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PROSPECTS FOR THE DIGITAL TRANSFORMATION OF THE “AFFORDABLE MEDICINES” PROGRAM AND COOPERATION WITH THE EUROPEAN UNION MARKET OF MEDICAL PRODUCTS

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Abstract

The year 2023 the world marked as the anniversary of the full-scale invasion of Russian troops into Ukraine and the beginning of the largest war of the XXI century. Each spectrum of the sphere of social service and provision is fighting on its own front, trying to optimize the standard of living of the civilian population of Ukraine as much as possible. At the same time, the concept of “population quintiles” in our war days ceased to be a purely economic concept, and became rather a sociological one. In our opinion, today there are two really fundamental groups of the civilian population of Ukraine: Ukrainians who will continue to live in their cities and regions, as well as internally displaced persons (that is, a group of citizens who have not left the territory of Ukraine) on the one hand, as well as externally displaced persons, who became refugees mostly in European countries, on the other hand. As for January-February 2023, about 5.12 million Ukrainian refugees were registered in Europe, while the Ministry of Foreign Affairs gives a much higher number - namely, about 7.9 million people [41]. At the same time, both official sources note that this figure is 97% among all immigrants from Ukraine who received refugee status in the world. Thus, we must also take into account the fact that there are an untold number of individuals who have not been granted

the above status because they were on various grounds abroad prior to the start of the full-scale invasion; those, who have already lived abroad for a long or short time; as well as those, who are still waiting for recognition of their right to be a refugee on the territory of some EU countries, because not everywhere this process is optimized and fast enough. Thus, it is worth assuming that the real number of Ukrainians living abroad in one way or another is at least twice or even three times higher. And, therefore, this fact directly affects the immediate need to provide this huge number of people with appropriate social and medical livelihoods, which are the main postulates of the development of the Affordable Medicines (AM) program. Today, the issue of the AM program going international is no longer a matter of reflection but the main direction of its development in the near future. Such statements arise due to the future very high probability of a sharp jump in the population's rates of oncological diseases, as well as the question of optimizing the frankly crisis system in the field of health care in the EU countries. In other words, the sharp and almost uncontrolled influx of a large number of refugees, especially to the countries closest to the western border of Ukraine, led to serious problems with access to medical care not only for refugees themselves, but also for the citizens of this country [37-40]. Objectively, the main directions of our research today are: development of ways to optimize the medical life support system of citizens of EU countries and refugees due to cooperation with professionals of the AM program; as well as the development of optimal ways of combating the spectrum of oncological diseases, which will become one of the fatal consequences of the post-war period of Ukraine's development, likewise one of the EU countries, if those ways of combating the above-mentioned phenomena are not developed now.

Key words: Affordable Medicines; full-scale invasion; war; nuclear threat; radiation emissions; internally and externally displaced persons; refugees; medical life support program; EU; surge in cancer incidence in the population of Ukraine and the EU; online consulting; medical mentoring; online application for optimizing civilian health population and combatants.

Анотація

2023 рік відзначився світові як річниця повномасштабного вторгнення російських військ в Україну та початок найбільшої війни XXI століття. Кожний спектр сфери соціального обслуговування та забезпечення воює на власному фронті, намагаючись максимально оптимізувати рівень життя цивільного населення України. В той же час, поняття “квінтилів населення” в наші воєнні будні перестало бути поняттям

чисто економічним, і стало скоріше поняттям соціологічним. На нашу думку, на сьогоднішній день дві дійсно фундаментальні групи цивільного населення України становлять: українці, які надалі проживають в своїх містах та областях, а також внутрішньопереміщені особи (тобто група громадян, які не покинули територію України) з одного боку, а також зовнішньопереміщені особи, які стали біженцями здебільшого в країнах Європи, з другого боку. Станом на січень-лютий 2023 року в Європі було зареєстровано близько 5,12 млн українців - біженців, в той час, як Міністерство Закордонних Справ подає лічбу значно вищу - а саме, близько 7,9 млн людей [41]. Одночасно, обидва офіційних джерела зазначають, що ця цифра складає 97% серед усіх переселенців з України, що отримали в світі статус біженця. Таким чином, ми маємо також брати під увагу факт, що існує незмірна кількість осіб, що не отримали вищезазначеного статусу через те, що перебували на різних підставах за кордоном до початку повномасштабного вторгнення; тих, хто тривалий або нетривалий час вже за кордоном проживав; а також тих, хто надалі чекає визнання свого права бути біженцем на території деяких країн ЄС, адже не всюди цей процес є оптимізованим та швидким. Таким чином, варто припускати, що реальна кількість українців, які так чи інакше проживають за кордоном складає щонайменше у два або навіть у три рази більшу цифру. А отже, це напряму впливає на безпосередню необхідність забезпечення даній величезній кількості осіб відповідного соціального та медичного життєзабезпечення, які є головними постулатами розвитку програми Доступні Ліки (ДЛ). На сьогоднішній день питання про вихід програми ДЛ на міжнародний рівень більше не становить питання для роздумів, але головний напрямок її розвитку у найближчій перспективі. Подібні ствердження виникають через майбутню дуже високу вірогідність різкого скачку в показниках захворювання населення на онкологічні захворювання, а також питання про оптимізацію відверто кризової системи у сфері охорони здоров'я в країнах ЄС. Іншими словами, різкий та майже неконтрольований приплив великої кількості біженців, особливо до країн найближчих до західного кордону України призвели до серйозних проблем із доступом до сфери медичного обслуговування не тільки самих біженців, але і громадян даної країни [37-40]. Об'єктивно, головними напрямками нашого дослідження на сьогодні є: розробка шляхів оптимізації системи медичного життєзабезпечення громадян країн ЄС та біженців за рахунок співпраці із професіоналами програми ДЛ; а також розробка оптимальних шляхів протидії спектрові онкологічних захворювань, які стануть одним

із фатальних наслідків післявоєнного періоду розвитку України та країн ЄС, якщо вже зараз не буде розроблено подібних шляхів протидії вищезазначеним явищам.

Ключові слова: програма Доступні Ліки; повномасштабне вторгнення; війна; ядерна загроза; радіаційні викиди; внутрішньо- та зовнішньопереміщені особи; біженці; програма медичного життєзабезпечення; ЄС; сплеск онкологічної захворюваності населення України та ЄС; онлайн-консалтинг; медичний менторинг; онлайн-додаток для оптимізації стану здоров'я цивільного населення та комбатантів.

Introduction/ Actuality of topic. By analyzing the nowadays' realities, it is worth to note immediately that the year of 2023 should be the beginning of a new stage of development of the system of cooperation between Ukraine and the EU countries in the field of medical care. The insufficient number of medical personnel, the crisis of the health care system itself, which existed even before the mass influx of refugees from Ukraine to the EU countries, and the crisis itself, which has become the fundamental problem of today for European countries, against the background of the daily growing threat of another critical oncology complex diseases among the young generation, as well as middle-aged people, require urgent solutions not only from the European institutions in the field of life support, but also from the crisis support of Ukrainians specialists. And, unfortunately, due to a number of bureaucratic procedures available today in the EU countries, even high-class medical specialists from Ukraine do not always immediately get access to the field of health care in other countries, and, therefore, even when they are there, they cannot apply their own knowledge and experience on purpose. As a result, the staffing crisis is growing, but the number of qualified doctors in the EU is also growing constantly. In other words, while European and Ukrainian refugees cannot get access to qualified medical care for months, a number of specialists do not have the right or ability to provide this care to these patients. It is not necessary to expect radical legislative changes per se, because this process can be delayed due to the fact that, absolutely objectively, every change on the basis of the law requires a sufficiently long period of time, but, on the other hand, to initiate a number of innovations from the Ukrainian side, in particular, in the functioning of the famous and successful Affordable Medicines program, which is the absolute leader in the quality of medical care in Europe, is worth it. In our opinion, AM is the only way to implement urgent reforms and optimize the quality of medical care for the civilian population and combatants not only in Ukraine, but also in Europe, and this is due not only to the high quality of the program itself,

but also to the practical experience of working in the conditions of the war and the constant threat to the lives of medical specialists. Such conditions create the possibility of a quick and qualitatively new reform of the AM program. And therefore, if there is a real possibility of changing the status of AM from a leading program in the life support system of the population, primarily in Ukraine, to one that will become an absolute trigger for reforms aimed at optimizing the health care system in the whole Europe, then it is worth striving for, at least for the moment, in the field of theoretical medicine, which will surely become a practice in the near future. After all, what is at stake is not only the provision of timely, high-quality medical support to Europeans and, above all, to Ukrainians refugees on the territory of the EU, which is now a problem of an absolute importance [35-40]; at stake is the prevention of a devastating outbreak of oncological diseases in Europe and in the world, as a result of the impact of the full-scale invasion of russia on the territory of Ukraine a year ago, because this negative impact will become more and more noticeable and serious every day, if only because the war continues. And, moreover, by discussing global changes in the life support system, now is the time to optimize cooperation according to the scheme: a Ukrainian doctor abroad - a Ukrainian patient outside our country, to legalize this cooperation and ensure its smooth operation, because the further development of this direction will be the scheme: Ukranian doctors abroad - Ukrainians abroad/ Europeans. It is the last scheme that is the model to strive for. In our current article, we will develop these two postulates as the most promising and necessary directions for the development of AM program in the year of 2023.

Materials and methods of the research: analysis, synthesis, induction, deduction.

Results and discussions of the analytical-synthetic research. The main issue of our current research is the state of medical care in the EU countries on the example of its current application and its availability in relation to refugees from Ukraine, as well as other persons displaced from Ukraine in the period from February 24, 2022, and before it.

Unfortunately, official testimony and statistics of the information that will be presented by us in the future cannot be found in reliable sources at the moment, which is why the basis of our research was primarily a social survey among refugees who moved after the start of a full-scale invasion to the EU countries, such as Germany, Poland and Italy. However, there is also a number of others, the testimonies of which we have collected from several dozen people. We do not provide personal data of our survey gorup in order to preserve the confidentiality of information. Thus, during the above-mentioned period of time,

it was possible to establish that, as far as pre-registering in the health care system itself does not pose a big problem, the issue of using this system in the future remains acute. After the beginning of the Russian invasion and after the arrival of the first large group of refugees from Ukraine to various EU countries, volunteers and social workers worked around the clock in medical institutions, as well as in a number of administrative and humanitarian institutions, who provided translation from Ukrainian into the language of the country where the displaced people have arrived and vice versa. It was especially important when applying for refugee status, as well as during registration in the European medical system, as well as its functional units operating in one or another country. This was extremely helpful during the first visits to these centers. After some time had passed, namely 6-8 months, the level of the influx of refugees not only reached a flat top, but even reached a plateau stage, that is, a small number of people from Ukraine had already arrived, or they did not register their status as refugees, or a certain number of people returned to Ukraine. In addition, more than 80% of people started attending public or private foreign language courses in order to optimize contact with people in the host country. Thus, the volunteers were able to move on to the other responsibilities of helping internally displaced people (such as helping with the translation of educational documents, enrolling refugee children in a local school, etc.), but the field of medical care, in particular, remained in a state of constant lack of support translator.

On the one hand, the problem seems to be solvable, but what does it look like in practice? Despite the dominant opinion of many Ukrainians that people in the EU countries, and especially in the medical field, speak English, this is mostly, unfortunately, an exaggeration. If English is the standard of competence in countries such as Netherlands, Switzerland, the Czech Republic, Portugal, Spain, Norway and a number of other basically non-English-speaking countries, then countries such as Germany, France, Italy, Poland and many others cannot boast of a similar indicator. For the most part, people in the medical field do not speak English, so it is extremely difficult, in most cases even impossible, for a person who does not speak the local language to negotiate without an interpreter. When it comes to the field of the health care, especially people with chronic and acute disease, in particular, those that developed as a result of the impact of stress on the background of the experienced moments of war, as well as the so-called PTSD, then the argument will not work in this case that this situation will become a trigger for a person to learn the local language faster and more effectively. Unfortunately, this is not the case. Due to the experienced stress, due to the concern for loved ones, who quite possibly continue to be in the territory where hostiles continue or those that are further occupied, the concentration and attention of a person falls,

the quality of memory deteriorates many times, and thus expect brilliant results in learning a foreign language in adults are not worth it, although the situation looks diametrically different when it comes to children and teenagers. But, in the meantime, half a year passes for those who arrived immediately after February 24th, and it is necessary to continue somehow their own registration in the medical system of this or that country, and those who just arrived in this country must undertake this procedure from the beginning and, if in theory there is no shortage of sources that would describe the necessary procedure for Ukrainians to gain access to the healthcare system, then in practice it looks as follows: real access to free medicine begins 6-8 months after a person goes through dozens of different medical centers, trying unsuccessfully to register or re-register in the health care system, (because theoretical knowledge often diverges from the practical functioning of the system, if only because the medical institutions themselves are very often not fully informed about how the procedure for accepting refugees should look like), later, after registering in the system, a person must register to receive his own family doctor, which also takes a rather long period of time during which it may become clear along the way what the person lacks some administrative papers or registrations at the centers of provision administrative services, in order to make an appointment with a doctor, etc., eventually a person gets an access to his own family doctor and waits for an appointment, which can be in a week or in two or three months. After a person gets to a family doctor and makes an appointment with the relevant specialists, it can take from a month to the n-th number of months before the person actually gets to this specialist. But, when people finally want to meet their own specialist, they will mostly face a similar problem that accompanied them before, and therefore, the doctor's lack of knowledge of English, or worse, of course, when neither the doctor nor the person speak English, and, therefore, it becomes extremely difficult to explain qualitatively one's own diagnosis to this doctor. But, insufficient understanding of each other can lead to fatal consequences.

The situation we have described above looks tragic, but from the practical point of view it can be even called "the norm", because as the result, the person did get to the appropriate specialist, even after a long period of time. Nevertheless, at the same time, this situation is more fabulous, optimistic, even utopian, because there are most examples when refugees from Ukraine (however, we are absolutely sure that not only refugees from Ukraine, but also from other countries, and also, undoubtedly, the citizens of this country themselves, because similar bureaucracy and slowness prevails in most EU countries, even in those where English does not pose a problem in communication), in the future they never got access to a family doctor, or never even waited for an appointment with the relevant specialist. There are

no doubts that the alternative is always a paid medicine, and perhaps this is precisely why a large percentage of Ukrainians who went abroad after the war did not register as refugees in the country of actual residence, because they can afford any range of services upon payment. Or these people have a good state of health, and such that has protected them from visiting medical institutions until now, and they do not understand the relevance of registering themselves to receive free medical services. Anyway, this percentage of people is not dominant. Instead, the dominant percentage of people is the one consisted of our compatriots who came to the EU countries with a limited budget, or without one at all, fleeing the war and cannot afford the services of a paid doctor, because these services are too much for even 70% of the EU citizens to pay for. In addition, there is also no shortage of people who arrived with sufficient financial means to provide for their own family, but their health condition involves such a type of medical intervention or treatment that this person cannot afford in any case, because in the future he/ she has to care of the well-being of his/her own family. There can be a great number of examples, moreover, there is no shortage of even “hopes” of getting into the emergency department “if it really gets very bad”, but in this case most Ukrainians do not take into account that the emergency department is not always, but rather most of the times does not accept freely a person “from the street”, or it is not possible to call an ambulance based on all signs that are critical for us, or that post factum it is quite possible that such an urgent care will eventually have to be paid for, as for medical services received without a normal “waiting in the queue”. As we have already postulated, there are an unusually large number of examples and all of them lead us to one single thought: what should do those people who are used to apply for services of the Affordable Medicine program in Ukraine and for services of a regular visit to a doctor to maintain their health at an appropriate level? And what should those people do, who, due to their health condition, must visit a doctor or to monitor their condition, according to the fact that the opposite behaviour can threaten fatal consequences for life and health? And what if the person does even not currently that he/she already has a health problem? He/she is tormented by certain of disease’s manifestations, sometimes he/she does pay attention to them, sometimes does not, and right now is a proper time to stop the development of the disease and save this person, because the disease will not wait the endless number of months in a row to get an appointment and visit a doctor?!

Meanwhile, in one European country, a young woman waited in a line to see her dentist, suffering from unbearable pain for 7 months, in the end, when she had no strength to endure it, she paid 800 euros for treatment at the dentist, previously received as social assistance from the state. In another EU country, a young man with diabetes and insulin

addiction went to a local doctor, who prescribed him the wrong dose of medicine, which caused the young man to have retinal detachment and became blind in his early 20s. Additionally, the family waited more than 10 days for an urgent! operation that could save his sight, although it would normally take a few hours at most. By the way, a few years ago, our research group also spoke with the parents of a young man whose treatment in the same country with the same diagnosis and history led to his death at the age of 20, due to untimely and poor quality medical care. And there are a huge number of such examples, and Europeans also suffer from the same problems. Lack of a timely visit to a doctor, financial inability to visit a paid doctor (and especially when there are several such doctors, because in the EU the vision which is practiced, says that when one specialist in our country has a wide range of necessary competences, in the EU countries for the same range of competences there will be 4-5 different pecialists); low-quality diagnoses, untimely treatment, and, as a result, also untimely access to a medical prescription, without which it is impossible to get the necessary drug, if a person even knows that it can improve his condition, leads to a sharp deterioration in the health of not only Ukrainians, but also European population, leading to a drop in the level of their full life, its reduction, as well as, consequently, to a demographic crisis, which one way or another continues to grow.

To add, if our goal cannot be to help all people in the world or in the EU, because currently the AM program has neither the opportunity nor the resources to realize this goal at least in the near term (it is quite possible that this goal will be realized in the longer perspective though), but we are obliged to help our compatriots who have become somehow displaced all around the EU, espeially those who were active beneficiaries of the AM program and are used to have medical services provided in a different speed. The modern development of the AM program should focus a certain part of its resources on helping them.

Thus, in our opinion, the main development direction of the AM program in the 2023 should be a long-time cooperation between the Ministry of Health of Ukraine and the Ministry of Digital Transformation of Ukraine in the field of creating mobile applications “Affordable Medicines” and “Affordable Medicines Abroad”. Surely, nowatds on the territory of Ukraine, the function of the first of them is successfully performed by the “Diia” application, but by implementing a separate digital solution, we will be able to achieve an expansion of the scope of this new application. Namely:

1. All prescriptions for medical drugs, which will be issued from the year of 2023, are supposed to be issued simultaneously in several languages: Ukrainian, English, German, Spanish, Italian and French are offered by us here. Thus, while traveling abroad, a

person who is an actual beneficiary of the AM program, will be able to use his own prescription without having to wait in line for an additional examination on the territory of great amount of countries, because this examination has already been successfully completed on the territory of Ukraine. Additionally, if the process of taking of certain medications involves the possibility of extending the term of treatment (extending the term of their taking), in this way, a person can submit an application online (the number of applicationn must be limited by the family doctor, depending on how much the treatment can be really extended, in order to prevent abuse of this function), and this prescription will be thus updated without a need for an additional visit to the doctor. This will help to simplify the procedure for people not only in Ukraine, bua also abroad, those who have long-term chronic diseases and, according to their private medcial experience, know how they can alleviate their condition, which, of course, does not exclude the need for annual preventive visits to own doctor, or according to the schedule that will be the most optimal for this type of disease. (In this case, it is worth to note that for this scheme to work, a specific kind of cooperation not only between the Ministries mentioned above, but also between the Ministry of Health of Ukraine and Ministries of Health of other EU countries is supposed to be built, because in this case bilateral or even multilateral agreements must be concluded between them for cooperation, so that prescriptions that are written out on the territory of Ukraine and entered into the mobile application could be “accredited” on the territory of the EU).

2. The second necessary option of this mobile application should be the deduction of the corresponding price and discount for the drug or generic drug supplied under the AM program (in the currency of an appropriate country, because it will be relevant for internally displaced people). One of the options of the program, which makes it the undisputed leader among the life support programs of the population, is that the beneficiaries of AM program have access to free or almost free medications, which require from 10 to 30 % surcharge for various types of drugs, thus becoming budgetary for the population and not demanding sacrifices from Ukrainians regarding their own health. There are no doubts, that on the territory of the AM, these possibilities can be applied not only to drugs that a person receives or buys on the territory of Ukraine, but also to the counterparts, that is, drugs of the same spectrum of action. This also requires an unconditional cooperation between the Ministries of Health, because it is worth conducting joint work in the field of comparing the names of medications available under the AM program in Ukraine and selecting appropriate medicines that are their counterparts in the EU countries. Of course, the opportunity and the way to agree on the specifics of co-financing and financing of medicines that will be provided

by pharmacy chains of the EU countries to Ukrainians abroad is also relevant. On the other hand, in our opinion, this is only a matter of unifying the practice of cooperation of Ministries in this area, which should become a plan for the nearest implementation, because the system of co-financing and financing of medical drugs exists in many EU countries, there is a difference only in the number of names and percentage of additional financing, because in this area Ukraine is an absolute leader in relation to its own citizens. Thus, it is possible either to ensure the delivery of Ukrainian drugs to certain pharmacies in EU countries if such a drug is not available or it is not co-financed at all, or to agree on the percentage of co-financing (so that, within the framework of cooperation, this percentage coincides with the one that the beneficiary of the AM program had on territory of Ukraine). This option is extremely important today, because even with the possibility of obtaining certain drugs with state co-financing, the percentage of co-financing within the framework of the economic situation, which has worsened for 95% of our citizens, especially those who are abroad and do not have a job, primarily due to insufficient language competences in such a short period of time, any percentage towards lowering the price of the drug can be an impetus to “not neglect” one’s own health and an additional step towards each citizen, even those who are not beneficiaries of the AM program, because this is a powerful lever in favor of the policy of taking care of all citizens, even those who have gone abroad, because these internally displaced people are also going through a critical period of their self-identification in the new society.

3. The third most important direction of the development of the AM program is the opening of the project “Affordable Medicine for EU Ukrainians”, within the framework of which Ukrainians who are currently in the territory of the European Union countries, either on the basis of refugee status, or as people who have been there for a longer period of time than from February 24, 2022, will have an access to online or offline medical consultations with Ukrainians medical specialists of various profiles who are also abroad. Cooperation can take place either through the online platform, which was already discussed, or by providing accelerated accreditation to doctors from Ukraine on the territory of the EU countries. In this case, it is not about the access of our doctors to the treatment of Europeans, because in this case, the Ukrainians doctor’s diploma must be at least nostrified in the relevant country, or by passing a similar procedure for the recognition of the Ukrainians diploma on the territory of the EU. As a solution to today’s crisis, it is proposed to discuss the possibility of cooperation between the Ministries of Health of Ukraine and the relevant EU countries in order to ensure the possibility of providing qualified medical care to our compatriots abroad by their fellow doctors. A similar procedure of “temporary” and urgent introduction of foreign doctors into

the medical care system was practiced during the “coronavirus crisis” and this system justified itself 100%. Thus, at least for the period of crisis with refugees in the EU countries, we will be able to achieve harmonization of the Ukrainians-doctor cooperation process (provided there is a lack of language skills), we will be able to optimize the acute issue with medical personnel, at least reducing the demand from Ukrainian patients in Europe, and reduce the waiting time for an appointment with a doctor this time not only for Ukrainians, but also for Europeans themselves, that is, we will optimize the time of diagnosis within the framework of free medicine, we will implement another level of support from Ukraine for our compatriots, which will help to receive qualified medical care according to the rules and terms towards which Ukrainians are used to. This is an extremely important decision in the context of the latest statements by the WHO that, in the period from 2020 to 2023, the number of people dying from cancer will increase from 10 to 13 million annually. This is primarily related to Russia’s military aggression on the territory of Ukraine, and the cause of the disease can be not only stress, but also radiation emissions that accompany every missile attack on our territory. Therefore, many people who in one way or another became externally displaced (but this also applied to internally displaced people, as well as to those who will continue to live in the epicenter of hostilities in particular), are in an absolute risk group regarding the possibility of oncological diseases, that is, to diagnose this in time the disease can cost the patient life and health, and we, within the framework of AM and further projects of the program, must ensure the access of Ukrainians to timely diagnosis of such a disease, even if they are temporarily abroad.

Conclusions

1. The year of full-scale invasion became a trigger for the development of wide range of new systems in a new generation Affordable Medicines (AM) program.
2. Currently, according to the Ministry of Foreign Affairs and the UN, 6 to 8 million people have left the borders of Ukraine, not including people who did not receive refugee status abroad, or those who lived in the territory of the EU countries even before the full-scale invasion.
3. The health care and, most importantly, access to it is diametrically different from the one that functions in Ukraine and, due to the long waiting period of the procedure, a great number of Ukrainians nowadays cannot receive the necessary medical aid in full or cannot receive it at all.

4. Under the prism of a large percentage of the possibility of the development of diseases that can be a consequence of being a witness of military actions on the territory of Ukraine, as well as the expectation of a cardinal surge of cancer diseases in Europe and Ukraine, as a result of the impact of stressful situations, as well as a high level of radiation emissions into the atmosphere, as a result of shelling the Russian army on the territory of Ukraine, it is worth looking for completely new opportunities for access of Ukrainians abroad to the life support system.

5. Free medicine is the only hope of more than 70% of our compatriots abroad, because they somehow cannot afford paid medical services. However, the long waiting time to access to these services sometimes leads to fatal consequences.

6. In our opinion, the main prospect of improving the existing situation is a prospective cooperation between the developers of the AM program and the Ministry of Digital Transformation of Ukraine, in the field of developing a specific mobile application following the example of “Diia”, which would be able to control the demand for medicines supplied as part of the AM program among people abroad and to ensure the access of displaced people to these medicines, as well as such an application that could operate according to the scheme: Ukrainian patient abroad - Ukrainian doctor abroad.

7. A number of problems with the lack of qualified medical personnel in the EU countries can be solved by ensuring the access of high-class medical specialists from Ukraine, who also left the territory of our state after the full-invasion, to the field of providing medical services, because in this way not only the issue with personnel will be solved, but communication will also be established with people who do not speak English, or speak only English as a foreign language, which mostly does not optimize cooperation in the link between a Ukrainian patient and a European doctor.

8. The innovations and reforms discussed in this article should become the main moving force of the development of the AM program in 2023, because the world's medical community has already announced the critical possibility of an increase in cancer diseases among the population of Ukraine and Europe at a young reproductive age. The lack of an appropriate legislative and digital response, as well as the necessary reforms, could be a fatal mistake, the result of which will be the deepening of the demographic crisis in Europe and Ukraine.

Perspectives for future research. To work out the specifics of providing online and offline medical care according to the scheme: Ukrainian doctor abroad - Ukrainian patient abroad which is based on the Affordable Medicines program, within the framework of

preventing a critical surge of cancer diseases in Europe, as well as further demographic crisis that may result from such a surge.

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