

METHODOLOGICAL APPROACHES TO THE MANAGEMENT OF PHARMACIES IN RURAL AREAS

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Introduction. The Constitution of Ukraine declares the right of citizens to receive free medical care. Equity in health care is defined by the World Health Organisation (WHO) as an equal and fair opportunity for citizens to fully realise their 'health potential', regardless of the region in which they live.

This is particularly difficult to achieve in practice during the transition period: there are economic and social inequalities (differences in income, education, employment), which are most characteristic of regions remote from the centre and rural areas. Rural settlements are characterised by: low transport accessibility, low population density, reduced social infrastructure, unfavourable socio-demographic situation, low income of rural residents, high morbidity and injury rates. Pharmaceutical specialists should be actively involved in solving the issues of practical medicine, then consolidation of joint efforts can be quite productive.

However, the development of pharmacy business in rural settlements is slow and unattractive, and municipal pharmacy organisations operating in district centres are often monopolistic in this area. The lack of competition leads to the fact that prices in rural pharmacies are up to 30 per cent higher than in urban pharmacies. The average cost of drug provision for one person per year for urban and rural residents differs significantly: for the former, preferential assistance is 1.4 times more than similar assistance for rural residents, and the quality of life of the rural population is lower than that of the urban population.

Since almost one third of the population lives in rural areas, it can be argued that the volume and quality of pharmaceutical care provided to the population in our country also differs significantly depending on the place of residence.

There is a situation when, taking into account the realities of our country and the requirements of today, new mechanisms for regulating pharmaceutical activities at all levels of government are needed to help develop socially oriented pharmacy business in rural areas.

As a result of summarising the literature data, we have established that the village is experiencing a systemic crisis manifested in the deteriorating demographic situation in rural areas; high unemployment and low incomes of rural residents; declining quality of life in rural areas, destruction of the evolutionary system of life of rural residents; slow development of the agrarian segment of the economy. The analysis of trends in the development of rural areas has shown that the state is taking measures for sustainable rural development, which will undoubtedly lead to widespread consolidation of rural settlements and, consequently, to the depopulation of a large part of the country's territory.

Under such forecasts, the combination of geographical, demographic and economic situations in rural areas causes and will exacerbate the low accessibility of pharmaceutical assistance to rural residents.

Despite the organisation of sales of medicines through separate subdivisions of medical organisations, financial and assortment availability of medicines is still low.

The study of foreign countries' experience has shown that in developed countries there was no correlation between the development of pharmacy infrastructure and the level of provision of medicines to residents of distant areas.

Therefore, the problem of pharmacy infrastructure development, the problem of forming the assortment portfolio of rural pharmacies and the development of scientific and methodological approaches to the optimal functioning of pharmacy organisation in rural areas in modern conditions is still relevant today.