

**ANALYSIS PROBLEMS OF THE MODERN INFORMATION TECHNOLOGY
IN HEALTH AND PHARMACEUTICAL FOR AFRICAN CONTINENT**

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Introduction. Current trends in the development of health and pharmaceutical provision of the population provide solutions to the problems of improving the efficiency of medical care at all levels using modern information technology (IT). Against the backdrop of an ageing population, a systematic increase in health care costs creates an objective need for people to receive affordable and prompt information assistance in the process of organizing medical and pharmaceutical services. One of the

innovative components of the IT implementation program in modern society is the active development of the core elements of E-Health. Unfortunately, in many countries, due to a set of reasons, especially the logistical plan, this has not been implemented. With that in mind, it is relevant to analyse the major challenges of introducing modern IT into the health and pharmaceutical systems of the African continent.

Aim. To analyze the major challenges of introducing modern IT into the health and pharmaceutical systems of the African continent.

Materials and methods. In the analysis of data of the regulatory framework and special literature, we used such methods as historical, analytical, comparative, logical, etc.

Results and discussion. The systematization of the data of the specialized literature allowed us to identify such main problems on the way of introducing IT into the healthcare and pharmaceutical systems of the African continent. As is well known, African countries are participating in the global process of improving the quality of life of citizens, which has been accelerated by the increasing use of IT in general, as well as information and communication and mobility technologies in the Particular. Health modernization in Africa primarily involves transforming health care and pharmaceuticals into E-Health. It's been infiltrating the continent about three decades ago. Africa is still among the least developed countries in the world in terms of IT implementation and use, and there is still a large digital gap with other regions of the world, which is reflected in limited access to IT services, especially broadband fixed Internet, rarely high-speed. Africa is also characterized by huge intra-regional "digital inequalities" due to the stark country disparities in economic development, investment opportunities in the industry, education and literacy. The challenges that are brewing in this direction indicate the need for a fundamental change in the approach to health information. This leads to the strengthening of the coordinating role of the state and the creation of a single information space in the health sector.

We have been instructed that some countries in Africa already have government programs to develop IT in health care. These are, first of all: South Africa, the Federal Republic of Nigeria, the Kingdom of Morocco (KM), Uganda. The pioneer for the introduction of IT into health care and pharmaceutical provision for the people of Africa is South Africa. The introduction of IT into the health of the Republic of South Africa began with the adoption of Resolution WHA 58.28 at the Fifty-eighth World Health Assembly in May 2005. Since then, the creation of electronic medical records and electronic registries has been actively developing in South Africa. In 2012, the South African government published the National E-Health Strategy for 2012-2017. The aim of this strategy was to ensure a unified, harmonized and comprehensive eHealth plan. In 2007, Nigeria began to set up telemedicine projects aimed at full digitalizations across the country. The main purpose of these projects is to provide urgent remote paediatric care to rural hospitals in a timely manner. This uses a telemedicine system with video-advice function. This information project allows health care providers to immediately provide care to patients regardless of their location. Since 2009, Morocco has been participating in the WHO Global E-Health Observatory's Mobile Health Research Programme. Informal programmes are mainly implemented in the country, which include the interaction of health workers through voice and SMS to help rural professionals. Another step in the country's health information was the establishment of the Association of Moroccan Medical Informatics in 2010. In July 2011, the Moroccan Society of Telemedicine and E-Health "MsfTeH" was founded, bringing together representatives from various fields of science: medical and pharmaceutical workers, engineers, biologists, bioinformatics, programmers, lawyers, etc. Currently, all resources eHealth Morocco is focused on the creation of medical databases. One of the main objectives of the government's e-health strategy was the Moroccan information system for the supply of hospital pharmacies "HPIS".

Conclusions. The conclusion of the studies should be noted that the implementation of the above-mentioned government programmes and projects is of paramount importance to all countries of the African continent. African countries recognize the need to develop modern information technologies on their territory. At the same time, it is worth noting that the creation of an adequate information and communication infrastructure requires, on the one hand, the availability of national programs for the

development of appropriate technologies, and on the other – a strong financial and logistical the basis for these projects, the absence of which is the main obstacle to independent development.

STUDY OF INDICATORS OF MORBIDITY OF POPULATION ON EPILEPSY IN UKRAINE

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Introduction. Epilepsy and epileptic syndromes are some of the most common and socially significant diseases of the nervous system. In the European countries of the world, 6 million people suffer from epilepsy, of whom 40% do not receive proper treatment. At the same time, in low-living countries, the proportion of such patients is 75%. The European Commission of the International Antiepileptic League noted that the range and nature of the problems associated with epilepsy is similar in all European countries, despite their economic, social and other characteristics. This is due to a lack of development of the medical and pharmaceutical care system for patients, including surgical treatment, stigmatization and social problems, insufficient funding and information on the prevalence of the disease. Therefore, the organization of effective medical and pharmaceutical care for epilepsy patients in many countries is a priority issue in building a socially-oriented state. To date, in Ukraine, the analysis of the dynamics of population morbidity rates for epilepsy as a whole across Ukraine and its administrative-territorial associations (regions) has not been conducted to determine the necessary amount of costs for providing pharmaceutical assistance.

Aim. To analyze the dynamics of population morbidity for epilepsy in Ukraine and its administrative-territorial associations (regions).

Materials and methods. For the purpose of the study, official data for 2013-2017 of the State Institution “Center for Medical Statistics of the Ministry of Health of Ukraine” were used for indicators of morbidity for epilepsy. The study used logical, mathematical, statistical, system-analytical, retrospective and comparative methods of analysis. Statistical data processing was performed using standard statistical analysis packages Statistica (version 12.0, StatSoft, Tulsa, USA) and Excel spreadsheet.

Results and discussion. The analysis shows that the minimum number of epilepsy patients in the population of Ukraine was observed in 2014 (54,606 people), with a gradual increase to 62,775 people in 2017. It should be noted that in 2014 there was a decrease in the population of epilepsy . The aforementioned fact is caused by a significant decrease in the population of the country against the background of the separation of the Autonomous Republic of Crimea and the introduction of a military regime in the east of the country. So, according to the official data of the Ministry of Finance of Ukraine during 2013-2017 the population decreased from 45.37 million to 42.41 million. It should also be noted that according to the Ministry of Social Policy of Ukraine, more than 7 million citizens are temporarily working abroad.

Analysis of the incidence rates of epilepsy of the population in terms of working and incapacitated age showed that in 2013 the proportion of patients with epilepsy among working age was 49.58%, and in 2017 - 53, 30%. In the structure of the incidence of epilepsy during 2013-2015, the unemployed population occupies a small leading position. This may be due to an increase in risk factors that contribute to the occurrence of epilepsy in the adult population, namely: alcoholism, Alzheimer's disease, multiple sclerosis, tuberculosis, autoimmune encephalitis, tumors of various etiologies, strokes, head injuries, central nervous system infections, hereditary diseases and etc.

In the next stage of the study we analyzed the dynamics of changes in the number of cases of epilepsy of patients of working age in Ukraine for 2013–2017. It is proved that the maximum value of