

Review Paper

Reforming the Healthcare System to Sustainable Development Goals in the EU States

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ABSTRACT

Despite the war, or maybe because of it, progress was made in the European integration process: in June 2022, Ukraine entered the status of an applicant for the EU state. Along with this, the requirements remain the same as before, and improving the level of medicine and healthcare is among them. The purpose of writing an academic paper was to familiarize Ukraine's citizens with equal access to quality medical services, as a result of changes to orient the system and to place the patient in its center. The research methods were analysis, synthesis, generalization, explanation and data qualification. The regional office of the World Health Organization for Europe (WHO / Europe) became the first and main source for the disclosure of the topic outlined (World Health Organization). The present scientific work will reveal the possible consequences of European integration for Ukrainian medicine. It is important to understand that the arguments of this research are not entirely academic, because it is impossible to know when the war will end and whether Ukraine will not remain a buffer zone for the EU countries. Nevertheless, regardless of the development of events, it is important to critically assess the role of the European Union and its interests in Ukraine.

HIGHLIGHTS

- ① The reform of the health care system in accordance with the goals of sustainable development in the EU countries is analyzed.
- ② The research reveals the possible consequences of European integration for Ukrainian medicine. The research reveals the possible consequences of European integration for Ukrainian medicine.

Keywords: The European Union, Ukraine, reform, medicine, health, war, World Health Organization (WHO), UN, European integration

Ukraine inherited the healthcare system from the USSR and it remained practically unchanged until the reform as of 2017. The system was updated in the 1920s. Over the decade of the existence of the USSR, it was characterized by a really high bed fund, strong centralization and scale among fraudsters. The power structure was state in all situations; the state financed and managed planning and provision.

As for quality control and effectiveness of treatment, the exchange of experience with Western countries

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was insignificant, and there was no abandonment of Western quality standards or their adaptation to Soviet ones.

The Soviet system achieved many successes during its existence, including universal access to medicines, successful control of many infectious diseases, and reductions in infant and maternal mortality. After all, it was chronically underfunded during the times of the USSR. For instance, the Soviet Union spent less on health than Western countries (4 GDP in 1991, while the lowest expenditure in Europe was 6 GDP in Great Britain), and the recruitment of medical labor was much lower. Starting from the 1980s, for instance, negative trends became noticeable in the healthcare systems of many Soviet countries, which could not effectively deal with habitual conditions, the number of which was constantly growing. These problems became acute with the collapse of the Soviet Union and the loss of public support during the massive privatization and deep social welfare measures of the 1990s. (The Decision of the Constitutional Court of Ukraine in the case is based on the constitutional submission of 53 People's Deputies of Ukraine regarding the official interpretation of the provisions of the third part of Article 49 of the Constitution of Ukraine, 2002).

Considering the fact that after gaining independence and until 2017, the Ukrainian system did not change significantly, and support at the same time decreased, it "inherited" all the problems of the Soviet system, and the leaders of the 1990s only strengthened them (Main conceptual directions reforming the healthcare system, 1996).

In 2014, the country began to develop a new strategy for supporting and reforming the healthcare system. Consequently, in 2017, the first large-scale reform of the medical system began. It contains five crucial principles:

1. changing the principle of financing the healthcare system – from centralized state support from fees, which is tied to the number of beds and staff, to narrowing through the National Health Service of Ukraine (NHSU);
2. support based on the principle of packages of medical services (packages contain both multicolored procedures and complexes

of examinations and analyses in colorful medical fields);

3. implementing transnational norms of treatment;
4. tying payment of fraudsters to the number of reported cases and services provided;
5. implementation of transnational norms of treatment.

This path should have been aimed at correcting some issues, for instance, strengthening primary healthcare, providing transparency to the system through digitization, bringing the system in line with the population's demands rather than payment based on the size of hospitals, etc.

Society and most experts perceived the reform ambiguously and quite negatively. Only transnational and some non-governmental associations were in favor of the reform supporting the fight against corruption in the healthcare system. The media crusade girding the reform was often based on populist and neoliberal contrasts between "old, Soviet, unchained, weak" and "innovative, efficient, private" fundamentals. This immediacy in between times resembles a generational conflict, as in one of Deutsche Welle's stories, which shows the almost simulated numbers of two scammers personifying the old and the new system (Koval'chuk, A.V. 2014; Malovanyy M.S., Odnorih Z.S., Tymchuk I.S., Dziurakh Y.M., 2022).

After five stages of reform, its success becomes evident. The Affordable Medicines Program, which improved access to medicines for people with the most common diseases (cardiovascular, asthma and diabetes), was positively evaluated. The introduction of digital tools is often praised for better control over the flow of finance – at least from the perspective of NHSU. A Chatham House report on the progress of anti-corruption reforms positively evaluated the Department of Health's new drug procurement system, which now goes directly through transnational associations (Council of Ukraine, 2009).

However, there are still many reviews and generally negative assessments of the reform. The review often concerns the uncertain issue of funding: Ukraine spends very little on healthcare in proportion to the budget, falling short of 5 GDP, which is the

legal minimum. By the way, I have compared the Ukrainian healthcare system with the German one in another scientific work in more detail, in particular, in terms of ensuring the effectiveness and availability of treatment. Lack of support is not remedied by “optimization”. Corruption persists and further reductions are questionable, especially in times of war. This, in turn, is connected with a really deeper problem of misunderstanding in which direction the social policy of Ukraine should develop (Krutsevich, T., Trachuk, S., Ivanik, O., Panhelova, N., Brychuk, M., Kedrych, H. 2021).

Although numerous structural issues were correctly related, their result often came down to marketing those problematic aspects that could not be optimized. Therefore, crackers are often portrayed as entrepreneurs, rather than professionals working in a critical structure, who themselves must condemn that their “enterprise” is not profitable enough (Kuibida, V.V., Kokhanets, P.P., Lopatynska, V.V. 2022). On the one hand, this situation has arisen due to corruption: hospitals have a hierarchical structure, where the main fraudster has a lot of power and sometimes actually abuses it. On the other hand, the problem is that the opinion has been legitimized in Ukraine that any positive changes must be connected with privatization and bringing all social spheres closer to business and its meaning. This is generally contrary to how healthcare is perceived in the EU countries.

The purpose of the academic paper is to get an understanding of the future level of improving the quality of life of the population based on the availability, improvement of the quality and safety of medical care, productive employment of the workforce working in the field of healthcare, as well as providing their social security, development and optimization of the social support system.

Literature review

After Ukraine and Moldova acquired candidate status on June 17, 2022, the Council of Europe issued an opinion that clearly states that the decisive factors in the final decision are the EU’s ability to accept new members and both countries’ compliance with the Copenhagen criteria.

The current conditions of Ukraine’s accession to the EU are primarily aimed at overcoming corruption

and reforming the judicial system, local court reform, the durability of judicial reform, and the fight against corruption, including the appointment of the head of the Specialized Anti-Corruption Prosecutor’s Office (SAPO); fight against money laundering by plutocrats; implementation of the anti-oligarchic law; harmonization of audiovisual legislation with European legislation; change in legislation on minors. With regard specifically to medicine, the association agreement in Section 22 (Articles 426-428) lists clauses relating to healthcare:

1. The strategic goal of cooperation in the field of healthcare is to strengthen the position of public health safety and the healthcare of mortals as a prerequisite for sustainable development and profitable growth.
2. Cooperation with the EU should contribute to strengthening the healthcare system and its implicitness in Ukraine, in particular, through implementing reforms, further development of primary medical care, the fight against infectious and non-infectious diseases, such as HIV / AIDS and tuberculosis (Ukraine has big problems with these diseases, and the situation will only get worse because of the war).

In addition, the importance of healthcare for the population’s health and safety is indicated in color-coded sections for illustration, in the section of environmental policy, cooperation in the field of intelligence and technology, development of information technology, etc.

The EU’s capabilities in the field of healthcare are limited; consequently, social policy is still determined by social situations. It should be emphasized that only the strategic spheres in which the EU complements the policy of the states are clearly defined. For instance, Article 168 of the Treaty on the Functioning of the European Union lists claims on preventing conditions causing the depletion of a healthy life, facilitating access to better quality and safer medical care, promoting the creation of innovative, efficient and sustainable healthcare systems and combating cross-border traps (Kotsur, V., Maletych, M., Pogrebytskyi, M., Negoda, A., Trachuk, T., Andriushchenko, M. 2022).

These claims are manifested in similar programs, such as EU4Health, which will operate until 2027

and to which Ukraine has already joined. With a budget of more than 5 billion EUR, the program aims to increase the EU's preparedness for serious cross-border health pitfalls. In order to achieve this, reserves of medicines and medical labor will be created in case of extreme situations. It is planned to strengthen supervision of possible pitfalls in healthcare units. By the way, particular attention is paid to digital metamorphosis of healthcare systems and access to medical care for vulnerable segments of the population, creation of smart and effective use of antimicrobial drugs, as well as introduction of medical inventions and environmentally friendly products (Girko, V.L. 2022). All the rules and strategic claims outlined can push the Ukrainian healthcare system to overcome problems that have existed for decades (Cooperation between Ukraine and the European Union in the field of sustainable development, 2021).

The association agreement also determines Ukraine's points in the sphere of social justice policy, employment and equal opportunities. Strategic goals are advancement in the field of decent work, employment policy, health and safety at work, social dialogue, social protection, social integration, gender equivalence and non-discrimination. Article 422 also states that Ukraine should contribute to increasing social and business responsibility and encourage responsible business behavior. Over time, Ukraine is expected to ensure a gradual merger with the EU legal framework, norms and practices in the field of employment, social policy and equal opportunities (On the recognition of paragraph 2.1 of the decision of the session of the Melitopol district council as illegal, 2007).

Real observance of this morality contradicts what is currently happening in the Ukrainian labor market and directly in the field of labor relations. Case in point is the campaign against labor rights, which has reached its peak in the summer (Nagurskyy O., Krylova H., Vasiichuk V., Kachan S., Dziurakh Y., Nahursky A., Paraniak N. 2022). In drug addiction, this primarily refers to the contemptuous attitude towards nurses and orderlies, who haven't been receiving monthly wages for months; they are forced to work less than full time, which cancels the forced wage increase. Those employees who dare to defend their rights and actively participate in trade union conditions face mobbing and pressure. This

lack of public dialogue contributes to the flourishing of corruption in hospitals, despite the fact that one of the claims of the reform was to eliminate it.

RESULTS

The Medical Guarantees Program for secondary (technical) medical care positions has been launched since April 1, 2020. Healthcare institutions providing secondary (specialized) medical care have started working under contracts with the National Health Service.

In order to provide care for cases covered by the Medical Guarantee Program, contracts with 3095 providers of medical services to the public were concluded with the National Health Service. 51,6 billion UAH were paid to these providers as of September 2020. Of these, 13,3 UAH billion was paid to primary care institutions; 29,7 billion UAH – institutions of secondary (technical) support; 3,7 billion UAH – emergency medical care tools. Moreover, 4,9 UAH billion was paid to medical institutions providing assistance to patients suffering from or suspected of having COVID-19.

For the provision of primary medical care to the population, contracts were concluded with medical service providers, of which 102 health care institutions are CMS, 206 private institutions, and 374 private healthcare institutions. The number of primary care institutions that signed a contract with the National Health Service as of October 1, 2020 is 216 more than at the end of last time. Along with this, 75 of them are private healthcare facilities.

The number of specialists providing first aid to sick people has also increased, amounting more than 800 people since the beginning of the year.

Currently, primary care plays a significant role in the fight against the epidemic. The workload on general practitioners has increased significantly, as cases with suspected COVID-19 are primarily addressed to them. 1051 mobile armies were formed in almost 600 primary medical care institutions.

In April-August 2020, more than 290 000 patients received technical medical assistance as part of priority services. This time, the Medical Guarantee Program defines 5 priority medical services that receive special attention:

- ◆ treatment of acute cerebral stroke;
- ◆ treatment of acute myocardial infarction;

- ♦ assistance during childbirth;
- ♦ assistance in complex neonatal cases;
- ♦ instrumental examinations for early diagnosis of oncological diseases.

Medical facilities have contributed 2,7 billion UAH to provide priority services for cases.

The Medical Guarantee Program also includes the Affordable Medicines payment program, under which patients can receive medicines for the treatment of cardiovascular diseases, type II diabetes and bronchial asthma, traditionally free of charge or with a small additional payment. Currently, patients can receive 264 positions of similar drugs, 85 of them free of charge. Patients can get the medicine from more than 500 pharmacies across the country. The Affordable Medicines program amounted 2,4 million cases. 686,6 million UAH were paid to the NHSU for medicines allocated by pharmacists.

The payment of medical employees increased since September 1, 2020, namely: 70 (3561 UAH) sanctioned payment for nurses and 50 (2362 UAH) for caregivers, 25 (1181 UAH) for junior nurses.

The openness and stability of the e-Health operation was ensured; the SDLC commission was formed to manage the development of the system's functionality effectively, and the RoadMap was developed (the road map of the development of the e-Health element).

The executive load on medical employees was reduced (more than 000 primary care specialists, more than 000 specialists and more than 000 medical personnel). The electronic medical birth tool was launched.

The issue of compensation on the basis of externship remuneration and remuneration of interns for the first time of training was resolved.

Measures were taken to pay 510 interns of the first year of study who will undergo an externship at 090 educational bases.

Psychiatric and anti-tuberculosis services in Ukraine are under threat of destruction because of significant underfunding.

In June 2020, the Ministry of Health developed a supervisory network for reviewing tariffs for medical services, which supports and prevents the inspection of medical institutions and the dismissal

of fraudsters. Moreover, from July 1, medical institutions allow financing no lower than as of 2019.

Concerning the system of anti-tuberculosis medical care for the population, the packages of medical services in 2020 will be calculated at a cost and included in the Medical Guarantee Program for 2021.

Along with this, the Ministry of Health and specialists have been finalizing a draft plan for developing internal medical aid in psychiatric care direction for subsequent consideration to the government.

You may ask whether changes are necessary, and we can answer that Ukrainians live 9 years less than the EU citizens, the average life expectancy at birth in Ukraine is 72 years, in the EU countries - 81 years. About 50 cases after a stroke recognize result in primary disability; about 12 dead persons from a stroke are people of working age. Ukraine is in the first place in Europe by the frequency of catastrophic health expenses leading to the need for families of patients. Expenses for pharmaceutical goods and other medical products are carried out in cases of 99 total expenditures for medicines. 37,6 hospitalizations in Ukraine take place without relevant proposals. Ukraine has one of the worst indicators in the world in relation to vaccination of minors. For instance, the content of polio vaccine in 2018 was only 69 (Medical reform, 2022).

After analyzing and comparing data with EU, it can be stated that the main goals and objectives of the reform and future changes are as follows: strengthening the healthcare system, relevant payment of medical employees, establishing an effective quality control system for the provision of medical care, developing and streamlining social assistance standards and treatment protocols, implementation of the state assessment of medical technologies, creation of a competitive environment for medical institutions, development of voluntary health insurance, development of public-private cooperation in the field of healthcare, magnet of private capital, preferential taxation through profit collection, development of a powerful network of healthcare facilities, development of telemedicine, e-Health, development of a high-tech drug system and transplantation, emergency care systems, providing medical care for patients with tuberculosis,

internal diseases, orphan conditions, introduction and implementation of the National Strategy for Combating Oncological Diseases, description of introductory principles and mechanisms for the formation of public healthcare system in Ukraine, taking into account the challenges and pitfalls related to spreading an acute respiratory disease Covid-19 in the world and in Ukraine, in particular, improving legislation in the sphere of circulation of medicinal products in order to ensure the transparency of the pharmaceutical market, to ensure the development of medical education and science.

DISCUSSION

Some of the consequences of European integration have been felt in Ukraine earlier. There are both negative and positive examples. Inna Ivanenko, an administrative director of the NGO “Cases of Ukraine”, described two similar examples in regulating pharmaceutical requests. The first case concerns the possible complication of the admission of drugs previously certified in Western countries at Ukraine’s request:

“European drugs must undergo really strict control in Ukraine before being included in the application, which I think is incorrect. We have repeatedly worked to simplify the inclusion of European and American medicines registered in these countries in the Ukrainian request (the so-called requests with strict non-supervisory procedures). We have given them the green light and simplified enrollment; we trust those countries’ supervisory authorities and should not travel through all these boards for quality medicines in Ukraine because it is bureaucratic balderdash. Our supervisory system is not as developed as, for example, European Medicines Agency (EMA). Therefore, there are a few questions regarding this law ...” (European integration for healthcare: between European recommendations and Ukrainian realities in 2022)

At the same time, there are also promising borrowings from European regulations, such as the mechanism of parallel import of medicines; however, but it still only applies to centralized purchases, not free access in pharmacies:

“... Medicines can circulate among the European Union’s countries. However, for instance, the same drug in another package in Germany costs 60 euros while it is delivered for 15 euros in Greece. The same thing regarding European medicines has been done between Europe and Ukraine. So far, it is not about pharmacies, but about public and sanatorium procurements” (European integration for health care: between European recommendations and Ukrainian realities in 2022).

Such details are not often discussed by the general public, which is to be expected, forasmuch as many people are interested in the legal aspects of European integration without being active in the medical field on a professional or public basis. In order for this process to be understandable and to give realistic assessments of adapting the Ukrainian system to the EU conditions, it is necessary to heed Ukrainian experts’ recommendations.

There are also cyclical effects of European integration for the healthcare system. They are related to opening borders and the general demand for labor. Given that the problems of Ukrainian medicine are of a structural nature, one should not count on quick results with the support of the EU. This may increase the trend of departure of medical specialists abroad. There are different assessments of the possibilities of such tendencies, but working on problems, in any case, will lead to the creation of decent working and living conditions in Ukraine, according to Inna Ivanenko’s viewpoint...

“They still have to pass various tests to confirm the qualification, on applying tools, and learn the language. Not everyone is ready to leave their country and emigrate. The war showed that some specialists left the country. To prevent this from happening, the directors of healthcare facilities and hospitals must work on creating decent conditions for healthcare employees. Along with this, the owners of hospitals, mostly local authorities, must make sure that the communities have good medical establishments; for instance, they should allocate housing, land plots for healthcare employees so that they do not want to go abroad and start with a clean slate” (European integration for health care: between European recommendations and Ukrainian realities in 2022).

A significant part of the gaps in the Ukrainian medical system is now being eliminated not only by the EU, but also by other transnational programs through cooperation with WHO, UNICEF and USAID.

The problem is that the successes are temporary; they do not raise structural problems. Boundary programs are hardly targeted. There is often a lack of training staff and funds (both for support and access to transnational literature and the research community). This applies, for example, to programs aimed at the use of sound drugs and improving professional skills (Visn. Acad. rights of Sciences of Ukraine. – 2007).

Accession to the EU may lead to increase in such dependence or, vice versa, decrease it. However, this is possible only if the problem is understood and the vision of its result in Ukrainian society.

CONCLUSION

Accession to the EU is not a universal solution to Ukraine's problems. After all, in case of a rapid end of the war, we have to undergo a long process of reconstruction. This can be used as a chance to improve the state of social sphere and drug addiction, in particular. Nonetheless, legislative tendencies are similar to anti-labor laws. 7251, No. 5161 on "0-hour contracts", Law No. 5371, as well as the latest law No. 5655, which reforms the conditions of civic development in favor of private capital, show that the policy vector remains extremely neoliberal, and fair reconstruction, including drug recovery, will need significant costs. With awareness of the circumstances and skillful application of the new fiscal treasury and legal framework, European integration can serve as a catalyst for constructive improvements. As noted, the EU does not have much authority in the healthcare sector; consequently, the structure and priorities of the medical system remain primarily a matter for Ukrainian society.

Priority in the new health care system in Ukraine is the rescue of the plutocrat in the field of drug. This leads to loss of work by people facing the choice between integration into a delicate work area or migration. Moreover, the state could take the path not of "discipline" for inefficiency, but of reprofiling institutions and retraining employees. Currently, there is no such strategy because of the

lack of budget in the state. Every time, the lack of political will and understanding of the importance of the social sphere is becoming more apparent. A neoliberal "result" is rather offered that transfers responsibility for lack of resources at hospital and workers.

The EU countries are introducing neoliberal programs; however, their own systems have been relatively successful for decades in conditions of lesser liberal capitalism, primarily, due to the internal balance between the requests and the requirements of the population. Their systems are resistant to illnesses, as patients are honestly asked, like the fatal end of 2008, as well as the negative consequences of diseases of another nature, such as an epidemic or war between Russia and Ukraine. Nevertheless, this does not apply to all the EU countries equally: heads muffle light on the irregularities of the indigenous population. Southern and Eastern EU states are in worse condition than the western and northern peoples, neither quite through historically different places, nor quite through EU programs, which in general put the interests of the most important countries above the interests of weaker peoples. Each country's domestic policy also plays a significant role. Upon admission to the EU, Ukraine will be among those states whose interests are not a priority (Council of Ukraine, 2003).

Such an imbalance is really more noticeable in the global environment. Therefore, it should be mentioned that significant treasures of the most prosperous EU countries are the result of their long-term literal domination and imperialist programs. This policy continues when inequality between countries is maintained through transnational associations and the redistribution of capital from the periphery to the core. For example, the EU and the USA recently specifically opposed the indiscriminate dissemination of Sars-Cov-2 vaccines at the transnational level.

Ukraine, suffering from multicolored colonialisms, cannot be responsible for the neo-imperialist policy of the European Union. After all, by its implicit accession to the EU, it is among the most influential Western countries. However, Ukrainian supporters of European integration should understand not only the consequences of accession to the EU for their own state, but also for other countries and regions. Therefore, only a sober assessment of Western

countries' behavior will allow Ukraine to preserve subjectivity and join the policy of global justice.

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