

COMPREHENSIVE ANALYSIS OF THE MEDICAL AND SOCIAL SIGNIFICANCE OF REHABILITATION IN HEALTH RESORT INSTITUTIONS OF THE KYRGYZ REPUBLIC

Eliza Alymkulovna Bulakrieva

*Scientific Secretary of Kyrgyz Scientific Research Institute of Balneology and Rehabilitation of
Ministry of Healthcare of the Kyrgyz Republic
Candidate of Medical Science, cardiorheumatologist
Kyrgyz Republic, Bishkek*

Marat Akimovich Sagymbaev

*Doctor of Medical Science, Professor, Corresponding Member of National Academy of
Sciences of the Kyrgyz Republic,
Director of Kyrgyz Scientific Research Institute of Balneology and Rehabilitation of Ministry
of Healthcare of the Kyrgyz Republic.*

Ernek Maratovich Sagymbaev

*Orthopedic traumatologist, Ph.D. student of Kyrgyz Scientific Research Institute of Balneology
and Rehabilitation of Ministry of Healthcare of the Kyrgyz Republic.*

Аннотация

В статье представлен краткий обзор основных проблем и совершенствования системы медицинской реабилитации в санаторно-курортных учреждениях (СКУ) Кыргызской республики, а также представлены результаты лечения т.е. эффективность реабилитационных мероприятий.

В Кыргызстане начавшийся процесс приватизации санаторно-курортных организаций изменил форму собственности - более половины государственных, ведомственных и принадлежащих общественным организациям здравниц. В 2000-году доля государственной собственности в санаторно-курортных организациях составляла 49,6%. (Данные статистического комитета Кыргызской Республики. 2017г).

Мы замечаем, что более чем 20 лет независимости республики реабилитационная служба не смогла достичь тех былых высот, этому есть внутренние и внешние факторы. Даже то, что на сегодняшний день в структуре уполномоченного органа по охране здоровья (Министерство здравоохранения) нет отдела, который бы вел работу по развитию реабилитационной службы восстановительной медицины, курортологии и спортивной медицины, что в свою

очередь вызвал необходимость анализа и обоснования деятельности реабилитационной службы в санаторно-курортных учреждениях.

Ключевые слова: санаторно-курортные учреждения, реабилитация, оценка качества, эффективность, научный анализ, комплекс.

Abstract

The article provides a brief overview of the main problems and improvement of the system of medical rehabilitation in the sanatorium-resort institutions (SRI) of the Kyrgyz Republic, and also presents the results of treatment, i.e. the effectiveness of rehabilitation measures.

In Kyrgyzstan, the initiated process of privatization of sanatorium-resort organizations changed the form of ownership of more than half of state, departmental and public-owned health resorts. In 2000, the share of state ownership in health resort organizations was 49.6% (Data of the Statistical Committee of the Kyrgyz Republic, 2017).

We notice that for more than 20 years of independence of the republic, the rehabilitation service has not been able to reach those former heights, there are internal and external factors for this. Even the fact that today in the structure of the authorized body for health protection (Ministry of Health) there is no department that would work on the development of the rehabilitation service of restorative medicine, balneology and sports medicine, which in turn caused the need to analyze and substantiate the activities of the rehabilitation service in health resort institutions.

Key words: sanatorium-resort institutions, rehabilitation, quality assessment, efficiency, scientific analysis, complex.

INTRODUCTION

Sanatorium-resort treatment significantly contributes to solving the primary problems of health care, such as reduction of morbidity and premature mortality, prevention of diseases, preservation, and promotion of health of the population, ensuring medical and social rehabilitation of sick and disabled people (Razumov A.N., Yashina E.R., Bobrovnikskiy I.P. 1999, Starodubov V.I. 2004).

The effectiveness of the sanatorium-resort treatment provided the right selection and appointment to the sanatorium and resort institution is very high. After completing treatment in a sanatorium, patients return to work 3-4 times more often and 1.5 times faster. After a course of sanatorium treatment and health improvement, the level of labor losses of patients decreases by 2-4 times. (Razumov A.N., 2002; Limonov V.I., 2006).

The above mentioned, in turn, requires a study of the need for sanatorium-resort rehabilitation and health improvement at the relevant institutions of local importance for various social groups of the population of the respective region. This correlates with the implementation of the concept of state policy to improve medical and social assistance to the population and increase the medical and economic efficiency of using internal reserves of health care at the tertiary level (V.I. Matvienko, 1998; M.V.Shmakov, 1998; O.P. Shchepin, Yu. P. Lisitsyn, V.Z. Kucherenko, G.I.Kutsenko, V.I. Starodubov, V.Yu. Semenov, et al., 1997 - 2000).

The sanatorium-resort institutions (SRI) of Kyrgyzstan dispose practically of all types of medicinal waters, mud, and other natural resources known in the world. Currently, in the territory of the Kyrgyz Republic, according to the data of the National Statistical Committee, there are 180 sanatorium-resort and health-improving institutions of the republican scale. The

modern infrastructure of resorts with proper balneological and accommodation facilities and the level of service leaves room for improvement [National Statistical Committee of the Kyrgyz Republic, 2017].

Rational use of sanatorium-resort institutions resources in the market economy conditions, a significant reduction in their funding, and weakening of government coordination caused a decrease in their number, the number of places, a depletion of the material and technical base, and most importantly, a decrease in human resources. There is a difference between the need for sanatorium and resort services and the lack of opportunities to obtain them due to the low paying capacity of the population of Kyrgyzstan.

The Law of the Kyrgyz Republic "On natural curative resources, Medical Recreation Areas and Resorts", adopted in 2000, remained largely unfulfilled. To widely use medicinal natural resources, it is necessary to restore the system of their protection from premature depletion, contamination, loss of medicinal properties. ["On natural curative resources, health-improving areas and resorts" *Law of the Kyrgyz Republic of February 16, 2016, No. 16*].

The studies carried out at the Kyrgyz Research Institute of Balneology and Rehabilitation (KNIKiVL) revealed that at present, only a part of the mineral water wells are operated and licensed, the care of beaches and forest parks of resorts became insufficient. Most of the deposits of medicinal mud, medicinal clay, and brine remain unutilized. It is necessary to develop a legislative and regulatory framework for the activities of sanatorium and resort institutions, medical and social standards for sanatorium services, and criteria for licensing medical activities in health resorts. As part of this research work, in 2017, together with the National Statistical Committee of the Kyrgyz Republic, the scientific department of KNIKiVL conducted a study of the activities of 165 sanatorium and health resort and medical institutions in the Kyrgyz Republic to conduct a medical and social analysis and evaluate the effectiveness of treatment in sanatorium-resort and health-improving institutions of the Kyrgyz Republic.

Study Materials:Data from sanatorium-resort institutions of the Kyrgyz Republic, as well as data from the medical history of patients who received rehabilitation treatment in a sanatorium-resort institution for 2013-2018, was selected as the object of the study. Annual financial budgetary and off-budget reports for 2013-2018, reports on research work of KNIKiVL for 2013-2018, statistical reports, and questionnaire forms of the organizational and methodological department of KNIKiVL for 2013-2018. Financial reports for 2013-2018. Personnel reports for 2013-2018.

Methods of study:The work was carried out in the manner of a retrospective study using the method of historical analysis, medical-statistical and sociological survey, questioning (considering the demand for medical rehabilitation). Also taken into account are the data of clinical, laboratory, instrumental methods of examination of patients who received rehabilitation treatment in sanatorium-resort institutions. The obtained data were correctly processed by the methods of variation statistics, mathematical and computer modeling, expert assessment.

RESULTS

In the assessment of the medical effectiveness of rehabilitation of patients, the following quality assessment criteria were used: assessment of the quality of life of patients before and after treatment for the period 2013-2018, assessment of the therapeutic and diagnostic activities of KNIKiVL for 2013-2018, questioning patients with standard MOS SPF-36 questionnaires, SWOT analysis of a sanatorium-resort institution (see table №1).

Table № 1. Registered sanatorium-resort institutions of the Kyrgyz Republic for the implementation of medical rehabilitation region-wise for 2013-2017 (for the last 5 years).

Institution/year	2013	2014	2015	2016	2017
SRI of the Kyrgyz Republic	89/100%	90/100%	89/100%	94/100%	100/100%
Issyk Kul region	26 (29,2)	26 (28,8)	27 (30,3)	29 (30,8)	30 (30,0)
Bishkek	17 (19,1)	18 (20,0)	18 (20,2)	20 (21,2)	26 (26,0)
Chui region	16 (17,9)	16 (17,7)	14 (15,7)	15 (15,9)	15 (15,0)
Dzhalal Abad region	10 (11,2)	10 (11,1)	10 (11,2)	10 (10,6)	9 (9,0)
Osh	6 (6,7)	6 (6,6)	6 (6,7)	6 (6,3)	5 (5,0)
Osh region	5 (5,6)	6 (6,6)	6 (6,7)	6 (6,3)	6 (6,0)
Talas region	3 (3,3)	3 (3,3)	3 (3,3)	3 (2,8)	3 (3,0)
Batken region	3 (3,3)	4 (4,4)	4 (4,4)	4 (3,7)	4 (4,0)
Naryn region	3 (3,3)	1 (1,1)	1 (1,1)	1(1,1)	2 (2,0)

According to the statistics board of the Kyrgyz Republic, most of the sanatorium-resort institutions are located in the Issyk Kul region, which makes 30% of the total number of SKI in the Kyrgyz Republic, followed by Bishkek city 26%, and Chui oblast 15% of the total. The smallest number of sanatoriums is located in the Naryn (2%) and Talas regions (3%) (see Table 2).

Table 2. The number of registered sanatorium-resort institutions of the Kyrgyz Republic subdivided by structure for 2013-2017 (over the last 5 years).

SKI and health rehabilitation institutions of the Kyrgyz Republic	2013 <i>Number (%)</i>	2014 <i>Number (%)</i>	2015 <i>Number (%)</i>	2016 <i>Number (%)</i>	2017 <i>Number (%)</i>
Sanatoriums	13 (9,2)	13 (7,9)	15 (9,1)	15 (8,6)	13 (7,2)
Health camps	5 (3,5)	5 (3,0)	4 (2,4)	5 (2,8)	6 (3,3)
Health care center	10 (7,0)	10 (6,0)	12 (7,1)	11 (6,2)	10 (5,5)
Health resorts	9 (6,4)	9 (5,4)	8 (4,7)	6 (3,4)	5 (2,7)
Recreation centers	66 (46,8)	86 (52,4)	83 (49,1)	94 (53,7)	101 (56,1)
Treatment and recreation centers	2 (1,4)	3 (1,9)	5 (2,9)	5 (2,8)	5 (2,7)
Recreation facilities	6 (4,2)	4 (2,6)	7 (4,1)	7 (4,0)	7 (3,8)
Sports and recreation camps	4 (2,8)	5 (3,0)	8 (4,7)	10 (5,7)	9 (5,0)
Children health complexes	26 (18,4)	29 (17,6)	27 (15,9)	22 (12,5)	24 (13,3)
TOTAL	141	164	169	175	180

In the republic, among the sanatorium-resort institutions, children's health centers prevail, making 24% of the total. The smallest number falls on Treatment and recreation centers (5%) and health resorts (5%), respectively (see table 3).

Table 3. Sanatorium-resort institutions of the Kyrgyz Republic divided by the period of operation in 2017.

SRI of the Kyrgyz Republic	Total as of 2017	In particular		Ownership	
		<i>yearlong</i>	<i>seasonal</i>	<i>state</i>	<i>private</i>
Sanatoriums	13 (100%)	9 (69,2%)	4 (30,7%)	4 (30,7%)	9 (69,2%)
Health camps	6 (100%)	5 (83,3%)	1 (16,6%)	4 (66,6%)	2 (33,3%)
Health care center	10 (100%)	4 (40%)	6 (60%)	2 (20%)	8 (80%)
Health resorts	5 (100%)	1(20%)	4 (80%)	1 (20%)	4 (80%)
Recreation centers	101 (100%)	1 (0,9%)	100(99%)	8 (7,9%)	93(92%)
Treatment and recreation centers	5 (100%)	2 (40%)	3 (60%)	3 (60%)	2 (40%)
Recreation facilities	7 (100%)	2 (28,5%)	5 (71,4%)	-	7 (100%)
Sports and recreation camps	9 (100%)	-	9 (100%)	6 (66,6%)	3 (33,3)
Children health complexes	24(100%)	-	24(100%)	12(50%)	12 (50%)

Among the surveyed 180 sanatorium-resort institutions and recreation institutions, the predominant ones were institutions with a private form of ownership 140 (77.7%), having the status of local (69.5%), state 40 (22.3%), 165 seasonal SKI (91, 6%), and 24 year-round (13.3%). To resolve issues of public administration in the field of health care, such an effective tool as licensing of medical activities is used. Licensing is a legally approved paid permission for the right to engage in any activity for a specified period, subject to certain conditions. Hence, only 19 institutions (10.5%) had licenses to carry out medical activities in the sanatorium-resort institutions of the republic. At the same time, among sanatorium-resort institutions certified were almost 53 (29.5%), and private ones by 60 (43.0%). In contrast to licensing, which has a permissive character, the task of confirming a certain level of sanatorium-resort institution services is certification. When analyzing and confirming the conformity of services in sanatorium-resort institutions, the relevant documentation on the standardization of sanatorium-resort services was not obtained, and 49 (27.5%) of the republic's SKI were not certified. Out of 180 sanatoriums, 143 (79.4%) did not have any categories. 151 (84%) SKI and sanitary institutions do not have profiling, and only a small part of them refer themselves as general therapeutic 14 (7.7%), urogynecological 5 (2.7%) and musculoskeletal 10 (5.5%) profiles (see table № 4).

Table 4. Beds capacity per month of maximum deployment in the sanatorium-resort institutions of the Kyrgyz Republic for the implementation of medical rehabilitation 2013-2017.

SRI of the Kyrgyz Republic	2013	2014	2015	2016	2017
Specialized accommodation facilities	23321-100%	29333	31476	28085	27776

Sanatoriums	3793-16,2%	3846-13,1%	4475-14,2%	4210-14,9%	4168-15,0%
Health camps	415-1,7%	395-1,3%	280-0,8%	345-1,2%	345-1,2%
Health care center	703-3,0%	675-2,3%	711-2,2%	457-1,6%	433-1,5%
Health resorts	2595-11,1%	2600-8,8%	1418-4,5%	848-3,0%	848-3,0%
Recreation centers	9676-41,4%	15138-51,6%	16989-53,9%	13058-46,4%	14250-51,3%
Treatment and recreation centers	115-0,4%	178-0,6%	952-3,0%	1028-3,6%	1010-3,6%
Recreation facilities	480-2,0%	200-0,6%	491-1,5%	550-1,9%	567-2,0%
Sports and recreation camps	631-2,7%	814-2,7%	1250-3,9%	1810-6,4%	1920-6,9%
Children health complexes	4348-18,6%	4910-16,7%	4169-13,2%	3362-11,9%	3656-13,1%

The share of beds in sanatorium-resort institutions by the constituent entities of the Kyrgyz Republic was distributed accordingly. So, the share with the highest indicator includes recreation facilities (51.3%), sanatoriums (15.0%), children's health complexes (13.1%). All the rest took the lowest indicator of the bed capacity in sanatoriums.

Table 5. Dynamics of the number of sanatorium-resort institutions in the republic with the corresponding bed capacity for 1932-2017.

Years/bed capacity in SRI and health rehabilitation institutions	1932	1939	1958	1965	1974	1981	1990	1997
	1332	17393	27784	42160	49990	54600	38366	37583
Year/bed capacity	2010	2011	2012	2013	2014	2015	2016	2017
	22050	13335	9067	12271	17738	16780	15253	15250

Focusing on the bed capacity in sanatoriums, it becomes clear that the maximum number falls in 1981-1989 (Soviet health care. Brief statistical collection series "Figures, facts, comparisons" M.: Information and Publishing Center, 1990. p. 43). The number of health resorts and treatment and recreation centers in 1932-2017, after gaining the sovereignty of the Kyrgyz Republic has been decreasing, and there has also been a sharp decrease in the number of beds by more than two times (22050) since 2010. And since 2011, there has been a sharp decline in bed capacity, but with a subsequent increase. Correspondingly to the decrease in the number of sanatoriums,

the number of persons receiving treatment also decreased. So, until 1988, there was a steady increase in the number of patients who received treatment in sanatoriums. Then there was a sharp decline in the number of patients treated from 1994 to 1997. Since the beginning of the 2000s, the number of persons who received sanatorium-resort institutions treatment has increased again.

The analysis of the use of local mineral waters and therapeutic mud showed that mineral waters are used for external application in 31 institutions (17.2%), and for internal only in 7 institutions (3.8%), local therapeutic mud is used only in 9 institutions (five%). Apparatus physiotherapy (including ultrasound, UFO, darsonvalization, UHF therapy, electrophoresis, galvanization) is available only in 49 institutions (27.2%). Balneotherapy (including various baths, ablution, underwater shower-massage, traction in water, and therapeutic pools) is used in 129 (71.6%) SRI. Mud therapy (mud applications, mud baths, intracavitary mud therapy) and thermal therapy (paraffin and ozokerite applications) are used in 23 (12.7%) SRI and health rehabilitation institutions, respectively. General clinical, biochemical, radiological, bacteriological, cytological, and microbiological methods of laboratory diagnostics are carried out in 42 (23.3%) SRI and health rehabilitation institutions. Functional diagnostics methods (ECG, ultrasound, stress methods, etc.) are available in 79 (43.8%) institutions. Sports and recreation facilities like swimming pools, saunas, sports grounds, gyms, tennis courts, and billiards are available in almost all SRI and health rehabilitation institutions; equipped beaches are available in 98 (54.4%) institutions. Infrastructure facilities such as parking, laundry, cafes, shops, cinemas, pharmacies, boat rental, catamarans are available in 116 (64.4%) SRI and health rehabilitation institutions. Apparatus physiotherapy, which includes ultrasound therapy, UFO, darsonvalization, UHF, electrophoresis, and galvanization, was available only in 27 (15%) of 180 SRI and health rehabilitation institutions.

According to the contingent of those who visit sanatoriums for adult patients, in 41 institutions (22.7%) treatment was received, 31 (17.2%) are presumed for only children without parents and 108 institutions (60%) parents with children. Meals in SRI and health rehabilitation institutions are mainly 3 times a day 86 (47.7%), less often 4 meals a day in 36 (20%), ordered meals in 58 (32.2%).

The terms of stay in SRI and health rehabilitation institutions are mainly from 10-12 days 86 (48%), from 12-18 days 16 (8.8%) to 10 days 78 (43.3%). Rooms are mainly 2-bed 59 (32.7%) and 3-bed or more 61 (33.8%), 1-bed 10 (5.5%), 6-bed common 50 (27.7%).

The problem of balneology includes climatology, climatotherapy, and climatopathology as important. It is generally accepted that climate change contributes to the training of the adaptive mechanisms of the individual, the normalization of reactivity, and the improvement of his functional state. Climatotherapeutic approaches include aerotherapy, heliotherapy, thalassotherapy, and others (Mirrakhimov M.M. High-altitude climatotherapy and physical methods of therapeutic intervention, outlined in the works of the staff of the Department of Faculty Therapy of the KSMA and the National Center of Cardiology and Therapy // Past, present and future of balneology and restorative medicine). Collection of articles dedicated to the 50th anniversary of KNIKiVL of the Ministry of Health of the Kyrgyz Republic. Bishkek, 2007. p. 33-38.) SRI and health rehabilitation institutions refer to climatic resorts located in lowland, mountainous, coastal regions, and areas with a mixed climate. Poor knowledge of the medical personnel of the SRI and health rehabilitation institutions about the local climatic conditions,

underestimation of their therapeutic effect, and in some cases the negative impact on some human diseases can lead to undesirable consequences.

The majority of surveyed doctors 135 (75%) could not indicate the altitude of their institutions. Considering that SRI and health rehabilitation institutions of our republic are located mainly in mountainous areas (low and medium mountains), it is important to know the indications and contraindications for the stay of patients with varying degrees of severity of the disease.

Analysis of the use of local mineral waters and curative mud showed their extremely rare use in the SRI and health rehabilitation institutions of the Kyrgyz Republic. At the same time, in 2017, our republic had about 105 deposits of mineral water and 18 deposits of medicinal mud with a total reserve of more than 4.5 million m³. The wider use of these natural resources, along with climatotherapy, could enhance not only the medical efficiency of the SRI and health rehabilitation institutions but also bring a significant economic effect.

In recent years, the stock of modern physiotherapy equipment has been rapidly developing, and therefore it is clear that for the effective functioning of the institution it is necessary to attract investments for the acquisition and implementation of innovative technologies. Balneotherapy is used only in 145 (81%) SRI and health rehabilitation institutions, and according to the contemporary requirements, they should be in every resort institution. Methods of laboratory and functional diagnostics are also seldom used in SRI and health rehabilitation institutions of our republic. Considering that people who are mainly examined at their place of residence come to the SRI and health rehabilitation institutions, it is reasonable, that there is no need to purchase sophisticated modern diagnostic equipment. At the same time, it is advisable to introduce modern methods of assessing the level of health of vacationers using inexpensive methods.

The availability of equipped beaches in only half of the 164 SRI and health rehabilitation institutions indicates the need for appropriate work in this direction. Currently, in the practice of sanatorium treatment, 3, 7, 12, 21-day health programs are increasingly used. These include "Clearance", "Antistress", "Healthy Spine", "Over 40", and others.

Conclusions:

1. Thus, the results of the analysis of the activities of the sanatorium-resort institutions of the Kyrgyz Republic indicate that for the further development of medical rehabilitation the following is essential:
2. Development and adoption of certain laws and regulations, as well as state control over licensing, standardization, and certification, as well as the development of modern rehabilitation programs based on financial support from the state for long periods.
3. Training of medical personnel on the aspects of medical rehabilitation, and making wider use of natural healing resources. Also, the introduction of modern rehabilitation technology is required.
4. It is noted, that for more than 20 years of independence of the republic, the rehabilitation service has not been able to reach those former levels, which is explained by the impact of internal and external factors. Even the fact that today in the structure of the authorized body for health protection (the Ministry of Health) no department would work on the development of the rehabilitation service of restorative medicine, balneology, and sports medicine, has caused the need for scientific and statistical analysis and justification of the activities of the rehabilitation service.

5. 5. Since in modern Kyrgyzstan all sanatorium-resort institutions are divided into state, private, the property of public organizations, mixed forms, international institutions, it can be assumed that the implementation of the tasks of rehabilitation medicine is assigned to certain sanatorium-resort institutions. For example Research Institute of Republican significance - the Kyrgyz Research Institute of Balneology and Rehabilitation (hereinafter KNIKiVL), as well as the following institutions: Chui Regional Center for Medical Rehabilitation for Children and Adolescents with Disabilities "Maksat"; Children's Psychoneurological Sanatorium "Rodnichok"; a specialized children's Department of Rehabilitation "Ak-Suu"; Southern Regional Center for Medical Rehabilitation "Kochkor-Ata"; Bazar-Korgon Interdistrict Children's Medical Rehabilitation Center; Dzhalal Abad Regional Children's Medical Rehabilitation Center "Bakyt"; Osh City Children's Rehabilitation Center.
6. The remaining sanatorium-resort institutions are departmental establishments, some of them are trade union establishments, and a large number of health resort establishments operate on private funds.

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