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**International practice in the development of voluntary health insurance schemes  
and the potential for their implementation in Ukraine**

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**Abstract.** This article **aims** to examine international practices in the development of voluntary health insurance systems, identify their key features, advantages and disadvantages, and determine the opportunities, tools and mechanisms for applying best practices to the Ukrainian context, taking into account the specific nature of the domestic healthcare system, the level of development of the insurance market and European integration priorities. The study utilised the following **methods**: systematic analysis to examine VHI systems as components of healthcare systems; comparative analysis to compare different VHI models; statistical analysis to process data on VHI markets in different countries; and the generalisation method to formulate conclusions and recommendations regarding the adaptation of international experience. **Results.** The main models of voluntary health insurance used in the healthcare systems of various countries have been systematised. Their key approaches to organization and operations have been analysed. The strengths and weaknesses of the analysed VHI models have been examined. Priority strategic directions for integrating voluntary health insurance into the domestic healthcare system have been outlined. **Conclusions.** The study has shown that voluntary health insurance (VHI) in developed countries serves as a flexible complement to state or compulsory healthcare financing schemes, expanding the range of services, accelerating access to treatment, and improving its quality. The results of the analysis confirm that, to implement international experience in Ukraine, it is necessary to take into account institutional, economic, and social realities, establish cooperation between insurers and clinics, improve the regulatory framework, and increase public confidence, which will ensure wider access to high-quality medical care and reduce the burden on the budget.

**Keywords:** international practice, insurance, voluntary health insurance, health insurance, social insurance, insurance system



**Міжнародний досвід формування систем добровільного медичного  
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**Анотація:** Метою даної статті є дослідження міжнародної практики формування систем добровільного медичного страхування, виявлення їхніх ключових особливостей, переваг та недоліків, а також визначення можливостей, інструментів і механізмів застосування кращих практик до умов України з урахуванням специфіки вітчизняної системи охорони здоров'я, рівня розвитку страхового ринку та євроінтеграційних пріоритетів. У дослідженні використано



такі **методи**: системний аналіз для вивчення систем ДМС як складових систем охорони здоров'я; порівняльний аналіз для зіставлення різних моделей ДМС; статистичний аналіз для обробки даних про ринки ДМС у різних країнах; метод узагальнення для формулювання висновків та рекомендацій щодо адаптації зарубіжного досвіду. **Результати.** Систематизовано основні моделі добровільного медичного страхування, що застосовуються в системі охорони здоров'я різних країн. Проаналізовано їхні ключові підходи до організації та функціонування. Досліджено сильні та слабкі сторони проаналізованих моделей ДМС. Окреслено пріоритетні стратегічні вектори для інтеграції добровільного медичного страхування у вітчизняну систему охорони здоров'я. **Висновки.** Дослідження показало, що добровільне медичне страхування (ДМС) у розвинених країнах слугує гнучким доповненням до державних чи обов'язкових схем фінансування охорони здоров'я, розширюючи спектр послуг, прискорюючи доступ до лікування та покращуючи його якість. Результати аналізу підтверджують: для впровадження зарубіжного досвіду в Україні необхідно враховувати інституційні, економічні й соціальні реалії, налагоджувати співпрацю страховики-клініки, удосконалювати нормативну базу та підвищувати довіру громадян, що забезпечить ширший доступ до якісної медичної допомоги та зменшить бюджетне навантаження.

**Ключові слова:** міжнародний досвід, страхування, добровільне медичне страхування, соціальне страхування, медичне страхування, система страхування,

**Постановка проблеми** у загальному вигляді та її зв'язок з важливими науковими чи практичними завданнями. Ефективна система охорони здоров'я відіграє ключову роль у сучасному суспільстві як фундаментальний інститут. Її результативна робота безпосередньо визначає добробут громадян, розвиток людського потенціалу та економічну міць країни на перспективу. В умовах глобалізації, старіння демографії, поширення хронічної патології, зростання цін на медичні технології та дефіциту державних коштів жодна держава не може



обмежуватися виключно бюджетним фінансуванням медичної сфери. Тому добровільне медичне страхування набуває стратегічного значення як доповнення до державних програм, розширення доступу до високоякісної допомоги та мобілізація приватних інвестицій у систему охорони здоров'я.

Міжнародний досвід впровадження систем добровільного медичного страхування (ДМС) демонструє широке різноманіття організаційно-фінансових підходів, зумовлених специфікою національних моделей охорони здоров'я, соціально-економічним контекстом та державними пріоритетами. У країнах з соціальною орієнтацією, як Німеччина, Франція чи Швеція, ДМС виступає переважно як доповнення до обов'язкового страхування, покриваючи додаткові витрати чи забезпечуючи преміум-послуги високого рівня. У ринково орієнтованих економіках воно перетворюється на ключовий канал доступу до медичної допомоги, формуючи основу фінансування системи та визначаючи стандарти якості й обсягу медичного обслуговування для населення. Культурні особливості та інституційні традиції суттєво впливають на ці моделі: у суспільствах з високою довірою до держави ДМС зменшує черги та розширює вибір фахівців у гібридних системах, тоді як у перехідних економіках його розвиток гальмується низькою платоспроможністю, недосконалістю законодавства та слабкою інтеграцією страхових механізмів у медичну сферу. Загалом світова практика підтверджує, що результативність ДМС визначається комплексною взаємодією економічних, соціальних та регуляторних факторів, які формують її місце та ефективність у національних системах.

**An analysis of recent studies and publications.** Researchers are devoting considerable attention to international practices in the development of voluntary health insurance systems and to the feasibility of adapting them in Ukraine. A significant number of scholars are analysing VHI models in developed countries to improve access to healthcare services and enhance the financial sustainability of healthcare systems.

Many studies have focused on the German model [1–4]. These works focus on the dual health insurance system, which combines compulsory and voluntary health



insurance, and examine the mechanisms for implementing such a model and its advantages. VHM models in the US and the UK, with a focus on private insurance pools and public-private partnerships, are examined in the works of E. Thomson and R. Brown [5–7]. The researchers substantiate the advantages of competition among insurers in the US and the UK, and identify the key features of voluntary health insurance models. P. Dubois's study [8] is devoted to the issues of regulation and risks associated with voluntary medical insurance in France.

An analysis of health insurance systems and their implementation in other countries was carried out in the study by A. Krushynska and D. Hrytsenko [9]. The practice of using healthcare financing mechanisms and the organisation of health insurance systems is examined by O. V. Borisyuk [10]. G. Mulyar [11] examines international experience regarding the functioning of healthcare systems and the content of health insurance systems in various countries around the world, depending on their form of financing. V. Bilotskyi [12] conducted a theoretical analysis of the mechanisms governing the functioning of international health insurance systems. In this work, the author examines their institutional transformations, the level of population coverage, sources of funding, and the provision of accessible healthcare services. The works of O. O. Boiko, I. Verkhovod and S. Leshchenko [13–14] are devoted to the study of international experience with voluntary health insurance models. The post-war experience of countries that modernised their healthcare systems during the reconstruction period is summarised in the study by N. Suprun [15].

**Identifying previously unaddressed aspects of the overall problem.** Foreign models of voluntary health insurance (VHI) have been the subject of numerous studies; however, their adaptation to Ukrainian conditions remains insufficiently explored. Most academic publications focus on the characteristics of VHI organisational and financial schemes in developed countries, whilst the specific nature of Ukraine's economic transition, institutional barriers and the peculiarities of healthcare financing are covered only briefly. The lack of comprehensive analyses that integrate economic,



social, military, and legal aspects hinders the creation of an effective national VHI model.

Further research should therefore focus on developing a strategy for implementing universal health coverage (UHC) that takes into account Ukraine's realities and the impact of the war on public health. Uncritical copying foreign practices without considering the local context risks creating financial imbalances in the healthcare sector and rendering insurance mechanisms ineffective. Research into the justification of adapted VHI models that would harmoniously combine global experience with domestic needs and economic resources is becoming particularly important. In this study, the authors have systematised existing VHI models in healthcare, outlined their strengths and weaknesses, and identified key vectors for integrating VHI into the domestic system. The study demonstrates the advisability of prioritising the development of corporate VHI schemes as a promising direction for the insurance market, thereby ensuring broader population coverage with insurance protection.

**Formulation of the article's objectives (statement of the problem).** This article aims to examine international practices in the development of voluntary health insurance systems, identify their key features, advantages and disadvantages, and determine the possibilities and mechanisms for adapting best practices to the conditions in Ukraine, taking into account the specific nature of the domestic healthcare system, the level of development of the insurance market and European integration priorities. To achieve this objective, the following tasks were set:

- to systematise existing models of international voluntary health insurance practice, and to identify their key characteristics, advantages and disadvantages,

- to identify the possibilities and mechanisms for adapting international practice to the conditions in Ukraine.

**Presentation of the main findings of the study.** The current transformational processes within voluntary health insurance (VHI) systems, driven by demographic ageing, rising costs of medical technologies and increasing public expectations regarding the quality of healthcare, underscore its role as a key financial instrument for



ensuring the accessibility of healthcare services. International experience offers a variety of VHI organisational models that can be adapted to Ukrainian conditions to improve the effectiveness of healthcare.

Voluntary health insurance is a key component of personal insurance. Its primary aim is to provide financial protection for the population against healthcare costs not covered by state programs. The essence of voluntary health insurance lies in reimbursing the costs of medical services, medicines, diagnostic tests, treatment and rehabilitation in excess of the limits set by basic state guarantees. This mechanism serves as an additional layer of protection, expanding access to higher-quality services, improving their standard and reducing the financial burden on families. Thanks to an insurance policy, patients avoid large one-off payments for medical care, which is particularly important given the rising costs of medical innovations and services.

A theoretical analysis of the nature, functions and organisational principles of voluntary health insurance (VHI) provides the conceptual framework for further examination of its practical models. A thorough understanding of VHI's potential and the development of an effective model for Ukraine are impossible without reviewing global experience, which illustrates the range of institutional strategies, financial instruments, and mechanisms for interaction between insurance companies and healthcare systems. It is precisely global practice that helps to identify effective methods for improving access to healthcare services, the rational distribution of risks and ensuring the stability of insurance schemes in various economic and social contexts.

In international practice, key models for organizing voluntary health insurance are identified, complementing compulsory insurance and defining the private sector's contribution to healthcare. These approaches differ in terms of the level of state intervention, funding sources, and the degree of integration with state structures. At the same time, each model is adapted to national circumstances.

The Bismarck model was historically the first state healthcare system designed to promote the health of ordinary workers as a future reserve for the army. Initially,



social insurance funds financed medical treatment, unemployment benefits and pensions; later, specialised health insurance funds were established as separate entities. This model is also known as the German or continental model. In it, doctors operate as autonomous market players, providing services competitively. Legislation obliges employers to cover part of employees' medical care through health funds, with employers paying half of the contributions and the insured paying the rest. A distinctive feature is the independent insurance funds, managed by state or private companies under strict state control. Supplementary health insurance in this system expands access to services such as diagnostic procedures, dentistry, alternative medicine and additional medical options.

The Beveridge model, which incorporates supplementary voluntary health insurance and is common in the UK and Italy, is based on a state-run national health service in which core services are funded through taxation and provided free of charge. The state serves as the primary coordinator of healthcare, setting quality standards, allocating resources, and establishing service delivery rules, thereby ensuring the system's socially oriented nature. In this model, private health insurance primarily serves as a supplement to state guarantees, expanding patients' options for medical services rather than replacing them. It is used to reduce waiting times for routine procedures, provide access to private clinics, improve service quality, or offer options beyond the basic state package. In this way, VHI helps to increase the comfort and flexibility of treatment for individuals, whilst upholding the principles of universality and social justice inherent in the Beveridge model.

The private model of voluntary health insurance, as practiced in the US and Switzerland, serves as the main instrument of health insurance, supplemented by state programs for the poorer sections of the population. It is characterised by a dominant role in the financing of healthcare services, market competition between insurers, individual insurance policies and a high level of cover, although access to it remains uneven for low-income groups.

The national models of voluntary health insurance (VHI) in countries such as



South Korea and Taiwan are worth noting. Here, the state social insurance fund guarantees universal basic cover, whilst VHI acts as a supplement, reimbursing costs for services outside the basic state package – in particular, premium services, innovative treatments, private clinics, or additional tests. VHI also eases the financial burden on families during expensive treatment and enhances the adaptability of the healthcare system by combining social guarantees with market-based financing instruments. This approach ensures high accessibility of medical care, standardised tariffs, effective cost control and minimal social barriers. The state framework serves as a foundation, demonstrating harmony between universal coverage and the voluntary extension of protection by individuals.

These social insurance models have evolved under the influence of historical, economic and demographic factors, combining various approaches to the financing, management and delivery of healthcare services. Voluntary health insurance (VHI) serves as a flexible mechanism to supplement public healthcare systems or as a standalone financing mechanism for healthcare. An analysis of global experience enables us to identify the key advantages and strengths of VHI, which ensure its effectiveness across different economic conditions (Fig. 1).

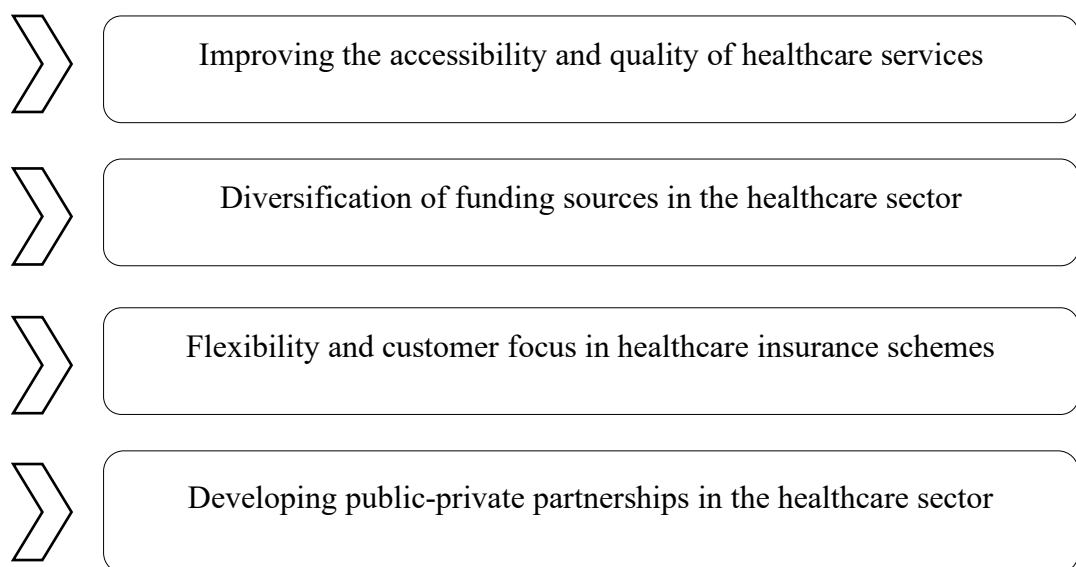


Fig. 1. The benefits of voluntary health insurance models

*Source: compiled by the authors*



The key advantage of private health insurance is that it improves the accessibility and quality of healthcare. It extends the range of services beyond state-provided cover, offering access to modern technologies, private clinics, personalised preventive programs and premium service. In developed healthcare systems, VHI reduces waiting times for treatment, optimises patient flows and increases the utilisation of medical infrastructure.

A significant advantage of these models is the adaptability and customer-centric nature of the insurance products they offer. VHI enables the creation of personalized service packages tailored to clients' incomes, needs, and health status. In many countries, it protects against catastrophic costs associated with serious illnesses or complex treatments, reducing financial risk for families. Furthermore, VHI promotes cooperation between the public and private healthcare sectors. The combination of budgetary allocations and insurance contributions creates a hybrid system that distributes risks more efficiently, modernizes healthcare facilities, and attracts investment in infrastructure.

Despite their significant advantages, existing models of voluntary social insurance also have a number of shortcomings (Fig. 2).

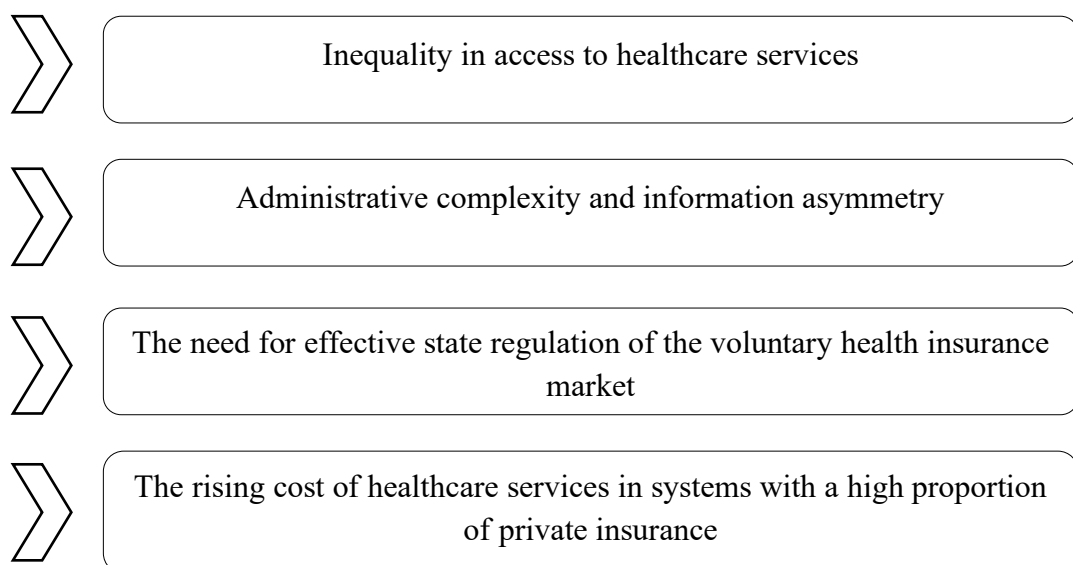


Fig. 2. Disadvantages of international voluntary health insurance models

*Source: compiled by the authors*



The main drawback of voluntary health insurance is the risk of unequal access to healthcare. As insurance schemes depend on people's financial means, those with higher incomes have access to a wider range of services and a higher standard of care, whilst lower-income groups are limited to the basic state-provided package.

Another problem is the rising cost of medical services in systems with a significant proportion of private insurance. Market competition between insurers and clinics does not always reduce costs; rather, it can fuel medical inflation by expanding the range of options and driving up procedure costs. Under such circumstances, insurance premiums rise faster than wages, making VHI less accessible to the general public.

The strategic introduction of voluntary health insurance (VHI) into the national healthcare system must be based on a harmonious combination of state social guarantees and market-based financing instruments. An important focus is the establishment of institutional cooperation between insurance companies, healthcare facilities and healthcare management bodies. Such cooperation involves introducing contractual schemes based on service quality, financial discipline, and the rational use of resources.

A major task is to establish uniform standards of medical care for VHI clients, thereby improving the standard of treatment and optimising costs. Developing a network of clinics accredited by insurers will ensure quality monitoring, transparency of payments and increased public confidence in the insurance system. The digitalisation of VHI administration and healthcare service processes will significantly enhance their efficiency: electronic patient records, online platforms for insurer-clinic interaction, and automated case and claims processing ensure speed, transparency, and operational control. These technologies will also drive the development of personalised insurance products, telemedicine and analytics for risk forecasting and budgeting of medical expenditure.

Overall, the introduction of voluntary health insurance into the national healthcare system must be based on the principles of social equity, financial



sustainability, and institutional harmony. The implementation of these strategic approaches will help expand access to healthcare services, improve their quality, and create a modern, multi-tiered healthcare financing model that effectively responds to current socio-economic challenges.

**Висновки.** In most countries, voluntary health insurance (VHI) serves as a flexible supplement to basic state or compulsory healthcare funding schemes. It broadens the range of medical services, speeds up access to treatment, offers a wider choice of healthcare providers and improves the quality of service. International experience in developing VHI shows that its effectiveness depends largely on coordination among the state, insurers, and clinics, as well as on transparency in financial rules and oversight. A comparative review of VHI models confirms that there is no universal model to be directly replicated. Adapting international practices to Ukraine requires taking into account local institutional, economic and social realities. The integration of VHI into the national healthcare system is justified as a means of diversifying healthcare funding, reducing budgetary pressure and expanding access to quality services. For this to succeed, it is necessary to improve the regulatory framework, develop cooperation between insurers and healthcare facilities, and increase public confidence in health insurance.

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