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THE PRICE OF SLOW REFORMS: DEMOGRAPHIC ISSUES, HIV/AIDS AND HEALTH CARE IN UKRAINE

The current demographic and health profile of Ukrainian population is rather bad. In last ten years, the birth rate dropped and the death rate increased. The health care system of Ukraine, which was set up as a universal system, is deteriorated. It is not able to cope with HIV/AIDS pandemic and other infectious diseases. Many people cannot afford health care at all, and are unsatisfied with the existing system. While health policy reforms in Ukraine are still under discussion andfarfrom being implemented.

Ukraine has negative demographic trends, including a high level of immigration, that are influenced by poor conditions in many households, an insufficient access to medical and social services, a high cost of real medical care and so on. Not all of these determinants are part of health care or public health policy. The Ukrainian nation is undergoing a system crisis, although lack of a sound health policy could be regarded as a formative factor for the national ill-being. It is also evident that the existing health care system in Ukraine is badly prepared for the AIDS epidemic the country faces. While health care and its reforms are a visible political issue that balances between the immediate political benefits and a long-term response to public concerns.

This paper is based on the critical review of the statistical data from various Ukrainian and international sources, the government programs of reforms in health care system, as well as the published results of the surveys that were conducted in Ukraine.

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Demographic Trends as a Reflection of Health Care

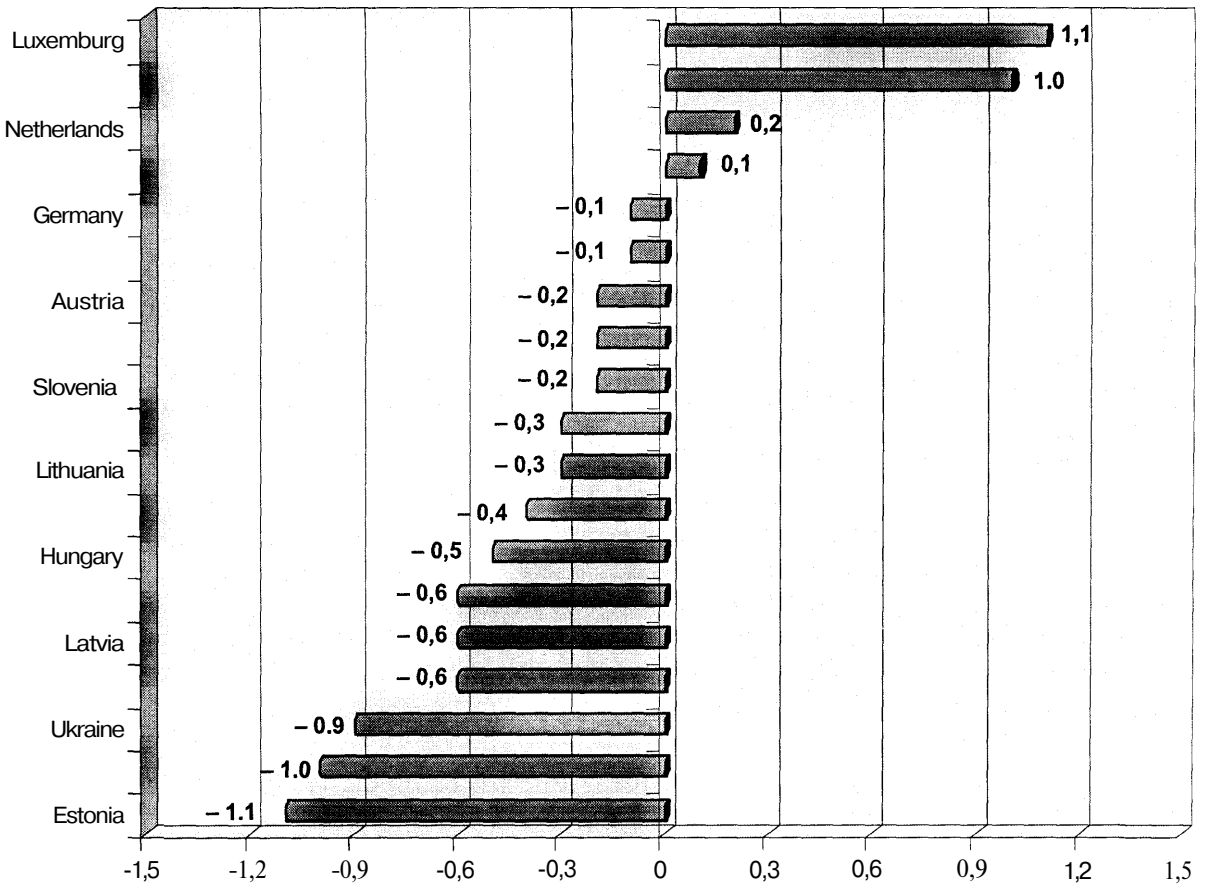
Ukraine belongs to demographically decreasing nations, as well as Botswana, Estonia and others (UNDP, 2002). According to the latest census data the current population of Ukraine as of December 2001, was is 48.5 million, while in 1992, when country proclaimed its independence, statistical reports showed nearly 52 million (Ukrainian State Committee of Statistics, 2002b). As of February 2003, the population was 47.9 million (Ukrainian State Committee of Statistics, 2003). Estimation predicts that by 2050 the population of Ukraine will be around 30 millions (WHO, 2003a).

According to the World Health Organization data (WHO, 2003b) the main demographical indicators of Ukraine are:

- birth rate: 7.8 births/1,000 population in 2000, 40% lower than in the 1990;
- death rate: 16.43 deaths/1,000 population, 30% increase since 1990;
- population growth rate: - 0.78 %;
- life expectancy at birth: 67.7 years, 70.5 in 1990[1].

In comparison with many Asian or African countries a negative or rather small indicator of **popula-**

[1] Ukrainian State Committee of Statistics (2003) reports nearly the same figures: 69.3 years in 1991-1992, 67.9 years (62.4 - for males, 73.5 - for females) in 1999-2000. While the UNDP (2002) says in Ukraine life expectancy at birth was 68.1 in 2000. It is important to point that the difference between the data exists, but is not very significant.



Source: UNDP, 2002.

Figure 1. Estimation of annual population growth, 2000-2015 (% of population)

tion growth could be regarded as the European trend *(see figure 1)*. But the transitional countries find themselves in the worse demographic situation than economically developed countries despite the variable models of health policy and challenges in them. The UNDP (2002) reported that total fertility rate in Ukraine had dropped from 2.2 children per woman in 1970-1975 to 1.3 in 1995-2000. The WHO (2003 a) indicated the total fertility rate in Ukraine in 2000 as only 1.1. Of course, this tendency is coherent with the general European trend of decreasing number of children in the families, yet this indicator is one of the lowest in the whole Europe.

It is important to say that the negative population growth is conditioned with the different phenomena. Declining of population cannot be solely explained by the falling of crude birth rates and increasing of death rates.

High migration rates and behavioral changes play significant role in interpretation of the existing statistical data. In Ukraine, even official migration rate outnumbered immigration rate, and women of reproductive age are among those who - legally or illegally - leave the country, seeking for better life. Due to poor state of some households many young people cannot afford to have children, or at least more than one child. This tendency is especially peculiar for the families having a retired member who received small pension and became dependant on the working members. It is also true that family values somehow diminished, and consumer approach (wish to buy expensive things) substitutes the idea of family regeneration. Less evident but still existing behavioral factor is fear that young women have about high infant and maternity mortality rate in Ukraine, as well as about spread of infectious diseases among newborns and their mothers, which originated from maternity hospitals.

Disregarding the fact of increasing morbidity and mortality in the country, Ukraine is an **aging nation.** The trends are that:

- its population over 65 will increase: 2000 - 13.8% of the population, 2015 - 15.7 %.
- its population under 15 will decrease: 2000 - 17.8% of the population, 2015 - 12.8 %.

This dominance of elderly people demands the further development of medical and social services. Since it is known that elderly people are four times

Table 1. **Estimation of need for daily care and dependence ration, 2000-2050**

Year	Prevalence (thousands) in years	Total population (thousands)	Proportion total pop %	Dependency ratio (%)
2000	2,543.4	49,568.2	5.1	8.3
2010	2,433.8	45,239.3	5.4	8.1
2020	2,316.4	41,478.3	5.6	8.9
2030	2,194.8	37,618.2	5.8	9.7
2040	2,064.2	33,775.5	6.1	10.9
2050	1,896.4	29,959.1	6.3	12.9

Source: WHO, 2003a.

more likely to demand medical care than middle-aged population (Feldstein, 1999).

Compared with other countries, Ukraine has a relatively high number of people classified as «invalids» or **disabled people** *(see table 1).* Taking into account the increase in their number and the decrease of the population, it is evident that this segment of population demands a more serious attention from the medical care system.

The demographic trends of the growth of aging and disabled people have implications not only for medical and social services, but for the public policy in general as long as they affect the dependency ration[1]. Pension programs, taxation policy, labor relations may experience the most profound consequences of the aging tendencies.

In addition, outbreaks of infectious diseases such as tuberculosis and diphtheria have been observed during peace-time at unprecedented rates. Tobacco consumption is very high; alcohol, drug and substance abuse is spreading. In general, **causes of mortality** reflect the poor situation of Ukraine relative to other European regions *(see table 2).*

As we can see from the table 2, from 1992 to 1999 death rate in EU dropped, while in Ukraine it significantly increased. Infant mortality rate which is regarded by international standards as one of the indicators of the nation well-being and human development remains higher than in other European countries. UNDP (2002) reports that in 2000 the infant mortality rate in Ukraine was 17 per 1,000 live births, when in Sweden this indicator was 3, in Norway - 4, in UK - *6.* One more important indicator, the so called «under-five» mortality rate, is also rather high in Ukraine - 21 per 1,000 live births, while in the other countries it is practically equal to the infant mortality rate.

Thus, the available from different sources demographic data demonstrates that the Ukrainian demographic indicators are negative and alerting, especially in comparison with the EU current data and trends.

Spread of HIV/AIDS

Until 1995, the World Health Organisation characterised Ukraine as a «low prevalence» country. The first HIV-positive case was recorded only in 1987. Then there were more foreigners registered as infected with the virus than locals: 6 HIV positive Ukrainians and 75 foreigners (Polyakova, 2000).

As of May 1, 2000 a nation-wide sero-monitoring recorded 54,646 HIV-positive results, although only 32,573 people were officially registered. Registered HIV cases likely underestimate the number of people living with HIV by a large margin, however. The true number of HIV-infected is thought by some to be as high as 285,000. By 2008, the number of HIV-infected in Ukraine can reach 500,000 - 1,400,000. One disturbing statistical fact is that in two regions, the number of children born to HIV-positive mothers in January 2000 exceeded all in 1999 (UN, 2000).

These numbers add up to make Ukraine the worst affected country in Eastern Europe. Actually, Russia has the largest number of people living with HIV/

Table 2. **Dynamics of mortality** (standardized death rates, all ages, per 100 000 population)

	Ukraine		NIS average		EU average	
	1992	1999	1992	1999	1992	1999
All causes, all ages	1247.48	1818.27	1231.58	1334.52	747.22	678.52
Circular system diseases	625.68	768.24	650.66	747.38	307.03	257.83
Ischaemic heart disease	347.83	483.53	344.13	394.94	124.54	103.32
Cerebrovascular diseases	201.00	197.46	217.78	236.18	82.83	64.7
Malignant neoplasm	188.17	174.43	185.21	171.56	199.63	184.79
Alcohol related causes	152.68	168.14	150.29	152.55	93.76	62.6
External cause injuries & poisoning	128.68	138.43	141.18	150.15	36.4	30.35
Suicides, self-inflicted injury	22.42	27.95	25.73	29.5	11.95	10.3
Maternal mortality (per 100 000 live birth)	31.33	25.18	48.29	39.0	7.39	5.2

Source: Health for All Database (WHOb, 2003).

[1] Now the dependency ratio in Ukraine is 46 per 100 (WHO, 2003a).

AIDS in Europe and Central Asia, while Ukraine has the highest percentage with the disease. The experts fear that

> *increased sexual activity and injecting drug use among adolescents and young adults, mass unemployment, and economic insecurity all favor another surge in HIV infections in the region. At the same time, deterioratingpublic health services are ill-equipped to deal with the epidemic. In Ukraine, an estimated 1 percent of young women and 2percent of young men were infected with HIV in 2001.*
>
> (Lamptey et al., 2002)

Now the WHO regards Ukraine as an epicentre of HIV-epidemic in Europe. On January 1,2003 there were nearly 54 thousand people who live with HIV/AIDS diagnosis, and nearly 75 % of HIV-infected persons were intravenous drug users (International HIV/AIDS Alliance in Ukraine, 2003). These figures are really stirring, since prevalence remains low in countries such as the Czech Republic, Hungary, Poland and Slovenia, where well-designed national HIV/AIDS programs are in operation (UNAIDS, 2002b).

It is interesting to compare the official Ukrainian data with the information of the international organizations, which reported the decreasing of number of IDUs among officially registered HIV-infected people. The tendency is that the new diagnoses of HIV in persons infected through heterosexual intercourse accounted for 28 % of all new cases reported in the first six months of 2002 - up from 15 % in 1998 (UNAIDS, 2002a).

Specialists discuss a relatively small number of the cases of death from AIDS in Ukraine. The Ministry of Health (2003) reports that on March 1,2003 2,445 people died of AIDS, among them - 81 children. Taking into account the high level of unregistered HIV-infected and the nature of the disease development, when person with AIDS dies of pneumonia, sarcoma or other illness, it is even hard to figure out the real data cases of death of AIDS in Ukraine.

HIV/AIDS has become a new challenge for Ukrainian medicine, social work and public opinion as well. Although a couple of governmental programs on the subject have been adopted, the cases of HIV/AIDS infection are growing considerably, especially among risky behavior groups of IDUs. Prevention through health education, treatment of sexually transmitted diseases, or through changes in content of popular media programs seems to have gained only a limited ground thus far.

People who develop HIV-related infections will require profound health care. It is a very simple statement that does not work in Ukraine. Until now limited Ukrainian national resources were used mainly for extensive screening. In January 2003 the Global Fund to Fight AIDS signed an HIV/AIDS agreement, according to which Ukraine will get an extra US$16.9 million. The Ministry of Health intended results include: antiretroviral therapy and therapy for opportunistic infections for 1,500 people living with HIV/AIDS, the number of infected babies born to HIV-positive women is to be reduced by 10 %; 50 % of pregnant women will be treated with antiretroviral therapy to prevent mother-to-child transmission (The Global Fund to Fight AIDS, 2003). Since there was no antiretroviral therapy at all before, this is a big step toward recognition of the lack of national possibilities to cope with the pandemic.

The international organizations are deeply concerned with the situation in Ukraine. They push the Ukrainian decision-makers to understand the reality and consequences of the epidemic. It seems that the medical doctors are the most anxious about the spread of the incurable disease. But AIDS is much more than a health crisis or a moral problem. Its effects extend to nearly every dimension of social and economic life. AIDS primarily strikes adults between the ages of 25 and 45 - people who were infected in their adolescent and young adult years. AIDS deaths row employees from the labor force, providers and caregivers from families.

The positive prospective for HIV/AIDS prevention is related to the active position of the Ukrainian NGOs, first of all the All-Ukrainian Network of People Living with HIV. They define their mission as improvement of the quality of life of the people who live with HIV/AIDS by affiliation of efforts of all parties in interest, for granting psychological, social, consulting, legal aid and advocating of availability of treatment and diagnostic in Ukraine (All-Ukrainian Network of People Living with HIV, 2002). These people who are HIV-positive tried to influence the public policy and public opinion on that issue, and some of their activities can be evaluated as successful.

There is no doubt, the national response to AIDS epidemic should be built in Ukraine besides all international support. The health care system needs changes in order to provide treatment, care and support of the Ukrainian people living with HIV/AIDS. The effective public health programs are desire of the time. Necessary activities should be undertaken to empower people to take charge of their own well being, draw on local resources and build on local knowledge and values with respect to drug use and safe sex.

Health Care System: past and present

The health care system in Ukraine is dominated by the old system of health protection, which was based on the **so-called Semashko model:**

- total state authority and control;
- significant centralization of administration, planning and financing;
- free of charge medical assistance at the point of delivery;
- general access to medical care;
- emphasis on the development of secondary and tertiary care;
- all health staff salaried;
- funding mostly at the expense of the national budget.

It is common to regard that in Soviet era, Ukraine had a well-developed health care system. But its shortcomings were not evident, and some contingency defects were hidden. One of the major demerits was related to the dominance of curative approach to health care: medical treatment of diseases overweighed the prevention and primary care. Despite the «universal system» of health care, the Communist Party bureaucrats had separate clinics with better service provision. It was not easy for the ordinary people to get good medicines at drugstores or at hospitals; the prescription of effective drags was restricted. Bribes (in the form of gifts and money for physicians, nurses and caregivers) constituted the internal procedures at many hospitals, clinics and outpatient services. There were no social workers at the health system. Lack of rehabilitation services for disabled people, mentally retarded ones and representatives of the other vulnerable groups caused the difficulties for the physicians who were supposed to fulfill some functions of social workers, the medical institutions that had to admit the patients without the needs for medical treatment but only, for example, with need for the respite care, for the relatives and patient themselves, because people were limited with choices of care.

Many challenges to health care accompanied the collapse of the Soviet Union, including a lack of resources devoted to public health and community care, environmental contamination, and a system of medical education and care delivery that is not suited to meet evolving changes in medical care. The situation is aggravated by a lack of experience in the management of health care establishments. So Ukraine keeps only the 79th place in the world by the development of health care system, while the best system was established in France, and Italy took the second place (Forum, 2002).

Nowadays, despite being cash-strapped, the Ukraine's health care system is a network of health care facilities. The problem is that Ukraine cannot afford to have so extensive public health care provision, and this system does not operate effectively.

The **drastic decrease in the basic health care provision** to the population was and interrelated with the economic crisis in Ukraine, deficit in state budget and thus budget cuts, inefficient usage of available recourses.

It is necessary to stress that GDP of Ukraine is rather small: in 2000, it was US$ 3,186 per capita. This indicator is substantially smaller than in the EU countries or the Eastern European countries. For example, according to the *Human Development Report (2002),* in the same year - 2000 - Norwegian GDP was US$ 29,918 per capita (9 times more than Ukrainian), German - US$ 25,103 per capita, GDP of UK - US$ 23,186 per capita, Slovenian - US$ 17,367 per capita, Polish-US$ 9,051 per capita, GDP of the Russian Federation - US$ 8,377 per capita (UNDP, 2002).

Budget health care spending as a share of GDP in 2001 was 2.7 %, in 1998 - 2.9 % *(see table 3).* Based on per capita spending on health protection, Ukraine now ranks lllth among 191 countries, and 8th among CIS countries. Actual health expenditures in Ukraine were US$ 28 per capita, which is 114 times less then in Norway. Although, in recent years the Ukrainian authorities reported on the increasing of GDP, this «economic stabilization» did not affect public health expenditures. They remained at an unprecedentally low level. The current level of public spending is capable of meeting only a fraction of the needs of the health care system, and 90 % of the funds are spent inefficiently (Lechan, 2000).

The Ukrainian Constitution proclaims free medical care for everyone. But this legal statement does not reflect existing practice. According to the WHO data (2003a), patients pay out-of-pocket for 29 % of all health services. This figure is based on

Table 3. **Health expenditure (1998)**

	Public expenditure (as % from GDP)	Private expenditure (as % from GDP)	Per capita (US$)
Ukraine	2.9	1.5	28
Latvia	4.0	2.6	166
Lithuania	4.7	1.5	183
Estonia	5.1	1.3	243
Poland	4.7	1.5	248
Slovakia	5.7	1.5	285
Hungary	5.2	1.6	318
Czech Republic	6.6	0.6	380
Slovenia	5.1	2.5	859
UK	5.8	1.2	1675
Germany	7.9	2.6	2697
Norway	7.0	2.2	3182

Soune: UNDP, 2002.

the official data. In reality **patients pay** for everything themselves (even in state hospitals).

The survey, conducted by the NGO «Anti-Corruptive Forum» showed that 71 % of respondents did not know where it was possible to get free medical care, and 75 % of respondents gave money, gifts or provided services to the medical personnel. It is amazing that 58 % did not view these direct out-of-pocket payments as abnormal, while attempts of state hospitals to establish a system of charity contributions (actually fixed and compulsory for those who would like to have medical treatment) were strongly opposed by public opinion (Galkovskaya, 2003). These different attitudes to making payments to medical personnel and to medical institutions can be explained by common knowledge that all medical personnel are underpaid. Actually, the official average salary of doctors is around $35 per month, which twice lower than the official living minimum.

According to a survey, conducted in Odessa, 70 % of respondents were hesitant to go to hospital because they were not sure if they could afford to pay for its services (Surzhik, 2002). While the Ukrainian Household Survey shows that one third of the households reported that they were not able to meet their needs in health services (Ukrainian State Committee of Statistics, 2002c).

These facts can serve as an evidence of the absence in Ukraine of the universal free medical care and expansion of informal payments. At the same time, affordability of health care is a rather big issue, since many people have no savings or insurance. Private medical insurance does exist in Ukraine, but its market is too narrow. In 2000, medical insurance made up less than 8 % of the total insurance business in Ukraine (U.S. & Foreign Commercial Service and U.S. Department of State, 2001).

Ukraine still has **a high number of physicians** - 46.8 per 10 000 population (Ukrainian State Committee of Statistics, 2002a), although the number varies considerably from one region to another, being low in rural areas. This indicates a strong imbalance between the availability of health care services in the cities and in the countryside.

Since number of physicians in Ukraine is higher then in many countries, it is worth mentioning that the functions of Ukrainian medical doctors differ from the those of medical doctors in the developed countries, where specialists in public health, medical social workers and specially trained for community programs nurses, cover some roles and obligations, traditionally viewed in Ukraine as «physicians».

Medical doctors in Ukraine operate in the professional context of underfinancing of facilities, underpayment for personnel, bribes and corruption, professional discipline disorder. Despite the official low salary, this profession is rather popular. In September 2002, there were 46 thousand students of Ukrainian medical universities; nearly half of them study at the so-called «contract basis», which means officially paid education (Griga et al., 2002). And admission to «free» medical education can be an interesting subject for ethnographical research of corruptive culture and professional values.

The **major Ukrainian health care providers** are still government-owned hospitals, which are supervised by the Ministry of Health. The number of public hospitals and hospital beds in Ukraine is high due to the system of allocating funds according to bed-count in hospitals. The government has closed down a great many hospitals and reduced the number of beds in the remaining ones - from 700,000 in 1991 to 466,000 in 2001 (Ukrainian State Committee of Statistics, 2002a).

But these hospitals are underfinanced and experience shortage of drugs and diagnostic substances, and inability to maintain facilities and renew supplies and equipment, 80 % of which are outdated (Syurzhik, 2002). The Ukrainian Household Survey shows that more than 90 % of patients bought their own drugs to be treated in public hospitals (Ukrainian State Committee of Statistics, 2002c).

Certain ministries (the Ministry of Transport and several other ministries) continue to operate medical facilities for their employees and are, therefore, completely independent of the Ministry of Health. Some other governmental structures, such as the Ministry of Education and Science, the Ministry of Labor and Social Policy, the Ministry of Internal Affairs and the Chernobyl Ministry have certain responsibilities related to the provision of public health care.

Currently, there are only a few private hospitals operating in larger cities. These hospitals offer their services to a small wealthy segment of the population capable of paying for services. The role of private hospitals in supplying health care in Ukraine is still negligible - they account for only 0.2 % of all medical services.

In 2001, there were 7 400 public sector outpatient facilities of primary care that were supervised by the Ministry of Health (Ukrainian State Committee of Statistics, 2002a). The government is committed to strengthen the role of the general practitioner as the major provider of primary health care in order to reduce health care costs. But, although 20 % of the entire health care budget is spent on outpatient care, only 5 % is spent on primary health care (Lechan, 2000). The difference is spent on outpa-

tient care provided by specialist doctors. While, for example in the USA, the major cases of medical interventions are accomplished at the level of the primary care, and physicians of primary care directly or indirectly control 70-80 % of health expenditures (White, 1990).

Dentistry is one of the medical sectors undergoing fast privatization. Most state-run clinics have transferred their dental departments to a self-funded system. By the end of 2000 the total number of private dental clinics in Ukraine had reached 495. The number of private dental service providers increased by 15 % in 2000 (U.S. & Foreign Commercial Service and U.S. Department of State, 2001), and more Ukrainians are turning to private clinics for a high quality treatment and less painful procedures.

During the last ten years, a lot of «non-traditional» or **«alternative» healing centers** appeared, and became very popular in Ukraine. Different genres of healing methods include some of the following: reflexotherapy, bioenergetics, acupuncture, tempering (cold water bathing combined with fasting), phytotherapy, art therapy, religious healing, and treatment by folk healers like *znakharki* (wisewomen), also known as *sheptukhi* (whisperers) or *babki* (grannies). Drug and substance abuse rehabilitation are also among services of «alternative centers».

According to the legal procedures in order to operate all these healers have to get a license from the Ukrainian Association of Folk Medicine or the Ministry of Health. In reality, ordinary people do not pay attention whether a healer has a license or not, what kind of responsibility for malpractice he or she has.

Despite the positive side of establishing some new services, such as phytotherapy, art therapy and so on, in many serious cases, especially when a person needs an urgent surgery it is dangerous enough to substitute professional treatment with quackery.

At first sight it seams that this «alternative medicine» develops in the mainstream of fashion on horoscopes, weather forecasts with «healthy tips» and so on. But the process of rapid establishment of private healing practice has deeper basis. Partly it can be explained by an insufficient access to medical services, especially in rural areas, where a lot of health care facilities were closed down or have no medical personnel. It also reflects people's disbelief in the public health care system.

So, in sum, accessibility, affordability, quality and client satisfaction are far from the portrayal of the Ukrainian health care system.

Proposed Reforms

In 1996, the first steps to reform the health care system in Ukraine were taken with «The Concept for the Reform of the Health Care System in Ukraine» developed by the Ministry of Health. These announced that Ukraine should make a transition to a public health care system to be financed from the budget and from insurance, including the possibilities of other sources of financing, forms of organizing labor, and various forms of ownership. Ukraine, therefore, has an intention to adopt a model of mixed financing for health care utilizing both state and private resources. (Ministry of Health, 1997).

In 1997, the government strategic document that defined the main directions of social policy was adopted. According to it, by 2002 Ukraine had to introduce the system of mandatory national medical insurance, as a part of social insurance reform, as well as to introduce the system of family doctors, and to develop a real market of health services and to shift the focus to primary care (Cabinet of Ministries of Ukraine, 1997).

Ukraine claims that the National Health Service is now in the process of being reorganized to reflect modern methods and a higher level of medical assistance. Nevertheless, since 1996 the introduction of medical insurance has been under discussion. Various draft laws have been submitted to the Parliament over the years, but have not been adopted.

The idea of medical insurance is not popular among the members of the Parliament, decision-makers and some experts who think that Ukraine has neither economic, nor administrative preconditions for the proposed changes. What should be taken into account in this respect is that 60 % of Ukrainian economy regarded as «shadow market».

One of the most important points in the planned reorganization of health care services was the re-introduction of the so called «family doctor» (general practitioner/GP). The family doctor was viewed as a gatekeeper that referred patients to specialists, hospital, etc. This service was expected to be organized on a district/community level. The idea was and still is somehow unpopular, since people have gained freedom of choice and do not want to rely on a single person, especially in the country with in-depth corruption culture.

So, the next government strategic plan was focused on the preservation of the public health care system with the support to state services. It did not mention the plan to introduce the family doctor system, although mandatory medical insurance was and still is on the governmental agenda. (Cabinet of Ministries of Ukraine, 2000).

The idea of changes in education at medical schools and the introduction of public health training are also discussed in Ukraine. It is well known that increased income, improved nutrition, and public health efforts played an important role in improving life expectancy (Moniz, Corin, 2003). Public health specialists play various roles in disease prevention, health education programs, surveillance and control of environmental hazards and pollutants. Public health training is widely spread in the developed countries. For example, in the USA,

> *the principal training for careers in public health are located in 29 accredited schools of public health as well as a smaller number of accredited health education programs, and 11 community medicine programs. Nearly 400 other non-accredited programs exist that offer training in the various subfields of public health such as health administration and environmental health.*
>
> (Williams and Torrens, 2002)

In Ukraine, The Concept of Public Health Development was approved by the Decree of the President of the country on December 7, 2000. Thus, it is recognized by the Government that education and training programs and methods for preparation of specialists for this sector available in medical higher education establishments are not consistent with the modern requirements. Nevertheless, the attempts of the National University «Kyiv-Mohyla Academy» to open the first School of Public Health in Ukraine face numerous obstacles, since they challenge the long-standing traditions of medical education.

As we can see from the above-mentioned facts, real reforms of health care sector in Ukraine that are related to economic, social, educational and professional issues still remain only a sweet dream.

Conclusions

This paper presented an overview of the demographic and health profile of Ukraine, as well as its health care system. The poor state of public health and the ineffective system of health protection have resulted in a deterioration of the health status of the Ukrainian population since 1991. Economic and behavioral factors also had a significant impact on the worsening of the health profile of Ukraine.

To summarize, a number of key statements can be defined:

- Ukrainian demographic indicators are negative and anxious. They reflect a poor state of public health and may have serious implications for the country's public policy programs.
- The health care system of Ukraine is deteriorated and is not able to cope with HIV/AIDS pandemic and other infectious diseases.
- A significant part of the Ukrainian health care system is state-owned and financed from the state budget. The public health expenditures are scanty. In reality, only those who can pay get care, and not always of high quality. Many people cannot afford health care at all, and are unsatisfied with the existing system.
- The Ministry of Health of Ukraine claims that the national medical services system is undergoing the process of being reorganized to reflect modern methods and a higher level of medical assistance. But, national medical insurance has yet to be introduced, the system of «family doctors» exists only on paper and a shift from curative-oriented to preventive-oriented medicine is still a dream.

Health policy in Ukraine is not coherent and successive. But it goes along with the general lack of real reforms and neglect of the goals which were set up to encourage market changes. Economic and political changes, including those in social sphere, are inconsistent and spontaneous; transformations are unsystematic in nature. Meanwhile, the Ukrainians are impatient for a visible improvement in the living standards, including decent health care provision.

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ВАРТІСТЬ ПОВІЛЬНИХ РЕФОРМ: ПИТАННЯ ДЕМОГРАФІЇ, ВІЛ/СНІДу ТА СИСТЕМИ ОХОРОНИ ЗДОРОВ'Я

Поточні демографічні показники та стан здоров'я нації є доволі негативними. За останні десять років рівень народжуваності помітно скоротився, а рівень смертності —зріс. Система охорони здоров'я, що створювалась як державна та універсальна, у своєму первісному вигляді фактично більше не існує. Чимало українців не можуть собі дозволити витрати на медичні послуги і не задоволені неефективною та непрозорою існуючою системою. Тим часом політичні дискусії щодо реформи системи охорони здоров'я точаться роками, проте до їхньої реалізації справа так і не дійшла.