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The Essence, Goals and Functions of Public Governance in the Healthcare Sector

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ABSTRACT

The article provides a theoretical and applied interpretation of the essence of public governance in the healthcare sector through the substantiation of its goals and functions as interrelated elements of a coherent public policy system. The authors emphasize that the complexity of organizing the work lies in the need to coordinate and simultaneously work with medical care, prevention, social determinants, behavioral and psychological factors, as well as with the data obtained and the institutional capacity of the system. International WHO documents were used to clarify the content of the categories “health”, “primary health care” and “health promotion” as basic semantic guidelines. It is argued that the essence of public governance in healthcare is determined by the dual nature of this domain, where the authoritative role of the state as a guarantor of rights, standards and patient safety is combined with a service-oriented logic focused on human needs and measurable outcomes of public decisions. The goals of public governance in healthcare are interpreted as multidimensional priorities covering the implementation of the right to health, equitable access to services, improvement of quality and patient safety, financial sustainability, institutional capacity, and resilience to crises in the context of war-related and pandemic risks. Based on a synthesis of scholarly approaches, an integrated functional model of healthcare governance is proposed, comprising regulatory and legal, institutional and organizational, strategic, financial and economic, information and analytical, quality and patient safety, preventive and public health, crisis and adaptive, as well as communicative and partnership functions. The article demonstrates that governance effectiveness depends not on declarative goal-setting but on functional decomposition of goals, availability of instruments and enforceable accountability; digital transformation should be treated as a foundation for governability and transparency, while partnerships with communities and non-state actors are a prerequisite for policy legitimacy and system resilience. The conclusion substantiates that an integrated view of the essence, goals and functions of public governance in healthcare provides a conceptual basis for consistent reforms capable of ensuring social equity, high-quality services and crisis readiness.



KEYWORDS

healthcare; governance goals; governance functions; public health, military challenges, crisis, security, efficiency.



Сутність, цілі та функції публічного управління у сфері охорони здоров'я

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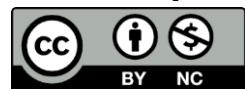
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У статті здійснено теоретико-прикладне осмислення сутності публічного управління у сфері охорони здоров'я через обґрунтування його цілей та функцій як взаємопов'язаних елементів керованої публічної політики. Автори акцентують увагу на тому, що складність в організації роботи полягає в тому, що потрібно скоординувати і одночасно працювати з медичною допомогою, профілактикою, соціальними детермінантами, поведінково-психологічними чинниками, а також із отриманими даними та інституційною спроможністю системи. Використано міжнародні документи ВООЗ для уточнення змісту категорій «здоров'я», «первинна медична допомога» та «промоція здоров'я» як базових смислових орієнтирів. Доведено, що сутність публічного управління в охороні здоров'я визначається подвійною природою цієї сфери, в якій владно-розпорядчі повноваження держави як гаранта прав, стандартів і безпеки пацієнта поєднуються із сервісною логікою, зорієнтованою на потреби людини та результативність публічних рішень. З'ясовано, що цілі публічного управління у сфері охорони здоров'я мають багатовимірний характер і охоплюють реалізацію права на охорону здоров'я, забезпечення справедливого доступу до допомоги, підвищення якості та безпеки медичних послуг, фінансову стійкість системи, інституційну спроможність та здатність до антикризового реагування в умовах воєнних і пандемічних ризиків. Запропоновано узагальнену функціональну модель публічного управління охороною здоров'я, яка включає стратегічну, нормативно-правову, інституційно-організаційну, фінансово-економічну, інформаційно-аналітичну, функцію забезпечення якості та безпеки пацієнта, профілактично-громадсько-оздоровчу, антикризово-адаптаційну та комунікативно-партнерську функції. Обґрунтовано, що ефективність управління визначається не лише наявністю формально проголошених цілей, а їхньою функціональною наповненістю з інструментальним забезпеченням та підзвітністю, де партнерська взаємодія з громадами та недержавними акторами виступає головною передумовою легітимності й стійкості політики. Зроблено висновок, що інтегрований підхід до сутності, цілей і функцій публічного управління у сфері охорони здоров'я створює підґрунтя для узгодженого реформування системи, здатного забезпечувати соціальну справедливість, високу якість послуг і готовність до криз.



КЛЮЧОВІ СЛОВА

охорона здоров'я, цілі управління, функції управління, громадське здоров'я, воєнні виклики, криза, безпека, ефективність.

1. Introduction

Public administration in the field of health care falls within segments of state policy where managerial decisions attract public sensitivity due to their direct connection to life, dignity, and basic human rights, which in Ukraine is further strengthened by military challenges, migration processes, demographic aging, and accumulated disproportions in access to services. The constitutional obligation of the state to ensure the human right to health care, medical care and health insurance requires public authorities not only to legislate but also to create a manageable system capable of guaranteeing the real availability of care and patient safety in the face of a shortage of resources and constantly changing needs of the population.

The complexity of health care management stems from the very content of the phenomenon of "health", which in the international doctrine is considered as a complex state of physical, mental and social well-being. It is therefore not reduced to the absence of diseases, which means: public administration must simultaneously work with medical care, prevention, social determinants, behavioral factors, data and the institutional capacity of the system. In this sense, the key problem is that management goals are often proclaimed as universal and "correct", but without proper functional implementation, i.e., without transforming goals into coherent functions, tools and performance indicators, they remain declarations, and the system loses its ability to long-term modernization, crisis response and recovery.

2. Literature Review

In the Ukrainian scientific discourse, the problems of the essence of public health care management and its functional structure are revealed through several complementary directions. Many researchers pay considerable attention to the theoretical foundations and principles of public health care management, in particular O. Babiak, emphasizing the humanistic mission of the sphere and the need to integrate humanitarian and socio-economic approaches, in functional terms highlights the value "core" of the health policy of the state and the limits of permissible commercialization of the system of medical services provision [2]; imperatives of public health care management based on the innovative transformation of the health care system are defined by O. Khanina [8].

In the works devoted to the state regulation of the health care system, the emphasis is shifted to the instrumental side of management. In particular, the scientist S. Zakharov calls the ability of state institutions to ensure a balance between accessibility, quality and financial sustainability of services in crisis conditions, including digitalization and medical data management, to be decisive [16, p. 199]. However, analyzing public administration in the field of healthcare, authors such as Z. Buryk et al. indicate that despite the development of management infrastructure and the introduction of digital technologies, there are problems of uneven access to services, fragmentation of the system and limited resources. Solving these challenges requires strengthening coordination between levels of management, optimizing resources, improving control mechanisms and actively involving the public in the assessment and monitoring of the system's activities [4, p. 10]. At the same time, scientists Yu. Mazur and Ye. Zhabko outlines modern models of responsibility for health and searches for the optimal configuration of the roles of the state, the individual and partner actors, which allows justifying the goals of management not only as "state intentions", but as a social contract for the distribution of responsibility and resources [10].

A. Dakal in his conceptual work comprehends health care as the leading function of the public administration system, which leads the researcher to the logic of "health as a national priority", within which the goals and functions of management should be built as a holistic public policy, and not as a set of administrative decisions [6]. Finally, in the context of digital transformation, G. Byshenko turns to the principles of state policy for the development of e-health, since e-health is seen as a reform tool and at the same time as a new space of risks related to system interoperability, data reliability, human resources competencies and accountability [5].

3. Problem Statement

The purpose of this work is to theoretically and applied disclosure of the essence of public administration in the field of health care through the substantiation of its goals and functions, as well as the formation of a generalized functional model that allows to coordinate legal guarantees, social expectations and management tools for the development of the health care system in the face of modern challenges.

4. Methods and Materials

The methodological foundations of this article are formed on a combination of systemic and structural-functional approaches, which provides consideration of public health care management as a multi-level managed system, where goals set the direction of development, and functions are institutionally and procedurally formalized ways to achieve these goals. The systemic approach was used to establish the relationships between legal guarantees, institutional architecture, resource flows, data and results for the population, while the structural-functional approach made it possible to specify the set of basic management functions, correlate them with the types of tools and outline the risks of functional “failures” (when the function is formally defined, but not supported by a tool, capacity or accountability).

Comparative and analytical approaches are used to interpret models of responsibility for health and to compare the approaches of domestic authors to the functions and principles of management. The conceptual analysis of WHO international documents is used to clarify the content of the categories of “health”, “primary health care” and “health promotion” as basic semantic guidelines, from which the goals and functions of public administration in this area are derived.

5. Results and Discussion

By its ontological essence, public administration in the field of health care is a form of practical implementation of the constitutional human right to health care and medical care, and therefore has a dual character: on the one hand, it preserves the power and administrative nature of the state as a guarantor of rules, standards, security and fair distribution of resources, and on the other hand, acquires a service orientation focused on the needs of the patient as the final recipient of services, which requires effectiveness, openness and partnership with non-state actors. It is this duality that is key to understanding that health management primarily serves the “public good”, where economic mechanisms are permissible only within the limits of social justice and legal guarantees.

The concept of “health” sets the framework within which public administration defines its goals: if health is understood as a state of well-being, then public policy cannot be limited to treatment, but must cover prevention, living conditions, information, behavioral risks and the availability of services. In this context, the WHO approach, according to which health is interpreted as “a state of complete physical, mental and social well-being”, is fundamentally important, which conceptually pushes public administration towards intersectorality and long-term planning [13]. At the same time, the Almaty Declaration fixes primary health care as a universally accessible, socially acceptable and economically feasible basis of the system [15], which means that the real goals of management should be related to primary care, prevention, patient routing and public participation, because without this, the system becomes expensive and unequal in access.

The essence of public administration is also manifested in the way the state distributes responsibility for health among the main actors, because in political discourse it is possible to distinguish the model of institutional (state), individual and partnership (solidarity) responsibility for health, and it is the choice of the dominant model that determines the permissible tools, the limits of privatization and the nature of accountability. In this regard, Yu. Mazur and Ye. Zhabko emphasize that “three main models of health care can be distinguished”, and therefore managerial logic is not neutral, it always reproduces a certain social compromise on the role of the state [10].

In our opinion, the essence of public administration in the field of health care should be understood as a systematic, normatively and institutionally formalized, socially oriented influence of public authorities on the preservation and strengthening of public health, within which goals set socially

acceptable development guidelines, and functions turn these guidelines into coordinated management mechanisms capable of ensuring accessibility, quality, fairness and sustainability of the system.

In the applied dimension, the modern transformation of health care management in Ukraine is moving from an administrative-command model to a contractual-effective one, when the state retains the function of guarantor and regulator, but increasingly uses financial incentives, contracting, standardization and information systems to ensure transparency and quality. In this aspect, S. Zakharov's emphasis is indicative on the fact that the effectiveness of the system is largely "determined by the interrelated work of content, principles and tools as an integral system, where digital technologies, mobile formats, deregulatory and legal approaches, control and communication mechanisms are integrated to ensure the sustainability and development of the industry, which actually reveals the "triangle of goals" of modern public administration in this area [16, p. 198].

Moving on to the goals of public administration in the field of healthcare, it should be emphasized that they are not limited to the generalized formulation of "improving public health", since in the managerial plane the goal becomes meaningful only when it can be linked to functions, tools and results. In our opinion, it is advisable to interpret the goals of public administration in the field of health care as an interrelated set of guidelines aimed at ensuring the implementation of the right to protection health, increasing the availability and quality of services, reducing inequalities and building the system's resilience to crises. The logic of these goals, in fact, reproduces the priorities of modern health and healthy lifestyle promotion, where the key is to create conditions for healthy choices and strengthen the capacity of communities, which is conceptually consonant with the provisions of the Ottawa Charter on the need for health-friendly policies, intersectoral interaction and community empowerment [14]. That is, G. Byshenko refers to the main goals of the state policy in the field of health care "solving the priority tasks of the national policy in the field of health care in the field of infrastructure, regulatory compliance, financial support, organizational support, human resources and technological capabilities" [5, p. 265].

The implementation of the goals is carried out in accordance with the principles outlined in the strategic documents, in particular, the researchers identify the following key principles of public health management: the principle of "health preservation in all policies"; the principle of focus on a healthy person; the principle of accessibility of preventive measures, as well as measures aimed at assessing the state of health or detecting the disease; the principle of objectivity; the principle of shared responsibility; the principle of observance and implementation of health-improving measures throughout life; the principle of the shared value of health; the principle of the scientific approach; the principle of realization of the internal harmony of the physical, spiritual, mental state of a person, as well as harmony with the ecological and social spheres; the principle of focus on the quantitative assessment of the reserve capabilities of the body of a healthy person and their correction for the realization of health potential; the principle of gradualness provides for the sequence of implementation of goals and objectives for the formation of a healthy lifestyle; the principle of sustainable development; the principle of economic feasibility; the principle of coordination; the principle of partnership; the principle of new humanism [2, p. 112]. According to Yu. Mazur and Ye. Zhabko "the relevance of health care at this stage implies an intensive and extensive change in the image of health in political discourse based on the principles: value attitude to health; comprehensiveness in health care assessment; convergence of the most politically productive health models (philosophical, cultural, medical and sociological); joint responsibility of political and non-political institutions for health care; ranking of health care, starting with the problems of the system and institutional levels, and ending with the problems of the structural and individual levels" [10, p. 328], that is, implementation through a multi-level system of coordination is necessary.

If the goals set the direction, and the principles set the content of the activity, then the functions are the mechanism for achieving the desired goal, and therefore, it is the functional model of the state health policy that allows avoiding a situation where reformist decisions are dispersed between departments and levels of government, without being combined into a managed system. In the scientific literature, there is a different grouping of functions, in particular, O. Khanina distinguishes heuristic, coordinating, integrating, logical-epistemological [8, p. 198]; G. Kozachenko and O. Solohub – digital (eHealth), integration (association of state and non-state actors) and quality management function [9]; I. Venger – financial, analytical, quality assurance, strategic planning, interaction between management levels [12]; D. Havrychenko et al. – regulatory, controlling, accountability, transparency and reporting functions [7]; O. Melnychenko and Zh. Ovcharova – service, management, human resources management, monitoring [11]; A. Barzylowych – functions of financial management, contracting,

efficient allocation of resources, forecasting [3]; M. Anishchenko – the functions of outlining the directions for the implementation of the norms of the current medical legislation; protection of patients' rights; improvement and one hundred percent implementation of electronic data exchange in medical activities; ensuring the availability of state and municipal health care resources; formation of a single medical space of Ukraine [1, p. 32–33]. Generalization of the above approaches allows us to assert that the most productive is the understanding of functions as stable directions of managerial influence, which have both normative certainty, organizational consolidation and resource basis. Based on this, it is advisable to consider a complex of interrelated functions of public administration in the field of health care: strategic, regulatory, institutional-organizational, financial and economic, quality assurance and safety functions patient, information-analytical, preventive-public-health, anti-crisis-adaptation, and communicative-partner functions, and each of them works only in conjunction with the others.

The strategic function combines long-term vision with evidence-based data: it includes prioritization, development programming, needs forecasting, human resource and innovation management, and building the system's capacity to modernize without losing availability. It is here that the key feature of modern public administration is manifested: the focus on results in the dimensions of public benefit, and not on “process for the sake of the process”.

The regulatory function shapes the rules of the game: it provides certainty of patient rights, the limits of provider responsibility, standards of care, financing procedures and guarantees of access, as well as creates legal conditions for digital processes, data circulation and accountability. Its practical role is to turn constitutional guarantees into applicable procedures and at the same time minimize legal conflicts that can block management response in times of crisis. G. Kozachenko and O. Solohub “it is not uncommon for the necessary changes to be made to certain regulatory documents, the norms of individual laws are not only not coordinated, but even contradict the norms of other laws” [9, p. 40]. The institutional and organizational function ensures the distribution of powers and coordination between executive authorities, local self-governments, providers and partner structures, and its effectiveness is measured not by the number of “links”, but by the ability of the system to act in a coordinated and predictable manner, especially when the need for resource mobility and rapid decision-making increases.

The financial and economic function, in turn, provides resource “nutrition” of the system and acts as the main channel of the state's influence on the behavior of providers through tariffs, contracts, incentives, control of the intended use of funds and requirements for efficiency, because “ensuring sufficient financing of medical institutions is critically important for maintaining the stable functioning and development of the health care sector” [12, p. 216]. The function of ensuring the quality and safety of the patient is the link that combines professional standards of medicine with administrative mechanisms for supervision and evaluation of performance, and in the social dimension, forms trust in the system, without which any reforms turn into a conflict of values. The preventive-public-health function, on the other hand, transfers management from the plane of “treatment of consequences” to the plane of “risk management”, which involves interventions at the level of behavior, environment, vaccination, surveillance, communication and cross-sectoral interaction, and this is where governance goes beyond the medical field, becoming a component of social and development policies.

The information and analytical function in the context of digitalization turns into a central condition for controllability, because without reliable data, management inevitably becomes reactive and situational. That is why the development of e-health is considered as a tool for implementing the reform, and “the main problems of the development of e-health are the lack of compatibility of information systems in the field of healthcare, the lack of a single unique identifier for patients, imperfection of information infrastructure and interaction between national registers, imperfection of several registers, insufficiency of professional specialists for automation and management of shifts, insufficiency of computer and network equipment in health care institutions” [5, p. 264]. At the same time, digitalization is not an “end in itself”, it must be subordinated to the goals of quality and accessibility, and therefore the e-health policy must be based on the principles of interoperability, safety, patient focus and change management, otherwise information technologies will reproduce fragmentation in a new form.

The crisis adaptation function is especially important in war, pandemic threats and humanitarian crises, when management must guarantee continuity of assistance, resource logistics, mobility of services and rapid coordination of decisions between levels of government. Finally, the communicative-partnership function ensures the legitimacy of politics and coordination of interests, since healthcare,

being a social priority, cannot develop effectively without the participation of communities, professional communities, civil society and the private sector, and therefore the state should act not only as a regulator, but also as an organizer of partnerships and a moderator of public dialogue.

Thus, the most productive for modern conditions is an integrated functional model of public administration, in which digitalization is considered not as an isolated technological project, but as an information and analytical basis for manageability and accountability, and partnership interaction with communities, professional communities and non-state actors is considered as a condition for the legitimacy and sustainability of policy, which together allows the health care system to respond to crises and at the same time modernize without loss social justice.

6. Conclusions

The modern healthcare management system in Ukraine is at the stage of deep transformation, which is due to both internal challenges and the need to adapt to European standards and global management practices. Reforming the health care system in Ukraine is aimed at improving the efficiency of resource use, ensuring the availability and quality of medical services. Healthcare is not only an object of state policy, but also a systemic institutional sphere that requires comprehensive, targeted and intersectoral management based on the partnership of the state, communities and the private sector.

Increasing the efficiency of the medical sector of our country in the context of reforming the health care system requires strategic planning and comprehensive improvement of institutions, mechanisms, and models of public administration in this area, aimed at the proper implementation of the main functions and goals of the state to guarantee the constitutional right of citizens to receive medical services. Taking into account the current state of public administration and the identified problems and challenges, it is advisable to form a system of interrelated proposals aimed at ensuring the financial stability of medical institutions, increasing the effectiveness of management decisions and strengthening the social legitimacy of reforms, in particular:

1. Improving the model of financing the development of medical institutions based on a multi-channel approach. Improving the efficiency of financing the development of medical institutions requires a transition from a single-channel model of resource provision to a multi-channel financing system that combines budgetary, extra-budgetary and investment sources health and limits the possibilities of their strategic development. Based on the understanding of this state, A. Dakal proposes "the introduction of favorable conditions for increasing financial investments by the population, employees and employers in the formation of public health, for which it is necessary to ensure a high priority of health in the hierarchy of social values of society, as well as to create real opportunities and economic incentives for expanding the participation of employers and employees in financing measures aimed at improving the state of health population" [6, p. 152]. For their part, D. Havrychenko et al. propose "to form a set of measures to establish information and communication links between the central executive authorities regarding the financial support of the health care system; to regulate at the state level the procedure for the use of local budget resources to finance health care institutions; to transform the mechanism of strategic procurement of the NHSU through the introduction of innovative software products with sectoral features [7, pp. 130–131].

In our opinion, it is also expedient to expand the use of local budget funds within the framework of programs for the socio-economic development of communities, as well as to more actively involve the mechanisms of public-private partnership, grant programs, charitable foundations and international technical assistance. This approach allows not only to diversify sources of funding, but also contributes to the introduction of innovations, modernization of infrastructure and improvement of the quality of medical services.

2. Institutionalization of strategic planning for the development of medical institutions. Effective development of medical institutions is impossible without a clearly formed system of strategic planning. Therefore, it is expedient to institutionalize strategic planning at all levels of management, from the state to the level of a separate health care institution. Each autonomous medical institution should have its own development strategy that defines its mission, vision, strategic goals, key areas of activity and expected results. Such a strategy should be based on an analysis of the external environment, the needs of the population, financial and human resources, as well as opportunities for digital transformation.

3. Integration of strategic planning with digital and analytical tools. A separate proposal is the integration of strategic planning with digital management and analytics systems, in particular using

eHealth data and management information platforms. Digital data allows you to form reasonable scenarios for the development of medical institutions, predict the need for medical services and evaluate the effectiveness of management decisions.

4. Institutional strengthening of state-public cooperation in the development of medical institutions. Increasing the efficiency of the development of medical institutions is impossible without the active participation of civil society and professional communities. Therefore, an important proposal is the institutional strengthening of state-public interaction by creating stable mechanisms for public participation in the formation and implementation of public policy in the field of health care in order to “ensure state guarantees for citizens to receive medical care, improving the quality of medical services in accordance with the growth of the general material and technical base of health care, the national economy and the level of development of socio-economic relations, promoting investment in medical science and research related to related issues of improving the environment, development of physical culture and sports, recreation, medical and health tourism” [2, p. 113].

5. Development of partnership models of interaction between the state, business and civil society, which provides “maximum medical benefit for the patient, staff, hospitals and community and can be implemented through successful interaction between all stakeholders” [5, p. 264]. The final proposal is the development of partnership models of interaction, which provide for the implementation of joint projects in the field of modernization of medical infrastructure, disease prevention and improvement of the quality of medical services. efficiency of public administration and sustainable development of medical institutions. A comprehensive combination of resources, managerial potential and social activity of different sectors creates prerequisites for the modernization of the health care system, improving the quality of medical services and strengthening public confidence in public policy in this area.

The proposed directions for increasing the efficiency of the implementation of state functions in the field of health care and ensuring the constitutional rights of citizens to receive medical services form an integral system of management decisions aimed at the sustainable development of medical institutions. Their comprehensive implementation creates prerequisites for the formation of a financially sustainable, strategically oriented and socially responsible health care system in Ukraine.

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