

RESEARCH OF INTERNATIONAL EXPERIENCE ON THE CURRENT STATE OF ORGANISATION AND PROVISION OF PALLIATIVE AND HOSPICE CARE

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Introduction. According to the World Health Organization (WHO), about 40 million people require palliative care each year in the world, of which 2.1 million are children, but only 14% of the patients receive it. In Ukraine, palliative care every year requires more than 600 thousand people with incurable illnesses. Considering into account the current world-wide concept of palliative-hospice care, the search is especially acquiring for optimal forms of its provision, quality assurance and accessibility for the Ukrainian population is becoming especially relevant.

Aim. To investigate the current state of provision of palliative and hospice care (PHC) in the countries of the European Union (EU) and to identify the current problem aspects of its development in Ukraine.

Material and methods. During the study, we used WHO reports on palliative care in the EU countries, and reports from the Ministry of Health of Ukraine and public organizations on this issue. As research methods, we used statistical, analytical and comparative analysis methods.

Results and discussion. WHO Specialists in 2002 introduced an updated definition of palliative care: «Palliative care is an approach that improves the quality of life of patients and their families who are faced with life-threatening illnesses by preventing and alleviating suffering, early identification and impeccable assessment, and relieving pain and other problems, physical, psychological and spiritual». The availability of this assistance, in particular the physical one, is determined in accordance with the WHO recommendations for the minimum number of beds in specialized health care facilities (HCF), which currently stands at 1,000 beds for palliative patients per 1 million people. Therefore, in the EU, 1 million people on average have 9,800 stationary beds for palliative care, in particular, Austria has 13,000 beds, Belgium - 12,000, France - 9,000, Germany - 10,000, Italy 3000, the Netherlands - 11,000, Spain - 4000, Sweden - 15000, Switzerland - 12000, Great Britain - 9000. For comparison, this indicator in Ukraine is 30 beds, which indicates an acute lack of HCF for the provision of palliative care to patients, and, as a consequence, a low level of provision.

According to the expert data of the Public organization "Ukrainian League", as of the beginning of 2017, there are only 7 hospices, 2 centers for the provision of palliative care (Ivano-Frankivsk, Kharkiv), as well as about 60 specialized palliative outlets with a total of 1500 beds for servicing palliative care patients with a minimum need in 4000 stationary beds.

As the results of the structural analysis showed, today in Ukraine, palliative care is needed mostly by patients suffering from chronic cardiovascular diseases, the specific gravity of which is (38.5%), cancer (34%), stroke patients (6.9 %), patients with AIDS (5.7%) and diabetes mellitus (4.6%). Moreover, 10.3% of patients in need of palliative care have the following diseases in their history: renal failure, chronic liver disease, multiple sclerosis, Parkinson's disease, rheumatoid arthritis, dementia, resistant tuberculosis and patients with congenital anomalies.

It is important to note that in an aging population, the number and complexity of problems that need to be addressed in order to meet the needs of the elderly for help and support is increasing in the world. In this regard, most European states place particular emphasis on the long-term care of such people, the development of new models for the provision of similar services and their financing. In particular, systemic measures are being implemented in the direction of development of palliative care in the institutions of long-term care of elderly people. New initiatives are being developed and implemented in order to achieve the high quality of palliative care provided by the staff of these institutions in cooperation with specialists from other institutions, volunteers and relatives. Work in this direction is stimulated at the national, regional and local levels.

It is known that providing PHCs in full is undoubtedly a major burden on the budget of any country. In most EU countries, the cost of palliative care for patients only in the last year of life is 25-30% of all medical expenses. An analysis of international experience shows that in most EU countries most hospices

are mostly non-profit. Partial funding for the provision of palliative care (at a level of 34% of the total cost) is provided by the Compulsory Health Insurance Funds, Obligatory Long-Term Care Insurance Funds, State Budgets, in particular at the expense of taxes, National Health Funds, regional structures in the health system. At the same time, most of the expenses are covered at the expense of personal contributions of citizens and charitable contributions.

In Ukraine, on the contrary, the need for palliative and hospice care is satisfied only by 15%, which is due, first of all, to the lack of budget funds for its financing and the lack of a methodology for calculating the national need for palliative care.

Conclusions. So, having analyzed the state and provision of PHCs in foreign countries, it has been established that the level of ensuring its physical and economic accessibility to the general population is in general consistent with WHO recommendations. At the same time, the development of this type of medical care in Ukraine is significantly hampered due to numerous problems, in particular the lack of proper legislative regulation of palliative care for patients, insufficient budget financing to ensure proper care and medical care for such patients, lack of methodology for calculating national needs in palliative care, and, consequently, acute shortage of palliative and hospice beds in the country.

FORMATION OF THE MONITORING SYSTEM OF IMPLEMENTATION INVESTMENT PROJECTS

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Introduction. Among the number of projects faced by a pharmaceutical company in the course of its operational or investment activity, investment projects aimed at introducing new technologies, drugs, require more detailed study, analysis, justification and control due to the increased degree of uniqueness, and the risk.

Aim. The purpose of the study is to develop and implement an effective system for monitoring the implementation of the project "Manufacture of Medicines".

Materials and methods. The base materials of research are literature sources, publications of scientists in the field of project management. Methods: analysis, trends; methods of mastered volume; network and calendar planning.

Results and discussion. Monitoring the investment project in the pharmaceutical industry is a process of monitoring the progress of its implementation and using resources, preventing possible deviations from the planned results, and making changes to correct these deviations.

The monitoring system is the management of the enterprise that carries out the investment project, as well as those who implement, regulate, control the investment project (executives, investors, lenders and other project participants).

The monitoring system also includes methods for analyzing deviations, trends; methods of mastered volume; network and calendar planning methods. The monitoring tools include the schedule of forwarding; calendar plan and Gantt chart; schedule of expenses; S-shaped curve and so on. The monitoring system is characterized by certain criteria (technical and qualitative characteristics of the project, timing of its implementation, cost estimates, labor, technical, material, information resources).

In order to determine the directions and terms of expenses for each work, it is proposed to use budgets of financial, labor, material and other resources. The financial budget reflects the costs of work performed by outside organizations and the work performed on its own. The other three budget formats specify the direction of labor costs or part of it, which is performed by the enterprise itself. The budget formats developed for each project work allow you to determine the need for specific types of resources.

Conclusions. The developed monitoring system, the budgets of the project resources, as a result, allow us to synthesize the format of the project budget, which, in turn, establishes the cost of each work and the project as a whole.