

МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
ХАРКІВСЬКИЙ НАЦІОНАЛЬНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ



ГРОМАДСЬКЕ ЗДОРОВ'Я В УКРАЇНІ: ПРОБЛЕМИ ТА СПОСОБИ ЇХ ВИРІШЕННЯ

Томілінські читання

Матеріали VIII науково-практичної конференції
з міжнародною участю

м. Харків, 30 жовтня 2025 року



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**МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
Харківський національний медичний університет**

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infectious and noncommunicable diseases. These efforts are carried out in collaboration with WHO, the Public Health Center of the Ministry of Health of Ukraine, international partners, and donors.

One of the most important is The Global Fund to Fight AIDS, Tuberculosis, and Malaria, which has supported Ukraine since 2003, funding programs for the prevention, diagnosis, and treatment of HIV/AIDS and tuberculosis – even under wartime conditions. Thanks to this cooperation, mobile medical teams were created to provide care to patients in frontline regions.

Thus, improving the public health system, implementing WHO global initiatives, developing intersectoral partnerships, and increasing public awareness are key factors in reducing the burden of priority diseases and strengthening the nation's health.

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ORGANIZATIONAL ASPECTS OF ACCESSIBILITY OF MEDICAL AND PHARMACEUTICAL CARE FOR HYPERTENSIVE DISEASE IN UKRAINE

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In today's conditions, one of the leading places in the economically developed countries of the world is occupied by cardiovascular diseases, which remain the leading global public health problem. A significant position among these diseases is occupied by hypertension, which can lead to serious cardiovascular complications, and is one of the main causes of mortality of the population of the whole world, including the population of Ukraine. In particular, 64 % of deaths in Ukraine are due to cardiovascular diseases [3, 4]. In addition to human suffering, cardiovascular diseases have serious economic consequences for the country. The economic costs of treating cardiovascular diseases significantly burden the country's economy.

According to the World Health Organization (WHO), the probability of premature death from non-communicable diseases (NCDs) at ages 30–70 is highest in Ukraine.

Reducing premature mortality from NCDs, including cardiovascular diseases, by one-third by 2030 is a strategic target of the Sustainable Development Goals (SDGs) [5].

An important socio-economic indicator of the development of the health care system is the physical and socio-economic accessibility of medical and pharmaceutical care. The physical component determines the offer for the population of quality medical services and medicines in the required quantity and range. The socio-economic component is determined by the patient's purchasing power and the effective use of available financial resources of the state [1].

Medical care for the population suffering from hypertension is a comprehensive system that combines medical, diagnostic, pharmaceutical and preventive measures to reduce the incidence, disability and mortality from cardiovascular complications.

We analyzed key organizational, informational, and preventive measures of medical and pharmaceutical care for patients with hypertension within the framework of state programs and projects in Ukraine, including: the Health Care System Development Strategy up to 2030; the National Action Plan for NCDs aligned with the SDGs; the Government Reimbursement Program «Affordable Medicines»; the E-Prescription Project; the Pharmacovigilance System; the national project «Stop the Epidemic of Cardiovascular Catastrophes»; and the National Program for Salt Reduction.

Based on the analysis of the domestic system of medical and pharmaceutical care for the population suffering from hypertension, in the context of organizational and information and preventive measures, we have summarized recommendations on ways to improve it, taking into account public health approaches. The main ways to improve the system of medical and pharmaceutical care for patients with hypertension in Ukraine are: prevention and early detection of hypertension: blood pressure screening, educational programs on a healthy lifestyle; optimization of the patient's route (family doctor-cardiologist-pharmacist); development of electronic technologies (e-prescription, eHealth, patient reminders); expansion of the «Affordable Medicines» reimbursement program, increasing the list of medicines, ensuring the availability of medicines in remote and rural regions of the country; strengthening pharmacovigilance (collection and analysis of adverse reactions); educational activities for doctors, pharmacists and patients; intersectoral interaction (medicine-pharmacy-public health).

Therefore, organizational, informational and preventive measures of medical and pharmaceutical assistance to the population suffering from hypertension will contribute to reducing the incidence and cardiovascular complications, increasing patient adherence to treatment, optimizing healthcare system costs by preventing hospitalizations and improving the quality of life of patients and increasing the average life expectancy of the country's population.

The availability of drug therapy for the population suffering from hypertension involves the physical and economic availability of drugs and is ensured by the physical presence of antihypertensive drugs in the Lists of Drugs Reimbursable under State Programs and the purchasing power of patients.

To reduce the financial burden on patients and increase the availability of drugs, the Government of Ukraine has introduced the «Affordable Drugs» reimbursement program. Thanks to the reimbursement program, the population of the country with chronic diseases has the opportunity to receive the necessary drugs free of charge or with a partial co-payment. The government program «Affordable Medicines» has been constantly diversified in recent years, and new drugs, including antihypertensive drugs, have been added to the List of medicines subject to reimbursement under the state program. Based on information and publications posted on the official websites of the Ministry of Health of Ukraine, the National Health Service of Ukraine, the State

Central Medical Service of the Ministry of Health of Ukraine, the Center for Public Health of the Ministry of Health of Ukraine, the Government Portal, the Verkhovna Rada of Ukraine: Legislation of Ukraine, etc., we analyzed the dynamics of physical availability of antihypertensive drugs for the population of Ukraine suffering from hypertension under the program «Affordable Medicines».

As the results show, the government program «Affordable Medicines», which has been implemented in Ukraine since 2017, has gradually expanded the list of medicines subject to reimbursement, including antihypertensive drugs. Thus, in 2017, the program included 13 % of antihypertensive drugs by trade names, the range of which mainly consisted of diuretics and ACE inhibitors; in 2019, the range of drugs became wider and deeper and the List of Medicines contained about 400 drug items, of which 25 items (6 %) were occupied by antihypertensive drugs (with β -blockers and calcium channel blockers). In 2022, new fixed combinations of drugs acting on the renin-angiotensin system (RAAS) + diuretic/calcium blocker were added to the List of Medicines within the framework of the «Affordable Medicines» program, which increased the share of antihypertensive positions to 28 %, and the share of monodrugs and combinations among all cardiovascular diseases to 15 %. In 2025, 23 trade names of combination drugs for the treatment of cardiovascular diseases, including hypertension, were added to the List of Medicines Reimbursed under the State Program, which contain 2 or more active substances and allow for better control of blood pressure, heart rhythm, and also prevent the risk of developing cardiovascular diseases. The complex action helps reduce the risk of heart attacks, strokes, and other cardiovascular complications. The share of antihypertensive drugs by trade names in the List of Medicines as of July 2025 was 37 % of all drug items [6].

Thus, the dynamics of the development of the government program «Affordable Medicines» demonstrates a gradual increase in the level of physical accessibility of antihypertensive drugs for the population suffering from hypertension, an expansion of the range of drugs, an increase in fixed combinations, which corresponds to international recommendations for the management of hypertension, in particular the European Society of Hypertension (ESH), the European Society of Cardiology (ESC), the American Society of Hypertension (ASH), the International Society of Hypertension (ISH), etc. and contributes to improving blood pressure control among the population of the country.

We also found that in order to increase the physical accessibility of drugs for the population of Ukraine suffering from hypertension, within the framework of the reimbursement program, the «Ukrposhta. Pharmacy» service was introduced.

At the next stage, we analyzed the results of the implementation of the «Affordable Medicines» program. For this purpose, according to official data of the National Health Insurance Fund [2], we analyzed certain quantitative indicators: the number of places where medicines are dispensed by e-prescriptions in terms of the geographical criterion for segmenting the pharmaceutical market and the number of e-prescriptions redeemed over the last year using the example of cardiovascular diseases, including hypertension.

In order to ensure physical accessibility for the population suffering from hypertension, at the time of our study, there were 9,102 places where antihypertensive medicines are dispensed by e-prescriptions within the framework of state reimbursement programs in Ukraine.

As the analysis shows, there are regional differences in the physical availability of antihypertensive drugs for the population of the country suffering from hypertension. Within the regions of Ukraine, the largest number of pharmacies implementing the government reimbursement program for antihypertensive drugs was observed in Dnipropetrovsk, Odessa and Kharkiv regions. The smallest number of pharmacies implementing the reimbursement program was observed in Kherson, Donetsk and Luhansk regions. The low level of physical availability of antihypertensive drugs in these regions is associated with the occupation of a significant part of settlements in connection with the military aggression of the Russian Federation. An insignificant number of places of dispensing antihypertensive drugs within the framework of the reimbursement program was observed in Chernivtsi and Ternopil regions.

The largest number of pharmacies implementing the government reimbursement program for antihypertensive drugs are located in the following cities: Kyiv, Odesa and Kharkiv, Dnipro. The lion's share – 80.4 % of pharmacies implementing the government reimbursement program are located in urban areas. In rural areas, only 19.6 % of pharmacies provide physical accessibility of antihypertensive drugs for the population suffering from hypertension. According to the results of the analysis, it can be stated that the rural population suffering from hypertension has limited physical accessibility to antihypertensive drugs within the framework of the implementation of the government reimbursement program. This is one of the most urgent problems of today, which needs to be resolved at the state and regional levels. The shortage of pharmaceutical personnel, the uneven territorial location of pharmacies and the insufficient number of points of dispensing antihypertensive drugs within the framework of the government reimbursement program «Affordable Medicines» complicate the continuity of pharmacotherapy for a significant part of the country's population suffering from hypertension. An additional logistical obstacle today is the low level of transport accessibility, which creates difficulties for the elderly, who constitute the most vulnerable group.

Significant ways to overcome this problem in the context of the public health system, in our opinion, are to expand the network of pharmacy partners of the «Affordable Medicines» program, especially in rural areas and certain regions of the country, especially in the regions of the western part of Ukraine (Chernivtsi, Ternopil, Zakarpattia, Ivano-Frankivsk regions), which requires an expansion of the number of pharmacies taking into account the number of residents of these communities; the introduction of electronic services for ordering and delivering antihypertensive drugs; increasing the number of mobile pharmacy points in remote communities; stimulating cooperation with local authorities to ensure equal access to pharmaceutical care. The outlined measures will contribute to reducing inequalities in access to treatment and increasing the effectiveness of hypertension control at the population level.

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BRAIN STROKES: CURRENT TRENDS, DIAGNOSIS, TREATMENT, AND REHABILITATION

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According to many scientists, cerebral stroke (CS) remains a global medical and social problem for the modern world medical community, ranking second among the causes of mortality in the world population and first among the causes of long-term disability in the adult population [1]. According to official statistics, the period from 2020 to 2025 saw a steady increase in the burden of ischemic strokes in low- and middle-income countries, which is entirely due to the progressive aging of the world's population, urbanization, and insufficient control of CS risk factors [2].

Inadequate control of CS risk factors and their impact on the high prevalence of this disease is entirely related to the etiological aspects of CS. Thus, most CS cases are associated with atherothrombotic processes or cardioembolic lesions. The leading modifiable risk factors include hypertension, diabetes mellitus, obesity, dyslipidemia, smoking, and physical inactivity [3]. Updated AHA data for 2021 fully confirm that effective blood pressure control can significantly reduce the risk of developing primary CS by 35–40 % [4].

In turn, the level of disability in the population due to CS is also influenced by the possibilities of early diagnosis. Thus, in 2023, the ESO published recommendations on the use of multiparametric MRI and CT perfusion for more accurate stratification of the ischemic core and penumbra [5]. The use of artificial intelligence for automated image analysis has been shown to reduce the time to decision on the need for thrombolysis or thrombectomy by 15–20 % [6].

At the same time, adequate and timely treatment is no less important for the outcome of CS. Thus, reperfusion therapy remains the basis for the treatment of ischemic strokes today. According to the results of clinical trials in 2023–2024 (SELECT2, ANGEL-ASPECT), endovascular thrombectomy is effective even with a large lesion volume [7]. The 2023 ESO guidelines confirm the effectiveness of tenecteplase as an alternative to alteplase at a dose of 0.25 mg/kg, which simplifies the management of such patients and significantly reduces the number of complications [8].