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INCLUSIVE DEVELOPMENT OF THE HEALTHCARE SECTOR: INSTITUTIONAL AND FINANCIAL PROVISION

Background. ***Global bifurcations have necessitated a review of Ukraine's healthcare policy. Inclusive development is emerging as a strategic pathway towards achieving social justice and universal access to medical services. Since an increase in funding does not automatically guarantee improved efficiency, an analysis of the institutional environment is of critical importance. The purpose of this study is to evaluate the impact of institutional determinants on healthcare financial provision and to substantiate directions for inclusive and innovative development amidst war and post–war recovery.***

Methods. ***Grounded in the principles of new institutional economics, this study treats the institutional environment as a key component of budgetary expenditure efficiency. To test the hypothesis regarding the influence of institutional determinants on healthcare spending, econometric modelling using regression analysis was applied. The analysis incorporates variables reflecting macroeconomic growth, government effectiveness, and the rule of law.***

Results. ***The modelling results revealed a high explanatory power for the selected variables. A statistically significant positive relationship was established between government effectiveness and healthcare expenditure, confirming the role of administrative efficiency in the strategic reallocation of resources. Conversely, a statistically significant negative relationship between the rule of law and the volume of expenditure suggests that the strengthening of legal institutions fosters accountability and institutional optimisation. This indicates that improving the legal framework helps curb budgetary inefficiency and corruption rent by enhancing transparency within the medical sector.***

Conclusions. ***Institutional transformation is as vital for the financial stability of the healthcare sector as direct economic investment. Future reforms must focus on digital inclusion, the development of mental health support systems, and the implementation of barrier–free standards to improve the overall quality of life. Strengthening the rule of law is essential for eliminating institutional dysfunctions and redirecting informal financial flows. Achieving a balance between management capacity and legal accountability is key to the long–term resilience of the national healthcare system.***

Keywords: ***inclusive development, institutions, healthcare financing, government effectiveness, rule of law, institutional environment.***

Background

The transformation of the healthcare sector, triggered by global bifurcations, has compelled European countries, and Ukraine in particular, to revise their economic policies and healthcare financing strategies. Amidst the conditions of the full–scale war and the imperative for future post–war recovery, the national healthcare system is undergoing institutional transformations. This involves a shift in focus from the purely extensive expansion of the material and technical base towards ensuring inclusivity and implementing innovative solutions. Under these circumstances, inclusive development has become indispensable, enabling the achievement of social justice by guaranteeing the accessibility of high–quality medical services for the entire population.

At the same time, an increase in funding volumes does not guarantee the efficient utilisation of allocated resources, as the effectiveness of budgetary expenditure implementation, specifically within the healthcare sphere, significantly depends on the quality of the institutional environment. While existing scientific literature traditionally examines the socio–economic determinants of healthcare financial provision, the role and impact of institutional determinants remain insufficiently explored, particularly in the context of emerging challenges. Given the high intensity of institutional transformations characteristic of Ukraine, the analysis of the determinants shaping the healthcare financial provision system holds significant practical and theoretical importance.

The purpose of this article is to analyse the institutional determinants and financial mechanisms underpinning the inclusive development of Ukraine's healthcare sector, aimed at enhancing its resilience amidst global challenges and systemic transformations.

Literature review. In circumstances where economic growth does not automatically guarantee increased healthcare funding, institutional factors play a pivotal role. Contemporary research emphasises that government effectiveness is a more significant predictor of healthcare system performance than the volume of expenditure (Varkonyi et al., 2025). Furthermore, studies have demonstrated a moderating effect, whereby high institutional quality and effective corruption control amplify the positive impact of public spending on reducing mortality rates and increasing life expectancy (Kim, & Wang, 2019). Therefore, institutional and economic determinants serve as

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predictors of whether public funding will lead to a genuine improvement in the nation's health (Vărzaru, 2025).

Theoretical findings indicate that inclusive and innovative development extends beyond mere technological progress. Innovations must not only enhance the effectiveness of treatment but also be accessible to all population groups, establishing the foundation of a welfare economy where social innovations become a driver of qualitative transformations (Kraus, & Kraus, 2025). Inclusive innovations are defined as the creation of products and services for and together with those groups traditionally excluded from development processes (Morales et al., 2025). In the context of financial provision, inclusivity involves the removal of barriers for vulnerable categories, where digitalisation acts as a tool for social justice rather than a source of new institutional dysfunctions (Grazhevska et al., 2021). The strategic role of inclusivity is confirmed by the growth of the social component in the ESG indicators of international companies, which strengthens financial resilience under conditions of uncertainty (Kaminskyi et al., 2025). Ultimately, European experience demonstrates that the inefficiency of financial protection mechanisms and the provision of inclusivity has implications, including for demographic security (Palladino et al., 2025).

For developing countries, a weak rule of law correlates with high levels of the shadow economy, which, on the one hand, limits tax revenues and, on the other, tolerates a system of informal payments that substitutes official financial mechanisms (Incaltarau et al., 2021). Institutional capacity is a prerequisite for ensuring that financial resources are not undermined by administrative inefficiency. The experience of Eastern European countries confirms that strengthening the rule of law expands opportunities for the official financing of medicine (Gabani, Mazumdar, & Suhrcke, 2023; Makuta, & O'Hare, 2015).

Global bifurcations, specifically the COVID–19 pandemic, have presented a challenge for medical institutions. Countries with higher governance quality demonstrated better results in virus containment even with smaller volumes of fiscal stimuli, whereas weak institutions frequently led to the dissipation of emergency funds (Delis, Iosifidi, & Tasiou, 2023; Topcu, & Gulsen, 2025). Research in Central and Eastern Europe has identified a paradox when in strong institutional environments, the exit of inefficient entities from the market during a crisis was higher due to strict adherence to regulations and sanctions, whereas in weak environments, businesses more frequently survived through shadow practices (Crookes et al., 2020; Kočenda, & Iwasaki, 2025).

The full–scale invasion acted as a catalyst for autonomisation in Ukraine, as the decentralised management model of communal enterprises proved more viable than a rigid vertical structure amidst infrastructure destruction (Habicht, Hellowell, & Kutzin, 2024). Nevertheless, the system remains influenced by its prior development trajectory, marked by an excessive concentration of inpatient facilities and a low level of human resource provision (Seleznova et al., 2023). Although the 2017 reform has demonstrated its resilience (World Health Organization, 2024), empirical data reveal significant institutional dysfunctions in ensuring inclusivity, as the lack of a barrier–free environment for low–mobility groups and the low level of cooperation between institutions and communities regarding assistance to vulnerable categories remain critical (Firsova, & Bilorus, 2024). Furthermore, healthcare funding in Ukraine has been increasing annually (Fedenko et al., 2025), while cutting-edge digital medical technologies are providing the foundation for a conceptual shift in management philosophy–moving from a traditional, slow-moving model towards dynamic, patient-centred ecosystems that enable service delivery at any point in the country (Mudge et al., 2025; Dale et al., 2024).

Despite the vast body of research, empirical analysis of institutional determinants in Ukraine is frequently neglected due to the complexity of their quantitative measurement. No consensus exists within the academic community regarding the optimal indicators of institutional quality (Samadi, & Alipourian, 2021). The capacity to verify hypotheses is constrained by the subjectivity and excessive aggregation of available indices, which necessitates deeper scientific inquiry (Voigt, 2013).

Methods

To achieve the intended purpose of substantiating the role of institutional and financial provision for the inclusive development of the healthcare sector, a combination of empirical and theoretical research methods was utilised. Specifically, methods of analysis, synthesis, and generalisation at a dialectical level allowed for the scientific substantiation of approaches to inclusive transformations in medicine. The statistical analysis method (specifically regression modelling) was used to analyse the impact of these determinants on the dynamics of healthcare expenditure. The method of theoretical generalisation was applied to formulate conclusions regarding the directions of inclusive development and to devise proposals.

Results

The primary study hypothesis is that the level of healthcare system funding is determined not only by economic factors but also by institutional ones, which dictate the efficiency of resource allocation and the system's resilience to exogenous shocks.

To test this hypothesis, a time–series analysis methodology was applied, enabling a retrospective examination of expenditure dynamics. The selection of Ukraine is methodologically justified, given its unique experience transitioning from a command–and–administrative economy to a market model. Its institutional development trajectory is characterised by a complex process of overcoming inherited institutional dysfunctions and the gradual implementation of public management tools, which provides the necessary data variability for regression analysis.

The analysed period (2002–2021) is determined by both the availability of statistical information and the logic of historical events. The early 2000s were marked by the conclusion of the initial phase of post–socialist transformation and a transition towards a stage of gradual macroeconomic growth, allowing for the analysis of healthcare system operations under more stable institutional conditions. This period also encompasses the 2008 global financial crisis, the socio–political transformations of 2014, and the 2020–2021 global COVID–19 pandemic. Incorporating these events into the model enables an evaluation of how institutional determinants affected the state's capacity to maintain the financial resilience of the healthcare sector amidst escalating external and internal threats.

The dependent variable in the model is defined as total healthcare expenditure, expressed as a percentage of gross domestic product (GDP). This indicator is representative for assessing the actual significance of the medical sector within the national economy, as it allows for a focus on public policy priorities. It should be noted that the actual indicator in Ukraine traditionally fluctuates within the range of 5–8%, which is

lower than the average level of OECD countries and creates barriers to real inclusivity (Cheberyako, & Kolesnyk, 2025).

To explain the variation in expenditures, a set of regressors reflecting various aspects of the country's development was utilised. The primary macroeconomic factor is gross national income per capita, calculated in US dollars. In the model, the indicator is applied in its logarithmic form (l_GNI).

The institutional aspect of the model is represented by two indicators from the Worldwide governance indicators database. Government effectiveness (GE) is used to evaluate the state's capacity to implement sectoral strategies under resource constraints. The rule of law (RoL) indicator is included in the model to analyse the impact of the legal environment on the efficiency of the healthcare sector's functioning. These indicators allow for an indirect consideration of institutional stability, which is critical for Ukrainian realities.

A dummy variable, COVID (2020–2021), has also been added to the model to account for the increase in financial expenditures during the pandemic, enabling the unbiased estimation of institutional parameters and accounting for the specific impact of this crisis period on Ukraine's budgetary system.

The quantitative values of the dependent and independent variables are presented in Table 1.

Table 1

Statistical indicators of the dependent and independent variables

Years	Health expenditure	GNI	GE	RoL	COVID
2002	5.9922	4572.667	–0.69551	–0.844	0
2003	6.545741	5469.238	–0.67391	–0.82322	0
2004	6.16857	7121.499	–0.66646	–0.77509	0
2005	6.346159	9171.081	–0.67129	–0.80454	0
2006	6.41719	11325.59	–0.52343	–0.82137	0
2007	6.017768	15243.59	–0.72482	–0.74636	0
2008	5.497544	20063.49	–0.78746	–0.70302	0
2009	6.609917	19181.35	–0.84437	–0.78673	0
2010	6.813876	23224.49	–0.82075	–0.84416	0
2011	6.816699	27701.93	–0.86709	–0.85114	0
2012	7.117892	31231.34	–0.59455	–0.81734	0
2013	6.94358	32528.16	–0.66432	–0.84495	0
2014	7.195062	35897.5	–0.39885	–0.82976	0
2015	7.783528	47664.27	–0.55441	–0.87357	0
2016	7.552054	55723.54	–0.60946	–0.81725	0
2017	7.441877	70270.81	–0.51402	–0.75603	0
2018	7.519893	84017.38	–0.45963	–0.76034	0
2019	7.091751	94719.96	–0.33427	–0.74544	0
2020	7.562171	102191.5	–0.41009	–0.71314	1
2021	8.202748	126533.9	–0.43954	–0.68174	1

Source: developed by the authors based on (World Bank, 2005).

Given the specific nature of time–series data and the potential presence of autocorrelation and heteroskedasticity, ordinary least squares with heteroskedasticity and autocorrelation consistent standard errors was selected for parameter estimation (Table 2).

The specification of the general model is as follows:

$$Y_t = \beta_0 + \beta_1 X_{1t} + \beta_2 X_{2t} + \beta_3 X_{3t} + \beta_4 X_{4t} + \varepsilon_t.$$

The selection of this specification was confirmed by a series of diagnostic tests, which demonstrated the absence of multicollinearity among the regressors and the high explanatory power of the model. The high quality of the approximation is confirmed by the coefficient of determination (0.865), indicating that the selected regressors explain over 86% of the variation in the share of healthcare expenditure in GDP. The absence of specification errors and the normality of the residuals' distribution attest to the statistical reliability of the estimates obtained. The applied methodological framework enables not only the identification of the statistical significance of institutional determinants but also the elucidation of the mechanism of their influence on the transformation of healthcare financial provision within a transition economy.

Table 2

Modelling results

Variable	Coefficient	Std. Error	*t*–statistic	*p*–value
const	−3.07851	1.50309	−2.048	0.0585
COVID	0.813697	0.221738	3.670	0.0023
l_GNI	0.508755	0.0761701	6.679	<0.0001
GE	0.866850	0.311492	2.783	0.0139
RoL	−6.58533	1.34235	−4.906	0.0002

Mean dependent var	6.881811	S.D. dependent var	0.690311
Sum squared resid	1.219289	S.E. of regression	0.285107
R–squared	0.865332	Adjusted R–squared	0.829421
F(4. 15)	30.82316	P–value (F)	4.47e–07
Log–likelihood	−0.404126	Akaike criterion	10.80825
Schwarz criterion	15.78691	Hannan–Quinn crit.	11.78014
rho parameter	0.030381	Durbin–Watson stat.	1.802475

Source: developed by the authors based on (World Bank, 2005).

A primary finding of this research is the identification of the complex and multi–faceted role of institutions in determining the level of financial provision for healthcare.

Firstly, the modelling results revealed a statistically significant positive relationship between the government effectiveness index and healthcare expenditure. This variable demonstrates a significant (p = 0.0139) impact on the dependent variable, and the resulting coefficient (0.867) indicates that a one–unit improvement in the governance effectiveness indicator, ceteris paribus, is associated with a substantial increase in the financial resources allocated to the healthcare system. This suggests that the quality of public administration serves as a marker of the state's capacity not only to accumulate but also to strategically redistribute financial flows in favour of priority social sectors. This disproves the simplified perception that healthcare funding depends exclusively on economic wealth, proving instead that institutional capacity is a fundamental predictor of the state's ability to fulfil its basic social functions.

Secondly, the modelling identified a statistically significant negative relationship between the rule of law index and healthcare expenditure volumes. The variable is significant (p = 0.0002), and its coefficient (–6.585) indicates that the strengthening of legal institutions correlates with a nominal reduction in official expenditure. This result confirms that the rule of law serves as a mechanism for accountability and institutional optimisation, limiting the inefficient use of budgetary funds. Within Ukraine's transition economy, the development of the legal framework can establish a system of checks and balances that prevents budget inflation through corruption rents and facilitates the de–shadowing of the sector. Thus, while government effectiveness expands the state's fiscal capacity, the rule of law establishes mechanisms through which the utilisation of this capacity becomes rational and transparent.

Simultaneously, the model confirmed the significance of the macroeconomic factor, as the coefficient for the logarithm of gross national income is positive and statistically significant (p < 0.0001). This indicates that each percentage point of growth in national income generates a corresponding increase in healthcare allocations (0.509), highlighting the sector's dependence on the overall economic environment. Furthermore, the impact of the pandemic was confirmed (p = 0.0023), reflecting the capacity to mobilise additional financial resources in response to critical challenges. Taken together, these results support the assertion that institutional transformation is as significant a factor for the financial stability of the healthcare sector as direct economic investment.

Discussion and conclusions

The results of the research confirm the hypothesis regarding the decisive influence of both economic and institutional determinants on healthcare financing volumes. Firstly, a statistically significant positive relationship between the level of government effectiveness and the volume of healthcare expenditure was identified. Secondly, a significant negative impact of the rule of law on the level of healthcare allocations was established. Thirdly, the existence of a macroeconomic scale effect was confirmed, whereby growth in national income and exogenous challenges, such as the COVID–19 pandemic, act as drivers for the mobilisation of additional financial resources.

At the same time, it is necessary to highlight the limitations of this study. The analysis is based on index–based institutional indicators, and the results are characteristic of the Ukrainian experience, therefore, their application to other countries requires further verification. Furthermore, the timeframe of the study, limited to 2021, does not allow for a full consideration of the structural disruptions caused by the full–scale invasion.

Concurrently, the practical significance of these findings is substantial for the formulation of economic policy and international support programmes, as they indicate that economic policy must account for the effects of institutional transformations to ensure the inclusive development of the healthcare sector. Under these conditions, the practical implementation of institutional changes should be based on a combination of investment in digital infrastructure and the expansion of state guarantee programmes, ensuring not only technological transformation but also the genuine accessibility of services for diverse social groups. Furthermore, governance reforms may enhance the state's fiscal capacity to fund the healthcare sphere, whereas the strengthening of the rule of law may, conversely, increase public pressure for the rationalisation and enhanced transparency of such expenditures. Understanding this balance between capacity and accountability is critical for the development of an effective institutional environment.

It is evident that future research could integrate quantitative and qualitative methods to conduct a more in–depth analysis of budget decision–making mechanisms at the level of individual spending units. The transformation of economic policy mechanisms, specifically the transition from a strategy of extensive budgetary expenditure growth to the institutional rationalisation of financial resources, also warrants further investigation. In light of the negative impact of the rule of law identified in the model, the priority of state policy should not be mere fiscal expansion, but rather the elimination of institutional dysfunctions, where corruption rent and inefficient governance consume a significant portion of public resources.

Within this context, it is critical to investigate the potential for the de–shadowing of the medical sector, where institutional transformation is capable of redirecting informal financial flows into legitimate resource potential, thereby ensuring the fiscal resilience of the healthcare system without a critical increase in the tax burden. Such an approach would align the objectives of macroeconomic stabilisation with the necessity of modernising social infrastructure, which is strategically vital for ensuring the resilience of the national economy amidst prolonged external shocks and limited access to investment capital.

Authors' contribution: Valerii Osetskyi – conceptualisation, theoretical framework, and conclusions; Andrii Zavazhenko – literature review, methodology, data analysis, and writing (original draft); Viktoriia Kulish – editing, data collection, and verification of analysis reproducibility.

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ІНКЛЮЗИВНИЙ РОЗВИТОК СФЕРИ ОХОРОНИ ЗДОРОВ'Я: ІНСТИТУЦІЙНЕ ТА ФІНАНСОВЕ ЗАБЕЗПЕЧЕННЯ

В с т у п . ***Глобальні біфуркації зумовили перегляд політики України у сфері охорони здоров'я. Інклюзивний розвиток стає стратегічним шляхом досягнення соціальної справедливості та загального доступу до медичних послуг. Оскільки збільшення фінансування не гарантує автоматичного зростання ефективності, критичне значення має аналіз інституційного середовища. Метою дослідження є оцінювання впливу інституційних детермінант на фінансове забезпечення охорони здоров'я та обґрунтування напрямів інклюзивного розвитку в умовах війни та повоєнного відновлення.***

М е т о д и . ***В дослідженні, що ґрунтується на засадах нової інституційної економічної теорії, інституційне середовище розглядається як ключовий компонент ефективності бюджетних видатків. Для перевірки гіпотези про вплив інституційних детермінант на видатки на охорону здоров'я застосовано економетричне моделювання з використанням регресійного аналізу. Аналіз включає змінні, що відображають макроекономічне зростання, ефективність урядування та верховенство права.***

Р е з у л ь т а т и . ***Результати моделювання виявили високу пояснювальну здатність обраних змінних. Установлено статистично значущий позитивний зв'язок між ефективністю державного управління та видатками на охорону здоров'я, що підтверджує роль ефективності урядування у стратегічному перерозподілі ресурсів. Натомість статистично значущий від'ємний зв'язок між верховенством права й обсягом видатків свідчить про те, що зміцнення правових інституцій сприяє підзвітності й інституційній оптимізації, що вказує на те, що вдосконалення правової бази допомагає обмежити бюджетну неефективність і корупційну ренту завдяки підвищенню прозорості у медичному секторі.***

В и с н о в к и . ***Інституційна трансформація є так само важливою для фінансової стабільності галузі охорони здоров'я, як і прямі економічні інвестиції. Майбутні реформи мають бути зосереджені на цифровій інклюзії, розвитку систем підтримки ментального здоров'я та впровадженні стандартів безбар'єрності для підвищення загальної якості життя. Зміцнення верховенства права є необхідним для ліквідації інституційних дисфункцій і переспрямування неформальних фінансових потоків. Досягнення балансу між спроможністю управління та правовою підзвітністю є запорукою довгострокової стійкості національної системи охорони здоров'я.***

К л ю ч о в і с л о в а : інклюзивний розвиток, інституції, фінансування охорони здоров'я, ефективність державного управління, верховенство права, інституційне середовище.

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