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For scientists, scientists, students, graduate students, representatives of business and public organizations and higher education institutions and a wide range of readers.

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CLUSTER ANALYSIS OF THE HEALTH CARE STATE IN EUROPEAN DEVELOPING ECONOMIES

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A key issue for researchers is socio-economic disparities in health care systems of different economies. A significant number of publications is devoted to the issue of researching the efficiency of health care systems. For example, 115 studies were found in the Scopus database for the period from 2011 to 2021 for the query «efficiency of the health care system». Their bibliometric analysis made it possible to form 4 clusters based on the logic of coexistence in publications of 3 or more keywords according to the research topic. The number of relationships between publications is 612 units.

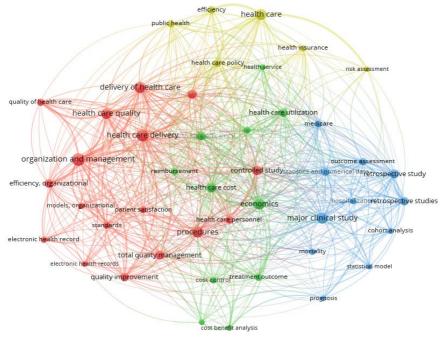


Fig. 1. Bibliometric analysis of scientific publications on the topic of the efficiency of the health care system

Source: author's elaboration based on the Scopus database using the VOSviewer 1.6.17 toolkit.

It is necessary to note the significant contribution to the study of practical aspects of socio-economic disparities, which was carried out by such scientists as Makarenko I., Sirkovska N., 2017; Druzhvnina, V. et al., 2018; Kvrychenko, K. et al., 2018; Mohsen Yo. et al., 2018; Antosova I. et al., 2019; Gallo P. et al., 2019; Letunovska N. et al., 2020; Njegovanović A., 2020; Serpeninova Yu., 2020; Tenytska T. et al., 2020; Tovmasyan G., Minasyan D., 2020; Vasylieva T. et al., 2020; Yelnikova J., Kwilinski A., 2020; Keliuotytė-Staniulėnienė G., Daunaravičiūtė K., 2021; Oteh O. et al., 2021; Zhuravka O. et al., 2021; Hasan F. et al., 2022. Studies (Gupta S., Verhoeven M., 2001; Herrera S., Pang G., 2005; GuptaS. et al., 2007; Verhoeven M. et al., 2007; Afonso A. et al., 2010; Journard I. et al., 2010; Grigoli F., Ley E., 2012; Jaba E. et al., 2013; Asandului L. et al., 2014; Grigoli F., Kapsoli J., 2018; Hrytsenko et al., 2021) show inefficiency of public spending on health care both in countries with developed economies and in countries with developing economies. The latter differ significantly from countries with developed economies in terms of the effeciency of the health care system, socio-economic conditions and the quality of public administration. The absolute majority of scientists focus their research on developed countries. This can be explained by the greater availability of the research information base for these countries.

Higher health spending tends to be associated with better health system performance. But there are significant differences between economies, even within the group of developing economies. According to the current classification of the Inernational Monetary Fund, the regional European group of countries with developing economies includes such countries as (IMF, 2022): Albania, Belarus, Bosnia and Herzegovina, Bulgaria, Croatia, Hungary, Kosovo, Moldova, Montenegro, North Macedonia, Poland, Romania, Russia, Serbia, Turkey, Ukraine.

In order to identify disparities between the state of health care in the European developing economies, a cluster analysis was carried out using the *k*-means method with preliminary standardization of cluster indicators *x* according to the formula $\overline{x} = (x - x_{\text{cep.}}) / \sigma_x$.

The average value of public health spending per capita (PPP, international dollars) for the four-year period (2012-2015) and the average values of life expectancy, infant mortality rate under 5 years, the tuberculosis treatment success rate for the next four-year period (2016-2019) were used as cluster indicators.

Table 1

Indicators		Cluster		
		2	3	4
Public health spending per capita (PPP, international dollars)	598	812	265	1195
Life expectancy (in years at birth)		73,8	70,8	76,8
Infant mortality rate under 5 years (per 1000 live births)		7,3	13,6	5,3
tuberculosis treatment success rate (% of new cases)		79,83	73,5	34,5

Mass centers of formed clusters

The biggest difference was found between the countries included in cluster 3 (Ukraine, Moldova) and cluster 4 (Croatia, Poland) (Table 1, Fig. 1).

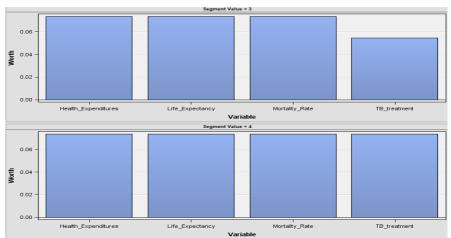


Fig. 1. Worth of clusters 3 and 4 indicators

Cluster 1 includes Albania, North Macedonia, Romania, Turkey. Cluster 2 includes Belarus, Bosnia and Herzegovina, Bulgaria, Hungary, Russia, and Serbia.

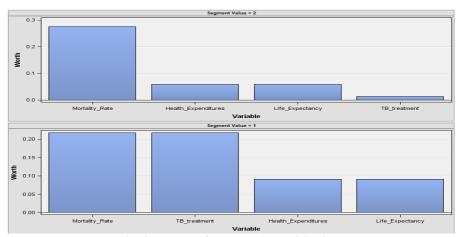


Fig. 2. Worth of clusters 1 and 2 indicators Source: author's elaboration using SAS Enterprise Miner 15.1 toolkit.

Analyzing presented results, we conclude that public spending on health care per capita in the European countries with developing economies has a significant impact on health care indicators. Among the mentioned above countries, Ukraine and Moldova are in the worst condition, therefore they need an urgent reform of the health care financing system.

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