HEALTHCARE SYSTEM SUPPORT

Contents
1. INTRODUCTION
2. STATE OF THE HEALTHCARE SYSTEM
   2.1 GEOGRAPHICAL AND SOCIO-ECONOMIC CHARACTERISTIC
   2.2 MEDICAL INDUSTRY AND MAIN PROBLEMS
3. ANALYSIS OF THE PROJECTS
4. SWOT – ANALYSIS AND RECOMMENDATIONS
5. SOURCES
INTRODUCTION

The effect of the healthcare system on the socio-economic development of territories

According to the definition provided by the World Health Organization (WHO), health is a condition of the full social, biological and psychological well-being of a person, and not only the absence of diseases and disabilities.

If to examine the above definition of health carefully, it can be noticed that it composes of two parts: diseases and disabilities, which can be assessed objectively, and mental and social well-being of a person, which contains a significant subjective component. It is necessary to emphasize that the composition of the term “health” is not constant, but depends on a social and cultural level, varying in space and time.

The definition of health is broad and cannot be covered by a single indicator. The risk factors for the health of the population that occur in the environment are diverse. The effect of many polluters on health can be combined with other factors (smoking, alcohol, economic difficulties). It is known that for assessing the consequences of the adverse effect of environmental factors regarding health the following is considered:

Researches performed within the project IPBU.03.01.00-20-101/10 „Development of Co-operation of Medical Institutions of the Polish-Belarusian Borderland in the Scope of Immunotherapy for Pulmonary Tuberculosis”.
● biological effect of a harmful factor;
● degree of its spreading;
● sustainability of a factor in temporal space;
● sizes of the groups of population which in one way or another are under negative influence.

The factors recognised as harmful are prohibited for use, or their release to the environment is regulated. Herewith in the international community the decision on the level of regulation is taken according to the concept “aval-harm”. The benefit, which the society will have from the use of the factors, is compared to the harm inflicted to the environment and health. The size of harm is determined as the so-called acceptable tolerable risk, that which is being neglected by society while receiving the benefit from what is being implemented. This value is established considering not only the previously mentioned criteria, but the economic state of society as well.

The level of socio-economic development, by influencing the condition of public health, stipulates a high rate of incidence and mortality of a population. The connection between health condition, employment, income level, social security, housing conditions and education level is quite essential. The effect of socio-economic factors can be significantly higher than the influence of natural conditions.

Today the border territories of Ukraine and Belarus jointly with the border regions of the EU face the serious problems in the healthcare sector that are related to the demographic and epidemiologic shifts, the strengthening of socio-economic disparities, the resource deficiency, the development of technologies and the constantly increasing requests of the population. The indicated problems have especially become pinpointed under the conditions of a current economic situation. That is why the introduction of the programmes of cross-border cooperation and implementation of the projects regarding the improvement of the population’s health and the availability of healthcare services is an extremely important answer to the challenges of the present.
The situation in the border regions from the point of view of the human and social capital is no better than in the remaining territory of the countries. From the Ukrainian side of the border, the population is dropping (due to immigration and low natural growth), in recent years the same problem concerned Belarus too, but now in Belarus there is an increase in population (due to positive migration to Belarus and birth rate increase). From the Polish side of the border, in recent years, the situation has been quite stable. The age structure of the population indicates the aging of the population. The quality of human capital is not an influential resource of the assessed territories, since the percentage of the persons with higher education is relatively small.

In 2005, a major part of the Programme area’s population (65.3%) was of productive age. Of the Programme area’s population, 18.1% was at a pre-productive age and 16.6% at a post-productive age. From the point of view of a demographic structure, the most favourable one is the situation in the Polish part of a cross-border region, and the least favourable is the one in the Belarusian. As a result, for the Ukrainian and Belarusian parts of the territory a high percentage of the persons at retirement age is characteristic, 21.2% and 23.2% respectively. For comparison, the situation in the Polish regions can be considered auspicious – 17.2% of the population is at the retirement age. However, in the broader perspective a conclusion arises, that on the Polish side of the border the problem of population aging stands out sharply as well, and it can worsen in the coming years.

The environment of the territory is characterised by the following factors that can affect the people’s health: low levels of environmental pollution, lack of waste treatment facilities and technologies, high quantity of ecologically dangerous objects, continued pollution of surface waters and lakes. Public utilities infrastructure (public water conduits, public sewerage systems, wastewater treatment plants, landfills) also requires expansion and modernisation.

Health condition of the population and the typical diseases.

It was estimated that in the 15 countries of the European Union (before 2014) 20 000 people died annually due to cardiovascular diseases. One of the most common diseases in this category is hypertension. It is estimated that in Poland the problem occurs in over 50% of the population aged 65+. The second most frequent is myocardial ischaemia, which is the
Equipment purchased for Hrodna Oblast Clinical Hospital within the project IPBU.03.01.00-20-102/10 "Development of Co-operation in Order to Improve Health Safety of the Population of the Polish-Belarusian Borderland".

PROGRAMME AREA’S POPULATION (AS FOR 2005)

18.1% pre-productive age

65.3% productive age

16.6% post productive age
reduced blood supply to the heart muscle, one of the most common causes of death in Poland. Number three in this "ranking" is cardiac failure (including heart failure). A rapid increase of the death rate due to cardiovascular disorders per 100 000 of population at in the age group of 65-69.

In Poland there are approximately 120 000 new cases of cancer registered annually, and over 90 000 patients die annually due to neoplastic diseases.

In Poland the incidence of mental disorders in children and teenagers amounts to approximately 9%. This means that in the Polish part of the Programme area approximately 100 000 children suffer from a variety of mental and emotional disorders and are likely to require inpatient psychological and psychiatric treatment.

**PERCENTAGE OF THE PERSONS AT RETIREMENT AGE**

<table>
<thead>
<tr>
<th></th>
<th>Poland</th>
<th>Belarus</th>
<th>Ukraine</th>
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</thead>
<tbody>
<tr>
<td>%</td>
<td>17,2%</td>
<td>23,2%</td>
<td>21,2%</td>
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</table>
Belarus

Health condition of the population and the typical diseases.

Over recent years, the demographic processes in Belarus are characterised by the decrease in the reproduction of the population caused by the increased death rate. The average life expectancy in Belarus is low in comparison to other developed countries. The leading causes of mortality in Belarus are diseases of the circulatory system (53%), cancers (14%), and external causes such as accidents, poisoning, injury, homicide and suicide (11%).

In recent years, morbidity and mortality indicators began to decline. The number of cases per 100 000 population decreased by 11.8%, from 54.3 to 47.9, and mortality dropped by 28.9% (from 12.1 to 8.6 deaths per 100 000 population). In Belarus, the rate of premature (0–64 years) mortality due to both ischemic heart disease and malignant neoplasms is one of the highest in Europe. The situation with regard to mortality from external causes of injury and poisoning is developing in an extremely unfavourable way in Belarus.

Tobacco smoking is currently high, and it has increased among adolescents. It is estimated that about 15 500 people die each year from tobacco smoking related diseases, this represents about 14% of all deaths (28% for men, 1% for women). Moreover, tobacco is estimated to cause about 40% of all male deaths at middle age (35-69), and about one-half (40%) of all cancer deaths.

Ukraine

Health condition of the population and the typical diseases.

In 2011, only 35% of the Ukrainian population considered their health as “good”. But around 94% of the households self-reported that at least one family member needed medical help during 2011. However, when analysing the health conditions of the population of the Ukrainian Programme territories, various results were obtained – each Programme region has its own specifics.

In Volynska oblast in the structure of diseases prevalence among the oblast population in 2013 the first place was taken by diseases of the circulatory system – 29.9%, second – respiratory diseases – 19.9%, and third – digestive system diseases – 7.3%. In the structure of incidence, respiratory diseases prevailed – 45.6%, second place was shared between skin and subcutaneous tissue diseases and injuries, poisonings and some other consequences of external causes – 6.3% each; the third belongs to urogenital system diseases – 5.9%.

In the oblast the indicator of incidence of all forms of active tuberculosis has increased by 7.0% from 63.1 in 2009 to 67.5 per 100 thousand of people in the reporting year. Gradually the indicator of oncological incidence is stabilizing. The incidence of HIV in 2013 was 25.7 per 100 thousand of people, which is 3.8% lower than the indicator in 2012 – 26.7. For the same period, it was possible to reduce the incidence of AIDS respectively by 24.2%. The incidence of the oblast population of alcohol deliria, alcoholism and drug addiction in 2013 was 100.6 per 100 thousand of people against 106.5 in 2009 (-5.5%). At the same time, the indicator of drug addiction incidence of the population has increased by 9.1% during the last five years and of chronic alcoholism by 5.5%. 
But in Zakarpatska oblast for the 12 months of 2013 the indicator of general incidence of the oblast population was 63,520.0 (2012 – 63,536.6); the indicator of the incidence of diseases of the circulatory system– 5,450.0 (2012 – 5,467.9), the indicator of incidence of malignant neoplasms – 251.4 (2012 – 257.9) per 100 thousand of people. Oncological incidence of the male population – 275.4 (2012 – 283.3), of the female population – 229.3 (2013 – 234.3) per 100 thousand of the respective population. This way, in 2013, the decrease of the indicators of diseases of the circulatory system, oncological diseases and the indicators of general incidence was observed in the oblast.

The defining determinants of the demographic capacity development of Lvivska oblast include the health condition of its residents, which is primarily characterised by the volumes and dynamics of the rate of mortality and incidence of the population. The medical and demographic situation in Lvivska oblast has determined such main reasons of population mortality of the whole country: 1) caused by circulatory diseases (65.2%); 2) caused by neoplasms (12.5%); 3) by external causes (6.9%); 4) caused by digestive system diseases (4.25%); 5) caused by respiratory diseases (3.0%); 6) caused by some infectious and parasitic diseases (2.1%).

The most dangerous in the oblast is the incidence of the active form of tuberculosis. The general number of active tuberculosis patients in the country from 1990 to 2011 has increased from 16,5 thousand to 30,7 thousand people, while in Lvivska oblast – from 870 people to almost 1,63 thousand. Therefore, in both cases the dynamics of increase of incidence appeared to be almost identical (approximately twofold). In general, the situation on the health condition of the population of Lvivska oblast is quite contradictory. Although the mortality rate and incidence level of the people are somewhat lower than in other regions, the specialists indicate the specific phenomena and processes that require constant attention. One of the examples is the lowered resistance of the residents of the territory to respiratory diseases.
The medical industry of the territories, the ways and main problems of its development

The four strategic goals of health policy in Poland are:
- increasing health safety of the society,
- improvement of the functioning of the healthcare system,
- adjusting of healthcare to long-term demographic trends,
- decreasing the gap between Poland and the EU average in terms of healthcare standards.

Nevertheless, the Polish healthcare system is facing numerous problems, among the most important ones are the following: Polish patients have to wait too long for a visit to a specialist (in many cases more than 6 months) or for a surgery. Another issue is the lack of access to new medication, especially the advanced anti-cancer therapies. Patients have no choice but to wait for several months for a bed in an oncology hospital ward. No wonder that the successful treatment ratio is one of the lowest in Europe, both in the case of diseases specific for women (e.g. breast, cervix, ovary cancer) and for men (prostate, lungs). The waiting time for the more simple diagnostic examination is also measured in months.

At the end of 2007, the Polish part of the cross-border area (Polish-Ukrainian border) was characterised by the following health care statistical data:
- The number of ambulatory healthcare facilities – 464, including 105 public and 359 private;
- The number of medical practices – 317, including 195 in cities, 122 in rural area;
- As a part of the ambulatory healthcare 6,706,000 medical consultancies were provided;
- The number of pharmacies – 352, including 349 private;
- The number of pharmacy points was 63.

At the end of 2011, in the Polish part of cross-border territory in ambulatory healthcare 494 units were operating, which accounted for almost 37% of all ambulatory healthcare facilities operating in Podkarpackie and Lublin voivodeships.

In 2011, on the territory of the Polish-Ukrainian border there were 317 medical practices (including 61.5% in urban areas). They accounted for 27.7% of all medical practices operating in Podkarpackie and Lublin voivodeships together. During 2011, more than 7,513 thousand consultancies were granted in total, including almost 6,706 thousand medical consultancies and 808 thousand dental consultancies.

It is worth emphasising that in this border area in addition to the set of healthcare institutions, the medical practices that do not have a signed contract with the National Health Fund or healthcare facility, i.e. act solely in the context of non-public funds, also operate.

If to characterise the medical branch of the Programme territories of the Republic of Belarus, it is necessary to note the following: Belarus has basically preserved the Soviet model of medical care, with some modifications. The primary advantage of this mod-
el is that basic healthcare is available to the entire population free of charge. The main shortcomings of the existing system are low responsiveness and efficiency.

If to analyse the healthcare system of the border Belarusian territories of the Programme, it turns out to be typical for all oblasts. For example, the structure of healthcare of Hrodna oblast is represented by 7 regional, 5 urban, 11 urban village, 16 central district, 21 divisional and 16 hospitals of nursing care, 114 ambulatories (93 of them are independent), 5 regional dispensaries and 328 paramedic and obstetric centres.

In general, the following problems of the healthcare system of Belarus can be outlined:

- **Low average lifespan of the population.** Today in Belarus it comprises about 70 years (64.8 years for men, 76.6 for women). By this indicator Belarus gives way to almost 100 countries of the world, and in comparison with the developed countries it is lower in men by 12-14 years, and in women by 5-6 years.

- **The increasing load on the healthcare system due to the decrease in the number of population of the country.** Thus, from 1994 the number of population has decreased by 799.1 thousand people. It is necessary to take into consideration that the reduction of the population in the future will lead to the decrease of the number of economically active (employable) population and to the increase of the number of economically inactive populations (retirees). This will consequently cause the increase of financial load on the medical sector (the number of taxpayers is reduced and the number of people with bad health condition grows). For example, according to the UN classification, the population is considered to be old, if the share of the people over 65 comprises 7%. At the beginning of 2012 in Belarus this number approached 14%.

- **A high coefficient of secondary employment (several wage-rates for a single medical employee) and the lack of medical personnel.** In general, for physicians across Belarus this ratio is 1.39. The highest ratio is in Minsk (1.53) and Mogilyov (1.51) oblasts, the lowest – in Hrodna oblast (1.22). The problem is exacerbated by the fact that in spite of the high ratio of secondary employment, in general across
Belarus the positions of doctors remain vacant, which means an acute shortage of physicians. According to the Belstat data, the staffing of medical positions (wage-rates) in medical organisations of the Ministry of the Health System (excluding dentists) across the republic in all of 2011 was 95.9%. The highest level of staffing of medical positions remains in the medical organisations of Mogilyov oblast (99.4%), the lowest – in Minsk oblast (93.9%). This indicator depends on the level of medical establishment. As a rule, the district polyclinics suffer the most from the lack of specialists.

● The insufficient funding of the healthcare system. Today, the financing of Belarusian medicine is about 1% of the GDP. For comparison, the expenses for the healthcare system in European countries on average comprise 7-9% of the GDP, in the USA – up to 15%, in Russia – 3.5% of the GDP, in Georgia – up to 10% of the GDP. The result of such policy of the Belarusian government is the low level of salaries of physicians and paramedic personnel.

In Ukraine the problems of the medical sector are similar. In spite of the progress of market reforms in Ukraine, in the healthcare sector a command-administrative approach to the management was continuously being applied without the opportunity of flexible local managerial decision-making depending on the needs of a community.

The state is not able to support the healthcare sector financially to the full extent, and the mechanisms of compensation and forming of financial pools were not developed either in the state as a whole, or locally.
If to speak about the specific problems of the Programme territories, it is necessary to note that the number of hospitals and ambulatory and polyclinic establishments in the significant number of the districts of Lvivska, Ivano-Frankivska, Volynska oblasts has decreased in the period 2009-2013 by 4.3-24%, the number of hospital beds per 10 thousand people on average for the last 5 years has decreased by 7.4%, the provision of independent outpatient clinics and polyclinics has comprised 2.4 units per 10 thousand people, which is twice lower than European norms (4.9 units per 10 thousand people).

The funding of the entities of the medical sector on the border territories of the western regions in 2013 was mostly aimed at the payment for communal services, energy carriers and salary for medical personnel, and not for purchasing medication and medical equipment; the reparations of healthcare establishments were conducted at the expense of sponsor funds.

In general, the main problems of the medical sector of the Ukrainian part of the Programme are:

- a moral and physical depreciation of the major part of medical equipment.
- the problems of insufficient material and technical basis of the healthcare establishments of the I and II levels of aid provision, low staffing of the POCs;
- insufficient staffing of positions in the rural areas;
- reducing direct costs for medical aid in the structure of the budgets of primary and secondary medical and sanitary link;
- increase of the level of incidence of HIV/AIDS and tuberculosis;
- the need for establishing early diagnostics of oncological diseases, a high level of detection of patients with an oncological pathology of III-IV stages of the disease, with the destructive forms of tuberculosis, complications of the cardiovascular system;
- the necessity of renewing the car park and providing the hardware and technical and software content for the regional operative and dispatching service of centres of urgent medical aid and disaster medicine;
- insufficient provision of the primary care facilities with sanitary transportation;
- insufficient development of day hospitals in the polyclinics;
- a low level of prevention of maternal and infant mortality, absence of the regional perinatal centres and insufficient equipping of Uzhgorod city perinatal centre;
- the need for prevention of cardiovascular diseases mortality;
- the reorganisation of psychiatric service.
Analysis of the projects of the Programme in the medical industry and their compliance with the development challenges of the territories.

In general, within the frames of the CBC Programme Poland – Belarus – Ukraine 2007-2013, 13 projects on medical topics were financed, 5 of which have already been completed and 8 are still in implementation stage. The general distribution of the funds (the general amount of grants together with co-financing) among the countries is as follows:

- Poland – 14 768 430.05 Euro
- Belarus – 8 411 900.08 Euro
- Ukraine – 3 387 2167.92 Euro

The distribution of budgets is as follows for projects, in Euro:

<table>
<thead>
<tr>
<th>NUMBER OF THE PROJECT</th>
<th>LEAD PARTNER</th>
<th>PARTNERS</th>
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<tbody>
<tr>
<td></td>
<td>POL</td>
<td>UA</td>
</tr>
<tr>
<td>IPBU.03.01.00-20-101/10</td>
<td>228 127.96</td>
<td>618 006.42</td>
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<tr>
<td>IPBU.03.01.00-20-102/10</td>
<td>79 2680.32</td>
<td>670 263.20</td>
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<tr>
<td>IPBU.03.01.00-20-103/10</td>
<td>844 765.46</td>
<td>632 478.62</td>
</tr>
<tr>
<td>IPBU.03.01.00-06-326/11</td>
<td>1 118 142.49</td>
<td>27 600.00</td>
</tr>
<tr>
<td>IPBU.03.01.00-80-356/11</td>
<td>833 228.50</td>
<td>79 745.48</td>
</tr>
<tr>
<td>IPBU.03.01.00-06-369/11</td>
<td>414 889.60</td>
<td>270 977.00</td>
</tr>
<tr>
<td>IPBU.03.01.00-06-417/11</td>
<td>1 786 022.00</td>
<td>2 400 515.21</td>
</tr>
<tr>
<td>IPBU.03.01.00-20-423/11</td>
<td>2 194 847.45</td>
<td>1 094 605.16</td>
</tr>
<tr>
<td>IPBU.03.01.00-20-546/11</td>
<td>371 429.90</td>
<td>307 828.71</td>
</tr>
<tr>
<td>IPBU.03.01.00-20-564/11</td>
<td>1 125 883.20</td>
<td>832 982.10</td>
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<td>905 610.42</td>
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<td>1 809 350.00</td>
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<td>IPBU.03.01.00-20-719/11</td>
<td>1 992 155.70</td>
<td>1 810 739.02</td>
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<tr>
<td>TOTAL</td>
<td>14 566 383.94</td>
<td>833 228.50</td>
</tr>
</tbody>
</table>

The Polish beneficiaries have taken part in all 13 projects (in 12 – as an applicant), the beneficiaries from Ukraine – in 5 projects (in 1 – as an applicant), and the Belarusian organisations – in 8 projects. None of the funded projects is trilateral.
Multiple specialised medical equipment will be purchased for Hrodna Oblast Clinical Hospital within the project IPBU.03.01.00-20-719/11 “Medical institutions co-operation in Belarus and Poland to improve the access to medical service and its quality within emergency service as well as stroke incidents diagnostics and treatment”.

"Development of Co-operation of Medical Institutions of the Polish-Belarusian Borderland in the Scope of Immunotherapy for Pulmonary Tuberculosis" (IPBU.03.01.00-20-101/10).

The project is aimed at fighting tuberculosis, its consequences, and at the prevention and early detection of this disease. For achieving these objectives the project foresees holding 6 seminars, website development, current repairs in the laboratories and the renovation of equipment of GOCZ “Fitziatria”, purchasing of equipment for Hrodna Oblast Clinical Hospital and Clinical Hospital in Białystok, printing brochures about tuberculosis for the physicians.

"Development of Co-operation in Order to Improve Health Safety of the Population of the Polish-Belarusian Borderland" (IPBU.03.01.00-20-102/10).

The purpose of the project is to improve the standard of Polish-Belarusian doctors’ co-operation that will result in the development of telemedicine as an effective diagnostic
tool for the border territory inhabitants, creating the conditions for improvement and development of doctors’ digital diagnostic skills by purchasing specialised medical equipment which is an important element of the project. Purchasing of new modern equipment will enable creating diagnostic imaging of better quality which will allow a faster and more accurate diagnosis. Apart from the purchasing equipment (55 units in total, 16 for Voivodeship Polyclinical Hospital in Białystok, 39 for Hrodna Oblast Clinical Hospital), the purposes of the project will be achieved through holding seminars (3 in each country), performing tests for benign prostatic hyperplasia on a group of 300 patients, and issuing the strategic document on the basis of the results obtained during project implementation.

"Development of Co-operation in Order to Improve Histopathological Diagnostics of Breast Cancer and Colorectal Cancer in the Polish-Belarusian Borderland" (IPBU.03.01.00-20-103/10). The overall objective of the project was to create sustainable forms of cross-border cooperation of health care units from the Polish border and Belarus in order to increase detection and improve the quality of breast cancer and colorectal cancer treatment. Activities of the project included purchasing specialised equipment for research and testing (14 units for Polish and 23 for Belarusian partners), implementation of two research programmes on breast cancer and colorectal cancer – as a result of the action, 200 Polish and 449 Belarusian patients have been studied, holding 6 seminars and workshops to exchange experience between the partner hospitals, and the preparation of scientific publications (BCO) and the strategic document (Hrodna Oblast Clinical Hospital) summarising the cooperation of both hospitals.

"Development of cross-border cooperation in order to improve public health conditions of the Bielski district and Luboml rayon through programmes of health promotion and prevention in the field of oncological diseases and tuberculosis" (IPBU.03.01.00-20-423/11). The realisation of the specific objectives of the project will be ensured by purchasing the medical equipment (renovation of the building and installing the X-ray in Bielsk, purchasing equipment and medical devices, specialised means of transport, a mobile X-ray, computerised diagnostic imaging facility in order to provide testing in the field of prevention of oncological diseases and tuberculosis, and at the later stage for taking care of the sick and those in need of further treatment in the hospital. In addition, the equipment purchased within the framework of the project will be used to conduct examinations on their own patients by each partner; trainings for the following categories: family doctors, occupational medicine, hospital emergency department, physicians providing services under the medical assistance aiming to develop a common questionnaire to be filled in by the doctor and patient during examination, and to discuss and develop a common strategy for the research carried out within the project; preventive testing and examination.

"Institutional cooperation between Vynogradiv district and Sanok province in the development of palliative care provision" (IPBU.03.01.00-80-356/11) is the single project where the Ukrainian organisation – Community organisation “Agency of Local Development of Vynogradiv” acts as an applicant. More than 82% of the project budget is directed at the solution of medical problems of the Ukrainian side. The main idea of the project is to develop a system of palliative aid in the region according to the best European practices,
ANALYSIS OF THE PROJECTS

through the integration mechanism using the experience of the Polish partners, building in
the process not only the modern functional construction with a novelty equipment, but
preparing the trained personnel and a complex service, the activity of which will be aimed
at the improvement of life quality of seriously ill people and ensuring access to the provision
of qualified medical aid.

"Cross-border cooperation for the prevention and treatment of extensive burn inju-
ries in the Polish-Ukrainian cross-border area" (IPBU.03.01.00-06-326/11).
The goals of the project are highly specific: increase of availability of specialised treatment
of burns in re-equipped hospitals in Łęczna by 15% and Lutsk by 10% within 3 years after
the end of project implementation; decrease of the annual number of patients deaths caused
by deep burns by 5% – from 47 in 2010 in Lubelskie Voivodeship to 45 and from 8 in 2010
in Lviv Oblast to 7 within 3 years after the end of project implementation. 96 medical equip-
ment units (including 1 car) will be purchased for Ukrainian partners and 227– for Polish
ones. The implementation of the project will build the technical and organisational capacity
of partner institutions (that is, public hospitals and burn treatment centres) with regard to
effective treatment of patients who have sustained severe burns. In the long run, the activ-
ities within the framework of the project ought to contribute to the building of the cross-bor-
der system for the treatment of burns, which should have a positive effect on the develop-
ment and integration of the Polish-Ukrainian cross-border area.

"Creating proper conditions for using mutual experience gained by the employees
of the Medical Care Centre in Jarosław and the District Hospital in Novoiavorivsk.
The conditions are of utmost importance for immediate maintenance of cross-border traf-
ic, for needs of people residing in the districts, as well as for improving the diagnostic and
therapeutic equipment owned by both institutions" (IPBU.03.01.00-18-595/11).
The main objective of the project is to improve the ability to work in the health sector
on the local and regional level and to improve the quality of medical services in the Pol-
ish-Ukrainian context by equipping the hospitals with modern equipment. As a result of
project implementation the equipment for cardiology, equipment for life-saving treatments,
diagnostic equipment and equipment for preventive testing will be purchased for the Medi-
cal Care Centre in Jarosław and Novoiavorivsk. The important result of the project, among
other ones, will be reducing the time necessary for diagnostics and treatment of common
diseases of the circulatory and digestive systems.

"Development of transborder cooperation in the scope of prophylaxis, diagnosis and
treatment of diseases transmitted by ticks in the regions of their endemic occurrence
in the Polish-Belarusian borderland" (IPBU.03.01.00-20-546/11). Its implementation pursues
such a goal as prevention of consequences of diseases transmitted by ticks through their
early detection and treatment due to additional equipping of the units with specialised med-
ical equipment and exchange of doctors’ and diagnostic laboratory technicians’ experience.
As a result of project implementation, a scientific conference was held; renovation and ad-
aptation of the Medical Diagnostic Laboratory and intensive supervision room, as well as
additional equipping in Hajnówka was performed; information campaign for the society on
diseases transmitted by ticks was conducted; creating of the common information platform
Training of doctors and diagnosticians from the District Clinical Hospital of Infectious Diseases in Hrodna organised in the Independent Public Health Care Unit in Hajnówka in the scope of the project IPBU.03.01.00-20-546/11 “Development of transborder cooperation in the scope of prophylaxis, diagnosis and treatment of diseases transmitted by ticks in the regions of their endemic occurrence in the Polish-Belarusian borderland”.

on prophylaxis, diagnosis and treatment of tick-borne diseases; additional equipping of the diagnostic laboratory with specialist equipment for detecting diseases transmitted by ticks in Hrodna. It is expected that as a result of project implementation in the target areas a growth of 5% in comparison with 2010 of carried out diagnostic examinations on the ways of diseases transmitted by ticks will be achieved, reducing the waiting time for the results of diagnostic examinations carried out with the ELISA method in the Hajnówka County by 28.57%, reducing the waiting time for the results of diagnostic examinations carried out with the Western Blot method in the Hajnówka County by 53.33%, and reducing the waiting time for the results of diagnostic examinations in the Hrodna District by 53.33%.

"The development of cardiological support for the Polish population and Belarusian population within Cross-border Cooperation Programme Poland – Belarus – Ukraine 2007-2013" (IPBU.03.01.00-06-417/11). Project’s goals are planned to be achieved in the following ways:

- establishment of the hemodynamic laboratory in Regional Specialist Hospital in Biła Podlaska;
- modernization of the premises and buying 62 units of specialised medical equipment;
- modernization of the premises of Brest Regional Hospital;
ANALYSIS OF THE PROJECTS

- establishment of the cardiological laboratory, including construction works and purchasing 37 pieces of highly specialised medical equipment;
- exchange of experience in the diagnosis and treatment of cardiovascular diseases.

Also one of the direct effects of the project will be the research programme for the treatment of cardiac arrhythmias.

"Health first. Medical Universities of Poland and Ukraine partnership for improving health care in the Polish-Ukrainian border area" (IPBU.03.01.00-06-369/11). The main project objective is the improvement of the quality of pharmaceutical care for the inhabitants of the Polish-Ukrainian border area through increasing the capacity for the cross-border cooperation of the medical universities in Lublin and Lviv, including Polish and Ukrainian academics, students, medical staff and pharmacists with regard to pharmaceutical care. Unlike other medical projects funded by the programme, this project de-facto does not have a strictly medical material and investment component, however, attention is paid to the no less important branch of healthcare - medical education. The implementation of the project will improve educational systems resulting in the improvement of qualifications in the sector of clinical pharmacists. It will also be a source of knowledge for devising a strategy for the clinical and pharmaceutical support of dental patients, as well as improving the effectiveness of medical and pharmaceutical technologies computerisation. What is more, it will contribute to the establishment of legal regulations leading to the implementation of a medical (pharmaceutical) insurance scheme in Ukraine.

Construction works connected with the creation of the cardiological laboratory in Brest Regional Hospital within the project IPBU.03.01.00-06-417/11 "The development of cardiological support for the Polish population and Belarusian population within Cross-border Cooperation Programme Poland - Belarus - Ukraine 2007-2013".
"A development of cooperation between medical facilities from a Polish-Belarusian borderland in a treatment of acute psychiatric disorders" (IPBU.03.01.00-20-564/11) The main objective of the project is to improve the quality and accessibility of medical services for the treatment of severe mental disorders offered by the health institutions in Poland and Belarus through the exchange of knowledge and experience. The objectives will be reflected as: to increase the number of joint projects aimed at sharing knowledge and experience in the treatment of acute psychiatric disorders among Polish and Belarusian partners after project completion and to increase the quality of medical services in the treatment of acute mental disorders in the institutions participating in the project after its completion in relation to the base year of 2012. One of the activities is the modernisation of hospitals in Choroszcz and Brest through renovation and purchase of equipment and medical devices. For the needs of the Provincial Neurological and Psychiatric Department in Brest, a vehicle for transporting patients will be purchased. In addition to the investment activities, soft actions are planned simultaneously.

"Development of co-operation of medical institutions of Poland and Belarus in order to improve the quality of oncology diagnosis and organisation of help in emergency cases" (IPBU.03.01.00-20-663/11). The main goal of the project is the development of cooperation between the healthcare institutions and improvement of quality of oncology diagnostics and assistance organisation in the border territory. The specific objectives of the project include the improvement of accessibility of medical service provided regionally and internationally, the reduction of territorial disproportions in healthcare infrastructure, and limiting the mortality rate of patients as a result of cancer. The main activities of the project include the purchase of medical devices and apparatus, equipment and furniture for hospital departments and computer and multimedia hardware (PL and BY Partners), and construction and modernisation works in the Clinical Oncology and Haematology Department of Dr Ludwik Rydygier Voivodeship Hospital in Suwałki (PL Partner).

By purchasing equipment for the Non-Emergency and Emergency Health Care Department of the Hrodna Oblast Clinical Hospital, the project will become the action enabling to provide quick medical assistance to the victims of road collisions and the victims of other road accidents. It will also be the platform for exchange of experience and best practices between the medical institutions as well as opportunity to look for joint solutions for similar problems.

"Medical institutions co-operation in Belarus and Poland to improve access to medical services and its quality within emergency services, as well as stroke incidents diagnostics and treatment" (IPBU.03.01.00-20-719/11). The overall objective of the project is to exchange knowledge and to increase the availability of health services and improve their quality in the provision of emergency care and the diagnosis and treatment of stroke diseases in the area of the Polish and Belarusian border territories. Therefore, digital diagnostics, intensive care and stroke treatment equipment will mostly be purchased, 276 units in total. Project implementation will improve the precision and speed of diagnostics and medical assistance in the border area. In the short run, the results will be of quality character and in the long run it will lower the social costs of treatment as a result of improvement in diagnostic precision and speed. Subsequently, it will be economically beneficial to the community. The implementation of the project will allow faster diagnosis for the patient and faster rescue action in the most serious cases.
Construction and renovation works, equipment, vehicles

- 1 renovated laboratory rooms at Oblast Clinical Centre „Fizziatria”
- 24 for Center for Burns Treatment and Plastic Surgery
- 19 for University Clinical Hospital
- 14 for Skłodowska-Curie Oncology Centre
- 62 for Regional Specialist Hospital
- 210 for Eastern Poland Burn Treatment and Reconstructive Center
- 33 for dr Ludwik Rydygier Voivodeship Hospital
- 74 for observation-infectious ward Independent Public Healthcare Unit

- 16 for the diagnostic laboratory District Clinical Hospital of Infectious Disease
- 13 for District Hospital No. 1
- 4 for Center for Burns and Frostbite First Aid for Local Health Care Providers
- 279 for Voivodeship Polyclinical Hospital
- 37 for Regional Hospital

- 19 for District Hospital
- 131 for Oblast Clinical Hospital
- 3 for the diagnostic laboratory District Clinical Hospital of Infectious Disease
- 121 for Oblast Clinical Hospital
- 6 for Oblast Psychoneurological Health Centre
- 6 for Oblast Clinical Hospital

- 2 for the diagnostic laboratory District Clinical Hospital of Infectious Disease
- 17 for Burns and Frostbite First Aid for Local Health Care Providers
- 74 for observation-infectious ward Independent Public Healthcare Unit
- 210 for Eastern Poland Burn Treatment and Reconstructive Center

- 30 for Stanislaw Deresz's Independent Psychiatric Healthcare Centre
- 2 for Oblast Clinical Hospital
- 2 for Independent Public Health Care Institution
- 1 for Oblast Psychoneurological Health Centre
- 1 ward in Stanislaw Deresz's Independent Psychiatric Healthcare Centre

- 3 for Independent Public Health Care Institution
- 3 wards renovated in Oblast Psychoneurological Health Centre
- 1 for Oblast Psychoneurological Health Centre
- 74 for observation-infectious ward Independent Public Healthcare Unit

- 3 for Independent Public Health Care Institution
- 3 for Independent Public Health Care Institution
- 37 for Regional Hospital

- 1 for Center for Burns Treatment and Plastic Surgery
- 1 for Obsłogę zakaźną i kontaktozakaźną Oddział Naftowy
- 1 for Center for Burns Treatment and Plastic Surgery

- 1 for Center for Burns Treatment and Plastic Surgery
- 1 for Center for Burns Treatment and Plastic Surgery
- 1 for Center for Burns Treatment and Plastic Surgery

- 16 for the diagnostic laboratory District Clinical Hospital of Infectious Disease
- 13 for District Hospital No. 1
- 74 for observation-infectious ward Independent Public Healthcare Unit
- 210 for Eastern Poland Burn Treatment and Reconstructive Center

- 1 for Center for Burns Treatment and Plastic Surgery
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- 1 for Center for Burns Treatment and Plastic Surgery

- 16 for the diagnostic laboratory District Clinical Hospital of Infectious Disease
- 13 for District Hospital No. 1
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- 210 for Eastern Poland Burn Treatment and Reconstructive Center

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- 16 for the diagnostic laboratory District Clinical Hospital of Infectious Disease
- 13 for District Hospital No. 1
- 74 for observation-infectious ward Independent Public Healthcare Unit
- 210 for Eastern Poland Burn Treatment and Reconstructive Center
Research programmes on breast cancer and colorectal cancer – 200 patients
Tests for benign prostatic hyperplasia on a group of 150 patients
Common information platform on prophylaxis, diagnosis and treatment of tick-borne diseases
Research programmes on breast cancer and colorectal cancer – 449 patients
Tests for benign prostatic hyperplasia on a group of 150 patients
Common information platform on prophylaxis, diagnosis and treatment of tick-borne diseases
Execution of immunotherapy on a group of 50 patients
Preventive program for early detection of oncological diseases and tuberculosis – examination of 7000 persons
Thermolesion procedure (treatment of chronic pain) – 50 persons
1 road map for cooperation in prevention and treatment of deep burns in polish-ukrainian border area
Preventive program for early detection of oncological diseases and tuberculosis – examination of 7000 persons
1 database of tuberculosis infected patients
1 road map for cooperation in prevention and treatment of deep burns in polish-ukrainian border area
Patients examinations and treatment
Research examinations
2012 – 2014
1 database of tuberculosis infected patients
Exclusion of tuberculosis infected persons
Preventive program for early detection of oncological diseases and tuberculosis – examination of 7000 persons
Thermolesion procedure (treatment of chronic pain) – 50 persons
 executed in cooperation with National Cancer Institute (Warsaw), Scientific Institute of Pathology (Warsaw), and Institute of Microbiology (Warsaw)
1 database of tuberculosis infected patients
Preventive program for early detection of oncological diseases and tuberculosis – examination of 7000 persons
1 road map for cooperation in prevention and treatment of deep burns in polish-ukrainian border area
1 road map for cooperation in prevention and treatment of deep burns in polish-ukrainian border area

Equipment purchased for Voivodeship Polyclinical Hospital in Białystok within the project IPBU03.01.00-20-102/10 “Development of Co-operation in Order to Improve Health Safety of the Population of the Polish-Belarusian Borderland”.

To conclude, it is necessary to note that all the projects are very important. But the main task of health protection is to save as many human lives as possible. From this perspective, the most significant are the actions focused on treatment and diagnostics of illnesses that cause the highest number of deaths.

Nevertheless, it is worth mentioning the significant territorial disproportion of the funded projects – nearly all projects with the participation of the Belarusian organisations are concentrated in Hrodna. Besides, the adjoining regions in Ukraine are not involved.
If to speak about the conformity of the projects to the main diseases and threats for the health of population of the border territories, it should be noted that all projects are aimed at solving the current problems of healthcare – increasing the level of material and technical provision of hospitals, increasing doctors’ qualification, prevention and early diagnostics of cancer, tuberculosis, cardiovascular diseases. Nevertheless, the topics related to HIV/AIDS and the consequences of unhealthy lifestyle, and the ones related to the issues of maternal and child mortality, have remained uncovered.

At the same time, the significance of particular projects is not an issue to be speculated, because human life is priceless. In the opinion of this article’s authors, it is no sooner than the projects are implemented and the final reports submitted that the projects’ success can be estimated. The 5-years period after the project’s completion is an even better time for evaluating the results. Then, the statistical data will demonstrate how the good project ideas transformed into measurable results in terms of public health improvement.

Apart from direct influence, which is the improvement of the general level of public health, the projects also have an indirect influence. Good practices in one medical institution of the region will stimulate similar activities in neighbouring regions: other hospitals will at least be aware of the activities which need to be undertaken, because they will have seen them work. Additionally, as soon as the funds are available, they will seek the experience in the nearby hospital, where such activities have already been implemented. Moreover, having a precise action plan, hospital management will seek funds either from national or international sources and may apply for grants.

Another situation is when both partners see the urgent need in solving a particular issue and jointly implement relevant activities. Project implementation helps both partners to improve their diagnostic and therapeutic equipment; their joint efforts enable experience transfer and contribute to faster performance of tasks. In these types of actions, cooperation is not absolutely essential, but it helps to reach the set goals in a more effective way.

It is important to remember about the expensive maintenance of high-tech equipment. Purchasing of spare parts and supplies for the equipment, complete kits or particular reagents shall also be included in the future budgets. The beneficiaries may also face the risk of lack of qualified technical personnel to work with high-tech equipment. The equipment may be available, but not used to its purpose. But having in mind the rich experience of the Polish partner organisations in the projects, we should expect this problem to be solved even before the ending term of the majority of the projects.
The specifics of the programme area indicate the grouping features of the basic social and economic factors in the SWOT analysis, but we should note that in addition to a large number of common features, it is worth remembering that Poland holds a serious leading position in the development of all areas common with the neighbouring countries who share a common past, and the outdated system should be changed in accordance with the challenges of our time. In addition, the EU Member State can help out and indicate the direction of the socio-economic crisis by levelling the living standards and the level of provision of essential social services by its own example.

The basic common strengths and weaknesses and the opportunities and threats for the Programme area related to the medical and healthcare issues are shown in the table below.

### DEMOGRAPHIC AND SOCIAL CHARACTERISTICS

#### Strengths
- living in favourable conditions of small settlements;
- strong family values and religious traditions;
- political stability during the transformation process (at the time of the Programme);
- pro-European orientation of the majority of the population;
- prevalence of domestic traditional food;
- availability of quality food;

#### Weaknesses
- lack of medical care in small district and city hospitals;
- complicated demographic situation;
- high level of unemployment;
- low levels of personal income;
- brain-active and experienced people are leaving in search of work and a higher level of income;
- low level of legal protection of the population;
- large number of people with addictions;
- a gradually younger age of persons with cardiovascular and mental diseases due to the deteriorating living conditions;
- high percentage of bad habits among high school students and young people due to insufficient or no parental care;
- echo of the Chornobyl nuclear accident.

### Opportunities
- changes in the minds of people in the region of the Programme on the need to care for its own destiny and self-reliance;
- development of civil society by increasing the number and capacity of NGOs and associations;
- development of social volunteering;
- development of cross-sector partnerships, effective dialogue between citizens, organisations and public authorities;
- access to the sources of dissemination and reception of information.

### Threats
- strengthening of demographic crisis;
- continuing outflow of skilled personnel from the regions;
- strengthening of the centralisation of state authorities, violation of dialogue between authorities and society;
- the growing gap between social groups;
Results of SWOT analysis allow not only to objectively evaluate the place of medicine in the Programme, but also:

- to determine the place of Ukraine and Belarus in the European integration process and international cooperation;
- to identify and assess the real features of the development of local elements in the region;
- to focus on priority development areas and depressed areas;
- to become aware of the complexity of the relationship of urban areas and the environment;
- to systematically evaluate the relationship between elements of socio-economic infrastructure of the Programme area.
The main objectives of healthcare reform in the cross-border areas of Belarus, Poland and Ukraine should presently consider the following:

- to improve the quality of health services;
- to improve access to medical services;
- to improve the efficiency of financing;
- to create the incentives for healthy living and safe working conditions;
- to prepare for the transition to the insurance model (SHI)

With a purpose of activation of the development of medical and social complex of the border districts it is necessary to actively implement the system of intersectoral cooperation by creating the coordinating (trustees) councils at local administrations on the issues of medical and social aid for elderly people who are in need of extraneous help; to create the single body of management of medical services of border cities, granting it with the functions of contractor of medical services (at the expense of budget funds). This will allow combining the network of treatment and polyclinic establishments into a single medical space, ensure the increase of the number of ambulatories of family medicine, introduction of the practice of concluding contracts for providing primary medical and sanitary aid between the customer (local authority – territorial medical association) and the executor (medical establishment) and will ensure the implementation of the mechanism of funding the medical service per one person with an element of fund maintenance (Polish experience);

The transition to a qualitatively new level of use of modern technologies of health care will promote the achievement of the main results, including:

- The development of high-tech medical healthcare services, especially organ and tissue transplantation, stem cells;
- Development of new types of cardiac surgery and the increase of its number, especially at the regional level;
- Improved methods of diagnosis and treatment of cancer;
- Increase in the number of modern reconstructive operations in combined injuries of the spine and pelvis, reconstructive surgeries, prosthetics;
- The development of medical genetics for early detection and prevention of hereditary diseases;
- The introduction of a set of measures aimed at improving the mental health of the population, including the reduction of alcohol abuse of population;
- Development of a differentiated system of salaries of health workers by taking into account the real volume of services and performance of the final result of therapeutic and preventive activities; introduction of a system of economic incentives for healthcare personnel;
- Monitoring of the impact of harmful factors on the health status of the population and the effective prevention of the harmful effects;
- The development of telecommunication networks and telemedicine to improve the quality of diagnosis and the educational process;
- Development and implementation of a system of indicators for assessing the performance of healthcare organisations and agencies.
As it was described earlier, the projects that are being implemented are already corresponding to the majority of these directions. That is why, relying on the above mentioned information, our recommendations regarding the further strengthening of cross-border cooperation is the preparation and implementation of projects by the following medical directions.
1. REDUCING MORBIDITY AND MORTALITY RATES IN THE POPULATION OF THE CROSS-BORDER AREA.

The superior aim of actions undertaken within the scope of healthcare is the decreasing incidence and mortality of a society. Development of prenatal diagnostics is another crucial element for decreasing child mortality. A barrier within the scope of decreasing incidence of mental diseases among children and youth in the Programme area is the lack of a stationary centre.

Necessary actions

1. Development of early diagnostics for neoplastic and cardiovascular diseases, as well as related to medical rescue services, perinatology, child psychiatry, communicable diseases and tuberculosis.

Realisation of this activity will be possible after the continuous provision of additional equipment for oncology centres and other diagnostic units. The equipment will consist of modern devices and apparatus necessary for early detection of tumours (endoscopes, ultrasonographs, X-ray machines and others) and increase of use of available medical equipment, further development of prompt cardiology intervention, implementation of the prevention system for circulatory diseases, neoplastic diseases and also developmental defects among unborn children and contagious diseases.

1.2. Increasing accessibility of medical services. The activity includes:

- increase of accessibility to medical, rehabilitative, sanatorium and ambulatory clinics services especially within the scope of oncology, cardiology, neurology, diabetes and allergology and also other branches of medicine, including respiratory system diseases, contagious diseases and psychiatry and addictive disorders, as well as diseases of old age, cared for by the specialist centres,
- development of emergency medicine, including the development and infrastructure improvement which ensures the functioning of air alert,
- improvement of prenatal diagnostics availability in order to undertake early actions in case of developmental defects and functional disorders suspicion,
- creation of intensive care units for neonates equipped with modern monitoring devices and diagnostic apparatus,
- in connection with the growing number of mental and emotional disorders among children and youth who require careful psychiatric and psychological care, it is necessary to open children’s psychiatry wards.

Increase of access to medical services first of all means equal access to health benefits in all areas (prevention, treatment, rehabilitation and spa treatment sector). Improvement of healthcare effectiveness (promotion, preventive, treatment activities) particularly taking into account the role of basic healthcare measured with the level of the inhabitants healthiness, shortening the waiting time for health services, increase of satisfaction of patients getting benefits from basic healthcare, specialised ambulatory treatment, stationary treatment. 
1.3. Prophylaxis and promotion of health.
Health promotion is an action aiming at shaping pro-health community actions on all levels of its organisation, it is key to solving many problems, such as the rapidly growing costs of treatment. Treatment of early diagnosed diseases is not only cheaper, but also provides a higher chance for recovery. Thus, health education carried out by medical personnel in the educational environment, work environment and health care institutions is an indispensable element of prevention and health promotion. This measure can be implemented mainly by:

- carrying out the policy of addictions prevention,
- encouraging physical activity and healthy lifestyles in the population of the region by promoting good eating habits,
- organisational and financial support of health educational programmes directed at prevention of the so-called civilization diseases and diseases of old age, realised by units of health care and non-governmental organisations,
- implementation of prevention and treatment programmes for genetically conditioned and immunological diseases.

2. Coordination of activities related to healthcare in cross-border area and to improving the population's safety.

Coordination of activities within the scope of healthcare would allow the creation of the common ground between institutions, self-governments and medical services centres of the public and private sector.

Necessary actions
2.1. Creating regional coordination centres.
Tasks carried out by the centres would be based on the regional strategies for health security and they would involve:

- planning the organisation of healthcare system in the regions,
- monitoring the quality of medical services,
- reviewing the intended directions of development in healthcare and infrastructure,
- providing opinions on ownership changes at all levels of the healthcare system,
- cooperation with the insurer covering medical services related to the plans of financing health services for the needs of the region.

2.2. Expansion and modernisation of the regional healthcare infrastructure
Stationary infrastructure of healthcare in cross-border region requires development and modernisation in order to adjust to requirements and to satisfy patients’ needs. This measure must be implemented through the modernisation and expansion of healthcare establishments, including specialist rehabilitation facilities at health resorts.
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Projects’ data as of January 2015.

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