

restrictive measures in some countries. countries can lead to stress recovery. The mental health of people with COVID-19 is another concern, as there is evidence of a high level of psychological illness after the disappearance of physical symptoms.

Our further research will be to conduct a pharmacoeconomic evaluation of COVID-19 treatment regimens in Morocco.

Conclusions. COVID-19, caused by the coronavirus SARS-CoV-2, formerly known as 2019-nCoV, which belongs to a large group of coronaviruses, is a major global medical and social problem that has acquired pandemic status. This pathology is spreading rapidly around the world, causing complications such as viral pneumonia, severe acute respiratory syndrome, sepsis, and as a result can be fatal.

The main economic problems of Morocco and other countries of the world are caused by the COVID-19 coronavirus pandemic and take on the task of finding ways to solve them.

Ways have been developed to develop protocols to address the global human infectious threat, which has led to solutions for the treatment of COVID-19 in Morocco and the world at large.

The current global epidemiological crisis, which arose with the emergence of an acute infectious disease - coronavirus, does not prevent the results of successful treatment and preventive methods of prevention. The object of the study were: pharmaceutical establishments related to the provision of pharmaceutical care to the population at COVID-19 in Morocco and the regulations governing this process.

PROSPECTIVE DIRECTIONS OF ACHIEVING AN EFFECTIVE PUBLIC POLICY IN THE FIELD OF CHILD HEALTH PROTECTION AND PREVENTION OF CHILD MORTALITY

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Introduction. The health of the child population is an important indicator of well-being of the country, reflecting its socio-economic, environmental, demographic and sanitary situation is an indicator of progress, largely socio-cultural development of society. That is why the health of the child population should be at the forefront of the values of any civilized country. The United Nations (UN) Member States have set out 17 sustainable development goals (SDGs) to be achieved by 2030. Almost all SDGs are directly related to health or indirectly contribute to health improvement. The WHO report "Health in 2015: from the Millennium Development Goals to the Sustainable Development Goals" identifies the main factors that have influenced the progress of health in accordance with the UN Millennium Development Goals (MDGs), as well as outlined actions, which countries and the international community must do in the first place to achieve new goals in the SDG. WHO experts have developed a list of key health indicators that are proposed for monitoring the achievement of SDG. Goal 3 puts health in itself as a desired outcome. Health-related indicators can be grouped into: *reproductive health, maternity, neonatal and child health*; infectious diseases; non-communicable diseases and mental health; injuries and violence; health care system; environmental risks; outbreaks of disease.

In recent decades, child health and the prevention of infant mortality have been considered priority areas of public health and public policy in most countries. Modern state policy in the field of child protection should aim to maximize the creation of conditions for the birth and development

of a healthy child, which is why indicators of child health and infant mortality are sensitive indicators that reflect the well-being of the population of any state of women and children depends on the level of reproduction of the population, prospects for the development of labor, defense, intellectual, defense potential of the country.

Aim. The aim of the study was to identify promising areas for achieving effective public policy in the field of child health and prevention of child mortality.

Materials and methods. Scientific materials, official data of the State Statistics Service of Ukraine on fertility, child mortality, the main causes of death for 2009-2017 were used as materials. The following methods were used during the study: logical, system-analytical, comparative analysis and generalization of information.

Results and discussion. The dynamics of mortality of children under 1 year of age, as a rule, is extremely sensitive to changes in the socio-economic and sanitary condition of the country, in health care, environmental conditions, lifestyle of different segments of the population and so on. An indisputable sign of civilized society and social justice is also to ensure the equality of individuals (especially children) in terms of survival and chances to live a long healthy life. According to the analysis of literature sources, the number of deaths of children under 5 years of age over the past 70 years worldwide has been reduced from 19.6 million in 1950 to 5.4 million in 2017. However, it is known that the risk of child death from moment of birth and up to 5 years varies greatly depending on the place of birth. Therefore, while in high- and middle-income countries the situation is quite optimistic, middle- and low-income countries require special attention. Thus, in 99 countries, the mortality rate of children under the age of five varied 24 times. The highest rate was recorded in the Central African Republic and amounted to 123.9 deaths per 1,000 live births in 2017, and the lowest - in Cuba (5.1). The decrease in the mortality rate of children under five in the period from 2000 to 2017 was observed in almost all countries, with a decrease in 60% of cases was significant. In absolute numbers at the national level, the highest number of infant deaths in 2017 was in India (1.04 million cases), Nigeria (0.79 million cases), Pakistan (0.34 million cases) and the Democratic Republic of the Congo (0.25 million cases).

In Ukraine during 2009-2017, infant mortality rates are characterized by a steady downward trend. However, the figure in 2017 was 7.9 deaths per 1,000 live births - was slightly higher than in 2016 (7.8%) It should be borne in mind that these data without some of the Donetsk and Luhansk regions are incomplete, because Donetsk region was one of the "leaders" in the ranking of regions with the highest mortality rate of children under one year. In general, the mortality rate of children under 1 year of age, recorded in Ukraine in 2017, decreased compared to 2009 (9.4%) by 16%. The main causes of death of children under 1 year of age in the country were and remain conditions that occur during the perinatal period (in particular, symptoms of respiratory disorders, intrauterine hypoxia and asphyxia in childbirth, congenital pneumonia, specific perinatal infections and birth injuries). In second place among the causes of death of infants are traditionally congenital malformations, deformities and chromosomal abnormalities (the most significant - congenital anomalies of the heart and circulatory system), and the third - are external causes of death (accidents, injuries and poisoning). It draws attention to the significant reduction in infant mortality from congenital malformations, deformities and chromosomal abnormalities due to the introduction of mass screening of newborns for phenylketonuria and hypothyroidism, adrenogenital syndrome and cystic fibrosis, the spread of medical and genetic counseling when starting a family.

Conclusions. The results of the analysis show that although the mortality of children under 1 year of age decreased significantly in 2009-2017, compared to leading European countries, Ukraine still has high infant mortality and stillbirth rates (and the dynamics of the latter does not have a steady positive trend), so the reserves for their reduction are far from exhausted. Quality antenatal and perinatal care, as well as the improvement of the socio-economic situation of women

(in particular, pregnant women) and their families are important for their implementation. The priorities for the implementation of demographic policy should be a sustainable increase in life expectancy; reduction of mortality in all age categories of children.

ANALYSIS OF APPROACHES IN MEDICAL LITERACY ASSESSMENT

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Introduction. Today, the population has wide access to medical information, with which people make diagnoses and choose their own medicines. According to the Ministry of Health of Ukraine, almost 70% of the population self-medicates without seeking medical help.

The pharmaceutical sector of the healthcare sector generates a large amount of information about medicines and other pharmaceutical products, about methods of prevention and treatment of diseases, about methods of self-diagnosis and self-treatment, which creates the need to increase health literacy.

Aim. The aim of the study was to analyze global approaches to assessing the level of medical literacy in the world.

Materials and methods. The materials of the research were publications in scientific periodicals, materials of official websites of world organizations and databases. During the research the methods of content analysis, system-analytical, generalization method were used.

Results and discussion. An analysis of the literature revealed that in world practice, the concept of medical literacy is becoming more relevant every year. It has been established that the concept of "medical literacy" was first defined by Scott Simonds in his article "Health education as social policy" in 1974. According to the Health Promotion Glossary, the term "medical literacy" is defined as cognitive and social skills that determine people's motivation and ability to access, understand and use information in a way that promotes and maintains health. .

According to the results of the study, more than 10 tests are currently recommended for use. For example, in the framework of the European project "Health Literacy" a study of medical literacy was conducted using tests REALM (Rapid Estimate of Adult Literacy in Medicine) and TOFHLA (Test of Functional Health Literacy in Adults). The main indicator of population literacy in these tests is the understanding of medical texts, doctor's instructions for taking drugs.

It is determined that the shortest test is NVS (New Vital Sign), which consists of three questions. Tests such as the Health Literacy Survey - Europe (HLS-EU), the Health Education Impact Questionnaire (heiQ), and the Health Literacy Questionnaire are effective tools for assessing understanding of medical information. It is worth noting the RALPH (The Recognition and Addressing of Limited Pharmaceutical Literacy) test, which consists of questions directly related to the use of drugs, understanding of the instructions, regimen and duration of treatment, which is very useful for determining literacy in pharmaceutical aspects.

Conclusions. Thus, to date, there are a large number of scales and tools for determining medical literacy and its components, but this is not enough to determine the most accurate level of literacy around the world. Researchers from around the world continue to develop a short-lived, objective and accurate method of assessing medical literacy. To obtain the most effective and perfect assessment tool, it is important to study the already known assessment methods, their integration into the practical activities of health professionals.