e-ISSN **3041-248X**

**Philosophy and Governance**

https://www.eu-scientists.com/index.php/fag

# Transformation of Public Administration in the Field of Specialized Medical Care under Martial Law: Challenges and Priorities

Oleksandr Sadovskyi [1] *

[1] *Sumy State Pedagogical University named after A. S. Makarenko (Ukraine). Postgraduate Student at the Department of Law and Public Administration.*

*** *Corresponding Author,*** e-mail: admin_crh@ukr.net

**ARTICLE INFO**

***Research Article***

**DOI:** 10.70651/3041-248X/2025.10.02



**ABSTRACT**

The article highlights the theoretical and practical foundations of the transformation of public administration in the field of specialized medical care under martial law. It is established that specialized medical care is a critical component of the health care system, as it provides the provision of highly specialized medical services in outpatient and inpatient conditions. It is found that the legislative regulation determines clear mechanisms for the provision of such care, specifying the rights of patients and obligations of medical institutions in a planned and emergency manner. It was emphasized that the amendments to the legislative acts clarify the specialization of medical care providers and include modern high-tech procedures, which increase the efficiency of the processes of diagnosis, treatment and prevention. It was stated that the range of subjects of specialized assistance includes health care institutions and doctors-entrepreneurs and scientific and pedagogical workers, which contributes to the integration of educational and practical activities and the formation of a personnel reserve of the health care system. It is determined that the guarantee of free services in institutions that have agreed with the main administrator of funds increases the availability of medical care for vulnerable categories of the population. It is noted that the state uses management tools to organize the medical evacuation of citizens and integrate external resources into the national health care system, which confirms the importance of institutional capacity. It has been established that the creation of supervisory boards in medical institutions ensures democratic control and accountability, strengthening public trust and institutional capacity in wartime. It has been found that financial and budgetary policy, in particular the redistribution of resources for specialized medical care, meets the growing clinical needs and tasks of infrastructure restoration, ensuring the adaptation of management mechanisms to emergency circumstances. The dynamics of financing specialized medical care is analyzed and the gradual improvement of the mechanisms for the use of resources is noted, but the war realities create imbalances in the implementation of planned indicators. It is emphasized that the strategic transformation of public administration in the field of specialized medical care should be based on a combination of legal, organizational and financial approaches, which ensures the efficiency, sustainability and timeliness of the provision of medical care aimed at preserving the life and health of the population.

**KEYWORDS**

transformation of public administration, specialized medical care, martial law, legislative regulation, budget planning.

e-ISSN **3041-248X**

**Філософія та управління**

https://www.eu-scientists.com/index.php/fag

# Трансформація державного управління у сфері спеціалізованої медичної допомоги в умовах воєнного стану: виклики та пріоритети

Олександр О. Садовський [1] *

[1] *Сумський державний педагогічний університет імені А. С. Макаренка (Україна). Аспірант кафедри права та публічного управління.*

* ***Автор-кореспондент,*** e-mail: admin_crh@ukr.net

**СТАТТЯ**

***Дослідницька***

**DOI:** 10.70651/3041-248X/2025.10.02



**АНОТАЦІЯ**

У статті висвітлено теоретико-практичні засади трансформації державного управління у сфері спеціалізованої медичної допомоги в умовах воєнного стану. Встановлено, що спеціалізована медична допомога є критично важливою складовою системи охорони здоров'я, оскільки забезпечує надання високоспеціалізованих медичних послуг у амбулаторних та стаціонарних умовах. З'ясовано, що законодавче регулювання визначає чіткі механізми надання такої допомоги, конкретизуючи права пацієнтів та обов'язки медичних закладів у плановому та екстреному порядку. Наголошено, що внесені зміни до законодавчих актів уточнюють спеціалізацію надавачів медичної допомоги та включають сучасні високотехнологічні процедури, що підвищує ефективність процесів діагностики, лікування та профілактики. Констатовано, що коло суб'єктів надання спеціалізованої допомоги охоплює заклади охорони здоров'я та лікарів-підприємців й науково-педагогічних працівників, що сприяє інтеграції освітньої та практичної діяльності та формуванню кадрового резерву системи охорони здоров'я. Визначено, що гарантія безоплатності послуг у закладах, які уклали договір із головним розпорядником коштів, підвищує доступність медичної допомоги для вразливих категорій населення. Зауважено, що держава застосовує управлінські інструменти для організації медичної евакуації громадян та інтеграції зовнішніх ресурсів у національну систему охорони здоров'я, що підтверджує значимість інституційної спроможності. Встановлено, що створення наглядових рад у медичних закладах забезпечує демократичний контроль та підзвітність, зміцнюючи довіру населення та посилюючи інституційну спроможність у воєнних умовах. З'ясовано, що фінансово-бюджетна політика, зокрема перерозподіл ресурсів на спеціалізовану медичну допомогу, відповідає зростаючим клінічним потребам і завданням відновлення інфраструктури, забезпечуючи адаптацію управлінських механізмів до надзвичайних обставин. Проаналізовано динаміку фінансування спеціалізованої медичної допомоги та зауважено поступове вдосконалення механізмів використання ресурсів, проте воєнні реалії створюють дисбаланси у виконанні планових показників. Підкреслено, що стратегічна трансформація державного управління у сфері спеціалізованої медичної допомоги має ґрунтуватися на поєднанні правового, організаційного та фінансового підходів, що забезпечує ефективність, стійкість і своєчасність надання медичної допомоги, спрямованої на збереження життя та здоров'я населення.

**КЛЮЧОВІ СЛОВА**

трансформація державного управління, спеціалізована медична допомога, воєнний стан, законодавче регулювання, бюджетне планування.

## 1. Introduction

Under martial law, the transformation of public administration in the field of health care is of particular importance, since the efficiency and efficiency of management decisions directly affect the stability of the medical care system. At the same time, changes in the external and internal environment of the state actualize the need to rethink the functional principles of the activities of public authorities in the medical field. In this regard, it becomes necessary to search for new approaches to the organization, financing and coordination of medical care, taking into account the specifics of military challenges. Therefore, the relevance of the research topic is due to the need to form an adaptive model of public administration capable of ensuring the stability and effectiveness of the health care system under martial law.

## 2. Literature Review

Consideration of modern scientific publications reveals that the issue of transforming public administration in the healthcare sector under martial law holds a leading position in the scientific discourse. In particular, N. Didyk examines the change in the directions of state policy in the field of public health, emphasizing the need to adapt management mechanisms to the conditions of martial law and strengthen the role of preventive measures to ensure the stability of the system [1]. Instead, A. Rachynskyi and B. Darchyn emphasize the decisive role of the state in managing the transformation processes of the healthcare system, highlighting the strengthening of the authorities' coordination functions during crises [2]. In addition, Y. Zhovnirchyk et al. consider the structural directions of modernization of public administration in the field of health care in the context of military aggression, emphasizing the formation of new mechanisms of interaction between state institutions, medical institutions and the public [3]. At the same time, D. Havrychenko focuses on the transformation of priorities for the development of the health care system, noting the shift in emphasis from economic efficiency to ensuring the continuity of medical care and maintaining human resources [4]. In the context of adaptation of market mechanisms, A. Melnyk substantiates the need to form a transformational model of the health care market, which combines elements of state regulation and economic self-sufficiency of medical institutions [5]. At the same time, N. Didenko analyzes the stages of transformation of the national health care system during the war and post-war recovery, revealing the prospects for its integration into the European space of medical management [6].

Thus, the results of the studies show that the modern transformation of public administration in the field of health care is formed under the influence of a combination of crisis challenges and strategic priorities aimed at increasing the resilience, efficiency and adaptability of the health care system of Ukraine, at the same time, the issue of transformation of public administration in the field of specialized medical care under martial law has not been sufficiently studied.

## 3. Problem Statement

The article is aimed at highlighting the theoretical and practical foundations of the transformation of public administration in the field of specialized medical care under martial law.

## 4. Methods and Materials

The study applies an integral methodological approach that combines theoretical analysis, empirical research and comparative assessment to comprehensively cover the topic. The main method was the systematic study of regulations governing the provision of specialized medical care, as well as the Strategy for the Development of the Health Care System until 2030. These documents served as a legal basis for the analysis of transformation processes. The empirical analysis was based on statistical data from open sources, such as openbudget.gov.ua, which evaluated the dynamics of funding for the Specialized Medical Care program. The materials of the Ministry of Health of Ukraine were also used, in particular reports on medical evacuation and restoration of damaged facilities, to assess the impact of military destruction. The comparative method was used to compare pre- and military indicators of the implementation of budget programs, as well as to analyze institutional changes, such as the creation of

supervisory boards in medical institutions. The method of content analysis was used to process scientific papers, in particular on the adaptation of public health policy, on the coordination of state bodies, as well as on the priorities of the health care system. The research is based on cases of public management of the medical sphere. The materials were also official messages of the Government and international approaches to the resilience of medical systems. This methodological arsenal provided a thorough study of the transformation of management adapted to war conditions and formed the basis for recommendations to improve the efficiency and accessibility of specialized medical care.

## 5. Results and Discussion

Specialized medical care is an important component of the health care system, as it ensures the provision of medical services of high complexity in outpatient and inpatient settings. In this context, legislative regulation plays an important role in the formation of clear mechanisms for providing such care.

In particular, the amendments made to the legislative acts on improving the provision of medical care [7; 8] specified the provisions on specialized medical care, defining it as a type of medical care provided by doctors of the relevant specialization on an outpatient or inpatient basis. At the same time, its provision is possible in a planned manner and in emergency cases, with the obligatory coverage of diagnostics, treatment, prevention and consultations, where the effectiveness of the process is enhanced by the use of high-tech equipment and specialized procedures of increased complexity.

In the further development of the legislation, it became important to consolidate the patient's right to be referred to another specialist in the presence of appropriate medical indications. This provision creates a legal basis for the formation of a more flexible patient routing system, which is especially important under martial law, when the timeliness of medical care depends on the effectiveness of the coordination of the medical network. Therefore, this logic of the development of legislation reflects a tendency to strengthen the role of public administration bodies as coordinators between different levels of medical care.

Particular attention should be paid to determining the range of subjects that have the right to provide specialized medical care. In particular, it is carried out by both health care institutions in inpatient and outpatient settings, as well as individual entrepreneurs operating in the field of medical practice. As a result, conditions are created to expand access to specialized services, especially in regions where the infrastructure of medical institutions has been destroyed due to hostilities. A significant addition is the clarification of the role of the attending physician. In particular, it can be a doctor of a health care institution or an entrepreneur with the appropriate specialization (except for "general practice – family medicine"). In addition, in the case of educational integration, specialized medical care can be provided by scientific and pedagogical staff of higher and postgraduate education institutions who have a certificate of a specialist doctor and the approval of the head of a health care institution. As a result, this provision provides a combination of educational and practical activities, which contribute to the improvement of professional skills of future specialists and the formation of a personnel reserve of the health care system.

An equally important aspect is the guarantee of free of charge of specialized medical care in health care institutions that have agreed with the main administrator of budget funds. Such regulation provides for the provision of assistance for medical reasons and the referral of a primary care doctor or a doctor of a specialized care institution. At the same time, the law defines exceptions when a referral is not required, in particular for visits to an obstetrician-gynecologist, dentist, pediatrician, as well as for patients with chronic diseases or in case of emergency. Therefore, this increases the availability of medical services for the most vulnerable categories of the population, which is especially important under martial law. In the context of martial law, the state actively uses management tools to organize specialized medical care. For example, the Ministry of Health of Ukraine has approved the procedure for medical evacuation of citizens in need of highly specialized treatment abroad, and coordinates the entire process at the state level. According to official information, citizens can submit a preliminary application for a medical evacuation program on the website of the Ministry of Health, after which the ministry verifies the appeal, communicates with international partners, coordinates transportation routes and monitors the implementation of the decision [9].

This mechanism illustrates that the state needs to have a legislative framework, as well as have the institutional ability to quickly integrate external resources into the national health care system. In

this regard, the Resolution of the Cabinet of Ministers of Ukraine "Some Issues of the Implementation of the Program of State Guarantees of Medical Care for the Population in 2025" dated 24.12.2024 No. 1503 [10] provides that the Program of Medical Guarantees includes packages of medical services that cover emergency, primary, specialized and palliative medical care, rehabilitation, medical care for children under 16 years of age, as well as assistance in connection with pregnancy and childbirth, which ensures the comprehensiveness and availability of medical support even in difficult conditions. At the same time, the implementation of most strategic tasks requires the improvement of management mechanisms at the national level. In particular, in accordance with the Operational Action Plan for the Implementation of the Strategy for the Development of the Health Care System for the Period up to 2030 in 2025–2027, approved by the Order of the Cabinet of Ministers of Ukraine dated January 17, 2025 No. 34-r [11], tasks aimed at improving the efficiency of management and transparency of the activities of medical institutions are defined. At the same time, one of the important tools for the implementation of Strategic Goal 1 "Ensuring universal access of the population to quality medical services" is the creation and functioning of supervisory boards in municipal and state medical institutions that ensure public accountability and independent control.

In practical terms, in the period of 2025, the implementation of this measure is entrusted to the Ministry of Health of Ukraine and local self-government bodies with consent in cooperation with international partners, in particular within the framework of the USAID Health Reform Support Project. Due to this, the creation of supervisory boards in health care institutions providing specialized medical care is defined as an indicator of effectiveness [11]. Thus, the formation of such structures contributes to increasing the level of public trust in the health care system and strengthening the mechanisms of democratic control.

The gradual introduction of the institute of supervisory boards in specialized medical care institutions corresponds to modern trends in the transformation of public administration in the field of healthcare. In particular, we are talking about shifting the emphasis from an administrative-centralized model to a model with increased autonomy of institutions and the participation of stakeholders in managerial decision-making. Accordingly, this forms the basis for strengthening the institutional capacity of medical institutions to function under martial law, when the need for efficiency and transparency of management processes is growing. The creation of supervisory boards in medical institutions in the context of martial law is of particular importance, as they provide a balance between prompt decision-making and the need to maintain public control. At the same time, the involvement of civil society representatives in the work of such councils creates opportunities for effective monitoring of the quality of specialized medical care, especially in regions that have suffered the greatest destruction as a result of hostilities. Therefore, this example confirms the importance of integrating democratic mechanisms into the system of public administration of the medical sector [20].

At the same time, it is worth paying attention to the Order of the Cabinet of Ministers of Ukraine "On the Redistribution of Certain State Budget Expenditures Provided for the Ministry of Health for 2025" dated August 20, 2025, No. 886-r [11], which defines new approaches to financing the healthcare sector under martial law. In particular, in accordance with part eight of Article 23 of the Budget Code of Ukraine, it is envisaged to redistribute budget allocations within the general fund of the state budget allocated to the Ministry of Health for 2025. Thus, the volume of consumption expenditures under the 2301180 program "Medical care provided by sanatorium-resort institutions" was reduced in the amount of 5500 thousand UAH. hryvnias and at the same time increased development expenditures under the 2301110 program "Specialized Medical Care" by the corresponding amount.

As a result, the emphasis of state policy in the field of health care is shifting from financing rehabilitation services to supporting specialized areas of medical care. This is due to the need to quickly respond to wartime medical challenges, when the need for specialized treatment of wounded, injured and seriously ill citizens is growing significantly. In this regard, public administration in the field of health care is being transformed in the direction of increasing the targeting and effectiveness of budget expenditures [19].

In practical terms, the redistribution of resources confirms the priority of providing specialized medical care. For example, the Ministry of Health reports that the capacity of the rehabilitation system is already more than 16 thousand sessions per day, and one of the important tasks for 2025 is the opening of outpatient rehabilitation spaces in each community with a medical institution [14]. At the same time, the war significantly affects infrastructure: as of October 1, 2025, damage or destruction of

2,489 facilities in 804 healthcare facilities was confirmed. Among them, 2,162 suffered partial damage, and another 327 were destroyed [15].

It follows that the clinical need, as well as the physical destruction of the medical network, dictates the need to adapt the budget policy. After all, even with the availability of financial resources, without the appropriate infrastructure, the provision of specialized medical care becomes problematic. Thus, the planning of financial resources should take into account the growing clinical challenges and, at the same time, the state of the infrastructure of medical institutions [18].

Therefore, the budget decision to redistribute funds towards the Specialized Medical Care program meets both growing clinical needs and urgent tasks of restoring and modernizing the medical infrastructure that was destroyed during hostilities. This emphasizes that the strategic transformation of public administration in the field of health care should be based on a combination of clinical, organizational and financial priorities.

For clarity, expenditures from the budget under the program 2301110 "Specialized Medical Care" (Table 1) are presented, demonstrating the dynamics of funding and the level of implementation of budget allocations in 2020–2025.

***Table 1. Expenditures from the budget under the program 2301110 "Specialized Medical Care"***

| Year | Approved for the year, taking into account changes, UAH | Updated annual plan, UAH | Completed for the period, UAH | Implementation of the revised annual plan, % |
|---|---|---|---|---|
| **2020** | 5,806,512,200.00 | 6,906,143,177.55 | 3,697,823,686.50 | 53.54 |
| **2021** | 1,736,783,400.00 | 2,346,369,087.88 | 2,245,266,213.10 | 95.69 |
| **2022** | 2,081,627,800.00 | 2,484,477,946.53 | 2,460,274,063.58 | 99.02 |
| **2023** | 2,053,835,400.00 | 2,572,592,507.36 | 2,544,401,654.21 | 98.90 |
| **2024** | 2,137,781,600.00 | 2,773,858,520.02 | 2,623,609,637.50 | 94.58 |
| **2024 (January-August)** | 2,137,781,600.00 | 2,523,370,671.61 | 1,536,304,180.97 | 60.88 |
| **2025 (January-August)** | 5,806,512,200.00 | 6,906,143,177.55 | 3,697,823,686.50 | 53.54 |

*Source*: Compiled based on [15].

The analysis of funding dynamics shows that in 2020, the approved amount of funding amounted to UAH 5.8 billion, but the actual implementation amounted to only 53.54% of the revised annual plan. This indicates the presence of problems in the use of budget resources, which is due to objective factors (COVID-19 epidemic) and, at the same time, organizational shortcomings, which emphasize the need to strengthen institutional management mechanisms. In subsequent years, there is a tendency to stabilize. In 2021, the level of budget execution increased to 95.69%, and in 2022–2023, it reached almost complete implementation of the planned indicators (99.02% and 98.90%, respectively). This is due to the strengthening of budgetary control mechanisms and the improvement of procedures for distributing funds in the field of healthcare. Therefore, this trend confirms that the public administration system can adapt to growing external challenges and ensure more efficient use of resources [17].

At the same time, data for 2024 show a partial decrease in the level of budget execution, to 94.58%. On the one hand, this indicates the preservation of a high level of budgetary discipline, but on the other hand, it reflects the complication of the financial situation as a result of martial law. In January-August 2025, the implementation of the updated annual plan of the Specialized Medical Care program amounted to 53.54%, which is 7.34% lower than in the same period in 2024 (60.88%). This indicates an aggravation of imbalances in the use of budget resources in wartime, despite a significant increase in the annual funding plan.

Thus, the analysis confirms that public administration in the field of specialized medical care is in the process of deep transformation. On the one hand, there is an improvement in the mechanisms for the use of resources, which is confirmed by the high performance of the budget in 2021-2023. On the other hand, war realities cause systemic imbalances, which are manifested in a decrease in the level of implementation of planned indicators in 2024–2025. Therefore, the transformation of public administration in this area should take into account the amount of funding, as well as the conditions for its actual use. At the same time, the decisive factor is the combination of financial planning with the restoration of medical infrastructure and the adaptation of management mechanisms to the

extraordinary challenges of wartime, which ensures the stability and effectiveness of the system of specialized medical care [16].

## 6. Conclusions

Thus, summarizing the results of the study, it should be noted that the improvement of the mechanisms of public regulation of economic development in the context of European integration transformations involves a combination of institutional, legal and economic instruments aimed at improving the efficiency of public administration. In addition, the analysis made it possible to determine the need to harmonize the national regulatory framework with the EU acquis, which in turn leads to modernization of administrative procedures, digitalization of public services and strengthening the institutional capacity of the state. The expansion of these processes is directly reflected in the implementation of industrial parks, the creation of special economic zones and the introduction of export support strategies, which ensure the intensification of investment processes and contribute to increasing the competitiveness of the national economy. At the same time, the results of the study showed that European integration processes are accompanied by increased requirements for transparency, social responsibility and innovation of public administration, which form the necessary prerequisites for sustainable economic growth. As a result, the results obtained confirm the relevance of an integrated approach to the formation of modern instruments of state regulation, which integrates the strategic guidelines of European integration with the tasks of national recovery and modernization.

## References

1. Didyk, N. D. (2022). Derzhavna polityka u sferi hromadskoho zdorovia: transformatsiia vektoriv v umovakh voiennoho stanu [State policy in the field of public health: Transformation of vectors under martial law]. *Vcheni zapysky TNU imeni V. I. Vernadskoho. Seriia: Publichne upravlinnia ta administruvannia – Academic Notes of V. I. Vernadsky TNU. Series: Public Administration and Management*, *35*(74), 42–47. https://doi.org/10.32782/TNU-2663-6468/2024.2/08 (in Ukrainian)
2. Rachynskyi, A., & Darchyn, B. (2022). Transformatsiia systemy okhorony zdorovia Ukrainy: rol derzhavy [Transformation of Ukraine's healthcare system: The role of the state]. *InterConf*, (95), 310–317. https://doi.org/10.51582/interconf.19-20.01.2022.031 (in Ukrainian)
3. Zhovnirchyk, Ya. F., Dolot, V. D., & Antonov, A. V. (2022). Osnovni napriamy transformatsii systemy publichnoho upravlinnia sferoiu okhorony zdorovia v Ukraini v umovakh voiennoho stanu ta zbroinoi ahresii Rosiiskoi Federatsii proty Ukrainy [Main directions of transformation of the public administration system of healthcare in Ukraine under martial law and Russian armed aggression]. *Publichne upravlinnia ta rehionalnyi rozvytok – Public Administration and Regional Development*, (16), 443–465. https://doi.org/10.34132/pard2022.16.08 (in Ukrainian)
4. Havrychenko, D. H. (2022). Transformatsiia priorytetiv rozvytku systemy okhorony zdorovia Ukrainy v umovakh voiennoho stanu [Transformation of development priorities of Ukraine's healthcare system under martial law]. *Naukovi perspektyvy – Scientific Perspectives*, *5*(23), 48–60. https://doi.org/10.52058/2708-7530-2022-5(23)-48-60 (in Ukrainian)
5. Melnyk, A. (2022). Transformatsiina model rynku okhorony zdorovia v Ukraini v umovakh suchasnykh vyklykiv [Transformational model of the healthcare market in Ukraine under modern challenges]. *Visnyk ekonomiky – Bulletin of Economics*, (2), 111–127. https://doi.org/10.35774/visnyk2022.02.111 (in Ukrainian)
6. Didenko, N. H. (2023). Transformatsiia natsionalnoi systemy okhorony zdorovia pid chas viiny y povoiennoho vidnovlennia [Transformation of the national healthcare system during the war and post-war recovery]. In V. Burksiene, G. Riabtsev & V. Tertychka (Eds.), *Public policy, governance and communications in the EU member states and candidate countries* (pp. 148–156). Kyiv: National University of Kyiv-Mohyla Academy. https://ekmair.ukma.edu.ua/handle/123456789/26914 (in Ukrainian)
7. Verkhovna Rada of Ukraine. (2022, July 1). *Pro vnesennia zmin do deiakykh zakonodavchykh aktiv Ukrainy shchodo udoskonalennia nadannia medychnoi dopomohy* [On amendments to certain legislative acts of Ukraine to improve the provision of medical care] Law of Ukraine No. 2347-IX. https://zakon.rada.gov.ua/laws/show/2347-20#Text (in Ukrainian)
8. Verkhovna Rada of Ukraine. (1992, November 19). *Osnovy zakonodavstva Ukrainy pro okhoronu zdorovia* [Fundamentals of the legislation of Ukraine on healthcare] Law of Ukraine No. 2801-XII. https://zakon.rada.gov.ua/laws/show/2801-12#Text (in Ukrainian)

9. Ministerstvo okhorony zdorovia Ukrainy. (2022). Yak podaty zaiavku na Prohramu medychnoi evakuatsii tym, khto postrazhdav vid viiny [How to apply for the medical evacuation program for war victims]. *Uriadovyi portal*. https://www.kmu.gov.ua/news/moz-iak-podaty-zaiavku-na-prohramu-medychnoi-evakuatsii-tym-khto-postrazhdav-vid-viiny (in Ukrainian)
10. Kabinet Ministriv Ukrainy. (2024, December 24). *Deiaki pytannia realizatsii prohramy derzhavnykh harantii medychnoho obsluhovuvannia naselennia u 2025 rotsi* [Some issues of implementing the state guarantees program for healthcare in 2025] Resolution No. 1503. https://zakon.rada.gov.ua/laws/show/1503-2024-%D0%BF#Text (in Ukrainian)
11. Kabinet Ministriv Ukrainy. (2025, January 17). *Pro skhvalennia Stratehii rozvytku systemy okhorony zdorovia na period do 2030 roku ta zatverdzhennia operatsiinoho planu zakhodiv z yii realizatsii* [On approval of the Strategy for the development of the healthcare system until 2030 and the operational plan for its implementation]. Order No. 34-r. https://zakon.rada.gov.ua/laws/show/34-2025-%D1%80#n17 (in Ukrainian)
12. Kabinet Ministriv Ukrainy. (2025, September 3). *Pro pererozpodil deiakykh vydatkiv derzhavnoho biudzhetu, peredbachenykh Ministerstvu okhorony zdorovia na 2025 rik* [On the redistribution of certain state budget expenditures allocated to the Ministry of Health for 2025]. Order No. 949-r. https://zakon.rada.gov.ua/laws/show/949-2025-%D1%80#Text (in Ukrainian)
13. Ministerstvo okhorony zdorovia Ukrainy. (2025). *Propuskna spromozhnist systemy reabilitatsii stanovyt vzhe ponad 16 tysiach seansiv na den — ministr Viktor Liashko* [Rehabilitation system capacity now exceeds 16,000 sessions per day — Minister Viktor Liashko]. https://moz.gov.ua/uk/propuskna-spromozhnist-sistemi-reabilitaciyi-stanovit-vzhe-ponad-16-tisyach-seansiv-na-den-ministr-viktor-lyashko (in Ukrainian)
14. Ministerstvo okhorony zdorovia Ukrainy. (2025). *V Ukraini prodovzhuietsia vidnovlennia medychnykh zakladiv, poshkodzhenykh pid chas viiny* [Restoration of medical institutions damaged during the war continues in Ukraine]. https://moz.gov.ua/uk/v-ukrayini-prodovzhuyetsya-vidnovlennya-medichnih-zakladiv-poshkodzhenih-pid-chas-vijni (in Ukrainian)
15. OpenBudget Ukraine. (2025). *Vydatky* [Expenses]. https://openbudget.gov.ua/national-budget/expenses?class=program&view=table
16. Hbur, Z. V. (2023). Publichne upravlinnia sferoiu sudovo-medychnykh ekspertyz u systemi okhorony zdorovia [Public administration of forensic medical examination in the healthcare system]. *Aktualni problemy u sferi publichnoho upravlinnia – Actual Problems in the Field of Public Administration*, (33), 194–197. http://pag-journal.iei.od.ua/archives/2023/33-2023/37.pdf (in Ukrainian)
17. Hbur, Z. V. (2023). Mekhanizm publichnoho upravlinnia sferoiu sudovo-medychnykh ekspertyz u systemi okhorony zdorovia [Mechanism of public administration in the field of forensic medical expertise within the healthcare system]. *Aktualni problemy u sferi publichnoho upravlinnia – Actual Problems in the Field of Public Administration*, (34), 93–97. http://pag-journal.iei.od.ua/archives/2023/34-2023/18.pdf (in Ukrainian)
18. Hbur, Z. V. (2025). Formuvannia rekomendatsii shchodo vdoskonalennia mekhanizmiv realizatsii derzhavno-pryvatnoho partnerstva u sferi okhorony zdorovia v Ukraini [Developing recommendations for improving mechanisms for implementing public-private partnerships in healthcare in Ukraine]. *Filosofiia ta upravlinnia – Philosophy and Management*, *5*(9). https://doi.org/10.70651/3041-248X/2025.5.13 (in Ukrainian)
19. Vasyliev, A. H., Mykhalchuk, V. M., Hbur, Z. V., & Voronenko, Yu. V. (2019). Perspektyvy rozvytku medychnykh zakladiv v umovakh reformy okhorony zdorovia [Prospects for the development of medical institutions under healthcare reform]. *Svit medytsyny ta biolohii – World of Medicine and Biology*, *3*(69), 18–23. http://dx.doi.org/10.26724/2079-8334-2019-3-69-18-23 (in Ukrainian)
20. Andrushchenko, H., Shandova, N., Hbur, Z., Yavorska, N., & Parshyna, O. (2019). Enterprise competitiveness management by introducing virtual reality technologies. *Academy of Strategic Management Journal*, *18*(Special Issue 1), 1–6. https://www.abacademies.org/articles/enterprise-competitiveness-management-by-introducing-virtual-reality-technologies-8715.html