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**ЕЖЕМЕСЯЧНЫЙ НАУЧНЫЙ ЖУРНАЛ
ТБИЛИСИ - НЬЮ-ЙОРК**

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რეზიუმე

ვირთაგვების მკერდის ძვლის რეაქტიულ-შემგუებლობითი გარდაქმნა მექანიკური დაზვის მოდელირების შემდეგ ბიომექანიკურ სისტემაში “მკერდის ძვალი-ნეკნები-ხერხემალი”

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¹დნეპროპეტროვსკის სამედიცინო აკადემია; ²დ.ჩეხოტარიოვის სახ. გერონტოლოგიის ინსტიტუტი, კიევი; ³პროფ. მ.სიტენკოს სახ. ხერხემლისა და სახსრების პათოლოგიის ინსტიტუტი, ხარკოვი, უკრაინა

კვლევის მიზანს წარმოადგენდა სქესობრივად მოუმწიფებელი ვირთაგვების მკერდის ძვლის ჰისტოლოგიური ანალიზი მექანიკური დაზვის მოდელირების შემდეგ ბიომექანიკურ სისტემაში “მკერდის ძვალი-ნეკნები-ხერხემალი”.

კვლევა ჩატარდა 14 ვირთაგვაზე, რომელთაგან რვაში მოდელირებული იყო ხერხემლის დეფორმაცია Sarwark JF და თანავტ. მეთოდით, სტატის ავტორების მოდიფიკაციით; 6 ცხოველი გამოყენებული იყო საკონტროლო ჯგუფად. რენტგენოლოგიური კვლევა ჩატარდა მოდელირებიდან 1, 2, და 3 თვის შემდეგ, ჰისტოლოგიური კი – 1 და 3 თვის შემდეგ, მკერდის ძვლის სტრუქტურული ელემენტები ცვლილებების

გრადაციის განსაზღვრით (ქულებში). გამოხატული ცვლილებები, ძირითადად, აღინიშნა სეგმენტუორის სინქონდროზებში, ნეკნების მიმაგრების უბნებსა და მკერდის ძვლის ზრდის ზონებში. სინქონდროზების უბანსა და ნეკნის ოსიფიცირებულ ხრტილთან მისი შეზრდის ადგილებში ყალიბდება ფართო ბზარები და ნაპრალები ახლომდებარე, დეგენერაციულად შეცვლილ ქონდროციტებთან – ბირთვების პიკნოზით, ან ლიზისით. გამოხატული ცვლილებები აღინიშნება მკერდის ძვლის სეგმენტების ზრდის ზონებში. გამოვლენილია ზრდის ფორფიტის დავიწროება უბნებზე მისი დაშლის ხარჯზე, ქონდროციტების პროლიფერაციის ზონის ორგანიზების დაზიანება, ჰიპერტროფიის ზონის დავიწროება, რაც იწვევს მკერდის ძვლის ზრდის პროცესის დარღვევას.

მექანიკური დაზვის მოხსნის შემდეგ, მაგრამ ხერხემლის ნაწილობრივ შენარჩუნებული დეფორმაციის პირობებში, ამ სტრუქტურებში აღინიშნება რეპარაციული გამოვლინებანი, თუმცა, დესტრუქციული დაზიანებანი შენარჩუნებულია.

ხანგრძლივი მექანიკური დაზვის მდგომარეობის შექმნა სისტემაში “მკერდის ძვალი-ნეკნები-ხერხემალი” უარყოფითად მოქმედებს ტროფიკაზე და იწვევს ძვალ-სახსროვანი სტრუქტურების დეგენერაციულ ცვლილებებს; დროთა განმავლობაში კი, დაზვის შემცირების პირობებში, აღინიშნება ამ ცვლილებების კლების ტენდენცია და აღდგენითი პროცესების განვითარება.

COMPARATIVE ANALYSIS OF MORBIDITY INDICATORS AMONG THE POPULATION OF THE EU AND UKRAINE UNDER CONDITIONS OF STRESSED LOAD OF THE ANTI-TERRORIST OPERATIONS AND PSYCHOPROPHYLAXIC MEASURES

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During the years of independence, the value of the Human Development Index (HDI) in Ukraine increased by 6.3% (from 0.705 to 0.750). However, the growth rate of Consolidated Health Budget expenditures for WFP total expenditure decreased by 25.0% (1995/H015), and in the European region, health care expenditures are steadily rising to 10.04% (2014) [37,41]. The morbidity and prevalence rates increased with a catastrophic decrease in the number of doctors in all specialties by 19.1% and nurses by 25.1%; the number of health care institutions decreased by 53.8% and the number of hospital beds by 37.6% (2015 per 10 thousand population). Instead, the number of outpatient medical establishments per 10,000 people increased by 38.9% (compared to 1995), but the facilities are outdated. They need renovation of the building of the existing healthcare facilities of Ukraine (since the leading fund of hospitals built in the 60s of the last century), improvement of their material and technical base, modernization, and complete equipment of modern equipment [2,5,8,10,11,15, 21].

The current state of medical information exchange in health

care facilities, which is at the level of Soviet hospitals, requires decisive changes [6]. Whereas, when referring patients to different levels of health care institutions, data on their health status are not accumulated and systematized for further analysis and study, which affects the quality of care, and complicates the process of quality control of medical care, remedial and preventive measures, prediction of severity of disease and others [3,4]. Therefore, the creation of a single electronic system for the exchange of medical information about each patient to improve the performance of healthcare facilities at all levels will meet the requirements of reforming the patient-centered health care system and contribute to the implementation of the programmatic framework of the National Health 2020 Program Concept: Ukrainian Dimension And the Sustainable Development Strategy «Ukraine 2020» [1,16,17,20]. Application of the latest information technologies in the health care system for all Ukrainian citizens at the level of developed European countries, including the use of the DALY (disability-adjusted life years) indicator and a modern system of monitoring of public health in-

dicators, envisaged by the European program «Fundamentals of a European strategy to support the actions of the entire state and society in the interest of health and well-being. Health 2020». Using the innovative experience of the European countries on the methodology of collecting information on the health status of the population of Ukraine will further enable the international comparison of morbidity indicators and the development of preventive measures to preserve and promote the health of the people of Europe [17,29,34,36,41].

But the incidence rates and the epidemic situation in the country show the opposite [6,26]. Thus, the above data indicate the relevance of scientific developments in the direction of solving the problem of the organization above and modern. The purpose of the work is to determine and analyze the incidence rates of the disease population of Ukraine in comparison with the EU countries, to analyze the determinants of health, and to develop prevention measures for this problem.

Material and methods. In the course of the study, the following elements used: statistics of the State Statistics Service of Ukraine and the Health Statistics Center of the Ministry of Health of Ukraine for 1995-2018, form № 18 of the Ministry of Health of Ukraine «Report on work on control of environmental factors affecting the state of health population» for the period 2008-2016. Bibliosemantic, analytical, and statistical research methods used in work.

Results and discussion. Population health is a multidimensional concept that includes the following health indicators: number, age, and gender, fertility, mortality, disability, morbidity, and prevalence rates. WHO's definition of health is a state of complete physical, spiritual, and social well-being, not just the absence of disease and physical disabilities. Recently, the medical and demographic situation in Ukraine is a cause for concern and reflects the poor health of the population of Ukraine [19,25]. Declining birth rates characterize many EU countries as in Ukraine. However, in comparison with European countries, in our country, there is a decline in health and an increase in the incidence rates by individual disease nosologies.

The global mortality rate among children under five years of age, according to the WHO in 2015 was 43 cases per 1000 newborns, while the neonatal mortality rate was 19 cases per 1000 newborns, which compared to 2000 decreased to 44% and 37% respectively [30,37].

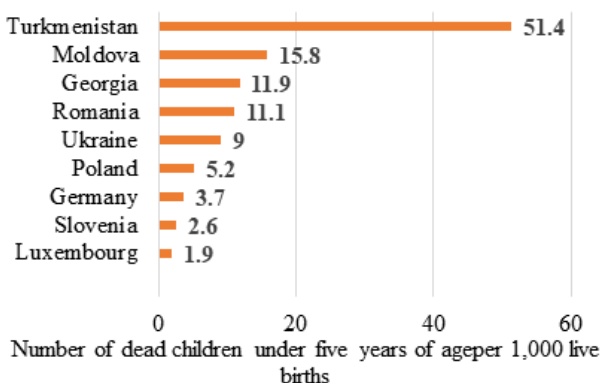


Fig.1. The infant mortality rate in the EU and Ukraine (per 1,000 live births) (2015)

The main reasons for the deterioration of the state of health of the population of Ukraine, morbidity, mortality were: inadequate financing of health care, poor health care, not timely treatment,

identification and rendering of first aid by qualified specialists, lack of sanitary and educational work and hygiene training among the population prevention of diseases and healthy lifestyles [4,5,6,19,25]. The presence on television of many different types of advertising (including hidden advertising of alcoholic beverages and tobacco) hurts on both the younger generation and older people. At the same time, social advertising on healthy lifestyles (HLS) is underutilized due to the imperfection of current legislation and insufficient public funding [1,16].

For the period from 1995 to 2017, analysis of the incidence of the population of Ukraine indicates a decrease in the rate by 18.2% and the prevalence by 12.0% for the period from 1995 to 2017. The reduction of indicators can have explained by the lack of statistics from 2015 in connection with the military action in the Donbas and the occupation of the Crimea, as well as a decrease in the number of people referring to health care facilities for this reason. The dynamics of morbidity and disease prevalence has shown in (Fig. 2.3). According to the distribution of rank places in the structure of disease prevalence: diseases of the circulatory system occupy the first place – 52.1% and 50.2% (in 2010 and 2017); second place – respiratory diseases – 8.1% (this indicator was stable in 2010 and 2017); digestive disorders take the third-place – 9.4% and 10.1% (in 2010 and 2017, respectively). In 2016, circulatory diseases (coronary heart disease and stroke) caused 15.2 million deaths and remained the leading cause of death worldwide for the past 15 years [31,32].

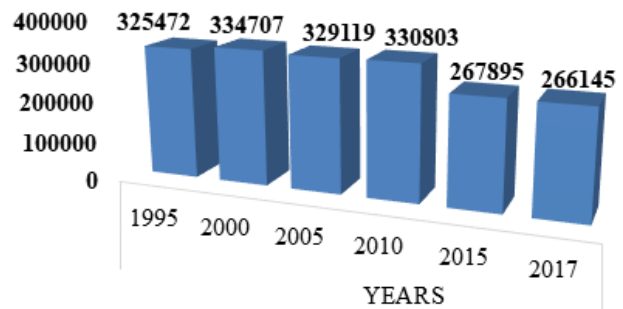


Fig. 2. Dynamics of indicators of morbidity of the population of Ukraine (per 100 thousand) (1995-2017)

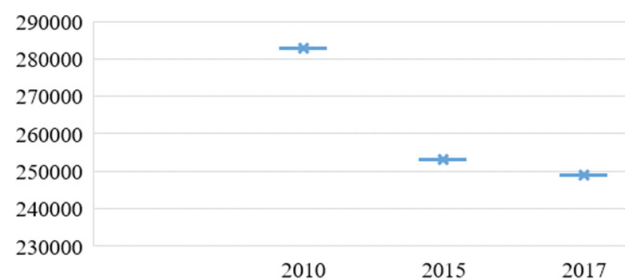


Fig. 3. Dynamics of prevalence of diseases of the population of Ukraine (per 100 thousand) (2010-2017)

The results of the analysis of the first incidence of changes in the structure of rank places among diseases are insignificant. The first place had been continuously occupied by diseases of the respiratory system, the second place since 2000 and still held by diseases of the circulatory system, the third – injuries, poisoning, and the fourth – conditions of the genitourinary system.

It should have noted that in 1995 the diseases of the nervous system occupied the second rank – 9.3%, whereas in 2017, only the fifth rank – 2.4% (Fig. 4). These data do not correspond to

the current situation related to the increased stressful load of the population of Ukraine during the anti-terrorist operation in eastern Ukraine, as well as the lack of monitoring of his mental, psychological condition, lack of measures of medical and psychological prophylaxis and psychotherapeutic correction in a broad sense.

The organization of psycho-corrective and treatment-rehabilitation measures requires a change in the current organizational structure of psychiatric help to the population in connection with the consequences of the anti-terrorist operation. Training of medical psychologists and psychotherapists, creation of an extensive network of rehabilitation centers, mental support centers for psychoprophylaxis and psychocorrection, implementation of measures of psycho-hygiene, and psychoprophylaxis is necessary [6].

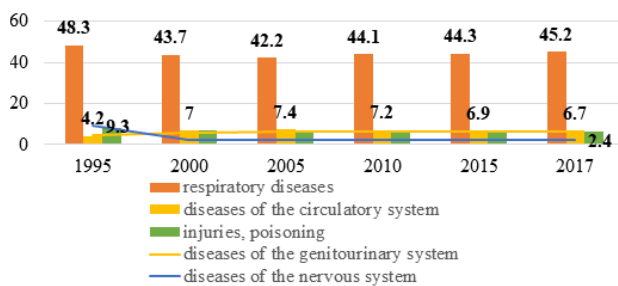


Fig. 4. The share of diseases by classification of diseases in Ukraine (%) for 1995-2017

In Ukraine, statistics show that chronic noncommunicable diseases cause 86% of fatal cases. According to WHO data, in 2015, Ukraine ranked 103 among 183 countries in terms of average life expectancy, and therefore the population of Ukraine is ten years lower compared to EU countries [19,26]. The highest life expectancy have observed in Australia – 82.8 years and the lowest in Angola – 52.4, in Belarus – 72.3; Georgia – 74.4; Bulgaria – 74.5; Hungary – 75.9; Germany – 81.0 [24,30,41].

There are the following determinants of health: smoking, alcohol consumption, obesity, low level of physical activity of respondents, etc. [12,33,35].

The annual report on the state of health of the population, «the sanitary-epidemic situation and the results of the activity of the health system of Ukraine» from 2017, states that smok-

ing among men aged 18-59 is 43%, among women – 7%. Concerning alcohol consumption, the situation is more complicated. Thus, the number of men who consume alcohol is 68%, and among women, it is 48%. There are 600,000 people with mental disorders and behavioral disorders due to alcohol consumption.

Physical activity of the Ukrainian population tends to decrease. Thus, after a study among children six years by the results of pedometry, the average level of motor activity per day is 9.1%, and at seven years of age – 7.35% [26, 32]. The health of the population, the preservation, and strengthening of the gene pool of modern society depends on food safety and quality. Disruption of the food chain, ranging from agricultural, industrial production, and to the storage, packaging, and consumption of substandard products, can be a significant cause of diseases and outbreaks of severe abdominal infections. According to statistics in Ukraine in 2016, outbreaks of acute intestinal infections have reported with 166 nutritional transmission factors, in which the number of victims was 3140 (Table 1).

Moreover, according to statistics, the incidence of acute intestinal infections increased by 16.5% in 2017 compared to 2016 and has tended to increase since 2008 (Table 1) [26].

Analysis of the data of the conducted researches for the period 2008-2016. (Table 2) shows an increase from 21854 to 22256 (2008-2010) of samples of food and raw materials that did not meet the standards for microbiological and sanitary-chemical parameters, while taking into account the consequences of reforming the State Sanitary and Epidemiological Service, which resulted in a narrowing of control functions and a reduction in the sampling rate of foodstuffs for research.

According to the WHO, about 35 million people in the world live with HIV, and this is a global problem today, not only medical but also social. Every year, 2.5 million people die from AIDS. WHO monitoring of the number of HIV-infected adults aged 15-49 per 1,000 uninfected population in 2015 showed that the lowest rate was 0.02 in Uzbekistan, 0.50 in Georgia, 0.55 in Moldova and Ukraine – 0.68 and the largest in Belarus – 1.05 [37]. The primary health threat is the demographic crisis, the wide spread of HIV/AIDS, tuberculosis, epidemics and pandemics, due to the lack of proper vaccination work in healthcare facilities, absence of vaccines and unwillingness of parents to vaccinate children against managed infectious diseases (Fig. 5) [18,39,40].

Table 1. Incidence and prevalence of outbreaks of infectious disease outbreaks and casualties for the period 2010-2017 in Ukraine

	Year							
	2010	2011	2012	2013	2014	2015	2016	2017
Incidence and prevalence of outbreaks	43	42	34	48	63	101	166	163
People were injured	822	942	673	822	1260	1549	3140	2180
Including children	356	493	346	243	574	704	1563	1457

Table 2. The specific gravity of samples of foodstuffs and food raw materials which did not meet the microbiological standards, in 2008-2016

Indicator	Years								
	2008	2009	2010	2011	2012	2013	2014	2015	2016
Total samples	647697	633082	675731	683132	481839	463880	230234	194789	189980
Incidence and prevalence of non-compliant samples	21854	20992	22256	21662	13986	11520	7260	6698	6756
Percentage of non-compliant samples	3,4	3,3	3,3	3,2	2,9	2,5	3,2	3,4	3,6

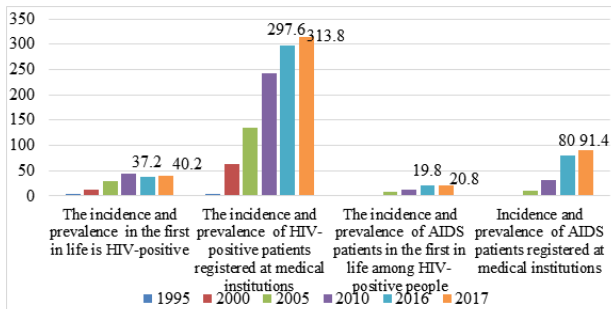


Fig. 5. Dynamics of HIV and AIDS incidence rates in Ukraine (1995-2017) per 100,000 population

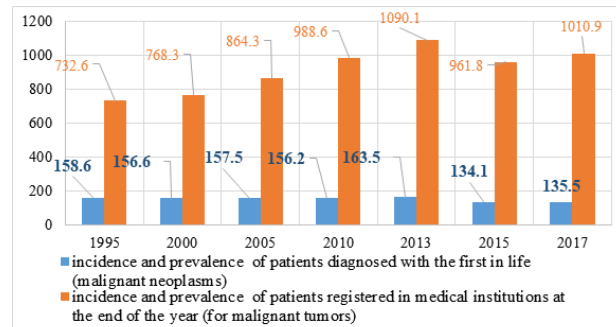


Fig. 6. Dynamics of malignant neoplasms incidence among the population of Ukraine for the period 1995-2017 (per 100 thousand people)

Table 3. Rate of growth of disability of persons (number of days) from accidents (2005-2018) (per 1000 employees)

Years	2005	2010	2013	2014	2015	2016	2017	2018
Number of days of disability per victim (per 1000 employees)	36,3	40,2	42,6	40,4	47,7	50,2	55,4	53,2
Growth rate		+10,7	+17,4	+11,3	+31,4	+38,3	+52,6	+46,6

Regarding the distribution by regions, in 2000 the highest rate of HIV-infected people in Donetsk region was 23.8% of the total number of patients in Ukraine per 100,000 population, in the second place was Odesa region – 15.5%, in the third Dnipropetrovsk region – 14.6% and the lowest indicator have found in Transcarpathian and Ivano-Frankivsk regions – 0.3% respectively. In comparison with the index of the total number of patients per 100 thousand population in Ukraine of HIV-infected people in 2018, the highest figure has registered in the Dnipropetrovsk region – 19.1%; in Odesa – 14.3%; in Donetsk - 8.3% of the total and the lowest in Ternopil and Chernivtsi regions – 0.5% respectively. Among HIV-positive and AIDS patients, Ukrainian citizens registered at health care facilities accounted for 53.6% of men and 32.3% of persons infected with drug use (2018) [6].

WHO recognized the tuberculosis epidemic in Ukraine from 1995 to 2005 (21.5/39.5 thousand in 1995/2005 with a first-ever diagnosis). The growth rate was «+32.9%» (1995/2005), but after 2005 the incidence rates for tuberculosis gradually decreased, and as early as 2018, the growth rate was equal to «-28.5%» (1995/2018). Despite the decline in the incidence of active tuberculosis for Ukraine, this issue will remain relevant due to the inadequate and untimely treatment and detection of contingents of population groups. In 2015, according to the WHO monitoring, 10.4 million new cases of tuberculosis were registered in the world, and 1.4 million deaths from this disease and 0.4 million deaths were the result of combined infection with tuberculosis and HIV. In 2015, according to the WHO, the minimum incidence of tuberculosis in European countries was registered in Iceland – 2.4 (patients per 100 thousand population), and the highest rates were in Moldova – 152 (patients per 100 thousand population). The incidence rate in Ukraine was – 91, Belarus – 55, Serbia – 21, Estonia – 18, Germany – 8.1 (patients per 100 thousand population). According to the WHO strategy «TB Action Plan for the WHO European Region for 2016-2020», WHO members commit to reducing the incidence and mortality rate of this disease by no more than 10 cases per 100,000 population by 2035 [39,41].

In Ukraine, in 2018, 68.3% of men were diagnosed with active tuberculosis for the first time in their lives; 94.7% are people who have a respiratory tract.

In the industrial regions of Ukraine, the incidence of malignancies is increasing every year, and our country ranks second among EU countries in terms of the growth rate of neoplasms. A similar situation has observed in industrialized countries, namely in Western Europe, USA. The reasons for the growth of cancer are chemical pollution, not timely treatment, bad habits, etc. [22,30,32].

According to statistics annually in Ukraine, 170 thousand people have diagnosed with cancer, and 90 thousand patients die of this disease every year; 35-37% of them are persons of working age [14,28,29].

Among the urban population, the incidence of malignant neoplasms is much higher and amounted to 319.5 (per 100 thousand) in 2015, while in the rural community this figure is 300.6 (per 100 thousand) (Fig. 6) [6].

The incidence of malignancies in 2018 among patients diagnosed for the first time in their lives has observed in women in 52.5% of cases and men – in 47.5%.

The production-related injury rate in Ukraine has decreased, with days of disability per victim increasing from 2005 to 2018. (Table 3) [30].

In 2018, the incidence and prevalence of persons with group I disability was 8.5%, group II was 33.7%, group III was 51.7%, and 6.1% are children. According to statistics in 2018, diseases of the circulatory system take the first place – 23.1%, the second place of the neoplasm – 22.6%, the third diseases of the musculoskeletal and connective tissue – 13.3%, the fourth – 9.8% trauma, and poisoning, and fifth place – disorders of the psyche and behavior.

According to the study, the number of doctors of all specialties in 2018 compared to 1995 in Ukraine decreased by 19.1% (45.1 per 10 thousand people in 1995 and 44.1 per 10 thousand population in 2018). At the same time, in the EU countries, the availability of doctors – family practice is much lower, so in 2017 it was – 35.2 per 10 thousand population. A nursing provision in European countries – 73.1 per 10 thousand people, and in Ukraine in 1995 – 116.5 and already in 2017 – 85.4 per 10 thousand population. Comparing health care providers in Ukraine, they exceed doctors and nurses in the EU [14].

Assessing the situation with the provision of psychiatric and neurological physicians, it has found that the most considerable reduction occurred among psychiatrists and psychiatrists-narcologists – by 25.9% and less concerning physicians by neuropathologists – by 8.9%. At the time, according to WHO, one in three people in Ukraine experienced at least one mental disorder during their lifetime and needed skilled psychiatric help. According to 2015 statistics, the prevalence of mental disorders among the adult population of Ukraine (aged 50 to 91 years) was 11.5%, of which men – 7.1% and women – 14.4%; anxiety disorders accounted for 3.18%, of which 2.45% for men and 3.78% for women. Post-traumatic stress disorder (PTSD) has reported by 8%, of which men are 5.0%, and women are 3.0%, of which 5% among urban population and 3% among the rural population. As practice shows, people often do not seek help from psychiatrists, psychologists, so statistics do not reflect the real picture. An urgent problem in both European countries and Ukraine is the increase in mental disorders caused by alcohol consumption. Unfortunately, Ukraine ranks seventh place among EU countries in terms of alcohol abuse. Annually 12-13 thousand people in Ukraine die due to alcohol consumption. In 2017 WHO report, World Health Statistics 2017, Ukraine is among the top ten in suicide rates, this figure in Ukraine is 20.1 per 100,000 population, a similar number in Europe does not exceed 14.1 cases per 100 thousand people. In low-income countries with depression, mental disorders in 50% of adults begin in childhood [28].

According to statistical reports, the incidence rate of mental disorders and behavior among persons 18 years of age per 100 thousand persons, the number of first reported cases for 2016-2017 – 0.6%, diseases of the nervous system were 3.2-3.0% [7,9,23,24].

One of the indicators of increasing morbidity, the prevalence of diseases, sharp deterioration of the situation with acute intestinal infections in Ukraine among the population is the repeated annual introduction of a moratorium on inspections of any objects and, above all, catering establishments, children's establishments. The control over these establishments has entrusted to the State Consumer Service. Their functions for the implementation of preventive sanitary and epidemiological surveillance are extraordinarily narrow and do not correspond to the epidemic situation in the country. Worldwide events related to the COVID-19 pandemic in Ukraine justify the need to restore the State Sanitary and Epidemiological Service of Ukraine [13,25,27].

Conclusions.

1. **Adequate public funding must be provided for health care reform** since expenditures have steadily declined over the years of independence and in 2015 this figure was –25.0% (compared to 1995), while in the European region countries health care expenditures increased steadily in 2014, a similar number was +10.04%.

2. **Creating a unified electronic system for the exchange of medical information** about each patient in Ukraine will help improve the performance of healthcare facilities at all levels, ensure the reliability of statistical data that meets the requirements of reforming the patient-centered health care system, and will contribute to the implementation of the program's concepts. «The National Health 2020 Program: The Ukrainian Dimension and the Sustainable Development Strategy Ukraine 2020».

3. **The experience of the European countries on the methodology for collecting public health information for use in Ukraine**, including the DALY indicator and the monitoring system of population health indicators, is needed to enable international

comparison of Ukrainian indicators with EU countries.

4. The current organizational structure of psychiatric care for the population in connection with the consequences of the anti-terrorist operation in eastern Ukraine and stressful load needs to be drastically changed. Training of medical psychologists and psychotherapists, creation of an extensive network of rehabilitation centers, mental support centers for implementation of psycho-hygiene measures of psychoprophylaxis is necessary.

5. The epidemic situation in Ukraine regarding the incidence of the population for acute intestinal infections, tuberculosis, and other especially dangerous infectious and parasitic diseases, the agitated situation all over the world and in Ukraine in connection with the COVID-19 pandemic give grounds for immediate recovery of the State sanitary-epidemiological service of Ukraine with functions of preventive sanitary-epidemiological supervision in full.

6. They need renovation of the existing health care facilities of Ukraine (since the leading fund of hospitals has built in the 1960s), improvement of their material and technical base, modernization, and equipment of modern equipment.

7. To counteract chronic non-infectious disease and promote healthy lifestyles at the present stage of development of Ukraine among the population, use all forms of hygienic education of the community (individual, group, mass), prohibit advertising (including hidden) in the media, which carries negative, harmful information for both young people and older people (alcohol, tobacco advertising), to create conditions at the legislative level to motivate the introduction of social advertising for a healthy lifestyle.

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SUMMARY

COMPARATIVE ANALYSIS OF MORBIDITY INDICATORS AMONG THE POPULATION
OF THE EU AND UKRAINE UNDER CONDITIONS OF STRESSED LOAD OF THE
ANTI-TERRORIST OPERATIONS AND PSYCHOPROPHYLAXIC MEASURES

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Public health is a multidimensional concept that includes the following medical indicators: number, age, and gender composition, symbols of fertility and mortality, disability, morbidity, and prevalence of diseases. But during the period of independence and the implementation of medical reform in the country, the medical and demographic situation has caused concern. It reflects the poor state of the health of the majority of the population of Ukraine. The article examines the medical and demographic conditions of the birth rate and mortality rates of the people of Ukraine for the period from 1995 to 2017.

The study used statistical data from the State Statistics Service of Ukraine and the Center for Medical Statistics of the Ministry of Health of Ukraine from 1995 to 2018; Form №18 of the Ministry of Health of Ukraine «Report on the work of monitoring environmental factors that affect the state of public health» for the period from 2008 to 2016. The work used content analysis of domestic and foreign scientific sources, biblio-semantic, analytical, and statistical research methods.

A comparative analysis of the incidence and prevalence of diseases of the population of Ukraine with similar indicators of the EU countries. The dynamics of the impact and spread of conditions among the people of Ukraine from 1995 to 2017 (diseases of the upper respiratory tract, diseases of the circulatory system, injuries, chemical and food poisoning, diseases of the genitourinary system, is presented.

Statistical studies were carried out (per 100 thousand of the country's population), and the dynamics of indicators of the incidence of HIV and AIDS in Ukraine from 1995 to 2017 have noted. By the distribution of ranking places in the structure of the prevalence of diseases, the first place has occupied by conditions of the circulatory system – 52.1% in 2010 and 50.2% in 2017. Digestive disorders occupy the second place – 9.4% in 2010 and 10.1% in 2017, respectively. Respiratory diseases hold the third-place - 8.1%; this indicator is stable in 2010 and 2017.

Keywords: demography, birth rate, mortality rates, Ukraine

РЕЗЮМЕ

СРАВНИТЕЛЬНЫЙ АНАЛИЗ ПОКАЗАТЕЛЕЙ ЗАБОЛЕВАЕМОСТИ НАСЕЛЕНИЯ ЕС И УКРАИНЫ
В УСЛОВИЯХ СТРЕССОГЕННОЙ НАГРУЗКИ АТО И МЕРЫ ПСИХОПРОФИЛАКТИКИ

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Здоровье населения – многоаспектное понятие, включающее следующие медицинские показатели: численность, возрастной и половой состав, показатели рождаемости и смертности, инвалидности, заболеваемости и распространенности болезней. Однако за период независимости и проведения медицинской реформы в стране, медико-демографическая ситуация вызывает беспокойство и отражает неудовлетворительное состояние здоровья большинства населения Украины. Изучена медико-демографическая ситуация показателей рождаемости и смертности населения Украины за период с 1995 по 2017 гг.

В ходе исследования использованы статистические данные Государственной службы статистики Украины и Центра медицинской статистики МЗ Украины с 1995 по 2018 гг.; Форма №18 МОЗ Украины «Отчет по работе контроля за факторами окружающей среды, которые влияют на состояние здоровья населения» за период с 2008 по 2016 гг. В работе использовались библиосемантический,

аналитический и статистический методы исследований. Проведен сравнительный анализ заболеваемости и распространенности болезней в Украине с аналогичными показателями стран ЕС. Представлена динамика показателей заболеваемости и распространения болезней среди населения Украины с 1995 по 2017 гг. (болезни верхних дыхательных путей, системы кровообращения, травмы, химические и пищевые отравления, болезни мочеполовой системы).

Проведены статистические исследования на 100 тыс. населения страны, отмечена динамика показателей заболеваемости ВИЧ-инфекцией и СПИДом в Украине с 1995 по 2017 гг. В соответствии с распределением ранговых мест в структуре распространенности болезней первое место занимают болезни системы кровообращения – 52,1% в 2010 г. и 50,2% в 2017 г. Второе место занимают болезни органов пищеварения – 9,4% в 2010 г. и 10,1% в 2017 г. Третье место занимают болезни органов дыхания – 8,1%, этот показатель устойчив в 2010 г. и 2017 г.

რეზიუმე

ევროკავშირის და უკრაინის მოსახლეობის ავადობის მაჩვენებლების შედარებით ანალიზი სტრესოვანი დატვირთვის პირობებში და ფსიქოპროფილაქტიკის ღონისძიებები

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¹ვინიცას ნ.პიროგოვის სახელობის ეროვნული სამედიცინო უნივერსიტეტი, ვინიცა, უკრაინა; ²ა.მარზუევის სახ. საზოგადოებრივი ჯანმრთელობის ინსტიტუტი, უკრაინის მედიცინის მეცნიერებათა აკადემია, კიევი, უკრაინა

მოსახლეობის ჯანმრთელობა მრავალსპექტრიანი ცნებაა, რომელიც მოიცავს შემდეგ სამედიცინო მაჩვენებლებს: რაოდენობა, ასაკობრივი და სქესობრივი შემადგენლობა, შობადობის და სიკვდილობის მაჩვენებლები, ინვალიდობა, ავადობა და დაავადებების გავრცელება. ქვეყნის დამოუკიდებლობისა და სამედიცინო რეფორმის გატარების პერიოდში სამედიცინო-დემოგრაფიული სიტუაცია შეშფოთებას იწვევს, ასახავს რა უკრაინის მოსახლეობის უმეტესობის ჯანმრთელობის არაღამაკმაყოფილებელ მდგომარეობას. სტატიაში შესწავლილია უკრაინის მოსახლეობის შობადობის და სიკვდილობის მაჩვენებლები 1995 – 2017 წწ. პერიოდში.

კვლევის პერიოდში გამოყენებული იყო უკრაინის სტატისტიკის სახელმწიფო სამსახურის და სამედიცინო სტატისტიკის ცენტრის 1995-2018 წწ. სტატისტიკური მონაცემები, ასევე, უკრაინის ჯანდაცვის სამინისტროს ფორმა №18 “ანგარიში მოსახლეობის ჯანმრთელობაზე მოქმედ გარემოს ფაქტორებზე კონტროლის შესახებ” 2008-2016 წწ. ნაშრომში გამოყენებულია კვლევის ბიბლიოსემანტიკური, ანალიზური და სტატისტიკური მეთოდები.

ჩატარდა უკრაინის მოსახლეობის ავადობისა და დაავადებების გავრცელების შედარებით ანალიზი ევროკავშირის ქვეყნების ანალოგიურ მაჩვენებლებთან. ნაჩვენებია ამ მახასიათებლების დინამიკა უკრაინის მოსახლეობაში 1995 წლიდან 2017 წლამდე (ზედა სასუნთქი გზების დაავადებები, სისხლის მიმოქცევის სისტემის დაავადებები, ტრავმები, ქიმიური და კვებითი მოწამვლები, შარდსასქესო სისტემის დაავადებები).

ჩატარებულია სტატისტიკური კვლევები ქვეყნის 100000 მოსახლეზე, მოცემულია აივი-ინფექციით და შიდს-ით ავადობის მაჩვენებლების დინამიკა უკრაინაში 1995-დან 2017 წლამდე. რანგული განაწილების მიხედვით, დაავადებათა გავრცელებადობის სტრუქტურაში პირველ ადგილზეა სისხლის მიმოქცევის სისტემის დაავადებები – 52,1% 2010 წ. და 50,2% 2017 წ. მეორე ადგილზეა საჭმლის მომწელებელი სისტემის ორგანოთა დაავადებები – 9,4% 2010 წელს და 10,1% 2017 წ. მესამე ადგილზეა სასუნთქი სისტემის დაავადებები – 8,1%, ეს მაჩვენებელი სტაბილურია 2010 და 2017 წწ.

РЕЙТИНГОВАЯ ОЦЕНКА ОБРАЗОВАТЕЛЬНОЙ ДЕЯТЕЛЬНОСТИ МЕДИЦИНСКИХ УНИВЕРСИТЕТОВ КАК ИНСТРУМЕНТ СТИМУЛИРОВАНИЯ ВХОЖДЕНИЯ В ГЛОБАЛЬНЫЕ РЕЙТИНГИ И ПОВЫШЕНИЯ КАЧЕСТВА ПОДГОТОВКИ КАДРОВ ЗДРАВООХРАНЕНИЯ

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Интернационализация высшего образования в рамках растушей глобализации экономики обусловила появление всемирных рейтингов университетов и необходимость сравнения учебных заведений по ключевым показателям результативности их деятельности [10]. Вхождение в глобальные рейтинги университетов конкретной страны отражает не только степень данных университетов как ключевых игроков в глобальной сети знаний, но и степень признания национальной системы образования мировым сообществом [5,9].

Создание современных и эффективных систем образования и здравоохранения является одной из первостепенных целей "Стратегии развития Казахстана до 2050 года" и ключевым условием на пути вхождения Республики Казахстан (РК) в число самых развитых стран мира [7]. Данная стратегия определила необходимость постановки задачи

по повышению конкурентоспособности медицинских университетов на основе интернационализации и внедрения международных стандартов подготовки кадров здравоохранения. При этом одним из основных индикаторов было определено вхождение казахстанских университетов в глобальные рейтинги. Успешность достижения обозначенных ориентиров зависит, прежде всего, от таких составляющих как качество подготовки по программам медицинского образования, востребованность выпускников образовательных программ, интернационализация медицинского образования, уровень профессорско-преподавательского состава [12].

В начале 2018 года ни один медицинский университет Казахстана не входил в авторитетные глобальные университетские рейтинги (Times Higher Education World University Rankings, Academic Ranking of World Universities, QS World