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ARCHETYPICALS OF SOURCE OF DEVELOPMENT OF THE STATE SYSTEM OF MEDICAL DEFENCE OF POPULATION OF UKRAINE IN EMERGENCIES

Abstract. The article discusses the archetypal sources and regulatory framework for the functioning of the state system of medical support and protection of the population of Ukraine in emergency situations, describes modern problems and suggests new approaches in organizing public administration of medical support for the population of Ukraine in emergency situations and meeting the needs of the population in medical protection emergency situations of peacetime and wartime.

The main forms of organization of the health care system in emergency situations were characterized, the key problems in the organization of medical protection were evaluated (as a system of organizational and managerial measures and their implementation), attention was paid to the expediency of combining and sharing civil-military bodies and operational management systems in the aftermath emergency situations using international experience in organizing an integrated system of medical care, that, under certain conditions, will allow to achieve compatibility in matters of medical support in joint peacekeeping operations, defined the concept of “medical care” and “medical protection”, conducted a theoretical justification of the need for structural and organizational transformations in the health care system. The necessity of further development of the general medical care system with preservation of the security component on the basis of a single medical space and its integration into the national health care system was noted.

Analyzed models of interdepartmental cooperation in matters of medical support of the population, reviewed the existing bodies of management of medical protection of the population and design forms of interdepartmental cooperation in emergency situations of a military and peaceful nature, confirmed the feasibility of improving the mechanisms of interdepartmental interaction in organizing medical assistance to victims in emergency situations.

The main prerequisites for building a joint medical space of departmental medical services and the civil health system are identified, which necessitates the centralization of the mechanisms for managing medical protection of the population, defining and introducing common principles for organizing medical care, developing and implementing new strategies and programs for interagency and interagency cooperation.

Keywords: archetypical sources of systemic development, medical support, management of medical protection.

АРХЕТИПНІ ДЖЕРЕЛА РОЗВИТКУ ДЕРЖАВНОЇ СИСТЕМИ МЕДИЧНОГО ЗАХИСТУ НАСЕЛЕННЯ УКРАЇНИ В НАДЗВИЧАЙНИХ СИТУАЦІЯХ

Анотація. Розглянуто архетипні джерела і нормативно-правові основи розвитку та функціонування державної системи медичного забезпечення і захисту населення України у надзвичайних ситуаціях, визначено сучасні проблеми та запропоновано нові підходи до організації публічного адміністрування медичним забезпеченням населення України у надзвичайних ситуаціях та реалізації потреби населення в медичному захисті при виникненні надзвичайних ситуацій у мирний і військовий час.

Наведено характеристику основних форм організації системи охорони здоров'я у надзвичайних ситуаціях, проведено оцінку ключових проблем з організації медичного захисту (як системи заходів організаційно-управлінського характеру та їх реалізації), наголошено на доцільності об'єднання та спільного використання цивільно-військових органів та систем оперативного-

го управління при подоланні наслідків надзвичайних ситуацій з використанням міжнародного досвіду в організації інтегрованої системи медичного забезпечення, що за певних умов дасть змогу досягнути сумісності з питань медичного забезпечення у спільних операціях з підтримання миру, визначено поняття “медичне забезпечення” та “медичний захист”, проведено теоретичне обґрунтування необхідності структурно-організаційних трансформацій системи охорони здоров'я. Наголошено на необхідності подальшого розвитку загальної системи медичного забезпечення зі збереженням безпечної складової на засадах єдиного медичного простору та її інтеграції в загальнодержавну систему охорони здоров'я.

Проаналізовано існуючі моделі міжвідомчої кооперації з питань медичного забезпечення населення, розглянуто існуючі органи управління медичним захистом населення та проектні форми міжвідомчої взаємодії у надзвичайних ситуаціях воєнного і мирного характеру, підтверджено доцільність удосконалення механізмів міжвідомчої взаємодії з організації медичної допомоги постраждалим у надзвичайних ситуаціях.

Визначено основні передумови побудови солідарного медичного простору відомчих медичних служб та цивільної системи охорони здоров'я, що зумовлює необхідність централізації механізмів управління медичним захистом населення, визначення та впровадження єдиних принципів організації медичної допомоги, розроблення і реалізації нових стратегій та програм міжсекторальної та міжвідомчої взаємодії.

Ключові слова: архетипні джерела системного розвитку, медичне забезпечення, управління медичним захистом.

АРХЕТИПНЫЕ ИСТОЧНИКИ РАЗВИТИЯ ГОСУДАРСТВЕННОЙ СИСТЕМЫ МЕДИЦИНСКОЙ ЗАЩИТЫ НАСЕЛЕНИЯ УКРАИНЫ В ЧРЕЗВЫЧАЙНЫХ СИТУАЦИЯХ

Аннотация. Рассмотрены архетипные источники и нормативно-правовые основы функционирования государственной системы медицинского обеспечения и защиты населения Украины в чрезвычайных ситуациях, охарактеризованы современные проблемы и предложены новые подходы в организации публичного администрирования медицинским обеспечением населения Украины в чрезвычайных ситуациях и реализации потребности населения в медицинской защите при возникновении чрезвычайных ситуаций в мирное и военное время.

Охарактеризованы основные формы организации системы здравоохранения в чрезвычайных ситуациях, проведена оценка ключевых проблем в организации медицинской защиты (как системы мер организационно-управленческого характера и их реализации), акцентировано внимание на целесообразности объединения и совместного использования военно-гражданских органов и систем оперативного управления при ликвидации последствий чрезвычайных ситуаций с использованием международного опыта в организации интегрированной системы медицинского обеспечения, что при опреде-

ленных условиях позволит достичь совместимости в вопросах медицинского обеспечения в совместных операциях по поддержанию мира, определено понятие “медицинское обеспечение” и “медицинская защита”, проведено теоретическое обоснование необходимости структурно-организационных трансформаций в системе здравоохранения. Отмечена необходимость дальнейшего развития общей системы медицинского обеспечения с сохранением безопасности составляющей на основе единого медицинского пространства и ее интеграции в общегосударственную систему здравоохранения.

Проанализированы модели межведомственной кооперации в вопросах медицинского обеспечения населения, рассмотрены существующие органы управления медицинской защитой населения и проектные формы межведомственного взаимодействия в чрезвычайных ситуациях военного и мирного характера, подтверждена целесообразность усовершенствования механизмов межведомственного взаимодействия в организации медицинской помощи пострадавшим в чрезвычайных ситуациях.

Определены основные предпосылки построения солидарного медицинского пространства ведомственных медицинских служб и гражданской системы здравоохранения, что обуславливает необходимость централизации механизмов управления медицинской защитой населения, определения и внедрения единых принципов организации медицинской помощи, разработки и реализации новых стратегий и программ межсекторального и межведомственного взаимодействия.

Ключевые слова: архетипичные источники системного развития, медицинское обеспечение, управление медицинской защитой.

“The path to the essence of the phenomenon lies through its definition”
Aristotle

Formulation of the problem. In the complex of the important problems of the national security (national policy of Ukraine) the issue of effective administration, reforming and creating new sectoral administration systems today occupy a prominent place. The transformational processes taking place in Ukraine extend their influence on all the spheres of the public life. Most of the problematic issues in the organization of the medical protection of the population in the nationwide system of the medical care are comp-

lex, and the mechanisms of overcoming them are beyond the scope of the independent realization within the system itself. The perception and awareness of the essence and the necessity of the systemic changes will accelerate the process of reforming the profile of the healthcare sector and optimize the mechanisms of regulation of the possible transformations that are the basis for the development of the modern civilization, society, human, etc.

There is no doubt that the interaction of the public authorities is a de-

cisive element in inter-sectoral relations with regard to the provision of medical care to the population. For example, the medical services of the military formations use the existing forces, resources and skills to provide medical protection of the population in the overall system of the civil-military cooperation in emergency situations of war and peace, although this is not their main operational function.

In such situations the organization of the interaction between the civil and military organizations is a key issue. The creation of effective communication links between the public administration actors, interdepartmental approval of the practical actions and a clear implementation of the common opinion will allow at the state level to perform joint infrastructure projects, invest in the profile industry and, ultimately, to create a single operational and medical space of Ukraine.

The issue of the regulatory and legal regulation of the functioning of the medical care system during the special period, the state of emergency, and other crisis situations in Ukraine is also gaining significance.

Under these circumstances, the existing form of healthcare organization needs to identify and define the strategies (possible scenarios) for responding and organizing the public health during emergencies, and identifying an effective mechanism for inter-agency cooperation as an instrument of the public healthcare administration of the population of Ukraine.

The principles and policies of the organizing medical support for the Ukrainian defense forces in the general healthcare system, the creation and

maintaining a single medical space of the state as an instrument of systemic changes in the administration of the industry and determine the order of civil-military interaction on emergency medical care require the population of Ukraine (on the solidarity principle), the development and implementation of a generally recognized strategy to be developed for a system of medical support for the defense forces with the achievement of the strategic goal "The goal of the Ukraine-NATO partnership G5404 "Reforming the medical support system" and the implementation of the steps (indicators) of the government's priority action plan in the field of defense and security of Ukraine are needed.

The relevance of the topic is confirmed by the hybrid challenges that create tangible medical and social consequences and continue to have a negative impact in the present and distant future and is that the problem of providing medical assistance in emergency situations during a state of emergency and other crisis situations has a multidimensional nature that necessitates the centralization of the mechanisms for administrating the system of the medical protection, the definition and implementation of the common principles for the organization of the medical assistance, elaboration and implementation of new strategies and programs for the intersectoral and interdepartmental cooperation, including medical training programs, functional integration of the departmental healthcare structures of all the forms of ownership, application of common standards (norms) on general principles, and the like.

Analysis of the recent publications on the issues and identification of previously unsettled parts of the general problem. The conceptual principles of the interaction of politics and administration, social globalistics, social problems of the formation of the Armed Forces of Ukraine were initiated and founded by the founder of the scientific schools of military-social studies, social globalistics and the architecture of the public administration, Professor E. A. Afonin [1–4]. A number of works are devoted to the definition of the theoretical foundations of the social archetype by O. V. Sushiy [2; 4–6].

The questions of the public administration of the medical protection in emergency situations were investigated by P. Volyansky [7], S. Huriev [8], N. Guselyetova, L. Zhukova, A. Mostipan, A. Terentyeva.

Possible mechanisms for interagency coordination of the efforts to form a unified medical space in overcoming the health consequences of emergencies and planning of health-care provision at the local level were investigated by N. Zahoruiko, N. Iskra, R. Maydanchyk, O. Melnyk, I. Slichko, V. Tarasyuk. P. Klimenko, O. Mazurenko, O. Nabochenko, Ya. Radysh, A. Stoyka examined the mechanisms of inter-sectoral interaction between the state authorities and public associations at the regional level.

The experience of medical support of NATO troops in the organization of the medical protection of the personnel and population in emergencies is considered in articles by M. I. Badyuka, A. V. Barovska, V. O. Zhakhovsky [9], O. H. Shekera.

Describing the general state of research of the system of the public administration of medical protection of the population in emergency situations of military and peace time, it should be noted that the overwhelming majority of the scientific works reveal exclusively the question of narrow-profile internal support (V. Bily, A. Verba, V. Livinsky, H. Roshchin) and does not take into account the need for a “comprehensive approach to the study of the social and humanitarian problems of a military organization carried out on an interdisciplinary basis and on the basis of international cooperation” (E. A. Afonin) [3].

The purpose of the article: the study of the principles of the organization of the system of medical care and civil-military cooperation in emergency situations of war and peace time in terms of modernizing the system of the medical protection administration and practical steps to overcome the problems of medical care in different periods, as well as determining the directions and ways to improve it.

Presentation of the main research material. Increasingly, the concept of “health of the nation” is recognized as a key factor in the stability and development of the state and society. Particular importance is given to the functioning of the system of medical care of the population of Ukraine under various operational conditions in a special period, emergency state and other crisis situations.

Each sphere of the social life has its own logic and rhythm of the deployment of cycles, any one may be unfinished or interrupted through both external historical and immanent in

relation to the subject circumstances [4]. In the process of the social transformation fundamental changes occur not only at the external – the social-institutional level of the social system, but also in the deep structures of the human existence [5]. The Ukrainian Revolution of Dignity and the military-political conflict in the East of the country not only changed the role of the state in the modern world, but also showed the western world the power and invincibility of the Ukrainian spirit. The British historian A. Toynbee rightly said: “Physically, the material future depends a little on us. An earthquake can ruin our home. Let the stones be destroyed, but the light that illuminates our path does not fade away. In the end, there will be something that should be. Even if it is different” [5].

The need for optimization and modernization of the processes of the social interaction, of course, implies a reliance on the basic philosophical and scientific traditions that reveal the essence of the organizational space of the human life. The experience of the conflict century clearly demonstrates that a number of powerful social crises are accompanied by unprecedented freedom in choosing the theoretical and methodological interpretations in the research of archetypes of the collective unconscious in the formation of all the forms of social relations and interaction (according to C. G. Jung). Since the elements in explicit form are always in resonance with their implicit and unrepresentative sources (which can be considered as “archetypal”, according to C. G. Jung), when the event is configured appropriately at an explicit

level, it affects both implicit order, that is, the archetypal field.

The transformational processes taking place in Ukraine extend their influence on all the spheres of the public life [6]. In connection with the change in the socio-political vector there was an objective need to adapt the principles and policies of the organization of medical care in emergency situations to international doctrinal standards, which determined the need for a scientific search for ways to accomplish these tasks, taking into account the multifaceted components of the organization of the healthcare system in Ukraine.

In its turn, the non-aligned status of Ukraine did not provide protection of the state from the aggressive foreign policy. In view of the fact that the international obligations regarding the independence, sovereignty and inviolability of Ukraine’s borders proved to be incapable of guaranteeing external security, there was a need for radical changes and the formation of new principles of the state policy in the field of the national security. Taking into account the goals and tasks of Ukraine’s foreign policy and the priorities of the strategic partnership, we consider it useful, first of all, to turn to the experience of organizing the medical support of the military-political alliance “The North Atlantic Treaty Organization” (NATO) in order to apply the communicative instruments of the international cooperation and their further use in the field of medical protection of the population. That is, the practical value of the cooperation within the framework of the Governmental programs of Ukraine-NATO cooperation will, in our opinion, be based on the

possible use of the international experience in constructing its own emergency response model (organization of the medical care system in crisis situations).

In 2014, E. A. Afonin argued that “today, unfortunately, no comprehensive study of the social and humanitarian problems of the military organization, carried out on an interdisciplinary basis and on conditions of international cooperation, has been found, although the need for such studies is obvious” [3].

At the same time, overcoming the consequences of emergencies has always required the organization of a multi-level administration system. The harmonization of the normative legal acts of the national legislation with the provisions of the directives of the European Community and the European Union (ratified by the Verkhovna Rada of Ukraine in 2014) provides for the development of a new provision on the State Service for Disaster Medicine, its structure and tasks, the procedure for interaction with the state structures and public associations providing emergency medical care to the victims of emergencies.

The public administration of providing medical assistance to victims of an emergency should become an integrated set of measures of legislative, executive and supervisory nature, carried out by the public authorities in the field of medical protection of the population as a component of a single state civil protection system [1].

It should be emphasized that in 2007 the international organizations such as the UN Office for the Coordination of Humanitarian Affairs, the

World Health Organization, the International Red Cross, NATO, etc., developed a concept and basic principles for the use of the civilian and military components in coping with the effects of emergencies that are called “Guidelines for the use of the Armed Forces and Civil Defense Forces” [10]. At the same time, the coordination of actions to overcome the consequences of emergencies is proposed to be implemented through the development of joint plans to overcome the consequences of emergencies and interaction and organization of information and analytical support under the standard forms of the UN and NATO.

The literature distinguishes between the concept of medical care and medical protection of the population and military contingents by defining the medical care as a system of measures for the preservation and strengthening of the health, prevention of the emergence and spread of the diseases, provision of medical care, treatment and rehabilitation after injuries (diseases). The concept includes organizational, treatment and evacuation, sanitary and hygiene and anti-epidemic measures, medical supplies, training of the military medical personnel and the scientific solution of the problems of military medicine. The implementation of these measures is ensured by the availability of appropriate regulatory framework, appropriate logistics, a clear management system, quality communication and information support.

In contrast, the medical protection is a complex of administrative, legal, organizational, planning and practical measures aimed at preventing or re-

ducing the degree of the human suffering as a result of an emergency, timely provision of emergency medical care and ensuring sanitary and epidemiological well-being. The medical protection of the population includes the use of forces and facilities of health care institutions regardless of the form of ownership [12]. One of the most important components of this process is the organization and interagency coordination of the administration process.

The analysis of the status of the legislative and regulatory framework on the issues of medical protection of the population of Ukraine in emergencies and during a special period indicates the imperfection of the tools of the interaction in the single medical space of the state. The main disadvantage of the regulatory and legal regulation of the medical care of the population in emergency situations is the lack of a definite mechanism for bringing the organizational-staff structure of disaster medicine to functioning in the state system of medical protection of the population. The procedure for the transfer of the departments of the State Service for Disaster Medicine to work in emergency situations of a special period is also not defined [8]. However, the responsibility for the organization of timely and consistent measures taken to provide adequate medical care and treatment of the victims is entrusted to the authorities in the affected areas.

The organizational component of the state system of healthcare in emergency situations in Ukraine is the Disaster Medicine Service as a special type of regional specialist rescue medical service of the Emergency Medical Center and Disaster Medicine the main

task of which is to provide free medical care to the affected population in the area of emergency and during evacuation to the medical institutions on a daily basis and in a special period. The medical formations of the State Disaster Medicine Service are deployed on the evacuation routes of the victims, provide them with the reception and provision of state-guaranteed medical care, that is, they organize and provide emergency medical care at the pre-hospital stage, primary and secondary (with elements of specialized) medical assistance to the victims in the event of an emergency situation of the regional and state levels (based on the size of sanitary losses). Consequently, the medical emergencies are carried out by the forces and means of the central and territorial levels, regardless of the departmental subordination.

It should be emphasized that for today the disaster medicine service, as the State Service, is a subsystem of the State Civil Defense that has been developed at the central and regional levels. The centralization of the structure is conditioned by the need for centralization of administration at an extraordinary event of the state level by all the forces of the Civil Defense, including the forces and means of the medical protection, with the possibility of the formation and delivery of logistic resources, with a time constraint.

That is, the public administration of the provision of medical care to the victims during the special period, the state of emergency, other crisis situations to date is an integrated set of methods of public administration that provide a system of legislative, executive and supervisory nature of the state bodies

in the field of medical protection of the population. In this context it is necessary to determine the mechanisms of the interaction between the public administration bodies in the organization of the medical protection of the population. Accordingly, when implementing a set of measures during a special period, a state of emergency, other crisis situations, it is difficult to organize the interaction between all the involved actors and control over the exercise of their functional responsibilities, which ultimately affects the responsiveness and efficiency administration [11].

It should be emphasized that the issues of reorganization of the system of the forces and means of medicine of disasters and medical protection of the population during the operation of a special period, state of emergency, other crisis situations by the relevant state authorities (including for normative creation activities) are groundlessly postponed. The loss of the validity of a number of fundamental Laws of Ukraine “On Civil Defense of Ukraine” (1993), “On Emergency Services” (1999), “On Protection of the Population and Territory from Emergencies of Technical and Natural Character” (2000) resulted in non-compliance with the requirements of the articles of direct effect of these laws. At the same time, due to the errors in the system of the state legal regulation of the functioning of the service of medicine for disasters (at the current stage of reforming the system of the medical protection of the population of Ukraine), normative acts of direct action, that have not been canceled by the governing body, that it has approved, in the general legal practice are considered

valid and subject to unconditional fulfillment [8].

The normative legal basis for the functioning of the system of medical care of the population in emergencies in Ukraine is formed by the Constitution of Ukraine and the Law of Ukraine “Fundamentals of the Legislation of Ukraine on Healthcare”. In accordance with the requirements of the legal field, the Law of Ukraine “On Emergency Medical Aid” [13] and, in part, the requirements of the Law of Ukraine “On the Civil Defense of Ukraine” [12], which define the organizational and legal basis for providing the citizens of Ukraine and other emergency medical assistance, including emergency situations and their consequences, and the foundations for the establishment, operation and development of an emergency medical care system [13].

At the same time, in the event of a military threat, it is necessary to take into account the volume, strengths and resources, accessibility and acceptable standards of the military and civilian health systems. Thus, at the initial stage of the organization of medical care in the event of an emergency situation in wartime, the medical services of the Ukrainian Defense Forces must be prepared to provide assistance not only to wounded servicemen, but also to the injured and sick civilians. The forces and resources of the military health system may be limited, and the civilian needs can be difficult to quantify. It should also be understood that the provision of direct medical assistance to servicemen while participating in territorial defense and the repression of armed aggression can seriously weaken the local and healthcare resources.

The ability of the military to deploy medical resources in a short time under any operational conditions, using specialized infrastructure and an existing well-coordinated administration system makes them extremely effective. Under such circumstances, the organization of the interaction between the military and civilian and the healthcare facilities is a key issue.

Thus, in order to bring the issues of normative and legal regulation into the system of medical care of the population in emergency situations in Ukraine, the review of functions and tasks of the organs and units that form and ensure the policy of the medical protection of the population should be completed in Ukraine in order to avoid duplication of the departmental administration systems, distribution of responsibilities of the administrators and their subordinate administration bodies, reflecting the objectives of medium-term planning in the relevant strategic and operational development programs indicating the specific implementation dates.

The wide range of hybrid challenges and threats to the national interests of Ukraine necessitates a well-considered state military policy and effective strategy in the area of reforming and development of the Armed Forces of Ukraine and law-enforcement bodies – the subjects of the national security. One of the main goals of the National Security Strategy of Ukraine is the consolidation of the rights and freedoms of the man and citizen, the provision of a new quality of economic, social and humanitarian development, Ukraine's integration into the European Union and the formation of con-

ditions for joining NATO [14]. One of the ways of forming the national defense capabilities is the modernization of the military healthcare with concentration of efforts on medical care in possible conflicts and the maximum civil-military cooperation in the field of healthcare. The development of a democratic society based on European values increases the requirements for the state of health of the population of Ukraine in modern conditions. The public control over the military structures ensures the observance of the legislation on the social protection of the servicemen, first of all, its medical component.

In our opinion, the main reason for the inadequacy of the medical care system in the conditions of hybrid threats is the lack of basic legal acts that would determine the theoretical basis for organizing the system of training the civil and military healthcare for work in emergency situations and mechanisms for organizing the medical support for the servicemen and civilians in war time. The implementation of the provisions of the Military Medical Doctrine of Ukraine and the state target program for its implementation will ensure the creation of a modern, sustainable and effective system of military healthcare that will become a full-fledged component of the national health system on the platform of the unified medical space of the state [9].

The use of the military formations in modern conditions takes place in a complex security environment. The troops can be involved not only in fighting, but also in restoring the infrastructure both in Ukraine and abroad, including for providing medical care

to the civilian population. That is, the system of the medical support for the defense forces is largely integrated with the civilian health system [8].

The civil-military cooperation on healthcare issues is proposed to be implemented through the introduction of general administration, coordination, interaction, information support and joint planning. The Ministry of Health of Ukraine accordingly provides the readiness of the health facilities, other necessary forces and facilities for the provision of medical assistance during a special period, emergency, and other crisis situations.

The systemic changes in the global and regional security have led to new threats to the sovereignty and territorial integrity of Ukraine, which can be implemented according to different scenarios from an armed conflict on the state border to full-scale armed aggression, requires the military medical system to be in constant readiness and capable of medical support not only for military contingents, but also the civilian population on various options for its use, both independently and in cooperation the civil system healthcare, which necessitates the adoption and approval of unified principles and policies of the medical support.

The principles and policies of the medical care are a set of principles, provisions and uniform organizational requirements for the order of medical provision of all the components of the defense forces while performing state defense tasks by ensuring, at the national level, interagency coordination of the activities of the medical services of departmental subordination and the civil health system from the purpose of

efficient and rational use of the medical resources, ensuring standardization of the medical care provision in emergency situations, conducting evacuation, rehabilitation through the construction of a system of medical care on the basis of common principles. The legal basis for their development is the laws of Ukraine and other normative legal acts on state defense and healthcare. The principles and policies reflect the system of views, guidelines, regulations and requirements for the organization of the medical care and do not detail the individual components and clinical aspects.

At the same time, the integration of the military system of medical care into a single medical space involves a functional combination of the forces and means of the medical services of the defense forces and the civilian health system in order to maximize the implementation of the capacities while preserving organizational independence.

Conclusions and perspectives of further research. The analysis makes it possible to conclude that the effective functioning of the state system of the medical protection of the population in emergency situations of war and peace time is possible in the conditions of definition of the uniform principles and policy of the organization of the interaction between the coordination bodies of administration.

With the functional unification of the administration bodies and the introduction of horizontal administrative links, the medical services acquire the ability to provide assistance to the victim more fully and effectively.

When introducing the doctrinal principles and practice of providing

medical care to NATO member countries in the domestic healthcare system, it is necessary to take into account the national peculiarities of all the spheres of the public life.

The system changes in the healthcare sector are necessary but evolutionary, adequate to the socio-economic conditions, functionally favourable in efficiency, scientifically grounded in the light of the best international practices and their own historical experience.

These and some other measures will provide an evolutionary development of the state system of the medical protection of the population in the overall system of the national security of Ukraine.

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