REVIEW ARTICLE

CONTENTS

Financing of dental care in Ukraine: Current status, comparative aspects with European union countries, and prospects for reform in the context of public health

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ABSTRACT

Aim: To assess the state of dental care funding in Ukraine under martial law, compare aspects with the European Union (EU) countries, and identify prospects from a public health perspective.

Materials and Methods: We analyzed government regulations and scientific sources from the past 20 years regarding the state of dental care provision in Ukraine and EU countries in terms of sector financing, access to treatment and preventive care facilities, and medical personnel. We utilized time series analysis, statistical data (the Ministry of Health of Ukraine, National Health Service of Ukraine), and international sources – the World Health Organization (WHO) and the Organization for Economic Cooperation and Development (OECD). Bibliosemantic, content-analytical, and comparative methods were applied. The search for primary sources for analysis was conducted in international scientific databases (PubMed, Scopus, Web of Science, ScienceDirect) and national resources (the V.I. Vernadsky National Library of Ukraine, Google Scholar). Bibliosemantic, content-analytical, and comparative methods were applied.

Conclusions: In Ukraine, a low share (20%) of public institutions was established, along with a 60% reduction during the period 2008–2023. A directly proportional decline was observed in the availability of dentists (–49%) and in the number of patient visits (–80%) over the same period. The most critical failure was in the area of prevention (–84.8%). Increased funding in 2023–2025 is redirected to narrowly targeted groups and does not cover the system as a whole.In comparison with EU countries, Ukraine lags behind on all key indicators. Public coverage of dental costs in Europe is 30–33% and combines public and voluntary insurance, with partial co-payments — the prevention-driven "shared cost" model. In Ukraine, the state covers less than 10–15%, and the treatment-driven "pay-out-of-pocket" model, financed by patients, predominates.Dental care in Ukraine is significantly lower compared to European countries, remains underfunded, narrowly targeted, and dependent on private spending by the population, as evidenced by reductions in staffing, preventive care, and accessibility. Reform of the financial model is necessary, with an emphasis on preventive care, health insurance, and expanding the role of the National Health Service of Ukraine (NHSU).

KEY WORDS: dental care, dental sector financing, prevention

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INTRODUCTION

In the current context of martial law in Ukraine, the healthcare system faces a number of challenges stemming from the redirection of financial resources toward the country's defense capabilities, the deterioration of the economic situation, and limited public access to medical services, particularly in areas near the front lines. These issues are particularly relevant in the context of dental care, which is a vital component of the healthcare system and directly impacts the quality of life for people not only in the country but worldwide [1–4].

For a long time, the main problems in dentistry in Ukraine have been insufficient budgetary funding, limited coverage under the Medical Guarantees Program, the dominance of private expenditures on treatment — a situation exacerbated by the declining financial capacity of the population — the fragmentation of mechanisms, and the use of targeted state programs only for the most vulnerable population groups, in particular veterans, people with disabilities resulting from the Chernobyl Nuclear Power Plant accident, and Category 1 victims, specifically those suffering from radiation sickness [5, 6]. At the same time, the structure of dental care financing in Ukraine is undergoing dynamic changes due to healthcare system reforms and the introduction of new mechanisms for the procurement of medical services [7].

AIM

The aim of our study was to assess the state of dental care funding in Ukraine under martial law, compare key aspects of the sector with European Union (EU) standards, and identify the prospects for this field from a public health perspective.

MATERIALS AND METHODS

We analyzed government regulations and scientific sources from the past 20 years regarding the state of dental care provision in Ukraine and EU countries in terms of sector financing, access to treatment and preventive care facilities, and medical personnel. We utilized time series analysis, statistical data (the Ministry of Health of Ukraine, National Health Service of Ukraine), and international sources – the World Health Organization (WHO) and the Organization for Economic Cooperation and Development (OECD). Bibliosemantic, content-analytical, and comparative methods were applied. The search for primary sources for analysis was conducted in international scientific databases (PubMed, Scopus, Web of Science, ScienceDirect) and national resources (the V.I. Vernadsky National Library of Ukraine, Google Scholar).

ETHICS

This study is a review-based analytical work conducted using publicly available sources of information. No personally identifiable patient data were used, no clinical interventions were performed, and no primary collection of individual patient information was undertaken; therefore, approval by a local ethics committee was not required. In preparing this article, the authors adhered to the ethical principles of the World Medical Association Declaration of Helsinki and to international standards of publication ethics, including the recommendations of the International Committee of Medical Journal Editors (ICMJE). The authors confirm that the work contains no plagiarism, data fabrication, or falsification, and that all sources have been properly cited.

FRAMEWORK

The study was conducted as a fragment of the scientific project of the Scientific Department of Healthcare Organization of the State Scientific Institution «Center for Innovative Healthcare Technologies» State Administrative Department on the topic «Medical and social justification, development and implementation of the «Center of innovative healthcare technologies» model based on the trinity of science, education and practice in the work of a multidisciplinary healthcare institution and determining its role in the formation of a single medical space» (state registration number 0125U000318; term: 2025-2029).

REVIEW AND DISCUSSION

In Ukraine, the financing of dental care is multifaceted, relying on state funding, local budgets, private payments by the population, and charitable and international programs.

The National Health Service of Ukraine acts as the national purchaser of medical services under the Medical Guarantees Program, serving as the key institutional mechanism. However, unlike other types of medical care, the dental sector has many gaps and is only partially integrated into the public financing system [8]. Specifically, out of the National Health Service of Ukraine's budget of over 142 billion UAH in total funding for medical services, a minimal share is allocated to dentistry, estimated by experts to be less than 5%. For the provision of dental care within general hospitals, the budget allocates 134.68 UAH per case, which is far below the actual cost of the service. The limited funding under the Medical Guarantees Program is due to a number of factors: funding primarily covers specific service packages; payments are made under contracts between the National Health Service of Ukraine (NHSU) and medical facilities; and base rates remain low [8]. At the same time, according to relevant resolutions of the Cabinet of Ministers, state funding for specialized dental facilities is limited. Only certain categories of the population receive dental care at the state's expense through special programs.

In 2025, approximately 750 million UAH was allocated for dental care for veterans under a joint initiative of the Ministry of Health, the National Health Service of Ukraine, and the Ministry of Veterans Affairs, covering dental prosthetics and dental treatment up to 34966 UAH and 24952 UAH, respectively [5]. In 2025, over 59000 patients (military personnel/veterans) received dental care. In 2026, a Government Resolution provided for expanded access to free dental prosthetics and routine dental care for people with disabilities whose disabilities are related to the consequences of the Chernobyl nuclear power plant accident, as well as for people classified as Category 1 victims, specifically those suffering from radiation sickness. All of the aforementioned programs indicate that state funding for dental care is targeted and limited [6].

Due to underfunding of the sector, certain legislative initiatives are being considered for 2025–2026 to increase funding for dental services to 190000 UAH per patient and to introduce a voucher model with a "dental certificate" mechanism.

Amid discussions of legislative reforms and given the limited and fragmented nature of public coverage, dental care in Ukraine continues to be financed primarily through out-of-pocket payments, with most dental services paid for directly by patients, particularly among the adult population [9]. Budget programs cover certain pediatric dental procedures and services

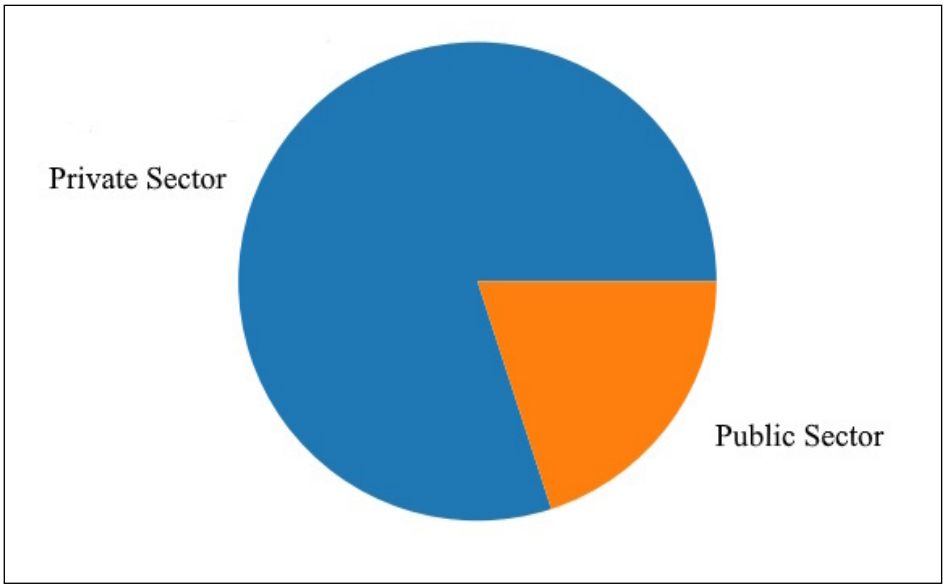

Fig. 1. Structure of the dental market
Picture taken by the authors

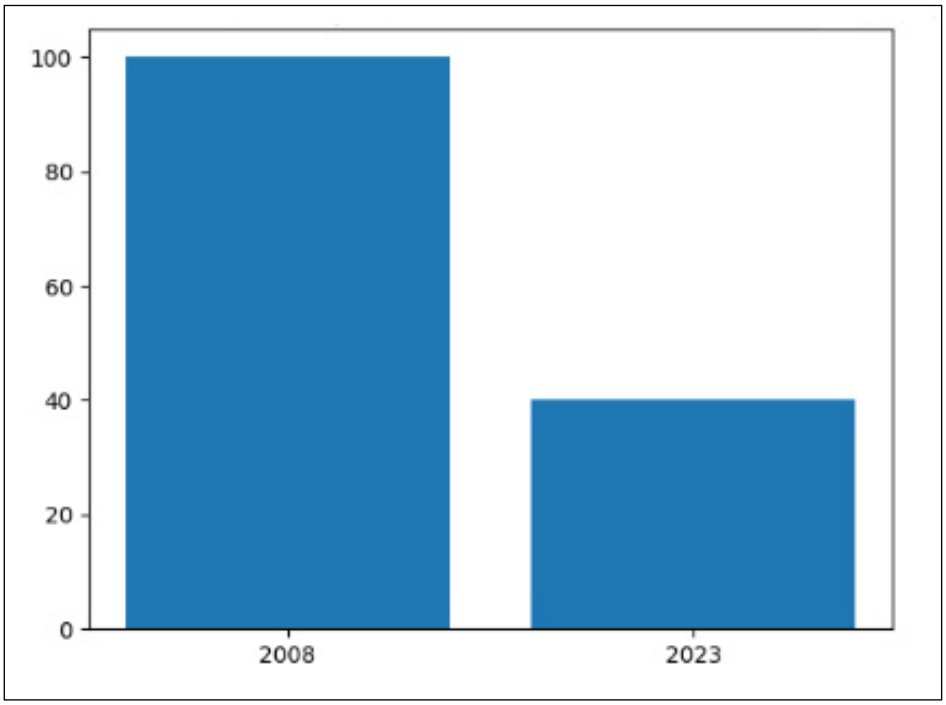

Fig. 2. Trends in the number of public dental care facilities from 2008 to 2023
Picture taken by the authors

for eligible groups. Because these programs are implemented through local budgets, there is significant variability in service provision across regions.

We conducted an analysis of dental service coverage in Ukraine. As of 2021, there were 22180 dentists working in the country, in 64443 specialized facilities, 80% of which were privately owned, indicating a marked privatization of dental care (Fig. 1).

Between 2008 and 2023, the number of public dental clinics decreased by approximately 60%, confirming the shift toward a market-based funding model. The downsizing of the public sector in the industry has led to a decrease in preventive checkups and an increase in advanced dental pathologies, indicating underfunding of preventive care (Fig. 2).

In direct proportion to the decline in the number of clinics over 15 years, the number of visits to dentists has decreased by nearly five times (–80%): from 49.9 million in 2008 to 9.5 million in 2023 (Fig. 3). The number of dentists over the same period halved from 4.48 to 2.3 per 10,000 population, indicating a 49% decline in coverage (Fig. 4). The most critical decline was observed in the area of preventive care. The percentage of preventive examinations decreased from 100% to 84.8%. An analysis of orthopedic dentistry revealed a decrease in the number of crowns placed from 150.8 per 10,000 population in 2008 to 46.3 in 2023. A negative trend of 69% was recorded for this parameter [10].

It should be noted that funding for the dental sector increased by 250 million UAH from 2023 to 2025 (Fig.

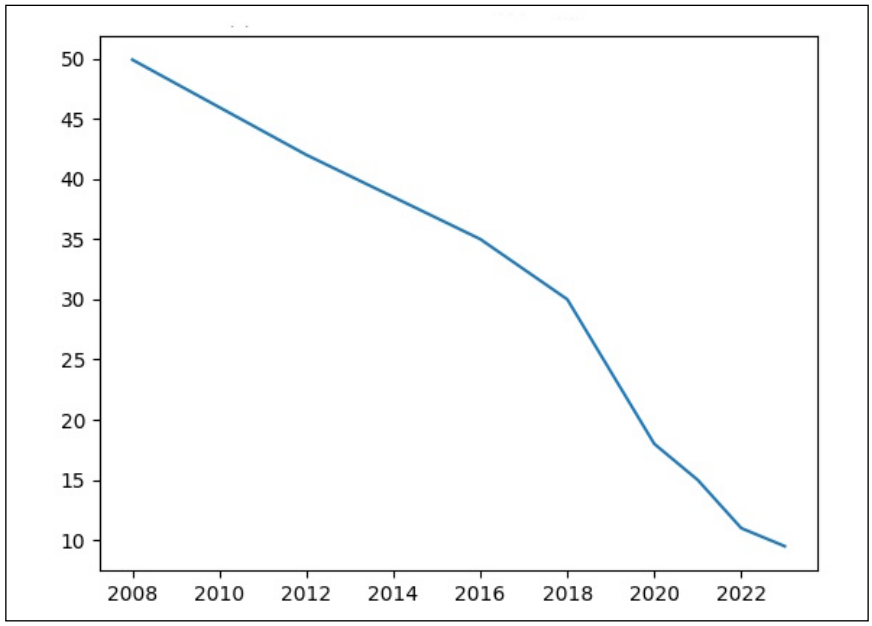

Fig. 3. Trends in visits to the dentists from 2008 to 2023
Picture taken by the authors

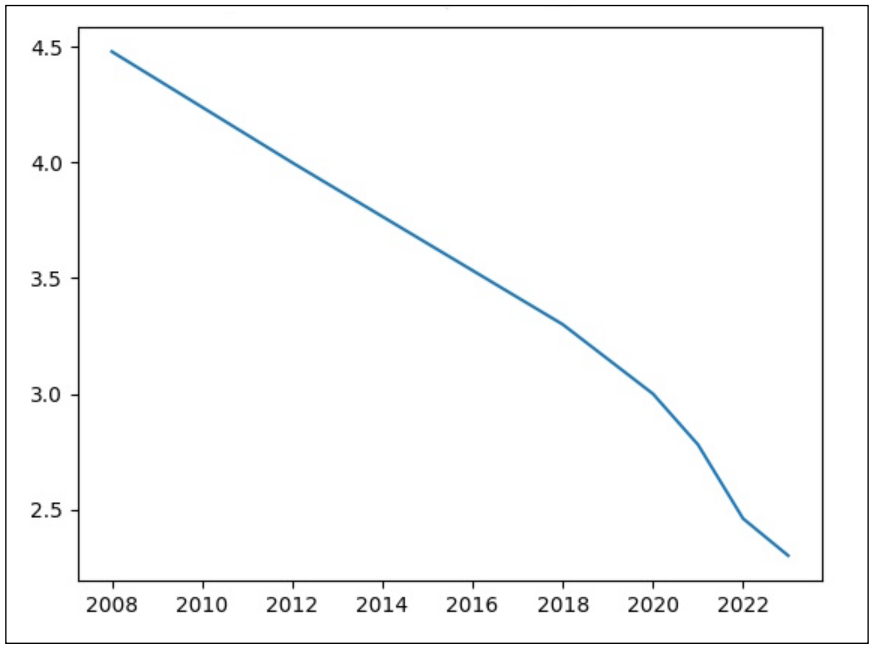

Fig. 4. Trends in the number of dentists per 10000 people from 2008 to 2023
Picture taken by the authors

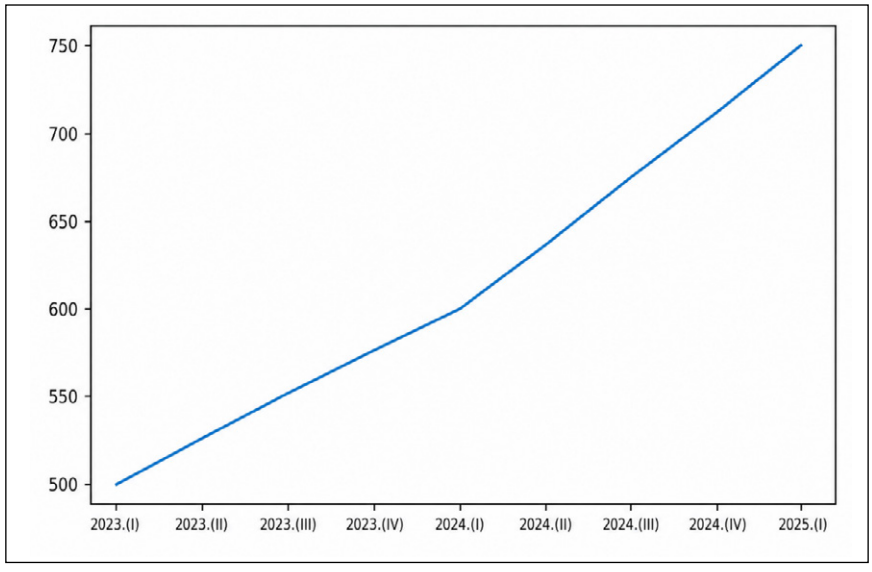

Fig. 5. Funding (National Health Service of Ukraine/Ministry of Health of Ukraine) for the dental sector for the period 2023–2025 (I-IV – quarter of the year)
Picture taken by the authors

Table 1. Systemic differences in the provision of dental care (structural analysis)

Parameter	EU	Ukraine
Model	Insurance-based / mixed	Predominantly private
Public funding	~30%	<15%
Coverage for children	High	Partial
Adult coverage	Limited, but exists	Almost nonexistent
Prevention	Well-developed	Deteriorating
Financial protection	Partial	Nonexistent
Inequality	High, but controlled	Very high

Source: compiled by the authors of this study

5). However, a more in-depth analysis reveals that this assistance is narrowly targeted and does not cover the system as a whole. Specifically, in 2025, free dental care was provided to combatants, individuals with war-related disabilities, military personnel who defended Ukraine's independence and territorial integrity, and people who survived captivity. Overall service coverage is assessed as very low, as only 25504 patients received dental care in the previous year [2].

The main challenges facing the provision of dental care in Ukraine include insufficient public funding; limited coverage under the Medical Guarantees Program; fragmented financial flows resulting from the regulation of certain areas by government regulations and varying coverage across regions; a high proportion of out-of-pocket expenses; and insufficient emphasis on preventive care.

To determine the prospects for the sector's development, the following reform directions can be considered: expanding the National Health Service of Ukraine's coverage for dentistry; introducing voucher-based financing mechanisms; developing public insurance; and integrating preventive programs into primary care. the development of state insurance

Oral diseases are a global public health problem with an unprecedented impact on the world's economy [11, 12]. Of particular interest are the comparative aspects of healthcare provision in Ukraine and EU countries (Table 1). Ukraine lags significantly behind the EU on all key indicators: level of public coverage, accessibility, prevention, and financial protection. At the same time, the EU also faces systemic issues (high out-of-pocket expenses), but these are significantly lower than in Ukraine. When analyzing the share of public coverage of dental expenses in EU countries, this figure varies significantly across nations, averaging 30–33%. Germany and France lead in funding, with coverage rates exceeding 60%. At the same time, there are countries with very low coverage, such as Spain and Romania [13–15].

In Ukraine, the main source of funding for dental care is out-of-pocket payments. The state covers less than 10–15% of the costs and only through narrowly focused programs. Therefore, Ukraine has a level of public funding that is 2–3 times lower than the EU average.

The EU's healthcare financing system features a clear combination of funding streams that integrates public insurance, voluntary insurance, and partial copayments [16]. Out-of-pocket costs are high but are offset to some extent by insurance. In Ukraine, insurance-based dental care is virtually nonexistent; direct patient payments dominate. Therefore, there are two completely different models: the European "shared cost model" and the Ukrainian "pay-out-of-pocket model" [17–19].

When assessing the accessibility of dental care, 6.3% of the EU population has unmet needs, reaching 13–27% among low-income groups [20]. In Ukraine, analysis can only be conducted using indirect indicators—an 80% drop in visits and an 85% drop in preventive care. This indicates a significantly higher actual lack of access to services in Ukraine than in the EU. There is a shortage of dentists in Ukraine, as evidenced by a staffing level that is 2–5 times lower than in European countries—2.3 per 10000 people according to 2023 data, according to 2024 data—3.7 per 10000 population, while in the EU this figure ranges from 0.5 to 1.3 dentists per 1,000 population, or 5 to 13 specialists per 10000 population. In EU countries, the frequency of dental visits is approximately 1.2 visits per person per year. Under the current conditions of martial law in Ukraine, a sharp decline in the number of visits has been recorded; specifically, only 9,482,028 million visits were recorded in 2023, and 8,786,082 million visits in 2024. There has been a decline in the number of visits, which is attributed to the inaccessibility of dental care due to patients' low purchasing power. The above confirms the stable demand for dental care in EU countries and the collapse in the use of such services in our country [21].

In EU countries, the primary focus is on a preventive model, particularly in pediatric dentistry, through screening programs and community-based preventive measures. In Ukraine, there has been an 85% decline in preventive care. In the EU, prevention is predominant, while in Ukraine the system is treatment-driven [22].

In EU countries, dental care for children is often free; mandatory health insurance is in place; and there is a significant emphasis on prevention [23]. By comparison, in Ukraine, the treatment-oriented model predominates; prevention is underfunded; and there is no comprehensive insurance model for dentistry.

It should be noted that even in the EU, dentistry is the least covered part of the healthcare system and involves high out-of-pocket costs. However, Ukraine is in an even more extreme position, where the system operates effectively under market conditions, with the state playing a minimal role. The significant impact of dental diseases on the global economy is prompting researchers to continuously reform the system to optimize the health of the population [24–27].

CONCLUSIONS

The financing of dental care in Ukraine is undergoing a transformation. Despite the existence of government programs and procurement mechanisms through the National Health Service of Ukraine, the system remains underfunded and narrowly targeted, as evidenced by the decline in preventive care, reduced accessibility, a shortage of personnel, and reliance on out-of-pocket expenses by the population.

Significant gaps in the provision of dental care in Ukraine, which distinguish it from EU countries, include: the lack of dental insurance; the absence of a guaranteed basic package that would reflect the actual costs of treatment and prevention; underfunding of preventive care; the lack of financial protection for the population; and weak integration into primary care.

Ukraine needs to reform its financial model for the provision of dental care, which would create conditions for the development of the public sector in dental care and foster a competitive environment with the private sector, with an emphasis on prevention, health insurance, and expanding the role of the National Health Service of Ukraine.

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CONFLICT OF INTEREST

The Authors declare no conflict of interest

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