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DIGITALISATION OF THE HEALTHCARE SECTOR AS A SEPARATE FACTOR IN PREVENTING CORRUPTION

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Corruption remains one of the most painful problems for Ukraine. Thus, in 2021, according to the ranking of countries sensitive to the emergence of corruption risks, Ukraine ranked 122nd out of 180 possible [1]. Measures taken to create an anti-corruption ecosystem in Ukraine, in particular, in terms of the creation and functioning of specialized control and supervisory and quasi-judicial entities for the prevention and elimination of negative manifestations of corruption (which, in particular, include the National Agency for the Prevention of Corruption, the High Anti-Corruption Court, etc.); introduction of online services designed to ensure transparency in the use of public finances (in particular, the introduction of the PROZORO public procurement procedure), etc. However, the Corruption Perceptions Index in Ukraine has grown by only 6 points over the years of its use. Of course, such indicators are low for a country that has recognized the prevention of corruption as one of the strategic tasks of its development.

Ukraine took part in the Global Digital Health Partnership. Together with representatives of countries from all over the world, they discussed global cooperation in the development and implementation of new approaches in terms of modern technologies.

The priority for the development of the eHealth electronic system was identified at the beginning of the transformation of the healthcare system. It is this component that will help to complete the decommunization of the system and lay down market principles in it (where possible). And, to make medicine as independent as possible from manual state management and micromanagement from above.

Recognition of a person, his/her life and health, honor, and dignity as the highest social values in accordance with Article 3 of the Constitution of Ukraine and proclaimed European standards, where the right to health care is the basis for socio-economic, cultural development and a guarantee of political stability of the state, defines the health care sector as one of the areas for preventing corruption.

Article 49 of the Constitution of Ukraine establishes the right of everyone to health, which must be ensured by an effective system of medical care and service institutions, including free of charge.

By the Decree of the President of Ukraine № 1313/2000 of December 7, 2000, the Concept for the Development of Health Care of the Population of Ukraine. The purpose of the Concept for the Development of Health Care of the Population of Ukraine was to create an effective system of medical care and medical care based on accessibility and transparency of financing to ensure the implementation of the policy of a healthy lifestyle of the population. Unfortunately, this Concept for the Development of the additional declarative document and was not properly implemented.

One of the principal problems that could not be properly implemented in the realities of Ukrainian life was the constitutional norm on the need to provide primary health carefree of charge. According to the Decision of the Constitutional Court of Ukraine in the complaint lodged by 53 People's Deputies of Ukraine on the official interpretation of the provision of part three of Article 49 of the Constitution of Ukraine «in state and municipal health care institutions medical care shall be provided free of charge» (the case of free medical care) of May 29, 2002 № 10-pπ/2002, it was substantiated that the interpretation of the content of part three of Article 49 of the Constitution of Ukraine on the provision of medical care on the basis of free medical care in state and municipal health care institutions is that such a right is granted to any citizen without taking into account the monetary or other types of payment for such activities transferred by him [2]. The said decision of the Constitutional Court of Ukraine raised the issue of interpretation of the concept of «health insurance», which, in the opinion of the constitutional body, does not contradict the principles of free medical care in the case when the payers of mandatory insurance payments (contributions) are organizations, institutions. enterprises, other economic entities engaged in entrepreneurial activity, state funds, etc. At the same time, the collection of insurance premiums from citizens in accordance with the constitutional decision of May 29, 2002 № 10-rp/2002 contradicts the principles of free medical care [3].

Reforming the health care system requires the accumulation of public finances, funds of the state and local budgets, funds of mandatory state social health insurance and voluntary health insurance, funds of accumulation funds of territorial communities and charitable foundations, charitable contributions and donations of legal entities and individuals, funds received for the provision of paid medical services, as well as other sources not prohibited by law [3].

However, at the same time, the issue of ensuring transparency in the use of such public finances was not considered within the framework of the Concept for the Development of Health Care of the Population of Ukraine in 2000, which, however, is obviously necessary, since the health care sector, especially in the context of the pandemic and the Ukrainian-Russian war, has become one of the most corrupt spheres of public life.

Assessment of the effectiveness of the implementation of the policy in the field of prevention of corruption in general, and in particular, on the issues of ensuring the implementation of the right of a person to health care, can be carried out taking into account the results of national sociological surveys and studies. In particular, according to the results of sociological surveys conducted over the past five years (for example, a survey conducted with the assistance of the Ilko Kucheriv Democratic Initiatives Foundation), almost 45% of respondents said that corruption is one of the most painful problems of modern Ukrainian society [4]. About 60% of respondents believe in the success of the reform to overcome corruption in the public administration system in the healthcare sector, launched in 2017. At the same time, only about 30% are aware of the content of the reform of the health care system. Despite the rather long period of medical reform in state and municipal health care institutions, the practice of paying for services provided to the patient in cash or in the form of charitable contributions is preserved. Only 10% received services free of charge, as established by the provisions of the Constitution of Ukraine. The money is paid by patients for the provision of related services, in particular, the cost of film for X-ray examination, the cost of a kit for gynecological examination (about 27.5% of cases), 6% of patients paid for scarce medicines and medical devices. Every fourth patient paid extra for the services of nurses (brothers) [4]. Thus, in the field of health care, manifestations of corruption risks, conflicts of interest are widespread, which actualizes the conduct of this study.

The strategy for the prevention of corruption should be developed at the state level, guaranteed by it, and is an unconditional component of its functioning, which is also characteristic of the development of Ukraine. Currently, Ukraine is implementing the State Anti-Corruption Policy for 2021–2025, approved by the Law of Ukraine of June 20, 2022 № 2322-IX [5]. One of the priority areas of implementation of state policy in the field of prevention of corruption is the creation of conditions for information and transparency and openness of the functioning of public officials, which creates an effective basis for monitoring their activities. The components of normative regulation of the implementation of measures to ensure transparency and openness of public authorities include both legislative acts (Laws of Ukraine «On Access to Public Information»; «On the Openness of the Use of Public Funds»; «On the National Informatization Program»; «On Prevention of Corruption», etc.), and bylaws (in particular, the Resolution of the Cabinet of Ministers of Ukraine «On Approval of the Rules for Ensuring the Protection of Information in Telecommunication Information. and Information and Telecommunication Systems», «On the Procedure for Publishing Information on the Activities of Executive Authorities on the Internet» dated January 4, 2002, № 3; «On Measures for the Creation of the Electronic Information System «Electronic Government» dated February 24, 2003, № 208, «On Approval of the Procedure for Legalization of Computer Programs in the Executive Authorities» dated March 4, 2004,

№ 253; Decrees of the President of Ukraine «On Measures for the Development of the National Information Network Internet and Ensuring Wide Access to this Network in Ukraine» dated July 31, 2000, № 928/2000; Decree of the Cabinet of Ministers of Ukraine «On Approval of the Concept of Formation of the System of National Electronic Information Resources» dated May 5, 2003, № 259-p; «On Approval of the List of Tasks (Projects) of the National Informatization Program, Their State Customers and the Amount of Funding» dated November 8, 2006, № 552-p; «On Approval of the Concept for the Development of E-Governance in Ukraine» dated September 20, 2017, № 649-p; «On Approval of the Concept for the Development of E-Democracy in Ukraine and the Action Plan for its Implementation» dated November 8, 2017, № 797-p; «On Approval of the Concept for the Development of the Digital Economy and Society of Ukraine for 2018–2020 and Approval of the Action Plan for its Implementation» dated January 17, 2018, № 67-p.

Ensuring the effectiveness of preventing corruption in the healthcare sector requires the implementation of the function of public control, which is possible through the functioning of the Unified State Register of Persons Who Committed Corruption or Corruption-Related Offenses, the procedure for maintaining which is established by the decision of the National Agency for the Prevention of Corruption dated February 9, 2018 N° 166.

Thus, the Anti-Corruption Strategy is the main conceptual document that establishes the goals, objectives, priorities, and procedural aspects of the implementation of the state's policy to combat illegal official acts. Within the framework of the provisions of the Anti-Corruption Strategy, the following areas are established to ensure the effectiveness of health care: establishing mechanisms for public procurement of medicines and medical devices by state and municipal health care institutions; establishment of mechanisms for the treatment of citizens of Ukraine and the provision of medical care to them, if necessary, which, despite the existing legislative framework in the form of the Law of Ukraine of 17.05.2018 № 2427 «On the use of transplantation of anatomical materials to humans» and relevant by-laws, is implemented at an inadequate level of legal efficiency, as there are numerous corruption risks to ensure the transparent formation of lists of persons in need of such protection; carrying out preventive examinations of representatives of certain professions (teachers, cooks, pharmacists, etc.) and other persons at the appropriate level of transparency and objectivity of conclusions and expert assessments; introduction of competitive selection for senior positions in state and municipal health care institutions.

Corruption risks in the field of public procurement on health care issues are associated with the formation of official documentation, where the requirements for manufacturers of medicines and medical devices, according to which there is a situation of «choice without choice», are prescribed for a specific business entity. The current situation of corruption in the field of public procurement in the field of health care is associated with the fact that the activities of the state enterprise «Medical Procurement of Ukraine» [6], which is authorized to use public financial resources aimed at ensuring the provision of free medical care to the population, operate without a supervisory board, despite the announcement of the expediency of its creation back in 2020 [7].

Manifestations of corruption in the healthcare sector were also detected during the declaration of income and property of chief physicians, which did not correspond to their official earnings, which did not correlate with their official income.

The problems of the healthcare sector on the prevention of corruption also include the presence of real and potential conflicts of interest that arise between officials of medical institutions and manufacturers of medicines, other stakeholders interacting on the use of public finances. The presence of conflicts of interest in the field of public procurement of medicines and medical devices is associated with the low level of public control functions, in particular, it concerns the activities of such authorities as the National Health Service of Ukraine, the State Enterprise «Medical Procurement of Ukraine», the State Institution «Public Health Center of the Ministry of Health of Ukraine» and the State Enterprise «Electronic Health». The implementation of the function of public control depends on the creation of mechanisms for competitive selection for senior positions in health care institutions.

The problem of exercising the function of public control in the field of health care requires the creation of registers of open data based on imperativeness and accessibility, which should be used within the framework of the program of digitalization and digitalization of the activities of state and local authorities, and other subjects of power. In order to prevent corruption, the activities of the State Enterprise «Medical Procurement of Ukraine» should take place within the framework of the functioning of the electronic system, which allows to ensure the transparency of coverage of information on the stocks and supply of medicines, i.e. the functioning of the logistic management information system (LMIS). Access to the drug management system should be open not only to medical workers, but also to patients, which requires its integration into the eHealth system [8].

At present, the eHealth system now includes two subsystems: 1) a central database, which is a structural grouping of information on public finances and state registers of electronic interaction of medical information systems, and 2) an electronic medical information system that functions to ensure the interaction of health care institutions and business entities whose activities are aimed at the manufacture of medicines, medical devices, etc. [8]. Creation within the eHealth system of another subsystem for the circulation and implementation of requests for activities related to the implementation of the procedure for the implementation of public procurement in the field of healthcare, starting from the registration of an offer from a business entity to the supply of medicines and medical devices.

The assessment of corruption risks in the healthcare sector is carried out in accordance with the provisions of the Corruption Risk Management Methodology approved by the National Agency for the Prevention of Corruption dated 28.12.2021 № 830/21 [9].

The problems of preventing corruption in the healthcare sector include the lack of criteria for assessing the quality of medical care, which requires the development and consolidation of national standards for its implementation at the sectoral level.

Corruption risks in health care arise in the field of rule-making legal relations; in the field of material resources and public finance management; in the field of staffing; in the field of administrative services, licensing; in the field of public procurement; in the field of state control (supervision) over the implementation of medical activities [10].

In the field of rulemaking, corruption risks associated with the implementation of medical activities and medical services arise due to the insufficient level of knowledge of officials of bodies authorized to develop and adopt regulations for strategic monitoring and forecasting of the development of the medical services industry; imperfection of the regulatory framework regarding the procedure for sending patients for treatment abroad, which needs to be updated.

In the relations arising in the field of management of material resources and public finances for the implementation of medical activities, there are corruption risks, which are: in preventing the adoption in the estimates of budgetary institutions and changes to them of amounts not confirmed by calculations and economic justifications; in preventing violations of the law when making a decision on the transfer of state-owned objects to communal ownership, to the sphere of management of state-owned objects, the transfer of state-owned objects from one enterprise to another, which may contribute to the commission of a corruption or corruptionrelated offense; in preventing violations of the law when making decisions on the selection of public investment projects.

Corruption risks at the stage of formation of staffing in the healthcare sector arise in the process of selection for vacant positions in the civil service, which is influenced by the proposals of third parties in order to facilitate admission to the civil service.

In the field of provision of administrative services, licensing of legal relations related to the implementation of medical activities and medical services, corruption risks arise that correlate with: deontological problems of public service by persons authorized to perform state functions; with licensing procedures for state registration of medicines and medicines.

In the field of public procurement for the implementation of medical activities and the provision of medical services, corruption risks associated with non-transparency and lack of regulation, which requires ensuring the compliance of the procurement subject with the protocols and standards for the provision of medical care, as well as the formation of the need and nomenclature of medicines and medical devices.

In the field of state control (supervision) over the implementation of medical activities, it is associated with: imperfection of the functioning of the system of reporting on corruption, and other information related to corruption; unregulated procedure for monitoring the implementation of measures at enterprises, institutions and institutions belonging to the sphere of administration of the Ministry of Health of Ukraine; lack of anticorruption programs in enterprises, institutions and organizations related to the administration of the Ministry of Health of Ukraine.

CONCLUSIONS

Summarizing the above, it is expedient to conclude that the implementation of the policy to prevent corruption in the healthcare sector should be based on the following principles: improvement of the administrative and legal mechanism for the implementation of the functions of the state and local self-government bodies on the formation of a healthy lifestyle of the population; minimization of subjectivity in managerial decision-making and decisions on the organization of public procurement of medicines and medical devices; introduction of the functioning of supervisory councils as forms of public control; revision of

normative approaches to the understanding of the category of «medical service» in the direction of its transformation into a type of public service. Accordingly, digitalization is an effective safeguard against corruption risks, since the system can clearly track to whom, how much and for what services funds were allocated by the National Health Service of Ukraine.

SUMMARY

The article examines the issues of digitalisation of the healthcare sector as one of the main factors of corruption prevention. The author concludes that the implementation of the policy of preventing corruption in the healthcare sector should be based on the following principles: improvement of the administrative and legal mechanism for exercising the functions of the State and local self-government bodies to promote a healthy lifestyle; minimisation of subjectivity in making managerial decisions and decisions on organising public procurement of medicines and medical products; introduction of supervisory boards as a form of public control; revision of regulatory approaches to understanding the Accordingly, digitalisation is an effective safeguard against corruption risks, as the system can clearly track to whom, how much and for what services the National Health Service of Ukraine has allocated funds.

Key words: digitalisation, healthcare, corruption, public interest, prevention of corruption.

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