knowledge of different preparations. Currently, dermatologists from the Health Institutions of the Republic of Moldova prescribe for the treatment of skin diseases soft medicinal preparations with propolis extract, both in the form of industrial preparations and compounded medications.

Conclusions. The use of semi-solid preparations with propolis extract gives effective results in the therapy of skin diseases for adults and among children. This offers a higher hope of using natural preparations as compared to those of synthetic origin. The treatment of skin diseases is a complicated complex, which includes an environment of preparations for internal and topical use. **Key words:** Skin diseases, propolis extract, atopic dermatitis.

DEPARTMENT OF SOCIAL PHARMACY VASILE PROCOPISIN

416. PHARMACISTS ROLE IN MEDICAL DEVICES: FROM DIAGNOSIS TO MONITORING OF THERAPY

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Introduction. Medical devices, like medicines and other health technologies, are essential for patient care: at the bedside, at the urban and rural pharmacy or health clinic, or at the large, specialized hospital. Pharmacists hold a unique competency set and use their skills to help patients manage their medication and medical devise for optimal outcomes. Like other healthcare professionals, pharmacists are often required to deliver highly technical language to patients in a manner that they understand. This applies both to medicines and medical devices, many of which are sold in pharmacies.

Aim of the study. Identifying pharmacist role and pharmaceutical services in medical devices, availability of diagnostic test in community pharmacies and, post-diagnosis monitoring and counselling in 62 community pharmacies from Republic of Moldova.

Materials and methods. Have been conducted a descriptive observational cross-sectional study, using quantitative data collection through a semi-structured questionnaire in 62 community pharmacies and pharmacy from health centers: 33 from rural and 28 from urban area. A study was conducted through a telephone questionnaire, regarding the availability of medical devices and price of them in pharmacies, as well as the monitoring of therapy after diagnosis. Nonresponse rate was 25.8%, from which urban pharmacy – 19% rural – 81%.

Results. Patients may be subjected to a variety of diagnostic procedures at different points in their journey of medical care, for example in health facility, in the workplace, and increasingly in community pharmacies. Essential diagnostics are those that satisfy the priority health care needs of the population and are selected with due regard to disease prevalence, public health relevance, evidence of utility and accuracy and comparative cost-effectiveness. Diagnostic procedures can be roughly classified according to two main types: directly investigative procedures, which require the presence of the patient for the duration of the procedure tests on samples. These tests are performed on samples such as blood, urine and faeces, which are removed from the patient and tested in a laboratory. When such tests are conducted in pharmacies, the pharmacist has an obvious role, but even when tests are conducted elsewhere, the pharmacist can be a useful source of information about the procedure and what it may mean for the patient. In that study have been evaluated availability of following diagnostics: blood

pressure monitor, dipsticks for glucometer, glucometer, H. pylori test, pregnancy test, and HIV test. The results were as follows: pregnancy test – 85%, blood pressure monitor – 62%, dipsticks for glucometer and glucometer - 52%; H. pylori test – 10%; HIV test – 2% (only in one chain pharmacy in urban area). Pharmacy services provided in pharmacies related with medical device investigated was following: measure of blood pressure- 76%, measure of glycaemia – 2%, counselling on teenage pregnancy – 0%.

Conclusions. The availability of medical devices in community pharmacies is directly correlated with the location, being much higher in the urban area. However, pharmaceutical services related to these devices are practically not provided in the Republic of Moldova, except for blood pressure measurement.

Key words: pharmacist, community pharmacy, medical devices, tests, counselling.

417. EVALUATION EQUITY IN ACCESS TO MEDICINES USING CONCENTRATION CURVE IN REPUBLIC OF MOLDOVA

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Introduction. Equitable access to medicines is one of the essential challenges in developing and transitional countries. It is stated that about one-third of the populations around the world do not have equitable access to essential medicines. The prices are often unaffordable for majority of population. This has made medicines the second largest family expenditure after food and has made the cost of the medicines unaffordable for a huge number of people. Up to 50% of medicines are inappropriately prescribed or dispensed and up to 50% are used incorrectly by patients. This leads to significant wasted resources, the potential to drive the development of drug resistance and to poor health outcomes. Many patients, especially the poor, rely on the informal sector for their health care needs including medicines, while respective vendors have little or no pharmacy training.

Aim of the study. Assessment the equity in access to medicines in Republic of Moldova through health system perspective.

Materials and methods. Have been conducted a descriptive cross-sectional study of international practice on strengthen policy framework on equitable access to medicines; secondly has been done a quantitative study using concentration curve on the population of Republic of Moldova regarding the access to medicines.

Results. Equity is one of the fundamental principles and right of people in the healthcare system worldwide. According to World Health Organization, equity is the absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically. Health inequities therefore involve more than inequality with respect to health determinants, access to the resources needed to improve and maintain health or health outcomes. From the previous authors study have been disclose the following access indicators and barriers to medicines with different access incentives (AI): geographical accessibility (8-AI), affordability (7-AI), availability of medicines (8-AI) and acceptability (2-AI). The two key variables underlying the concentration curve are the access to medicines variable, the distribution of which is the subject of interest, and a variable capturing living standard against which the distribution is to be assessed. The health variable