

**Mykyta Budreiko**

Postgraduate Student, Department of Management, Logistics and Innovations  
Semen Kuznets Kharkiv National Economic University  
ORCID: <https://orcid.org/0009-0009-2843-7339>

## **A METHODOLOGICAL APPROACH TO ASSESSING THE IMPACT OF ECONOMIC AND LOGISTICS PROVISION ON THE DEVELOPMENT OF THE HEALTHCARE SYSTEM OF UKRAINE IN THE PROCESS OF ITS RECONSTRUCTION**

The article substantiates a methodological approach to assessing the impact of organizational and logistics support on the functioning of Ukraine's healthcare system and presents its pilot application under wartime and recovery conditions. Organizational and logistics support is defined as a functional component of economic support that encompasses needs planning, transportation, storage, resource distribution, patient routing, and information support for the corresponding flows. A synthesis of scholarly sources identified six factors, which were grouped into three dimensions: the infrastructural capacity of the healthcare network, territorial accessibility and routing of health services, and the information and digital component of organizational and logistics processes. The empirical basis comprised open administrative data from the National Health Service of Ukraine on provider networks, contracts under the Programme of Medical Guarantees, electronic prescriptions, and dispensing locations participating in the reimbursement programme, together with population data from the State Statistics Service of Ukraine. The pilot calculation covered 24 regions of Ukraine in 2023–2025; Luhansk Oblast was excluded because of the incomparability of territorial coverage and data completeness. A system of twelve indicators was developed. To ensure their comparability, the study applied population normalization, min–max transformation using common bounds for the three-year panel, equal weighting, and aggregation into three sub-indices and a composite proto-index. The model's analytical suitability was examined using descriptive statistics, coefficients of variation, Spearman's rank correlation, grouping of regions into terciles, and sensitivity analysis of alternative weights. The results demonstrated the relative stability of the infrastructure dimension, a gradual improvement in territorial accessibility, and stronger positive dynamics in the information and digital dimension. The overall increase in the composite proto-index was driven primarily by the development of digital and pharmaceutical processes. At the same time, a decline in the density of contracted service locations was accompanied by greater service package diversity, indicating an expansion of the functional profile of healthcare without a corresponding increase in the number of physical network locations. Persistent interregional differences were identified: Poltava Oblast demonstrated relatively higher composite results throughout the study period, whereas lower values were characteristic of Donetsk

and Kherson oblasts. The high intertemporal consistency of regional rankings and their limited sensitivity to alternative weighting confirmed the relative robustness of the model. The scientific novelty lies in integrating three units of observation—the provider, the physical location, and the “location–Programme of Medical Guarantees package” combination—with territorial and digital-pharmaceutical indicators in a single regional model. The practical value of the approach lies in its capacity to monitor territorial disparities and identify the dimension in which organizational and logistics support is lagging. The findings should be interpreted as a relative diagnostic assessment rather than as a ranking of management quality or direct evidence of causal impact. The main limitations are the use of a fixed population denominator as of 1 January 2022, incomplete territorial comparability of wartime data, the special status of Kyiv, and the absence of open datasets on infrastructure damage, actual patient routes, transport accessibility, inventories, and continuity of supply.

**Keywords:** economic support, logistical support, health system, development, economic reconstruction