

# THE COMPONENTS' ANALYSIS OF THE PROVISION OF PHARMACEUTICAL CARE FOR POPULATION

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**Introduction.** Timeliness, usefulness and efficiency of pharmacotherapy is an important issue in a changing modern system of pharmaceutical and health care system. According to the World Health Organization indicators, which allow to assess the state of health of the population and the health system at the national level, are divided into economic, clinical and humanistic results.

**Aim.** The aim of our study is conducting analysis of the socio-economic components of pharmaceutical care to the population in the different countries.

**Materials and methods.** Methods of content analysis, comparative analysis of scientific literature and periodicals, statistics Ministries of Health and the World Health Organization are used during the study.

**Results and discussion.** According to the analysis of economic indicators it was revealed that health expenditure in the world differ greatly. For example, in the US Health expenditure, total (% of GDP) amounted to 20.7% in 2014, and that in Iraq amounted to only 5.2% (with an average value in the period 2002-2014 – 3.96%). The analysis of expenditure per capita (current US\$) shows a high level of support in countries such as the US (9145 ), Canada (5718 ), Japan (5965 ). It should be noted that in Iraq, the figure in 2014 was 305 US\$ with an average annual growth rate of 37%.

It was determined that during the last years rate of population growth in Iraq had increased by 0.3 and amounted to 3.01, while the death rate (per 1000 people) of the decreases in average by 1.8% annually. Population growth in the US amounted to 0.75 at the significance of the mortality rate 8.2.

We defined the physical accessibility of pharmaceutical care to the population out of the analysis of the number of pharmacies in countries. By the number of residents having access to a pharmacy the most favorable situations are in China (1657 residents) and Lebanon (1486 residents), the least secured by pharmacies residents of Tanzania. In the United States 5143 residents and in Iraq 5441 residents are at the average number of pharmacies per 100 thousand of population 19 and 18, respectively.

**Conclusions.** The results of the analysis testify to that fact that there are the influence factors of a modern system formation of medical and pharmaceutical care. In order to elicit the problematic aspects and to develop a state program for improving the quality life of population, it is necessary to implement the systematic auditing of indicators that define the scope, accessibility, completeness and quality of pharmaceutical care to the population.