



Research of Priorities of Social Protection of Population in Some Countries and Possibility of Their Use in Pharmaceutical Sector

Valentyn Tolochko^{1*}, Maria Zarichkova², Yuliya Medvedyeva³, Ekaterina Tolochko⁴

1. Valentyn Tolochko (DPhil) - professor, the head of Management and Economics of Pharmacy Department, Institute of Pharmacy Specialists' Professional Development, National University of Pharmacy, Kharkiv, Ukraine.
2. Maria Zarichkova (PhD) - assistant professor of Management and Economics of Pharmacy Department, Institute of Pharmacy Specialists' Professional Development, National University of Pharmacy, Kharkiv, Ukraine.
3. Yuliya Medvedyeva (PhD) – assistant professor of Management and Economics of Pharmacy Department, Institute of Pharmacy Specialists' Professional Development, National University of Pharmacy, Kharkiv, Ukraine.
4. Kateryna Tolochko – post-graduate student of Technology of Drugs Department, National University of Pharmacy, Kharkiv, Ukraine.

*Corresponding author's E-mail: name_julia@ukr.net

Accepted on: 12-11-2012; Finalized on: 31-12-2012.

ABSTRACT

This article analyzes the basic models of social protection for citizens of some countries. It is concluded that there is no integrated universal model of social protection, but experience of European countries is more humane. At the present stage, each state chooses several mechanisms to implement population social protection. Ukraine follows the path of the EU and may eventually move to a European model of social protection in accordance with national and regional particularities. Priorities of social protection of citizens of different countries and possibility of their use in pharmaceutical sector are investigated. The conclusion on necessity of the further study of this issue at the present state with the purpose of clarifying the mechanisms of social protection of pharmaceutical industry specialists is done, taking into account their professional specificity.

Keywords: Social protection, model of social protection, specialist of pharmacy, pharmaceutical sector.

INTRODUCTION

Problem formulation in general

Latterly, the issue of social protection of the population has become one of the most discussed in the world. The world community faced great problems of financing of social protection of the population, due to the worsening of global economic situation, demographic processes etc. Thereby, actual is to consider experience of social protection of the population in certain countries, including such category of citizens as specialists of pharmaceutical sector.

Analysis of research and publications

The system of social protection depends on the political system, economic potential, demographic situation in the country.

Problems related to the social protection of the population attract attention of scientists, they are quite well represented in publications. A major contribution to description of the problem was made by scientists T. Gansli, E. Giddens, B. Dikon, G. Vensky, Ch. Libo, R. Titmus, G. Esping-Andersen, R. Mishra, V. George, P. Vilding, Ph. Williams, Yu. Lorenz, V. Gordin etc. In Ukraine, these issues have been studied by V. Tolochko, A. Kotvickaya, Yu. Bratishko, O. Posylkina, V. Nazarkina, A. Novikov, M. Holovaty, Z. Mishchuk, S. Ostyuchenko, M. Zarichkova etc.¹

It directs attention to the importance of addressing the issues for improvement of social protection of pharmacy

specialists. An interrogated approach to the problem is needed.

Analysis of the existing classification schemes of models of social protection of the population

One of the first classification schemes of models of social protection was offered in the late 50's by American scientists G. Vensky and Ch. Libo, who distinguished institutional and residual models of social state.²

Difference between them lies in the fact that the redistribution of wealth for the institutional model is a normal function of the state, and in the residual model it is an exception, an extreme measure, which is necessary to overcome the negative effects of the functioning of the market system.

Later, the British sociologist R. Titmus proposed trinomial classification of social protection schemes, adding another element - the model of the industrial achievements. This model is based on the principle of separation of state social assistance. In the model of the industrial achievements, some trends of the social policy are considered as supporting of economic development (education - as preparation of children for labour, health care - as the maintenance of labour, etc.). The German social protection system, which is closely related to labour market and where those who have less seniority, accordingly, are less protected, can serve as the striking example of this model.²⁻⁴

In the early 80's of the last century, on the basis of the comparative study of social policy of different economically developed countries, the Swedish



sociologist G. Esping-Andersen has identified such models:

- Liberal (Anglo-Saxon, the Beveridge model) in which the software needs is based on the residual principle with financing through government fees and taxes;
- corporativistic (conservative, Bismarck model, etc.), which is based on the compulsory social insurance and principles of social partnership;
- Social-Democratic (Swedish, Scandinavian), where the redistribution of income is implemented due to the high level of taxation and social programmes are universal and apply to all citizens (Table 1).^{2,5}

These three models are not occurred in their pure form anywhere in the world. They are "ideal types" of the social state, each of which has its advantages and disadvantages. In practice, one can observe a combination of elements of the liberal, corporate and social-democratic models with clear predominance of one of these traits. Level of state intervention in the social sphere may vary in different areas of social policy, i.e. different social states should combine features of different types. For example, the UK provides health care to the entire population, but as a whole realizes the liberal social model.

Almost simultaneously with Espingom-Andersen, the British scientist and R. Mishra has proposed his own classification of models of social policy, laying into its foundation the following criteria:

- the degree of state interference;
- needs as the basis for social programmes;
- range of social services;
- coverage of the population with social programmes;
- rate of social payments;
- percentage of national income spent on social services;
- application of means testing when appointing of social assistance;
- status of citizens;
- the role of non-state organizations.^{2,6}

According to these criteria, the scientist singled residual, institutional and socialistic models. R. Mishra describes socialistic model of social policy as state centralized regulation of all aspects of life (lack of market, the planned economy, bureaucratic system, etc.), high levels of employment, bureaucratic system, etc.), high levels of employment, low fee with significant public funds, operation of universal free social programmes This model is based on the ideas of collectivism and social equality, but the services are exhaustive - people receive care as members of group, but not according to their individual rights.

V. George and P. Vilding (1985) presented a radical approach to social policy. Their classification of social policy is based on determining of the influence of ideology and normative political principles. These British scientists have identified models such as:

- Anti-collectivist (based on the right-liberal or neoconservative ideology);
- Forced socialistic (based on the assumption that effective state regulation of the market economy and pragmatic provision of social services can be possible);
- Fabian socialism (devotion to ideas of economic equality, democratic processes, strong system of social protection);
- Marxist (distribution of public goods "according to the needs").^{2,7}

Ph. Williams builds his classification roughly the same. It shows the link between values, political ideologies and the organization of state system of social protection. It belongs to the ideal models the following ones:

- non-collectivist;
- non-socialistic collectivism of general welfare;
- model of radical social management (it is based on principles of democratic socialism);
- model of political economy of "general welfare".

In the early 90's V. Lorenz identified four models of social policy in his work: Scandinavian, residual, corporativistic and rudimentary. If the first three models actually coincide with the types described Mr. Espingom-Andersen, the fourth one author ascribes to Portugal, Spain, Greece, etc. The main feature in this model is the lack (minimizing) of the legal rights to social security, the functions of which are mainly transferred on volunteers.⁸

In our view, the most successful and important link of economic and social policy is offered by the Russian author V.Gordin. His classification has five models of social (socio-economic) protection of the population:

- Paternalist (in countries with a command economy, centralized distribution of social goods and services), the main feature of which are egalitarianism, statism, the growth of social passivity, uncontrolled bureaucracy and corruption;
- Swedish welfare model (in cjbwfk-democratic countries), which is characterized by egalitarianism and high level of public expenses on social sphere, a broad network of social services, a weak link between the efficiency of labour of certain employee and his social protection, the leveling of pay, lack of competition in the market of social services;
- The model of the welfare state (it has been spread to European countries, but later it was minimized, and social sphere has been privatized);



- The model of the social market economy (it recognizes the economic freedom of the entrepreneur and denies political interference in the economy), in which a system of social shock absorbers, which do not allow a person to be below the poverty line, is created, but the government is trying not to take on significant social obligations, and in the social sphere is dominated by market relations;

- Market model (in countries with liberal market relations), which is characterized by orientation of social assistance to selected groups of the population, for able-bodied citizens of state assistance is limited to increase labour activity, partial denationalization of social sphere and diversification of social services provision, the emphasis on the traditional values, attracting the communities and non-profit organizations.⁹

Table 1: Models of social policy of different states with highly-developed economy^{2,5}

Model	Countries	Conditions of formation and functioning of the model	Implementation of social support of the population	Sphere of industrial relations	Note
Liberal model	the USA, Canada, Australia, the UK	Dominance of private property, predominance of market relations, liberal work ethic. Minimal government involvement in the market relations and limited government regulation	Through the developed insurance systems and with minimal government interference. The rates of insurance payments are small and have the form of benefits and subsidies. Financial assistance is selective and available on the basis of verification	The conditions for the development of entrepreneurial activity are created. Business owners are not restricted in making decisions, including layoffs. Unions can protect the interests of employees with great experience in the case off a threat of mass layoffs	It works in conditions of economic stability and growth. With recession of production social programmes are cut and many social groups become vulnerable
Conservative (corporate) model	Typical for countries with socially-oriented market economy: Austria, Germany, Italy, France	State's position is stronger: the budget allocations for social activities equal insurance premiums of employees and employers, the main channels of redistribution are in the hands of the state.	The value of social benefits is proportional to the labour income and the size of the deductions for insurance premiums. The state gives financial support to civil system of insurance coverage	Insurance funds are jointly run by the owners and trade unions which represent workers' interests. The rate of payments in case of unemployment depends on seniority, and the terms of payment depend on the duration of payment of insurance premiums, their size and age of the worker	In many countries, the payment period for unemployment benefits has been increased for persons over 50 years.
Social-democratic model (solidary)	Sweden, Norway, Finland, Denmark, the Netherlands, Switzerland	The basis for funding of social sphere is the developed state sector of the economy and a very high level of taxation.	The priorities of the social policy is considered to be equalization of income and general employment. The main part of the budget is spent on social protection of the least well population	The developed system of industrial democracy, the regulation of labour relations at the national level, the use of effective tools to minimize the level of unemployment	The share of public spending in GDP is 66% in Sweden, 61% in Denmark, 56% in Finland

Analysis of the existing classification schemes of models of social protection according to Ukrainian scientists

Some Ukrainian authors use a different, more simplified classification of models of social protection. For example, A. Novikovf and M. Holovaty consider only two basic models: the liberal (residual) and the social-democratic. In our opinion, the convergence of the social-democratic and liberal ideologies is more effective, taking into account globalization and individualization.^{10, 11}

We agree with the conclusion of the Ukrainian author Z. Mishchuk who marks as the most effective - the European model of social protection (most European countries), the liberal model (the USA, Ireland) and mixed model (Canada, Australia). It is explained by the fact that the amount of social expenses in Europe are aligned and are about 24-30% of GDP. Canada and Australia spend on social services for about 18%, while Japan and the United States - about 15%.¹²

Based on the above, we can conclude that there is the diversity of models of social policy in Europe and the other countries, which generally represent two

fundamentally different incompatible approaches (full paternalism and non-interference) and a plurality of intermediate compromise models that combine elements of a particular approach. As for Ukraine, as is evident from its history, the current government has always tried to maintain the same declarative loyalty to Soviet standards of social guarantees. For the development and effective implementation of the own social policy, it is not possible to use someone else's successful social experience (or some theoretical model) - it is needed to consider critically this experience against the own history, its achievements and losses.

The own national model of state regulation of relations in the social field requires, respectively, both the conceptual heritage of Western management thought and domestic approaches. In modern conditions managerial crisis, which identifies itself in the lack of effective strategies for government administration and personnel, is obvious.

There is no doubt that none of the mentioned above models is not ideal, productive in its uncritical application to the conditions of Ukraine. And the devastating effects



of the global financial crisis of 2008-2009 made itself felt even in the developed countries of the EU and North America. The strategic goals of social policy are determined by the complex in conditions of transition economy. Social and labour issues, with limited financial resources and changes in the function of the state, require a clear phase separation of the problems, clarifying priorities with the further ranking of measures for the social protection of the population - the allocation of long-term, medium-term and emergency measures.

Therefore, we should consider the model of modern social policy in Ukraine is a transitional hybrid, that combines socialist model with all its negatives (first of all, syndromes of dependency, social parasitism and uncontrolled bureaucracy coupled with corruption) with the residual (liberal) model, and the direction our system can be determined exactly like going to the European model of social protection as it is, that best meets the potential of Ukraine and the expectations of Ukrainian citizens.

Social protection in pharmaceutical sector as a tool to ensure the health of the population

The concept of social protection, as a tool to ensure the health of the nation, includes social service, as part of itself, also includes warranties on protection of labour, health, the environment, minimum wage, etc., to ensure normal conditions of human life.

One of the priorities of the health system of any country is to maintain the health of the nation. And the pharmaceutical industry is one of the tools for achievement of this goal.

It is known that the appeal Pharmacist profession depends on the guaranteed state and social protection.

Social protection of pharmaceutical workers is an activity (function) of the state, aimed at establishing a system of legal and social warranties that meets the professional and material needs of pharmaceutical personnel in accordance with a special kind of professional life.

As it is known, the following methods are used in the state regulation:

- Legal regulation, it is used at all levels of public governance through legal acts and regulations that apply to companies and establishments of all forms of ownership. In Ukraine, the law on social protection of the pharmacy specialists remains the bill;

- Financial and credit regulation – with the use of the levers of financial flows. The main form of the implementation of this method is the allocation of articles in the state budget, which finance through budgetary social sphere. Public funding of the social sphere in Ukraine is not sufficient, because we overcome consequences of the financial crisis. The other, also underdeveloped form of financial regulation, is to create extra-budgetary social funds: pension, social insurance,

compulsory health insurance, employment, which finance the relevant sectors in the social sphere. But in Ukraine a law about compulsory health insurance has not yet passed and for any health problems pharmacy specialist remains alone;

- Privatization is the transfer of social sphere enterprises to private ownership, usually in the ownership restrictions. The cost of maintaining of such facilities, when employees are paid, rests with the State; the vast majority of the population do not feel the positive results of privatization. Thus, there are no state chemist's shops in Ukraine to date remained, and the number of public pharmacies is sharply reduced, when in fact they bear the burden of social assistance for the population;

- Targeted programmes with social direction for acute problems. These programs are also financed from the state budget. Today there is no target programme for social protection of specialists of pharmacy in Ukraine;

- Social standards, the development of forms and volumes of social services, free of charge, which is guaranteed by the Constitution. According to the Declaration of the rights and freedoms of man and citizen, pensions, benefits and the other forms of social assistance should ensure the living standards not lower than the minimum wage established by law. However, in Ukraine the definition of the minimum wage does, basically, fiscal functions and does not provide the appropriate living wage for pharmacy specialists.

Basic aspects of social protection of specialists of pharmacy

Given the fact that the end result of the pharmaceutical workers - health of the patients - is largely determined by the working conditions and the health of the workers themselves. For each state, these issues should be a priority.

Therefore social protection of citizens, and pharmacy specialists in particular, is actual to many countries and especially to Ukraine and requires close attention by the government and researchers, with a aim to its further development.

This issue has been studied by us in several directions and in certain sequence. We refer to individual results of our studies in this publication.

Initially, we investigated the specificity of the pharmaceutical industry to determine the current status and existing problems. We identified the factors which determine professional risks for pharmacy specialists associated with their occupational diseases. Thus, the overall incidence of pharmacy professionals is not very different from the other groups. However, the course of their work influence on them with a combination of specific factors of physical, chemical and biological nature and high psycho-emotional stress. Also in the course of professional activities the individual organs and systems of pharmacy specialist (from musculoskeletal to the



vision) are functional overstrain. All these factors lead to the structure of occupational diseases, which should serve as the basis for their social protection in the workplace.

The greatest concern is caused by six aspects that should be considered as social risks in activity pharmacy specialists (see Fig. 1).

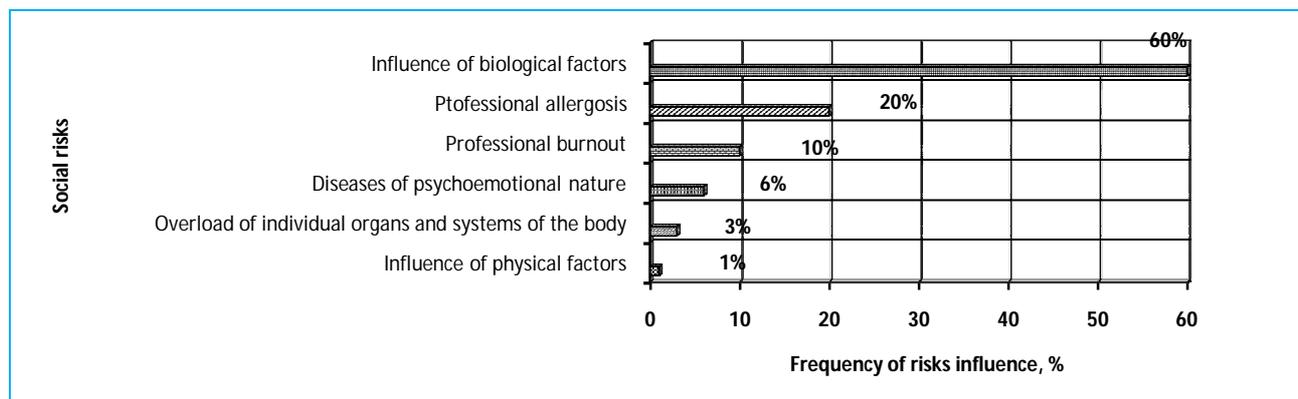


Figure 1: Basic aspects of social protection of pharmacy specialists depending on professional activity

As can be seen from Fig., biological factors have the greatest influence - 60% of cases. This group includes infectious diseases, with which workers are in contact during their work (contact with patients with influenza and other contagious infections, viral respiratory infections, fungal infection of the skin, tuberculosis, HIV infection, etc.).

Professional allergies as the result of influence of antibiotics, vitamins, bleach, detergents, allergic reactions to medicines, herbs, disinfectants occur in 20% of cases. Their manifestations are asthma, allergic rhinitis, urticaria, contact dermatitis, etc. They have a high prevalence among specialists of pharmacy.

Diseases of psychoemotional nature (stress as a result of contact with sick patients, depression, etc.) occur in 6% of cases. Professional neuroses can develop with long-term direct care of sick people.

Overloading of individual organs and systems of the body of pharmacy specialists is due to stay irrational position or permanent residence in the forced labour position. It can lead to diseases of the musculoskeletal system, which are found in 3% of cases. Stay irrational position leads to functional impairment of the musculoskeletal system, which comes out by fatigue, pain. With permanent residence in the forced labour position the violations become sustainable, up to the formation of certain diseases of the musculoskeletal system, nervous and circulatory systems. For this category of risk such occupational diseases are specific as:

- varicose veins (one of the most common); among professional factors influencing its development the following ones matter physical stress, prolonged static load on pharmacy specialists who do their work standing up;
- dyskinesia of hands, which is caused by prolonged repetitive work with emotional stress;

- blurred vision, associated with eye strain (for example, when working with a computer), and can lead to a deterioration of visual function, which results in complaints of feeling of weakness, rapid fatigue when reading at close range, in the pain of cutting nature of the eyes, blurred vision, the appearance of a periodic double objects, etc.

There is also the influence of physical factors on pharmacy specialists (noise, temperature). The actions of these physical factors are the cause of vegetative-vascular dystonia. Risk of their impact is clarified in 1% of cases.

We examined the risk of professional burnout separately. This syndrome is usually regarded as a stress reaction in response to the harsh industrial and emotional demands that come from man's devotion to the work, concomitant decrease in attention to family life and recreation. Today, the social risk is observed in 10% of cases.

As defined by WHO (2001), burnout syndrome is a physical, emotional or motivational exhaustion which is characterized by the disturbance of productivity in work and fatigue, insomnia, increased tendency to somatic diseases, as well as alcohol or other drug consumption in order to get temporary relief, that has a tendency to develop physiological dependence, and (in many cases) suicidal behavior.^{13, 14}

Another serious problem for social protection of specialists in pharmacy is irregular and often overstated working day. Although, in accordance with the law, pharmaceutical workers are entitled to shorter working hours and additional paid leave, employers ignore this law, especially in private pharmacies. Thus, the working day can be more than 12 hours, and then the risks which we studied manifest themselves more often, especially professional "burnout" of pharmacy specialists.

Therefore, aspects of social protection of specialists in pharmacy should consider the impact of such social risks and should be considered when making legal documents

and their harmonization in the creation of working conditions in the pharmaceutical industry. This is especially topical and important for Ukraine.

Very topical for Ukraine is also an issue of social protection of specialists in pharmacy working in the rural areas (towns, villages). They work in the most demanding conditions and require special attention from the government and the relevant authorities. They should use as much as possible of social benefits and social protection of the advanced settings. This is due to the fact that in rural areas there is a great shortage of pharmaceutical personnel, and attraction of young professionals to work in rural pharmacies is possible only by providing them certain social guarantees.

Social sphere in the field of view of international organizations

The social sphere is always in view of international organizations which prioritize the issues of international

legal regulation and coordination in this area (Table 2). In the second half of the twentieth century the concept of "social protection", which has become increasingly used in international instruments and international legal practice, appeared along with the concept of "social security".

In the Charter of fundamental rights of workers of Community (the European Union, 1989) in Art. 10, the right to social protection is formulated as follows: "In accordance with national regulations, each employee in the EU has the right to adequate social protection depending on his status and size of the enterprise in which he operates, uses appropriate social benefits. Individuals who cannot enter or re-enter the labour market and have no means of livelihood, should receive adequate social assistance considering individual circumstances".^{15, 16}

Table 2: International organizations which regulate social protection of the population

No	Authority	Document that regulate social protection	Year and highlights	Who should
1.	The UN	International Covenant on Economic, Social and Cultural Rights.	Adopted in 1966. Contains several articles on the rights of social security.	Covenant compliance is mandatory for countries that have ratified it.
2.	International Labour Organization (ILO)	Convention №102	Adopted in 1952 and includes the concept of social protection. It proclaims the right of all citizens to social assistance, regardless of length of seniority and amount of insurance fees paid, and single out nine directions in which this assistance is provided: medical care, health benefit, unemployment benefit, old age pension, pension for industrial injuries, benefits for the birth of the child; family benefits; invalidity benefits; benefits survivor. The principle of equality in the provision of social assistance is fixed in the convention: all states that have ratified the Convention commit themselves to provide the citizens of any other country - members of the ILO, and stateless persons the same rights. Countries, that have not reached the required level of economic development and the health care system of the population, are given the opportunity to ratify the Convention as amended.	The practical implementation of the general principles of social justice in the legislation of individual countries that have ratified it. The most perfect system of international control over the implementation of ratified Conventions.
3.	The European Union (EU)	European Social Charter. Regulation №1408/71	Adopted in 1989. Its provisions have been supplemented and developed in the new edition of the Charter of May 3, 1995. In these documents, which do not have the status of international treaties, there are provisions of recommendatory character concerning fundamental rights to social protection of working citizens (in the case of social risks and loss of earnings they are provided with adequate payments) as well as the unemployed, with no means of existence (they have the right to social assistance in the amount of the subsistence minimum).	Contracting states must ensure equality of citizens in the field of social security in the event of migration of workers from one country to another.

The European Social Charter of the Council of Europe in 1961 and the European Social Charter (revised in 1996) in 14 papers aspects of social protection are specified. Under the provision contained in the "Treaty establishing the European Community", every citizen of the member state of the European Union is a citizen of the Union. All citizens are given freedom to move within the EU, which in many cases leads to the loss of many guarantees in the sphere of social protection compared to those that each citizen has in his country. In order to overcome the inconsistencies, to secure a high level of social protection, to implement the provisions which are defined in the European Social Charter and the Charter Community, the Community undertakes activities to promote

coordination of activities in social protection and take into account differences in national legislation on social protection.

The EU law guarantees each citizen the right to social protection and social benefits. However, the migration of the population on the territory of the European Union caused a problem of social benefits, which found its solution in the art. 42 of the EU Treaty, which states the adaptation of social protection to the protection of migrant workers and their compliance with the two basic principles: the creation of opportunities for acquiring and retaining the right to social benefits by accounting for all periods under the laws of individual countries and the



provision of benefits to persons who are residents in the territory of the EU member states.

In other Community legislation, in particular Regulation 1408/71, it is stated that the purpose of the creation of the European legislation on social protection is not the harmonization of the laws of the EU Member States, but the coordination of order of social protection. Social insurance contribution made by the person in one of the EU member states, gives him the right to social protection in any of the EU member states. It is necessary to eliminate possible territorial restrictions on the use of various social protection schemes. An important guarantee is the principle of the rule of the EU law on the legislation of individual member state, which, in turn, are obliged to improve their own legislation in the sphere of social protection to the EU standards.

Regulation 1408/71 does not apply to the Convention on social protection that were concluded between the EU member state and a country outside the EU, except in cases where the Convention has become the part of national law. Regulation 1408/71 of the EU is a complex act that defines the individual in the field of social protection, nature of payments and the principles on which social protection is based. Act applies to employees, self-employed persons, family members and a one of the spouses who has experienced the other. The condition of the action extension is the presence of the citizenship of the EU member state, while one spouse is a citizen of the EU, regardless of nationality.

The basic principles of the law of the EU and member states of the social protection of citizens are:

1. Principle of non-discrimination based on nationality, as well as implementation of social payments regardless of place of residence.

According to this principle, for the purpose of social benefits appointment legislation of one or more member states is used. A person may not be deprived of social benefits from the ground that he is not a citizen of the country, under the law of which is entitled to a payment. This principle applies in certain types of social payments. For example, the pension due to disability or death from an accident or occupational disease, old-age pension, payments of the disabilities.

2. Principle of non-provision of the same benefits to a person in the different member countries. This principle seeks to prevent the missapplication of persons receiving social benefits and to avoid getting the same benefits in different countries. Under the same benefits we should understand those which have a common goal, the object and the base for payment. Other criteria of the definition are formal and therefore they do not play a determining role.

3. Principle of transparency of information for people about the size of payments. National legislation of the EU member states define differently the size of payments to persons who applied for social assistance, so very

important is the information about the size of payments, after getting acquainted with which a person may choose something that is more profitable. No employee shall be deprived of the right to this choice. This principle requires that member states develop a common concept for the classification of payments and the order of their assignment. In particular, special funds for redistribution of means to social protection between the member states were created.

4. Principle of netting of insurance period. This principle applies to payments associated with assistance in relation to motherhood, family benefits, benefits on temporary disability, disability pension, benefits on burial, and old age pension. The relevant authority of the EU member state in accordance with the legislation of which the person wishes to receive social payments, considers the period of insurance, employment or residence in the other EU member state. The fiction, according to which it is assumed that a person employed and contributed in the territory of this country, effects.

5. Principle of prevention of deterioration. This principle guarantees the stability of the situation of persons receiving social assistance and does not admit deterioration of their situation (reducing the level of payments, narrowing the categories of persons entitled to such payments, etc.) due to introduction of the common rules in the EU. Persons may choose more profitable conditions of social benefits, if they have the right to the same kind of help in several countries. Thus, there is a high level of social payments in Germany, and if the person has received the right to a disability pension in Germany, on his return to his country, he will receive a pension at the level of payments in Germany, according to the made contributions. This principle ensures the equality of situation of migrant workers and those who did not use the right of free movement within the EU.

Despite the significant development of the social insurance system of the EU, this system has a number of problems, including: a significant increase in costs of pension insurance (due to unfavorable demographic situation), difficult to provide timely and complete introduction of insurance contributions (Portugal, Greece), the ineffectiveness of control in the management of social security funds through the mechanism of social partnership.

Now the worsening of these problems can be seen in the Netherlands and Denmark, where there is a significant increase in disability executions among people of working age out of the total of this age category. Specialists explain this as a lack of interest of funds' authorities, that are not responsible, and in the reasonable determination of the grounds for granting disability benefits. Therefore, in the Netherlands and Denmark this kind of insurance is reformed.^{15, 19}

In order to solve this problem, the governments of the countries apply the following main measures in the field of social insurance: the struggle against fraud, limit of



expenses, intensification of control (in administration), transfer of the functions of social insurance to private non-commercial and commercial organizations, the use of new financial instruments.

An effective way of reforming the system of social protection in the EU was identified the creation of a system in which registration of the financial situation of the person is carried out in order to provide benefits directly to the person who needs help, and not to those who can provide themselves. This techniques, as an effective means of control and payments reduction, is used in the UK, where social agencies consider the material condition of the person in paying 34% of all benefits.^{15, 18}

Europe considers that the basic principles on which a democratic society bases its social security and development should be:

- free market economy, represented by entrepreneurial sector;
- democratically elected government;
- developed public sector.

Success can be achieved only with combination of these components.

The term "social protection" is used in national legislation, academic and journalistic literature, foreign law practice. But it is differently interpreted in legislative acts.

In international acts the terms "social security", regarding the rights of the person, and the term "social protection", when it comes to the system in the state to protect people from various social risks, are used.

In the modern period, one of the important moments in the EU countries is changing of approaches to social protection definition. Traditionally, it is understood as the measures taken to protect people against social risks such as job loss, illness, old age, disability, or loss of breadwinner, etc. Therefore, often the term "social protection" is understood as a synonym of the term "social security", which is usually used to refer to cash social benefits to the population. Now the broad interpretation of the term is used. At the European Forum of the EU, held in Brussels in 1998, it was proposed to include to the social protection security of life of citizens in a broad sense, including not only social security, but, as well, social integration, obtaining of education, healthcare, housing, provision of social services, etc.¹⁷⁻¹⁹

Interpretation of social protection in Ukraine

In the Constitution of Ukraine, social protection is seen as a system of measures to protect the population against social risks. It is this sense is incorporated in Art. 46, where "the right of citizens to social protection, which includes the right of their security in cases of complete, partial or temporary disability, widowhood,

unemployment due to circumstances beyond their control, as well as in old age, and in other cases provided by law" is established. Ukraine has provided the legal and institutional basis of the new system of social protection. This system is characterized by the following features.

First, the Constitution of Ukraine establishes the right of citizens to social protection, and set the state guarantees of its implementation.

Second, a multitude social and protective legislation, which provides a legal mechanism for providing population with social cash benefits and social services exactly in certain cases, so-called "social risk", was created.

Third, there is no single legal act, which establishes the general principles of social protection as it is, and so all the acts are of systemic type and their functional "groups" aim to protect people from the adverse effects against social risks.

Fourth, in institutional terms, the national social protection system includes: 1) all of the organizational and financial and legal forms, through which social benefits directly complemented and social services are provided to individuals upon the occurrence of social risks, it is - social insurance, financed through taxes, the state social assistance, non-state social security, and 2) indirect (mediated) social protection measures that are becoming more widely spread.

Structurally, social protection in Ukraine consists of the following parts.

A. State social protection.

I. General system of social protection:

- 1) obligatory state social insurance;
- 2) state social assistance.

II. Special social protection.

III. Additional social protection.

B. Non-state social security:

- 1) non-state pension provision.
- 2) non-state social services.²⁰

National social protection programmes in some EU countries

In many countries with socially oriented economy legislation has various benefits granted under national programmes of protection (Table 3). For example, there is a law on the minimum guaranteed income (benefits). Denmark adopted such law in 1933, the UK - in 1948, West Germany - in 1961, the Netherlands - in 1963, Belgium - in 1974, Ireland - in 1977, Sweden - 1982, Luxembourg - in 1986, France - in 1988.

In many countries, protective barrier for low-income people is the law on the minimum wage and its periodic



indexing depending on the growth of consumer prices. In Italy, the indexing starts with the growth of the price index by one percent, in Denmark - three percent, in Belgium - two percent, Luxembourg - two and a half percent. In some countries - the U.S.A., Canada, France, Switzerland - indexing does not cover all working population, but only the part of employees.¹⁷⁻¹⁹

Table 3: Benefits provided under national protection programmes of income in some EU countries

Country	Basic benefits and services
Austria	Reimbursement of the cost of housing, health insurance
Belgium	Reimbursement of the cost of housing, health care
Denmark	Reimbursement of the cost of housing, scholarships
Finland	Reimbursement of the cost of housing, health care, the cost for children in preschool
France	Reimbursement of the cost of housing, health care
Germany	Reimbursement of the cost of housing, health care, education grant
Ireland	Reimbursement of the cost of housing, free medical insurance
Luxembourg	Reimbursement of the cost of housing, free medical insurance
The Netherlands	Reimbursement of the cost of housing, free medical insurance
Portugal	Reimbursement of the cost of housing, health care, education grant
Spain	Reimbursement of the cost of housing, assistance in the acquisition of household items
Sweden	Reimbursement of the cost of housing, health care, help to purchase household items, education grants

In Canada, along with the insurance pension there is a "people's" pension. A similar benefit was introduced in Australia. In the U.S.A., there are many benefits to be paid in addition to the Social Security Fund. At least 100 material aid programmes operate there (many of them are short, after a time, they are replaced by the others). They are carried out under the auspices of five federal ministries (Health and Human Services, Agriculture, Labour, Housing and Urban Development, the Interior), and the Committee on the economic opportunities, the Office of Veterans Affairs, the Council on Retirement Railway and Civil Service Commission. Programmes operate in isolation, without writing a balanced and organized system, so that they cover quite small groups of those who need material help.

It can be concluded that systems of social protection in western countries were formed with the direct involvement of the state and the trade unions and they are complex organizational structures, with a high proportion of expenses on social programmes, and more effective than in Ukraine. The peculiarities of social protection in developed countries are:

- the existence of an extensive system of professional and industry schemes of social insurance;
- a well-developed system of family benefits, which is the result of a long evolution in which a variety of

tools of the state family policy and the forms of family benefits was introduced and improved;

- a great role of additional systems of social security, especially in the areas of pensions and health insurance. Along with the general (basic) schemes of social insurance, many additional professional and industrial systems operate;
- the existence of different insurance funds, which implement certain social programmes that complement the obligatory social services within the overall obligatory social security schemes.¹⁷⁻¹⁹

Poland experience

Special attention is given to the experience of Poland, which has recently joined the EU. Poland, before entering the EU, has destroyed the centralized system of management due to administrative-territorial reform. Under this reform, new administrative units were created - communes, districts and provinces. The system of their government is characterized by a lack of subordination to each other. For example, of the county is only concerned with those issues that are common to the population of the whole district, in particular, the maintenance of hospitals, orphanages, which is impractical to have in each commune, the development of the road network and other issues that cannot be solved by individual communes. In Poland, there is a system of individual donations (beneficiaries include only students and senior citizens who have the right of preferential access to transport). Identification of persons applying for cash benefits, appointment and payment of these benefits is the monopoly of government.

In Poland, there are different centres to support vulnerable citizens. Local authorities approve cooperation of non-governmental institutions that create social centres support for vulnerable sections of the population and try to help them in every way. Each organization work with a certain category of people, providing them with various forms of assistance (psychological, social, legal, financial).^{15, 19}

Legislation act, which regulate the activities of non-state organizations in Poland, is a law on the activities of public benefit and volunteer, adopted on April 24, 2003. According to this law, activities for the public benefit is recognized socially useful activity that is carried out by non-governmental organizations in the field of social problems, namely in the field of social assistance, charitable activities, activities for the benefit of persons with disabilities, assistance to victims of disasters, natural disasters, armed conflicts and wars in the country and abroad, etc. It also indicates that the organs of civil administration work in the field of public issues in collaboration with public organizations and parties that carry out their activity in a public utility under the territory and tasks which are in the competence of public administration. This cooperation is based on the principles of: mutual assistance, sovereignty of the



parties, partnership, efficiency, fair competition and openness.^{15, 19}

The close cooperation of the public administration and non-governmental organizations is essential. Such cooperation can become apparent in the order for public organizations to implement public tasks, mutual information on the planned activities and cooperation with a purpose of harmonizing of these areas, consulting with public organizations within the sphere of their activities, draft legislation in the fields of statutory activities of these organizations, as well as in creation of joint committees of consultative and informative type.

Cooperation is so close that the organs of civil administration order the public organizations to perform certain social tasks in a particular area with a full or partial financial support. On the issue of financing of non-state organizations' activities, the biggest advantage of their created centres is that every taxpayer in Poland can send 1% of the amount of his tax to the account of social organization every month may.^{15, 19}

CONCLUSION

Countries, which are oriented on Eurointegration, should solve the priority tasks, in particular, on implementation of the European standards and norms of effective social protection of the population including specialists of pharmaceutical sector.

Analysis of the present classification models of social protection showed that they are not suitable in application to specialists of pharmaceutical sector in their pure form. It can be supposed that, for pharmaceutical sector, the transitional hybrid, which combines socialistic model, is needed, and direction of movement of social protection system can be defined as movement to European model of social protection.

Experience of separate countries on organization of labour for specialists of pharmaceutical sector indicates the presence of specific features, which should be taken into account in the system of their social protection. They include professional but not of pharmacy specialists in the process of their professional activity, professional diseases of pharmacy specialists, working conditions in the rural area.

REFERENCES

1. Maliovanyy M.I. The history of social protection in the world // Innovative Economy. Ukrainian Scientific and Production Journal. №3(22), 201, 253-258.
2. Stoyka A.V. Paradigmatic models of the mechanism of state management of social sphere // Manager. 2010, №4, 76-82.
3. Wilensky H., Leback C., Industrial Society and Social Welfare. – N.Y., 1958, 128.
4. Titmus R. Social Policy: An Introduction. – L.: Allen&Unwin, 1974, 218.
5. Esping-Andersen G. Three Worlds of Welfare Capitalism. – Cambridge: Polity Press, 1990, 260.
6. Mishra R. Society and Social Policy: Theory and Practice of Welfare. – 2-nd ed. – Atlantic Highlands: Humanities Press, 1981, 221.
7. George V., Vilding P. Ideology and Social Welfare. – L.: Routledge, 1985, 172.
8. Lorenz Yu. Social work in changing Europe. – K.: Association of Psychiatrists of Ukraine, 1997, 199.
9. Managing of social sphere / ed. V.E.Gordin. - St. Petersburg: Publishing House of St. Petersburg State University of Economics and Finance, 1988, 288.
10. Novikova O. The concept of social policy of Ukraine: problems and solutions // Social policy and social work. - № 1-2, 1998, 5-14.
11. Holovaty M.F. Transformation of a new social policy in contemporary Ukraine: conceptual foundations // Social Work in Ukraine: Theory and Practice. 31, 2002, 20-24.
12. Mishchuk Z. Social state: international experience // Social policy and social work. № 4, 2004, 64-78.
13. P.I. Sidorov, A.G. Soloviev, I.A. Novikova. Ed. Acad. Academy of Medical Sciences, Professor. P.I. Sidorov. Professional burnout syndrome: Manual. Arkhangelsk: Publishing Center of SSMU, 2007, 148.
14. Social work and health: 200 key terms in English and in Russian / Ed. N.S. Grigorieva. - M.: Alpha-Print, 1996, 44-46.
15. Tserkasevich L. Current trends of social policy in the countries of the European Union. St. Petersburg., 2002, 27.
16. Spiker P. Social policy: Themes and approaches. - K.: Phoenix, 2000, 383.
17. Khmel I.S., Gorbik V.A. Gulevich V.N. Social structure and social policy of the U.S., the UK, Germany, France and Canada, Kiev, 1997.
18. Lukyanova G.I. The social protection system in France (ways of reforming) // Modern Europe. № 4, 2001.
19. Antropov V.V. Social protection in the countries of the European Union, Moscow, 2006.
20. Lebedev O.T., Yazvenko S.A. Social Security. SPb., 1999, 91–92.

Source of Support: Nil, Conflict of Interest: None.



About Corresponding Author: Prof. Valentyn Tolochko

Prof. Valentyn Tolochko graduated and completed his doctorate at National University of Pharmacy, Kharkiv, Ukraine. He has 37 years of teaching and scientific experience at the same University. Since 1984, he is the head of Management and Economics of Pharmacy Department Institute of Pharmacy Specialists' Professional Development, National University of Pharmacy. He supervises post-graduate course and institution of doctoral candidacy, has prepared his own scientific school of 8 doctors of science, 27 candidates of science, 5 scientific masters, is the author of 642 scientific works including 14 monographs, 17 text books and teaching aids.

About Co-Author: Ms. Yuliya Medvedyeva

Ms. Yuliya Medvedyeva graduated and post graduated from National University of Pharmacy, Kharkiv, Ukraine. She has 7 years of teaching experience at the same University and currently works as an assistant professor of Management and Economics of Pharmacy Department, Institute of Pharmacy Specialists' Professional Development, National University of Pharmacy.

About Co-Author: Ms. Mariya Zarichkova

Ms. Mariya Zarichkova graduated and post graduated from National University of Pharmacy, Kharkiv, Ukraine. She has 8 years of teaching experience at the same University and currently works as an assistant professor of Management and Economics of Pharmacy Department, Institute of Pharmacy Specialists' Professional Development, National University of Pharmacy.

About Co-Author: Ms. Kateryna Tolochko

Ms. Kateryna Tolochko graduated from National University of Pharmacy, Kharkiv, Ukraine. Since 2010, she is a post-graduate student of Technology of Drugs Department, National University of Pharmacy, Kharkiv, Ukraine.