Sustainable development of the state healthcare programme system at the regional level

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Abstract. The relevance of the study is conditioned by the existence of a system of state programmes at the regional level, which are considered to be the basis for sustainable, effective, and efficient activity of the health care system as a whole. They are the basis for generalising experience and developing proposals and recommendations for its dissemination at the regional level. Public administration in this segment has a number of characteristics, the analysis of the management system is the basis for sustainable development, efficiency and effectiveness of the state conditions of implementation in the field of health care. The object of the study is the health care system at the regional level. Subject of the study - Sustainable development of the health care system at the regional level. The objective of the study is to identify the characteristics of the implementation of state programmes at the regional level in the field of health care and to identify the directions of sustainable development. The focus of the study is determined by the need to identify the importance of the state programme system in the field of health care, including the system of management of sustainable development of programmes at the regional level, control. Based on research: 1. Criteria for improving the quality of health care in Russia are summarised. 2. The structure of the state health care development programme is analysed. 3. The role of the health care system at the regional level is identified. 4. Modelled directions of sustainable development of health care at the regional level are analysed. 5. The expected results of the development of the strategy of sustainable health care development at the regional level are summarised.

1 Introduction

In theoretical-legal and scientific-practical studies in the field of studying the sustainable development of the system of state programmes in the field of health care the general issues of the system development are investigated [1-20]. So Naygovzina N.B., Kovalevsky M.A. in their research analysed organisational and legal aspects of the system development. Puchkova V.V. studied the constitutional and legal regulation of the health care system.

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V.I. Starodubov studies health care as a public service. At the same time, the features of sustainable development of the system at the regional level are insufficiently investigated.

Scientific novelty is determined by the peculiarity of the selected object, subject, including the following results:

The criteria for improving the quality of health care in Russia have been analysed.

The elements of the structure of the state programme of health care development are identified.

The role of the health care system at the regional level is outlined.

Modelled directions of sustainable health care development at the regional level are identified and described.

The hypothesis of the study is to determine whether there is a relationship between the sustainability of development and the presence of the system.

The objective is the research of the system of state programmes in the field of health care at the regional level and substantiation of proposals for its sustainable development.

The tasks can be formulated as follows:

1. to generalise the criteria for improving the quality of health care at the regional level.
2. to analyse the structure of the state programme of health care development.
3. to identify the role of the health care system at the regional level.
4. to analyse the modelled directions of sustainable health care development at the regional level.
5. to summarise the expected results of the development of the strategy of sustainable health care development at the regional level.

2 Research methods

The work uses dialectical, systemic and comparative approaches, methods of data collection, analysis and interpretation and others. Thus, the dialectical method in conjunction with the comparative approach allowed us to determine the nature of the development of the modern system of state programmes in health care. Analysis, system approach and methods of data collection and interpretation were adopted as the main methods of research, and used in solving most of the tasks, and applied for a comprehensive and comprehensive study of the system of state programmes, their interrelationships, establishing common sustainable signs of development (Table 1).

Table 1. Research results.

no.	Results	Rationale
1	Criteria for improving the quality of health care at the regional level	Systems of care, disease control, creation of appropriate infrastructure, provision of human resources, development of a network of medical centres, creation of a digital circuit
2	Current structure of the state programme for health care development	Existence of departmental target programmes; federal projects; national programmes and formation of the state programme
3	The role of the health system at the regional level	Functional component at the level of regional subsystems
4	Modelled directions for sustainable health care development at the regional level	Medication, health insurance and assistance
5	Results of the development of a strategy for sustainable health development at the regional level	Increase in life expectancy, reduction in alcohol and tobacco use, increase in the number of people engaged in physical education; reduction in infant mortality, able-bodied population, from neoplasms, circulatory system, reduction in the waiting time to see a doctor; increase in the number of doctors

3 Discussion

The State Programme for the Development of Healthcare in the Russian Federation until 2025, which was adopted in 2014, laid down important criteria for improving the quality of healthcare in Russia (Figure 1).

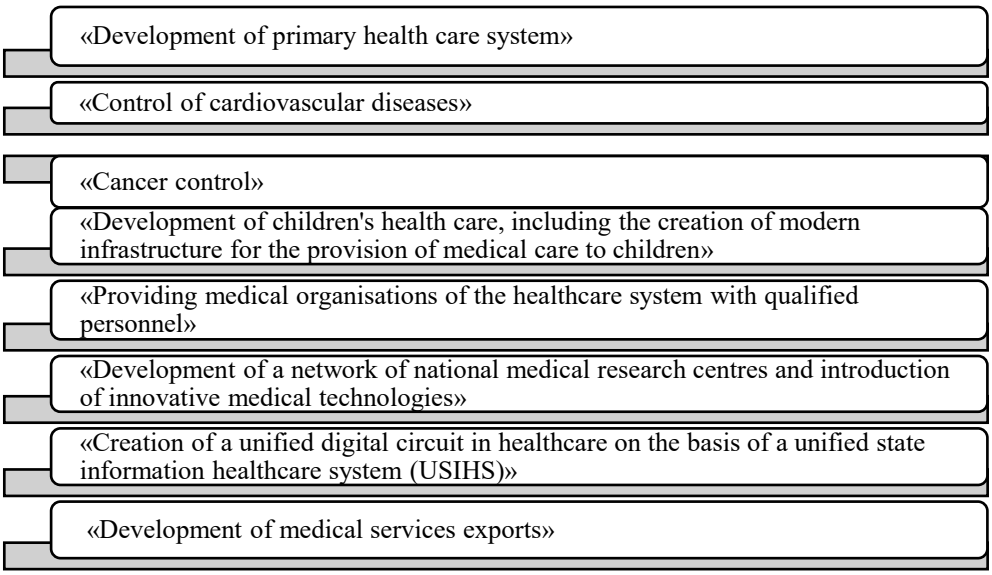

Fig. 1. Federal projects under the state programme “Health Care. Development” (Decree of the President of the Russian Federation of 06.06.2019 N 254 “On the Strategy for the Development of Healthcare in the Russian Federation for the period until 2025”).

Namely, the reduction of deaths from all causes to 11.4 units per 1,000 people, the increase in the number of doctors to 44.8 units per 10,000 people by 2020, and the reduction in the spread of tobacco and alcohol consumption. The emergence of the national state programme "Development of Health Care" gave rise to the implementation of federal programmes and subprogrammes (Site "Volgograd region": https://www.volgograd.ru/news/229979/). The passport of the national project "Health Care" was also approved. Schematically, the State Programme can be represented as a pyramid (Figure 2).

Health care at the regional level can be described as a system of norms, models, processes, the connection and mutual influence of which allow adequate functioning of the system connection.

The health system at the regional level is characterised by the role it plays in socio-economic development, its place among other regional subsystems and the results of its functioning (Naygovzina N. B., Kovalevsky M.A. “Health care system in the Russian Federation: organisational and legal aspects”, 2016).

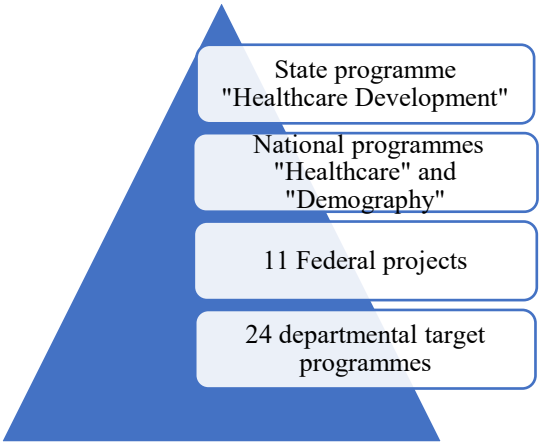

Fig. 2. Structure of the State Programme “Health Care Development” (Site “Volgograd region”: https://www.volgograd.ru/news/229979/).

The model of systemic relations of health care in the region consists of management subjects, namely the Government of the region, the Ministry of Health of the region, the Ministry of Physical Culture and Sports, the territorial health insurance fund. The system of management subjects interacts with the population, health workers, employers under the influence of factors. The most significant influence of such factors as socio-economic and environmental. The processes of interaction of subjects and objects of management form regional processes of health preservation and health consumption. Each subject has a number of functions aimed at self-preservation and preservation of health, social and environmental subsystem of regional health care. The main result of the functioning of the regional health care system is the state of health of the population.

According to Figure 3, there are three important areas in which health care legislation is undergoing major changes.

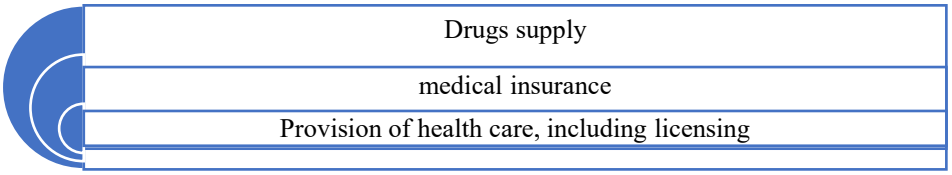

Fig. 3. Modernising areas of healthcare (Federal Law "On Circulation of Medicines" dated 12 April 2010 as amended on 26 March 2022 No. 61-FZ.).

According to Figure 4, a large number of laws, acts and orders were adopted in 2020, under both planned and emergency activities.

Fig. 4. Results of normative work of the Ministry of Health in 2020 (Site "Ministry of Health of the Russian Federation": https://minzdrav.gov.ru/ministry/programms/health/info/).

At this stage, the domestic legislation in the field of health care can be recognised as insufficient to fulfil the actual tasks of this sector (Puchkova V.V. "Constitutional and legal regulation of the health care system in the Russian Federation" 2017).

At present, the Russian Federation has a unified health care system, which is regulated by federal authorities.

The expected results of the activities to be carried out by 2025 within the framework of the strategy are the achievement of certain indicators. According to Figure 5, there are nine main indicators.

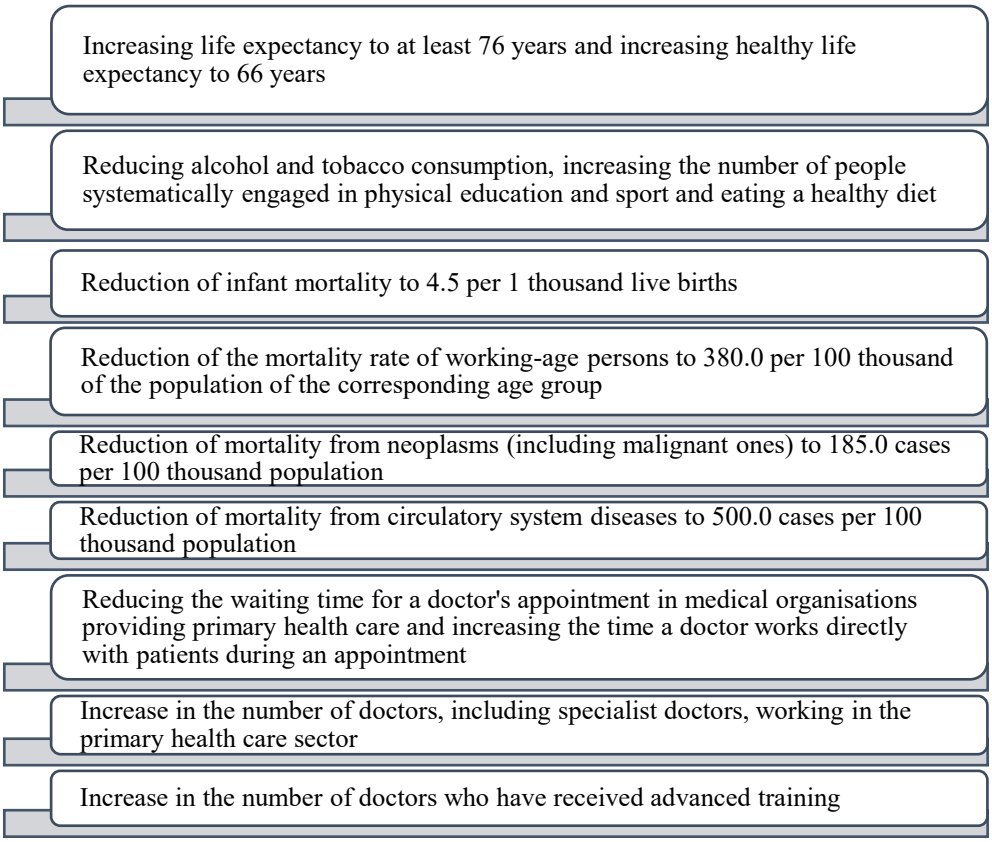

Fig. 5. Expected results of the development strategy.

Threats to national security include high rates of non-communicable diseases, the outflow of highly qualified medical personnel from state institutions, high prevalence of drug addiction, alcoholism, HIV, hepatitis, tuberculosis, the risk of new infections, and biological terrorism. A worrying factor for national security is the ageing population, dissatisfaction with access to and quality of medical care, substitution of free medical services with paid ones, and the growing number of children with disabilities.

In the next 15 years, our country is expected to reduce its population by about 12 million people to about 135 million instead of 146 million. It is worth noting that to date, there are a number of problems for the implementation of state policy in the field of health care and improvement of health indicators of the population. According to Figure 6, there are six main problems.

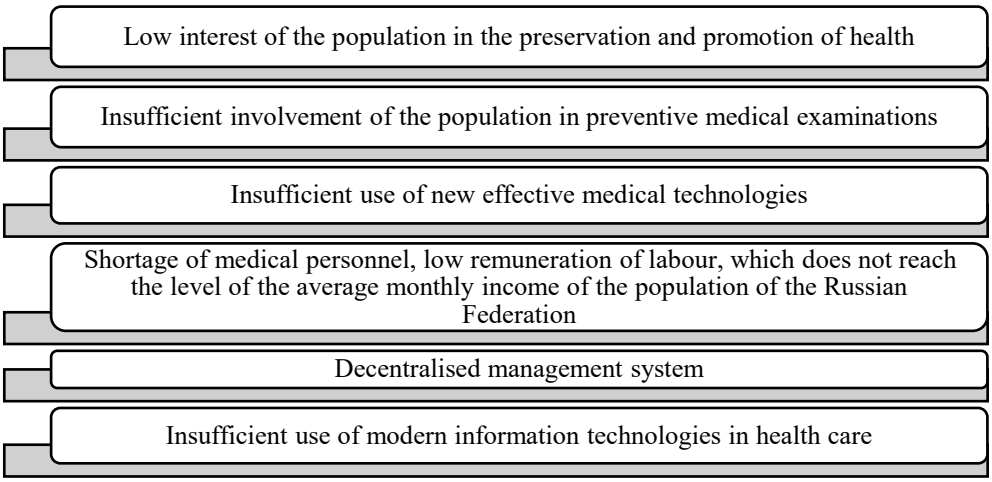

Fig. 6. Major public health challenges.

If we consider the dynamics of satisfaction with the health care system among the population, then according to the Levada-Centre data (Site "Levada-Centre, analytical centre of Yuri Levada": https://www.levada.ru/2022/02/18/otsenka-kachestva-meditsinskoj-pomoshhi). Russians' opinions about the work of the healthcare system are almost equally divided: 39 per cent of respondents are satisfied with the work of the healthcare system, while 42 per cent are not satisfied. Over the past ten years, satisfaction has increased markedly. Based on the analysis of satisfaction with the health care system, the following data are available. Evaluation of the last visit to a doctor is higher than evaluation of the health care system as a whole. 48 per cent of respondents assessed that it is almost impossible to receive quality and affordable treatment in Russia. Among population groups by age, it was noted that 54 per cent of young people (18-24 years old) are satisfied with the work of the health care system. The higher the age indicator, the less loyal the respondents were.

Satisfaction with the health care system was also conducted among the population by property criterion. The higher the material status of respondents, the higher the percentage of satisfaction with the system. According to the figure, you can see the percentage of satisfaction with the health care system among Russians according to material status.

Levada Centre also considered the issue of trust in the Russian health care system and doctors. According to the polls, twenty-two per cent of Russians trust the Russian health care system, nine per cent trust it completely, and thirteen per cent trust it to a greater extent. Another thirty-eight per cent trust to some extent. Thirty-nine per cent of respondents are not inclined to trust Russian healthcare. Twenty-three per cent trust very little and sixteen per cent have no trust at all.

Against the background of international data from 2011, Russia ranked among the last in terms of trust in medical professionals. As a result of a thorough analysis of the surveys, a conclusion was formed that the population's distrust of doctors and the system as a whole may have a correlation with the state of health of Russians and the peculiarities of their behaviour.

Health care in Volgograd Region is represented by a system that tends to change and improve actively. In 2013, the Volgograd Region Government issued Resolution No. 666-p "On Approval of the Volgograd Region State Programme "Health Care Development in the Volgograd Region", as amended on 16 March 2022. This programme is being implemented in two stages from 2014 to 2018 and from 2019 to 2025. Expected results of the implementation of the state programme "Development of health care in Volgograd

region". Improving the quality and accessibility of medical care. Reduction of premature mortality of the population of Volgograd region. Strengthening of preventive health care in the Volgograd region

Having analysed the data of the annual report for 2021 on the implementation of the Volgograd Region state programme "Health Care Development in the Volgograd Region", 73 out of 104 target indicators of the programme were achieved (Figure 7). The reason for the non-fulfilment of indicators is argued by factors such as the activity of citizens, the prevalence of the new coronavirus infection COVID-19 among diseases, as well as the lack of budget funds. Reduction of mortality, both total and infant mortality in Volgograd Region remains a difficult problem to solve. At the same time, the largest percentage of deaths was caused not by coronavirus infection, but by diseases of the circulatory system. The figure shows the structure of causes of death in percentage ratio.

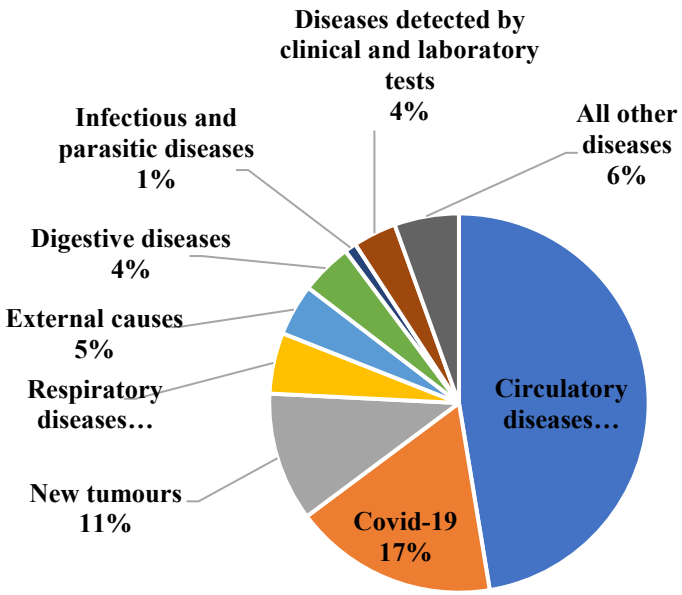

Fig. 7. Structure of death causes in 2021 in % (Site "Health Committee of Volgograd region": http://volgazdrav.ru/index.php/struktura-ministerstva/informatsiya-o-deyatelnosti.html).

The problem of shortage of doctors and funding is a topical issue in both the Russian and Volgograd Region health care programmes. Having analysed the subprogrammes and results of the health care development programme in Volgograd region, it was concluded that the insufficient inflow of specialists to cover the staff shortage is due to the natural attrition of specialists, difficult epidemiological situation, outflow of medical personnel to work in regions with a high quality of life, as well as dismissal of older medical workers. The more remote the region, the more pronounced is this problem, as money flows are distributed by priority, first to medical institutions in the capital, and then to the rest of the regions (Starchenko A. A., Furkulyuk M. Y., Kurilo I. K. et al. “On chargeable medical care in state and municipal health care institutions” , 2004).

At the moment there is still a deficit of funds in the federal and territorial funds of compulsory medical insurance.

The majority of the population of Volgograd and the region remain dissatisfied with the quality of free medicine. This negative trend persists throughout Russia. The most frequently mentioned services that Russians want to receive on a paid basis are

consultations with specialised doctors and taking tests. According to the figure, the majority of respondents are ready to consult dentists, cardiologists and neurologists for a fee (Figure 8).

Among those who do not use paid medical services, 24% reported that they do not want to spend money from their budget for such purposes, and another 17% said that the services offered under the compulsory health insurance policy are enough for them (Baranov I. N. "Competitiveness in the sphere of health care", 2010). 58% of respondents visit doctors under the policy once a year or more often, 8% seek medical help monthly, and 17% - every few months.

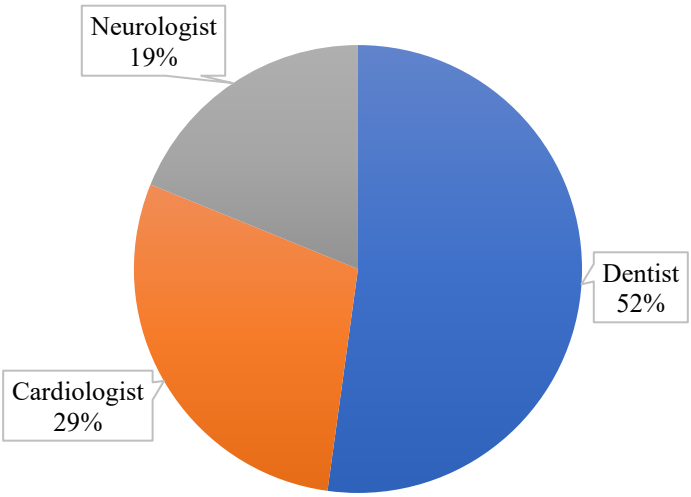

Fig. 8. Priority referral to chargeable specialists.

36% of those who would like to receive medical care on a fee basis are ready to spend up to Br10 thousand a year, 24% said they could pay from Br10 to Br20 thousand. Another 11% consider it acceptable to pay 20-30 thousand rubles a year for medical care, 11% will be able to pay from 70 to 100 thousand rubles, and 6% - more than 100 thousand rubles. 61% of respondents are ready to spend up to 10 thousand rubles annually on medicines.

A survey conducted by HeadHunter in January 2022 among 2.6 thousand Russian employees and job seekers showed that 51% of respondents spend up to 10% of their salary on medicines, dietary supplements and medical care, 6% of respondents spend more than a quarter of their income for these purposes, and 21% of respondents do not spend any money at all on buying medicines and dietary supplements.

The publication Kuprum and the NaPopravku service, together with Vademecum (follow me), conducted a survey of Russians in February 2022 on how they interacted with public and private clinics. Of the 240 participants, 14% said that their stay in a medical organisation was excellent, while 21% said they were dissatisfied with the level of service. At the same time, 41% of respondents specified that in the last three months they had applied to private clinics, while 59% - to state clinics (Gareeva I. A. "Modernisation of the health care system and differentiation of accessibility to medical services" , 2013).

Taking for analysis the data of the survey conducted by the information portal Bloknot-Volgograd, on the topic: "Satisfaction with the level of medical care", we get the following results: among 1139 people surveyed, 95.7% are dissatisfied with the level of medical care in the Volgograd region and only 4.3% are satisfied.

The implementation of large-scale plans for the development of medicine in the region is facilitated, among other things, by the participation of the Volgograd region in the national project "Health Care".

Based on the analysis of the data, we can conclude that the health care system in the Volgograd region is actively developing, but this is not enough to fully satisfy the population. Many tasks remain unresolved. Target indicators are annually adjusted, but are still difficult to achieve. Each set task requires stable financing, and there is not enough money from the budget. The problem of financing greatly hinders the implementation of programmes and subprogrammes in full.

One of the main problems of the health care system is low socio-economic efficiency.

The analysis of fulfilment of state assignments by subordinate institutions for 2021 has shown that in general state services (works) by institutions were fulfilled at the level established by state assignments. However, in the part of public services (works) there is a significant deviation of actual volumes of rendering from the planned ones, both upward and downward.

The reasons for non-fulfilment of state services were the absence of specialists and the absence of patients (due to their treatment in private clinics). Especially acute is the issue of lack of specialists in sparsely populated areas, namely small towns, villages. Back in 2019, at the annual Congress of Health Organisers of Russia "Leaders in Health Care", a report representing the Volgograd region was presented by Vladimir Shkarin, Deputy Governor of Volgograd Region, dedicated to the systemic solution of the staffing issue in health care. In particular, the successful "Zemsky Doctor" and "Zemsky Feldsher" programmes were discussed (Sinyavskiy V. M. “Organisation of work of general practitioners in municipal LPU”, 2010).

According to the report, over the last six years, the staff of medical centres in rural areas of Volgograd Region has been supplemented with 512 specialists (392 doctors and 120 paramedics have been hired. The regional budget provided for payments of 1 million roubles for doctors and 500,000 roubles for paramedics.

Also in the Volgograd region, the targeted recruitment programme was found to be effective, the condition of which was the conclusion of an agreement with a future employer to work in the company for the number of years specified in the provisions of the document. According to the results of this programme, 350 young doctors were trained, 200 of whom were sent to rural areas.

The problem of the shortage of specialists and its solution for the healthcare system of the Volgograd region is one of the priority tasks. Since 2018, the region has taken a leading position in the country in training and attracting personnel, which was noted at the federal level. A systematic approach, allowed to develop and implement the practice of targeted training of specialists with secondary medical education using regional budget funds.

In Volgograd, the programme "Providing medical organisations of the healthcare system with qualified personnel" of the national project "Healthcare" was implemented on the basis of the medical college. A modern simulation centre was successfully established, which was tasked with providing training without risk to the patient. The application of modern training methods on the basis of the centre has improved the quality of specialist training. However, despite the existing programmes, there is still a shortage of personnel (Website "Government of Russia": http://government.ru/docs/45296/) (Figure 9).

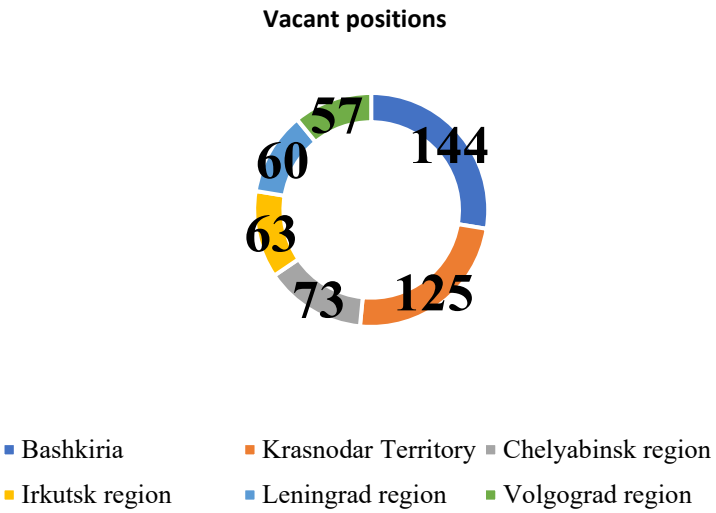

Fig. 9. Regional demand for nursing staff in the regions.

The most demanded vacancies for specialists with higher education are district therapist and district paediatrician, such distribution was published in the magazine "Medvesnik". In the breakdown by specialists with secondary specialised education were the head of a feldsher-acupuncture station (FAS) and an ambulance paramedic.

According to the data for 2021, villages lacked 6.5 thousand medical workers. The same value was transferred from the regions, for vacant positions for the programmes "Zemsky Doctor" and "Zemsky Feldsher".

The analysis of vacant positions under the "Zemsky Doctor" programme by federal districts showed that the greatest shortage of rural doctors - 988 specialists - is observed in the Volga Federal District. In the Urals Federal District, this figure is much smaller and amounts to 377 doctors. The Southern Federal District, which includes the Volgograd Region, is in third place in terms of the deficit of rural doctors and offers 705 vacancies.

In total, for quality medical care in rural and urban areas, the Ministry of Health recommends to cover the need of medical institutions for 111.2 thousand district specialists. The shortage of only district doctors in Russia is about 34.7 thousand. This is almost half of their real number (Sinyavskiy V. M. “Organisation of the work of general practitioners in a municipal institution”, 2010). The deficit of specialists in polyclinics is 90.1 thousand people.

Corrupt practices pose a threat to all spheres, including economic spheres. Healthcare is also in the risk group.

In the National Security Strategy of the Russian Federation until 2020 (Russian Federation. President (2000 - 2008; V.V. Putin). National security strategy of the Russian Federation until 2020: Decree of the President of the Russian Federation of 12.05.2009 No. 537, Russian Federation. President (2000 - 2008; V.V. Putin) “Sobranie zakonodatelstva RF”, 2009, No. 20, Art. 2444) corruption is recognised as a particularly dangerous problem that hinders the development of health care and reduces the quality of life of the population.

According to experts, underfunding is another factor hindering the development of the health care system and the sustainable implementation of health care programmes. In particular, the acute issue of lack of money from the state and regional budgets is associated with the inability to clearly forecast expenditures, as well as the presence of unforeseen circumstances that lead to a redistribution of cash flows and a decrease in the fulfilment of

set tasks. Changes in funding flows lead to complex financial relations between the centre and the regions. At the same time, most regions are subsidised and do not collect enough taxes to meet federal funding standards.

The funding deficit affects practically all aspects of health care institutions' existence, and according to Figure 10, at least five problem areas can be identified.

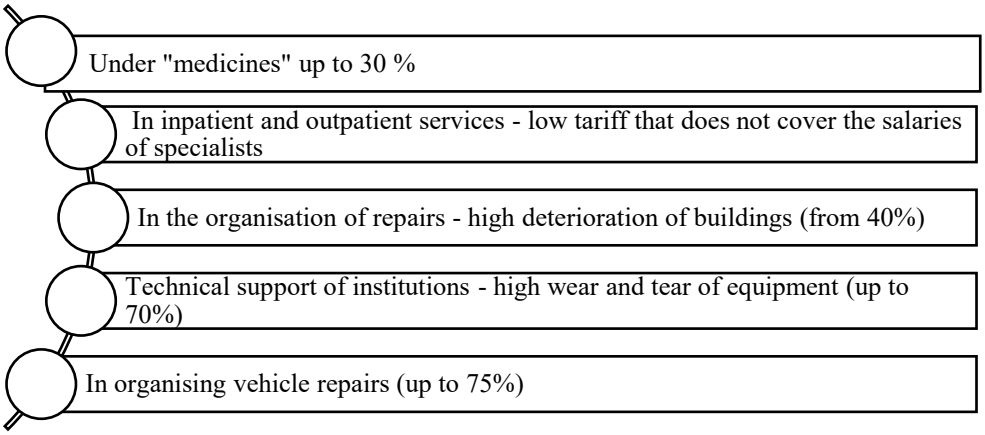

Fig. 10. Problematic funding areas.

It should also be taken into account that the healthcare sector has not developed a system of reimbursement of expenses of medical organisations in case of force majeure.

The mandatory health insurance system is based on the principle of tariffication. This model is considered to be a market type, where "money follows the patient", with different tariffs (diagnostics is evaluated by different tariffs). The ideal model in health care is recognised as the one in which more is paid, with lower health care costs. If the number of patients is high, the funds are sufficient, but if the number of patients decreases, the medical organisation runs a deficit. An example is the infectious disease service, which may have few patients when the epidemiological situation is favourable. Or in sparsely populated areas, namely villages and small towns. Shortage of funds leads to a forced reduction in costs, such as beds in hospitals and the work of medical staff. In the worst cases, the organisation may close down completely due to reduced funding (Solodskiy V. A. et al. “Expensive high-tech medical care: problems and solutions”, 2006). In this case, reserve capacities in healthcare are reduced, and the population is deprived of the opportunity to receive qualified medical care.

According to the above information, the market method of payment is inadmissible in modern healthcare, as it violates important principles: territorial accessibility, continuity and coordination of patient care.

Based on the above, we can conclude that despite control measures, optimisation of efforts and elaboration of health care programmes, there are still a large number of problems that cannot be fully solved in the current conditions. This is a long-term process, which is compounded by new unforeseen circumstances: new strains of viruses emerge, the environment deteriorates and with it the quality of life of the population, and the economy changes. All this leads to a slowdown in the implementation of national and regional projects.

Volgograd region is not an exception, the planned indicators were not fulfilled, and the allocated budget and the actual use of funds practically coincided, which indicates insufficient funding or irrational redistribution of project funds.

Disease prevention determines the effective work of health care as a whole. The less sick a person is, the less time and money he or she spends. Less time at home, fewer visits to clinics. In developed countries, such as Israel, Finland, Singapore, special attention is paid to disease prevention. Everything necessary is done to preserve a person's health and avoid hospitalisation. Their health care systems are recognised as successful in the world community.

In Russia, a number of measures are taken to inform the population about the need for medical examinations. In Volgograd Region, such measures include social advertising, mobile laboratories, or the offer of a free check-up for a specific disease.

For more effective health care, it is advisable to consider a three-stage system of medical care. This system is based on the observance of the actual routing (informing) of people who have applied, during the dispensary, and modern logistics. According to Figure 11, this system includes a polyclinic, a clinical and diagnostic centre and a hospital.

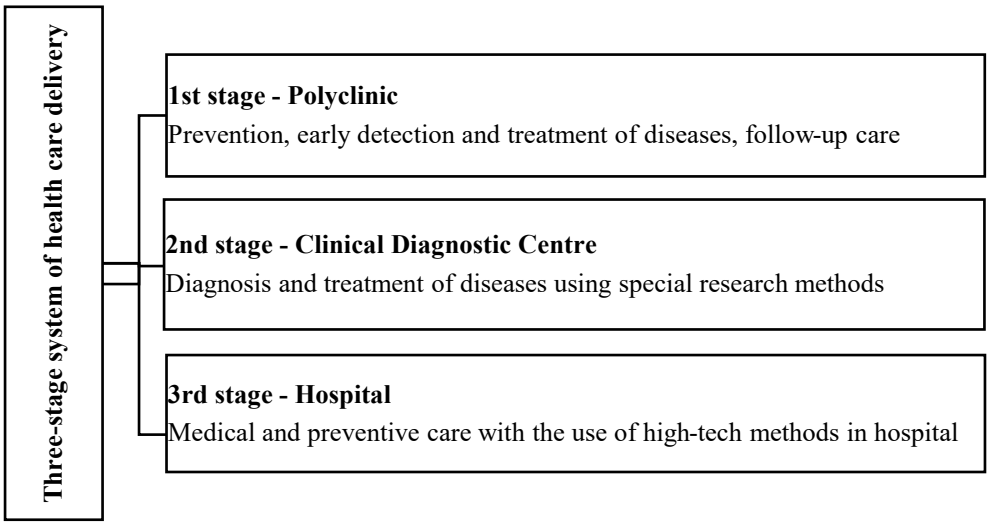

Fig. 11. Three-stage system of medical care delivery.

In Volgograd Region, the structure of medical services in the course of medical check-ups includes two stages: screening and additional examination.

Having analysed the relevance of the dispensary in the Volgograd region, it is considered appropriate to expand the list of analysed indicators, examinations and consultations of general and highly specialised doctors. These manipulations can be combined into an additional stage of medical care. The nature, type of analyses, and frequency of investigations should be determined on the basis of the results for the identified diseases in the region.

Based on the statistics on the prevalence of diseases, it is important to include in the third stage additional analyses not mentioned in the "screening" analyses. The results obtained will allow the early detection of a number of diseases such as diabetes, oncology, internal organ disorders, prostate problems, cervical or bladder pathologies.

According to Figure 12, the dispensary will consist of three stages instead of two.

This three-stage model will help to detect diseases at an early stage and to treat them in the future.

If we consider the importance of population health check-ups, we can conclude that they significantly improve the quality of Russian health care in general, as well as contribute to a more sustainable effective implementation of the objectives of state and regional health programmes. From year to year, the criteria are not fulfilled, namely, the reduction of mortality of the population (Order "On Organisation of Medical Rehabilitation for Adult Population in the Volgograd Region" of 09.03.2022, No. 19n). However, compulsory check-ups can help to detect the disease at an early stage.

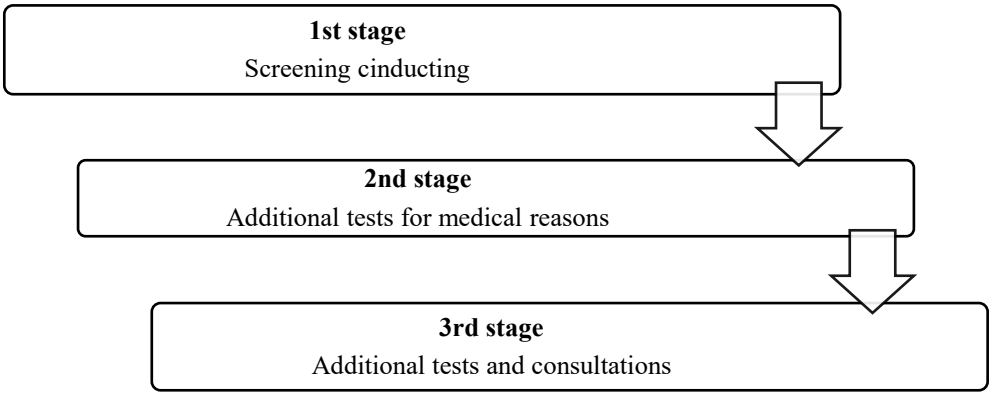

Fig. 12. Stages of medical examination.

It is possible to increase the number of visits to medical institutions for medical check-ups through interaction between doctors and patients, employers and employees, and local authorities and the population. This can be done by informing via the Internet, by placing introductory advertisements, by calls and sms mailings, and by holding talks. It is necessary to explain to the population when and where they can undergo a medical examination, and to reduce anxiety from communication with medical personnel. However, it is necessary to monitor and motivate medical personnel to improve the quality and accessibility of communication with patients and to help if explanations on related issues.

With regard to the restriction of corruption, corruption issues on the part of the state are currently regulated by Federal Law No. 273-FZ "On Combating Corruption" (Site "Health Committee of Volgograd region": http://volgazdrav.ru/index.php/struktura-ministerstva/informatsiya-o-deyatelnosti.html). It is important to act not locally, but systematically: at the federal level, at the level of the constituent entity of the Russian Federation, at the municipal level and locally at the level of the medical organisation. Special attention should be paid to measures to combat corruption at the level of patient-doctor relations. Several such measures can be identified.

As part of anti-corruption measures in the Volgograd region, it is also necessary to specify the need to keep records at all stages of the transfer of funds with subsequent control by independent persons, commissions and motivate materially or non-materially in case of detection of acts of embezzlement. Also, as a proposal for anti-corruption activities in the Volgograd region it is possible to indicate the need to revise regulatory documents, namely the Decree of the Governor of the Volgograd region "On approval of the Anti-Corruption Programme in the Volgograd region for 2021 - 2023 years" from 28 December 2020 № 825, to increase funding and tighten measures for non-compliance with them (Federal Law No. 273-FZ "On Combating Corruption" dated 25 December 2008).

4 Conclusion

Summarising the results, it can be concluded that healthcare entities can optimise their work, increase the efficiency of the implementation of results, and intermediate results, only after reducing acts of corruption. The main activity should be aimed at the development of proposals and methodologies, anti-corruption mechanisms in medicine.

The problem of underfunding, which hinders the implementation of many state healthcare care programmes, affects almost all regions. The lack of money in the Volgograd region leads to a slowdown in the implementation of the main national projects "Health Care" and "Demography". The level of funding is in close correlation with the dynamics of achieving the target values. Some subjects are limited in calculating the cost of their programmes. In this case, the transfer of benefits to the population is limited.

This problem can be solved by setting priorities for specific subjects, taking into account different amounts of budgetary funds. Raise the salaries of employees, increase expenditures for the maintenance of medical and preventive institutions, improve the quality of nutrition for patients, and increase the budget for the purchase of medicines and medical devices.

It should be acknowledged that the country has now created and is developing the necessary financial, economic, organizational, legal, institutional, information-technological (digital), personnel and scientific and methodological basis for the Russian Federation's State policy for the development of health care, which is being implemented through national projects and State programmes at the federal and regional levels. Thus, in accordance with Section 28 of the Strategy for the Development of Health Care in the Russian Federation for the period up to 2025, the state policy in the field of public health care is implemented through the adoption of the programme of state guarantees of free medical care for citizens, the state programme of the Russian Federation "Development of Health Care", the national projects "Health Care" and "Demography", departmental target programmes, as well as state programmes of the constituent entities of the Russian Federation.

According to the study, it was determined that the Volgograd region actively supports and develops national healthcare projects. In 2021, as part of the implementation of the Volgograd Region state programme 'Development of health care in the Volgograd Region', a total of 104 target indicators were planned to be achieved aimed at effective management of the Volgograd Region health care system and use of resources. Of 104 target indicators, 73 were achieved.

Within the framework of the third and fourth objectives of the study, we can conclude that 70% of indicators fulfilled is a good but insufficient indicator for Volgograd Region. The launched programmes require more detailed control and adjustments on the part of financing, and the demographic disadvantage, with a declining mortality rate, lead to the need to create programmes to support families with children.

In order to improve the efficiency of the implementation of the main state programmes and, as a consequence, to improve the state of health care in Volgograd region, we can propose to expand the staff of expert analysts to elaborate and forecast the results and adequate allocation of allocated resources for the implementation of programmes. Strengthen control over the implementation of planned indicators and redistribute cash flows in case of over-fulfilment of indicators for one programme to the lagging ones. Develop additional programmes to support young families and families with children. Improve labour conditions and remuneration, thereby reducing the number of Volgograd residents migrating. Incentivise medical institutions to hold talks with medical staff, to build loyalty to clients.

Having summarised the results of the sustainable regional health policy in the Volgograd region, we can conclude that, taking into account all contingencies, staffing, and funding shortages, the region is in a stable state. Despite the demographic and financial criteria, not one project has been stopped. A striking example of this is the construction of a new treatment and diagnostic building of the oncological dispensary, which houses children's and adult polyclinics for 100 and 600 daily visits, mammology and endoscopy departments, clinical and diagnostic laboratory, intensive care unit.

According to the annual report, it is planned to increase the financing of regional programmes, which, as a consequence, should lead to an increase in the efficiency of their implementation.

Proposals to stimulate the regional health policy in Volgograd Region include, first of all, the search for additional sources of financing, as well as the creation of conditions for maintaining and filling the personnel reserve, especially in rural areas. Control over the training of medical personnel and updating the equipment of medical institutions. The creation of high-tech municipal laboratories to reduce the flow of applications to paid centres. Rehabilitation of maternity hospitals in settlements remote from the centre for rapid delivery.

This work makes it possible to draw conclusions about the importance of health programmes and the need for their sustainable development. The proposed measures to improve health care in the Volgograd region can serve as an impetus for the elaboration and optimisation of regional programmes, improving the health status of the population and the development of health care in the region.

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