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RESEARCH OF PRIMARY DIRECTIONS OF THE PHARMACY SPECIALISTS SOCIAL PROTECTION IN UKRAINE ON THE BASIS OF SOCIAL PROTECTION IN THE EUROPEAN UNION

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Key words: social protection; pharmacy professionals; social protection of pharmacy specialists; pharmaceutical industry; labour protection; social officer; social service of pharmacy professionals

Current economic models of social protection in the EU and mechanisms of their coordination have been analysed in the article. Priorities of the social protection system development in the EU member states, including social measures, which promote innovative economic development on the basis of human capital improvement, have been also considered in the article. It has been determined that a certain type of social protection and its provision depend upon the size and number of contributions to the relevant social protection institutions; the right to social protection is related to the fact of residence in one of the EU member states where each country applies its own legislation on this issue. We consider that creation of an effective social protection system in Ukraine depends on many factors and the use of good practices of the EU countries and important international organizations is one of the factors. To create a modern and efficient system of social protection for pharmacy specialists in Ukraine, it is offered to involve the international experience, in particular the experience of the EU member states. We consider that it is necessary to define a constructive way to achieve high standards of the social life in our country and to develop various social programmes for the domestic pharmaceutical industry, to introduce them into the government activity, having implemented them into the state and regional legal framework.

Nowadays the system of social protection (SP) of the population is important for the member states of the European Union (EU) with a socially oriented market economy. European integration processes in Ukraine require the introduction of new regulatory measures for implementation of the population social protection system. Social development of the community is essential in meeting the needs and aspirations of people and in performing the obligations of governments and all sectors of the civil society, in particular of the pharmaceutical industry and its employees – pharmacy specialists (PhS). Therefore, determination of the priorities of improving of social protection for pharmacy specialists (SPPHS) in Ukraine is urgent [3].

Analysis of the literature has shown that the need for SP as a particular system of legal rules appeared in the middle of the 1950s. However, there is no clearly defined legislative regulation of SPPHS in Ukraine till nowadays and there are a lot of problems in this area. General issues of SP were investigated by L.Zabelin, M.Semashko, V.Durdenevsky, B.I.Stashkiva, M.L.Zakharov, Ye.H.Tuchkova, O.V.Posylkina, A.A.Kotvitska, A.S. Nemchenko, etc., but problems of SPPHS actually were not studied. We emphasize SPPHS in our studies and suggest priorities for SPPHS improvement. The above stated has become the basis for our research.

Materials and Methods

In our research the methods of logical, historical, analytical analysis; methods of sociological surveys (questionnaires and interviews) were used.

Results and Discussion

Based on the literature analysis the foreign experience, in particular the experience of the EU member states, seems to be reasonable for creating a modern and efficient system of SPPHS in Ukraine.

Basic principles, legal principles and forms of social protection (SP) in the EU member states are subject to the following legislative acts: the European Social Charter, the Community Charter of the Fundamental Social Rights of Workers, the Treaty establishing the European Community, Regulation 1408/71 (a complex act that defines the concept of a person in the field of SP), etc. [1, 3, 5].

A lot of influential international organizations such as International Association of Social Protection, International Labour Organization, UN, EU, EBRD, IMF applying a lot of effort to improve the social and economic situation in the world have been founded to resolve the SP-related issues.

Today, the international community prefers the SP system of the EU countries, which have achieved tangible results in the wealth growth of their citizens, labour force modernization and stability enhancing of the internal political situation, social compliance, etc., on the basis of socially-oriented economies.

The analysis of the literature shows that there are four economic models of SP in the EU countries:

1) Continental (Bismarck) model developed according to the principle of the professional solidarity. It is used in Germany and France. The model is based on the

insurance funds, which accumulate social earnings contribution and connect strongly the SP level with the professional activity duration. The principle of the professional solidarity that is typical for this model provides employees and employers with the fund management on the parity basis, allowing them to exist without the state budget support.

The powerful national social programmes allow the poor, who do not receive insurance benefits (due to the lack of the qualifying period) for various reasons, to receive a budget transfer.

2) Anglo-Saxon (Beveridge) model is based on the principle of the national solidarity. It sets common conditions of social security payments and their size for all subjects. This model is focused on the dominance of social aid of the state budget origin over the low social benefits of employees' and employers' insurance premiums in Great Britain and Ireland.

3) Scandinavian model applies social services and requirements for everybody without exception; it is not associated with either the insurance premium rates or the professional activity duration. This model is used in Denmark, Sweden and Finland. The active disposition of taxation funds by the governmental bodies equalizes the incomes and guarantees their receipt.

4) South European model is still at the stage of development. It has the following characteristics: the low level of social protection, shifting the main burden of social support onto family members, the passive state policy, focusing on the costs compensation only for particular categories of citizens. A significant asymmetry in the structure of social expenditures is also typical for this model. This model is used in Spain, Italy, Greece and Portugal. So, the Italian government allocates the largest share of social expenditures into the pension system (14.7% of GDP while the average European level is 12.5%), and about 1% – into the family support, education, employment policy [1-3, 5-10].

The establishment and operation of the structural funds should be mentioned among the most effective mechanisms of SP of the EU. These funds are coordinated by the European Council. The European Regional Development Fund, the European Agricultural Guarantee Fund, the Cohesion Fund are the most functional institutions nowadays. 195 Billion Euros were allocated from the EU budget for their operation from 2008 to 2013. Today the expenditures for them are 36.8% of the EU expenditures. Activity of the Funds is enhanced by implementation of the EU initiative programmes with 10 billion Euro budget.

The emphasis is put upon two of the 13 existing programmes – “Employment” and “Adept”. The purpose of “Employment” programme is to improve the employment situation and vocational training systems, to implement innovative methods in these areas. The purpose of “Adept” programme is to facilitate the employees' adaptation to changes and challenges of the economy, to assist in competitiveness maintaining within new economic conditions. These programmes are being constantly corrected taking into account the require-

ments of the time. For example, the following sub-programmes: SME (Support for the Small and Medium Sized Enterprises), Strade (strengthening of the technological base of small and medium sized enterprises), Telematic (providing with communication and telecommunications services) have been recently added to the “Adept” programme. The types of assistance may include measures of the infrastructure development, industrial investment in job creation, education development, etc. [1, 2, 3, 6].

Priorities of SP systems development in the EU countries are social activities, which promote innovative economic development on the basis of the human capital improvement. A certain type of SP and its provision depend on the size and number of contributions made to the relevant institutions of SP. Right to SP is associated with the fact of living in one of the EU member states, but each country uses its own SP legislation [7, 8].

As for Ukraine, the process of an effective SP system creation depends on many factors, one of which is the use of the foreign experience. The use of good practices of the EU countries and important international organizations helps to identify the constructive way to achieve high standards of social life in our country and develop various social programmes for the domestic pharmaceutical industry and introduce them into the government activity, having implemented them into the state and regional legal framework. Ukraine has adopted the way of France and Germany using the principle of professional solidarity with an emphasis on the insurance funds, accumulation of social earnings contribution and the SP level dependence on the professional activity duration. Certainly, it is impossible to copy the SP system of the developed countries in the legal field of Ukraine, but it is worth to use their good practice while constructing the own SPPHS system [4, 9].

The main measures in Ukrainian sectorial legislation reformation are required to improve the SPPHS situation. Thus, the legislation, which regulates social issues, is divided between various ministries, agencies and funds. At present the relationships in the health sector are regulated by more than 5.5 thousand legislative acts. Their great number requires reformation and systematization in order to simplify their use and enhance efficiency by all means considering industry specificity. It is necessary to adopt special laws, which can help to solve specific problems, including the provision PhS' rights and guarantees with the real meaning, for example, the Law “On the Social Protection of Pharmacy Specialists”. These improvements will allow to reach the European and world labour standards and social living standards of PhS.

The human right to the healthcare is one of the basic ones; however, it is possible to take care of a patient, to protect PhS's right to health only when PhS feels own protection. Insufficient protection of PhS's rights is caused by such causes as the absence of clear legal mechanisms for exercising these rights; PhS' ignorance and the lack of experience in asserting their rights.

The introduction of professional self-government in the healthcare system and of the mediation practice

Table

Characteristics of the priorities affecting the improvement of SPPhS in Ukraine

Priorities of SPPhS improvement	Solutions
Reforming of the existing SPPhS system. Political, philosophical and economic plan	<ul style="list-style-type: none"> – To analyse carefully the most successful experience of the SP reform in all countries, especially the experience of solving financial problems; – to conduct convergence SP models of European countries, introduce common principles of SP organization in Ukraine, combine basic underlying principles that are relevant to the historical process occurred in Ukraine; – SPPhS should become a social contract in political and philosophical sense and meet the demands of social justice, it will provide sustainability of social and economic conditions of the SP existence; – economically SPPhS should meet the following principles: universality (SP covers all risks and applies to all categories of PhS), the presence of the uniform treatment, equal social contributions; – to introduce the term “social protection of pharmacy specialists” at the level of the pharmaceutical industry taking into account industry specificity and occupational specification; – to strengthen institutionally the pharmaceutical industry of Ukraine and restore the social importance of the pharmaceutical industry.
Social policy of the pharmaceutical industry. Labour safety improvement. Catalogue of PhS' main complaints	<ul style="list-style-type: none"> – To develop and implement a range of measures on SPPhS improvement to the activity of pharmaceutical institutions taking into account the actual labour conditions; – to introduce the term <i>professional burnout of pharmacy specialists</i> to the List of Occupational Diseases; – to add the clause “Social and psychological assistance in the professional burnout of pharmacy specialists (counselling, supporting, diagnosis, correction, psychological therapy, rehabilitation) to the List of social services provided to individuals, who have difficult life circumstances and are not able to overcome them; – to develop the mechanism of identifying PhS' needs for social services and the mechanism of their providing in the pharmaceutical industry.
Settling of conflicts between PhS, the employer and the executive branch	<ul style="list-style-type: none"> – To assign an authorized person, who is responsible for social issues, at the LC of pharmaceutical institutions of all types of ownership; – to determine the qualification requirements for the staff support and develop the position description of APSI; – to enhance the importance of civil and self-regulating organisations in the SPPhS system.

should become important measures to help to protect the PhS' rights like in every developed country. Mediation as a method of protection of the rights and interests of subjects of legal relations in the health sector has certain advantages – speed, absence of financial expenditures and conflict resolution without suing.

Historically, just SP of the population has developed in Ukraine, but industry specificity and SPPhS have been left without proper attention. Such disregard of SPPhS has a negative impact on the social situation of the pharmaceutical industry, in particular little attention is paid to a PhS as to a personality. Therefore, it is necessary to introduce the terminological definition of SPPhS [6].

SPPhS is the function of the state on implementation of the social policy priorities in the pharmaceutical industry, namely implementation of a set of economic, legal and social guarantees formalized in legislation, providing PhS with the most important social rights in the professional activity, including adequate living standard, which is necessary for normal recovery and personal development.

SPPhS can be represented as physical protection; support protection; preventive protection; compensative protection and be implemented in the form of social insurance, social assistance and social service to

pharmacy specialists (SSPhS). Basic principles of the SSPhS should be as follows: targeting; transparency; voluntariness; humanity; the priority of social services to the population groups, who need such assistance most of all; preventive orientation [4, 9].

SSPhS must have legislative and normative legal regulation and be based on state standards, which establish the main requirements for the amount and quality of social service, procedure and conditions of its providing. Complex social service centres, territorial social assistance centres, pharmaceutical enterprises can render SSPhS, regardless of the forms of ownership.

Wide-ranging reforming measures in the healthcare sector and formation of the clear system of coordination between the employer, organizations and executive agencies that would promote the creation of a modern system of SSPhS are required for effective reform in the pharmaceutical industry and for creation of the functional system of SP in the country. To improve the interaction between the parties of social partnership: “PhS – employer”, eliminate the social tension in the pharmaceutical institution and resolve possible conflicts, *an authorized person responsible for social issues (APSI)* is required to be assigned at the labour collective (LC) of pharmaceutical institutions of all forms of ownership.

Depending on the staff of the pharmaceutical institution and the number of LC, it is possible to introduce a separate position of an APSI or entrust a representative of LC elected at the labour meeting with the corresponding responsibilities. Then the relationships will be as follows: "labour collective – employer – authorized person responsible for social issues – civil organizations – executive branch" [7, 9, 10].

PhS' labour is one of the most difficult and the most responsible occupations among modern ones in Ukraine. PhS during his/her professional activity is influenced by a wide range of factors of the physical, chemical and mental nature, which may lead to functional strain of individual organs and body systems, as well as to nervous emotional tension in general, and it causes development of "professional burnout". In 2001 the WHO identified the "burnout syndrome" as a physical, emotional or motivational exhaustion, which is characterized by impaired performance at work and other negative consequences. Prolonged working day of PhS can also cause it. Although PhS have rights to shortened working hours and the additional paid leave according to the legislation, employers ignore these rights, especially it often happens at private pharmacies (sometimes a working day can exceed 12 hours). That is why occu-

pational diseases, especially the "professional burnout" of PhSs, occur more often [9].

Today the process of reconsidering new approaches to providing SPPHS is taking place not only at the national level, but also at the industrial level. The provisions of such legal documents as "National Security Concept", "Information Security Doctrine", etc., confirm this fact.

The current system of SPPHS indicates the need to revise the legal documents on these issues and their harmonization with the actual labour conditions in the pharmaceutical industry for a range of priority areas (Table).

CONCLUSIONS

The studies conducted indicate the fact that the priority areas for SPPHS improvement can be developed in the following ways: by reforming the existing SPPHS system on the basis of the political, philosophical and economic plan; by developing the mechanism of identifying PhS' needs for social services and the mechanism of their providing in the pharmaceutical industry, which is oriented to the labour safety improvement and development of the catalogue of the PhS' main complaints; by settling conflicts between PhS, the employer and the executive branch.

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ДОСЛІДЖЕННЯ ПРІОРИТЕТНИХ НАПРЯМКІВ УДОСКОНАЛЕННЯ СОЦІАЛЬНОГО ЗАХИСТУ СПЕЦІАЛІСТІВ ФАРМАЦІЇ УКРАЇНИ НА ОСНОВІ СИСТЕМ СОЦІАЛЬНОГО ЗАХИСТУ В ЄС

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Ключові слова: соціальний захист; спеціалісти фармації; соціальний захист спеціалістів фармації; фармацевтична галузь; охорона праці; уповноважена особа з соціальних питань; соціальне обслуговування спеціалістів фармації

Проаналізовані існуючі економічні моделі соціального захисту в країнах ЄС та механізми їх координації. Також розглянуті пріоритети розвитку систем соціального захисту в країнах членах ЄС, до яких відносяться соціальні заходи, які сприяють інноваційному розвитку економіки на підставі вдосконалення людського капіталу. Встановлено, що певний вид соціального захисту і його надання залежать від розміру та кількості внесків, зроблених до відповідних інститутів соціального захисту, а право на соціальний захист пов'язується із фактом про-

живання в одній із країн членів ЄС, де кожна країна користується власним законодавством з цього питання. Вважаємо, що процес створення ефективною системи соціального захисту в Україні залежить від багатьох чинників, одним із яких є використання позитивного досвіду країн ЄС та впливових міжнародних організацій. Для створення сучасної та дієвої системи соціального захисту спеціалістів фармації України пропонується залучення закордонного досвіду, зокрема, країн-учасниць ЄС. Вважаємо за необхідне визначити конструктивний шлях досягнення високих соціальних стандартів життя в нашій країні, а також розробити для вітчизняної фармацевтичної галузі різноманітні соціальні програми, впровадити їх у практику діяльності уряду з попередньою імплементацією у державну та регіональну нормативно-правову базу.

ИССЛЕДОВАНИЯ ПРИОРИТЕТНЫХ НАПРАВЛЕНИЙ УЛУЧШЕНИЯ СОЦИАЛЬНОЙ ЗАЩИТЫ СПЕЦИАЛИСТОВ ФАРМАЦИИ УКРАИНЫ НА ОСНОВЕ СИСТЕМ СОЦИАЛЬНОЙ ЗАЩИТЫ В ЕС

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Ключевые слова: социальная защита; специалисты фармации; социальная защита специалистов фармации; фармацевтическая отрасль; охрана труда; уполномоченное лицо по социальным вопросам; социальное обслуживание специалистов фармации

Проанализированы существующие экономические модели социальной защиты в странах ЕС и механизмы их координации. Также рассмотрены приоритеты развития систем социальной защиты в странах-членах ЕС, к которым относятся социальные мероприятия, способствующие инновационному развитию экономики на основании совершенствования человеческого капитала. Установлено, что определенный вид социальной защиты и его предоставление зависят от размера и количества взносов, сделанных в соответствующие институты социальной защиты, а право на социальную защиту связано с фактом проживания в одной из стран ЕС, где каждая страна пользуется собственным законодательством по этому вопросу. Считаем, что процесс создания эффективной системы социальной защиты в Украине зависит от многих факторов, одним из которых является использование положительного опыта стран ЕС и влиятельных международных организаций. Для создания современной и эффективной системы социальной защиты специалистов фармации Украины предлагается привлечение зарубежного опыта, в частности, стран-участниц ЕС. Считаем необходимым определить конструктивный путь достижения высоких социальных стандартов жизни в нашей стране, а также разработать для отечественной фармацевтической отрасли различные социальные программы, внедрить их в практику деятельности правительства с предыдущей имплементацией в государственную и региональную нормативно-правовую базу.