

## FEATURES OF PHARMACEUTICAL PROVISION FOR RURAL POPULATION IN THE WORLD PRACTICE

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At present, the problems of the pharmaceutical supply of the population, who live in remote areas of the countryside, exist in many countries worldwide and are solved at both national and regional levels, depending on the socio-cultural and economic levers of the country development. Therefore, analysis of the experience of European countries serves a decisive factor in the development of approaches and mechanisms to improve the efficiency of the pharmaceutical supply of the population in remote rural areas of Ukraine.

The aim of our study was to analyze the organization of the pharmaceutical provision of the rural population, taking into account the features of the world practice. We have used systematic and logical and comparative methods of analysis.

According to the analysis of domestic experience in the organization of the pharmaceutical provision in rural areas, the most pressing problematic issues have been established which include:

- insufficient infrastructure of the pharmaceutical supply of the population due to the low economic efficiency of pharmacies opening compared to urban pharmacies;
- prevalence of people with low incomes in rural areas;
- large remoteness of areas and low territorial access of the population to pharmaceutical institutions;
- low staffing of pharmaceutical institutions with pharmaceutical staff and insufficient level of specialists training.

In comparison with domestic practice in the developed countries of Europe there is virtually no correlation between the development of pharmaceutical infrastructure and the level of pharmaceutical provision of residents with drugs in remote rural areas. So, in some European countries, which include *the United Kingdom, Slovenia, Finland, Belgium, Ireland, Australia* and others doctors have the right to sell medicines to patients that in a certain way solves the problems of the pharmaceutical provision in the case of an insufficient number of pharmaceutical institutions in rural areas.

According to the WHO part of commodity circulation, which is provided by doctors in the retail trade of pharmaceutical market in the country varies from 1%

(Belgium, Ireland) to 20% (the Netherlands), while trade turnover of directly hospital pharmacies is from 10% in *France* and up to 30% in *Greece*. For example, in the UK around 4000 doctors (about 12% of the total number of general practitioners) have the right to sell drugs to their patients. In *Slovenia* product range is supported by local pharmacies and general practitioners dispense medicines only in those settlements that are located more than 10 kilometers away from the nearest pharmacy. In *Finland*, in rural areas with low population density, dispensing of medicines is done by means of postal offices and departments in grocery stores. Thus, the current system is considered non-perfect, namely the number of such units to provide the population with drugs gradually decreases due to the establishment of new pharmacies.

In *Denmark*, the problem of rural population pharmaceutical provision is solved by structural units of pharmacies (satellite-pharmacies and specially equipped kiosks) that are permitted only in the countryside, because hospital-type pharmacies and doctors are forbidden to engage in dispensing to the public. In *Spain* and *Canada*, the number of pharmacies is regulated by legislation based on the number of inhabitants served by one pharmacy. At the same time in *Australia*, because of geographical features, there is a serious imbalance of pharmaceutical institutions in rural areas, which is solved correspondingly by the general practitioners who receive from the government permission to dispense drugs to the public. In addition, the problem of rural population pharmaceutical provision in European countries is solved by the introduction of logistic forms in the pharmaceutical provision, namely through online pharmacies postal delivery of drugs or special courier service delivery. It is necessary to indicate that these logistic forms are in great demand among the population.

Considering the above, in the world practice the problem of availability of pharmaceutical provision to rural and hard to reach areas with low population density in the absence of pharmacies is solved by the implementation of medicines through:

- structural units of pharmacies;
- family practice physicians;
- post offices, shops in rural areas, online pharmacies and courier delivery.

Thus, taking into account international experience and the need to fulfill the social function of rural pharmacies, as the major in pharmaceutical provision, a promising way to increase the efficiency of the latter in Ukraine is, in our opinion, the introduction of mechanisms for liberalization of opening and commercial operation of pharmaceutical institutions in rural areas, as well as the creation of rural family health clinics, in which staff the position of a pharmacist or pharmacy technician is assumed.