibility for primary, secondary, and tertiary care is decentralized. Among other duties, the five regions are responsible for hospitals and for planning and paying for primary care. Services are often delivered by self-employed health professionals. Municipalities are responsible for rehabilitation, long-term care at home and in institutions, dental care for children, adolescents and vulnerable groups, as well as public health. Information on the capacity of Denmark's health system is developed and integrated into policy.

In Denmark, planning is an integral part of the health system and reflects its decentralized nature: regions and municipalities act as planners and providers of health services, while the state provides the overall regulatory framework. At the same time, some specific planning measures – such as allocation of medical specialties – are carried out centrally. An annual financial agreement between the state and regions/municipalities determines total budgets and municipal taxes. The state is responsible for overall regulation of medical organizations and specialists; it also develops guidelines, standards, and policy initiatives. Regions are responsible for providing hospital (somatic and psychiatric) care and for financing private practitioners (general practitioners, dentists, physiotherapists, etc.) who deliver mandatory services. More than 95% of hospital beds are located in public hospitals. Private clinics and physicians play a limited role and are paid out-of-pocket, through voluntary insurance, or via contracts with regions – primarily to reduce waiting lists or perform specific surgical interventions (*Birk, 2024*).

Today, diametrically opposed trends – toward stronger centralization or decentralization – are observed in both European and Asian countries regarding health system organization and governance.

Finland's administrative reform launched in 2023 aimed to strengthen centralization in health system governance. The central government's strategic role is to formulate policy for service provision, exercise control, and distribute functions among counties through cooperation agreements. Centralized governance is also implemented through state funding of projects reflecting core strategic development priorities. Although local self-government departments have competences to make decisions within their remit, including allocation of funding for medical care, central executive authorities (the Ministry of Social Affairs and Health, the Ministry of Finance, the Ministry of the Interior) continue to play a key role in defining policy priorities. This is because the main financing of health care in Finland comes from the state budget, and the Ministry of Finance retains influence over financial management, including approval of investment plans. Strengthened state control over county finances helps avoid radical changes in governance of Finland's system of medical and social services (*Karanikolos, 2024*).

In monitoring Finland's health policy systems for 2024, it is stated that by the second half of 2024, the health and social care reform in Finland had achieved a significant level of centralization of service provision (from municipalities to newly created agencies). Revenue

pooling for the health system now occurs at the national level, while procurement occurs at the county level. The centralization reform optimized the structure of the health system and enabled clearer policy steering at the national level. Immediately before the reform, Finland's health system performed well in terms of overall efficiency and effectiveness but was chronically underfunded. Problems such as physician shortages, insufficient accessibility, and weak financial protection were exacerbated by the COVID-19 pandemic and subsequent geo-economic events. In addition, existing parallel financing and service delivery systems remain and contribute to fragmentation and inequity, especially regarding access to primary health care. Key future challenges include funding shortages and political pressure to balance public finances, which may hinder the development of strategic governance capacity in Finland's health sector (Karanikolos, 2024).

In our opinion, it is still too early to evaluate Finland's centralization reform in health governance and determine its effectiveness, as the new mechanisms are only at an initial stage of operation.

In contrast to Finland, current trends in Japan's health system reform involve a transition to a community-based health model. Local authorities, particularly municipalities, are expected to play a much greater role, and building an integrated community health system in Japan – where municipal authorities provide certain services related to housing, care, preventive medicine, and lifestyle support – is one of the strategic goals of sector modernization.

The impact of decentralized or centralized governance on health system effectiveness is assessed differently by both theorists and practitioners; it has both positive and negative aspects.

R. Shevchuk aptly notes that «decentralization may eliminate the equalization effect of centralized allocation of health budgets, which may have allowed wealthier jurisdictions to subsidize poorer ones. At the same time, in addition to resource depletion that occurs during transfers between multiple levels of government, there is also a tendency for subnational governments to spend retained funds 'close to home,' i.e., mainly in the capital of the subnational jurisdiction (urban areas), which further disadvantages rural communities» (Shevchuk, 2023: 314).

5. Conclusions

Thus, within the contemporary paradigm of public governance, the nature of governance influence becomes particularly significant: while public administration is oriented toward implementing tasks defined by the state within a hierarchical vertical of power, public governance is aimed at achieving socially significant governance results, including through partnership with civil society (local self-government bodies, civic associations, communal and private enterprises that may implement certain functions within delegated powers).

Despite globalization trends and unification of international standards in health care, local factors remain decisive in policy implementation on the ground. Modern health policy should combine fulfillment of international obligations with support for local initiatives by providing communities with the necessary powers and resources. This approach makes it possible to build a resilient, adaptive, and inclusive public health system that responds to both global challenges and the needs of specific territorial communities.

Dynamic changes in public governance mechanisms in public health are driven by a range of challenges different in nature, including decentralization, which also affects transformation processes in the sector and constitutes an important step toward increasing the efficiency, transparency, and adaptability of governmental institutions.

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