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## Methodical Approach to the Formation and Implementation of Socio-Economic Policy of Regional Health Care Development

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### Abstract

The article describes the methodical approach to the formation and implementation of socio-economic policy of regional health care development in the Russian Federation. This methodical approach is based on the assessment of the strategic potential of regional health care. The essence of its main steps are revealed. The main directions of socio-economic policy of regional health care development are also suggested.

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### 1. Introduction

Currently, the Russian Government has chosen a policy of systemic modernization of the health care industry. The need to reform the health care system is confirmed with set of actual issues, including lack of financing of the sector, the deterioration of the demographic situation, the poor quality and availability of medical care. Due to the redistribution of powers and sources of funding between the Federal and regional levels of government of the Russian Federation, which favors the latter, issues of improving the socio-economic policy in the sphere of management of health care development at the regional level has become de facto. We would note that almost all the actions of the

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Federal government, aimed at the modernization of the health care system, were mostly tactical, operational, non-system and without strategic direction. In addition, significant differentiation of Russian regions in terms of socio-economic and demographic parameters leads to different level of efficiency of the activities of the state target programs. Often, the resource constraints of the regions are the main criterion in the selection of problems for software development, which often leads to the priority of the current (although important) problems over the strategic ones. In most cases, programs are not able to systematically solve problems in the field, and lead only to the improvement of individual components, which in general does not provide a transition of the health care system to a qualitatively new level, which doesn't increase the efficiency of its operation and does not solve the actual problems.

Thus, the substantial differentiation of Russian subjects justifies the need of forming renewed ideology of the regional socio-economic health policy focused on sustainable own (internal) development of the health care system taking into account the peculiarities of its strategic potential.

## 2. The theoretical and methodical basis for the formation and implementation of socio-economic policy of regional health care development

### 2.1. The essence of socio-economic policy of regional health care development

A lot of scientific publications are devoted to studies of functioning and development of health care system. A number of researchers (Ifanti, 2013; Mur-Veeman, 2008 ; Aujoulat, 2001 ; Cabiedes, 2001; Sheiman, 2014, Shevski, 2014 etc .) discussed issues of the health care system relationships and dynamics of socio-economic development of the state. Also, a number of authors (Karanikolos, 2013, Mladovsky, 2013, Cylus, 2013, Thomson, 2013 ; Siskou, 2013, Kaitelidou, 2008, Papakonstantinou, 2008, Ettelt, 2012, Mackenbach, 2013 ; White, 2013 ; Scott, 2014 ; Voncina, 2007 ; Kieke, 2013 etc.) gave a detailed revelation in their works about the essence of governance mechanisms of health care administration, the priorities of the state policy in the field of health .

In addition, such questions are being actively covered in the reports of the World Health Organization (WHO) and the Organization for Economic Cooperation and Development (OECD).

Key issues and conditions of health care development at various levels (national, regional, municipal) are deeply studied by Russian researchers. Particular attention is paid to the analysis of the resource potential of the field, features of ongoing modernization of health care in Russia, political and legal aspects of its provision.

Currently, health care in the Russian Federation is in crisis. Despite significant infusion of state funds in this sector, the main problems remain unresolved in most regions of the Russian Federation. The level of health funding remains insufficient and one of the lowest in the world. Thus, in the Russian Federation in 2011 and in 2013, public expenditures on health care are about 3,7% of GDP, that is at least two times lower than the average in the EU countries and the USA [Vertakova, Vlasova, 2013] (Table 1).

Table 1. List of some of sorted countries of the world by their total expenditure on health at purchasing power parity (PPP) per capita, and their total expenditure on health as a percentage of GDP, in 2011 and 2013

Country	Total health expenditure per capita PPP Int.\$, 2011	Total health expenditure per capita PPP Int.,\$ 2013	Total health expenditure % of GDP 2011	Total health expenditure % of GDP 2013
<u>United States</u>	8,508	8,745	17,7	16,2
<u>Norway</u>	5,669	6,758	9,3	9,6
<u>Switzerland</u>	5,643	6,080	11,0	9,3
<u>Netherlands</u>	5,099	5,178	11,9	11,8
<u>Austria</u>	4,546	4,896	10,8	11,1
<u>Canada</u>	4,522	4,602	11,2	10,4
<u>Germany</u>	4,495	4,884	11,3	10,9
<u>Denmark</u>	4,448	4,698	10,9	10,9
<u>Luxembourg</u>	4,246	4,578	6,6	7,1
<u>France</u>	4,118	4,288	11,6	11,2
<u>Belgium</u>	4,061	4,419	10,5	10,5
<u>Sweden</u>	3,925	4,106	9,5	9,5

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