Modernization of Healthcare Governance in Ukraine: Integration of International Framework Approaches into an Innovative Regulatory Model

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ABSTRACT

Modernization of healthcare governance in Ukraine has become particularly urgent in the context of military challenges, structural destabilization, and the need to ensure sustainable post-war recovery of the system. Despite significant progress in reform, decentralization, and digitalization, the current mechanisms of state regulation remain fragmented, insufficiently transparent, and only partially aligned with international framework approaches to the assessment and development of health system governance. The aim of the article is to develop and substantiate the concept of an innovative governance model in the healthcare sector of Ukraine based on the integration of international governance frameworks and analysis of national institutional characteristics. The methodological basis is institutional analysis, a comparative review of international governance models, a structured literature review, and a generalization of regulatory practices in crisis and post-conflict conditions. The results of the study indicate the presence of critical gaps in coordination, accountability, regulatory coherence, digital infrastructure, and the use of data for making management decisions. A comparison with the framework models of Siddiqi, Barbazza and Tello, Abimbola, and the World Health Organization recommendations demonstrates the need to integrate the principles of systematicity, transparency, stakeholder participation, adaptive regulation, and sustainability orientation. The article proposes an innovative governance model aimed at strengthening institutional capacity, digital transformation, and policy coherence at different levels of government. The practical significance lies in the formation of conceptual and applied guidelines for state bodies that can be used in developing post-war recovery strategies, modernizing regulatory mechanisms, and increasing the efficiency of management of the Ukrainian healthcare system.

***Keywords*:** health system governance, state regulation, healthcare reform, institutional capacity, international frameworks, post-war recovery

Introduction

The Ukrainian healthcare system is in a phase of profound transformation, driven by the simultaneous impact of long-term reforms, digitalization, institutional changes, and unprecedented challenges posed by a full-scale war. The war events have significantly changed management priorities, created additional risks for the functioning of the medical infrastructure, complicated coordination between levels of government, and highlighted the issue of the

resilience of the healthcare system to external shocks. In these circumstances, the modernization of healthcare governance has acquired not only theoretical but also practical significance, since effective mechanisms of state regulation determine the system's ability to ensure the accessibility and quality of services, maintain continuity of care, and form the basis for post-war recovery.

In a broader context, the modernization of healthcare governance in Ukraine reflects general transformational processes in the public sector that are taking place in conditions of systemic crises. Military challenges, socio-economic upheavals, and resource constraints are shaping a new managerial reality in which innovations in public administration become not only a tool for increasing efficiency but also a condition for survival and further development.

Public sector innovation is defined as the development and implementation of a new health governance model that integrates international framework approaches, digital transformation, and institutional reforms to improve coordination, transparency, accountability, and adaptability of public regulation, especially in times of crisis and post-conflict recovery.

Despite significant progress in implementing e-health, expanding institutional autonomy, developing contractual mechanisms, and managing financial flows, the current governance model remains fragmented. To date, there are problems of insufficient regulatory coherence, limited horizontal coordination, uneven distribution of institutional capacities, and partial integration of international approaches to assessing the effectiveness of the governance system. International frameworks - in particular Siddiqi's approaches to assessing governance, Barbazza and Tello's (2014) conceptualization, Abimbola's (2020) institutional analysis, as well as World Health Organization (further – WHO) recommendations on sustainable health systems – form a set of universal principles that remain only partially implemented in Ukrainian practice.

Studies of governance in crisis and post-conflict environments, such as Syria and Afghanistan, demonstrate that adaptive, multi-level, and networked models of governance are particularly important in situations of instability. They provide greater flexibility, resilience, and responsiveness than traditional hierarchical approaches. Ukraine, which is simultaneously continuing to modernize its healthcare system and is in a state of post-conflict recovery, needs a governance model that combines international experience with national institutional realities.

The aim of the article is to develop and conceptually substantiate an innovative model of governance in the healthcare sector of Ukraine by integrating leading international governance frameworks, a systematic analysis of the institutional features of the national regulatory model, and a generalization of management practices in crisis and post-conflict conditions. Such a scientific approach creates a basis for the formation of theoretically verified and practically relevant directions for the modernization of state policy in the healthcare sector.

The article contributes to the field of public sector innovation by conceptualizing and justifying an innovative healthcare governance model for Ukraine that combines international framework approaches with national institutional analysis. It advances the field by identifying systemic gaps (coordination, data use, regulatory coherence) and proposing a structured adaptive model tailored to wartime and post-war recovery conditions.

The generalized analysis allows us to identify key dysfunctions of the current governance system, as well as opportunities to build sustainable, coordinated, and digitally-oriented governance mechanisms that meet global standards and ensure an effective post-war recovery of Ukraine's healthcare sector.

Literature Review

The international scientific tradition of developing the concept of health system governance focuses on identifying key characteristics of effective governance and tools for its assessment. The classical framework proposed by Siddiqi et al. (2008c) identifies transparency, accountability, policy coherence, stakeholder participation, and the effectiveness of regulatory mechanisms as the main elements of good governance. The concept was further developed in the studies of Barbazza and Tello (2014), where governance is viewed as a multidimensional system that requires an integrated approach to analysis and coordination. The institutional dimension is revealed in the works of Abimbola (2020) and Abimbola et al. (2017), which emphasize the importance of formal and informal rules, actor interactions, and the political economy of decision-making processes in the health sector. A systematic review of governance models presented by Pyone et al. (2017) demonstrates their considerable variability and highlights the need to adapt framework approaches to specific government contexts.

Governance in crisis and post-conflict settings is an important area of research. Studies on the health systems of Syria and Afghanistan, including Douedari and Howard (2019), Alaref et al. (2023) and Paterson et al. (2025), demonstrate the emergence of alternative, often networked and decentralized models of governance in situations where formal state institutions are unable to perform their functions. These studies demonstrate that adaptability, flexibility, and interaction between state and non-state actors become key factors in the resilience of health systems during conflict.

Ukrainian academic works focus on the analysis of health care reforms, institutional transformations, and regulatory mechanisms. Studies by Verenych and Diegtiar (2024), Kozachenko and Solohub (2024), and Kukharchuk (2025) emphasize the problems of fragmented governance, limited horizontal coordination, and the need to strengthen institutional capacity. Kiian (2025a, 2025b) reveals the peculiarities of transformational processes in the health care sector, as well as key management challenges associated with war conditions. Issues of resilience and strategic planning during the reconstruction period are highlighted in Yunger (2024) and Lopatkina (2024). World Health Organization (2022) emphasizes the need for a comprehensive approach to reforming the Ukrainian health care system, including strengthening transparency, accountability, and policy coherence.

A separate body of literature deals with digitalization and modern management tools. The study by Simon et al. (2024) analyzes the development of digital competencies and their impact on the institutional capacity of the healthcare sector. The issue of modernizing the pharmaceutical sector and implementing new regulatory policy models is considered in the works of Babenko et al. (2023), while Mills and Kanavos (2022) assess the effectiveness of conditional procedures for the registration of medicinal products as elements of state regulation.

A separate area of research is devoted to innovations in public administration in times of systemic crises. The international literature emphasizes that innovations in the public sector during periods of crisis acquire not only technological, but also institutional and organizational character, encompassing new models of coordination, digital tools, partnership mechanisms, and adaptive management practices. Such approaches are considered key to increasing the resilience of public institutions and ensuring the transition from reactive management to transformational changes.

The broader context of institutional modernization is covered by works on regional policy (Komarova et al., 2021) and the formation of a single medical space (Terentieva et al., 2025). Studies of public-state interaction in governance (Rokunets-Sorochan, 2025) emphasize the importance of stakeholder participation as a key principle of governance, consistent with international models.

Special attention in the scientific literature is paid to the formation of a new model of state regulation of healthcare based on domestic and foreign experience (Vasylenko et al., 2022). The study by Matsyk (2023) focuses on public health policy in the context of European integration challenges, which further emphasizes the need to adapt national regulatory approaches to international standards.

The literature review shows that, despite a wide range of research, existing approaches do not provide a holistic governance model that would integrate international standards, take into account Ukrainian institutional features, and meet the requirements of the war and post-war context. This theoretical and practical gap (research gap) forms the basis for the development of an innovative model of modernized governance, which is proposed in this article.

Methodology

The methodology is based on the use of a complex of theoretical and analytical approaches aimed at studying governance models in the healthcare sector and developing an innovative conceptual model relevant to the conditions of Ukraine.

The work uses a systemic approach, which allows us to consider health system governance as a multi-level and interconnected structure. Institutional analysis is used to assess formal and informal rules, coordination mechanisms, and management dysfunctions in the national health care system. Comparative analysis provides an opportunity to compare international governance models (Siddiqi, Barbazza and Tello, Pyone, Abimbola) and crisis approaches developed in Syria and Afghanistan with the Ukrainian context. A structured review and content analysis of the literature are used to summarize scientific sources and identify key trends. In order to integrate the results of the analysis and form the conceptual framework of the proposed model, the conceptual modeling method is used.

The theoretical basis of the study was the approaches of modern public administration theory, the concept of health system governance, models of institutional sustainability, and the principles of evidence-informed policymaking recommended by the WHO.

Importantly, the study considers healthcare governance modernization as an example of innovative changes in the public sector in the context of a systemic crisis. This approach allows not only to assess sectoral transformations, but also to form generalized conclusions about innovative models of public administration that can be scaled to other areas of public policy.

Results

The results demonstrate the existence of systemic institutional and managerial challenges in the healthcare sector in Ukraine, which have been exacerbated by the war and affect the possibilities of post-war recovery. The analysis of Ukrainian research has confirmed that the governance system remains significantly fragmented: the division of powers between the central, regional, and local levels is unclear, and the coordination mechanisms between the Ministry of Health, the National Health Service, local governments, and healthcare institutions operate unevenly (Bigdeli et al., 2020). This is also confirmed by the conclusions of the World Health Organization (2024), which indicate the structural heterogeneity of governance processes, leading to unequal access to services in different regions.

An illustrative example of both the achievements and vulnerabilities of digital governance was the operation of the eHealth system in the conditions of a full-scale war. Despite the destruction of infrastructure, mass displacement of the population and disruptions in communications, the electronic health system demonstrated its ability to adapt quickly. As of the first year of the war, over 300 million electronic prescriptions were written through eHealth, and the number of registered patients exceeded 35 million, which confirmed its role as a critical element in ensuring the continuity of medical care. At the same time, experience revealed systemic limitations: incomplete compatibility of modules, fragmented integration of data with hospital registries and a lack of analytical tools for predicting the needs for medicines and services at the regional level. This case clearly demonstrates that even with the availability of a digital platform, its transformation into a full-fledged evidence-based management tool requires targeted institutional solutions - exactly what the proposed analytical and digital component of the model implies.

One of the key dysfunctions remains the weak integration of data into decision-making processes. The WHO and the World Bank, in their joint report “Health Financing in Ukraine: Reform, Resilience and Recovery” (World Health Organization, 2024), emphasize that although the digitalization of healthcare has made some progress (in particular, the development of electronic health system – eHealth), the system does not have sufficient analytical power for evidence-informed policymaking. The lack of holistic data-governance mechanisms leads to fragmented monitoring, uneven data collection, and insufficient transparency (Bigdeli et al., 2020).

The results also showed that the principles of transparency and accountability are implemented inconsistently. According to the WHO Country Office in Ukraine Annual Report 2024 (published in 2025), reporting processes remain non-standardized, and communication between authorities and the population is uneven (World Health Organization, 2025c). Institutional analysis confirms that stakeholder engagement is selective rather than systematic, which is in line with internationally recognized indicators of weak governance outlined in the Siddiqi, Barbazza, and Tello models.

Comparison with the experience of crisis areas confirms that war conditions increase the vulnerability of management mechanisms. As studies in Syria (Douedari and Howard, 2019; Paterson et al., 2025; Alaref et al., 2023) show, in protracted conflict situations, it is institutional coordination mechanisms, transparency of processes, and the ability of the state to ensure continuity of functions that become the most unstable. Similar trends are observed in Ukraine: some areas demonstrate overload of medical institutions, instability of patient routes, uneven mobilization of resources and lack of data for strategic forecasting.

At the same time, new WHO reports (World Health Organization, 2024, 2025a, 2025b, 2025c) also record positive developments: increasing the role of public health, modernizing approaches to financing, developing rehabilitation services, and strengthening the capacity of local authorities. Such changes create the opportunity to transition from fragmented governance to a more holistic and adaptive model that meets the principles of systemic resilience. Data from a WHO survey (World Health Organization, 2024) conducted among the adult population of Ukraine showed an increase in citizens' expectations regarding the transparency of the system and the effectiveness of management decisions – a factor that further highlights the need for institutional modernization.

The generalization of the obtained results allowed us to outline the basic parameters of the necessary transformation: strengthening institutional coherence, creating a full-fledged data governance system, inclusive involvement of stakeholders, and the formation of resilient management mechanisms capable of ensuring the continuity of functions in crisis and post-crisis conditions. These parameters form the basis for an innovative model of governance in the healthcare sector of Ukraine, which is developed in the next section.

At the same time, the results of the study indicate that overcoming the identified dysfunctions is impossible without the implementation of innovative approaches to public administration in the healthcare sector. This is not only about improving existing mechanisms, but also about forming a new management paradigm that combines digital, institutional and organizational innovations.

First of all, it was established that the traditional hierarchical management model in the conditions of military challenges loses its effectiveness, since it does not provide the necessary speed of decision-making and flexibility of coordination. In this context, the feasibility of transitioning to network forms of governance, which are based on horizontal connections between key institutions, is substantiated. This approach involves the formation of an integrated coordination environment in which interaction between central authorities, regional administrations, and healthcare institutions is carried out in real time. This allows for

significantly increasing the consistency of management decisions and ensuring a prompt response to crisis situations.

The second important direction of innovation is the transformation of regulatory policy. The study showed that the current system of regulatory regulation is excessively inertial and insufficiently adapted to conditions of uncertainty. In this regard, the need for the implementation of adaptive regulation, which involves the use of flexible tools, in particular experimental policies and simplified procedures for updating the regulatory framework, is justified. This allows for a rapid response to environmental changes and to create favorable conditions for the implementation of innovations in the medical field.

Digitalization of data management and use is of particular importance in modern conditions. The results obtained confirm that the key problem is not so much the lack of information as its fragmentation and insufficient integration. In this regard, the feasibility of transitioning to a data-based management model, which involves the creation of a single digital healthcare ecosystem, has been proven. Such a system should ensure the integration of electronic medical records, financial flows, and public health indicators, as well as form an analytical basis for making management decisions. The use of predictive analytics tools allows you to move from reactive to proactive management, which is critically important in crisis conditions.

No less important result is the justification of the need to strengthen the participation of stakeholders in governance processes. It has been established that the existing mechanisms for interaction with the public are not sufficiently systematic, which reduces the level of trust in management decisions. In this context, the development of inclusive forms of governance is proposed, which involve the active involvement of patients, professional communities, and public organizations in the formation and evaluation of policies. The use of digital communication tools creates additional opportunities for expanding participation and increasing the transparency of the system.

In addition, the results of the study emphasize the need to rethink approaches to ensuring the sustainability of the health care system. In wartime conditions, resilience should be considered not only as the ability to recover, but also as the ability to adapt and transform under the influence of external shocks. This involves the introduction of reserve management mechanisms, the development of mobile forms of medical care, and the digitalization of crisis protocols. This approach allows ensuring the continuity of medical services even in situations of high uncertainty.

The generalization of the above-mentioned areas of innovation shows that the modernization of governance in the healthcare sector of Ukraine should be based on a combination of network, adaptive, and digital approaches to management. It is this integration that creates the prerequisites for the formation of a holistic, coordinated, and sustainable system capable of functioning effectively in the conditions of military and post-war development. The results obtained became the conceptual basis for the development of the proposed innovative governance model.

The proposed innovative model of governance in the healthcare sector of Ukraine is based on the integration of leading international approaches to health system governance with the national context of war and post-war transformations. In the context of the topic of innovation in the public sector, the proposed model is considered as a tool for institutional transformation, combining digital, organizational and managerial innovations. Its goal is not only to optimize healthcare governance, but also to demonstrate the possibilities of transition from resilience to systemic transformation of public administration.

The model involves the functioning of five interconnected circuits, each of which is responsible for a separate dimension of managerial capacity and forms a holistic, coherent, and adaptive governance architecture.

1. Coordination Layer. Defines vertical and horizontal coordination mechanisms between the Ministry of Health, the National Health Service, public health institutions, military administrations, and communities. Ensures the integrity of strategic and operational decisions and forms a single coordination cycle. Provides for the use of digital platforms for coordination and management in real time, which ensures operational synchronization of actions between institutions.

2. Regulatory Alignment Layer. Aims at standardizing management procedures, policies, and regulatory requirements. Provides for the creation of mechanisms for rapid updating of regulations in crisis conditions and minimizing duplication of functions between institutions. An important element is the implementation of adaptive regulation, including the use of experimental policies and regulatory "sandboxes".

3. Digital & Analytics Circuit Layer. Forms an integrated digital infrastructure, integrates eHealth components, and ensures data management and evidence-informed development policymaking. Includes tools for analytics, forecasting, and information support for management decisions. A separate role is played by the use of artificial intelligence and predictive analytics tools to form data-driven management.

4. Stakeholder Engagement Layer. Strengthens the transparency and legitimacy of the system by involving professional communities, patient organizations, communities, local authorities, and the public sector in planning, evaluating, and monitoring policies. It also involves the use of digital participatory platforms to increase inclusiveness and transparency of governance.

5. Resilience and Readiness Circuit Layer. Ensures the system's ability to function during war and emergency situations. Includes mechanisms for continuity of service provision, resource mobility, crisis protocols, and operational response. Particular attention is paid to adaptive resilience, which implies the system's ability not only to recover, but also to transform under the influence of crisis factors.

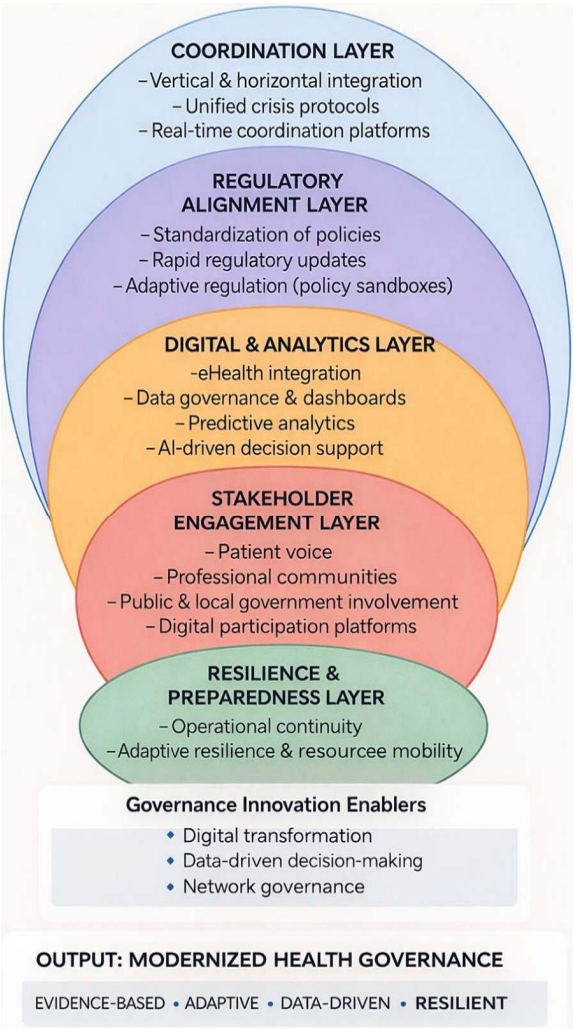
Table 1: Mapping of governance actors and key functions across model layers (developed) by the authors)

Model outline	Key institutions	Roles and management functions
Coordination circuit	Ministry of Health, National Health Service of Ukraine, Public Health Center, regional military administrations, local self-government bodies, medical institutions	Strategic and operational coordination; separation of roles; agreed operational protocols; cross-sectoral interaction; use of digital platforms for real-time coordination and management
Regulatory and policy coherence framework	Ministry of Health, National Health Service, Ministry of Finance, parliamentary committees, Ministry of Digital	Standardization of policies; rapid updating of regulations; unification of requirements; avoidance of duplication of functions; implementation of adaptive regulation, experimental policies and regulatory "sandboxes"
Analytical-digital circuit	Ministry of Health / eHealth Office, National Health Service of Ukraine, Ministry of Digital Economy, Center for Public Health	eHealth integration; data management; needs forecasting; analytical panels; evidence-informed policymaking; AI- driven decision-making decision support)
Stakeholder engagement outline	Patient organizations, professional associations, communities, NGOs	Consultations; participation in policy-making; public monitoring; transparency and accountability; digital platforms for participation, feedback and e- consultations
Resilience and Readiness Circuit	Ministry of Health, Public Health Center, State Emergency Service, military administrations, communities	Ensuring continuity of health services; backup mechanisms; crisis protocols; resource mobility; adaptive resilience, scenario planning and transformational capacity of the system

Ccoordinated functioning of these five circuits forms a modernized, sustainable, and digitally-oriented governance system capable of ensuring decision-making efficiency, institutional stability, and operational adaptability in the dynamic conditions of war and post-war periods. The functioning of these circuits is enhanced by cross-cutting innovation mechanisms, including digital transformation, data-driven management, and networked forms of interaction. These elements ensure the model's integration and its ability to adapt in conditions of high uncertainty (Table 1).

The innovative governance model integrates five key governance loops, covering coordination, regulatory coherence, digital and analytical infrastructure, stakeholder engagement, and health system resilience. Figure 1 demonstrates how specific institutions perform governance functions within each loop, providing the structural logic of the model and its practical applicability in war and post-war settings.

Figure 1: Innovative governance model for the health sector of Ukraine (developed) by the authors)



The coordinated functioning of these circuits forms a holistic governance architecture focused on systematicity, transparency, adaptability and data-driven management. To visualize the integrated logic of the model, an infographic summarizing its key elements and relationships is provided below.

Discussion

The results obtained indicate that the healthcare governance system in Ukraine is in a phase of deep institutional transformation, which is complicated by the impact of military operations and the need to ensure the sustainability of the sector. A comparison of the identified structural gaps with international governance models demonstrates that the key problems of the Ukrainian system correlate with typical signs of weak governance. In particular, in the classical governance assessment model, Siddiqi and colleagues emphasize the importance of institutional

coherence, transparency, and accountability as basic conditions for the effective functioning of healthcare systems (Siddiqi et al., 2008c). The fragmentation of coordination mechanisms identified in Ukraine confirms the relevance of these criteria for the modernization of the system in the post-war period.

The second key aspect concerns digital integration and data governance. While the development of eHealth forms the basis for evidence-informed policymaking, the analytical capacity of the system still remains limited. International governance studies emphasize that digital information systems and data governance mechanisms are critical components of transparency and accountability (Barbazza and Tello, 2014). The WHO and the World Bank, in a report on health financing during wartime, emphasize that insufficient data integration remains one of the greatest barriers to the management adaptability and sustainability of the Ukrainian system (World Health Organization, 2024).

Inclusivity and stakeholder participation are important components of governance. The study findings indicate that the involvement of professional communities, communities and patients in decision-making processes is uneven. This is consistent with the findings of international reviews that highlight the crucial role of stakeholder participation in increasing the legitimacy and effectiveness of management decisions (Pyone et al., 2017). Additionally, the WHO report on population health needs demonstrates the growing expectations of citizens for transparency and accountability during war, which highlights the need to strengthen participatory mechanisms (World Health Organization, 2025a).

Comparison with the experience of crisis areas provides an important analytical context. Studies of Syria show that in conditions of prolonged instability, it is precisely the management mechanisms of coordination, continuity of functions and availability of services that are most vulnerable (Douedari and Howard, 2019). Similar challenges have been identified in Ukraine, where ensuring the stability of resource flows, patient routing and inter-institutional coherence is complicated by the high dynamics of military risks. This confirms the need for an adaptive governance model that can function in conditions of uncertainty.

From the perspective of public sector innovation, the proposed model demonstrates a shift from traditional hierarchical approaches to networked, flexible, and adaptive forms of governance. This is in line with current trends in public administration, where innovation is seen as a means of increasing institutional resilience, developing the capabilities of public institutions, and ensuring an effective response to complex crises.

The results obtained are also consistent with the conclusions of a study that emphasizes the importance of motivational factors for the formation of long-term human resource potential of the medical system (Zakharov et al., 2023). Human resource sustainability is one of the fundamental elements of the capacity of the health care system, which should be taken into account when developing governance models.

It should be noted that the problems of institutional coherence and managerial sustainability are observed not only in the organization of medical care, but also in related segments of the health care system. Thus, in the studies of Ukrainian authors devoted to the

reform of the management of postgraduate medical education, the fragmentation of management procedures, the lack of innovative management solutions and the need to form a holistic model of development of this sector are also recorded (Shevchenko et al., 2023). Similar conclusions are also observed in another study, which emphasizes the role of innovations in updating management approaches in medical education (Romanenko and Shevchenko, 2023). The interpretation of these results demonstrates that the identified dysfunctions are systemic in nature and cover the broader context of healthcare management in general.

Summarizing the results, it can be stated that the current state of governance in Ukraine is characterized by the simultaneous presence of significant challenges and significant potential for modernization. Institutional fragmentation, insufficient analytical infrastructure and weak formalization of management procedures require systemic restructuring. At the same time, active digitalization, public health development, institutional changes and international support create the prerequisites for the formation of a new governance model. The innovative model presented below is aimed at overcoming the identified dysfunctions and strengthening the strategic and operational capacity of the healthcare system in the war and post-war periods.

Despite its theoretical validity and practical orientation, the study has a number of limitations that should be taken into account when interpreting its results. First, the work is mainly conceptual in nature and is based on a secondary analysis of the literature, institutional analysis, and generalization of international framework approaches. The proposed five-loop management model has not undergone empirical validation based on primary data, therefore its effectiveness requires further verification in real conditions.

Second, the study relies heavily on reports from the WHO, the World Bank, and other international organizations, which, despite their high quality, may have limited efficiency in covering rapid changes in war conditions. Some data used to substantiate the model may lose relevance over time due to the dynamics of the security and humanitarian situation.

Third, although the work provides a comparative analysis with the experience of Syria and Afghanistan, the depth of this comparison is limited by the availability of sources and differences in socio-political contexts. A broader coverage of post-conflict cases (e.g., the Balkans or Rwanda) could enrich the comparative perspective.

Fourth, the study does not include quantitative assessment of indicators of governance quality, which could strengthen the evidence base. It also does not take into account regional variability in institutional capacity within Ukraine, which may significantly affect the implementation of the proposed model.

Despite the aforementioned limitations, the results form a coherent theoretical basis for further empirical research and practical experiments on the modernization of health care management in Ukraine.

Conclusion

The study identified key institutional and managerial gaps that hinder the effective functioning of the Ukrainian healthcare system amid war and post-war challenges. An analysis of comparative international governance models and an assessment of national institutional characteristics showed that fragmented coordination mechanisms, uneven regulatory coherence, limited digital and analytical capacity, and low levels of systemic stakeholder participation are key factors in the sector's managerial vulnerability.

In response to the identified challenges, the article proposes an innovative governance model that integrates five key contours - coordination, regulatory and policy coherence, analytical and digital, stakeholder participation, and resilience. The model provides a holistic vision for modernizing the management architecture, creates conditions for policy coherence, increases accountability, enhances decision transparency, and lays the groundwork for evidence-informed policymaking. Its application contributes to strengthening the institutional capacity of the health care system and provides the possibility of rapid adaptation of management mechanisms under the influence of dynamic risks.

Innovation serves the public good by increasing the efficiency, transparency, and sustainability of the health system, ensuring better access to quality health services, supporting sustainable post-conflict recovery, and strengthening public trust in public institutions.

The practical significance of the model lies in the possibility of applying its elements at the national, regional, and local levels to improve the quality of governance, optimize resource allocation, and improve coordination between institutions. The theoretical contribution lies in the formation of an integrated approach to health system governance, which combines international governance standards with the specifics of the Ukrainian context.

In a broader context, the study's results suggest that modernizing healthcare governance can serve as a model of public-sector innovation in the face of systemic crises. The proposed model demonstrates how innovative management solutions, digital tools, and adaptive institutional mechanisms can ensure not only resilience but also transformation of public governance in conditions of high uncertainty.

Prospects for further research include assessing the effectiveness of implementing the model in individual regions, developing indicators to monitor its effectiveness, and deepening the analysis of digital tools and adaptive management mechanisms to strengthen the sustainability of the healthcare system in the long term.

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readability of individual parts of the text. The Grammarly AI tool was used to check the grammar, syntax, punctuation and stylistic consistency of the English text.

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