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ISSUES OF STATE CO-FINANCING IN THE RA HEALTHCARE SYSTEM

The Republic of Armenia, as a welfare state, is required to carry out a number of vital activities aimed at improving the country's population's level of social protection. In this context, it is necessary to implement programs to protect and improve the population's health, as well as to create effective and accessible conditions for the provision of medical care. The framework of the state order solves the difficulty of delivering medical services on equal terms. However, after the collapse of the Soviet Union, this system is guided and governed by almost the same unchanging structure and logic as in the Soviet years. The framework of state order in the field has not altered much over the last 30 years, and the adjustments have had little influence on the system's efficiency. Therefore, the paper seeks to examine and diagnose the problems of state co-financing of the healthcare system, as well as to draw conclusions from the study that can aid in the sector's development.

Keywords. *state order, co-financing, targeted programs, healthcare, medical organizations*

JEL: I18, H75 , H51

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Introduction. Any state can solve the issue of providing medical services on an equal basis for the population, especially for the insecure and vulnerable social groups, with the state co-financing of the sphere, by launching the institution of state order. The Armenian government funds the industry through the state order institution. In Armenia medical treatment and services are guaranteed to be funded by the Armenia's government through allocations from the country's state budget. It should be noted that this funding is provided within the framework of various programs to protect and improve the population's health.

The allocation of financial resources required for the implementation of these programs should be based on the logic of these programs' predicted outcomes being consistent with government policy. However, sectoral problems and methodological gaps in the calculation of available financial allocations are prerequisites for systemic inefficiencies and problems. In view of this fact, the paper attempts to carry out a general analysis of the existing data and legal regulations, as well as to make conclusions on the existing problems based on the obtained results and to establish guidelines through which those problems can be solved.

Literature Review. The literature on healthcare co-financing is quite extensive. And each feature has a variety of positions. Such authors as Kristin L.Reiter, Paula H.Song,¹ Judith J.Baker, R.W. Baker, Neil R.Dwopkin,² William O.Cleverley, James O.Cleverley³ and others have addressed the issues of financing the healthcare system. Studies on the subject by Armenian researchers, however, are scarce. In Armenia, the topic has been studied by organizations such as the Transparency International Anticorruption Center,⁴ the Armenian Bar Association⁵ and The World Bank.⁶

However, taking into account the peculiarities of the topic, in this part of the research we consider it necessary to refer to legal regulations of the sphere in Armenia. But before that, it is important to present the essence of health financing. According to the World Health Organization, **Health financing** refers to the "function of a health system concerned with the mobilization, accumulation and allocation of money to cover the health needs of the people, individually and collectively, in the health system. The purpose of health financing is to make funding available, as well as to set the right financial incentives to providers, to ensure that all individuals have access to effective public health and personal health care".⁷

¹ Kristin, L. R., & Paula, H. S. (2018). Gapenski's fundamentals of healthcare finance. 456 p.

² Judith, J. B., Baker, R.W., Neil, R. D. (2018). Health care finance: Basic tools for nonfinancial managers. 610 p.

³ William, O. C., & James, O. C. (2018). Essentials of health care finance. 574 p.

⁴ Transparency International Anticorruption Center. (2016). Corruption risk assessment in the field of free and preferential medical care guaranteed by the state. 92 p.

⁵ The Armenian Bar Association. (2016). Corruption risks in the healthcare sector. 9 p.

⁶ The World Bank. (2020). Public finance management reforms to improve health care delivery, Armenia. 88 p.

⁷ The World Health Organization. (2000). The world health report 2000–health systems: improving performance. 215 p.

Everyone in Armenia has ***the right to social security in case of illness***,⁸ this right is expressed through the individual's right to health care.⁹ The number one responsible for exercising that right is the state, and in the social sphere, the main goals (***implementation of programs for the protection and improvement of the population's health, creation of effective and affordable medical care conditions***) of the state policy derive from this logic.¹⁰

Ensuring the implementation of the constitutional right to protection of human health in the Republic of Armenia has legislative basis: In particular, the RA Law "On medical aid and population services" regulates the relations related to the financial-economic issues of the medical care and service ensuring the implementation of the constitutional right to health care.¹¹ There are four sources of financing medical care and services in the RA, the first of which is ***the allocations from the state budget of the RA***.¹²

The RA government provides guaranteed funding for medical care and services through allocations from the state budget within the framework of public health protection and improvement programs.

The provision of health services in the Republic of Armenia, at the expense of financial means provided from the state budget, can be carried out free of charge and by means of preferential medical care and services guaranteed by the state. In case of ***free medical care***, full reimbursement of care is provided, and in case of ***preferential medical care***, partial reimbursement is made.¹³ Free and preferential medical care can be provided in both inpatient and outpatient settings.

Free and preferential medical care can be performed both in ***hospital and outpatient conditions***. In both cases, the approaches and principles used are substantially different. In case of funding for ***hospital medical care and services***, it is carried out either on the principle of ***restricted budget*** (in other words, according to the actual work, but not more than the funding stated in the contract of the implementation of medical care and service on the expense of the state budget of the Republic of Armenia), or on the principle of ***non-limitations of the budget*** with the contract (In other words, according to the actual work, but not more than the annual amount defined by the state budget of the Republic of Armenia for the programs).¹⁴ It is also necessary to refer to the mechanism that calculates the contractual amounts:

1. The contractual amounts of the organizations that did not receive funding from the state budget to provide hospital medical care last year are calculated according to the following formula, the number of forecasted patients multiplied by the average price of treatment.

⁸ Constitution of the RA, 06.12.2015, article 83

⁹ Constitution of the RA, 06.12.2015, article 85

¹⁰ Constitution of the RA, 06.12.2015, article 86, point 7

¹¹ The RA Law On medical aid and population services, 04.13.1996, article 1

¹² The RA Law On medical aid and population services, 04.13.1996, article 43

¹³ Decision of the Government of the Republic of Armenia On the provision of free and preferential medical care guaranteed by the state, 04.03.2004, N 318, Annex 2, points 2.1 and 2.2

¹⁴ Decision of the Government of the Republic of Armenia On the provision of free and preferential medical care guaranteed by the state, 04.03.2004, N 318, Annex 2, points 2.6 and 2.4

2. The contractual amounts of organizations that received funding from the state budget to provide hospital medical care last year are calculated with the sum of the actual funded amount of the previous year adjusted with the price increase and the increase of the number of cases.¹⁵

In case of financing of **outpatient medical care and services**, the methodology for calculating the contract price is a little different:

1. The price of the contract for the programs calculated for the residents is calculated by the following formula: Number of registered residents multiplied by Annual normative for one resident,
2. For other programs based on the volume of actual works in previous years.¹⁶

There are six state **targeted health programs** in the Republic of Armenia: state targeted programs of hygienic and epidemiological security of the population (P1), primary health care of the population (P2), maternal and child health care (P3), social assistance to the socially vulnerable and separate groups of the population (P4), fight against diseases of social dependence and special significance (P5) and related services supporting targeted programs (P6).

However, in addition to the legal regulation mechanisms in the field, it is also necessary to analyze the actual co-financing indicators, which will be tested in the following sections of the research.

Research methodology. The following methods and tools have been used in the paper to study the current state of the healthcare system co-financing by the government of the Republic of Armenia: dynamic and structural analysis, correlation and trend analysis, comparative analysis, Figureical and tabular observations, observations of absolute and relative indices and coefficients. The data provided and published by the Statistical Committee of the Republic of Armenia, the Health Information Analytical Center of the Republic of Armenia, the Ministry of Health of the Republic of Armenia and the World Health Organization were the basis for the research.

In the analytical part of the research, first of all, the planned indicators of financing the RA state targeted health programs were studied both in absolute and relative values. The execution of the planned expenditures of the RA Ministry of Health was also observed.

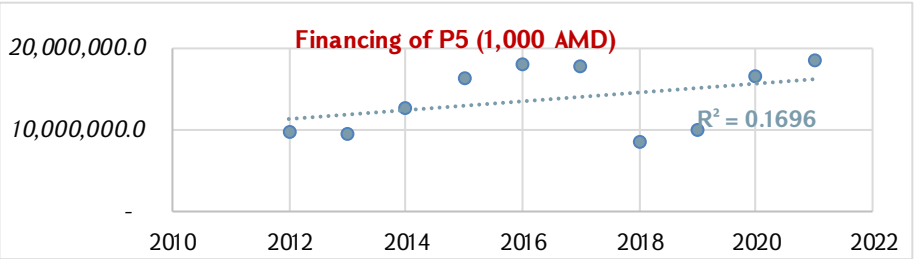
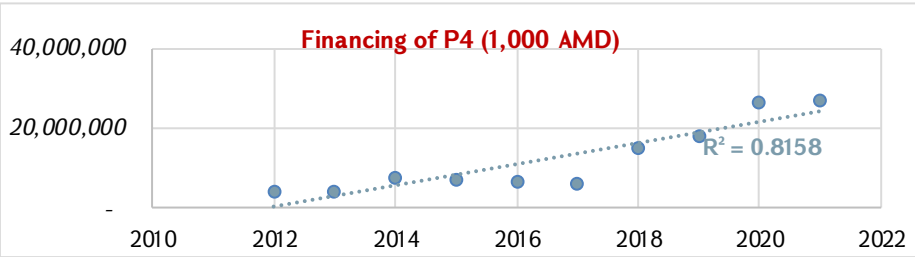
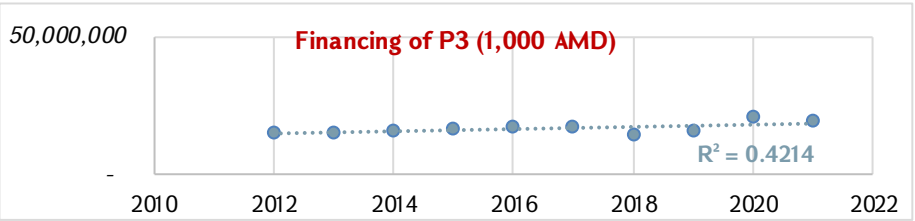
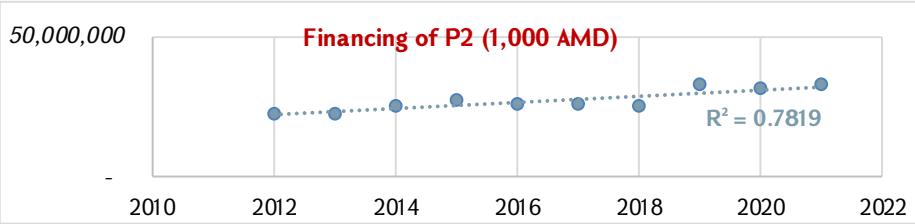
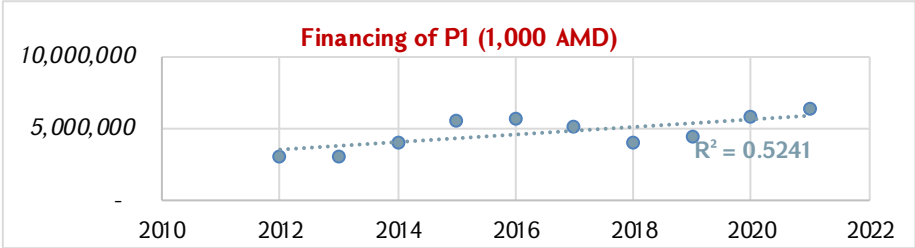
Then, the indicators characterizing the healthcare system financing of Armenia were compared to the same indicators of Azerbaijan and Georgia. Indicators such as the ratio of state health expenditures to GDP, the ratio of state health expenditures to total budget expenditures, as well as state health expenditures per capita were considered.

The financial indicators of the medical organizations that provided medical services and got income within the framework of the state order in the Republic of Armenia were also reviewed, and the research was summarized with the conclusions based on the analysis.

¹⁵ Decision of the Government of the Republic of Armenia On the provision of free and preferential medical care guaranteed by the state, 04.03.2004, N 318, Annex 2, points 4.2

¹⁶ Decision of the Government of the Republic of Armenia On the provision of free and preferential medical care guaranteed by the state, 04.03.2004, N 318, Annex 2, points 5.1

Findings, analyses. The study of public co-financing should start with the consideration of planned indicators, which presupposes a study of the financing of state targeted health programs. Below is a discussion of the dynamics of planned financing in Armenia.



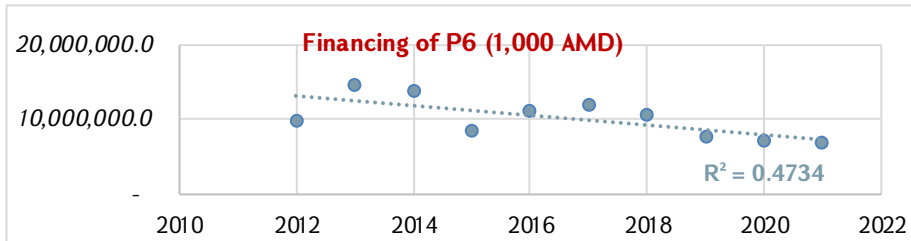


Figure 1. Dynamics of financing the state targeted health programs of Armenia¹⁷

According to the planned indicators of 2021, the highest state funding in Armenia is envisaged for the implementation of the state targeted program of primary health care of the population. Funding of 32.8 billion AMD is envisaged for the implementation of it, which is 30% of the planned funding. This program's funding has moved over the last ten years with a positive upward trend. This claim is based on the R^2 index (it is quite high) calculated by the least squares method. The largest drop in yearly funding was 5%, while the biggest increase was 30%.

Due to the need to seek an effective level of funding, it is also necessary to analyze the correlation between this program's financing and the RA state budget expenditures. The correlation coefficient of the program's financing and the RA state budget expenditures is 0.92, indicating that in 2012-2021 the program's financing fluctuated between 1.7 and 2.2 percent of the budget expenditures, it means that the program's financing is not dependent on the sphere's peculiarities, but is only a reflection of the state budget expenditures. Of course, this throws into doubt the program's efficacy.

In 2021, the second-highest volume of funding is for the state targeted program of medical care for the socially vulnerable and separate groups of the population. This program's funding is 27 billion AMD. In this case, as well, the program's financing has a propensity to expand with time. However, it is worrying that the correlation coefficient of this program's financing and the state budget expenditures is 0.96. In other words, the program's funding is nearly totally dependent on the size of budget expenditures, which poses the same dilemma as in the previous case. It is worth noting that the financing for these two programs amounts to more than 54% of overall funding, implying that the expediency of more than half of the sectoral financing is questioned.

A positive trend in the growth of funding for programs is observed in the case of state targeted programs for the protection of maternal and child health, hygienic and epidemiological security of the population, as well as diseases of social dependence and special significance. In the case of these programs, the correlation from the state budget expenditures is 0.75, 0.73 and 0.42,

¹⁷ Extracts from the minutes of the RA Government sittings, Approval of draft state health target programs for 2012-2018, Appendix 2: 29.09.2011 N38; 27.09.2012 N39; 28.09.2013 N39; 25.09.2014 N40; 01.10.2015 N44; 29.09.2016 N38; 28.10.2017 N41.

Decisions of the RA Government, Approval of draft state health target programs for 2019-2021, Appendix 2: 27.09.2018 N1021; 30.09.2019 N1295; 29.09.2020 N1604

respectively. Such a degree of correlation indicates a high degree of dependence.

The only program, in which funding has a declining trend, is a program that supports targeted programs, the reduction of the program's funding indicates the determination of the implementation of specific programs in the field.

The analysis of the planned financing of the RA state targeted health programs was summarized by the study of the ratio of those programs' financing and the RA state budget expenditures (Figure 2).

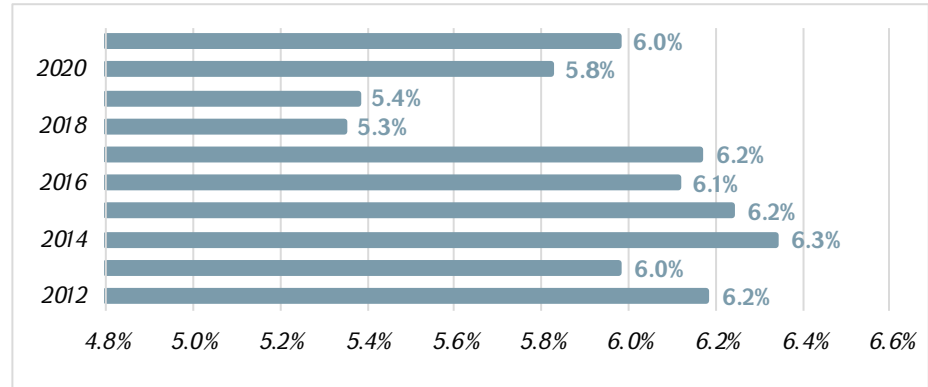


Figure 2. Financing of the RA state targeted health programs / The RA total state budget expenditures¹⁸

It is visible from the data of the Figure that in 2012-2021 the financing of the state targeted health programs has not almost changed in comparison with the expenses of the RA state budget expenditures, fluctuating in the range of 5.3-6.3% of the state budget expenditures. Moreover, the correlation between these two indicators is 0.95, which proves that these indicators have an almost ideal correlation.

Naturally, it is assumed that the planned indicators for financing the sector may not actually coincide with the actual financing. Therefore, there is also a need to understand the performance of planned indicators, because if the planned financing mostly depends on the budget expenditures, then the question arises how the sector responds to the financing that does not follow the specifics of the sector.

The planned expenditures' execution of the MOH of Armenia (the execution of the revised plan) for 2017-2020 is presented in Figure 3.

The Figure illustrates that in 2017-2020 the program expenditure performance of the MOH of Armenia fluctuated in the range of 95.90-98.30% with the average of 96.90%, and the RMSE/average ratio was 1.00%. Such high performance in the case of funding not connected to the sector features may indicate two factors:

¹⁸ See graph 1 references, Laws on the State Budget of the Republic of Armenia for 2012-2021, Articles 2.

1. The sector's financing is insufficient and does not fulfill its demands (funding is less than required), thus the projected funding is completely executed.
2. Organizations utilize the funds to function and survive, rather than to tackle sectoral problems.

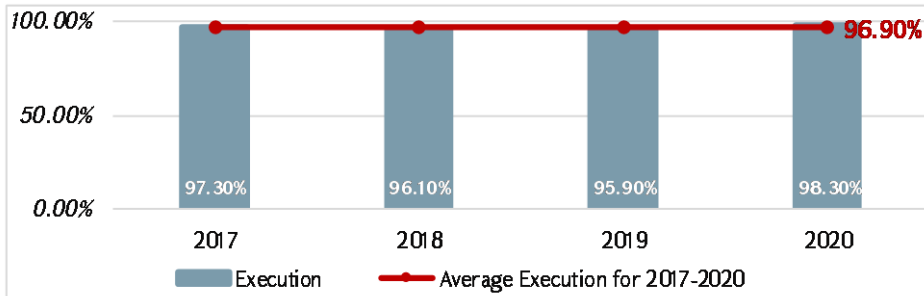


Figure 3. Execution of planned expenditures of the MOH of Armenia¹⁹

It is obvious that in both cases the situation is ineffective, therefore, it is necessary to determine the veracity of both charges. However, first and foremost, a study of foreign experience is required. A comparison of state health expenditures in Armenia, Georgia, and Azerbaijan was conducted for this aim.

The first indicator considered is the ratio of state health expenditures to GDP (Figure 4).

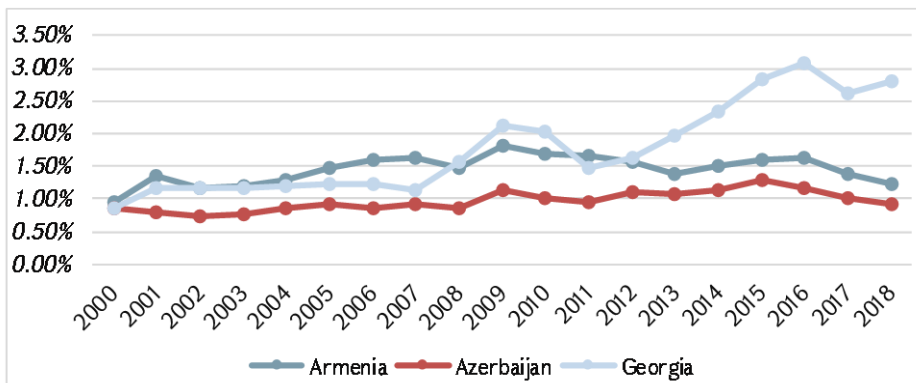


Figure 4. Ratio of state health expenditures to GDP in Armenia, Azerbaijan, Georgia²⁰

Georgia had the highest share of health expenditures in relation to GDP throughout the considered period. Georgia's average state health expenditures / GDP ratio was 1.77% in 2000-2018, and it was 2.81% in 2018. Georgia is followed by Armenia, with a 1.45% average ratio, and Azerbaijan, with a 0.97% average ratio. However, it is important to understand which of these

¹⁹ Conclusions of the RA Audit Chamber On the implementation of the state budgets of the RA for 2017-2020.

²⁰ The World health organization. <https://apps.who.int/nha/database/Select/Indicators/en>. visited on 29.11.21 9:55 PM.

countries has the highest correlation of health expenditures and GDP. For this purpose, the RMSE/average ratio is calculated for the series, which shows what the deviations from the mean are. Naturally, the lower the rate, the higher is the interdependence of healthcare expenditures and GDP. It should be noted that in the case of Armenia and Azerbaijan this ratio is 14.46% and 15.14%, respectively, indicating that GDP and health expenditures are highly interdependent in these two nations. In contrast to Armenia and Azerbaijan, in Georgia the ratio is 38.05%, which means that the two indicators under review are less correlated in that country. This suggests that in Armenia and Azerbaijan, public health financing is substantially correlated with macroeconomic metrics like GDP, but in Georgia, the correlation is much less. Naturally, the weaker the connection, the more probable financing will come from the sector's characteristics rather than the country's macroeconomic situation.

The ratio of public health expenditures to budget expenditures should also be considered. This ratio for Armenia, Azerbaijan and Georgia is presented in Figure 5.

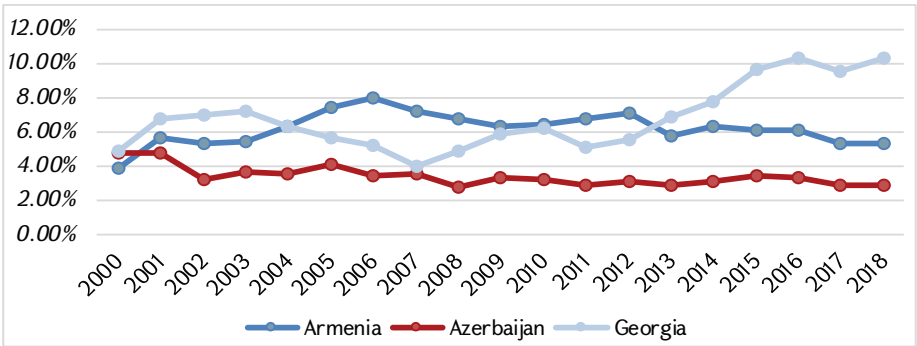


Figure 5. Ratio of state health expenditures to budget expenditures in Armenia, Azerbaijan and Georgia²¹

It is obvious that as in the previous case, in this case too Georgia is the leader. In 2000-2018, the average ratio of state healthcare financing / budget expenditures was 6.77%. Georgia is followed by Armenia with 6.16%, and Azerbaijan with only 3.37%. However, in order to refute or confirm the results obtained from the analysis of the previous indicator, it is necessary to refer to the RMSE/average ratio. This ratio is 27.81% in the case of Georgia, 14.84% in the case of Armenia, and 16.97% in the case of Azerbaijan. In this case, the results of the previous analysis are fully confirmed: The sector's financing in Armenia and Azerbaijan is highly dependent on such indicators as GDP and budget expenditures, so it does not arise from the sector's problems; however, the situation in Georgia is better, as the correlation is lower, implying that the sector's financing is, on other equal terms, dependent on the sector itself. This approach, as well as the fact that the country is more social in nature, is demonstrated by considering the dynamics of health expenditures per capita (Figure 6).

²¹ The World health organization. <https://apps.who.int/nha/database/Select/Indicators/en>. visited on 29.11.21 9:55 PM.

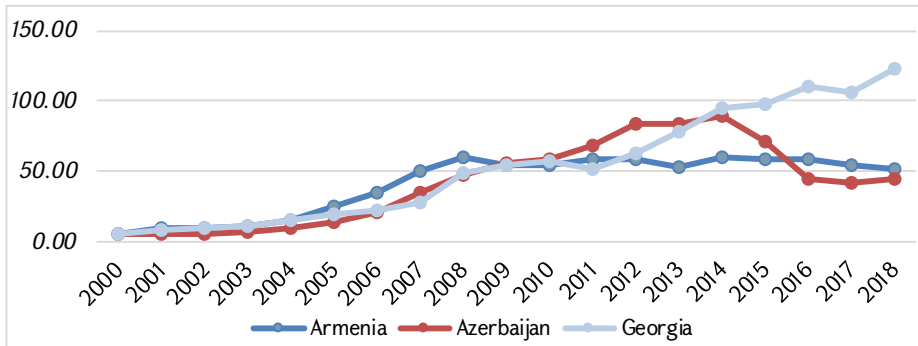


Figure 6. State health expenditures per capita (USD) in Armenia, Azerbaijan and Georgia²²

Discussing the legislative provisions of the state healthcare financing, the planned indicators of it, the performance of those indicators, as well as comparing the data between Armenia, Georgia and Azerbaijan, it is also necessary to address the impact of the state order institute on medical organizations. For this purpose, the financial and economic indicators of the medical organizations providing free medical care and services guaranteed by the state were studied.²³

In 2020, there were 278 companies that offered outpatient services under the state order, a reduction of nearly 7% from the previous year. The total volume of state orders in the total revenue received by these organizations was 34%, but the average ratio of state orders / gross revenue of these 278 organizations was 86%. If we consider the state orders / gross revenue ratio to represent the coefficient of dependency on state funding, the average value of that coefficient is so high that the organizations in question can be considered to have a substantial reliance on state financing. Circumstances such as the following come to prove this dependence:

1. In 55% of the organizations in question, revenues from state-funded services accounted for more than 90% of gross revenues.
2. In 95% of the organizations in question, revenues from state-funded services accounted for more than 50% of gross revenues.

Information on outpatient service providers (organizations) is presented in Table 1.

In 2020, there were 97 companies which received income under the state order for providing hospital services, a reduction of nearly 13% from 2019. The total volume of the state order in the total revenue of these organizations, in contrast to 34% of outpatient organizations, was 74%, but the average of the state order/gross revenue ratios of these 97 organizations was 66%. In this case as well, the presumption that these organizations are highly dependent on government funding is confirmed. When we add in the fact that revenue from

²² The World health organization. <https://apps.who.int/nha/database/Select/Indicators/en>. Visited on 29.11.21 9:55 PM.

²³ The MOH of Armenia. https://www.moh.am/uploads/1058_xlsx, <https://www.moh.am/uploads/ampop1.xlsx>. Visited on 29.11.21 9:58 PM.

state-ordered services accounted for more than half of the total revenue in 75% of the organizations under consideration, the veracity of the above-mentioned assertion becomes even more compelling.

Table 1

Indicators of state-funded organizations providing outpatient services

	2019	2020
Number of organizations	299	278
The share of the total state order in the total revenue	69%	34%
The average share of the state order in the revenue	85%	86%
The share of organizations in total, in the revenue of which the share of the state order exceeds 90%	48%	55%
The share of organizations in total, in the revenue of which the share of the state order exceeds 80%	80%	78%
The share of organizations in total, in the revenue of which the share of the state order exceeds 50%	94%	95%

Information on hospital service providers (organizations) is presented in Table 2.

Table 2

Indicators of state-funded organizations providing hospital services

	2019	2020
Number of organizations	111	97
The share of the total state order in the total revenue	52%	74%
The average share of the state order in the revenue	67%	66%
The share of organizations in total, in the revenue of which the share of the state order exceeds 90%	14%	6%
The share of organizations in total, in the revenue of which the share of the state order exceeds 80%	31%	30%
The share of organizations in total, in the revenue of which the share of the state order exceeds 50%	78%	75%

In the case of dental care providers, the dependence on public funding is significant too. In general, the number of companies providing dental services financed from the state budget within the framework of the state order in 2020 was 38 against 36 in 2019. The average of the state order to revenue ratios in these organizations was 59%, and the revenue from the budget surpassed 50% of the total revenue in 79% of the organizations. This kind of statistics reveals that, like the previous two situations, these organizations rely heavily on government support too. The financial and economic indicators of the companies providing dental services are presented in Table 3.

If we summarize the above analysis, we can clearly state that the companies that generate revenue within the framework of the state order are mostly highly dependent on the state budget. These organizations, not operating in a competitive environment, sign a contract with the state for the provision of state-ordered services, receive the price of almost the entire contract, and do not even try to develop their competitiveness in the market. As a result, organizations "survive" at the expense of the state order, and their financial and economic efficiency is constantly declining, and very often it is almost zero.²⁴

²⁴ Galstyan, H., Badadyan, G., Sahakyan, S. (2021). Evaluation of efficiency of management of stateowned medical organizations. ASUE AMBERD Research Center, p. 10-40.

Table 3

Indicators of state-funded organizations providing dental services

	2019	2020
Number of organizations	36	38
The share of the total state order in the total revenue	32%	34%
The average share of the state order in the revenue	48%	59%
The share of organizations in total, in the revenue of which the share of the state order exceeds 90%	8%	8%
The share of organizations in total, in the revenue of which the share of the state order exceeds 80%	8%	11%
The share of organizations in total, in the revenue of which the share of the state order exceeds 50%	47%	79%

Conclusions. Summarizing the analysis, we can make the following main conclusions:

1. The Republic of Armenia has a good legal foundation for funding medical organizations within the framework of the state order, but the actual efficiency and implementation of such legislation is a different matter.
2. In the Republic of Armenia, the correlation coefficient of state financing targeted health programs and state budget expenditures is 0.95, which means that the financing of the sector does not stem from the peculiarities of the sector and the need to solve the problems set by the sector, but only it is the projection of the main indicators of the RA state budget to the sector, because, in actuality, such a level of connection is just impossible to achieve when determining volumes using the approach prescribed by law.
3. The volumes of healthcare financing in Armenia are highly dependent not only on budget expenditures, but also on GDP. The situation is similar in Azerbaijan, while Georgia has managed to create a financing system based on the specifics of the sector. The problem in this regard is obvious: the financing of the sector should not only come from the dynamics of the country's macroeconomic indicators, but also from the need to solve the health problems in the country.
4. The financing of medical organizations within the framework of the state order in the Republic of Armenia has led to the weakening of competition in the sphere and the limitation of the opportunities for the development of the sphere. These organizations are heavily dependent on state budget funds, as the main element generating revenue for most of these organizations is state financing. In other words, these organizations "survive" at the expense of the state order. As a result, the financial and economic efficiency of the sector tends to be minimal.

Thus, the study shows that the financing of medical services in the Republic of Armenia within the framework of the state order is not organized effectively in the context of solving the health problems of the country. In this case, the problem can have only two solutions: Either the current institution of state order definition and organization needs to be improved, or the system needs to be completely replaced by another funding mechanism for medical services. In both

cases, the current approaches that have led to the above-mentioned problems must be pushed out of the sectoral policy, otherwise the current deplorable situation will deepen the sectoral crisis.

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ՀԱՄԱՁԱՍԴ ԳԱԼՍՏՅԱՆ

Հայաստանի պետական տնտեսագիտական համալսարանի «Ամբերդ» հետազոտական կենտրոնի հետազոտող, տնտեսագիտության թեկնածու

ԳԱԳԻԿ ԲԱԴԱԴՅԱՆ

Հայաստանի պետական տնտեսագիտական համալսարանի կառավարման ամբիոնի ասպիրանտ

ՍԱՍՈՒՆ ՍԱՀԱԿՅԱՆ

Հայաստանի պետական տնտեսագիտական համալսարանի կառավարման ամբիոնի հայցորդ

Պետական համաֆինանսավորման հիմնախնդիրները ՀՀ առողջապահական համակարգում.– Հայաստանի Հանրապետությունը, որպես սոցիալական պետություն իր ստանձնած պարտավորություններից ելնելով, պետք է իրականացնի մի շարք էական գործառույթներ, որոնք միտված

են երկրի բնակչության սոցիալական ապահովության մակարդակի բարձրացմանը: Այս համատեքստում, անհրաժեշտ է իրականացնել բնակչության առողջության պահպանման և բարելավման ծրագրեր, ինչպես նաև ստեղծել արդյունավետ և մատչելի բժշկական սպասարկման պայմաններ: Համահավասար պայմաններով բժշկական ծառայությունների մատուցման խնդիրը լուծվում է հենց պետական պատվերի կառուցակարգի միջոցով: Սակայն խորհրդային համակարգի փլուզումից հետո վերոնշյալ համակարգն առաջնորդվում ու կառավարվում է գրեթե նույն անփոփոխ կառուցվածքով ու տրամաբանությամբ, ինչ խորհրդային տարիներին էր: Ոլորտում պետական պատվերի կառուցակարգը վերջին 30 տարիներին ենթարկվել է դրա արդյունավետության վրա առանձնապես ազդեցություն չունեցող փոփոխությունների: Ուստի հոդվածում փորձ է արվել իրականացնելու առողջապահական համակարգի պետական համաֆինանսավորման հիմնախնդիրների բացահայտման ու ախտորոշման վերլուծություն, դրա հիման վրա կատարվել են եզրակացություններ, որոնք կարող են նպաստել ոլորտի զարգացմանը:

Հիմնաբառեր. պետական պատվեր, համաֆինանսավորում, նախալային ծրագրեր, առողջապահություն, բժշկական կազմակերպություններ:

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Актуальные проблемы государственного софинансирования в системе здравоохранения РА.— Республика Армения как государство всеобщего благоденствия обязана проводить ряд важных мероприятий, направленных на повышение уровня социальной защиты населения страны. В этом контексте необходимо реализовывать программы по охране и укреплению здоровья населения, а также создавать эффективные и доступные условия для оказания медицинской помощи. В рамках госзаказа решается проблема оказания медицинских услуг на равных условиях. Однако после распа-

да Советского Союза эта система управляется в соответствии с той же неизменной структурой и логикой, что и в советские годы. Система государственного заказа в данной сфере не сильно изменилась за последние 30 лет, а проведенные преобразования повлияли на эффективность последней в незначительной степени. Таким образом, в статье предпринята попытка изучить и диагностировать проблемы государственного софинансирования системы здравоохранения, а также сделать выводы на основе исследования, которые могут помочь в развитии данного сектора.

Ключевые слова: госзаказ, софинансирование, целевые программы, здравоохранение, медицинские организации.

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