

Access to rural public goods and services in Ukraine: empirical assessments and recommendations

Igor Prokopa

Doctor of Sciences (Economics), Professor

Oleksii Fraier

Ph.D. in Economics

Institute for Economic and Forecasting, NAS Ukraine



The Causes of Poor Rural Access to Goods and Services

Deviation from the state social paternalism principle

Social institutions “optimization”

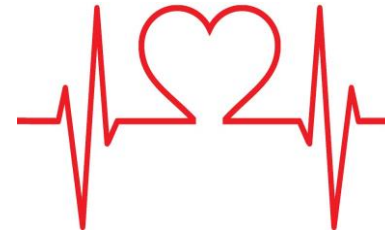
Closure of private service enterprises working on the paid basis

Reduction in consumer demand in rural areas

Deterioration of the road conditions in rural areas

Access to Healthcare: Rural vs Urban, 2018

Rural
Population

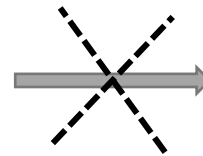


Urban
Population

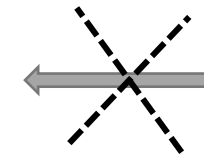
Obstacles:

The lack of a medical specialist with the required profile

42.7%



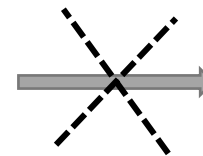
Visit



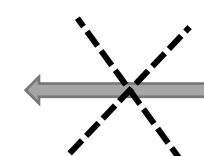
20.3%

The lack of an appropriate medical procedure

16.5%



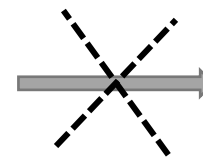
Treatment



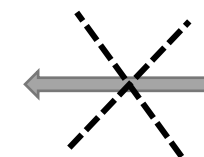
2.3%

The lack of a required medical department

11.5%



Hospitalization



1.6%

Access to Education: Rural vs Urban, 2019

Rural Graduates  Urban Graduates

The Ukrainian Language, the History of Ukraine, the English Language

2 times

Mathematics

2.6 times

Educational scores according to the External Knowledge Evaluation

Healthcare and Educational Expenditures in Rural Households, 2018

Expenditures types	All households	Incl. decile (10%) group		10-th group % to 1-st group
		1-st	10-th	
Healthcare, UAH	325.67	182.17	513.41	281.8
Incl. goods	188.91	128.08	230.63	180.1
Services	136.76	54.09	282.78	522.5
Of which: total benefits and subsidized goods and services, UAH	7.10	6.09	25.27	414.9
Share of healthcare expenditures in the total expenditures, %	4.3	3.6	3.7	-
Education	47.59	21.04	93.64	445.1
Share of educational expenditures in the total expenditures	0.6	0.4	0.7	-

Expenditures in Rural and Urban Households, 2018

Expenditures types	Rural	Urban	Urban to Rural, %
Healthcare, UAH	325.67	338.69	104.0
Incl. goods	188.91	192.85	102.1
Services	136.76	145.84	106.6
Of which: total benefits and subsidized goods and services, UAH	7.10	13.52	190.4
Share of healthcare expenditures in the total expenditures, %	4.3	3.9	-
Education	47.59	100.86	211.9
Share of educational expenditures in the total expenditures	0.6	1.2	-

Changes in Rural Accessibility to Healthcare, 2011–2018

Indicator	2011	2015	2017	2018
Number of households where at least one member needed medical care , medicines, and medical equipment during the last 12 months, th. un.	5074.5	4820.2	4749.4	4739.7
Of which: could not obtain an appropriate service or buy medicines or medical supplies,%	20.8	29.0	30.2	21.9
Number of households where someone could not:				
Purchase medicines, th. un.	915.4	1214.8	1282.0	869.0
Incl. because of too high cost,%	95.8	97.3	98.2	97.4
Visit a doctor, th. un.	534.1	808.7	617.8	447.6
Incl. because of the lack of a required medical specialist,%	18.9	24.8	32.8	42.7
Undergo medical examinations, thousand units	488.5	764.4	821.6	606.5
Incl. because of the lack of a required medical specialist,%	7.8	9.6	9.0	16.1
Obtain medical procedures, th. un.	269.1	361.7	402.8	296.0
Incl. because of the lack of a required medical specialist,%	7.9	8.4	14.0	16.5
Receive a treatment in a hospital, th. un.	486.2	725.1	828.2	359.1
Incl. because of the lack of a required department,%	1.9	3.0	3.2	11.5
An expensive treatment,%	97.3	95.7	96.6	87.7

The National Improvement Priorities of Rural Access to Public Services

Reduction of inter-settlement disparities in ensuring access of rural households to the social institutions' services;

Ensuring overall coverage of health services, inclusive and equitable quality education, opportunities to use safe, inexpensive, accessible and environmentally balanced transport systems (operational objectives 3.2, 4.1, 4.2, 4.3), etc.

Positive changes in the access of various rural groups to public services will depend on the efficiency of the local self-government reorganization and the organization of public services on the ground

Thank you for your attention!