

Peklina G., Kovalevskaya L., Antipov N., Peklina S., Smirnova A. Available drugs during of military state: social-economic strategies of functioning reimbursumen't system. *Journal of Education, Health and Sport.* 2023;13(3):356-370. eISSN 2391-8306. DOI <http://dx.doi.org/10.12775/JEHS.2023.13.03.046>
<https://apcz.umk.pl/JEHS/article/view/43178>
<https://zenodo.org/record/7741778>

The journal has had 40 points in Ministry of Education and Science of Poland parametric evaluation. Annex to the announcement of the Minister of Education and Science of December 1, 2021. No. 32343. Has a Journal's Unique Identifier: 201159. Scientific disciplines assigned: Physical Culture Sciences (Field of Medical sciences and health sciences); Health Sciences (Field of Medical Sciences and Health Sciences).

Punkty Ministerialne z 2019 - aktualny rok 40 punktów. Załącznik do komunikatu Ministra Edukacji i Nauki z dnia 1 grudnia 2021 r. l.p. 32343. Posiada Unikatowy Identyfikator Czasopisma: 201159. Przepisane dyscypliny naukowe: Nauki o kulturze fizycznej (Dziedzina nauk medycznych i nauk o zdrowiu); Nauki o zdrowiu (Dziedzina nauk medycznych i nauk o zdrowiu).

© The Authors 2023;

This article is published with open access at Licensee Open Journal Systems of Nicolaus Copernicus University in Torun, Poland
Open Access. This article is distributed under the terms of the Creative Commons Attribution Noncommercial License which permits any noncommercial use, distribution, and reproduction in any medium, provided the original author (s) and source are credited. This is an open access article licensed under the terms of the Creative Commons Attribution Non commercial license Share alike. (<http://creativecommons.org/licenses/by-nc-sa/4.0/>) which permits unrestricted, non commercial use, distribution and reproduction in any medium, provided the work is properly cited.
The authors declare that there is no conflict of interests regarding the publication of this paper.

Received: 22.02.2023. Revised: 10.03.2023. Accepted: 16.03.2023.

Available drugs during of military state: social-economic strategies of functioning reimbursumen't system

G. Peklina, L. Kovalevskaya, N. Antipov, S. Peklina, A. Smirnova

International Humanitarian University, Ukraine, Odessa

Peklina G. - Head of the Department of general and clinical pharmacology, Doctor of Medical Sciences, Professor

Kovalevskaya L. - Vice-rector for scientific and medical work of the International humanitarian university, M.D., PhD, professor, member of a European Association of Cardiologist; cardiologist/therapist of the highest category

Antipov N. - Candidate of Medical Sciences, Assistent professor of the Department of general and clinical pharmacology

Peklina S. - Candidate of Medical Sciences, Assistent of the Department of Propaedeutics of Internal Diseases and Therapy

Smirnova A. - Teacher of the department of general and medical sciences

Abstract

The Russian aggression against Ukraine became a new reality in the XXI century and definitely shook the whole World. New realities are forcing all spheres of science and practice to work harder and develop, that is why philosophers of law are tended to call war “the driving force of progress”. Our modern life in the condition of war proves, that the technical and scientific progress as it is, is created and developed on thousands and millions of destroyed human lives. But, in order to make a warring society to move successfully forward, save as many innocent lives as possible and meet basic needs of a particularly vulnerable polutation, it is not only army, which is supposed to work for 100%, but also “home front

workers” has to try harder. The current war has diminished an understanding of difference between quintiles of population, especially, if we are taking into account differences between beneficiaries of the Affordable Medicines Program (AM). At the beginning of the War, all beneficiaries of the AM, despite of level of their well-being had to suffer equally because of the short-term period of medicines’ shortage due to destroyed infrastructure of cities and regions. They were afraid that those highly necessary medicines would not return to the pharmacies neither in the sphere of the AM, nor even for normal sale. Because of the aforementioned force-majeure, most of people were not even assured that their basic needs will be met, especially were worried those ones, who have been active users of the AM for a long period of time.

However, despite of the aforementioned destruction of the infrastructure, the common fears and dangers of war, the AM has not stopped working. On the contrary, it has become even more successful and progressive. The need to react quickly to the circumstances that took place, forced to achieve long-term plans of the AM creators in a very short time. Thus, the pilot program has finally fit into the general outline of the life support and health care system of Ukraine and became perhaps the most progressive in the whole Europe.

But, nevertheless, the progress is definitely not standing still, the situation remains critical, the humanitarian catastrophe is becoming more and more real today, and, thus, the AM opens new promising ways of development for the coming month and years. In fact, our study was devoted to the analysis of the changes that took place since February 24, 2022, as well as promising directions for the development of AM, which are mostly dictated by the newly created humanitarian crises in the current article.

Key words: martial law; pharmacy; pharmaceutical market; social mission; reimbursement; business; profit; sale of goods; EU; Affordable Medicines; humanitarian crisis.

Анотація. Новою реалією XXI століття стала загарбницька війна Росії проти України, яка без сумніву сколихнула цілий світ. Нові реалії життя змушують всі сфери науки і практики працювати у посиленому режимі та розвиватись, саме тому філософи права називають війну “рушійною силою прогресу”. Сучасне життя доводить, що технічний і науковий прогрес, як виявилось, створюється і розвивається на тисячах і мільйонах зруйнованих людських життів. Але, задля того, щоб суспільство країни, що воює, змогло рухатись далі, змогло врятувати якомога більше безвинних життів та забезпечувати базові потреби особливо вразливого контингенту населення, не тільки

армія, але й “герої тилу”, тобто медики і вся система охорони здоров’я мають працювати на 100%, як це власне і відбувається зараз. Війна знизила важливість понять “квінтیلی населення”, особливо якщо йдеться про прямих бенефіціарів програми “Доступні ліки”, адже серед них всі, незалежно від особистого та фінансового благополуччя, були піддані необхідності страждати від першострокової нестачі ліків, які забезпечувались програмою; були підвергнуті страху, що ці ліки не повернуться не тільки в рамках програми Доступні ліки (ДЛ), але і в принципі будуть недоступні через знищену інфраструктуру багатьох міст, а отже здійснився такий *force majeure*, при якому жодна людина не могла бути впевнена у власному забезпеченні навіть базових потреб, і особливо ті, хто протягом тривалого часу вже був активним користувачем ДЛ.

Тим не менш, не дивлячись на вищезгадану зруйновану інфраструктуру, загальні страх і небезпеку, які приносить із собою війна, програма ДЛ не припинила свою роботу, навпаки, стала навіть більш прогресивною і успішною. Необхідність стрімко реагувати на обставини, які мали місце з погляду на війну, змусили досягнути довготривалі плани творців ДЛ за дуже короткий термін. Таким чином, пілотна програма остаточно вписалась в загальну канву системи життєзабезпечення та охорони здоров’я України і стали чи не найбільш прогресивною в цілій Європі.

Але, тим не менш, прогрес безумовно не стоїть на місці, ситуація залишається критичною, гуманітарна катастрофа стає все більш реальною на сьогоднішній день, а отже ДЛ відкриває нові перспективні шляхи розвитку на найближчі місяці і роки. Власне аналізові змін, які мали місце, починаючи від 24-го лютого 2022 року, а також перспективним напрямкам розвитку ДЛ, які здебільшого продиктовані новоствореними гуманітарними кризами населення нашої країни, які мали місце через війну, і було присвячено наше дослідження, результати якого будуть освітлені у нинішній статті.

Ключові слова: воєнний стан; аптека; фармацевтичний ринок; соціальна місія; реімбурсація; бізнес; прибуток; продаж товарів; ЄС; “Доступні ліки”; гуманітарна криза.

Research methods: analysis, synthesis, induction, deduction.

The results of analytical and synthetic research.

The year of 2022 became a test of the strength for the entire Ukrainian nation, but also of the entire existing service sector. But, the most important role at the forefront of this sphere was taken, of course, by the spheres of health care and medical provision. Since 2017, and,

thus, since the inception of the Affordable Medicines (AM) program, the once-pilot project has crossed the threshold of probation and overcome all the challenges that have come its way. Moreover, at the beginning of 2022, the program became one of the most successful life support programs in Europe and significantly increased the level of quality of health care of Ukrainians.

According to the notification of pharmacy chains as of February 4th, 2022, the new Register of medical subjects to reimbursement under the AM program included 444 medicines, among of which there are 76 items of insulin preparations, and 368 items of other medicines [24]. At the same time, in Resolution No. 1440 of the Cabinet of Ministers of Ukraine dated 29.12.2021 on some issues of implementation of the program of state guarantees of medical care for the population in 2022 [25], it was noted that during 2022, reimbursement will be made for medicines for outpatient treatment of patients with: cardiac vascular and cerebrovascular diseases, including for the purpose of primary and secondary prevention of heart attacks and strokes; diabetes and insipidus, chronic diseases of the lower respiratory tract, mental and behavioral disorders, epilepsy. From July 1st, it was also planned to introduce reimbursement of medicines intended for outpatient therapy of patients with Parkinson's disease.

Despite the fact that the troops of the Russian Federation invaded the territory of Ukraine on February 24th, 2022, the large-scale destruction of objects, in particular, civil infrastructure, the high level of danger of being in a significant number of districts and regions of Ukraine to this day, the AM program and the National Health Service of Ukraine (NHSU), as the main driving force of this program, were able to overcome existing obstacles and continue to work even in critical circumstances. However, those new circumstances require new solutions to ensure a more optimized functioning of the program. Thus, the high level of danger to the life and health of the main beneficiaries of the AM program led to the fact that most of the planned innovations or proposals for improving the program, which were proposed, in particular, on the basis of scientific articles by theorists and practitioners of medicine, were implemented during martial law as in force in Ukraine and helped to significantly facilitate the use of the program. We propose to discuss below the changes that took place after the introduction of martial law and its impact on the AM program functioning as a whole.

According to the National Health Service, after the introduction of martial law, patients who need outpatient treatment for cardiovascular diseases, type 1/2 diabetes, diabetes insipidus, bronchial asthma, mental and behavioral disorders, epilepsy, can continue to

receive medicines provided by the AM program, free of charge or with a small surcharge [26]. The social mission of the AM program is still being successfully implemented thanks to the following measures:

- from now on, patients can receive medicines within the framework of the program not only by electronic prescription, but also by paper one. Patient can get this prescription from any doctor who provides primary care, regardless of whether the declaration was signed with him or not. And, therefore, it solves two acute problems of modern Ukrainian society at once. As it was already noted in our research, a large number of seniors could not afford phones or other devices that allowed them to use electronic prescriptions freely, which became an obstacle for them in the field of acquiring a full right to use all the features of the AM program. It was an especially unbearable burden for those of them who did not have younger relatives, who could potentially help them in using electronic prescriptions. Similarly, if an older person had problems with movement, such a person could not always visit a medical institution or personally the doctor with whom the declaration was signed, and therefore it often resulted in untimely reporting of existing health problems by such persons, or the lack of necessary treatment even after the implementation of the reimbursement and co-financing program, because of the fact that obtaining a prescription became a difficult test for older people. Today, however, older people can easily get a paper restriction, which will have the same validity as an electronic one, and even more so can get it from any doctor, who, for example, volunteers to come to person's home, if he/she does not have an ability to move due to health problems, and therefore, such a person no longer has to wait for a free appointment with the doctor with whom she/he has signed a declaration before. Moreover, the introduction of the possibility to apply for the necessary prescription to any doctor! at any time! was a significant relief for the extraordinary number of internally displaced persons (IDPs) due to the war in Ukraine. And so, AM program does not only continue to qualitatively and effectively provide for needs of its beneficiaries even in war conditions, but it also changes for the better so that, especially in such a difficult situation, a person who was the AM user does not have to choose between food for him- herself and his/her family and providing for his/her basic problems on one hand, and adequate medical care on the other. Such "steps towards" the Ukrainian population demonstrate, like nothing else, the strong position of all the creators of the program regarding their social mission;

- during martial law, prescriptions for insulin are issued, firstly, based on a month of treatment, secondly, under the medical guarantee program, they are available

without additional payment, and finally, in the prescription, the doctor can indicate not the trade names of medicines, but the following data instead: genetically engineered short- or medium-acting human insulin; analogue of ultra-short-acting insulin; analogue of long-acting insulin; combined insulins (human genetically engineered 30/70, analogue insulin 30/70). Thus, some of the most vulnerable patients, namely, those suffering from diabetes, got the opportunity, firstly, not to depend on medicines of a specific manufacturer of brand, and also to receive 100% of medicines without the necessity, even a small, to pay additionally for them [26];

- according to the governmental portal of the executive authorities of Ukraine, to date, and actually, in the conditions of the martial law, 1,183 pharmacies operate on the territory of Ukraine, i.e. there are 10,428 places where medicines are dispensed throughout the country, i.e. just as many medical facilities continue to fulfill their own social mission within the framework of the AM program [27].

By proceeding with small logical conclusions in this part of our analysis, it is worth emphasizing that the AM program continues to function and fulfill its own social mission for the benefit of the population of Ukraine very successfully, even in the conditions of martial law. Moreover, with a high percentage of probability, we can state that this critical situation in the history of Ukraine became the exact trigger in the development of the entire sphere of life support and health care in Ukraine, and also pushed the development of AM to a new level, set challenges for the program, which it successfully overcame and which brought it to a completely new level in terms of quality of service to its own beneficiaries. However, what is also relevant to note at this stage is that martial law has put AM program in the face of challenges that the entire field of life support and health care has not experienced until now. Questions and challenges that have arisen as relevant today never arose before February 2022, and, therefore, none of the creators of the program could even lay down possible ways to solve them. Nevertheless, acute and unexpected challenges remain challenges and mostly remain in the category of those that cannot be forgotten or bypassed. They should be outlined and urgently moved towards their successful solution, in order to maintain and improve the quality of life of Ukrainians even in war conditions. Moreover, the challenges facing the entire sphere of life support of Ukrainians no longer concern only and exclusively the direct and potential beneficiaries of the AM program, this time we are talking about all Ukrainians, that is, the scope of the program is expanding and its solutions can never fail.

In the further description of our research, we will talk about today's challenges that arise before the entire sphere of life support and health care of Ukraine as a whole, as well as how the AM program itself can provide worthy answers to these challenges.

First of all, as we can see, the situation with the flexible system of providing the main beneficiaries of AM is quite positive. People get the necessary medicines without having to pay even a small percentage of their cost in any region and district where they move due to the Russian's military aggression. Doctors of all medical institutions promptly help to restore prescriptions for such people, that is why, the AM program works properly at all levels of its existence. Moreover, even in the conditions of the active stage of the war, the delivery of medicines to pharmacy chains throughout Ukraine continues (where it is possible) [26,27]. Nevertheless, according to the "Word and Deed" portal, as well as in the basis of information provided directly by the UN, in connection with the war in Ukraine, as of May 2nd of this year, 5,597,483 people left Ukraine. These data were confirmed by the state bodies of the EU countries that accepted refugees from Ukraine [28]. If we take into account the fact that, as of the beginning of 2022, according to the information portal "Diia", the beneficiaries of AM were more than 14 million people [29], and also, taking into account the fact that the war became a real trigger for its development and AM will be, without any doubt to continue to develop, we can conclude, that a significant number of people who have left the territory of not only their native districts and regions, but also Ukraine itself with a high degree of probability were beneficiaries of AM. Moreover, we should not forget that critical experiences and stress caused by actual experiences of the state of war itself, worries about relatives and loved ones who are either in danger, or at the front, or in a serious condition in the hospital (or due to chronic diseases), or are young children, or are in another impossible situation to imagine specifically now; as well as, what is generated by basic worries about themselves - all this has already become a negative trigger for the development of a whole spectrum of diseases by now even in case of the body of a healthy person at first glance. And, what is important, a wide range of possible diseases is, or will be in the future financed under the AM program. But, how should we provide for the needs of our distitutes who have gone abroad? Especially considering the fact that more than 1.9 million emigrants have travelled abroad for the first time in their lives and therefore have no idea what medicines can or cannot be obtained from overseas medical and pharmacy facilities, how it is done and, moreover, is in a state of extreme general stress due to the whole situation, and so much so that they cannot even objectively turn to Ukrainians who have been living in one or another country for a long

time for help. In addition, each situation, and especially the specifics of treatment in a situation with each patient, is different and unique.

In fact, the necessary treatment is interrupted in this way. A person suffers mentally and begins to suffer physically, the standard of living falls far below satisfactory one and begins to balance at the level of the impossible. And such cases are counted in millions. Therefore, the first challenge today for the AM program is to ensure uninterrupted access of Ukrainians not only to the health care system abroad, but also to the possibility of continuing the course of treatment that each of them received in Ukraine as part of the AM program. If we analyze the situation that is taking place today, the according to the UN and Deutsche Welle, only at the time of March this year, more than 3 million of people left Ukraine [30], and according to more recent data, which was discussed earlier, today this figure reaches more than 5 million of people. According to the UN, the majority of Ukrainians found temporary shelter in Poland, Slovakia, Hungary, Romania, Italy and Germany. And, therefore, it is worth analyzing some data on how the citizens of those countries are provided with medicines, and what guarantees our compatriots abroad can count on. And therefore, a characteristic feature is mostly free medical care in state medical institutions, provided that the premium for health insurance is paid stably. Nevertheless, a large percentage of people prefer the private health care sector, because it avoids queues and waiting, or it is mostly also more comfortable for a certain group of patients. If we are talking about the provision of medicines to citizens, the in each of these countries, in each of the countries listed above, the operation of the reimbursement program for the cost of medicines and state regulations of prices for medicines, which are critically necessary for local patients, are provided for. Thus, the state ensures relatively equal access of patients from each quantile to quality medicines. Nevertheless, what is important in this case, none of the programs similar to the Ukrainian AM in any of the EU countries provide patients with 100% free medicines. In each case, a certain participation of the patient in the payment of medical supplies is assumed. And so, in practice, it looks as follows: even when a Ukrainian gets the opportunity to access full medical care in the country to which he was forced to move, firstly, he will have to choose not the usual medicines, but rather the local analogue, and, moreover, will still have to pay extra for it, even when a person in Ukraine could not pay at all for such medicines. Those who in practice face the problem of personal resettlement from Ukraine to EU countries know that before a refugee gets access to a full-fledged health care system on the territory of the EU countries, even according to the newest and fastest procedure, a rather long time will pass. And taking into account that this time is extended very often due to the fact that there is a

percentage of people who come “to nowhere”, and therefore literally “do not even have a place to go”, and until the issue of settling them and their family members is settled, then there is often no mention of any formal documents. Meanwhile, days and weeks pass without high-quality and vitally necessary treatment for this person.

And when this person finally gets the opportunity to access the life support and health care system, it turns out that, in the best case, the very medicines that the person used to receive for free, now have to be bought. Of course, if there were more favorable circumstances outside, one could think philosophically in terms of “however, there is a medicine, and it is better than if this person did not have it at all because of the active phase of hostilities in his city”. Yes, sure, there is no doubt, but a person mostly becomes a beneficiary of the AM program due to the fact that he actually cannot afford even this symbolic small additional payment for vitally necessary medicines. And it also becomes a quite objective argument that due to the lack of any source of income during the long months of the war, exhausting the last financial savings, even a symbolic supplement for medicine becomes an impossible burden for our compatriots abroad. And besides, every “most symbolic surcharge” for medicine in Euro or another European currency ceases to be a trifle if you calculate the prices of medicine in the EU. Thus, the situation becomes objective when Ukrainians, escaping from war and fleeing abroad, deprive themselves of the necessary treatment, choosing again and again between their own health on the one hand, and now not only well-being, but the life and safety of their own family. But such a choice should never arise.

There is no doubt that the AM program has neither the authority nor the ability to change the system of providing the EU population with free medicines on its own, it can only set a worthy example, which it is currently doing, but at the current stage it is also impossible to leave this situation.

Moreover, even the highest military leadership, as well as the local command of the Ukrainian Armed Forces, do not currently advise Ukrainians to return home, because in the future there is a very high level of danger, and even those who currently remain in such cities as Kyiv, Kharkiv, Odesa are advised, if possible to temporarily leave this territory to allow the Armed Forces to work freely and clear the territory from the enemy forces. And, therefore, in the future, cases of lack of necessary medicines for Ukrainians on the territory of the EU may increase, and the longer such people will be forced to remain without the necessary treatment, the more difficult their condition will become.

Currently, there is only one possible way out: we should not look back on the functioning of the AM program, and we should not think that now it is worth waiting out this

period and then everything will be as it was before, because it will not be the same as before, and the program should challenge those circumstances, which take place today. Thus, the development of the AM program should be ensured in the following directions:

- taking into account the fact, that according to the Ministry of Health, in 2022, about 4.6 billion UAH were allocated in the national budget to provide the population with medicines within the framework of the AM program, it is worth initiating a restructuring of the direction of financial funds in such a way that the corresponding percentage of these funds either goes to the platform “Diia” of Ukrainians who went abroad, or it came as a one-time/multiple-time subsidy, similar to the one that was implemented as an incentive in connection with a full vaccination against COVID-19, or there is also an opportunity to sign international agreements on cooperation between the Ministry of Health of Ukraine and certain pharmacy chains of EU countries, at least those located in the countries that have accepted the largest number of Ukrainian refugees. Alternatively, this can be ensured in the following way: to allocate certain pharmacy points, for example, in the largest cities, to which the beneficiaries of the AM program could come once a month or once every few months and receive the necessary medicines or analogues according to the system that functioned in Ukraine. This, without a doubt, will provide tremendous support not only to the physical health of forcibly displaced persons, but also to strengthen the moral condition of our compatriots, because they will be aware that the state will continue to care for them, even in such critical circumstances and even when they are far from their Motherland. But, the most clear advantage will be the continuation of providing the high-quality health support for forcibly resettled Ukrainians even during war;

- in our opinion, the second stage of the operation of the AM program in the conditions of martial law should be the fact that the range of medicines provided by the program must be replenished in accordance with the changed needs of a large number of population. Therefore, at least during the current year, medicinal products that promote the healing of wounds and burns, accelerate the rehabilitation of patients after bullets and other war wounds, as well as medical products that optimize the rehabilitation of patients who have lost limbs, vision, hearing, etc., as a result, of shell explosions, mines and other consequences of hostilities in the regions of Ukraine, should be the subject of reimbursement. To date, a large number of European medical institutions have provided the possibility of free rehabilitation of the Ukrainian military and civilian population, who suffered from the Russian attack this year. Among them are the well-known Charité clinic in Berlin (Germany),

leading ophthalmology centers in Poland, etc. But, in the future, support for citizens who did not turn to these centers for help, or those who already need additional rehabilitation after general treatment, remains relevant. And, in fact, at this stage, the measures that we propose to introduce into the AM program should play their main role;

- the third main direction of the modern development of the program should, in our opinion, be the extension of the range of medical products provided by the project to “other hygiene and care products”. In this case, of course, the main thing is about means for intimate hygiene for both adults and teenagers, and also, what is most important: these are individual means of care for newborns and children, including: diapers, sanitary napkins, milk formula, products for the care of the skin of babies, especially those that contribute to the suppression of irritations typical of this age; as well as fever reducers and cold medicines for children and babies etc.

It should not be hidden that goods of all categories that were mentioned above have always accounted for a large percentage of expenses from the family budget of Ukrainian families, but, by taking into account the current circumstances of lack of income and with a relatively insufficient level of state payments both for internally displaced persons and for people in regions and districts, covered by military actions, the analyzed solution becomes not only desirable, but necessary to ensure a decent level of growth and development of the young generation, especially those of its representatives who are born every day in the basement and bomb shelters of Ukrainian cities.

Conclusions.

1. The year of 2022 became a turning point not only in the history of Ukraine, but also in the history of the functioning of the entire system of life support and health care in our country. Martial law, destroyed infrastructure, closing of a large number of pharmacy points throughout the country became the trigger for the development of a new story in the functioning of the AM program.

2. In contrast to the “temporary freeze in the development of the program”, which could be expected in the current realities, AM did not stop fulfilling its social mission even in the regions covered by active stage of hostilities. In particular, as proposed by theorists of medical science, as well as repeatedly discussed in our previous works, it was worth introducing the possibility of using paper prescriptions, which would have the same validity as electronic ones, and this was actually done in the period from February 2022.

3. Access for older people, as well as those who have problems with mobility due to health conditions and could not come to the hospital to receive an e-prescription and to see their own family doctor, was optimized. Thus, from now on, each of the beneficiaries of AM can apply for help in any! region of Ukraine, to any medical institution and to any doctor who will have time for a consultation at that time, or will be able to visit the patient at home, writing out even a paper prescription if necessary, which will be valid on the same level as an electronic one. The AM program is becoming more flexible, optimized and more socially oriented, which is extremely important in the current critical state of development of Ukrainian society.

4. Despite the difficult situation in the country, the Register of medical preparations continues to be replenished with new items. Thus, by 2022, it includes 444 names of medicines and analogues, among which an even greater percentage have become available without even a small co-payment for patients with chronic diseases, including medicines for diabetes and non-diabetes. This became a significant and important step towards the population of Ukraine in the conditions of war.

5. Every day, the issue of improving the AM program, which is needed by the war period itself, and the issue of the mass resettlement of Ukrainians abroad are becoming more acute. Taking into account the fact that almost similar programs for reimbursing the cost of medicines and additional financing of medicines for the population in the EU countries do not ensure 100% payment of medicines by the state in any of them, it is worth saying that AM is currently the objective luminary among life support and health programs in Europe.

6. As for the period of May 2022, more than 5 million of people have left the borders of Ukraine, and this number will most likely increase for the time being, while Ukrainians try to leave the country for the summer to give the Armed Forces of Ukraine the opportunity to liberate the territory of our country from the enemy. Nevertheless, quality and, what is no less important especially in our time, free treatment of chronic and acute diseases of a large number of AM beneficiaries should not end abroad. That is why it is worth thinking now about how to introduce the innovations we proposed, thanks to which it will be possible to “sponsor” from the state budget those medicines that were free for our compatriots on the territory of Ukraine.

7. Moreover, critical stresses and experiences cause aggravation or the appearance of diseases that never occurred in peacetime. It is worth developing a list of medicines that will help primarily to fight such conditions. And also, to a lesser extent during the period of martial law, and for at least six months after, in our opinion, the AM program should provide

newborns, children, adolescents and adults with basic necessities, including personal hygiene products and baby food, free of charge. This will not only be an additional strong step towards the social mission of the program, but will also support the generation that grows, develops, lives and is born in a free country.

Perspectives for future research.

The most important prospect for the further research' evolution is the development of possible ways of the AM program extension on the international arena, and, therefore, it is planned to investigate the possible promotion of cooperation between pharmaceutical concerns in Europe from one side and pharmacy chains of EU countries and Ukraine from another one, in order to ensure the effect of AM program at the international level. The successful development of this strategy will bring support for the standard of living of Ukrainians, especially those, who were forcibly resettled abroad due to the war of 2022, even on the territory of EU countries, to a qualitatively new level. In the future, it will also significantly increase the support of the beneficiaries of the program and will become a phenomenon among public health care programs in Europe.

References.

1. Bolotina N.B. Medychne pravo yak navchal'na dystsyplina v Ukrayini ta zarubizhnykh krayinakh / N. B. Bolotina // Yurydychna nauka. – 2012. – № 5. – С. 7-16.
2. Deyaki pytannya udoskonalennya systemy okhorony zdorov'ya : Postanova Kabinetu Ministriv Ukrayiny vid 17.02.10 №208 [Elektronnyy resurs]. — Rezhym dostupu : zakon.nau.ua/doc/.
3. Lyekhan V.M. Stratehiya rozvytku systemy okhorony zdorov'ya: ukrayins'kyy vymir / V.M. Lyekhan, H.O. Slabkyy, M.V. Shevchenko // Ukrayina. Zdorov'ya natsiyi. – 2010. – № 1. – С. 5-23.
4. Ofitsiyyny sayt Ministerstva Okhorony Zdorov"ya Ukrayiny (stattya na temu funktsionuvannya prohramy “Dostupni liky”) <https://moz.gov.ua/dostupni-liky>
5. Ofitsiyyny sayt Ministerstva Okhorony Zdorov"ya Ukrayiny (stattya na temu rehulyuvannya tsina na liky v aptekakh) <https://moz.gov.ua/article/health/jak-reguljujutsja-cini-na-liky-v-aptakah>
6. <https://biz.nv.ua/ukr/experts/skilki-koshtuyut-liky-hto-viznachaye-cini-50063012.html>
7. https://buh.ligazakon.net/news/184665_yak-mekhanzmi-regulyuvannya-tsn-na-liky

8. https://ips.ligazakon.net/document/situation-doc/SB140009?utm_source=buh.ligazakon.net&utm_medium=text-news&utm_campaign=LZtest&_gl=1*lswxm2*_ga*NzgyNDY3Mjg0LjE2MDQ4MjUxNDA.*_ga_DTFQWX6QG5*MTYzNjY1MTMzNC4xLjAuMTYzNjY1MTMzNC4w&_ga=2.103527808.1095372149.1636651341-782467284.1604825140
9. Postanova Kabinetu Ministriv Ukrayiny vid 3 kvitnya 2019 roku №426 “Pro referentne tsinoutvorennya na deyaki likars’ki zasoby, shcho zakupovuyut’sya za byudzhetni koshty” <https://zakon.rada.gov.ua/laws/show/426-2019-п#Text>
10. Poyasnyval’na zapyska do proektu Zakonu Ukrayiny “Pro vnesennya zmin do Zakonu Ukrayiny “Pro likars’ki zasoby” shchodo zabezpechennya ekonomichnoyi konkurentsii ta zakhystu prav patsientiv pry zdiysnenni rozdribnoyi torhivli likars’kymy
11. “Konkurentnospromozhnist’ farmatsevtychnoyi promyslovosti Ukrayiny” / H.V. Kostyuk, A.V.Kovalenko/ Elektronnyy zhurnal “Efektyvna ekonomika”/№11, 2013/ УДК 339:9
12. Ofitsiynnyy sayt Natsional’noyi Sluzhby Zdorov’ya Ukrayiny (analiz prohramy “Dostupni liky” ta mekhanizmy yiyi zastosuvannya na pidstavi dostupnykh vkladov)<https://nszu.gov.ua/ogoloshennya-pro-ukladennya-dogovoriv/dostupni-liky>
13. Otsinka prohramy “Dostupni liky”, зроблена VOOZ, dostupna za posylanniam https://www.euro.who.int/_data/assets/pdf_file/0019/400429/52308-WHO-Affordable-Medicines-Programme-Ukraine-UKR_low_V7.pdf
14. Detalizatsiya vidpushchenykh likars’kykh zasobiv za prohramoyu reimbursatsiyi “Dostupni liky” <https://nszu.gov.ua/e-data/dashboard/reimb-manufacturer-details>
15. Nakaz MOZ Ukrayiny vid 10.08.2021 №1705 “Pro zatverdzhennya Rejestru likars’kykh zasobiv, yaki pidlyahayut’ reimbursatsiyi, stanom na 05 serpnja 2021 roku”<https://moz.gov.ua/article/ministry-mandates/nakaz-moz-ukraini-vid-10082021--1705-pro-zatverdzhennja-reestru-likarskih-zasobiv-jaki-pidljagajut-reimbursacii-standom-na-05-serpnja-2021-roku>
16. Analitychnyy portal “Slovo i dilo” <https://www.slovoidilo.ua/2021/04/09/infografika/suspilstvo/dostupni-liky-skilky-prohamu-vydilyayut-koshtiv-derzhbyudzhetu>
17. Goroshko A, Shapoval N, Lai T (2018). Can people afford to pay for health care? New evidence on financial protection in Ukraine. Copenhagen: WHO Regional Office for Europe (<http://www.euro.who.int/en/countries/ukraine/publications/can-people-afford-to>

pay-for-health-care-new-evidence-on-financial-protection-in-ukraine-2018, accessed 26 November 2018).

18. WHO (2018a). WHO Model Lists of Essential Medicines. In: World Health Organization [website]. Geneva: World Health Organization (<https://www.who.int/medicines/publications/essentialmedicines/en/>, accessed 26 November 2018).

19. WHO (2018b). Anatomical Therapeutic Chemical (ATC) Classification. In: World Health Organization [website]. Geneva: World Health Organization (http://www.who.int/medicines/regulation/medicines-safety/toolkit_atc/en/, accessed 26 November 2018).

20. <https://www.ukrinform.ua/rubric-society/3378492-programa-medgarantij2022-kilkist-poslug-u-paketi-zbilsili-do-38.html>

21. The North Atlantic Treaty https://www.nato.int/cps/uk/natohq/official_texts_17120.htm?selectedLocale=en

22. Bukovyns'kyi derzhavnyy medychnyy universytet, ofitsiyna storinka, statyya shchodo kryteriyiv vstupu Ukrayiny do NATO <https://www.bsmu.edu.ua/blog/6929-kriterii-vstupu-ukraini-do-nato/>

23. <https://www.slovoidilo.ua/amp/2021/05/20/novyna/suspilstvo/derzhstati-nazvaly-osnovni-prychyny-smertej-ukrayincziv>

24. <https://www.apteka.ua/article/627242>

25. <https://www.apteka.ua/article/624402>

26. <https://moz.gov.ua/article/news/programa-dostupni-liki-prodovzhue-pracjuvati-v-umovah-voennogo-stanu->

27. <https://www.kmu.gov.ua/news/dostupni-liki-v-umovah-voyennogo-stanu-yak-otrimati-recept-ta-znajti-apteku>

28. <https://www.slovoidilo.ua/2022/05/03/novyna/suspilstvo/kilkist-bizhencziv-ukrayiny-dosyahla-56-miljona-oon>

29. <https://ukurier.gov.ua/uk/articles/spitaj-gricya-pro-dostupni-liki/>

30. <https://www.dw.com/uk/oon-ponad-33-miliona-liudei-zalyshyly-ukrainu-cherez-viinu/a-61186128>