

Treatment of Ukrainian Citizens Abroad Using the State Budget Funds

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CASE Ukraine



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Вступ

Have you ever considered what you would do if, God forbid, you or someone close to you developed a serious illness? This is no news that today's Ukrainian healthcare system cannot provide all modern medical services required to all its citizens for a number of reasons. Critical cases include the need for transplantation (donation) of bone marrow from a non-native donor, kidney, heart or liver. In the first case, the haematological system is rebooted, and the patient has a chance for a long and healthy life. In the second case, this can improve the quality of his/her life. Although the government does not, unfortunately, keep statistics of the demand, according to some estimates, the need for such treatment is significant, including 6,000 persons waiting for organ transplantation services only. In addition, an average of 1,000 children get cancer each year and 30% need a bone marrow transplant.

In theory, patients can receive treatment abroad. However, in practice, the bill would typically come with 5 to 6 zeros. For example, the average cost of a kidney transplant in a healthcare facility abroad is USD 65,000 (hereinafter USD), bone marrow transplant costs USD 120,000, heart transplant costs USD 100,000, and liver transplant cost is USD 135,000. For citizens of the country with an average salary slightly above UAH 10,000, this amount is unaffordable, and diagnosing the disease means financial collapse or lack of any hope. The only way out of this situation may be a state programme of the treatment of citizens who cannot be cured in Ukraine abroad, which has recently been provided regardless of income¹. However, Ukrainians may never get it, since there are fewer "lucky ones"² than those who need help, and those who went abroad for treatment do not always receive the necessary services of proper quality.

¹ <https://www.kmu.gov.ua/news/moz-uryad-zatverdiv-vazhlivi-zmini-u-poryadok-napravlennya-na-likuvannya-gromadyan-za-kor-don>

² <https://moz.gov.ua/article/news/jak-realizuetsja-programa-likuvannja-gromadjan-ukraini-za-kordonom>

Treatment of Ukrainian Citizens Abroad Budget Programme

The Ukrainian legislation³ provides for the possibility of treatment of Ukrainian citizens abroad in case of necessity of providing a certain type of health care to a patient and impossibility of its provision in Ukrainian healthcare facilities. The state budget has been allocating funds for the treatment of Ukrainian citizens abroad since 1995, and funding for the Programme 2301360 “Treatment of Ukrainian Citizens Abroad” from the state budget can be found in financial reports on the state budget since 2002 with the introduction of programme classification of expenditures. The purpose of the programme is to improve the health, quality and life expectancy of the population and reduce morbidity.

According to the law, the programme can be used by Ukrainian citizens who require a certain type of health care, and who cannot be helped by national healthcare facilities. In practice, these are the citizens with the following diagnoses: oncology, birth defects, the need for certain neurosurgical interventions and the conditions that require organ transplantation.

To apply⁴ for the programme, you need to submit documents that can be realistically collected in a week⁵. The documents are first submitted to the regional health department, and then they are sent to the Ministry of Health for approval. An expert commission consisting of healthcare professionals decides on the expediency of treatment abroad, options in Ukraine or the need for examination⁶. However, it should be considered that although the law sets deadlines for the submission of documents, de facto registering and the priority of documents consideration remain non-transparent⁷. At the end of December 2019⁸, the government amended the procedure for Ukrainian citizens travelling for treatment abroad, introducing a registration index to be assigned to applications, and promising the possibility of tracking it on the website of the Ministry of Health. Nevertheless, we did not find any sources that would openly report on the status of such indices. In response to an official request, the Ministry of Health stated that the process of creating and publishing indices has not been completed and is under development.

In the case of a positive opinion of experts and the availability of funds in the budget, treatment financial assistance is transferred to accounts of the healthcare facility that agreed to provide care in accordance with the needs for treatment determined by the same healthcare facility. While during reporting on the implementation of the budget programme, the government reports on the average cost of treatment of one citizen of Ukraine abroad, the cost of certain medical cases can vary significantly, even if they are similar. As patients and their relatives choose a healthcare facility for treatment independently, the list of healthcare facilities that provided services paid for from the budget includes healthcare facilities in Germany and Italy and a shabby hospital in India.

³ Article 36 of the Law of Ukraine “On Fundamental Principles of Health Care Legislation” dated 19 November 1992 <https://zakon.rada.gov.ua/laws/show/2801-12#n314>.

⁴ Resolution of the Cabinet of Ministers No. 1079 “On the Procedure for Sending Ukrainian Citizens for Treatment Abroad” dated 27 December 2017 <https://zakon.rada.gov.ua/laws/show/1079-2017-%D0%BF>.

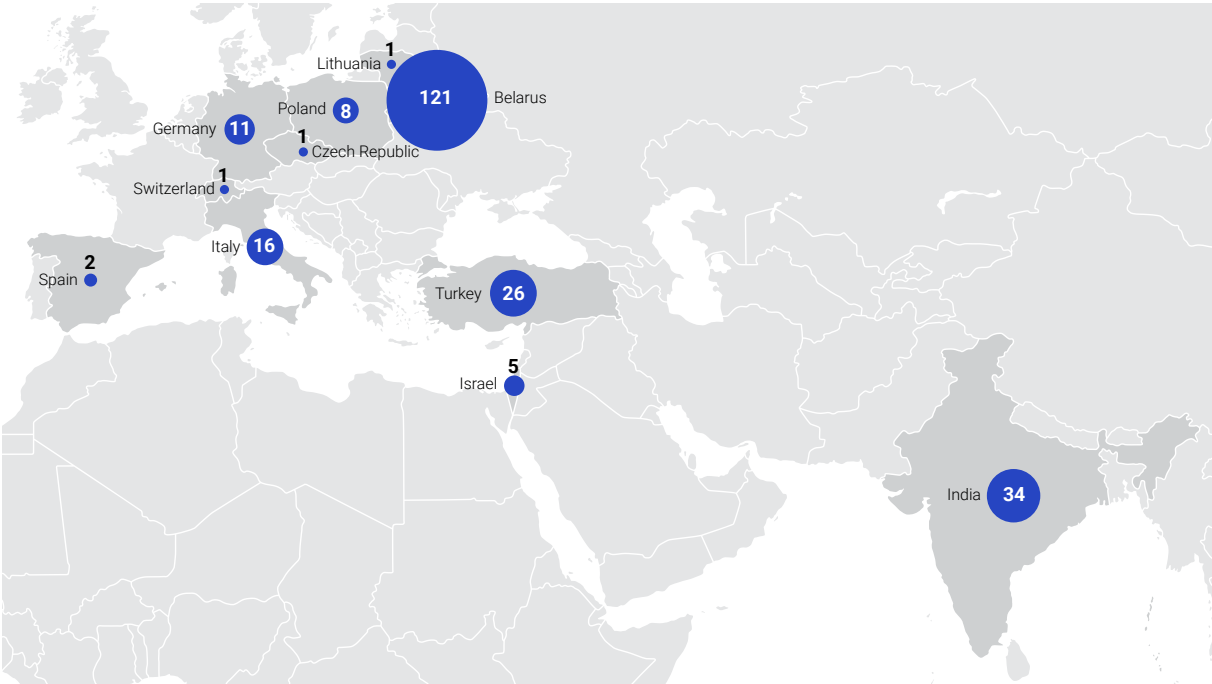
⁵ These documents include application, extract from the medical record, DOS referral letter, residence certificate, copy of taxpayer identification number certificate, consent to automatic data processing, letter of commitment on providing information within a month.

⁶ Experts are appointed to the commission in accordance with a special procedure of the Ministry of Health. Three experts are approved for each area. If opinions of the experts are unanimous, the commission implements their decisions. If one of the experts has a different opinion from the other two, a decision is approved after its presentation and discussion.

⁷ <https://www.ukrinform.ru/rubric-society/2557666-ocered-za-ziznu-kak-pomoc-tem-na-kogo-ne-hvataet-deneg.html>

⁸ <https://zakon.rada.gov.ua/laws/show/1187-2019-%D0%BF#n2>

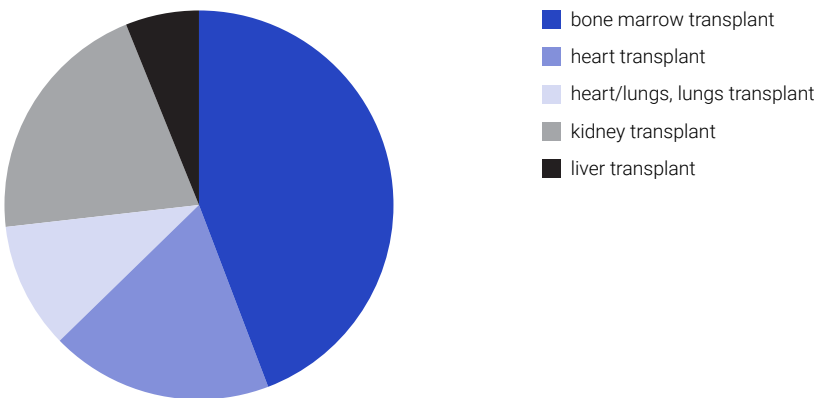
Countries where the Ministry of Health sent Ukrainians for treatment in 2017



<https://moz.gov.ua/article/news/jak-realizuetsja-programa-likuvannja-gromadjan-ukraini-za-kordonom>

The approved procedure for obtaining a permit for treatment abroad using the budget funds does not envisage any criteria for putting into the waiting list, nor for determining priority according to social status, age, type of the disease, treatment prospects, condition or clear definition of diseases. In practice, the structure of diseases of citizens receiving treatment abroad has remained almost constant in recent years. In particular, about half of the citizens who received treatment under the programme were referred for bone marrow transplant and another half for transplant of various organs (heart, lungs, kidneys, liver). This structure is not surprising, since Ukraine has an imperfect legal framework and (which can be considered either as a consequence of the above or as a separate factor) an insufficient number of experts, infrastructure and equipment to provide organ transplant services.

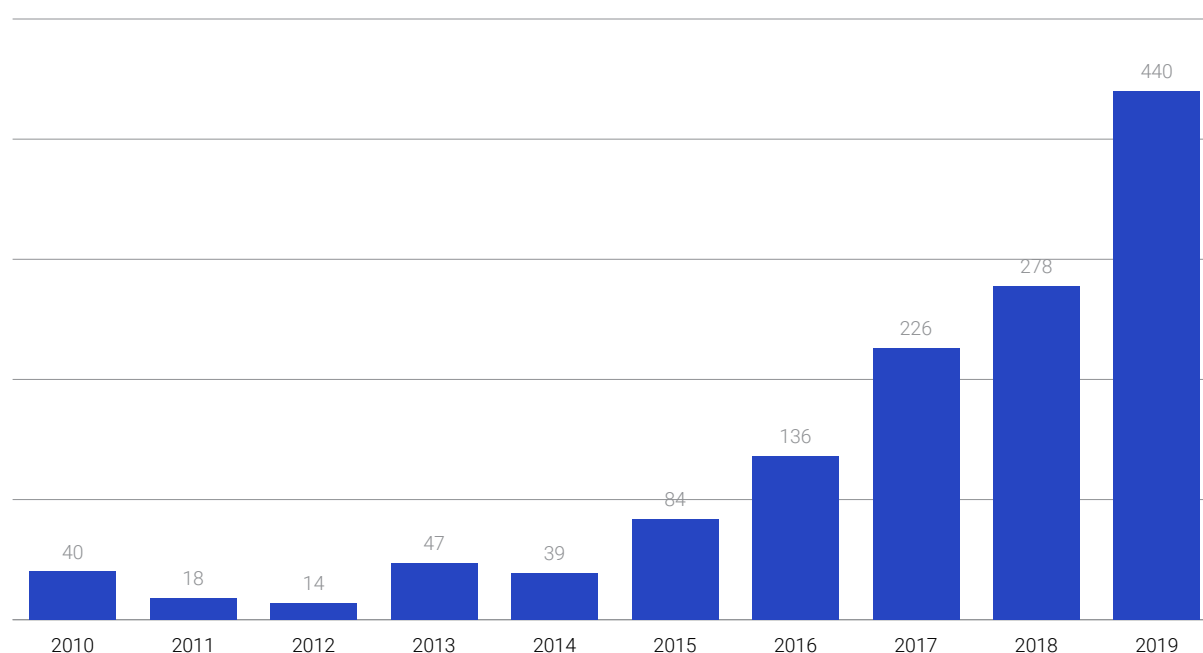
The structure of patients treated abroad, %



Audit report of the State Audit Service of Ukraine No. 04-24/17 dated 05 November 2018

More and more people are receiving assistance under the programme, but its scope does not cover the need. In the beginning, the programme provided treatment for only a few people. Back in 2010–2014, 14 to 40 persons were annually sent to other countries for treatment using the budget funds. Since 2015, the number of patients referred for treatment abroad at the expense of the state has been growing rapidly every year. In recent years, 200 to 300 Ukrainian citizens have been receiving treatment abroad per year. For example, 278 persons were sent in 2018, 440 persons in 2019, and treatment of up to 450 persons per year is envisaged at the time of the preparation of the budget request for the programme for 2020. Although the government does not keep official statistics on the demand, the services provided are clearly insufficient. Thus, according to expert estimates, the need for such treatment is significant, exceeding 6,000 persons for organ transplantation services only⁹. In addition, an average of 1,000 children get cancer each year and 30% need a bone marrow transplant.

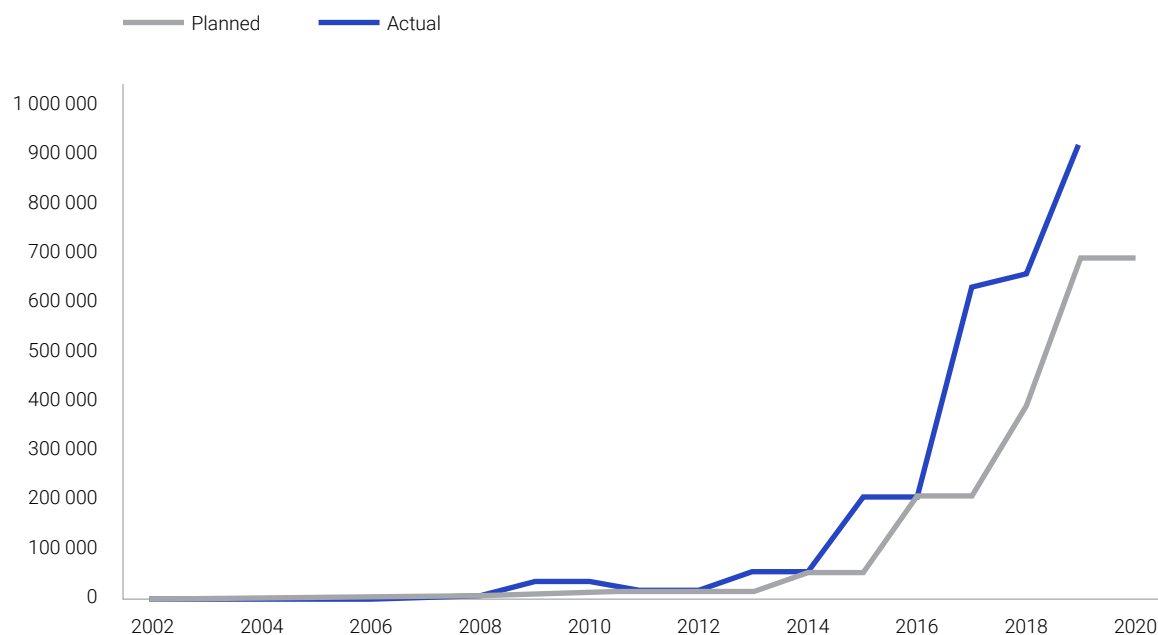
Number of Ukrainian citizens sent for treatment abroad



Source: Reports on the implementation of the budget programme data sheet for the relevant year

Throughout the period of the programme's existence, **its scope has grown rapidly, but the allocated funds are not enough to meet the demand.** In 2018–2019, the share of funding for the programme for Ukrainian citizens treatment abroad reached 0.6%–0.5% in the consolidated budget expenditures on health care. However, this is not enough either: for 100% coverage, the funding should be much more than that. For example, the average cost of treatment per patient in 2018 was UAH 2.3 million. If all those who need assistance under this programme are treated, the amount would be at least UAH 16.4 billion, or 12.5% of all health care expenditures incurred from the budgets of all levels in 2019. Obviously, the budget will never have enough money for the treatment of a small percentage of patients in Ukraine.

⁹ https://zn.ua/HEALTH/aleksandr-nikonenko-v-ukraine-mozhno-delat-tysyachi-peresadok-organ-ov-v-god-a-ne-120-130-284904_.html

Schedule. Volumes of financing of the budget programme 2301360 "Treatment of Ukrainian Citizens Abroad"

Source: State Treasury reports and appendices on the Laws on the state budget for the respective year

Given the increasing expenditures, the government should ensure continuous monitoring oversee and evaluate the effectiveness of the state programme of treatment of Ukrainian citizens abroad and compare them with the costs covered by the state budget. However, these processes have not been implemented. Instead, the government puts up a front. The cost, product, efficiency and quality indicators that are required by law to be set for each budget programme are defined for this programme in all but name and can hardly be called useful for evaluating the programme performance (see table below).

Table. 2301360 budget programme performance indicators¹⁰

Programme indicator name	Programme indicator wording
Cost indicator	Number of persons that require treatment
Product indicator	Number of patients referred for treatment abroad according to referral for treatment abroad
Efficiency indicator	Average annual cost of treatment per patient
Quality indicator	In different years, an increase in the number of persons sent for treatment abroad compared to the previous year, the share of persons to receive treatment abroad in the total number of persons in need of treatment. Level of repayment of accounts payable

Source: budget programme data sheets for the last few years

¹⁰ https://moz.gov.ua/uploads/0/1909-budzetnij_zapit_na_2016_2018_roki_individualnij_forma_2016_2_ministerstva_ohoroni_zdorov_a_ukraini.pdf https://moz.gov.ua/uploads/2/10098-passport_2019_2301360.pdf

The Ministry of Health does not systematically track the records of all patients who have received treatment abroad and is unable to assess the programme effectiveness. On the one hand, healthcare facilities that provided services to Ukrainian citizens at the expense of the state budget of Ukraine are not required to report on the services provided. On the other hand, despite legal requirements¹¹, local health authorities do not monitor the condition of patients because they do not live at the place of registration or there is no medical record at all. For instance, the Department of Health of the Kyiv City State Administration applied to the commission for treatment of 6 persons abroad in 2016–2017, and it lost any information about them in February 2018.

At the same time, many facts indicate, directly or indirectly, that the funds of the programme of treatment of Ukrainian citizens abroad could be used to greater advantage.

- **The government has long pursued a policy of inertial and politically motivated planning.** The process of planning expenditures and forecasting demand is insufficiently detailed and, unfortunately, is not based on a thorough assessment of results and needs. Each year, the amount of funding depends on two main factors: (1) the amount allocated in the previous year and (2) the protests organised by relatives of patients. It usually goes as follows. When planning expenditures for the next year, the government takes the previous year's targets into account. Then, during the year, relatives of seriously ill persons attend protests and campaigns in front of the government building or the Parliament¹². As a result, the government increases funding for the treatment of Ukrainian citizens abroad by several times, in particular by redirecting resources from other areas, even such as funding a pilot transplant project. We saw it in 2015. At that time, the actual amount of funding for the programme was four times higher than the plan approved at the beginning of the year. The amount of funding increased by three times during 2017, and by 1.7 times in 2018. 2019 was no exception, when on 5 December 2019, the government allocated an additional UAH 233 million from the state budget for the treatment of 119 patients, increasing the scope of the programme by a third¹³. As a result, funding is beyond the government control.
- **Treatment services provided abroad are not always of adequate quality.** Although they are very difficult to assess, there are cases of obviously poor quality treatment under the treatment programme of our citizens abroad.

The quality of medical services means an assessment of the patient's health outcomes after treatment and a comparison of these outcomes with the references established on the basis of scientific research and clinical evaluations. simply put, when assessing the quality of treatment, the expected outcomes are compared with those actually obtained. Quality indicators may include indicators of re-hospitalisation, mortality, etc.

¹¹ Paragraph 4 of the Procedure No. 1079 for Sending Ukrainian Citizens for Treatment Abroad dated 27 December 2017 <https://zakon.rada.gov.ua/laws/show/1079-2017-%D0%BF>.

¹² <https://www.ukrinform.ua/rubric-society/2569900-pid-moz-zgornuli-dvomisacnij-piket-rodici-vazkohvorih-pacientiv.html>
<https://ua.korrespondent.net/ukraine/4152109-tiazhkohvori-ukraintsi-protestuvaly-pid-moz>

¹³ https://zik.ua/news/2019/12/10/moz_z_derzhbiudzhetu_ukrainy_vydilyly_koshty_na_likuvannia_119_patsientiv_za_kor-donom_949192

The commission's experts provide opinions on the impossibility of treatment for our citizens in Ukraine. **However, experts do not assess the consequences of treatment abroad, and the legislation does not require the effectiveness of such treatment.** Currently, examples of obvious cases of poor quality services abroad are given on the Internet¹⁴. Cases of obviously poor quality treatment can be found in the audit of the Accounting Chamber: *"In a letter from a healthcare facility of the Republic of India dated 24 March 2017, the Ministry of Health notified of the readiness to accept the citizen Z. P. for treatment, who was prescribed a heart transplant. The patient underwent a transplant, and doctors of this healthcare facility found numerous thoracic hematomas. Despite this, the patient's treatment at the healthcare facility was suspended, and she returned to Ukraine. Immediately after the return of the patient, specialists of the State Institution "National M. M. Amosov Institute of Cardiovascular Surgery of the NAMS of Ukraine" performed a surgical intervention to remove them and suggested that the Ministry of Health consider the feasibility of further referral of citizens to this healthcare facility for treatment"*¹⁵.

- **The referral process is non-transparent and prone to corruption risks.** State audits revealed cases of unjustified delay in granting a permit for treatment abroad for individual citizens, which sometimes leads to untimely care. **An electronic application register is still under development. For reasons unknown, some applications are considered urgently within a few days, while others are left pending for six months.** For cancer patients, whose state deteriorate unpredictably quickly and for whom a long process has irreversible consequences, increasing the waiting time for therapy means, at best, an increase in the cost of treatment or, at worst, the worst.
- **While the scope of the programme clearly does not meet the demand, part of the funds from the programme for treatment abroad remains unused in healthcare facility accounts.** For example, there are cases when services paid to the healthcare facility are not fully used in case of the patient's death or when the actual cost of treatment was less than planned. As a result, part of the funds often remains in the accounts of hospitals abroad. It is worth noting that according to the latest changes in the procedure for using the programme funds, the government can use the balances in accounts of healthcare facilities for the treatment of other citizens. However, since contracts are not signed and medical records are often not tracked, the Ministry of Health may not be aware of the availability and amount of unused balances.
- **The amount of compensation for treatment using the budget funds is not limited/regulated and determined in accordance with the rates of the healthcare facility that provides services.** Treatment financial assistance is provided as a deposit to funds to a healthcare facility in accordance with the treatment needs assessed by the facility. While during reporting on the implementation of the budget programme, the government reports on the average cost of treatment of one citizen of Ukraine abroad, the cost of certain medical cases can vary significantly, even if they are similar.
- **There are also examples of the misuse of programme funds.** In particular, the state audit of the programme revealed cases when funds were allocated from the state budget and subsidised by charity givers at the same time for the treatment of the same patient.

¹⁴ <http://www.volynpost.com/news/143388-vmerty-my-mogly-i-vdoma-volynianka-iaka-pohovala-syna-rozpovila-pravdu-pro-transplantaciyu-organiv-v-indii-video> <https://dyvys.info/2019/12/24/vyzhyty-ne-mozhna-pomerty-tysyachi-patsiyentiv-mozhut-ne-dochekatysya-peresadky-organiv/>

¹⁵ Source: Report of the RP.

- **There is no systematic monitoring of the condition of citizens who were treated abroad.** Not only does the lack of the proper monitoring of the condition of citizens receiving treatment abroad prevents analysing the effectiveness of the budget programme for treatment abroad, it also negatively impacts their health and affects the administration and expenditures of the other medication programme. For instance, after transplantation, patients must take medication provided by the state. The problem is that the main causes of death after transplantation are cardiovascular diseases and infections, and immunosuppressive drugs are used to eliminate their key role in the pathogenesis of each complication. In addition, most patients develop acute rejection after complete withdrawal of immunosuppression, so to prevent rejection, they keep a minimum sufficient dose of immunosuppressants at a large price.
- **And last but not least, the cost of the programme to achieve the same effect could be lower.** For example, the cost of treatment of all 278 citizens who went abroad for treatment in 2018 (at the highest rates, the cost of bone marrow donation¹⁶ is UAH 1,360,141.36 per case)¹⁷ would be 378 million UAH in budget funds. It is twice as cheap as it was paid to treat them abroad. Moreover, these funds would be used for the further development of the national healthcare system. In the near future, the cost of treatment abroad will increase, and opportunities will decrease. The fact is that India – the most popular transplantation country among Ukrainian citizens – has amended its legislation to stop providing organs to foreigners a year ago. Belarus has imposed restrictions on surgeries for foreigners as well. Currently, a yearly surgery limit for Ukrainians is 50. The availability of treatment abroad is also being challenged by the COVID-19 pandemic.

¹⁶ Allogeneic hematopoietic stem cell transplantation with a donor stage.

¹⁷ <https://www.kmu.gov.ua/npas/pro-zatverdzhennya-pereliku-poslug-t-a1083>

Conclusions and Recommendations

Global health care is currently advancing, allowing to cure increasingly serious diseases and in many cases to improve the condition of the patient. Unfortunately, Ukrainian health care does not always keep up, and the cost of the most advanced treatment abroad for Ukrainians is not only high, but also significantly higher than for residents. The scope of services provided for the treatment of citizens abroad in Ukraine is many times less than needed¹⁸. Therefore, many of our citizens cannot expect to receive the most advanced care using the budget funds, and high prices for medical services abroad mean that, contrary to the principles established by the World Health Organization, even the wealthiest can become poor due to health problems. On the other hand, the increase in funding might pose the threat of financial stability for the country.

However, lack of funds and limited medical services is a common problem among other countries. Even affluent nations also cannot always afford to treat their citizens using state-of-the-art, expensive medical technology. In international practice, there are four common approaches to overcoming this problem.

1. To be honest and say that the state refuses to finance certain very expensive services. UAH 1 billion, factored into the 2020 budget of Ukraine, can treat about 400 patients abroad. On the other hand, the same amount is allocated in the 2020 state budget for the treatment of stroke, which is about 100,000 cases per year.
2. Long waiting lists of patients for state-funded medical services.
3. Covering only part of the cost of medical services, while patients are responsible for the other part.
4. Improving the efficiency of expenditures and thus increasing the coverage and amount of funds provided using the same funds.

The first method is usually not politically acceptable in most countries. In addition, the voluntary health insurance market in Ukraine is not developed enough to attract a sufficient number of people and generate the pool of funds needed to pay for expensive surgeries. Therefore, the solution should be a combination of the three other options. In most countries, patients wait for surgery and pay for the statutory part of medical services. Governments of all countries implement measures to improve efficiency in accordance with the recommendations of international organisations, based on best practices and results of their own audits.

So far, Ukraine has already taken the first steps towards improving the efficiency of expenditures through a radical change in the principles of financial assistance, which is currently funded by the programme. The government has already recognised the transplantation development programme as a priority. However, we will not see the results of these steps soon. For instance, the transplant programme in Ukraine is stagnating both due to limited funding and poor legislation. In May 2018, a new law on donation in Ukraine was adopted. However, the implementation of the system is constantly postponed. There are a number of other obstacles to the development of transplantation. According to experts, even if the state does everything correctly and on time, in order for transplantation to work, it takes at least 3–5 years to make and implement investments, train specialists, introduce air ambulance, etc. It takes time to implement the infrastructure, train professionals and gain the necessary expertise. Thus,

¹⁸ There are no statistic data but indirect estimates.

the significant increase in the volume of necessary services in Ukraine in the near future does not seem feasible. In addition, there are still cases whereof treatment is just beginning to be implemented in the leading countries, and their technologies are not available in Ukraine for some time. In view of this, the programme of treatment using the budget funds should exist for some time, but the amount of funding should be limited, and the system policy should be changed to increase its effectiveness in Ukraine.

1. The programme has more of a socio-ethical function than actually helps the state to redistribute its limited resources to save its citizens. Considering this fact, strict budget constraints should be set and the cost of the programme should not be inflated either during the year or during the adoption of the new budget.
2. Recent developments in the COVID-19 treatment in European countries have shown once again that due to the limited resources of the health care system, patients have to be selected who should be given priority in saving lives based on the number of life-years saved. And it did not cause much condemnation from society. Therefore, at least the priority of referring patients for treatment should be introduced. For example, when identifying persons receiving treatment abroad, give higher priority to children, patients who are more likely to return to normal life and live longer.
3. The scope and list of services provided using state funds in Ukraine are under development. However, we are already talking about a clear delineation of guaranteed services. Treatment abroad services should be provided in accordance with the approved list of guaranteed services and conditions for the provision of such services outside Ukraine at the expense of the budget. Relevant restrictions should be provided in the legislation (in particular, in the Law of Ukraine “On Fundamental Principles of Health Care”, Article 36).
4. It is necessary to further detail the format and details of the expert opinion, to determine the conditions for consideration thereof in the decision of the Commission on sending citizens for treatment abroad. Expert opinion should also include, without limitation, an assessment of the prospects and results of treatment of citizens abroad.
5. Legislation should require a permit for treatment abroad only when the effectiveness of such treatment is proven.
6. The cost of the same services provided in different countries and different healthcare facilities can vary greatly. The government should set limits on the amount at which medical services and medicines can be reimbursed. The difference should be paid by the patient. This approach will promote the selection of the most effective healthcare facility. For the period before setting our own rates, we can use reference rates approved by other countries with similar income levels. In addition, a new mechanism should be considered for selecting healthcare facilities that will provide medical services through tenders.

Experience of France

Caisse Primaire d'Assurance Maladie (CPAM), or the French Health Insurance Fund, sets rates that only partially compensate (80% for hospitalisations, 70% for visits to a physician/family doctor, specialists, dentists, 55% or even 35% for drugs and 0% for drugs outside the list). These rates are updated regularly, but in many cases, such as glasses or dentures, the rates are much lower than the actual prices charged to patients.

<https://www.insurance.fr/blog/health-insurance-who-pays-what>

7. The procedure for granting treatment permits needs to be further improved. In particular, if the government cannot ensure the confidentiality of personal information, it is necessary to at least provide an entry/registration number to track treatment requests and establish a transparent electronic queue of applications and persons referred for treatment, as provided by Paragraphs 4 and 18 of the Procedure¹⁹.
8. The possibilities of reimbursing the cost of treatment abroad must be studied on the basis of already actually paid bills. Some EU governments have introduced a system of prior permits to fund the planned treatment of their citizens in other countries. Upon getting a permit, citizens pay for medical services independently and are further compensated for the services actually provided using public funds.

Experience of Estonia

Planned treatment abroad means a situation when a person travels to another country to receive treatment there. There are two ways to receive compensation from the Health Insurance Fund for the planned treatment abroad. First, to apply for a permit from the Health Insurance Fund to cover the necessary costs for treatment in a foreign medical institution (permission criteria available on www.haigekassa.ee). This option is available for those insured who have medical indications to receive health care services that are not provided in Estonia. The Health Insurance Fund makes decisions based on the opinions of two healthcare professionals, one of whom is a patient's physician. In case of an approval, the Health Insurance Fund issues a document confirming the transfer of payment and pays for medical expenses incurred abroad.

Alternatively, planned treatment in a foreign country can be received on the basis of the EU Cross-Border Healthcare Directive. It envisages that a patient who has been referred by a doctor can choose any facility in the public health care system or a doctor within the EU, and after receiving treatment, claim compensation from the Health Insurance Fund.

An important difference between applying to a specialist in Estonia and abroad is that all treatment abroad must first be paid independently and then, upon return home, the patient has to claim compensation from the Health Insurance Fund. It should be noted that the Health Insurance Fund covers only those health care services that a patient was entitled to receive in Estonia at the expense of the Health Insurance Fund.

Healthcare services that are not provided or compensated in Estonia (for example, adult dental treatment) cannot be compensated. If the price of service received abroad is higher than the price in the list of health services of the local health insurance fund, a patient pays the difference in price at their own expense. Patients also have to pay for a visit to a doctor and ensure self-financing, as well as transfer costs.

To receive compensation, the patient has to submit an application form, which is available on the website of the Health Insurance Fund or customer service office, as well as original invoices for treatment service, confirming payment, referral to a specialist and a summary of treatment records.

¹⁹ <https://zakon.rada.gov.ua/laws/show/1079-2017-%D0%BF>

9. The government should carefully monitor information on the provision of funds and treatment of patients in healthcare facilities abroad. To do this, a register of Ukrainian citizens who have already received treatment abroad should be introduced. It is also necessary to develop opportunities for international cooperation to verify accounts. In addition, given that persons treated abroad usually need further close supervision of doctors and very often expensive drugs provided by the state, it is necessary to link the receipt of such services and drugs to the requirement to provide statutory information on the cost of treatment, clinical report, current health records.

Accounts Verification – Experience of the EU Countries

When compensating for cross-border healthcare, the EU countries are entitled to verify treatment invoices using the internal market system established on the grounds of the Regulation (EC) No. 1024/2012 of the European Parliament and of the Council, which provides for administrative cooperation through the provision of the internal market information system (ELT L 316, 14 November 2012, pages 1–11).

10. It is necessary to establish effective indicators of quality, efficiency and savings of budget programs as well as ensure effective monitoring of the indicators and analysis of the effectiveness of the programme.

In the medium term, the true socio-ethical role of the programme should be recognised and the treatment abroad programme should be reduced to individual cases of highly effective treatment of children. With limited state resources, it is necessary to choose between the treatment of patients abroad at a later stage of disease at a high cost and using the resources more effectively to save more people. A good example is the national health care development: investment in medical equipment and physicians education, prevention and early screening, which provide greater chances for more effective and cheaper patient treatment. Ukraine has a long way to go; for example, Ukraine performs infant screening for congenital disorders for 4 diseases, while the EU performs it for 41 diseases.