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## **EUROPEAN SOCIAL CHARTER**

9<sup>th</sup> National Report on the implementation of  
the European Social Charter

submitted by

## **THE GOVERNMENT OF UKRAINE**

- Article 3, 11, 14, 23 and 30 for the period  
01/01/2012 - 31/12/2015
- Complementary information on Article 8§1, 8§5,  
16; 31§1 and 31§2 (Conclusions 2015)

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Report registered by the Secretariat on  
23 March 2017

**CYCLE 2017**



# **REVISED EUROPEAN SOCIAL CHARTER**

## **9<sup>th</sup> National Report on the implementation of the European Social Charter (revised)**

**submitted by  
THE GOVERNMENT OF UKRAINE  
(Articles 3, 11, 14, 23, 30  
for the period 2012- 2015)**

In accordance with Article C of the Revised European Social Charter  
and Article 23 of the European Social Charter,  
copies of this report have been communicated to the Joint  
Representative Body of All-Ukrainian Trade Unions  
at National Level and the Joint Representative Body of the Employers  
Side at National Level

All Ukrainian legal acts are available on the Internet at:  
[www.rada.gov.ua](http://www.rada.gov.ua).

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## **Article 3 – The right to safe and healthy working conditions**

### **Article 3§1**

#### **I. General legal framework**

- Law of Ukraine No. 178-VII of April 04, 2013 *On Approval of State Social Program to Improve State of Occupational Safety and Health in Industrial Environments for 2014–2018*

The State Social Program to Improve State of Occupational Safety and Health in Industrial Environments for 2014–2018 was approved by Law of Ukraine No. 178-VII of April 04, 2013. The Program is aimed at comprehensive solution of problems in the field of labour protection, formation of a modern, safe and healthy industrial environment, minimizing of risks of occupational injuries, diseases and accidents what will facilitate the sustainable economic development and social orientation, protection and development of labour potential of Ukraine.

The Program includes, *inter alia*, increasing of the efficiency of the state control over labour protection, in particular, by means of:

- bringing the legal and regulatory framework in the field of labour protection in compliance with the modern requirements and EU legislation;
- monitoring the development, implementation and operation of labour protection management systems at the national, industrial and regional levels, in particular through the application of principles for occupational and industrial risks management;
- business deregulation by simplifying the authorization system in the field of labour protection and introducing the declarative principle of supervising labour protection and industrial safety status at enterprises;
- development and implementation of the mechanism for economic motivation of employers depending on the level of safety, injury rate, occupational morbidity rate and the actual state of labour protection at production sites;
- increasing the level of employers' responsibility for creating safe and healthy working conditions, providing the true information on the state of labour protection at enterprises in due time;
- development and implementation of innovative technologies, new types of individual and group protective means using modern materials, scientific progress in the field of labour protection at operating production sites;
- renewal and modernization of health services at production sites, including heavy, harmful and dangerous working conditions, ensuring the development of the system for provision of health care to the staff, development and improvement of the methods for diagnostics, prevention and treatment of occupational diseases;

- development of state requirements for system of training, retraining and advanced training in labour protection;
- development and implementation of modern technologies, new teaching methods, industry-specific standards of education, publishing of training programs, reference textbooks, guides, study and illustrated study guides, electronic training means designated to improve the system for training of experts in the field of labour protection, particularly those who perform hazardous works and works implying professional selection;
- improving the occupational safety level by promoting occupational safety and the ways to prevent the risks of industrial injuries, occupational diseases and accidents at production sites, formation of responsible attitude to personal safety and safety of others, as well as the industrial and ecological environment;
- using the advanced domestic and foreign experience in improving working conditions and occupational safety on the basis of international cooperation.

It should be mentioned that the State Labour Service of Ukraine was established by Resolution of the Cabinet of Ministers of Ukraine No. 442 of September 10, 2014 *On Optimization of the Central Executive Authorities System* through reorganizing and merging the State Inspectorate of Labour and the State Service of Mining Supervision and Industrial Safety.

The Regulations on the State Labour Service of Ukraine (hereinafter referred to as “*Derzpraci*”) were approved by Resolution of the Cabinet of Ministers of Ukraine No. 96 of February 11, 2015. According to this Resolution, the main tasks of the State Labour Service are as follows:

- implementation of the state policy in the field of industrial safety, labour protection, occupational health, handling of explosive materials, implementation of the state mining supervision, as well as supervision and control over compliance with labour legislation, employment of population, compulsory state social insurance in terms of granting, calculation and payment of benefits, compensation, providing social services and other forms of financial security in order to ensure the rights and guarantees for the insured people;
- implementation of integrated labour protection management at the state level;
- state regulation and control in the field of activities related to high-risk facilities;
- organization and implementation of state supervision (control) in the field of operation of natural gas market in terms of maintaining the proper technical condition of systems, components and devices of natural gas accounting at the sites of its extraction, and ensuring safe and reliable operation of the facilities within the Unified Gas Supply System.

**Measures for application of legal regulations  
Responses to the additional questions  
of the European Committee of Social Rights**

*Q. 1. The Committee asked for more details on the sectoral programmes implemented by the ministries and other central executive authorities.*

Response. The main high-injury production industry in Ukraine is coal mining. The Program for improving occupational safety at the coal-mining and mine-construction enterprises approved by Resolution of the Cabinet of Ministers of Ukraine No. 374 of March 29, 2006, as amended by Resolution of the Cabinet of Ministers of Ukraine No. 521 of May 18, 2011 (hereinafter referred to as “the Program”) has been operating since 2011. The Program has been ordered by the Ministry of Energy and Coal Industry of Ukraine.

The Program is aimed at preserving the life and health of miners by means of implementing legal, organizational, technical and socio-economic mechanism to ensure labour protection and safety at coal-mining and mine-construction enterprises.

The main task of the Program is to reduce occupational injury, fatality, accident rates at coal-mining and mine-construction enterprises, miners' occupational morbidity rate.

The Program is aimed at preserving the life and health of miners by means of implementing legal, organizational, technical and socio-economic mechanism to ensure labour protection and safety at coal-mining and mine-construction enterprises.

Pursuant to Decree of the President of Ukraine No. 875 of November 14, 2014 *On Immediate Measures Aimed at the Stabilization of Socio-Economic Situation in the Donetsk and Luhansk Regions*, and Resolution of the Cabinet of Ministers of Ukraine No. 595 of November 07, 2014 *Some Issues of Financing Budget Institutions, Paying Social Benefits and Providing Financial Support to Individual Enterprises and Organizations in the Donetsk and Luhansk Regions*, the production and financial and economic activities of 11 state coal-mining enterprises and industrial institutions located in the territory being temporarily beyond the control of the Ukrainian authorities have been terminated since November 28, 2014 by Order of the Ministry of Energy and Coal Industry of Ukraine No. 841 of November 25, 2014 *On Immediate Measures Aimed at the Stabilization of Socio-Economic Situation in the Donetsk and Luhansk Regions*.

78 (out of 90) state coal-mining enterprises of Ukraine are located in the Donetsk and Luhansk Regions, 55 of which are located in the zone being temporarily beyond the control of the Ukrainian authorities, while 35 mines are beyond the Anti-Terroristic Operation zone, including 33 ones which continue mining coal, and 2 ones which are in the pumping mode.

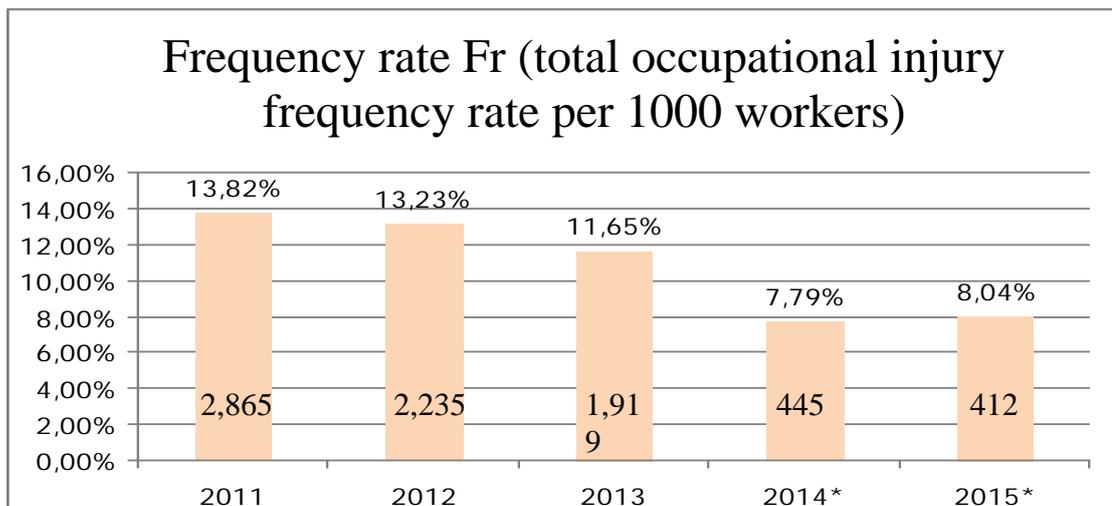
At its meeting on December 5, 2014, the permanent commission on labour protection in coal mining industry of the Ministry of Energy and Coal Industry of Ukraine decided to ensure statistical data analysis and implementation of the measures provided for by the Program only for coal-mining enterprises located in the territory controlled by the Ukrainian authorities from December 01, 2014.

Due to implementing the measures provided for by the Program, it was managed to intensify the works for development and introduction of new equipment, systems, devices and facilities to ensure safe mining operations, and decrease the probability of accidents; improvement of the workers' safety at the coal-mining enterprises by individual and collective protective means; development of regulatory legal acts that meet the EU requirements.

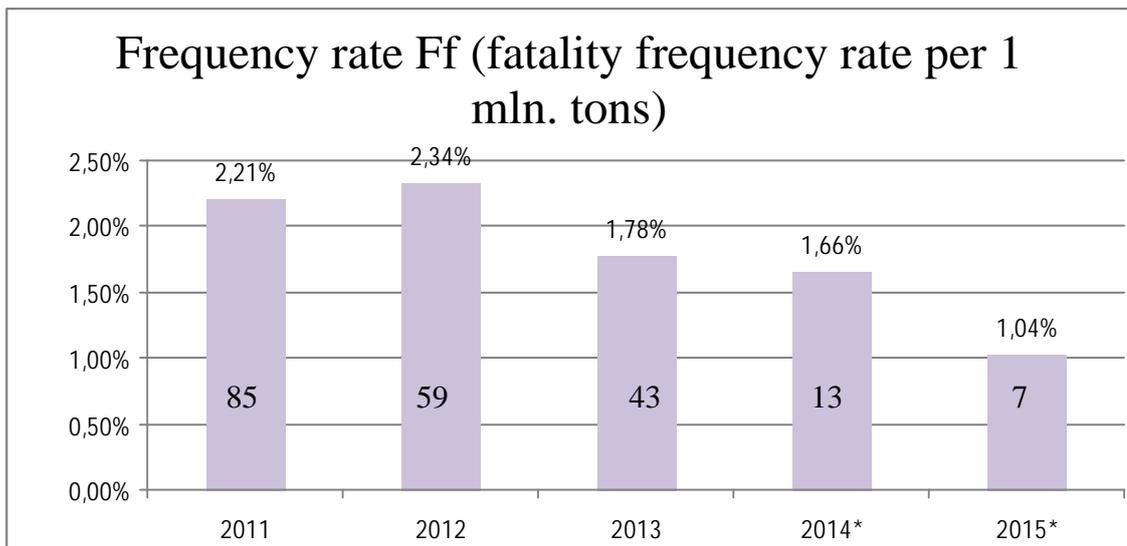
Implementation of the measures provided for by the Program contributed significant improvement of the state of labour protection at coal-mining enterprises.

Main indicators of labour protection and industrial safety in 2015, as compared to 2011 (the commencement date of the Program implementation), significantly improved, namely:

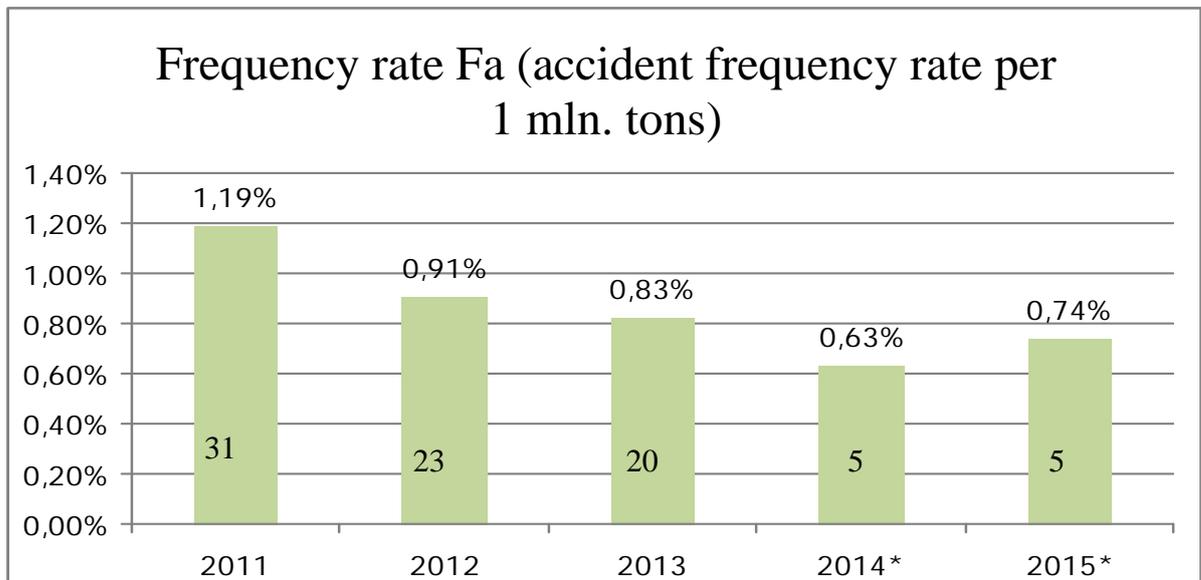
- total occupational injury frequency rate per 1,000 workers decreased by 42%, or in 1.7 times, and total occupational injury rate decreased from 2,865 incidents in 2011 to 412 incidents in 2015;
- 



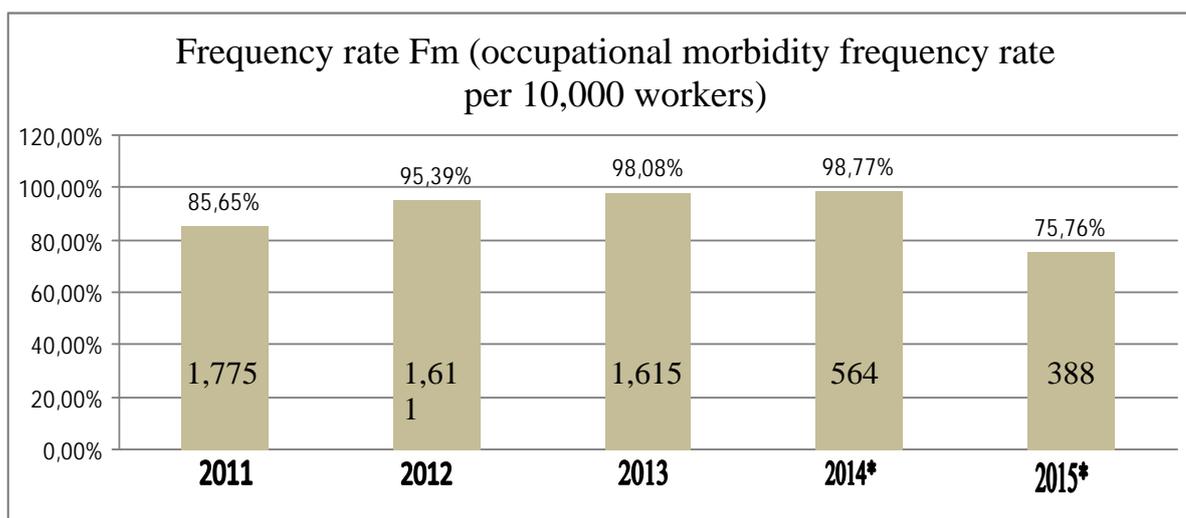
- fatality frequency rate per 1 mln. tons of produced coal decreased by 53%, or in 2.1 times, and fatality rate decreased from 85 incidents in 2011 to 7 incidents in 2015;



- accident frequency rate per 1 mln. tons of produced coal decreased by 38%, or in 1.6 times, and accident frequency rate decreased from 31 incidents in 2011 to 5 incidents in 2015;



- occupational morbidity frequency rate per 10,000 workers decreased by 12%, or in 1.1 times, and the number of occupational morbidity incidence decreased from 1,775 incidents in 2011 to 388 incidents in 2015;



\* - *Statistical indicators for 2014 and 2015 are given for the state coal-mining enterprises (35 mines) located in the territory controlled by the Ukrainian authorities.*

The State Emergency Service of Ukraine (hereinafter referred to as “the SES of Ukraine”) implements the state policy in the field of civil protection, protection of population and territories from emergency situations and prevention thereof, emergency recovery, rescue activities, fire fighting, fire and technological safety, activities of emergency rescue services and hydrometeorological activities.

*Q. 2. The Committee asks to provide examples of how these initiatives have helped to create a culture of prevention in respect of occupational health and safety in practice. It also wishes to know whether these policies are regularly reviewed in the light of changing risks.*

Response. (see the information to the above-mentioned section I. “General legal framework”)

### ***Organisation of occupational risk prevention***

*Q. 3. The Committee asked for more information on the preventive role of the Derzhhirpromnahlyad and on the functioning and action of the Council for policy-making in expert examination of industrial and occupational safety.*

Response. According to Law of Ukraine *On Labour Protection*, the State Labour Service shall increase the level of industrial safety by ensuring continuous technical control over the state of production, technologies and products.

Inspection activity of the State Labour Service is the main tool for industrial hazard prevention. The state of labour protection at the companies and organizations is inspected, violations of regulatory legal acts on labour protection are found, and control over their elimination is maintained on an annual basis.

25 state enterprises (expert technical centres) providing technical support of state supervision are also controlled by the State Labour Service.

Expert technical centres (ETC) assess the state of labour protection and industrial safety at enterprises and organizations. Assessment is conducted by inspecting the production sites and analysing the documentation. During the inspection, the methodological assistance is provided to employers, and control over works performance and operation of high-risk equipment is carried out.

ETC also conduct periodic technical inspections to determine the technical condition of the equipment during its operation; technical diagnostics of high-risk equipment with expired life, according to the results of which the conclusion on the further operation of the equipment is made.

The database on technical condition of high-risk equipment operating at the enterprises of the country is maintained with the help of ETC.

The State Labour Service takes measures aimed at industrial hazard prevention using mass media, magazines *Okhorona Pratsi (Labour Protection)* and *Tekhnopolis*. The information on the state of occupational injuries, modern individual and collective protective means, news about regulatory acts on labour protection and industrial safety etc. are published in these magazines every month.

The contest of drawings “Labour Protection as Viewed by Children” during which the children are explained that labour protection and industrial safety are important in human life is annually held.

The Council for Development of Policy in Industrial Safety and Labour Protection (hereinafter referred to as “the Council”) carried out its activities from February 2008 till the beginning of 2010 as an advisory and consultative body of the State Service of Mining Supervision and Industrial Safety of Ukraine.

*Q. 4. The Committee asks to provide information on the assessment of work-related hazards and the adoption of preventive measures geared to the nature of hazards, and on information and training measures for workers. It also requests information on the part played by the Derzhhirpromnahlyad in developing a health and safety culture among employers and workers, and on the requirement for the labour inspectorate to share (practical instruction, prevention measures, advice) knowledge of occupational risks and prevention gained through inspection activities.*

Response.

### ***Training on Labour Protection***

Training on labour protection is an important component in prevention of injuries at workplaces as a part of the labour protection management system.

The general procedure for training on labour protection is stipulated by the Law of Ukraine *On Labour Protection*.

When being engaged and during the work process, the staff shall be instructed, trained in labour protection, medical emergency treatment of accident victims and rules of conduct in case of emergency at the expense of an employer.

Officials involved in the organization of safe works shall undergo training, and their knowledge of labour protection shall be assessed with the participation of trade unions upon hiring and periodically, every three years.

Those employees, including officials, who have not undergone the training, instruction and testing on labour protection, shall not be allowed to work.

Increasing of staff knowledge level on labour protection is based on the principle of continuous training of officials and other employees during hiring and work process every three years on a general basis, or annually — on a special basis.

Derzpraci as a body carrying out state supervision (control) over the compliance with labour protection legislation, including the issues on training organization (including special training) and assessment of knowledge about labour protection, provides clarification and participates in assessing knowledge of officials and other employees about labour protection.

### ***Labour Protection Day***

Pursuant to Decree of the President of Ukraine No. 685 of August 18, 2006, every year, on April 28 (International Labour Day) the Labour Protection Day is celebrated in Ukraine. Its motto is determined according to the recommendation of the International Labour Organisation.

To prepare for the Labour Protection Day at the state level, the Organizing Committee of the [Derzpraci](#) (hereinafter referred to as “the Organizing Committee”) is usually created. It includes: the National Coordinator of the International Labour Organization in Ukraine, scientists, representatives of ministries, other central executive authorities, social partners, the Social Insurance Fund of Ukraine, and mass media.

The Action Plan for preparing and holding the Labour Protection Day in Ukraine is approved.

Mass events and specific work related to celebration of the Labour Protection Day significantly change the attitude of employers and staff to solution of the problems of labour protection in all economic sectors, facilitate elimination or reducing the risks for life and health of people, improvement of the organization of accidents prevention.

The Contest of children's drawings “Labour Protection as Viewed by Children” involving the children aged from 6 to 18 from all regions of Ukraine is annually held in Ukraine upon the initiative of the State Labour Service.

The contest is aimed, *inter alia*, at drawing public attention to the existing problems in the field of labour protection, the formation of proactive position of young people on the importance and place of healthy and safe working conditions in various aspects of spiritual, social, economic, political and cultural life of the society.

### ***Working conditions inspection***

For the purposes of fulfilling their tasks, the territorial offices of the State Labour Service conducted 367 inspections to check the compliance with labour legislation by business entities in terms of providing benefits and compensation for work in hazardous and difficult working conditions in 2015.

During inspections, the state inspectors in labour protection issues revealed 93 violations of labour legislation. According to the results of inspections:

- 77 instructions were issued to eliminate the violations revealed;
- 36 reports on administrative offences provided for by Article 41 § 1 of the Code of Ukraine on Administrative Offences were drawn up and submitted to the court;
- 1 decision on bringing to administrative responsibility according to Article 188-6 of the Code of Ukraine on Administrative Offences was delivered;
- 11 recommendations on bringing to disciplinary responsibility were made;
- 2 cases were transferred to law enforcement agencies.

It should be noted that 60% of total number of violations revealed by territorial offices comprise the breach of paragraph 4 of Resolution of the Cabinet of Ministers of Ukraine No. 442 of August 01, 1992 in terms of the organization and terms of workplaces assessment for working conditions.

Supervision over compliance with the requirements of legislative and regulatory legal acts on labour protection is carried out by inspections within the structure of territorial authorities of the [Derzpraci](#) of Ukraine.

In particular, the analysis of industrial safety status in Ukraine for the reporting period of 2015 shows that the number of industrial accidents in 2015, as compared to past year, decreased by 33% or 2,058 accidents (4,260 persons were injured in Ukraine in 2015, 6,318 persons — in 2014), and the number of fatalities, comparing to the same period of past year, decreased by 32% or 173 accidents (375 persons were fatally injured in Ukraine in 2015, 548 persons — in 2014).

According to statistical data on supervisory activities, today a significant decline of the rate of state supervision (control) over compliance with labour protection and industrial safety legislation is observed.

### ***Improvement of occupational safety and health system***

*Q. 5. The Committee asks to provide information on the resources allocated to the institutions and bodies mentioned and on the materials (recommendations, guides, good practice, advice) aimed at undertakings in the private sector.*

Response. In order to implement the economic methods of state supervision and financial incentives in the coal mining industry, the Memorandum of Cooperation was signed on August 20, 2013 between Limited Liability Company “DTEK” and the State Service of Mining Supervision and Industrial Safety. In accordance with

the Memorandum, the leaders of the Department for Supervision in Coal Mining Industry took part in the workshop organized in December by LLC “DTEK”, which dealt with the issues related to mining of coal beds prone to sudden coal and gas outburst.

In order to solve the industrial problems, a workshop was held with the heads of the inspections for protection of mineral resources and mine supervision, inspectors responsible for supervision over safe works at enterprises of mining, non-metal mining industries, and over protection of mineral resources in Vinnytsia in October 2013.

8 video conferences were held with the heads of certain Polish supervision services. New technologies, dust and gas regime status, state supervision in coal mines and other issues were discussed during such conferences

A workshop with the deputy heads of territorial departments and heads of industrial inspections on improving the efficiency of state control over industrial safety and labour protection in agriculture and social and cultural field was held in the Mykolaiv Region in June 2013. The work conducted contributed to reduction of accident rate, including fatalities, at agro-industrial enterprises, those of social and cultural field, wood and light industry.

During 2012–2015, the active explanatory work was carried out on the creation of the labour protection control system at enterprises.

### **III. Statistics**

Analysis of occupational injuries (according to the State Labour Service) shows that the total number of people injured in Ukraine as a result of occupational accidents decreased by 57%, and the number of fatal occupational accidents — by 40% for the period from January 01, 2012 to December 31, 2015.

In 2012, the total number of persons injured as a result of occupational accidents, comparing to 2011, decreased by 841 (9,816 persons were injured at enterprises of Ukraine in 2012, 10,657 persons — in 2011, and the number of fatal occupational accidents decreased by 62 (623 persons were fatally injured at enterprises of Ukraine in 2012, and 685 persons — in 2011).

In 2013, the total number of persons injured as a result of occupational accidents, comparing to 2012, decreased by 1,248 (8,568 persons were injured at enterprises of Ukraine in 2013, 9,816 persons — in 2012, and the number of fatal occupational accidents decreased by 85 (538 persons were fatally injured at enterprises of Ukraine in 2013, and 623 persons — in 2012).

In 2014, the total number of persons injured as a result of occupational accidents, comparing to 2013, decreased by 2,250 (6,318 persons were injured at enterprises of Ukraine in 2014, and 8,568 persons — in 2013), and the number of fatal occupational accidents increased by 10 (548 persons were fatally injured at enterprises of Ukraine in 2014, and 538 persons — in 2013).

In 2015, the total number of persons injured as a result of occupational accidents, comparing to 2014, decreased by 2,058 (4,260 persons were injured at enterprises of Ukraine in 2015, and 6,318 persons — in 2014), and the number of fatal

occupational accidents increased by 173 (375 persons were fatally injured at enterprises of Ukraine in 2015, and 548 persons — in 2014).

Monitoring of occupational injuries level in Ukraine shows a steady decline in the number of injuries and deaths of staff at enterprises. Number of persons injured due to occupational accidents in 2015 decreased, comparing to 1992, in 29 times, and fatal injuries — almost in 7 times.

Years	1992	1996	2000	2004	2008	2012	2015
<b>Number of injured</b> (persons)	<b>124,971</b>	<b>64,775</b>	<b>34,288</b>	<b>22,691</b>	<b>16,211</b>	<b>9,816</b>	<b>4,260</b>
<b>including fatally injured</b> (persons)	<b>2,619</b>	<b>1,900</b>	<b>1,325</b>	<b>1,164</b>	<b>1,013</b>	<b>623</b>	<b>375</b>

At the same time, the occupational injury rate per 100 thousand workers tends to decrease in Ukraine, which clearly demonstrates the improvement of occupational injuries state.

Years	2011	2012	2013	2014	2015
<b>Occupational injury rate</b> (per 100 thousand workers)	75.68	70.62	61.76	53.96	38.56
<b>Increase/decrease</b> (% as compared to the preceding year)		-7%	-13%	-13%	-29%
<b>Occupational fatality rate</b> (per 100 thousand workers)	4.86	4.48	3.88	4.68	3.39
<b>Increase/decrease</b> (% as compared to the preceding year)		-8%	-13%	+21%	-27%
<b>Number of workers</b> (100 thousand persons)	140.82	138.99	138.73	117.08	110.49

<sup>1</sup>It is obvious from the data presented in the table below that during 2012–2015 a significant decrease of the number of persons injured at enterprises in Ukraine is observed on the background of changes in gross domestic product, which indicates, in particular, the production cutbacks.

Years	2011	2012	2013	2014	2015
<b>Number of injured</b> (persons)	10,657	9,816	8,568	6,318	4,260
<b>Increase/decrease of the number of injured persons</b>		- 8%	-13%	-26%	-33%
<b>including fatally injured</b> (persons)	685	623	538	548	375

<sup>1</sup> According to the data of the State Labour Service of Ukraine and the State Statistics Service of Ukraine.

<b>Increase/decrease of the number of fatally injured persons</b>		-9%	-14%	+2%	-32%
<b>GDP</b> (UAH 10 mln, in actual prices)	130,208	141,124	145,493	156,673	197,946
<b>Increase/decrease of GDP</b>		+8%	+3%	+8%	+26%
<b>Change of GDP volume</b> (% as compared to the preceding year, in fixed prices of 2010)		+0.2%	0.0	-6.6%	-9.9%

At the same time, it should be noted that the number of fatally injured persons and occupational fatality rate increased in 2014 due to the following unprecedented events for all the years of existence of Ukraine as an independent state.

76 accidents involving civilian employees who suffered as a result of military operations in the temporarily occupied territories or areas of the Anti-Terroristic Operation during fulfilment of their employment duties were recorded only for 2014.

In these cases, 174 workers who did not participate in military operations and remained in these areas without performing any military works were injured, including 63 fatalities.

These cases are distributed by the type of economic activity as follows:

coal mining industry - 12 accidents, 49 workers were injured, including 13 fatalities;

energy industry - 6 accidents, 12 workers were injured, including 5 fatalities;

metallurgical industry - 7 accidents, 22 workers were injured, including 10 fatalities;

engineering industry - 2 accidents, 1 dead person in each;

gas industry - 1 accident, 1 dead person;

construction industry - 1 accident, 1 dead person;

transport companies - 13 accidents, 22 workers were injured, including 7 fatalities;

housing and utilities infrastructure - 5 accidents, 9 workers were injured, including 3 fatalities;

agro-industrial sector - 11 accidents, 21 workers were injured, including 8 fatalities;

social and cultural field - 17 accidents, 34 workers were injured, including 12 fatalities;

communication - 1 accident, 1 dead person.

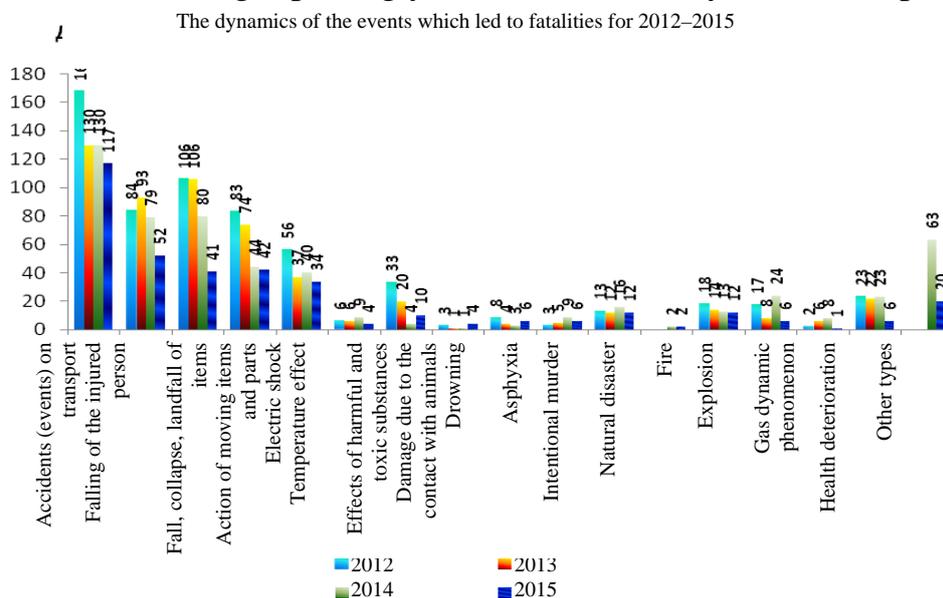
All these accidents and the total destruction of immovable property owned by private persons and the state, other public institutions, or social or cooperative organizations, occurred due to artillery bombardment and shell burst during military operations in these territories.

Despite of the fact that all accidents occurred not because of occupational accidents at hazardous industrial facilities, they gained the highest public attention,

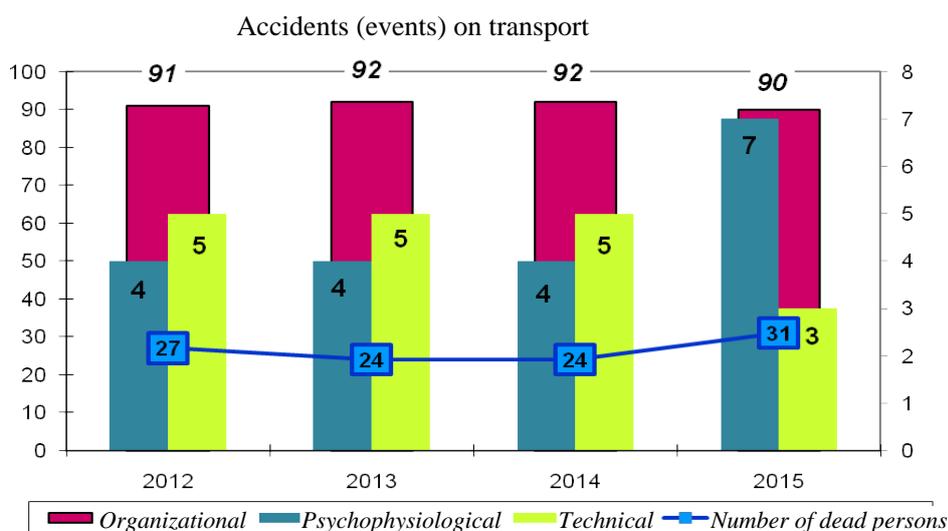
and were the violation of the Convention No. 995 On the Protection of Civilian Persons in Time of War, which came into force on October 21, 1950.

The number of persons who died during the above-mentioned events in 2014–2015 is reflected in Figure 1 under "Other types" category.

In general, Figure 1 displays the data on all the events that led to occupational fatalities during reporting years 2012–2015 (by number of persons).

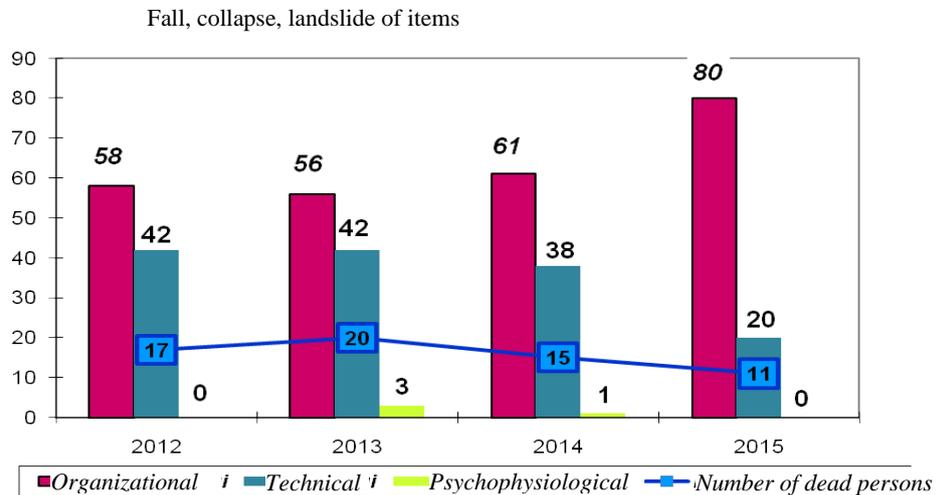


Monitoring of the events which led to occupational fatalities for the period of 2012–2015 showed that 27% of the total number of dead persons were fatally injured on an average as a result of accidents on transport (accidents on public roads or in the territory of enterprise, automobile-pedestrian accident, etc.). The largest number of them occurred due to organizational reasons - 91%, due to technical ones - 4%, due to the psychophysiological ones - 5% of the number of persons who died during this event. Year-wise dynamics is shown in Figure 2.



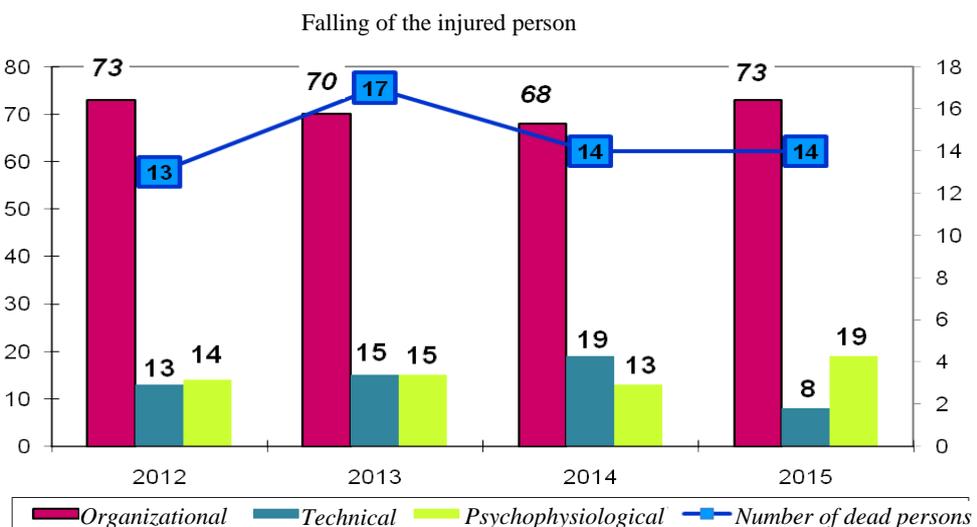
The reasons of the accidents - in % of the number of persons who died during this event.  
 Number of persons who died due to occupational accidents caused by this event - in % of the total number of dead persons per year.

Due to the fall, collapse, landslide of items, materials, rocks, soil, etc. 16% of fatal occupational accidents are injured on an average. These accidents occurred, by their reasons: due to organizational reasons - 64%, due to technical ones - 35%, due to psychophysiological ones - 1% of the number of persons who died during this event. Year-wise dynamics is shown in Figure 3.



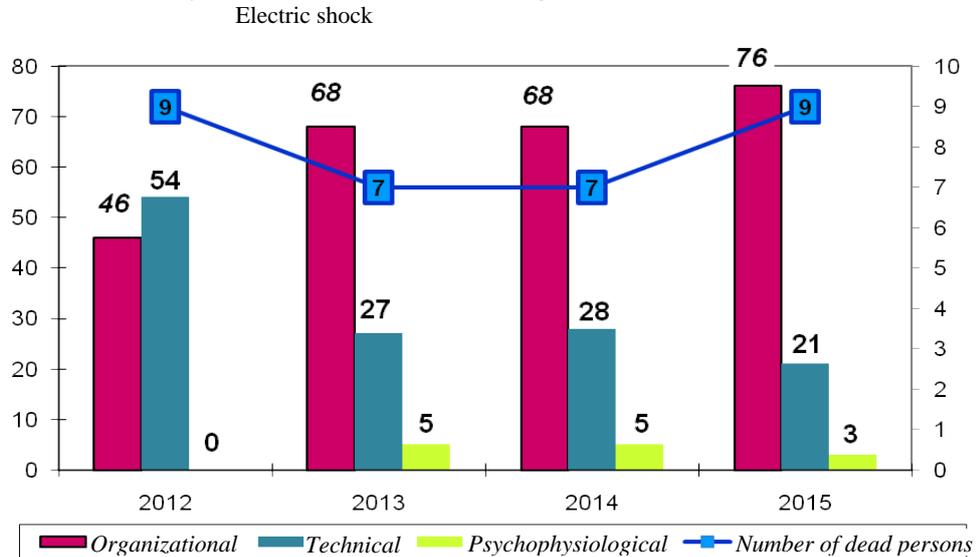
The reasons of the accidents - in % of the number of persons who died during this event.  
 Number of persons who died due to occupational accidents caused by this event - in % of the total number of dead persons per year.

Due to falling of the injured, 15% of the total number of persons who died due to occupational accident are fatally injured on an average. These accidents occurred, by their reasons: due to organizational reasons - 71%, due to technical ones - 14%, due to psychophysiological ones - 15% of the number of persons who died during this event. Year-wise dynamics is shown in Figure 4.



The reasons of the accidents - in % of the number of persons who died during this event.  
 Number of persons who died due to occupational accidents caused by this event - in % of the total number of dead persons per year.

8% of the total number of persons who died due to occupational accident are fatally injured on an average as a result of electric shock. These accidents occurred, by their reasons: due to organizational reasons - 65%, due to technical ones - 32%, due to psychophysiological ones - 3% of the number of persons who died during this event. Year-wise dynamics is shown in Figure 5.



The reasons of the accidents - in % of the number of persons who died during this event.  
 Number of persons who died due to occupational accidents caused by this event - in % of the total number of dead persons per year.

Because of the hazardous and toxic substances effects, murder, fire, explosion and because of health deterioration (that occurred due to occupational reasons), 3% of the total number of persons who died due to occupational accidents are fatally injured on an average.

The information on the dynamics of the number of persons fatally injured during an occupational accident, is provided in the following table by profession.

<b>Metal working staff</b>	<b>12</b>	<b>2</b>	<b>7</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>4</b>	<b>1</b>
<b>Metal workers</b>	<b>40</b>	<b>6</b>	<b>28</b>	<b>5</b>	<b>19</b>	<b>3</b>	<b>18</b>	<b>5</b>
<b>Adjusters</b>	<b>3</b>	<b>0</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Machine operators</b>	<b>21</b>	<b>3</b>	<b>13</b>	<b>2</b>	<b>17</b>	<b>3</b>	<b>16</b>	<b>4</b>
<b>Workers of municipal services</b>	<b>9</b>	<b>1</b>	<b>8</b>	<b>1</b>	<b>10</b>	<b>2</b>	<b>7</b>	<b>2</b>
<b>Transport workers</b>	<b>122</b>	<b>20</b>	<b>109</b>	<b>20</b>	<b>110</b>	<b>20</b>	<b>88</b>	<b>23</b>
<b>Workers of agriculture industry</b>	<b>30</b>	<b>5</b>	<b>24</b>	<b>4</b>	<b>30</b>	<b>5</b>	<b>28</b>	<b>7</b>
<b>Workers of social and cultural field</b>	<b>13</b>	<b>2</b>	<b>12</b>	<b>2</b>	<b>22</b>	<b>4</b>	<b>20</b>	<b>5</b>
<b>Heads</b>	<b>81</b>	<b>13</b>	<b>72</b>	<b>13</b>	<b>81</b>	<b>15</b>	<b>45</b>	<b>12</b>
<b>Workers of basic activity supporting field</b>	<b>5</b>	<b>1</b>	<b>13</b>	<b>2</b>	<b>10</b>	<b>2</b>	<b>14</b>	<b>4</b>
<b>Workers involved in security and fire safety</b>	<b>22</b>	<b>4</b>	<b>17</b>	<b>3</b>	<b>22</b>	<b>4</b>	<b>16</b>	<b>4</b>
<b>Loaders</b>	<b>14</b>	<b>2</b>	<b>7</b>	<b>1</b>	<b>8</b>	<b>1</b>	<b>5</b>	<b>1</b>
<b>Dispatchers and controllers</b>	<b>2</b>	<b>0</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>
<b>Other</b>	<b>20</b>	<b>3</b>	<b>10</b>	<b>2</b>	<b>9</b>	<b>2</b>	<b>2</b>	<b>1</b>
<b>Total amount by professions</b>	<b>623</b>		<b>538</b>		<b>548</b>		<b>375</b>	

	<i>2012</i>	<i>% of the total number of dead per year</i>	<i>2013</i>	<i>% of the total number of dead per year</i>	<i>2014</i>	<i>% of the total number of dead per year</i>	<i>2015</i>	<i>% of the total number of dead per year</i>
<b>Miners</b>	<b>108</b>	<b>17</b>	<b>90</b>	<b>17</b>	<b>86</b>	<b>16</b>	<b>21</b>	<b>6</b>
<b>Machinists</b>	<b>18</b>	<b>3</b>	<b>20</b>	<b>4</b>	<b>17</b>	<b>3</b>	<b>19</b>	<b>5</b>
<b>Builders</b>	<b>61</b>	<b>10</b>	<b>64</b>	<b>12</b>	<b>52</b>	<b>9</b>	<b>39</b>	<b>10</b>
<b>Founders</b>	<b>2</b>	<b>0</b>	<b>4</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>0</b>
<b>Moulders</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>1</b>

Electricians	36	6	26	5	39	7	25	7
Insulators	1	0	0	0	0	0	1	0
Woodworkers	3	0	6	1	8	1	3	1

## Article 3§2

### I. General legal framework

No significant amendments in the national legislation were made during the reported period.

### II. Measures for application of legal regulations

#### Responses to the additional questions of the European Committee of Social Rights

#### *Risks covered by the regulations*

For the purpose of implementation of the Association Agreement between Ukraine and the EU, the plans for implementation of the European directives:

- Council Directive 90/270/EEC of May 29, 1990;
- Council Directive 92/57/EEC of June 14, 1992;
- Council Directive 92/104/EEC of December 03, 1992;
- Council Directive 92/91/EEC of November 03, 1992;
- **Council Directive 2009/104/EEC of September 16, 2009 were approved by Order of the Cabinet of Ministers of Ukraine No. 745-r of July 17, 2015.**

At the same time, Annex XL “Health and Safety at Work” to Chapter 21, Section V of the Association Agreement between Ukraine and the EU provided for implementation of 27 European directives “, including Directive 2002/44/EC of the European Parliament and the Council of June 25, 2002 and Directive 2003/10/EC of the European Parliament and Council of February 06, 2003 (*implementation period - 10 years from date of entry into force of the Association Agreement*).

#### *Establishment, alteration and upkeep of workplaces*

*Q. 1. The Committee takes note of this information. It asks for comprehensive information on any regulatory acts to implement the provisions of Act No. 2694-XII quoted in the report. It also asks whether employers are under the duty to assess exposure to occupational risks beyond highly hazardous works and highly hazardous machines, mechanisms and equipment.*

Response. In addition to the abovementioned information, the implementation of the following regulations is provided for:

- Directive 92/58/EEC of June 24, 1992 (*implementation period - 7 years from the date of entry into force of the Association Agreement*);

- Directive 89/654/EEC of November 30, 1989(*implementation period - 3–6 years from the date of entry into force of the Association Agreement*);
- Council Directive 90/270/EEC of May 29, 1990 (*implementation period - 7 years from the date of entry into force of the Association Agreement*);
- Council Directive 90/269/EEC of May 29, 1990 (*implementation period - 10 years from the date of entry into force of the Association Agreement*).

### ***Protection against hazardous substances and agents***

*Q. 2. The Committee takes note of this information. It notes that, during the reference period, the draft regulations on the protection of the health of workers exposed to asbestos and asbestoscontaining materials were not yet in force. It therefore considers that levels of prevention and protection against asbestos are not in line with the benchmark international standards. It requests that the next report indicate whether ILO Convention No. 162 was ratified and draws the Government's attention to Recommendation 1369 (1998) of the Parliamentary Assembly on dangers of asbestos for workers and the environment,<sup>3</sup> which calls for the elimination of asbestos where current technological knowledge permits.*

Respose. For the purposes of implementation of the Action plan on implementation of the National Program of Adaptation of the Ukrainian Laws to the EU Laws in 2012, approved by Order of the Cabinet of Ministers of Ukraine No. 156-r of March 28, 2012, the State sanitary rules and regulations “On Safety and Protection of Workers from Harmful Exposure to Asbestos and Asbestos-Containing Materials” were approved by Order of the Ministry of Health No. 762 of October 01, 2012 (*registered in the Ministry of Justice of Ukraine on October 23, 2012 under No. 1776/22088*).

These rules and regulations include:

- general hygiene requirements for enterprises, institutions and organizations using chrysotile and chrysotile-containing materials and products;
- sanitary requirements for processes and production equipment;
- sanitary and hygiene requirements for packaging, storage, transportation and handling operations;
- requirements for collection, storage, transportation and / or disposal of chrysotile-containing waste;
- requirements for ventilation, air conditioning and heating of facilities; requirements for providing the employees with individual protective means;
- requirements for sanitation and housekeeping support of workers;
- special requirements for certain industries that use chrysotile and chrysotile-containing materials and products.

In addition to the above-mentioned information on the implementation of the European directives, it is also provided for the implementation of Directive 2003/18/EC of the European Parliament and the Council of March 27, 2003 amending Council Directive 83/477/EEC on the protection of workers from the

risks related to exposure to asbestos at work (*implementation period - 7 years from the date of entry into force of the Association Agreement*).

Convention of the International Labour Organization No. 162 was not ratified by Ukraine in the reporting period.

***Scope of regulatory legal acts***

***Temporary workers***

***Other types of workers***

***Q. 3.*** *The Committee asks for information on whether agency or temporary workers or employees on fixed-term contracts in other sectors of the economy involving exposure to high risks than mining, or at any workplaces, have access to medical surveillance and are represented at work. It also asks for information and concrete examples of how these types of workers receive training and information in occupational health and safety matters. It asks that the next report indicate how information and training on occupational health and safety, and medical surveillance is made available to self-employed, home and domestic workers in practice. It also asks for information on existing arrangements for the representation of these types of workers at work.*

**Reponse.** Legal basis for exercise of the workers' constitutional right to protection of their life and health during labour activities, to proper, safe and healthy working conditions, regulation of relationship between employer and employee, involving the relevant public authorities, on safety, occupational health and industrial environment, as well as establishment of uniform procedure of labour protection organization in Ukraine is established by the Law of Ukraine *On Labour Protection*.

The scope of the Law, according to Article 2, applies to all legal entities and individuals, who use hired labour according to the legislation, and to all employees.

The general rule for training in labour protection is determined in Article 18 of the Law and regulated by Model Regulations on the Procedure for Training and Testing on Labour Protection, approved by Order of the State Committee of Ukraine on Supervision over Labour Protection No. 15 of January 26, 2005, registered in the Ministry of Justice of Ukraine on February 15, 2005 under No. 231/10511.

Model Regulations establish the procedure for training and testing of public officials and other employees during the work process, as well as students, cadets, attendees and students of educational institutions during the employment and professional education.

The Model Regulations are aimed at implementation of training system on labour protection of public officials and other employees, medical emergency treatment of accident victims and rules of conduct in case of emergency in Ukraine.

### *Consultation with employers' and workers' organisations*

*Q. 4. The Committee asks to provide information on consultation with the competent occupational health and safety bodies within enterprises, in particular enterprises where there are no workers' representatives.*

Response. The powers of the executive and local government authorities are determined in the current legislation of Ukraine for the purpose of ensuring operation of labour protection management system. The State Labour Service plans its work in accordance with its powers as a central executive authority that implements the state policy in the field of occupational safety and labour protection, and prepares and submits the proposals for its formation according to the established procedure.

In 2015, the work was aimed at establishing an effective interaction between public authorities and social partners in reforming the State Labour Service and staffing of its territorial bodies.

In order to join the efforts, coordinate activities, exchange information on the labour protection state at enterprises, organizations and institutions, sectors and regions, for the purpose of ensuring observance of the workers' labour rights and creating safe working conditions at the workplaces, improving the regulatory framework for labour protection and industrial safety and integrated labour protection management system, increasing the efficiency of state supervision and public control, the Derzpraci maintains constant dialogue with the executive authorities and social partners of all levels.

The representatives of the executive authorities, employers' organizations and trade unions are constantly engaged in comprehensive inspections of enterprises, institutions, organizations for safety and working conditions, are included into the committees on special investigation of each industrial accident, give suggestions for development of law projects and other regulatory legal acts to improve the legal regulation of labour relations and harmonization of national legislation on labour protection with the rules of the international law, including the International Labour Organization, participate in meetings of the panels and territorial bodies of the State Labour Service, various preventive activities, meetings, round tables, seminars on labour protection, improvement of industrial safety state.

## Article 3§3

### I. General legal framework

No significant amendments in the national legislation were made during the reported period.

### II. Measures for application of legal regulations Responses to the additional questions of the European Committee of Social Rights

#### *Occupational accidents and diseases*

*Q. 1. The Committee asks to explain the disparity between the number of fatal accidents indicated in the report (1 013 in 2008 and 644 in 2010) and that published by ILOSTAT (927 in 2008 and 580 in 2010).*

Response. Availability of differences in data on fatalities provided in previous Report and published by the ILO is explained due to the fact, that the data published by the ILO are based on the information of state statistical observation No. 7-tnv (annual) “Report on occupational injuries”.

According to letter from the State Statistics Service of Ukraine No. 18.1-12/27 of August 21, 2014 “Clarification for filling the form of the state statistical observation No. 7-tnv (annual) (hereinafter referred to as “the Form”) “Report on occupational injuries”, enterprises should specify, while filling the Form, the information on the accident, the investigation of which is completed and the relevant acts are drawn up in the reporting period.

The information included in the Report is based on the operational records of occupational accidents, that occurred in the reported period, being subject to special investigation and maintained by the State Labour Service in accordance with paragraph 61 of *the Procedure for investigation and registration of accidents at work, occupational diseases, and breakdowns in production*, approved by Resolution of the Cabinet of Ministers of Ukraine No. 1232 of November 30, 2011.

The information system, through which the operational records of accidents are made, provides for the most reliable information on the number of occupational accident victims.

Thus, the difference in information provided is explained by the difference in the system of collection of relevant information by means of state statistical observation and the system of collection by means of operational records of occupational accidents being subject to special investigation.

*Q. 2. The Committee asks to provide detailed information on reporting obligations under Cabinet of Ministers Resolution No. 1112 and on any penalties applicable in case of failure to fulfil these obligations. It also asks for information on steps taken to reduce the high level of fatal accidents and diseases and to counter potential under-reporting in practice.*

**Response.** Number of fatalities decreased (from 1,013 in 2008 to 375 in 2015), fatality frequency rate decreased significantly (from 6.36 in 2008 to 3.39 in 2015).

When analysing the dynamics of occupational injuries for the past 15 years, it can be noted that the fatality frequency rate decreased in 2.3 times - from 7.8 in 2001 to 3.39 in 2015.

*The Procedure for investigation and registration of accidents at work, occupational diseases, and breakdowns in production* (hereinafter referred to as “the Procedure”) was approved by Resolution of the Cabinet of Ministers of Ukraine No. 1232 of November 30, 2011 *Some Aspects of Investigation and Registration of Accidents, Occupational Diseases and Accidents*. Accordingly, Resolution of the Cabinet of Ministers of Ukraine No. 1112 of August 25, 2004 became void.

The Procedure stipulates that the employer after having received the information from the health care institution and the employees on occupational accident shall:

- send a message about the accident to the relevant bodies (institutions, authorities) according to the prescribed form and within the period stipulated by the Procedure;
- create a commission and organize the investigation of an accident if it not subject to special investigation during 24-hour period.

Notification of occupational disease (poisoning) concerning every injured is drawn up by the specialized occupational pathology health care centres and is sent, within three days after diagnosis, to a head of the enterprise, the harmful production factors at which caused the occupational diseases, to sanitary-epidemiological service, which performs the state sanitary and epidemic supervision over the enterprise, to the working body of the executive directorate of the Fund of Social Insurance against Industrial Accidents and Occupational Diseases of Ukraine (hereinafter referred to as “the working bodies of the Fund”) at the location of enterprise and to occupational therapist who sent the injured to the specialized health care institution.

The head of the specialized occupational pathology health care centre, establishing or cancelling the diagnosis of the occupational disease shall be responsible for timely notification of occupational disease (poisoning).

The accidents and persons suffering acute occupational diseases (poisoning) are registered by:

- enterprises and their managing bodies - all accidents;
- working bodies of the Fund - insured accidents;
- institutions of state sanitary and epidemiological service and working bodies of the Fund - registration of people suffering from acute occupational diseases (poisoning);
- state fire authorities - people, who suffered during the fire;
- Derzpraci, other central executive authorities, local state administrations - operational records of accidents being subject to the special investigation.

Collection of statistical data and development of the forms of state statistical reporting on the persons who suffered as a result of occupational accidents are carried out by the state statistical authorities.

The public administration bodies, state labour protection bodies and working bodies of the Fund are responsible for control over timeliness and objectiveness of accident investigation, preparation of the materials for investigation, registration of accidents, taking of measures to eliminate the causes of accidents within their respective jurisdiction.

Public control is performed by trade unions through their elected bodies and representatives as well as persons authorised by employees on labour protection if there is no trade union at enterprise.

These bodies and individuals have the right to demand, within their powers, from the employer to perform the re-investigation (additional investigation) of the accident, to approve or review the approved act, recognize an accident as occupational one and draw up an act if violation of the requirements of the Procedure is found.

In particular, the official of the Derzpraci body, in case of the employer's refusal to draw up or approve the act according to the form, or disagreement of the injured or his/her authorized person, representing his/her interests with the content of the mentioned act, complaint or disagreement with the findings about the circumstances and causes of the accident or suppression of fact that the accident occurred according to the Procedure, has the right to issue instructions being binding for the employer according to the prescribed form on the need for investigation (re-investigation) of the accident, approval or revision of approved act according to the prescribed form, recognition or non-recognition of an accident as occupational one, drawing up the act according to the prescribed form.

In addition, the requirements of the legislation of Ukraine provide for the imposition of penalties on business entities officials for untimely providing or failure to provide the information about an occupational accident. During the inspections of business entities by the officials of the Derzpraci, measures to

identify such accidents, as well as appropriate actions for conducting the investigation and bringing of business entities' officials, who committed the mentioned violation to responsibility are taken.

According to the foregoing, and for the purpose of meeting the requirements of the Procedure by the Derzpraci bodies, 51 cases of untimely providing or failure to provide the information about an occupational accident were found in 2015, for which 51 officials were brought to administrative responsibility for total amount of more than UAH 21,000.

The Derzpraci bodies issued 68 binding instructions according to the appropriate form on re-investigation of accidents and those hidden by employers for the past year.

The bodies authorized to provide clarifications of the Procedure requirements are determined by the above-mentioned Resolution of the Cabinet of Ministers of Ukraine No. 1232 of November 30, 2011.

In particular, the Derzpraci is entitled to explain the requirements of the Procedure for investigation and registration of occupational accidents, and the Ministry of Health is entitled to explain the requirements for investigation and registration of acute, chronic occupational diseases and poisoning.

As for the measures taken to reduce the high fatality rate and occupational morbidity rate, it should be noted that the officials of the State Labour Service territorial bodies inspected 1,466 entities - 0.2 per cent of the total number (including 1,016 planned inspections and 450 unplanned ones) and conducted 14,220 inspections of production facilities - 0.4 per cent of the total number (including 5,930 planned inspections and 8,290 unplanned ones) for 2015.

During the inspections, 98,944 violations of legislation on labour protection were revealed.

2,310 employees were brought to administrative responsibility for the amount of approximately UAH 1.2 mln for violation of the current legislation on labour protection.

In order to provide proper condition of labour protection at enterprises of Ukraine, the dominant trend in the last two years of the State Labour Service activity and its territorial bodies was awareness-raising and prevention, consultative work in each region and each enterprise aimed at the prevention of occupational accidents.

During 2015, 10,730 various preventive activities were carried out in general, including 3,470 meetings, 3,036 seminars, 1,564 awareness-raising events, 755 round tables and 50 conferences.

Most of the activities were carried out among the entities of agro-industrial complex - 1,945 events, chemical industry and gas industry - 1,593 events, social and cultural sphere - 1,482 events and energy complex enterprises - 1,047 events.

In particular, during February and March 2015, meetings with leaders, heads of trade union committees and labour protection engineers of agricultural enterprises on the compliance with occupational safety requirements while performing spring field works were held in all regions at the level of

administrative-territorial entities; in June and July — on compliance with occupational safety requirements during harvesting, processing and storage of new crops; during August 2015, a series of workshops on safety of grain-harvesting and autumn field works was organized and held in all regions at the level of administrative-territorial entities.

During September 2015, meetings with leaders and officials of educational institutions on the preparation for the new academic year and safe functioning of the educational facilities in the autumn-winter period were held at the initiative of the Derzpraci territorial administrations, with the support of the city education departments and district state administrations.

In order to prevent the occupational injuries at enterprises of gas and chemical industry, meetings on the organization of proper control over the performance of high-risk works at the relevant enterprises were held by professionals of the State Labour Service administrations in Kyiv and Kyiv Region, Khmelnytskyi and Lviv Regions.

Meetings of the board of specialists of labour protection services at engineering industry enterprises in the Kharkiv, Donetsk and Kyiv Regions, on which the situation of occupational injuries and measures to prevent emergency situations were examined, were held by the supervision experts in engineering, transport and communication service.

Workshops on issues related to safe work organization in the energy sector were held in the Kharkiv, Kirovograd, Lviv Regions.

Considering the increase of occupational injury rate at the sites of social and cultural sphere, the Derzpraci territorial administrations in Kyiv and Kyiv Region, Chernihiv, Zhytomyr, Kherson and Lviv Regions took a number of measures to strengthen control over labour protection and industrial safety at the relevant enterprises.

The information and awareness-raising works are being actively performed through the coverage of the most urgent issues on labour protection legislation on the pages of specialized publications (scientific and practical magazine *Okhorona pratsi*, magazine *Tekhnopolis*), as well as directly through the official website of the Derzpraci and its territorial bodies, and the coverage of new legislative requirements, promotion of safe work.

### ***Activities of the Labour Inspectorate***

*Q. 3. The Committee asks for information on the implementation of joint labour inspections under the Regulations on the interaction between the Derzhatomrehuliuvannia and the Derzhhirpromnahliad in matters of occupational health and safety in the use of nuclear energy (registered with the Ministry of Justice on 22 March 2010 under No. 234/17529). It asks for statistics for each public authority, on the number of labour inspectors and on administrative measures (fines, suspensions or termination of activity, cases filed with public prosecution) taken. It also asks for statistics on sanctions applied following cases filed with the prosecution authorities. It then asks for information on the recently increased fines and penalties applicable under*

*the Code of Administrative Offences and the Criminal Code for violations of Act No. 2694-XII.*

Response. The Derzpraci was created according to Resolution of the Cabinet of Ministers No. 442 of September 10, 2014 *On Optimization of the Central Executive Authorities System*, through merge of the State Inspectorate of Labour and the State Service of Mining Supervision and Industrial Safety and transfer of functions to the newly formed Service on occupational health, as well as radiation control of workplaces and exposure doses of workers.

The Regulations on the State Labour Service of Ukraine were approved by Resolution of the Cabinet of Ministers of Ukraine No. 96 of February 11, 2015 (hereinafter referred to as “the Regulations”). Implementation of the state policy in the field of occupational health and radiation control of workplaces and exposure doses are among the key functions of the State Labour Service.

The primary objective related to occupational health is state supervision (control) in the field of occupational health, including supervision (control) over factors of industrial environment and production operations, the presence of which may harm the health of workers, implementation of measures on prevention of occupational diseases, compliance with requirements of sanitary rules and regulations, timely implementation of preventive measures aimed at preventing harmful effect of factors of industrial environment and working process, preservation of health of employees, mandatory medical examinations of workers and ensuring of establishing sanitary and hygiene characteristics of working conditions in order to determine connection between the disease and working conditions in future.

The ability to ensure fulfilment of the functions and powers on implementation of state policy in the field of occupational health and radiation control of workplaces and exposure doses assigned to the State Labour Service is determined by Resolution of Cabinet of Ministers of Ukraine No. 88-r of February 11, 2016.

In 2015, the work of the Derzpraci was aimed at establishing an effective interaction between public authorities and social partners in reforming the Derzpraci and staffing of its territorial bodies.

	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
Total number of state inspectors (persons), of which on:	1,781	1,808	1,485	1,076
- industrial safety and labour protection	1,387	1,344	1,022	635
- labour	394	464	463	441
Number of persons who were brought to administrative responsibility, of which in the field of:	115,298	111,202	55,992	3,609
- industrial safety and labour protection	91,012	83,278	40,357	2,310
- labour	24,286	27,924	15,635	1,299

Amount of materials which were transferred (according to the results of inspections) to law enforcement bodies, of which in the field of:	3,970	3,975	1,866	397
- industrial safety and labour protection	1,466	1,310	468	33
- labour	2,504	2,665	1,398	364
Number of decisions on termination, suspension, restriction of economic activity (court rulings following claims of the State Labour Service)	54,442	27,309	796	34

Decline of supervisory activity rates is caused by moratorium on inspections put from August 2014 till June 2015 by Law of Ukraine No. 719-VII of January 16, 2014 *On State Budget of Ukraine for 2014* and Law of Ukraine No. 76-VIII of December 28, 2014 *On Introducing Amendments and Declaring Some Legislative Acts of Ukraine Invalid*, as well as introduction, starting from the second half of 2013, of the rule regarding possibility of suspension, restriction of works performance, services provision under decision of the administrative court according to Law of Ukraine No. 353-VII of June 20, 2013 *On Amendments to Certain Legislative Acts of Ukraine on Removing Restrictions on Business Activities*.

## **Article 3§4**

### **I. General legal framework**

No significant amendments in the national legislation were made during the reported period.

### **II. Measures for application of legal regulations Responses to the additional questions of the European Committee of Social Rights**

*Q.1. The Committee asks for information on access to occupational health services in other sectors than coal mining. It reiterates its request for information on the rate of undertakings which, either in-house or through external suppliers, provide access to occupational health services in practice. It also asks for statistics on the total number of workers who have access to preliminary and periodic medical examinations, and on the number of occupational physicians in relation to the labour force.*

Response. The Derzpraci was created according to Resolution of the Cabinet of Ministers No. 442 of September 10, 2014 *On Optimization of the Central Executive Authorities System*, through merge of the State Inspectorate of Labour and the State Service of Mining Supervision and Industrial Safety and transfer of functions to the newly formed Service on occupational health, as well as radiation control of workplaces and exposure doses of workers.

The Regulations on the State Labour Service of Ukraine were approved by Resolution of the Cabinet of Ministers of Ukraine No. 96 of February 11, 2015 (hereinafter referred to as “the Regulations”). Implementation of the state policy in the field of occupational health and radiation control of workplaces and exposure doses are among the key functions of the State Labour Service.

The ability to ensure fulfilment of the functions and powers on implementation of state policy in the field of occupational health and radiation control of workplaces and exposure doses assigned to the Derzpraci is determined by Resolution of Cabinet of Ministers of Ukraine No. 88-r of February 11, 2016.

In view the foregoing, it is impossible to report on fulfilment of the mentioned paragraph for the period from 2012 till 2015.

However, it should be noted that on April 7, 2016 the Memorandum of Understanding for the Implementation of the ILO Decent Work Agenda for Ukraine for the period 2016-2019 was signed. One of its priorities was to strengthen social protection and improve working conditions. Accordingly, the implementation of the project for technical assistance of the ILO “Strengthening of

the Labour Inspection System and Social Dialogue Mechanisms” commenced.

## **Article 11 – The right to protection of health**

### **Article 11§1**

#### **I. General legal framework**

- Law of Ukraine No. 5081-VI of July 05, 2012 *On Emergency Medical Assistance*
- Law of Ukraine No. 5451-VI of October 16, 2012 *On Approval of the National Targeted Social Program on Combating Tuberculosis for 2012-2016*
- Law of Ukraine No. 1708-VII of October 20, 2014 *On Approval of the National Targeted Social Program on Combating HIV/AIDS for 2014-2018*
- Decree of the Cabinet of Ministers of Ukraine No. 637 of April 29, 2013 *On Approval of the National Targeted Social Program Viral Hepatitis Prevention, Diagnostics and Treatment for the Period till 2016*
- Resolution of the Cabinet of Ministers of Ukraine No. 735-r of August 28, 2013 *On Approval of the Strategy of State Drug Policy for the Period till 2020*

Law of Ukraine No. 5081-VI of July 05, 2012 *On Emergency Medical Assistance* (hereinafter referred to as “Law No. 5081”) determines the organizational and legal framework in order to provide citizens of Ukraine and other persons within its territory, with emergency medical assistance, including in case of occurrence of emergencies and their recovery, and the principles for creation, operation and development of emergency medical assistance system.

According to Article 3 of Law No. 5081, every citizen of Ukraine and any other person shall have the right to free, accessible, timely and quality emergency medical assistance provided under this Law. Foreigners and stateless persons temporarily staying in the territory Ukraine, as well as individuals who were taken into custody or who were sentenced to imprisonment, shall be provided with emergency medical assistance in the manner specified by the Cabinet of Ministers of Ukraine.

The law provides for that the basic principles for functioning of the emergency medical assistance system are:

- continuous readiness to provide emergency medical assistance;
- prompt and round-the-clock response to emergency calls;
- availability and gratuitousness of emergency medical assistance, its promptness, quality and priority;

- consistency and continuity of emergency medical assistance and its compliance with the uniform requirements;
- regional extraterritoriality.

In order to improve epidemiological situation towards decrease of the number of tuberculosis patients, to reduce morbidity and mortality rate, co-infection (tuberculosis / HIV), rate of multi-drug resistant tuberculosis spread by means of implementation of the state policy based on the principles of general and equal access of citizens to high-quality prevention, diagnostics and treatment of tuberculosis, the Verkhovna Rada of Ukraine approved the National Targeted Social Program On Combating Tuberculosis for 2012-2016 by Law of Ukraine No. 5451-VI of October 16, 2012.

In order to ensure access of the general public to the prevention, diagnostics and treatment of viral hepatitis B and C in Ukraine, stabilize epidemiological situation, reduce morbidity, disability and mortality, increase the length and quality of patients' lives, the Cabinet of Ministers of Ukraine approved the National Targeted Social Program Viral Hepatitis Prevention, Diagnostics and Treatment for the Period till 2016 by its Resolution No. 637 of April 29, 2013.

In order to reduce HIV-AIDS-related morbidity and mortality rate, provide qualitative and accessible services of prevention and diagnostics of HIV infection, especially to high-risk HIV infection groups, treatment, medical assistance, care and support for people living with HIV, the National Targeted Social Program on Combating HIV / AIDS for 2014-2018 was approved by Law of Ukraine No. 1708-VII of October 20, 2014.

The purpose of Law of Ukraine No. 1707-VII of October 20, 2014 *On Amendments to the Law of Ukraine On Medicines Concerning Circulation and State Control over Quality of Medicines Imported into Ukraine* is to ensure continued access of patients to medicines, particularly prevention of interruption of treatment regimens, rational use of medicines purchased under the state programs at public expense and timely implementation of state control over quality of medicines imported into Ukraine.

The roadmap was determined by Decree of the President of Ukraine No. 5/2015 of January 12, 2015 *On Strategy for Sustainable Development of Ukraine until 2020*. According thereto, the state policy in health care is a radical, systemic reform, aimed at creating a system focused on the patient, which is able to provide health care for all citizens of Ukraine at the level of developed European countries. The main directions of reforms should be improvement of personal responsibility of citizens for their own health, provision of free choice of providers of proper quality health care services, provision of targeted assistance to most disadvantaged groups of population, creation of friendly business environment in the health care market. The program of the European Union “European Strategy for Health – 2020” is a benchmark of reforming.

On August 28, 2013 the Strategy of State Drug Policy for the period till 2020 was approved by the Decree of the Cabinet of Ministers of Ukraine. The purpose

of the Strategy is to ensure the solution of the problems related to drugs in the society for the benefit of an individual, reliable protection of public health and national security from drug abuse and drug-related crimes.

Innovative vector of the Strategy is to focus the activities of all drug policy subjects on reducing illegal drug demand, including prevention, overcoming of stigmatization, treatment and rehabilitation of drug addicted persons, which is a determining factor in the reorientation of drug policy from focus on criminal penalty to priority of taking measures aimed at reducing illegal demand.

The main aim of drug addiction prevention is implementation of comprehensive measures aimed at reducing primary drug abuse, and therefore illegal demand for them, reduction of harm of drug abuse not for medical purposes in health care and well-being of the society as a whole. Prevention covers certain social and age groups, and shall include a variety of permanent measures - from drug abuse prevention to reduction of the negative effects caused by them to individuals and society.

## **II. Measures for application of legal regulations Responses to the additional questions of the European Committee of Social Rights**

### ***Right to the highest possible standard of health Demographic situation and state of public health***

According to the State Statistics Committee, the population of Ukraine tends to decline (Table 1).

Table 1. Distribution of the permanent population of Ukraine (persons)

Years	Urban settlements and rural areas		
	both sexes	men	women
2012	45,453,282	20,976,112	24,476,570
2013	45,372,692	20,962,744	24,409,948
2014	45,245,894	20,918,288	24,327,606
2015	42,759,661*	19,787,826*	22,971,835*

\* Excluding temporarily occupied territories of the Autonomous Republic of Crimea and Sevastopol

During the reporting period, the total mortality rate of the country's population gradually increased and reached 14.9‰ in 2015. The mortality rate of rural population exceeds the mortality rate of urban population by 37.1% (Table 2).

Table 2. The number of deaths and total mortality rates in Ukraine in 2012-2015

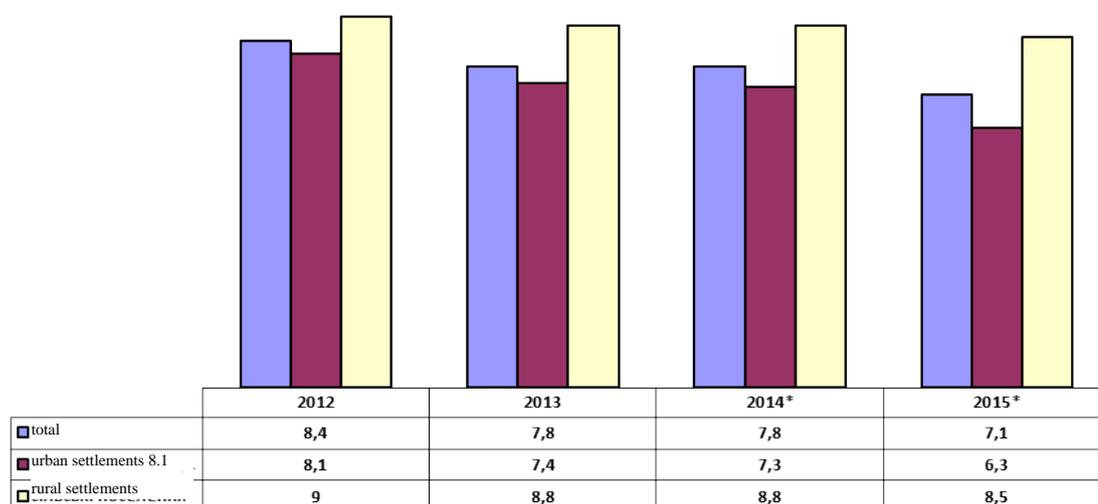
Year	Total mortality rates (‰)		
	Urban settlements and rural areas	Urban settlements	Rural areas
2012	14.6	13.1	17.7
2013	14.6	13.2	17.7
2014	14.7 <sup>1</sup>	13.2 <sup>1</sup>	18.1 <sup>1</sup>
2015	<b>14.9<sup>2</sup></b>	<b>13.2<sup>2</sup></b>	<b>18.0<sup>2</sup></b>

<sup>1</sup>Note: Excluding temporarily occupied territory of the Autonomous Republic of Crimea and Sevastopol as well as the Luhansk and Donetsk Regions

<sup>2</sup> Excluding temporarily occupied territory of the Autonomous Republic of Crimea and Sevastopol. Calculations were made excluding data on the Donetsk and Luhansk Regions due to lack of information on the part of the zone of the Anti-Terroristic Operation.

Today, up to 86% of all deaths in Ukraine (on an average) account for three main classes of death causes: cardiovascular diseases, cancer and external death causes. The death causes due to cardiovascular diseases in the structure of death causes account for 67.3%, cancer - 13.3%, external actions - 6.3%, and diseases of the digestive system - 4%.

During 2012-2015, the mortality rate of children aged 0-17 years in Ukraine was at a high level with a positive trend - 8.4 per 100 thousand of respective population in 2012 and 7.1 in 2015. In rural areas, the mortality rate of children aged 0-17 years is slightly higher than that of urban children. In 2015, the total mortality rate in rural areas exceeded the mortality rate of children in urban areas by 25.9% (Fig. 1).



**Fig. 1 Dynamics of mortality indicators for children aged 0- 17 years according to types of settlements (100 thous. of respective population)**

\* *Excluding temporarily occupied territory of AR of Crimea and Sevastopol and part of the ATO zone*

Source: State Institution “Centre of Medical Statistics of the Ministry of Health of Ukraine”  
The State Statistics Service of Ukraine

Positive tendency of mortality rate of children is caused by decrease in deaths due to congenital malformations, deformations and chromosomal abnormalities (by 18.6%), nervous system diseases (by 16.0%) and external causes of death (by 15.3%) with a slight increase of number of deaths due to respiratory diseases (by 3.7%). The main causes of death of children aged 0-17 years during 2012-2015 were external causes (1.76 per 10 thous. of respective population in 2012 and 1.49 in 2015), congenital malformations, deformations and chromosomal abnormalities (1.72 and 1.40 respectively); nervous system diseases (0.5 and 0.28) and respiratory diseases (1.27 and 0.28 respectively) (Table 3) are of less importance in total mortality rate of children.

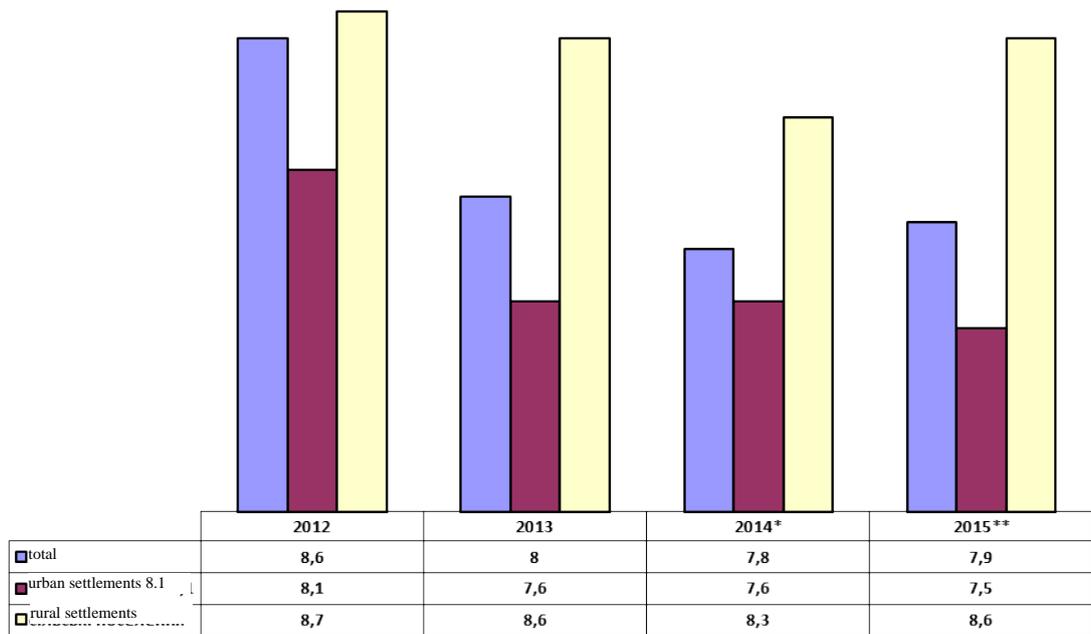
Table 3. Dynamics of mortality of children aged 0-17 years according to major classes of diseases and types of settlements (10 thous. of respective population)

Year	Index	Cancer	Nervous system diseases	Respiratory diseases	Congenital malformations, deformations and chromosomal abnormalities	External causes of morbidity and mortality
2012	total	0.38	0.5	0.27	1.72	1.76
	<u>urban settlements</u>	-	0.49	0.23	1.59	1.36
	<u>rural settlements</u>	-	0.52	0.34	1.97	2.5
2013	total	0.37	0.41	0.26	1.57	1.59
	urban settlements	0.4	0.37	0.22	1.47	1.3
	rural settlements	0.34	0.48	0.34	1.74	2.15
2014*	total	0.42	0.46	0.29	1.47	1.65
	urban settlements	0.41	0.45	0.25	1.35	1.33
	rural settlements	0.46	0.48	0.36	1.7	2.25
2015*	total	0.38	0.42	0.28	1.4	1.49
	urban settlements	0.38	0.38	0.23	1.25	1.11
	rural settlements	0.4	0.48	0.36	1.69	2.22

\* *Excluding temporarily occupied territory of AR of Crimea and Sevastopol and part of the ATO zone*

Source: State Institution "Centre of Medical Statistics of the Ministry of Health of Ukraine"

The highest risk of death is during the 1st year of life. Ukraine has been using the European criteria for determining perinatal period of live birth and stillbirth since January 1, 2007, which was the leading cause of increase in infant mortality rate in 2007 - 11.0 per 1,000 live births. Despite the positive trend, namely reducing of infant mortality rate, beginning from 2008, its level remains high (8.6 in 2012 and 7.9 in 2015).



**Fig.2. Dynamics of infant mortality children according to the types of settlements (per 10,000 live births)**

\* Excluding temporarily occupied territory of AR of Crimea and Sevastopol and part of the ATO zone

Source: State Institution “Centre of Medical Statistics of the Ministry of Health of Ukraine”

The State Statistics Service of Ukraine

Maternal mortality is one of the main criteria of quality and organization of obstetric facilities work, effectiveness of scientific advances implementation in health care practice. Meanwhile, maternal mortality is an integrating indicator of the health of women of reproductive age and reflects the result of interaction of economic, environmental, cultural, social, hygienic, medical and organizational factors on population. During 2012-2015, the State Program “Reproductive Health of the Nation” for the period until 2015 (SPRHN) was in force in Ukraine. The measures within this Program were aimed at reducing maternal morbidity and mortality. The maternal mortality rate reached 12.7 per 100 thousand live births in 2012, followed by its further increase up to 12.9 in 2013, 14.8 in 2014, 14.6 in 2015 (Fig. 4). The differences in maternal mortality rates in urban and rural settlements were of multidirectional nature: in 2012 and 2014, the maternal mortality rate was higher in rural settlements, while in 2013 and 2015 - in urban settlements.



Fig.4. Dynamics of maternal mortality rates according to the types of settlements (per 100,000 live births)

\* Excluding temporarily occupied territory of AR of Crimea and Sevastopol and part of the ATO zone Source: State Institution “Centre of Medical Statistics of the Ministry of Health of Ukraine” The State Statistics Service of Ukraine

The increase of maternal mortality rate in 2015 up to 14.6 against 12.7 in 2012 was caused by indirect obstetric causes of death (5.16-6.56 per 100 thousand live births), obstetric haemorrhage (0.96 in 2012, 2.19 in 2015), obstetric embolism (1.3; 1.94, respectively), abortion (which began or were made outside medical institution (0.4 against 0.72, respectively).

### ***Right of access to health care***

*Q.1. The Committee takes note from the report of the pilot projects on health care reform, as well as the regulations adopted during the reference period. Mention is made to Law No. 1841-VI on the National Program for the Development of Primary Medical and Sanitary Aid and on Family Medicine. The Committee asks to be kept informed on the implementation of reforms, on how these are meeting the health needs of the population, their impact on health care costs, and whether the reforms are translating into decreasing rates of avoidable mortality.*

### ***Primary medical assistance***

The reform concerning primary medical assistance (PMA) institutions is in progress due to the administrative-territorial reform and creation of new, united communities. The issue of healthcare facilities autonomy, as well as development and introduction of modern, effective indicators of qualitative primary medical assistance, creation of a pool of modern managers for primary healthcare facilities, is being solved.

As of December 31, 2015 PMA was provided in Ukraine in 5,891 institutions of general practice/family medicine. Number of ambulatories of general practice/family medicine (hereinafter referred to as “AGP/FM”) has gradually increased: 2015 – 5,891, 2014 – 5,646, 2013 – 6,223, of which in rural areas: 3,729; 3,583; 3,698, respectively in cities: 2,162, 2,073, 2,525 respectively.

Primary medical assistance was provided by 38 medical and 509 medical assistant stations, 13,205 medical and obstetrical stations. The planned capacity of outpatient clinics in 2015 was 841,968 visits.

Average indicator of AGP/FM availability per 10 thousand residents in rural areas in Ukraine amounted to 3.8, which was almost consistent with the approved standards - 3.3; it amounted to 0.93 (standard: from 1.6 to 2.5, depending on the characteristics of settlement and housing) in urban areas.

According to the monitoring, percentage of medical care coverage of urban and rural population in AGP/FM is 85.5% and 96.1% respectively. Number of full-time positions of general practitioners and family physicians (hereinafter referred to as “GP / FP”) in staff lists of PMA institutions in 2015 was 18,685.91 (17,469 in 2014), and the number of individual physicians occupying these positions increased from 8,794 in 2011 to 12,383 doctors in 2015.

Level of staffing of GP / FP positions by individuals in Ukraine in 2015 amounted to 66.27% (2012 – 71.60%, 2013 – 71.40%, 2014 – 64.84%).

The share of GP / FP that provide primary medical assistance to patients from birth and throughout life in Ukraine is 67.6%, and the proportion of the population that is served by GP / FP providing primary medical assistance from birth throughout life in rural and urban areas was 74.5% and 43.55% respectively.

The load on a doctor is one of the indicators of the quality and efficiency of PMA based on GP/FM. The average load on GP / FP, according to the results of monitoring in 2015, in urban settlements amounted to 1,447.56 per a full-time position of a doctor and 1,831.72 on individuals, in rural areas - per a full-time position of a doctor - 1,610.32 and 2,659.13 per an individual (standard is 1,200 persons in rural areas and 1,500 in urban settlements).

23.72% (875) of AGP / FP in rural areas and 45.79% (962) in cities and towns are located in facilities that need major repair. The share of ambulatories in centres of PMA equipped with medical equipment, tools and instruments in accordance with the list of equipment in 2015 was 16.8%, computer work stations - 21.4%, vehicles - 46.3% of ambulatories in Ukraine.

Table 1. Number of facilities of general practice / family medicine according to the regions of Ukraine (2012-2015)

Administrative-territorial entity	Total				Total in rural area				Total in cities and towns			
	2012	2013	2014	2015	2012	2013	2014	2015	2012	2013	2014	2015
The AR of Crimea	228	230	–	-	158	160	–	-	70	70	0	-
Vinnitsia Region	276	302	318	322	225	234	238	242	51	68	80	80
Volyn Region	127	120	127	135	88	85	88	89	39	35	39	46
Dnipropetrovsk Region	383	399	402	409	185	187	187	187	198	212	215	222
Donetsk Region	445	453	–	–	114	117	–	–	331	336	–	–
Zhytomyr Region	280	272	267	264	198	197	192	189	82	75	75	75
Zakarpattia Region	292	266	265	279	251	249	249	252	41	17	26	27
Zaporizhzhia Region	285	313	274	275	140	148	141	141	145	165	133	134
Ivano-Frankivsk Region	164	29	161	218	125	12	109	149	39	17	52	69
Kyiv Region	272	294	294	296	211	230	231	227	61	64	63	69
Kirovograd Region	150	165	164	165	103	104	103	103	47	61	61	62
Luhansk Region	278	256	–	124	89	82	–	66	189	174	–	58
Lviv Region	262	262	268	305	153	153	158	186	109	109	110	119
Mykolaiv Region	217	214	214	218	142	142	142	141	75	72	72	77
Odesa Region	252	246	276	276	185	177	177	176	67	69	99	100
Poltava Region	316	313	323	324	234	234	234	234	82	79	89	90
Rivne Region	165	168	169	169	114	113	113	114	51	55	56	55
Sumy Region	183	196	202	202	140	136	138	135	43	60	64	67
Ternopil Region	208	220	219	225	171	172	172	176	37	48	47	49
Kharkiv Region	487	516	489	488	258	253	251	251	229	263	238	237
Kherson Region	203	163	164	164	132	123	123	124	71	40	41	40
Khmelnytskyi Region	207	216	219	226	135	136	137	143	72	80	82	83
Cherkasy Region	–	211	212	220	0	149	148	149	0	62	64	71
Chernivtsi Region	185	178	182	182	155	155	159	159	30	23	23	23
Chernihiv Region	193	194	166	148	113	110	93	96	80	84	73	52
Kyiv	–	257	271	257	–	–	0	-	–	257	271	257
Sevastopol	37	4	–	-	5	–	–	-	32	2	–	-
Ukraine	6,095	6,457	5,656	5,891	3,829	3,860	3,583	3,729	2,271	2,597	2,073	2,162

### *Financial support for health care*

During 2012-2015, the sources of health care system financing are the state and local budgets, being the main and mandatory source, and social security funds, private funds of households, employers, non-profit organizations serving households; funds of international donor organizations for health protection system of Ukraine. In 2015, the Ministry of Health of Ukraine controlled 70.3% of state budget funds.

According to the data of the State Treasury of Ukraine, UAH 70,991.4 mln. were allocated from the consolidated budget of Ukraine for health protection in 2015 (expenditures increased by 24.2% as compared to 2014), including UAH 8,461.4 mln. (almost at the level of previous year) from the state budget (general fund); UAH 48,938.2 mln. (increased by 14.5%) from local budgets

(general fund). At that, consumer prices in general increased as compared to the previous year by 48.7% and in health care — by 37.6%. Consequently, increase of funding in the sphere of health care was "destructured" by growth of inflation, which reached its maximum for the last 20 years last year (Table 1).

In 2015, the funding of medical measures of certain state programs and complex measures of program nature from the state budget amounted to UAH 3,696.9 billion - 33.8% of expenditures for health care (the Ministry of Health of Ukraine) (in 2014, UAH 3.13 billion were used for these purposes), taking into account significant growth of prices for medicines and medical goods, measures provided for by programs combating tuberculosis, HIV/AIDS, hepatitis, programs aimed at immunologic prophylaxis of children, cancer treatment, exercise of seriously ill children's rights to life and health were funded within the scope of expenditures in 2014 (Table 2).

Measures on development of regional health care systems in 8 selected regions (Vinnytsia, Volyn, Dnipropetrovsk, Zakarpattia, Zaporizhzhia, Lviv, Poltava and Rivne Regions) as a part of project "Improvement of health care at workplaces" supported by the International Bank of Reconstruction and Development, were funded in the amount of UAH 6.3 mln. (while the planned funding comprised UAH 33,020.40).

Table 1. Expenditures for health care in Ukraine in 2012-2014

Index	Year			
	2012	2013	2014	2015
Expenditures for health care from the consolidated budget (UAH mln.)	58,453.9	61,568.8	57,150.1	70,991.4
Expenditures for health care in the general fund of the consolidated budget (UAH mln.), including:	51,972.40	56,407.4	51,208.9	58,975.6
– Expenditures for health care in general fund of the state budget of the Ministry of Health of Ukraine:	9,646.2	11,141.2	8,482.6	8,461.4
– Expenditures for health care in general fund of local budgets	42,326.2	45,266.2	42,726.3	48,938.2
Consumer price indices (year as compared to previous year)	100.6	99.7	112.1	148.7
Consumer price indices for health care goods and services (year as compared to previous year)	103.7	102.3	116.5	137.6

Table 2. Funding of national targeted social programs, 2012-2015 (UAH thous.)

National targeted social programs	2012	2013	2014	2015
Cancer control	393,266.8	472,243.6	565,604.2	678,870.6
Tuberculosis control	364,245.7	353,881.4	439,566.5	394,791.4
HIV/AIDS control	809,958.30	978,222.20	1,176,821.8	1,288,239.9
Immunologic prophylaxis and protection of citizens from infection diseases	422,877.3	475,503.1	528,671.8	584,180.8
Measures aimed at prevention and treatment of cardiovascular and cerebrovascular diseases	263,981.0	263,976.2	221,143.3	337,222.3
Centralised measures on treatment of children suffered from haemophilia	55,000.0	55,000.0	62,157.6	162,292.0
adults suffered from haemophilia	63,631.4	63,631.4	59,688.0	119,688.0
Prevention, diagnostics and treatment of virus hepatitis*	–	345,727.5	447,444	481,757.9

A new type of transfers for health care from state budget to local budgets, namely medical subvention, was introduced as a part of inter-budgetary relations. The structure of medical subvention provides for targeted funds for treatment of persons suffering from diabetes mellitus and diabetes insipidus, reducing of which is not allowed during formation and approval of corresponding local budgets, as well as funds for additional payments to medical workers of emergency medical assistance system.

In 2015, the funds of health care system from local budgets were used by two main providers of medical services: hospitals (69.8%) (for comparison: in 2012 – 70.26%, 2013 – 65.7%, 2014 – 67.36%), and institutions providing ambulatory and emergency medical assistance (22.8%) (for comparison: in 2012 – 18.41%, 2013 – 23.26%, 2014 – 25.09%); minor changes in tendency of past years towards modification of expenditure structure are observed.

*Q.2. In the last examination the Committee adopted a general question addressed to all States on the availability of rehabilitation facilities for drug addicts, and the range of facilities and treatments. As the report does not address this issue, the Committee requests that information be included in the next report.*

**Response.** The action plan for 2015 on implementation of the state drug policy for the period till 2020 was approved by Resolution of the Cabinet of Ministers of Ukraine No. 514-r of March 25, 2015.

## A network of institutions providing drug treatment in Ukraine

Institutions and structural subdivisions	Years			
	2012	2013	2014	2015
Drug abuse clinics	5	5	4*	3*
Narcological dispensaries	38	38	33	33
of which with in-patient facilities	29	29	23	23
General amount of cots for narcological patients	6,746	6,733	5,684	3,968
District narcological stations for adults for ambulatory assistance	563	551	508	518
Narcological stations for teenagers (15-17 years old)	19	17	17	15
Number of self-supporting narcological stations (paid treatment services)	179	176	156	162
Number of stations for anonymous treatment of narcological patients	31	31	28	27
Number of permanent positions of narcologists	1,672	1,659	1,779	1,353
Number of narcologists of district narcological service	819	808	678	660

\*excluding the Donetsk, Luhansk Regions

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During 2012-2014, 5 regional centres of re-socialization of drug-addicted youth in 5 regions: Donetsk, Zhytomyr, Kyiv, Mykolaiv, Kherson Regions operated in Ukraine.

However, according to the information contained in the Directory of Rehabilitation Facilities *Help for the Drug Addicts in Ukraine* developed in 2014 by International HIV/AIDS Alliance, there is a sufficient number of rehabilitation centres, created by public organizations, providing help to people, suffering from alcohol, drug, gambling and other types of addiction, supplied with modern equipment.

*Q.3. As regards the right to protection of health of transgender persons the Committee received submissions from the International Lesbian and Gay Association (European Region) (ILGA) stating that "in Ukraine there is a requirement that transgender people undergo sterilisation as a condition of legal gender recognition". Moreover, it claims that "the authorities fail to provide adequate medical facilities for gender reassignment treatment (or the alternative of such treatment abroad), and to ensure that medical insurance covers, or contributes to the coverage of such medically necessary treatment, on a non-discriminatory basis". In this respect, the Committee refers to its question on this matter in the General Introduction.*

Response. According to Article 51 of Law of Ukraine No. 2801-XII of November 19, 1992 *Fundamentals of Health Protection Legislation*, upon request of the patient according to the medical-biological and social-psychological evidence established by central executive authority, providing formation of state policy in the field of health care, he/she may be offered gender reassignment by means of medical assistance in medical institutions.

A medical certificate is issued to a person who has undergone gender reassignment, on the basis of which it is decided on further changes in legal status.

According to the common practice accepted in Ukraine, the main principles of treatment of patients who intend to reassign gender include conservative and surgical treatment which shall be agreed with the patient by signing of the relevant document, so called "informed consent". This document is a legal confirmation of patient's consent to medical intervention. It determines its peculiarities, extent, possible unfavourable medical interventions. The document shall reflect voluntary, conscious and competent adoption of treatment (medical intervention) proposed/selected by patient.

The current national legislation in the field of health care on gender reassignment does not require obligatory sterilisation. The decision on removal of reproductive organs is made only upon request and consent of the patient according to the diagnosis "transsexualism".

There is a set of subordinate regulatory acts, aimed at regulation of the procedure of gender reassignment in the national legislation:

- Order of the Ministry of Health Protection No. 60 of February 03, 2011 *On the Improvement of Medical Care to Persons who Need Gender Reassignment*;
- Order of the Ministry of Health Protection No. 96/5 of January 12, 2011 (registered in the Ministry of Justice of Ukraine on January 14, 2011) under No. 55/18793) *On Approval of Rules for Introducing Amendments to Vital Records of Civil Status, its Renewal and Annulment*

## **Article 11§2**

### **I. General legal framework**

No significant amendments in the national legislation were made during the reported period.

## **II. Measures for application of legal regulations Responses to the additional questions of the European Committee of Social Rights**

### *Advisory and educational facilities*

*Q. 1. The Committee asks to include up-dated information on the whole range of activities undertaken by public health services, or other bodies, to promote health and prevent diseases.*

Response. In order to prevent drug abuse among young people, the Ministry of Culture launched a web-project "Healthy lifestyle", with such sections as "Adolescents and AIDS" and "Drug abuse", since 2012. In order to strengthen preventive effect on the society, almost 90 public events on combating spread of drug addiction were held with broad involvement of publicity and mass media in 2014 (*National report on drug situation in Ukraine (as of 2014), prepared by State Institution "Ukrainian Monitoring and Medical Centre for Drugs and Alcohol of the Ministry of Health Protection of Ukraine"*).

According to the Action plan for 2015 on implementation of State Strategy on drug policy for the period till 2020 (see Article 11 § 1), prophylactic and educational events on drug abuse prevention and promotion of healthy lifestyle are held for children, youth and their parents.

Awareness of population on primary prophylaxis of diseases and healthy lifestyle is increased by means of all 3 forms of hygienic education of population (individual, group and mass) and by different means under main aspects of hygienic education of citizens and taking into account so called "Calendar of Important Dates" (Fig. 1).

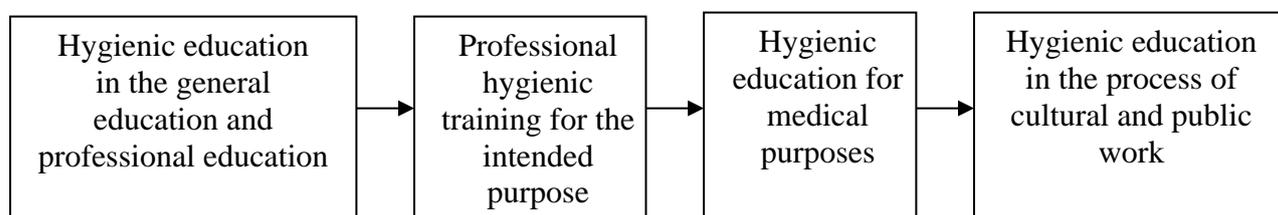


Figure 1. The main areas of hygienic education of population in Ukraine

Mass media are considered to be one of the most popular and accessible sources of informing population on prevention of diseases and health lifestyle, they contribute to value orientation in different spheres, including health, and are peculiar system of informal education to different groups of population (Table 1).

Table 1. Informing of population on HL and disease prevention by means of mass media in 2012-2015. \*

Mass media	Number of events (thous.)											
	Years											
	2012			2013			2014			2015		
	1**	2**	3**	1**	2**	3**	1**	2**	3**	1**	2**	3**
Regional	14.1	9.7	28.3	17.4	11.3	32.4	11.5	7.2	21.8	11.9	6.5	21.0
Urban	17.4	20.4	42.3	17.7	20.8	33.4	13.1	15.6	26.3	12.5	12.6	24.7
Departmental, multi-copy newspapers	-	42.1	4.4	-	30.3	2.4	-	15.4	1.1	-	14.8	1.7
Total	31.5	72.2	75.0	35.1	62.4	68.2	24.6	38.2	49.2	24.4	33.9	47.4

\*data of the generalized form No. 51-zdorov for 2012-2015

\*\*1 – TV-shows, 2 – radio shows, 3 – publications

Decrease in volume of medical information in all mass media in 2015 as compared to previous years is caused by absence of data on two regions (the AR of Crimea and Sevastopol). Information on another two regions (Donetsk and Luhansk Regions) is partial.

In order to draw attention of citizens to urgent problems of health care, promotions, dedicated to special dates (protection of environment, harmful habits prevention, balanced diet, HIV/AIDS prevention etc.), as well as due to the epidemic situation (Table 2), are annually held in Ukraine.

Table 2. Public awareness campaigns in the field of health care in Ukraine

Number of publicity events in regions	Years			
	2012	2013	2014	2015
Minimum	8–10	6–10	6–10	6–10
Maximum	21–30 and >	21–30 and >	21–30 and >	21–30 and >
Ukraine (average)	22	25	26	27

It is most appropriate to hold publicity events as a part of different recreation activities on the streets and in medical institutions. For example, in 2015, almost 100 thous. citizens and guests of the city took part in such events in Kyiv. As a part of World Health Day celebration, measurement of blood pressure, blood sugar testing, consultation by doctors of different specialization etc. were organized in 20 primary health care institutions of the city. Almost 3.4 thousand persons took part in this event. More than 2.2 thous. people, 68 of whom were diagnosed with neoplasia, were examined on the occasion of the World Melanoma Day in 7 health care institutions of Territorial Medical Association "Dermatovenerology". Measurement of intraocular pressure was organized for visitors on the occasion of the World Glaucoma Day, in the network of Auchan hypermarkets and health care

institutions. More than 1.4 thousand persons, 150 persons of whom were suspected of having glaucoma etc., were examined.

Training of patients due to the medical and health evidence (optional hygienic training of separate groups and segments of population) by medical workers qualitatively prevail other areas of hygienic education of population (Table 3).

Table 3. Coverage of separate segments of population by optional hygienic training in 2012-2015

Segments	Year							
	2012		2013		2014		2015	
	Total (abs. number)	% of persons to be trained	Total (abs. number)	% of persons to be trained	Total (abs. number)	% of persons to be trained	Total (abs. number)	% of persons to be trained
Convalescents	5.03 mln.	75.8	5.33 mln.	76.7	4.7 mln.	83.7	4.6 mln.	84.0
Pregnant	431.2 thous.	94.6	423.6 thous.	95.9	379.9 thous.	95.4	352.8 thous.	95.5
Parturient women	398.6 thous.	96.4	384.5 thous.	96.9	352.7 thous.	97.1	312.4 thous.	98.0
Mothers of 1-year children	378.9 thous.	95.9	369.0 thous.	96.6	341.8 thous.	95.9	282.3 thous.	94.6
Mothers hospitalized with a sick breastfed child	224.3 thous.	94.0	230.5 thous.	94.4	197.3 thous.	94.8	160.7 thous.	93.3

\*Data on the AR of Crimea and Sevastopol for 2015 are absent, data on Donetsk and Luhansk regions are partially provided

\*\*Information on Kyiv for 2012-2015 is absent for all segments

Implementation of international projects based on health promotion strategies facilitates valeological education of youth in Ukraine.

The National Network of Health Promoting Schools (hereinafter referred to as "HPS") has functioned since 1995. The project is of value because it engages general education institutions as well as pre-school, out-of-school, vocational institutions, which determined preservation and promotion of children's health as a priority. According to the data of the Coordinative Council on Development of the National Network of Health Promoting Schools (2013), the national network includes almost 4,200 educational institutions, in accordance with requirements of the European movement of HPS.

The project "Youth-Friendly Clinics" (hereinafter referred to as "YFC") has been implemented with the support of the UNICEF in Ukraine since 1998. It is designed for children of 10-17 years old and youth up to 35 years old. Today, YFC operate in all regions of Ukraine as follows: Centre - 10, department - 48, consulting room - 90, network of consulting rooms - 1 (in Ternopil, it includes 6 consulting rooms for women at the family planning centre of the Ternopil Regional Clinical Perinatal Centre "Mother and Child", dermatovenerologic and narcological dispensaries, regional Centre for AIDS Prevention and Control, regional and city children's hospital) (Table 4).

Table 4. The network of YFC in Ukraine (2012-2015)

Number of YFC			
2012	2013	2014*	2015*
123	147	135	139
Total number of references			
203,441	252,084	229,959	234,510
including those due to alcohol abuse: absolute (%)			
2,468 (12.1%)	2,215 (8.8%)	2021	2222
due to drug abuse			
1,820 (8.9%)	2,441 (9.7%)	2,710 (11.8%)	2,223 (9.5%)

- Excluding YFC of the AR of Crimea and Sevastopol, the data on the Donetsk and Luhansk Regions are incomplete

As of today, there are 129 health care institutions possessing the status "Youth-Friendly Clinics". The target group among visitors of YFC are adolescents aged 14-18 years (Table 5-6).

Table 5. Age structure of visitors

Age of visitors	2014		2015	
	abs. n.	%	abs. n.	%
14-18 years	123,385	53.7	132,250	56.4
Boys	48,855	39.6	48,920	37.0
Girls	74,530	60.4	83,330	63.0
18-24 years	85,436	37.2	84,533	36.0
Boys	29,421	34.4	28,364	33.6
Girls	56,015	65.6	56,010	66.3
Other	21,138	9.2	17,727	7.56
TOTAL	229,959		234,510	

*Q. 2. The Committee asks whether providing health education at schools is a statutory obligation, how it is included in school curricula (as a separate subject or integrated into other subjects), and the content of health education. Pending receipt of this information, the Committee reserves its position on this point.*

**Response.** The legislation provides for medical education at schools, namely valeological education (health adduction according to WHO) as a part of general education of youth in modern Ukraine is a priority direction of "Hygienic Education of Children, Adolescents and Youth", and the strategy "Health through Education" is therefore implemented. For this purpose, the integrated course "Fundamentals of Health", being a part of state component of education for pupils of 5-9 forms, was improved. The academic programs of basic secondary education according to the new State Standards for the Basic and Complete Secondary Education have been implemented since September 1, 2013. The program covering 35 hours is structured under four sections:

- 1) Human health.
- 2) Physical component of health.
- 3) Mental and emotional components of health.
- 4) Social component of health.

The subject "Health and Safety" (0.5 hours per week) according to the academic program "Fundamentals of Health and Safety" is studied in 10-11 forms, as in previous years.

### ***Counselling and screening***

*Q. 3. The Committee asks what mass screening programmes are available in the country.*

Response. Article 11§1 stipulates that up to 86% of all deaths in Ukraine (on an average) account for three main classes of death causes: cardiovascular diseases, cancer and external death causes. The death causes due to cardiovascular diseases in the structure of death causes account for 67.3%, cancer - 13.3%, external actions - 6.3%, and diseases of the digestive system - 4%.

During 2012-2015, no preventive programs of public examination for diseases being the main cause of death were implemented. Such activities are held by charity funds, public organizations or at the expense of local budgets during campaigns. This class of diseases is diagnosed in general during preventive examination after appeal of a person for medical assistance to medical institutions.

## **Article 11§3**

### **I. General legal framework**

No significant amendments in the national legislation were made during the reported period.

## **II. Measures for application of legal regulations**

### **Responses to the additional questions of the European Committee of Social Rights**

#### *Healthy environment*

*Q. 1. The Committee asks the next report to provide information on such environmental indicators, namely the trends in respect of air pollution, contamination of drinking water and food intoxication during the reference period*

Response.

#### *Air pollution*

In 2015, 3.6% of samples (8,979 of 252,265) taken in urban settlements contained pollutants in concentrations exceeding maximum permissible level (as compared to 3.3% in 2014, 5.4% in 2013 and 5.8% in 2012), in rural area – 1.0% (as compared to 1.0% in 2014, 0.6% in 2013; 1.1% in 2012) (Table 1,2,3,4).

Table 1. Number of air tests in urban settlements, including number of samples exceeding maximum permissible concentrations (hereinafter referred to as “MPC”)

Testing	2012	2013	2014	2015
air (total pollution index) - total	481,249	483,949	435,561	252,265
of which those exceeding MPC	28,032	26,247	14,182	8,979
testing for dust - total	49,710	41,975	34,527	39,673
of which those exceeding MPC	5,055	2,779	2,228	2,057
testing for carbon monoxide - total	78,849	77,551	73,137	41,800
of which those exceeding MPC	4,328	2,094	2,427	1,904

Table 2. Proportion of air tests in urban settlements exceeding MPC (%)

Testing	2012	2013	2014	2015
air (total pollution index)	5.8	5.4	3.3	3.6
testing for dust	10.2	6.6	6.5	5.2
testing for carbon monoxide	5.5	2.7	3.3	4.6

Table 3. Number of air tests in rural settlements, including number of samples exceeding MPC

Testing	2012	2013	2014	2015
air (total pollution index) - total	52,872	75,300	69,093	84,762
of which those exceeding MPC	581	454	690	1,365
testing for dust - total	8,794	11,254	12,741	13,819
of which those exceeding MPC	194	145	274	310
testing for carbon monoxide - total	9,261	10,170	10,276	12,437
of which those exceeding MPC	92	85	66	200

Table 4. Proportion of air testing in rural settlements exceeding MPC (%)

Testing	2012	2013	2014	2015
air (total pollution index)	1.1	0.6	1.0	1.6
testing for dust	2.2	1.3	2.1	2.2
testing for carbon monoxide	1.0	0.8	0.6	1.6

### ***Drinking Water Supply***

In 2015, under supervision of the State Sanitary Epidemic Service of Ukraine there were 16,215 (16,967 in 2014, 18,455 in 2013) sources of centralized water supply of population, 1,741 of which were municipal ones (1,336 in 2014, 1,569 in 2013), 4,641 were departmental ones (4,474 in 2014, 4,818 in 2013), 6,684 were rural water-pipes (6,566 in 2014, 7,447 in 2013); and 160,343 sources of decentralized water supply (160,225 in 2014, 162,642 in 2013).

During the last years, up to 5% of water-pipes did not meet the sanitary standards (3.2% in 2015, – 3.1% in 2014, – 3.8% in 2013, – 4.5% in 2012). For the last years, the proportion of non-standard drinking water samples taken from sources of centralized water supply is 15.7% and 4.6% under sanitary-chemical and bacteriological indices, respectively. The largest number of non-standard drinking water samples from centralized water supply systems are registered, as before, on rural water-pipes, the least one is registered on municipal water-pipes. Rural population water supply state: 353 rural water-pipes (5.3%) do not comply with sanitary rules and regulations (354 (5.4%) in 2014, 469 (6.3%) in 2013 out of 6,684 (6,566 in 2014, 7,447 in 2013).

### ***Food Intoxication***

The quality of food products under microbiological and sanitary-chemical indices remains stable for the last years. According to statistic data for 2015, the percentage of samples not complying with standards under microbiological indices is 3.4% (3.2% in 2014, – 3.1% in 2013, – 2.9% in 2012), under sanitary and chemical indices in 2015 – 0.8% (0.9% in 2014, 1% in 2013, 1% in 2012) (Table 1).

**Table 1. The number of samples of food products and raw materials being non-compliant with standards under microbiological indices in 2012-2015**

	2012	2013	2014	2015
Samples in total	481,839	463,880	230,234	194,789
Non-compliant with standards	13,986	11,520	7,260	6,698
Proportion of samples being non-compliant with standards	2.9	2.5	3.2	3.4

In Ukraine, the problems connected with global safety of food products, creation of the steady, complex systems of safety of food products based on assessment of risks related to microbiological, chemical factors as well as risks resulting from new technologies introduction come to the fore in the field of safety and quality of food products.

The State Sanitary Epidemic Service of Ukraine carry out the constant activity to find and removal of defective and dangerous products from circulation. 27,845.8 tons of defective and dangerous food products were prohibited and removed from sale for the last years (2005-2014). 706.6 tons of them were prohibited and removed from sale in 2014 and 120,683 tons — in 2015.

### ***Tobacco, alcohol and drugs***

*Q. 2. Concerning drugs, the Cabinet of Ministers' Executive Order of 13 September 2010 No. 1808 approved a state policy on counteracting the spread of drug addiction and on combating trafficking in narcotic agents and psychotropic substances for 2011-2015. The Committee asks to be kept informed on the implementation of this policy, namely on its impact concerning trends in drug consumption.*

Response. According to the data of national surveys conducted by the Kiev International Institute of Sociology, the spread of daily smoking among the population in Ukraine aged 18 and older is 9.0% among women and 42.4% among men in December 2015 (Table 1).

The State Statistics Service of Ukraine annually conducts selective surveys of households. According to this survey, the spread of smoking among population in Ukraine aged 12 and older was 18.4% in 2015. In general, the spread of smoking decreased from 21.8% to 18.4% during three years (2012-2015). (Table 1). The number of persons who reported during the survey that they suffered from chronic bronchitis or pulmonary emphysema decreased from 6.7% in 2012 to 6.2% in 2015. A portion of respondents who informed that they had chronic heart diseases decreased from 29.8% in 2012 to 26.5% in 2015. The most significant reduction of

heart diseases was observed in 2013 when it decreased by 9% during a year. Such morbidity rate reduction could be also caused by prohibition of smoking in catering and other places in 2013.

Daily smoking level in Ukraine in 2012-2015 (%)

	2012	2013	2014	2015
Among population aged 12 and older in general (the State Statistics Service)	21.8	21.3	20.9	18.4
Among men aged 18 and older (Kiev International Institute of Sociology)	-	44.6	42.0	42.4
Among women aged 18 and older (Kiev International Institute of Sociology)	-	11.0	9.3	9.0

In 2013, the amendments were made into the current legislation in respect of strengthening of responsibility for driving vehicles in a state of intoxication. The responsibility for driving in a state of intoxication was strengthened by Law of Ukraine No. 693-VII of November 19, 2013 *On Amendments to Article 130 of Code of Ukraine on Administrative Offences in respect to Strengthening of Responsibility for Driving of Vehicles in a State of Alcohol, Drug or Other Intoxication.*

On July 1, 2015 the amendments to the Tax Code came into force. According to them, all drinks containing ethyl alcohol in quantity exceeding 0.5% by volume belong to a category of alcohol drinks, in particular this norm applies to beer. It means that all legislative regulations governing alcoholic industry shall apply to beer. All restrictions in respect to advertising of alcohol drinks began to be applied to beer. It is prohibited to advertise beer on television and radio in day time, to display, to use brand furniture, wineglasses, umbrellas as well as sponsorship (except for sport teams).

Preventive and awareness-raising activities on combating drug abuse, promotion of healthy lifestyle and forming habits to resist harmful influence of drug abuse in last years are carried out together with more than 100 not-state organizations, which provide services to young people who have mental and behavioural disorders as a result of use of psychoactive substances. According to the results of such joint activity, 16,020 persons refused from use of psychoactive substances after they have taken the course of re-socialization program. During 2012-2014, the social support covered more than 337,000 families, including 101,300 families in 2012; 141,250 families in 2013; 94,495 families in 2014.

The preventive measures on inspecting traditional places of homeless children stay: basements, heating mains, railway stations, markets, electric trains are annually taken in Ukraine. The legislation of Ukraine aimed at childhood protection is explained to children and their parents, the measures of financial assistance to families with children who need such assistance are taken. When taking such measures, the attention is paid to questions related to prevention of use of alcohol or tobacco products, drugs and psychotropic substances by children or

their sale to children, involving of children in the worst forms of child labour, use of violation or ill-treatment in their respect.

Removal of children from dangerous environment in 2012-2015.

Measures	2012	2013	2014	2015 (1st half of year)
Number of preventive measures		More than 33 thousand	29 thousand	Almost 13.0 thousand
Children revealed	15,988	13,285	10.9 thousand	More than 5.0 thousand
Removed from dangerous environment (children)	3,147	2,469	Almost 55.0 thousand	841

***Immunisation and epidemiological monitoring***

*Q. 3. The Committee notes from another source that an external review of Ukraine's National Immunisation shows that programme performance in Ukraine has declined in recent years due to vaccine stock-outs, excessive medicalization of vaccine delivery, and the loss in public confidence in immunisation. The Committee invites the Government to submit comments on this matter. In the meantime, it reserves its position on this point.*

Response. For the last years, instability of epidemic situation in respect to infectious diseases controlled by means of specific immunological prophylaxis is observed. The situation is connected with decrease of volumes of preventive injections due to substantial lack of financing of the State Immunological Prophylaxis Program for 2009-2015 and untimely supply of immuno-biological medicines to the regions.

Measles and rubella morbidity rate among child population in inter-epidemic period confirms decrease of level of national immunity. 12 incidents of tetanus among children were also recorded in period of 2012-2015, what confirms decrease of immune layer among children. Tetanus morbidity rate of children exceeds the corresponding rate among adult population. Incidents of tetanus among adults often (up to 60%) have fatal outcome because of late seek for medical assistance and untimely emergency preventive measures (there are no emergency preventive measures against tetanus in the country).

Systematic implementation of respective preventive and anti-epidemic measures for prevention and combating virus hepatitis infected by sexual and parenteral manner into medical preventive and diagnostic activity of health care institutions allowed reducing morbidity rate of acute hepatitis B. Morbidity rate was also reduced due to preventive vaccination against hepatitis B made to children under 1 year old and adults of high risk under epidemic data according to the Calendar of Preventive Vaccination.

***Morbidity rate of infectious diseases controlled by specific immunological prophylaxis in Ukraine in 2012-2015***

Nosology of disease	Years							
	2012		2013		2014		2015	
	absolute number	per 100 thousand						
Diphtheria	<b>5</b>	0.01	6	0.01	4	0.01	2	0.00
Tetanus	<b>23</b>	0.05	16	0.04	9	0.02	12	0.02
Pertussis	2,286	5.01	686	1.51	1,439	3.34	2,426	5.65
Poliomyelitis	-	-	-	-	-	-	-	-
Measles	12,746	27.95	3,309	7.28	2,203	5.35	105	0.24
Rubella	1,952	4.28	1,271	2.80	1,319	3.06	247	0.58
Parotitis epidemica	799	1.75	592	1.30	470	1.09	461	1.07
Haemophilus influenzae	6	0.01	7	0.02	6	0.01	9	0.02
Virus Hepatitis B	1,829	4.01	1,809	3.98	1,324	3.08	1,353	3.15

## **Article 14 –The right to benefit from social welfare services**

### **Article 14 § 1**

#### **I. General legal framework**

A number of regulatory legal acts aimed at reforming the system of social services provision was approved in the reported period.

- Decree of the President of Ukraine No. 212/2012 of March 24, 2012 *On Strategy of State Policy to Promote Development of Civil Society in Ukraine and Priority Measures for its Implementation;*
- Law of Ukraine No. 5207-VI of September 06, 2012 *On the Principles of Prevention and Combating Discrimination in Ukraine;*
- Law of Ukraine No. 4523-VI of March 25, 2012 *On Amendments to Some Laws of Ukraine in respect to Social Services Provision;*
- Resolution of the Cabinet of Ministers No. 556-r of August 08, 2012 *On Approval of Strategy for Reforming the System of Social Services Provision;*
- Resolution of the Cabinet of Ministers of Ukraine No. 208 of March 13, 2013 *on Approval of the Action Plan for 2013-2016 on Implementation of the Strategy for Reforming the System of Social Services Provision*

The Strategy for Reforming of Social Services Provision (hereinafter referred to as “the Strategy”) was approved by Resolution of the Cabinet of Ministers of Ukraine No. 556 of August 08, 2012.

The purpose of the Strategy is to ensure that social services are available to persons, improvement of their quality and effectiveness of their provision.

Achievement of the above-mentioned purpose, *inter alia*, requires:

- modernization of the existing infrastructure of social services and creation of the competitive market of social services;
- extension of the list of social services provided at place of residence of recipients thereof;
- approval of the list of social services and their standardization for the purpose of ensuring provision of social services to the extent guaranteed by the State;
- determination of criteria for activity of entities providing social services;
- improvement of the system for social services quality monitoring and assessment by application of methods for assessment of results of such services, effectiveness of activity of entities providing such services;
- creation of independent inspection and introduction of public monitoring of social services quality;

- involving of entities providing social services, including public, charitable and religious organizations, to planning and providing of social services, monitoring of quality thereof ;
- inventory of social services and creation of registers of providers of social services and their recipients;
- improvement of the procedure for reporting on provision of social services and ensuring its transparency;
- ensuring of public control over provision of social services;
- ensuring of receiving social services under one stop-shop principle for complex solution of problem situation of persons;

For the purposes of implementation of the Strategy, the Action Plan for 2013-2016 was approved by Resolution of the Cabinet of Ministers of Ukraine No. 208 of March 13, 2013.

Within reforming the system of social services provision, the organizational model for provision of social services at the local level was determined:

- annual determination of needs of population of the community in services;
- listing of the priority services and planning of their provision considering expenditures required at all levels of the budget;
- provision of social services, including ordering of social services from non-governmental organizations;
- monitoring, control and assessment of quality.

In general, to implement the reform of social services during 2012-2015, 40 regulatory legal acts were adopted. The basic list of social services, criteria for activity of the entities providing social services, the procedure for providing social services with establishment of differentiated fee, the procedure for ordering social services and methods of assessment of bids, methodical recommendations on monitoring and assessment of the social services quality, informing of population, determination of the cost of social services were approved by it.

Besides, 15 state standards of social services related to day care, provision of homeless persons with the shelter, provision of social services to persons suffered from human trafficking, social integration and reintegration of homeless persons, nursing at home, supported accommodation of homeless persons, social adaptation, social prevention, consulting, representing of interests, palliative care, in-patient care of persons who lost ability/are not able to take care of themselves, social support of families (persons) in difficult life circumstances were approved.

To ensure the systemic work for providing social services and for the purpose of eliminating legislative and technological problems in conditions of decentralization, the new revision of the Law of Ukraine *On Social Services* was developed.

## **II. Measures for application of legal regulations Responses to the additional questions of the European Committee of Social Rights**

### *Organization of the social services*

*Q. 1. The Committee requests confirmation that entitlement to general social welfare services applies to the whole population.*

Response. In accordance with the Law of Ukraine *On Social Services*, every person and separate groups of persons being in difficult life circumstances and unable to overcome those on their own, have the right to receive social services for the purpose to solve problems in their lives.

The methodical recommendations on informing the population about social services were approved by Order of the Ministry of Social Policy No. 828 of October 28, 2014. Thus, the methodical recommendations include provision of population:

with data on receiving social services and entities provided such services;

information about available social services of specialists who are obliged to provide population with information about such services (printed informational materials, information on stands etc.) within their powers.

Entities providing social services are recommended:

to issue the Information Card of each service, the content of which should be updated, at least, once a year;

to submit the informational notice about its activity to structural subdivisions for social protection of population of regional, district state administrations in Kyiv, executive bodies of city councils in electronic form on an annual basis for the purpose of including into electronic catalogues of social services.

To ensure access to the information irrespective of sensory abilities of a person, it is proposed:

to use different means of information transfer: tactile, visual and sound;

to ensure:

- conformity of information on web-sites to Technical Requirements for creation (modernization) of official web-sites related to access of users with eyesight and hearing disorders to such sites, possibility to obtain the printed information or write it down on own;

- availability of buildings and premises of entities being responsible for the relevant information relations.

*Q. 2. The Committee wishes the next report to provide clarification on whether social welfare services are only available to persons in need who have no relatives to help them, the type of assistance which relatives are required to provide and the consequences for the relatives if they refuse.*

Response. Territorial centres of social servicing provide social services to citizens who are found themselves in difficult life circumstances and require outside assistance irrespective of the fact whether they have relatives or not.

### *Effective and equal access*

*Q.3. While underlining the list of categories of individuals entitled to free access to social services, the Committee asks whether these services are available free of charge for persons who are not on this list but do not have the means to pay for the social services they need.*

Answer. Rates for chargeable social services are established by a territorial centre in accordance with Resolution of the Cabinet of Ministers of Ukraine No. 268 of April 9, 2005 *On Approval of the Procedure of Regulation of Rates for Chargeable Social Services.*

### **The average cost of social services at territorial centres of social servicing**

	LIST OF SOCIAL SERVICES	UNIT OF MEASUREMENT	AVERAGE COST FROM 01.01.2015 (UAH)
1.	Housekeeping (preparation of goods for cooking, washing of vegetables, fruits and dishes, garbage removing etc.)	one service	7.82
2.	Housekeeping (house cleaning):		
2.1.	Light cleaning	one service	7.48
2.2.	Wet cleaning	one service	14.01
3.	Housekeeping (washing of windows (3, at the most)	one service	12.43
4.	Housekeeping (covering of windows with consumer's materials)	one service	11.82
5.	Housekeeping (ironing of dry linen (up to 1.5 kg)	one service	11.74
6.	Purchase and deliver of food products, industrial and household goods, medicines	one service	34.22
7.	Catering (catering for bed-patients)	one service	9.56
8.	Catering (cooking)	one service	22.85
9.	Washing of linen and clothes (up to 1.5 kg of dry linen)	one service	11.88
10.	Taking of sanitary-hygienic measures at place of living (change of underwear and bed linen)	one service	4.92
11.	Taking of sanitary-hygienic measures at place of living (assistance in washing head, combing hair, cutting nails)	one service	23.11
12.	Assisting in payment for utilities (filling in record books, payment for utilities and other payments)	one service	17.26
13.	Assisting in drawing up documents (subsidies for rent and utilities)	one service	98.74
14.	Accompanying (accompanying of the consumer of social services to polyclinic)	one service	28.63
15.	Writing of letters (fulfilment of requests connected with correspondence of single incapable citizen)	one service	10.52
16.	Assisting in carrying out agricultural works (cultivation of pre-house area)	one service	51.36
17.	Representing of interests before state bodies, institutions, enterprises and organizations (fulfilment of instructions connected with necessity to visit different organizations)	one service	29.17
18.	Execution of request for call sanitary technician, electrician and other workers from municipal enterprise serving housing stock for repair of corresponding equipment in the flat of the single incapable citizen	one service	12.32
19.	Hairdresser's services	one service	8.11
20.	Provision of services related to performance of repair works (provision of services related to substitution of locks, taps, minor repair of furniture)	one service	74.93
21.	Sewing and repair of shoes (minor services of shoes repair):		

21.1.	Substitution of heels for the rubber ones	one service	27.09
21.2	Substitution of soles	one service	29.18
21.3.	Substitution of insoles	one service	8.17
21.4	Patching	one service	29.64
21.5.	Sewing by hand	one service	38.14
22.	Sewing and repair of clothes:		
22.1.	Minor repair of summer clothes	one service	16.32
22.2.	Sewing up and ripping of light clothes	one service	49.27
22.3	Hemming of light clothes	one service	24.11
22.4	Repair of bed linen	one service	36.07

To make services available for persons unable to pay for social services required by them, the differentiated fee amounting to not more than 12% of the person's income is established.

At the same time, according to the Law of Ukraine *On Local Self-Government in Ukraine*, the local self-government authorities may, at their own expense and on account of charitable contributions, establish guarantees in respect to social protection of population in addition to those established by the legislation. According to the List of social services, conditions and procedure for provision thereof by structural subdivisions of the territorial centre of social servicing (providing social services) approved by Decree of the Cabinet of Ministers of Ukraine No. 1417 of December 29, 2009 *Some Issues Concerning Territorial Centres of Social Servicing (Providing Social Services)*, the citizens having relatives who are obliged to provide care and assistance to them, in some exceptional cases, may be released from payment for social services provided by structural subdivisions of the territorial centre if such relatives are low-income and receive state social support in the manner prescribed by the legislation, if they are addicted to psycho-active substances, alcohol, are prisoned etc. For this purpose, the local executive body or the local self-government authority, which created the territorial centre, independently or through the commission created by it, takes a decision (issues an instruction) to release the citizens having relatives who are obliged to take care of and assist them, from the established payment.

*Q.4. The Committee reiterates the question about the geographical distribution of social services in order to be able to assess whether it is broad enough for social services to be available in practice for persons who need them regardless of where they live.*

**Response.** The information regarding geographical division of territorial centres of social servicing, residential facilities for elderly people and disabled persons (adults, children and youth) (Table 1.2), registration centres (departments) and institutions (departments) of social protection for homeless citizens (Table 1.2) is submitted by regions in accordance with data of statistical bulletin of the State Statistics Service of Ukraine "Social Protection of Population"<sup>2</sup>. Reports on

<sup>2</sup> Social Protection of Population of Ukraine statistical Bulletin / The State Statistic Service of Ukraine - [Electronic source]. - Access: [https://ukrstat.org/uk/druk/publicat/kat\\_u/publzhahist\\_u.htm](https://ukrstat.org/uk/druk/publicat/kat_u/publzhahist_u.htm)

geographical division of social services for family, children and youth (Table 1.2) are submitted by regions.

To estimate coverage of population with social services, the regional indices of the level of satisfaction of needs of population in social services and the level of satisfaction of needs of population in social services in every region in real-time mode are reflected on Fig. 1.4 and 1.5 (according to Research of Caritas Ukraine ordered by the Ministry of Social Policy of Ukraine<sup>3</sup>).

*The Procedure for Determination of Needs of Population of an Administrative Territorial Unit in Social Services* was approved by Order of the Ministry of Social Policy of Ukraine No. 28 of January 20, 2014.

*Table 1.2*

<b>Number of centres of social services for family, children and youth in 2013<sup>4</sup></b>	
<b>The level of centres of social services for family, children and youth</b>	<b>Operating centres at the end of the year</b>
<b>Total</b>	<b>729</b>
<b>Regional centres</b>	27
<b>Municipal centres</b>	176
<b>District centres in cities</b>	55
<b>District centres</b>	471
<b>Town centres</b>	-
<b>Village centres</b>	-

*Table 1.3*

<b>Region-wise division of territorial centres of social servicing in 2014</b>			
<b>Region</b>	<b>Number of territorial centres of social servicing</b>	<b>their departments</b>	<b>Persons served, in total</b>
<b>Ukraine</b>	<b>658</b>	<b>2,509</b>	<b>1,430,016</b>
<b>The Autonomous Republic of Crimea</b>	-	-	-
<b>Vinnitsia Region</b>	33	98	35,561
<b>Volyn Region</b>	20	70	50,856

<sup>3</sup> Research of Caritas Ukraine ordered by the Ministry of Social Policy of Ukraine / Ukrainian Office of International Research Agency IFAK Institute. – L.: “Drukarski Kunshty”, 2015 - 134 p.

<sup>4</sup> According to data of the Ministry of Social Policy **The reporting is terminated from 2014**

<b>Dnipropetrovsk Region</b>	51	179	80,557
<b>Donetsk Region</b>	30	95	43,010
<b>Zhytomyr Region</b>	28	85	51,539
<b>Zakarpattia Region</b>	19	66	21,655
<b>Zaporizhzhia Region</b>	25	116	37,822
<b>Ivano-Frankivsk Region</b>	19	89	49,985
<b>Kyiv Region</b>	34	128	52,572
<b>Kirovograd Region</b>	26	88	70,380
<b>Luhansk Region</b>	15	53	29,927
<b>Lviv Region</b>	29	122	90,206
<b>Mykolaiv Region</b>	24	131	79,014
<b>Odesa Region</b>	35	92	48,452
<b>Poltava Region</b>	33	159	115,538
<b>Rivne Region</b>	21	81	61,030
<b>Sumy Region</b>	25	92	45,466
<b>Ternopil Region</b>	20	82	52,326
<b>Kharkiv Region</b>	42	155	97,042
<b>Kherson Region</b>	23	74	42,201
<b>Khmelnyskyi Region</b>	28	95	66,312
<b>Cherkasy Region</b>	27	105	64,436
<b>Chernivtsi Region</b>	13	73	61,616
<b>Chernihiv Region</b>	26	103	53,679
<b>Kyiv</b>	12	78	28,834
<b>Sevastopol</b>	-	-	-

*Table 1.4*

**Region-wise division of residential facilities for elderly citizens and disabled persons (adults, children and youth) of the Ministry of Social Policy system as of the end of 2014**

Region	Number of residential facilities			Number of places				
	total	adults	including children and youth	total	adults	including children and youth	including for children	total
<b>Ukraine</b>	<b>290</b>	<b>241</b>	<b>49</b>	<b>51,064</b>	<b>44,032</b>	<b>7,032</b>	<b>3,782</b>	<b>47,267</b>
<b>The Autonomous Republic of Crimea</b>	-	-	-	-	-	-	-	-
<b>Vinnitsia Region</b>	10	8	2	2,041	1,726	315	155	1,847
<b>Volyn Region</b>	6	5	1	833	758	75	15	761
<b>Dnipropetrovsk Region</b>	18	13	5	3,961	3,331	630	390	3,961
<b>Donetsk Region</b>	11	10	1	3,726	3,343	383	300	3,686
<b>Zhytomyr Region</b>	15	11	4	2,617	2,177	440	240	2,320
<b>Zakarpattia Region</b>	7	4	3	1,322	887	435	189	1,177
<b>Zaporizhzhia Region</b>	11	9	2	2,779	2,352	427	145	2,728
<b>Ivano-Frankivsk Region</b>	9	6	3	1,256	892	364	183	1,134
<b>Kyiv Region</b>	11	10	1	2,010	1,810	200	88	1,934
<b>Kirovograd Region</b>	12	10	2	1,890	1,615	275	83	1,704
<b>Luhansk Region</b>	10	10	-	1,288	1,288	-	-	1,239
<b>Lviv Region</b>	13	11	2	1,831	1,670	161	68	1,779
<b>Mykolaiv Region</b>	10	9	1	1,553	1,473	80	80	1,474
<b>Odesa Region</b>	10	6	4	2,180	1,475	705	376	1,887
<b>Poltava Region</b>	14	12	2	2,400	2,130	270	104	2,281
<b>Rivne Region</b>	7	6	1	1,215	1,105	110	50	1,095

Sumy Region	13	11	2	1,920	1,615	305	110	1,704
Ternopil Region	7	5	2	1,046	835	211	48	808
Kharkiv Region	18	15	3	3,352	2,942	410	500	3,101
Kherson Region	11	10	1	1,641	1,490	151	128	1,500
Khmelnyskyi Region	29	28	1	2,025	1,945	80	50	1,761
Cherkasy Region	14	13	1	2,309	2,109	200	100	2,262
Chernivtsi Region	7	6	1	1,147	1,072	75	20	1,078
Chernihiv Region	9	7	2	2,015	1,775	240	70	1,709
Kyiv	8	6	2	2,707	2,217	490	290	2,337
Sevastopol	-	-	-	-	-	-	-	-

**Table 1.5**

**Region-wise division of centres (departments) and institutions (departments) of social protection of homeless citizens in 2015**

Region	Registration centres (departments)			Institutions (departments)	
	Total number of centres (departments)	Numbers of persons revealed and directed to registration centres (departments)	Number of persons to whom social services were provided	Overnight homes (departments)	Reintegrated persons (departments)
Ukraine	95	21,407	20,546	23	-
The Autonomous Republic of Crimea	-	-	-	-	-
Vinnitsia Region	1	111	123	-	-
Volyn Region	1	196	196	1	-
Dnipropetrovsk Region	6	1469	1469	3	-
Donetsk Region	5	2761	2761	4	-
Zhytomyr Region	1	127	127	1	-
Zakarpattia Region	1	1	1	-	-
Zaporizhzhia Region	1	598	1031	1	-
Ivano-Frankivsk Region	1	265	115	1	-
Kyiv Region	2	51	51	1	-
Kirovograd Region	5	196	309	-	-
Luhansk Region	-	-	-	-	-
Lviv Region	1	313	313	1	-
Mykolaiv Region	2	1394	1173	-	-
Odesa Region	3	2619	7493	1	-
Poltava Region	31	588	588	-	-
Rivne Region	1	200	200	1	-
Sumy Region	7	594	594	1	-
Ternopil Region	-	-	-	-	-
Kharkiv Region	3	2101	923	1	-
Kherson Region	2	660	874	-	-
Khmelnyskyi Region	2	341	215	1	-
Cherkasy Region	3	317	317	2	-
Chernivtsi Region	1	311	651	1	-
Chernihiv Region	-	-	-	-	-
Kyiv	2	6094	1022	1	-
Sevastopol	-	-	-	-	-

Regions with the highest indices of coverage of population, being in need, with social services

Regions in which the highest indices of coverage of population, being in need, with social services are registered at the average level of this index in Ukraine in general

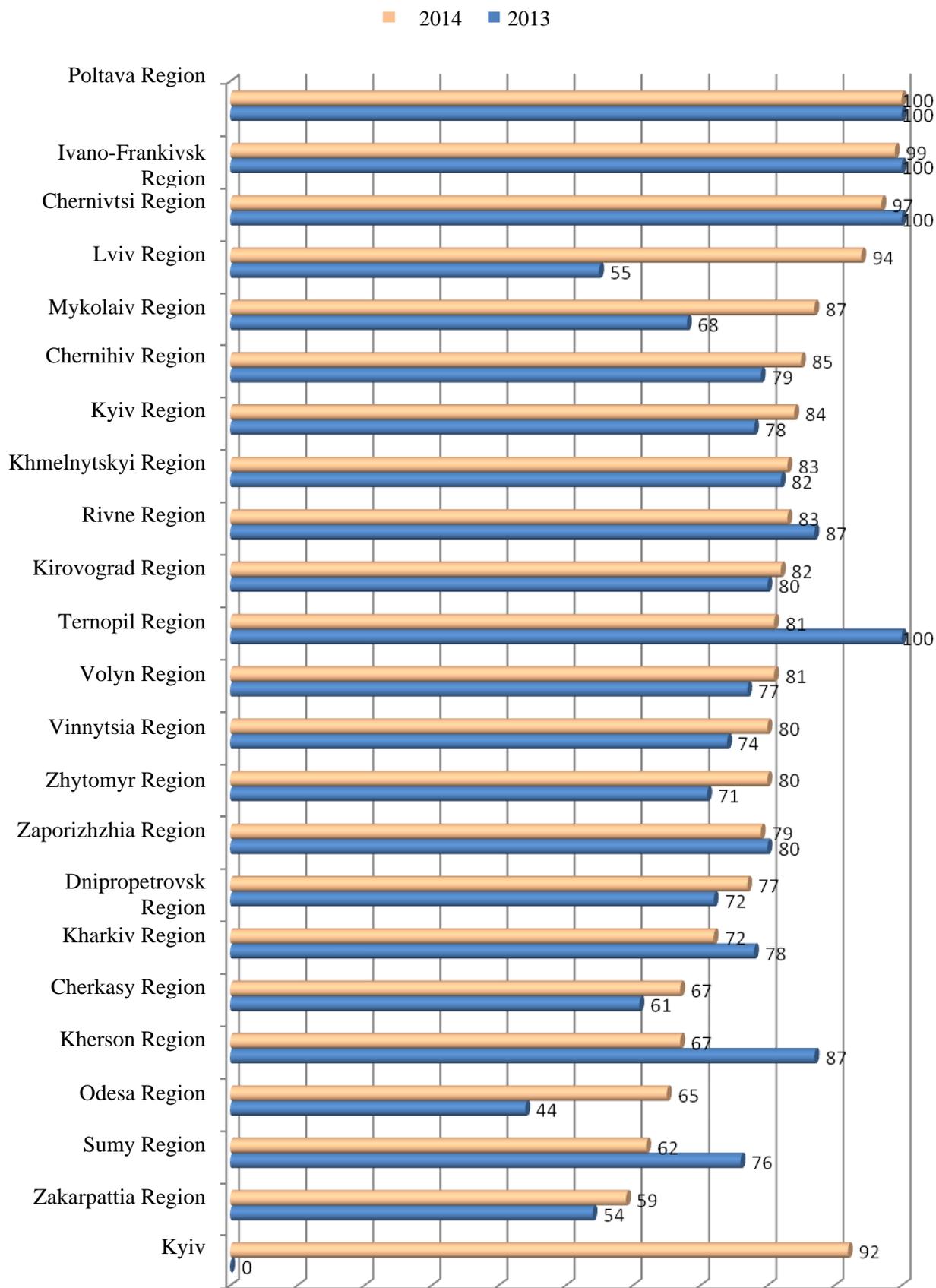
- **Poltava Region - 100%**
- **Ivano-Frankivsk Region - 99%**
- **Chernivtsi Region - 97%**
- **Lviv Region - 94%**
- **Kyiv - 92 %**
- **Mykolaiv Region - 87%**
- **Chernihiv Region - 85%**
- **Kyiv Region - 84 %**
- **Khmelnitsky Region - 83%**
- **Rivne Region - 83%**
- **\* Kirovograd Region - 82%**

- **Ternopil Region - 81%**
- **Volyn Region - 81%**
- **\* Zhytomyr Region - 80%**

**Figure 1.4. Regional indices<sup>5</sup> of the level of satisfaction of population needs in social services, %**

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<sup>5</sup> The average value of the index of coverage of population with social services in Ukraine in general is 81%



**Figure 1.5. The level of satisfaction of population needs in social services in every region in real-time mode, %**

*Q. 5. On the basis of Law No. 393-96-BP, citizens may appeal to public authorities regarding the exercise of their rights. The Committee notes the detailed description of this possibility given in the report. However, it requests clarification whether the authority to which the beneficiaries of social services may appeal in urgent cases of discrimination and infringements of human dignity is an independent body.*

Response. According to the Law of Ukraine *On Social Services*, recipient of social services has the right to challenge the decision to refuse to provide, decrease the scope or suspend providing social services to the central or local executive authority or local self-government authority having issued permission to provide such social services, or to the court.

Should his/her rights be violated, the recipient of social services has the right to complain to the Prosecutor's Office about failure of public authorities, local self-government authorities, enterprises, organizations to meet the requirements of the legislation on social services. The legal aspects of independence of the Prosecutor's Office are determined by Law of Ukraine No. 1697-VII October 14, 2014 *On the Prosecutor's Office*.

The cases, except for discrimination and human dignity violation, are also regulated by Law of Ukraine No. 5207-VI of September 06, 2012 *On Principles of Prevention and Combating Discrimination in Ukraine*. One of the fields of public relations covered by this Law is social protection.

A person considering to be discriminated has the right to apply to public authorities, authorities of the Autonomous Republic of Crimea, local self-government authorities and their officials, the Commissioner for Human Rights in Ukraine and/or to the court.

Independent status of the Commissioner for Human Rights of the Verkhovna Rada of Ukraine is stipulated in Law of Ukraine No. 776/97-VR of December 23, 1997 *On the Ukrainian Parliament Commissioner for Human Rights*.

*Q. 6. The Committee ask to confirm that equal treatment is thus ensured.*

Response. The report confirms that the right to obtain social services is available to the citizens of Ukraine, as well as foreigners and stateless persons who live in Ukraine on the legal grounds and are found themselves in difficult life circumstances, including persons covered by the Law of Ukraine *On Refugees and Persons Requiring Additional or Temporary Protection*.

## *Quality of Services*

On March 25, 2012, the Verkhovna Rada of Ukraine adopted Law No. 4523-VI *On Amendments to Some Laws of Ukraine on Providing Social Services*. According to Article 1 of the Law of Ukraine *On Social Services*:

- state standard of a social service is the content and scope, norms and standards, conditions and procedure for providing social services, indices of its quality determined by regulatory legal act of central executive authority in the sphere of social policy;
- the indices of social services quality are total indices used to assess activity of entities providing social services based on positive effectiveness of social services relatively to its recipients and level of satisfaction of their needs in these services.

Besides, for the purpose of establishing the unified requirements for entities providing social services irrespective of the form of property and form of management, criteria of activity of entities providing social services are stipulated by Resolution of the Cabinet of Ministers of Ukraine No. 1039 of November 14, 2012.

The various state standards are established at the legislative level (see information to Chapter I “General legal framework” cited above).

The state social standards also include the indices of quality of a social service, the main of which are:

- targeting and individual approach;
- effectiveness;
- timeliness;
- availability and transparency;
- convenience;
- respect for dignity of a recipient of a social service;
- professionalism<sup>6</sup>.

Quality of a social service is assessed by carrying out the internal and external audit; introduction of the mechanism of public control over provision of social service by creation of public, supervision boards by the entity providing a social service; questioning, survey of recipients of a social service, their legal representatives; analysis of comments about organization and provision of a social service.

For the purpose of organization and monitoring of activity in respect to provision of social services and assessment of quality of these services, *the Methodical Recommendations for Monitoring and Assessment of Quality of*

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<sup>6</sup> The procedure for developing state standard of a social service: Order of the Ministry of Social Policy No. 282 of May 16, 2012 // Official Bulletin of Ukraine. - 2012 - No. 45 - p. 1784.

**Social Services**, according to which the state and municipal entities providing social services, as well as other entities providing such services using budget funds are subjected to assessment of social services quality, were approved by Order of the Ministry of Social Policy No. 904 of December 27, 2012.

The following stages of assessment of social services quality are recommended:

- to plan and carry out the assessment of social services quality;
- to analyse the results of assessment of social services quality and examine the opinion of recipients of social services;
- to publish the results of assessment of social services quality among recipients of social services, their legal representatives, population of administrative territorial unit, where the entity providing social services carries out its activity;
- to develop the measures aimed at improvement of the quality of social services provision;
- to monitor implementation of the measures aimed at improvement of the quality of social services provision.

To assess the quality of social services, it is proposed to use the indices of these services, in particular:

- targeting and individual approach, which are determined by analysing accuracy of determination of individual needs, compliance of a social service with the individual need of its recipient;
- effectiveness which is determined by analysing the results achieved, meeting the individual needs of a recipient of a social service, solving the problems of a recipient of a social service, overcoming or minimizing the consequences of difficult life circumstances of a recipient of a social service;
- timeliness which is determined by analysing the compliance with terms of making decision about social service provision, providing a recipient with emergency assistance, if required, fulfilment of an individual plan of social service provision in terms specified, etc.;
- accessibility and transparency which are determined by analysing the availability of information about a social service, conditions and procedure for receiving it, possibility to receive the alternative services, possibility to provide assistance to citizens being in difficult life circumstances, in obtaining the documents required to receive a social service, possibility to apply for social services and free (unimpeded) access of a recipient of social services to premises of entities providing social services;
- convenience, which is determined by analysing the obvious possibilities of citizens being in difficult life circumstances to select convenient time for receiving a social service, consideration of interests and needs of a recipient of a social service upon its provision etc.
- respect for dignity of a recipient of a social service, which is determined by analysing the guarantee of polite and humane treatment by entities providing social services, his/her honour, compliance with professional and ethic standards

and principles when working with a recipient of social services, etc. For this purpose, the questioning of recipients of social services is conducted, and the comments book is kept.

- professionalism, which is determined by analysing the proper skill level of specialists who provide social services, improving their skills, certification.

The indices of social services quality and criteria of compliance with these indices are specified in the corresponding state standards of social services or in specification of social services provided in accordance with the Agreement on Public Commissioning of Social Services.

According to the Methodical Recommendations, the methods of assessment of social services quality are determined:

- survey/questioning of recipients of social services and/or their legal representatives;

- supervision over the process of providing social services;

- conversation/interview with staff of an entity providing social services;

- examination of documentation, including appeals of recipients of social services.

It is proposed to assess the quality of social services with application of the rating scale at two levels:

- internal assessment of social services quality, which should be carried out at the level of the entity providing social services;

- external assessment of social services quality, which should be carried out by central and local executive authorities, local self-government authorities involving public associations (upon consent), engaged in protection of civil rights.

For the purpose of constant improvement of social services quality, it is considered appropriate to alternate the internal and external assessment and compare the results of the internal and external assessment what will enable ensuring the process of consecutive implementation of changes into activity of entities providing social services.

***The internal assessment of social services quality*** should be carried out by an entity providing social services at least once a year for the purpose of:

- optimizing and improving the activity;

- increasing the professional skills of staff;

- revealing and discussing the problems, which slow down development of the process of social services provision;

- maintaining the established level or increasing the level of quality of social services provided.

It is proposed to carry out the internal assessment of social services quality in accordance with the plan approved by the management of the entity providing social services, which should be brought to notice of the staff at the beginning of the calendar year.

The employees providing social services, the recipients of a social service and/or their legal representatives should be involved into internal assessment process.

For this purpose, it is appropriate to develop and implement the procedure for consulting with recipients of social services, members of their families, legal representatives in respect to compliance of scope, content, conditions and procedure for providing social services with requirements established in state standards of social services.

It is proposed to carry out the internal assessment of social services quality by means of:

- self-assessment of the staff engaged to provision of social services;
- appointing of the person being responsible for organization and assessment of social services quality;
- activity of the Commission for monitoring and assessment of social services quality.

Self-assessment should be daily carried out by the staff of the entity providing social services. The results of self-assessment are proposed to be discussed regularly (every week) at meetings.

The head of the entity providing social services is recommended to appoint the person responsible for organization and assessment of social services quality on a constant basis and development of questionnaires, inquiries to study the level of satisfaction by recipients of social services, filling them up and analysing.

To carry out the internal assessment of social services quality, the Commission for assessment of social services should be created. It is advisable to include the following persons into the Commission: head; employees of the entity providing social services; persons receiving social services; their legal representatives.

It is proposed that the external assessment of social services quality is constantly carried out by local executive authorities and local self-government authorities, including customers of social services at the expense of the budget funds, with the involvement of representatives of public associations, for the purpose of:

- optimizing and improving the activity of the entity providing social services;
- increasing the professional skills of staff of the entity providing social services;
- maintaining the established level or increasing the level of quality of social services rendered by this entity.

It is proposed to carry out the external assessment of social services quality the next year after the internal assessment has been carried out.

It is recommended to carry out the external assessment of social services quality in accordance with the approved working plan, but at least every two years. Should social services be rendered at the expense of the budget funds with application of the procedure for public commissioning of social services, it is recommended to carry out the external assessment of social services quality once a calendar year, at least, or within shorter period specified in the agreement on public commissioning of social services.

The entity providing social services should submit the results of its internal assessment and any other documentation required to carry out the assessment to the entity which will carry out the external assessment. Taking into consideration the documents submitted, the entity which will carry out the external assessment should determine the directions to be assessed together with the entity providing social services.

Upon completion of the external assessment, it is recommended to hold meetings with participation of the members of the Commission.

The Commission may make its comments in respect to the results of the external assessment.

The final external assessment report, which should contain the information about achievements and, if required, recommendations for improvement of the quality of social services provided, or improvement of organization of activity of the entity providing social services, is transferred to this entity.

It is recommended to the entity providing social services to:

- inform the recipients of social services, their legal representatives about assessment of social services quality;
- ensure unimpeded access of recipients of social services or their legal representatives to the persons assessing the quality of social services.

It is recommended to bring the results of assessment of social services quality to notice of the staff of the entity providing social services, recipients of social services, population of an administrative territorial unit, where the entity providing social services operates, in particular, by placing these results on information stand or on the web-site of this entity.

According to the results of assessment of social services quality, it is required to develop the measures for improvement of quality of social services provision, improvement of activity of the entity providing social services, to make proposals on staff motivating.

It is recommended that the Ministry of Social Policy of Ukraine and its structural subdivisions on social protection of the population of Kyiv and regional municipal state administrations summarize and analyse the results of the internal and external assessment of social services.

The structural subdivisions on social protection of population of Kyiv and regional municipal state administrations should:

- develop the annual plan of external assessments;
- provide the methodological support to entities providing social services upon internal and external assessments of social services quality;
- collect and analyse the reports of internal and external assessments of social services quality;
- prepare the annual report about the quality of social services;
- prepare the measures on improvement of quality of social services and activity of entities providing social services;
- publish the annual report about quality of social services;

The Ministry of Social Policy of Ukraine should:

- collect and analyse the annual reports about quality of social services;
- prepare the general report about quality of social services in Ukraine;
- prepare the proposals in respect to improvement of quality of social services in Ukraine.

***Recommendations in respect to rating scale of social services quality***

When developing the rating scale of social services quality, it is recommended to use the total indices to reveal the compliance of social services provided with the state standards for these services.

Each entity providing social services shall make the assessment of each separate social service taking into consideration the data on total number of recipients of this service.

The rating scale shall be developed separately for quantity and quality indices provided for by each state standard for a social service.

Every quantity index shall be converted into percentage equivalent (as a part of the total amount), then, depending on the value, one of the following statuses is assigned (Table 1.6):

**Table 1.6**

**Assessment of quantity indices of social services provision**

	<b>percentage equivalents</b>	<b>status</b>
1	from 80% to 100%	good
2	from 51% to 79 %	satisfactory
3	from 0 % to 50 %	unsatisfactory

The special approach to assessment in this chapter concerns only the index of “number of complaints”. After being converted into the percentage equivalent, the statuses are assigned in the following way (Table 1.7):

**Table 1.7**

**Assessment of quantity index by “number of complaints”**

	<b>percentage equivalents</b>	<b>status</b>
1	from 0 % to 20 %	good
2	from 21% to 50 %	satisfactory
3	from 51 % to 100%	unsatisfactory

It is recommended to assess the quality indices according to the following scheme.

The state standard of a social service provides for the appropriate list of criteria of assessment for each group of indices of quality assurance, namely: targeting and individual approach; effectiveness; timeless; accessibility and transparency; respect for dignity of a recipient; professionalism.

The index of coverage of all recipients of a social service by the relevant criterion is calculated for every criterion of assessment within the group of indices of quality assurance. The index is valued in percentage equivalent from 0 to 100%, then, depending on its value, one of the following statuses is assigned (Table 1.8):

*Table 1.8*

**Assessment of indices of social services quality assurance**

	<b>percentage equivalents</b>	<b>status</b>
1	from 80% to 100%	good
2	from 51% to 79 %	satisfactory
3	from 0 % to 50 %	unsatisfactory

The statuses of coverage indices upon each criterion are subsequently summarized, and the prevailing status (good, satisfactory or unsatisfactory) is assigned to the group of the quality assurance index in aggregate.

The next step is to summarize the statuses of each index of social service quality assurance and each quantity index, and the prevailing status (good, satisfactory or unsatisfactory) is assigned for assessment of social service quality in aggregate according to the data of Table 1.9 in which the corresponding measures are recommended.

*Table 1.9*

**Assessment of social service quality in aggregate**

<b>summarized status</b>	<b>recommendations on work with an entity providing a social service</b>
good	to continue the work with an entity
satisfactory	to improve the work in respect to separate indices of low status
unsatisfactory	to revise the agreement with an entity

*Q. 7. The Committee reiterates its questions concerning the amount of public spending on social services and the legal basis for data confidentiality and respect for privacy.*

Response. The confidentiality of personal data is guaranteed by Law of Ukraine No. 2297-VI of June 01, 2010 *On Protection of Personal Data* regulating legal relations connected with protection and processing of personal data and aimed at protection of the fundamental human and civil rights, in particular, the right to non-interference in private life, in view of processing the personal data. Article 6 of the General Requirements for Processing Personal Data stipulates that it is prohibited to process an individual's data being confidential information without his or her consent, except for the cases stipulated by the law, and only for the benefit of national security, economical welfare and human rights.

The Constitution of Ukraine stipulates that a human being, his or her life and health, honour and dignity, inviolability and security are recognized as the highest social value in Ukraine. In accordance with Article 29 of the Constitution, every person has the right to freedom and personal integrity. According to Article 297 of the Civil Code of Ukraine, every person has the right to respect for his or her dignity and honour. Dignity and honour of an individual are integral. An individual has the right to apply to a court for protection of his or her dignity and honour.

2. As for the amounts of state expenditures for social services, it should be noted that according to the Law of Ukraine *On Social Services* the social services are funded at the expense of state and local budget. However, the financing of institutions and organizations providing social services was decentralized in 2014 by amending Articles 89, 90 of the Budget Code of Ukraine. According to these amendments, the institutions and organisations providing social services are financed at the expense of expenditures from regional budgets, budgets of regional cities, district budgets, budgets of united territorial communities created in accordance with law and long-term plan of forming the communities' territories.

In accordance with statistical reports, as of the end of 2015, the following institutions operate in Ukraine:

- 657 territorial centres of social servicing (providing social services), which provide services to more than 1.43 million persons);

- 289 residential facilities for elderly persons and disabled persons (46.4 thousand persons);

- 105 facilities for homeless persons, centres of social adaptation of persons who served their sentences of restriction of liberty or imprisonment (more than 27.2 thousand persons);

- 71 thousand individuals are involved (the total compensation amount exceeded UAH 121.6 million in 2015).

The total amount of funds of local budgets allocated for providing social services by the mentioned institutions and individuals exceeded UAH 4.7 billion in 2015.

At the same time, it should be noted that the new revision of the Law of Ukraine *On Social Services* was developed in order to ensure the systemic work on providing social services and to eliminate problems in conditions of decentralization.

The draft law was submitted to the Verkhovna Rada of Ukraine in May 2016. The draft law provides for:

The draft law adoption will enable ensuring

- targeting and accessibility of services;

- transparency and competitiveness;

- expansion of range of providers of social services due to involving of non-governmental organisations by commissioning of social services;

- improvement of administering of social services;

- the unified approaches to organization of the system functioning for different groups of recipients (elderly citizens, disabled persons, families with children);

- decentralization of the sphere of social services what will contribute to reforming local self-government, in particular, determination of powers of local self-government authorities.

## Article 14 § 2

### I. General legal framework

A number of regulatory legal acts aimed at reforming the system of social services provision was approved in the reported period.

### II. Measures for application of legal regulations

#### Responses to the additional questions of the European Committee of Social Rights

*Q. 1. The Committee points out that a supervisory machinery must be put in place to monitor the quality of the services provided by individuals and voluntary or other organisations, while safeguarding users' rights and ensuring respect for human dignity and fundamental freedoms. It wishes the next report to clarify the situation in this respect*

Response. The relations related to the volunteering in Ukraine, are regulated by the Law of Ukraine *On Volunteering*.

Volunteering is a form of charity activities.

During 2015, the advisory bodies, which are responsible for coordination of work regarding the voluntary and charitable assistance, cooperation of local executive authorities with public organizations, charity funds, separate volunteers, have been established and operated in 9 regions.

The results of such work on promotion of the development of the volunteer movement was active involvement of the young and elderly people in the volunteering, the organization of charity fundraising and provision of voluntary assistance to socially vulnerable groups of the population and the Armed Forces of Ukraine, the National Guard of Ukraine, the Border Service and other military units, located in the area of the Anti-Terroristic Operation.

The organizations and institutions, that engage volunteers to their activity, are entitled to:

- receive funds and other property for volunteering;
- independently define the directions of volunteering;
- compensate the volunteers for the expenses related to provision of voluntary assistance;
- insure the life and health of the volunteers during their volunteering activities pursuant to the Law of Ukraine *On Insurance*;
- invite foreigners and stateless persons for volunteering in the territory of Ukraine, send citizens of Ukraine abroad for volunteering.

For volunteering, volunteers can be reimbursed with their expenses related to travel in the territory of Ukraine and abroad within the limits of reimbursement of travel expenses, set for the state officials and employees of the companies, institutions and organizations, that are fully or partially supported (financed) by the budget funds.

The expenses may be reimbursed from the state and local budgets - in case of conclusion of the relevant agreement on provision of the voluntary assistance, international programs, or at the expense of the institution, organization, with

which the volunteer has concluded an agreement on volunteering, and from other sources not forbidden by law.

Reimbursement of the expenses to the volunteers is not an income for the volunteer and is not subject to individual income taxation and is a single social contribution.

In addition, non-governmental organizations may be engaged to the provision of social services under various mechanisms - commissioning of social services, competition of social projects, public-private partnership, etc.

Thus, in 2015, social services were commissioned in accordance with Resolution of the Cabinet of Ministers of Ukraine No. 324 of April 29, 2013 *On Approval of the Procedure for Commissioning of Social Services at the Expense of the Budget Funds* in two regions (Khmelnyskyi and Mykolaiv Regions) for total amount of approximately UAH 200,000 (social services were commissioned in the Khmelnyskyi Region for total amount of UAH 95,000 in 2014).

At the same time, in order to involve non-governmental organizations to the provision of social services, the local executive authorities use other mechanisms to support them - support of social projects, allocation of funds from the local budgets within the framework of social and economic development of the regions.

(See the information in Article 14 § 1 regarding the methodological recommendations of monitoring and assessment of social services quality).

## **Article 23 – The right of elderly persons to social protection**

### **I. General legal framework**

- Law of Ukraine No. 5207-VI of September 06, 2012 *On the Principles of Prevention and Combating Discrimination in Ukraine*;
- The Civil Code of Ukraine No. 435-IV of January 16, 2003;
- Law of Ukraine No. 3668 of July 08, 2011 *On Measures to Ensure the Legislative Reform of the Pension System*

### **II. Measures for application of legal regulations Responses to the additional questions of the European Committee of Social Rights**

*Q. 1. The Committee asks for a clarification whether the prohibition of discrimination applies to both public and private sectors and what remedies are available to victims of discrimination.*

Response. The Verkhovna Rada of Ukraine adopted Law of Ukraine No. 5207 of September 06, 2012 *On the Principles of Prevention and Combating Discrimination in Ukraine* (hereinafter referred to as “Law No. 5207”) during the reported period. This Law No. 5207 applies to the relations between legal entities of public and private law, location of which was registered in the territory of Ukraine, and individuals staying in the territory of Ukraine.

The Law of Ukraine is based on the principle of non-discrimination, that stipulates, regardless of certain characteristics:

- 1) ensuring the equality of rights and freedoms of the individuals and/or groups of individuals;
- 2) ensuring the equality of the individuals and/or groups of individuals before law;
- 3) respect for the dignity of every individual;
- 4) ensuring the equal opportunities of the individuals and/or groups of individuals;

An individual claiming that he/she was subjected to discrimination, has the right to file a complaint with the state authorities, the authorities of the Autonomous Republic of Crimea, local government authorities and their officials, Commissioner for Human Rights of the Verkhovna Rada of Ukraine or court in accordance with the procedure prescribed by law. The exercise of the specified right may not be the ground for prejudicial treatment and may not cause any negative consequences for the individual, who exercised such right, and other individuals.

An individual is entitled to reimbursement of pecuniary and non-pecuniary damage, suffered by him/her due to discrimination. The procedure for reimbursement of pecuniary and non-pecuniary damage is determined by the Civil Code of Ukraine and other laws.

Individuals, found guilty of violation of the requirements of law on preventing and combating discrimination, hold the civil, administrative and criminal responsibility.

*Q. 2. The Committee asks for information on the legal framework related to assisted decision making for the elderly, and, in particular, whether there are safeguards to prevent the arbitrary deprivation of autonomous decision making by elderly persons.*

Response. Pursuant to the Civil Code of Ukraine No. 435-IV of January 16, 2003, an individual shall exercise his/her civil rights freely, in his/her sole discretion.

An individual has the right to freedom and personal integrity.

An individual, who was recognized incompetent or whose civil capacity is limited, has the right to guardianship and wardship in order to ensure personal non-property and property rights and interests.

An individual, who became aware of an individual needing guardianship or custody, is obliged to inform the guardianship and wardship authority.

The guardianship and wardship authorities are the district, district state administrations in Kyiv and Sevastopol, executive authorities of city, district in the cities, village councils.

The court establishes a guardianship for an individual in case he/she is recognized incompetent and appoints a guardian upon submission of the guardian and wardship authority.

A competent individual, who cannot exercise his/her rights and fulfil obligations due to health state, has the right to choose an assistant for him-/herself.

At the request of the person, who needs assistance, the name of his/her assistant is registered by the guardianship and wardship authority, and confirmed by the relevant document.

### ***Adequate resources***

The implementation of Law of Ukraine No. 3668 of July 08, 2011 *On Measures to Ensure the Legislative Reform of the Pension System* contributed to modernize the previously granted pensions based on the average monthly salary in economy sectors for 2007 from May 01, 2012.

Due to the implementation of the measures regarding the pension system reform in 2012, the following was achieved:

- modernization of pensions from May 01, 2012 for 12.8 million pensioners;
- increase of the basic pension for disabled war veterans by 25 per cent;
- increase of the pension increment - 1,280 thousand war veterans and former prisoners.

In 2014-2015, Ukraine was in difficult conditions and had to overcome the consequences of the external aggression and the demolition of the infrastructure in Eastern Ukraine. It led to economic decline and growth of inflation, which affected the standards of living of the citizens.

In order to stabilize the economic situation, a number of decisions, aimed at fiscal austerity, including austerity of funds for social protection, were adopted in 2014. However, there was no reduction of social payments.

Therefore, the Government had to take emergency measures for immediate stabilization of the pension system at this uneasy time.

The first stage included the introduction of the taxation of high pensions, the size of which exceeded UAH 10,000, and the tax threshold was reduced from January 01, 2015 (from 10 thousand to the level of three minimum wages per month as of January 1 of the respective year (UAH 4,134). Additionally, the military tax for the part of the specified pension in the amount of 1.5 per cent was introduced. It should be noted that the pensions of the disabled persons of groups I and II, disabled war veterans of group III and combat veterans were not subject to taxation.

The second stage was the limitation of pension payments for working pensioners, the size of which exceeded 150 per cent of the minimum subsistence level, established for incapacitated persons, in the amount of 85 per cent of the granted pension, but not less than 150 per cent of the minimum subsistence level (except for the disabled persons of groups I and II, disabled war veterans of group III and combat veterans).

At the third stage, the norms on granting special pensions (for people's deputies, judges, prosecutors, state officials and persons of equivalent status) were cancelled from June 01, 2015.

Another innovation was a gradual 5-year increase of the privileged retirement age for women, and the 5-year increase of the insurance, and for some professions - of the special work experience for persons, entitled to pension due to harmful and especially harmful working conditions and superannuation.

Social protection of the elderly people among the war veterans, labour veterans, children of war, victims of Nazi repressions is supported by the system of benefits and compensations at the relevant level.

It became possible to increase the social standards as a result of certain stabilization of the economic situation.

The minimum pension (the minimum subsistence level for the incapacitated persons) was increased from UAH 949 to UAH 1,074, which is UAH 125 or 13%, from September 01, 2015.

Furthermore, the following issued were settled as a result of adoption of the legislative initiatives:

- payment of pensions to the citizens of Ukraine, who do not live in the temporarily occupied territory of the AR of Crimea and do not receive pensions from the competent authorities of the Russian Federation;
- increase of the survivor pension increment for the family members of the deceased (dead) persons, whose death was connected to the participation in mass actions of civil protest, that took place from November 21, 2013 till February 21, 2014.

**State social standards and guarantees  
during the reported period 2012-2015**

Year	Minimum subsistence level for incapacitated persons	Minimum pension payment	Minimum wage	Maximum wage
2012	822	822	1,073	18,241
2013	894	894	1,147	19,499
2014	949	949	1,218	20,706
2015	1,074	1,074	1,378	23,426

**Division of the pensioners by categories and size of  
the granted pensions  
(as of January 01, 2016)**

**Total amount of  
pensioners - 12,312,459**  
by age  
9,415,743  
persons  
persons  
(UAH 1,691.35)  
persons, average size of  
pension payment -  
UAH 1,700.22

**survivor  
pension**  
726,480 persons  
social subsistence minimum  
101,086,640.11  
(UAH 1,640.11)  
2,408,009 persons  
(UAH 1,643.7)

### ***Prevention of elder abuse***

*Q. 3. In its previous conclusion the Committee asked what was done to evaluate the extent of the problem, to raise awareness on the need to eradicate elder abuse and neglect, and if any legislative or other measures were taken or envisaged in this area.*

Response. An individual may not be subjected to torture, cruel, inhuman or degrading treatment or punishment. (Civil Code of Ukraine, Article 289)

The Ukrainian Non-Profit Charity Organization “Turbota pro Litnih v

**lifetime allowance  
pensions of military for judges  
servicemen 1,411 persons  
561,518 persons (UAH 16,782.85)  
(UAH 2,596.74)**

Ukraini” (*Care for Elderly People in Ukraine*) brings together nearly 2,000 elderly volunteers in 10 regions of Ukraine, provides practical support at home for nearly 1,500 elderly people with mobility impairments. Volunteers from the counselling or advisory groups help the vulnerable people to save or receive payments for total amount of UAH 700 thousand.

In recent years, the charity organization works on prevention of the abuse in respect of elderly people. 1,415 elderly people in 15 regional centres of Ukraine were examined and interviewed by the charity organization within the framework of the project “Preventing Elder Abuse in Ukraine”, supported by the EU, in order to clarify the situation regarding the abuse in respect of elderly people in Ukraine. The results were processed and set out in a separate publication.

A methodological guidance on identifying the signs of abuse was translated and published, a group of 300 volunteers, detecting the cases of abuse of the elderly people and helping the victims, was trained.

Commissions on helping the victims of abuse were established in cooperation with the local administrations, and the respective documents were developed.

In February 2014, an international conference regarding the project “Preventing Elder Abuse in Ukraine” took place in Kyiv.

Example: The volunteer centre of the Ukrainian Charity Non-Profit Organization “Turbota pro Litnih v Kyevi” (*Care for Elderly People in Kyiv*) operates at the Territorial Centre of Social Servicing for Lonely Low-Income Pensioners of the Dniprovskiy District of Kyiv, and employs 47 volunteers, servicing 44 wards.

The recipients of services include the disabled persons, war veterans, combat veterans, children of war, ill people, who do not leave their apartments, part of them are bedridden.

One type of helping is care at home, which includes not only cooking and cleaning, but also performing of the simplest sanitary and hygienic procedures, as well as delivery of drugs, writing of prescriptions, accompanying to public institutions, payment of utility bills.

A new service - advocacy (representation of the elderly person's interests) is being introduced.

In addition, with the support of the UNFPA in Ukraine, development of the national social program "National Action Plan for Ageing" until 2022 has been commenced. It determines one of the areas of the activity -strengthening of preventive and rights protection measures and formation of the support and protection services in cases of abuse of elderly citizens.

### ***Services and facilities***

*Q. 4 . Tthe Committee reiterates its question whether in general the supply of home help services for the elderly matches the demand for them and how their quality is monitored. The Committee would also like to receive more detailed information on the services available, their scope and cost, and how elderly person are informed about the services offered and whether their provision differs from one municipality to another.*

Response. See also information for Article 14 § 1.

The Procedure for provision of social services with establishment of the differentiated payment and modification of the list of social services, conditions and the procedure for their provision by structural subdivisions of the territorial centre of social servicing (providing social services) was approved by Resolution of the Cabinet of Ministers of Ukraine No. 1184 of December 19, 2012. According thereto, a person, who has relatives, shall receive social services and pay only 12% of his/her average monthly total income for them. It allows reducing the financial burden of the recipient of social services.

In 2015, 2.6 thousand people received social services with the establishment of differentiated payment.

In 2015, the territorial centres provided the paid social services to 175.5 thousand citizens, who had relatives being obliged to provide care and support for them, totalling over UAH 30.3 million (in 2012, totalling over UAH 24.6 million).

More than 35 thousand social workers and employees provide various kinds of social services, including care services (delivery of food and medicines, cooking, calling of doctors, laundry, cleaning of their home, execution of documents), services of social and domestic adaptation, information and legal services, etc. to the elderly and disabled persons.

In order to determine the content and scope, rules and regulations, terms and procedure for provision of social services, indices of their quality, the Ministry of Social Policy approved by its orders:

State Standard of Day Care Services (No. 452 of July 30, 2013);  
State Standard of Day Care at Home (No. 760 of November 13, 2013);  
State Standard of Social Adaptation (No. 514 of May 18, 2015);  
State Standard of Counselling (No. 678 of July 02, 2015);  
State Standard for Social Services of Representation of Interests (No. 1261 of December 30, 2015).

All these state standards are introduced by the territorial centres.

At the same time, a new form of the provision of social services was introduced - provision of the elderly persons, disabled persons, ill persons, who require constant physical assistance at home according to the doctor's conclusion, with social services of care, that are provided by the unemployed individuals. This form of social services is becoming more common. Unemployed individuals, constantly providing such social services, receive monthly compensatory payment (compensation).

The compensation is awarded based on the minimum subsistence level for capable persons: 15 per cent - for persons, providing services for the disabled people of group I; 10 per cent - for persons, providing services for the elderly people, disabled people of group II and disabled children; 7 per cent - for persons, providing services for the disabled people of group III and ill people, not able to take care for themselves and those who require constant physical assistance. The compensation is awarded to individuals of retirement age who provide social services in the specified amounts based on the minimum subsistence level for incapacitated persons. An individual, providing social services, has the right to receive only one compensation irrespective of the number of the persons to whom they provide services forms and scope of services.

In particular, at the end of 2015 more than 71 thousand elderly citizens and disabled people are provided with social services by individuals.

The right of the elderly people or the disabled people to receive social services in the stationary institution or through the territorial centre is now not limited because of the introduction of this form of the provision of social services. Furthermore, the social services were made closer to the direct place of residence of the person, that requires constant physical assistance.

An innovative form of social services for the people with mental disorders is now spreading. In 2015, besides Kyiv, social services for this category of citizens were already provided in Uman (Cherkasy Region), Chuhuiv and Lozova in the Kharkiv Region.

One of the form of social servicing, that are actively introduced in the regions, became the provision of transportation services for elderly and disabled people. Special transportation services function in a number of regions, particularly in the Volyn, Odesa, Kharkiv, Poltava, Kirovograd Regions and in Kyiv (in 2015, the transportation services were provided to 86 thousand people).

More than 300 "Universities of the Third Age" operate in the territorial centres of social servicing (as a social and educational service). The following faculties work in almost all territorial centres:

- “Fundamentals of Medicine, Healthy Lifestyle”;
- “Healthy Lifestyle”;
- “Socially Active Life Philosophy”;
- “Psychology and Law”;
- “Culture and Creative Work”;
- “Communication and Information Technologies”;
- “Culture and Art”;
- “Philology” and others.

More than 36.8 thousand people are provided with this service.

### ***Health care***

*Q. 5. The Committee would like to receive more information on the implementation of the Programme ‘The Health of the Nation’ (2002-2011). It would like to receive more information about the possibility of receiving primary health care services at home, including domiciliary nursing services.*

Response. According to Law of Ukraine No. 3712-XII of December 16, 1993 *On the Basic Principles of Social Protection of the Labour Veterans and Other Elderly Citizens in Ukraine*, the elderly citizens are guaranteed free qualified medical care in the geriatric centres, hospitals for elderly citizens and other inpatient, outpatient institutions, and at home considering the achievements of gerontology and geriatrics in the manner prescribed by the legislation of Ukraine. Assistance is provided under the general documents about provision of medical care to adults and provision of palliative care. At the same time, it should be noted that the project of the Social Program on Population Ageing in Ukraine for the period 2017-2021 was prepared (National Action Plan supported by the UNFPA) according to the objectives of the Madrid International Plan of Action on Ageing (UN).

The elderly citizens, like other citizens receive the sanatorium and resort treatment. The procedure for medical selection and sending for the sanatorium and resort treatment is determined by the Ministry of Health of Ukraine and the Ministry of Social Policy of Ukraine, and the collective contracts and agreements.

The amount of people aged over 60 years among the population of Ukraine in 2015 constituted 21.8%, aged over 65 years and older - 15.5%. Morbidity, disability and mortality rates of the population of the retirement age are much higher than in other age groups (2.5; 1.5 and 8 times respectively). According to averaged data of health condition, 40% of the population older than working age require periodic medical supervision with preventive rehabilitation, 40% - permanent active medical supervision with mandatory courses of rehabilitation 1-2 times per year, 15% - intense inpatient, including surgical, treatment with subsequent measures of medical and social rehabilitation on an outpatient basis, 5% - full constant daily medical care and social and domestic assistance (long-term or palliative care).

Among people aged over 70 years, 20% require daily social and domestic assistance, 80% regularly take medications, among people aged over 80 years 20% require specialized mental health care (senile dementia, Alzheimer's disease). According to sampling research, in 2015 36% of rural residents of retirement age, having multiple chronic diseases, applied for medical care.

A primary link for an outpatient care for elderly people is a general practitioner (GP - family doctor), his/her workload amounts to up to 60% of the outpatient care for elderly patients and 90% - of home care. The need for home-based services grows with age: 5% of people aged 60-65 years and 78% of people aged 80-85 years require home care.

Medical care for elderly patients is provided at home within the general work of family clinics, emergency and ambulances.

The program for training of family doctors at pre- and postgraduate levels includes some geriatrics issues, implemented in various clinical disciplines.

Care for the elderly who have lost the ability to self-service, as well as those suffering from dementia or Alzheimer's disease, is provided by non-governmental organizations on a paid basis. The geriatric departments for elderly people, suffering from cognitive disorders, are opened in some psychiatric hospitals. A clinical branch, which examines the issues of treatment of Alzheimer's disease and cognitive disorders of the elderly people, operates at the State Institution "Institute of Gerontology of the National Academy of Medical Sciences of Ukraine".

In Ukraine, 32 hospitals for 7,248 beds and 26 hospital departments for 1,344 beds operated in 2012-2013. In 2014-2015, 28 hospitals (except for 2 hospitals in the Donetsk Region, 1 hospital in the Luhansk Region and 1 hospital in the AR of Crimea) operated.

5 treatment and counselling centres and 6 associations operate at the State Institution "Institute of Gerontology of the NAMS of Ukraine". The centres provide medical and consultation services to elderly patients from different regions of Ukraine, conduct epidemiological research of health, develop programs of medical and social rehabilitation for the elderly, ensure improvement of doctors' skills:

- Medical and Counselling Centre "Gerontologist", which includes all medical departments and offices of the Institute (outpatient department, department of functional diagnostics, inpatient wards for 245 beds) (Table 1).

Table 1. The work of Medical and Counselling Centre "Gerontologist" for the period of 2012-2015 (absolute number, persons)

2012	2013	2014	2015
Patients treated			
3,678	3,279	3,604	3,875
Consultations of elderly people			
18,754	20,590	19,345	19,871

- “Ukrainian Geriatric Rehabilitation Centre” which includes rehabilitation department for patients with stroke

Table 2. Work of the Ukrainian Geriatric Rehabilitation Centre for the period from 2012 till 2015 (absolute number, persons)

2012	2013	2014	2015
Consultation and treatment of the elderly people			
298	303	311	327

- Ukrainian Parkinson's Disease Centre

Table 3. Work of the Ukrainian Parkinson's Disease Centre for the period from 2012 till 2015 (absolute number, persons)

2012	2013	2014	2015
Consultations of ill people			
2,506	2,467	2,334	2,950*

*Note:* \* – 2,950 people were consulted including 2,041 people from Kyiv, 906 people from other cities, 250 people from villages.

- Ukrainian Scientific Medical Centre of Osteoporosis of the Ukrainian Association of Osteoporosis.

Table 4. Work of the Ukrainian Scientific Medical Centre of Osteoporosis of the Ukrainian Association of Osteoporosis for the period from 2012 till 2015 (absolute number, persons)

2012	2013	2014	2015
Consultation, diagnostic and medical aid for the patients			
987	1,203	1,411	1,624

- International Osteoarthritis Centre gives educational lectures for the population and professionals.

The clinic of the Institute of Gerontology provides aid to almost 4 thousand patients a year, consultative and diagnostic aid - to approximately 20 thousand patients a year from different regions of Ukraine.

Highly specialized aid is provided to the elderly people within the network of research institutions and clinics of the system of the Ministry of Health and the National Medical Academy of Ukraine according to nosology and the specialization of the institution (cardiology, orthopaedy, neurology, oncology, psychiatry, etc.). According to expert assessment by the specialists of the Institute of Gerontology, the needs of elderly people in health care is generally satisfied by 45%, in the rehabilitation and palliative care - by 25% and 15% respectively. Self-help is provided to elderly people (disabled persons, war participants, war veterans and categories of the equivalent status (children of war)) within the hospitals of the Ministry of Health of Ukraine.

The Institute of Gerontology implemented the information support for the elderly people through the website with information on medical products and care products; the addresses of the funds supporting the elderly persons; recommendations on self- and mutual assistance in the event of complications and exacerbations of various diseases; tips on a healthy lifestyle; addresses of the archives and pension organizations across the country, health care facilities, geriatric boarding houses and residential facilities ([www.gicc.org.ua](http://www.gicc.org.ua)).

### **Institutional care**

*Q. 6. The Committee asks what kinds of services are offered in both types of institutions, and whether the supply of institutional facilities for elderly persons is sufficient and their cost affordable.*

Response. As of January 01, 2016, the network of inpatient institutions consisted of 289 residential facilities.

More than 46.4 thousand citizens live in the inpatient institutions, more than 12,600 of them are elderly people.

In order to monitor observance of the rights of citizens living in the residential facilities, the Government opened a telephone “hot line”, Supervisory Boards on the activities of residential institutions and community councils at every residential facility, representatives of the Commissioner for Human Rights pay the monitoring visits.

At the end of last year, the work of 332 inpatient departments was organized in Ukraine. More than 9 thousand lonely disabled citizens lived there and received the necessary social services.

In general, the network of inpatient institutions meet the need of the elderly people in residential care.

These institutions provide the residential care services, palliative care, supported accommodation, adaptation, consulting etc.

Services are provided according to the legislation - free of charge, for a fee (or exemption from payment), with the establishment of differentiated payment.

Considering that the number of elderly people in Ukraine is increasing every year, the state social policy regarding the elderly citizens is being reoriented at:

- strengthening of the legal protection of the elderly persons;
- providing a decent standard of life for the elderly people and provision of the necessary support to citizens who are in difficult life circumstances;
- promoting the increase of the role of families in caring for the elderly persons;
- organization of effective social care for elderly people, and psychological support;
- promoting feasible employment of elderly people, equal access for the elderly people to the programs and vocational guidance system, training and retraining;
- ensuring access for elderly people to information resources.

## **Article 30 — The right to protection against poverty and social exclusion**

### **I. General legal framework**

- Law of Ukraine No. 1166 of March 27, 2014 *On Preventing Financial Catastrophe and Creating Pre-Conditions for Economic Growth in Ukraine*;
- Decree of the Cabinet of Ministers of Ukraine No. 554 of June 20, 2012 *On Monitoring and Assessment of the Effectiveness of Social Support Programs*;
- Decree of the Cabinet of Ministers of Ukraine No. 83 of April 05, 2014 *On Strengthening the Social Protection in terms of Raising Prices and Tariffs for Utilities*

For the purpose of supervision and monitoring of poverty indicators, the Methodology for Comprehensive Poverty Assessment was approved by Order of the Ministry of Social Policy, Ministry of Economic Development, Ministry of Finance, State Statistics Service and the National Academy of Sciences of Ukraine No. 629/1105/1059/408/612 of October 08, 2012 (registered in the Ministry of Justice on October 24, 2012 under No. 1785/22097).

The Methodology involves the calculation of the indicators which directly characterize the situation of the poor population.

Calculation of poverty indicators consists of four stages:

- assessment of poverty by different criteria for its determination;
- analysis of indicators in order to determine the stratification among the poor population;
- analysis of poverty by main types of households and types of settlements;
- calculation of poverty indicators in regions.

Poverty indicators include:

- the poverty rate by relative criterion;
- the extreme poverty level by relative criterion;
- the poverty rate by absolute criterion;
- the poverty level by absolute criterion for comparison with international criteria;
- total poverty gap by relative criterion;
- total poverty gap by absolute criterion;
- average poverty gap by relative criterion;
- average poverty gap by absolute criterion;
- poverty depth coefficient by relative criterion;
- poverty depth coefficient by absolute coefficient.

Indicators for determining of the stratification among the poor population include:

- the proportion of extremely poor among the poor population;
- coefficient of poor population stratification by relative and absolute criteria.

For a comprehensive analysis of the poverty situation, the main indicators of socio-economic development, including for each month, are also used:

- the level of average nominal wage of a full-time employee (in UAH);
- the employment rate of the population aged 15-70 years (based on a sample survey of population on economic activity, in per cent);
- the unemployment rate of the population aged 15-70 years, measured by the methodology of the International Labour Organization (based on a sample survey of population on economic activity, in per cent);
- the proportion of the employees, who receive minimum wage and less (in per cent);
- the proportion of the employees, whose wage is higher than the average level in the country (in per cent);
- the ratio of the average monthly wage and an actual amount of the minimum subsistence level (in per cent).

In order to increase efficiency and improve the management of the social support system, the Methodology for Monitoring and Assessment of Effectiveness of Social Support Programs was approved by Order of the Ministry of Social Policy, Ministry of Economic Development, Ministry of Finance, State Statistics Service and the National Academy of Sciences of Ukraine No. 114/242/392/85/85 of March 12, 2013 (*registered in the Ministry of Justice on March 28, 2013 under No. 508 / 23040*). It provides for the system of indicators that are based on statistical and administrative data, public survey results on the effectiveness of social support programs. According to the Methodology:

- poverty is the impossibility to support the lifestyle inherent in a particular society at a particular time due to lack of funds. To assess the poverty, relative or absolute criterion is used;
- monitoring is a systematic collection, analysis and presentation of relevant information for the adoption of decisions by the central executive authorities on improvement of the social support management system.
- assessment is the identification of the impact of social support programs on the welfare and health of certain population groups as a whole, measuring of social outcomes, carried out by analysing the changes in poverty rates.

Social support programs being monitored:

- child birth support;
- support for child care until the age of three;
- support for single mothers;
- support during child adoption;
- support for children under guardianship or wardship;
- state social support for low-income families;
- state social support for disabled from childhood and disabled children;
- subsidies for reimbursement of payments for utility services, the purchase of liquefied natural gas, solid and liquid stove fuel.

## **II. Measures for application of legal regulations Responses to the additional questions of the European Committee of Social Rights**

During 2012-2015, growth in all types of income has been observed, primarily due to the increase of social standards and guarantees, salaries, pensions and various social benefits.

Some positive results regarding the improvement of living standards and poverty reduction have been achieved.

However, due to social and economic events of 2014-2015, and due to the limited capacity of the state in 2015 to implement active social policy regarding the increase of the income of the population since 2014, a decrease of their actual level can be observed, despite the increase in nominal sizes.

Nominal income increased by 19.6% (from 1,457,864 million in 2012 to 1,743,979 in 2015).

Index of actual disposable income increased in 2012 by 13.9%, in 2013 - by 6.1%, and in 2014 fell by 11.5%, in 2015 decreased - by 22.2%.

Increase in social standards and guarantees has been provided: minimum subsistence level per capita increased by 21.5% (from UAH 1,095 in December 2012 to UAH 1,330 in December 2015); the minimum wage increased by 21.5% (from UAH 1,134 in December 2012 to UAH 1,378 in December 2015); minimum pension increased by 21.5% (from UAH 884 in December 2012 to UAH 1,074 in December 2015).

The average monthly wage in 2012 – 2015 increased by 38.7% (from UAH 3,025 in 2012 to UAH 4,195 in 2015). Actual wage increased in 2012 by 14.4%, in 2013 – by 8.2%. Since 2014, a decrease in actual wage has been observed: in 2014 – by 6.5%, in 2015 – by 20.2 %.

Despite the work done in employment, the labour market situation is tense as a result of economic imbalances and the consequences of military conflict in the east of the state.

The number of the employed population in 2015 was 16.4 million people, the employment rate - 56.7% (in 2012, the number of employed was 19.3 million people, the employment rate was 59.6%).

The number of unemployed in 2015 was 1.7 million people, the unemployment rate, according to ILO methodology was 9.1% (in 2012 – 1.6 million people, the unemployment rate - 7,6%).

The number of employed people in rural areas was 5.1 million people, the employment rate was 55.1% in 2015.

The number of unemployed (ILO) living in rural areas amounted to 533.3 thousand people, the unemployment rate was 9.4% in 2015 (according to ILO methodology).

As a result of reforming the pension system, the average pension in Ukraine grew by 35.7%, and as of January 01, 2016 it constituted UAH 1,700.22 (in 2012 - UAH 1,253.28). In Ukraine, about 12.3 million people received the pension at the beginning of 2016.

The increase of the size and payment of state social allowances and social benefits, improvement of the approaches to their provision on the basis of better targeting of social support and expansion of the covering the vulnerable groups of people by it were being provided on a regular basis.

In Ukraine, 2.9 million families (in 2012 - 3.6 million families) received the different types of state allowance, including state support to families with children, poor families, disabled since childhood, disabled children, temporary support for children as of January 01, 2016.

311.4 thousand low-income families (in 2012, 143.4 thousand families), including 106,3 large families (in 2012 58.3 thousand families), in which 386.2 thousand children (in 2012, 218.9 thousand children) were brought up, received state social support. The average monthly support increased from UAH 1,771.3 in December 2012 to UAH 2,483.3 in December 2015, or in 1.4 times.

Support for families with children in the Ukraine was received by 2,078.7 thousand families (in 2012 - 2,893.6 thousand families).

Approaches for providing the untargeted types of child birth support and support for child care until the age of three were unified, particularly, child birth support combined with support for child care until the age of three was established in the common amount - UAH 41,280.

In 2014–2015, radical reform of subsidies was implemented. The Procedure for granting housing subsidies aimed at simplifying the procedures for obtaining them and strengthening social protection in terms of raising prices and tariffs for utility services was improved. Subsidies are granted in the amount of difference between the cost of utility services within social norms of using the services considering the benefits provided under the law, and the amount of mandatory interest payment determined by the Cabinet of Ministers of Ukraine.

A multi-dimensional assessment of poverty by criteria was introduced for monitoring the poverty situation:

- the poverty line, determined by the relative criterion of 75% of median level of the average equivalent total costs per capita;
- the extreme poverty line, determined by the relative criterion of 60% of median level of the average equivalent total costs per capita;
- the absolute poverty line, determined by the criterion of minimum subsistence level;
- the absolute poverty line, determined by the criterion of cost of the daily consumption at the level of USD 5 (purchasing power parity).

The main information base for measuring poverty indicators is household budget surveys.

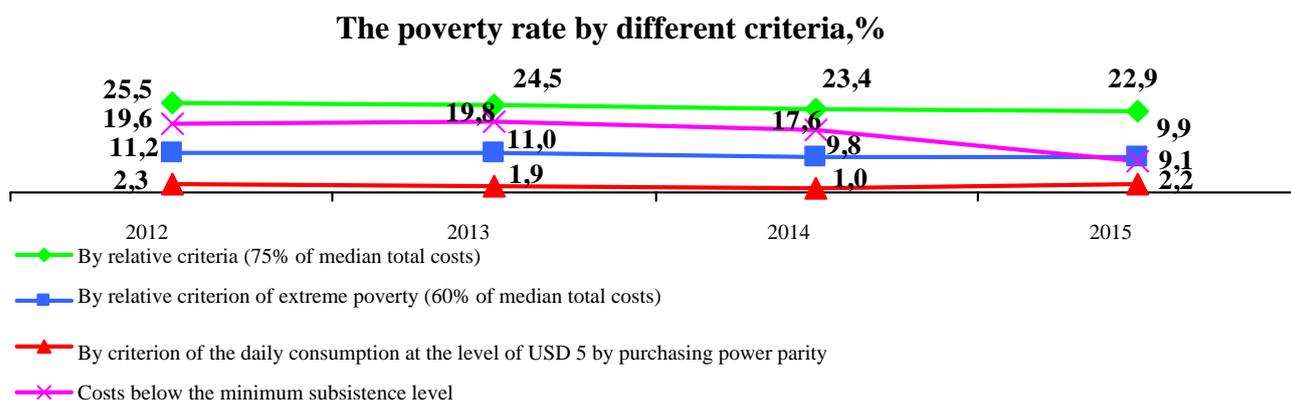
Monitoring of the poverty indicators is characterized by the following data:

For 9 months of 2015 — 22.9% of the population by relative criterion;

by criterion of extreme poverty – 9.9%;

by absolute criteria (costs below the minimum subsistence level) – 9.1%;

by criterion of the daily consumption at the level of USD 5 – 2.2%.



### *The poverty rate by the relative criterion*

The poverty line by the relative criteria (75% of median total costs) constituted UAH 1,560 per month and exceeded the value of the corresponding period of the previous year by UAH 285 or by 22.4%.

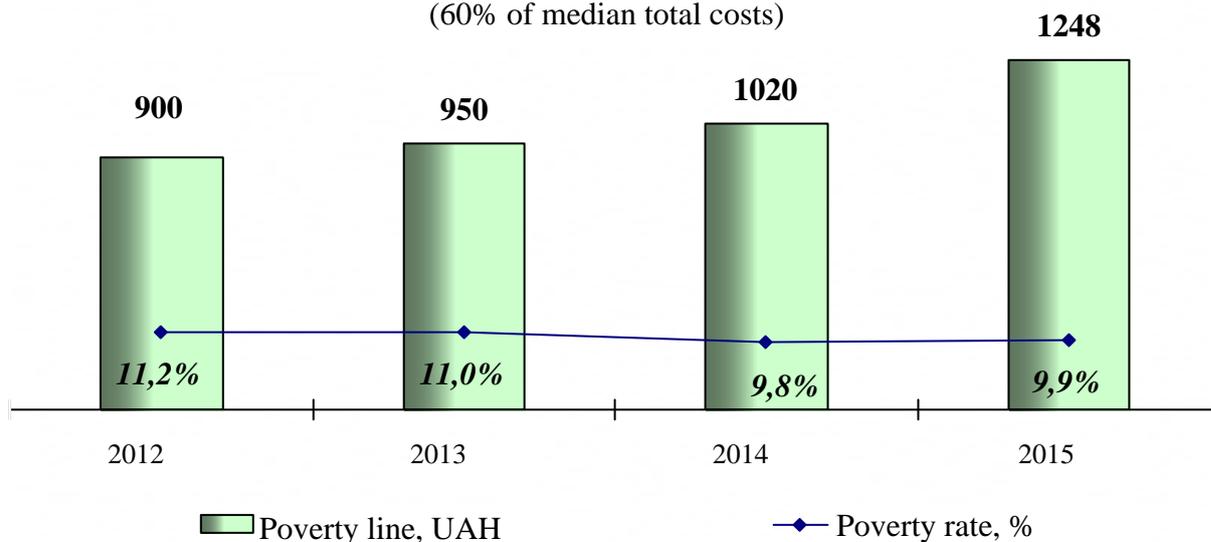
The poverty rate by the relative criterion increased in comparison with the corresponding period of the last year and constituted 23.8%.

The extreme poverty line (60% of median total costs) constituted UAH 1,248, and exceeded the value of the corresponding period of the previous year by UAH 228 or by 22.4%.

The extreme poverty rate constituted 10.3% against 10.1% for the first 9 months of 2014.

The poverty depth coefficient, which reflects how the extremely poor population prevails among the poor population, constituted 19.8% against 19.9% in 2014.

**The extreme poverty line and rate by the relative criterion**  
(60% of median total costs)

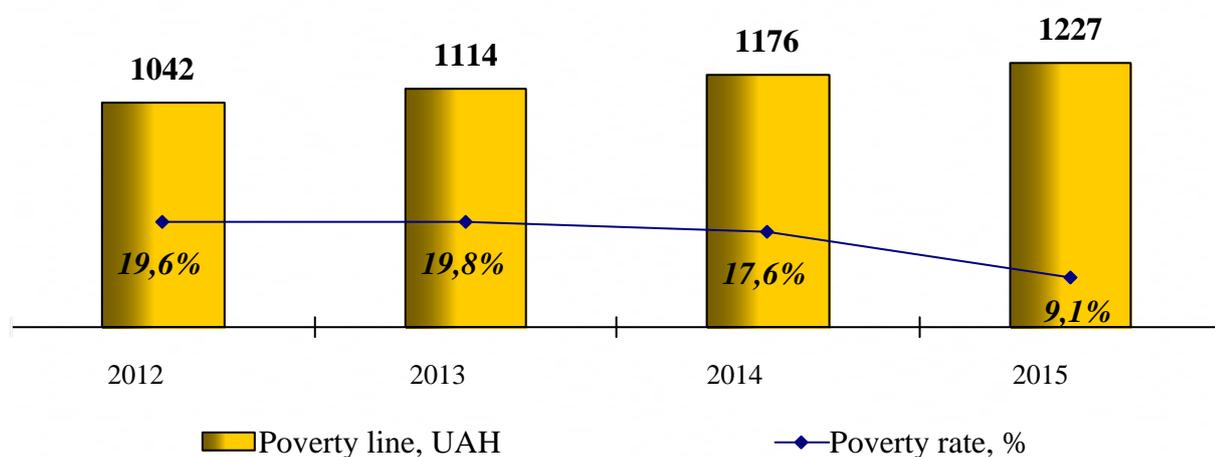


***The poverty rate by absolute criterion***

The poverty line by criteria of minimum subsistence level (costs below minimum subsistence level) constituted UAH 1,227 which is UAH 51, or 4.3% more than its value in 2014 (UAH 1,176).

The poverty rate decreased by 8.5 percentage points and constituted 9.1% against 17,6% in 2014.

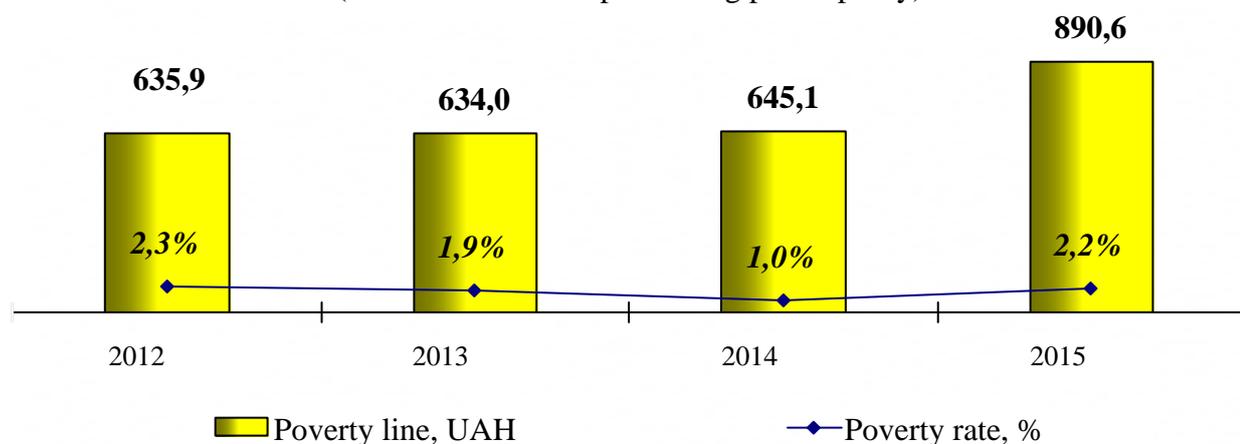
**Poverty line and rate by criterion of minimum subsistence level**  
(costs below minimum subsistence level)



Poverty line by criterion of daily consumption cost at the level of USD 5 (by purchasing power parity) constituted UAH 890.6, which is UAH 245.5, or 38.1% more than its value in 2014 (UAH 645.1).

The poverty rate increased compared to the same period of the last year and constituted 2.2% (in 2014 – 1.0%).

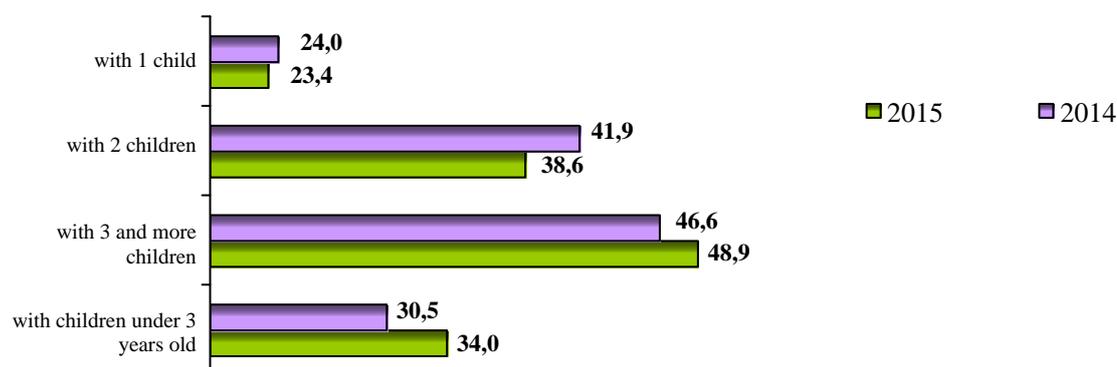
**Poverty line and rate by the criterion of the daily  
consumption cost at the level of USD 5  
(UN criterion of the purchasing power parity)**



***Poverty rate by the types of households***

In 2015, the poverty rate indicator in households with children decreased compared to the corresponding period of the last year and constituted 28.6% against 30.2%.

**Poverty rate of households with children, %**



Reduction of poverty rate can be observed in households with one child, and constitutes 23.4%.

The poverty rate was increased in households with three or more children – by 2.3 percentage points, with children under three years old – by 3.5 percentage points.

In households without children, the poverty rate increased by 0.9 percentage points and constituted 16.2% against 15.3% in 2014.

The poverty rate among workers was 18.3%, against 18.4% in 2014.

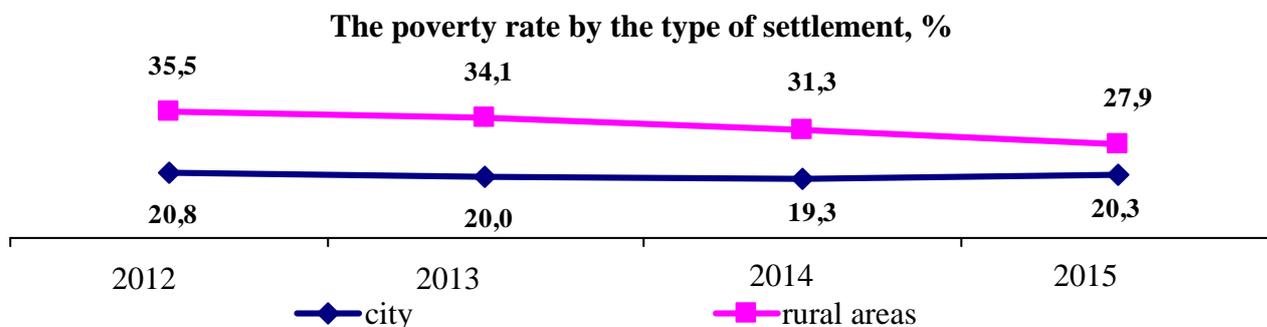
The poverty rate among children under 18 was 29.9% against 31.1% for the first 9 months of 2014.

The poverty rate among persons of retirement age was 29.2% against 31.3% in 2014.

The poverty rate among persons of retirement age was 19.6% against 20.6% in 2014.

### **The poverty rate by the type of settlement**

In rural areas, the poverty rate decreased by 3.5 percentage points and constituted 27.9%, while in urban areas the indicator increased by 1.0 percentage points and constituted 20.3%.



### ***Measuring poverty and social exclusion***

*Q. 1. The Committee recalls that rights relating to civic and citizens' participation, such as the right to vote, constitute a necessary dimension in achieving social integration and inclusion and they are thus covered by Article 30. It asks that the next report contain information in this respect.*

Response. The methodological approaches to measuring the poverty were improved by the State Social Program for Overcoming and Preventing Poverty for the period until 2015, approved by Resolution of the Cabinet of Ministers of Ukraine No. 1057 of August 31, 2011, by introducing multidimensional poverty assessment, carried out by the following criteria:

- the poverty line, determined by the relative criterion of 75% of median level of the average equivalent total costs per capita;
- the extreme poverty line, determined by the relative criterion of 60% of median level of the average equivalent total costs per capita;
- the absolute poverty line, determined by the criterion of minimum subsistence level;
- the absolute poverty line, determined by the criterion of cost of the daily consumption at the level of USD 5 (purchasing power parity).

Regarding the social exclusion of the population, tracking of this indicator was not stipulated according to the specified Program.

However, according to the Action Plan for the implementation of the Association Agreement between Ukraine, on the one part, and the European Union, the European Atomic Energy Community and their Member States, on the other part, for 2014–2017, approved by Order of the Cabinet of Ministers of Ukraine No. 847-r of September 17, 2014, the Cabinet of Ministers of Ukraine

adopted Resolution No. 161-r of March 16, 2016 *On Approval of the Poverty Overcoming Strategy*.

The specified Strategy was adopted for the purpose of gradual decrease of poverty and social exclusion in Ukraine and the introduction of new mechanisms to prevent it.

The goal will be achieved by implementation of the determined strategic directions: increasing access to productive employment, promoting the growth of income from employment and benefits in the state social security system to ensure decent working conditions; ensuring public access to social services regardless of location, minimizing the risks of social exclusion of the rural population; combating social exclusion and minimizing the risk of poverty among the most vulnerable categories of the population; preventing poverty and the emergence of foci of chronic poverty and social exclusion among internally displaced persons.

For the purpose of monitoring and assessment of the effectiveness of poverty reduction, the Methodology for Comprehensive Poverty Assessment is expected to be improved by March 2017, and the indicators for social exclusion measurement should be introduced within it.

#### ***Approach to combating poverty and social exclusion***

*Q. 2. The Committee recalls that rights relating to civic and citizens' participation, such as the right to vote, constitute a necessary dimension in achieving social integration and inclusion and they are thus covered by Article 30. It asks that the next report contain information in this respect.*

Response. The National Program for Overcoming and Preventing Poverty for the period until 2015 (hereinafter referred to as "the Program") was approved with determined measures for implementation of the program without specific expenditures for each measure.

The Program is funded at the expense of state and local budgets and the expense of other sources. The funding of the Programs from the state and local budgets was determined annually based on the specific challenges and opportunities of the budget.

According to the laws of Ukraine on State Budget of Ukraine, expenditures for the implementation of the activities, stipulated by the Program, were determined for the corresponding year. In particular, under the budget programs, the primary manager of which is the Ministry of Social Policy, amount of funding for implementation of the program as a whole (provided for from the state budget and other sources) constituted UAH 11.3 billion, and actual amount of funding is UAH 10.9 billion.

In addition, during the examination of the Program, the objectives and activities were agreed upon by the public organizations, and their suggestions and comments were taken into account.

### ***Monitoring and assessment***

*Q. 3. The Committee recalls that Governments must show how they monitor and evaluate poverty reduction measures as well as provide information on the results of such monitoring and evaluation (including on any changes/adaptations undertaken in consequence). The report contains no information on how activities to combat poverty and social exclusion are monitored and assessed and ways in which civil society (including employers' and workers' representatives, NGOs and private citizens) are involved in these processes.*

**Response.** During 2012-2015, a comprehensive poverty assessment based on the monitoring of indicators considering the effects of the measures aimed at poverty reduction was conducted quarterly.

The monitoring was carried out by the following parameters to ensure a systematic analysis of the tasks in certain directions of the Program:

- index of real gross domestic product;
- gross domestic product per capita;
- the dynamics of employment creation (growth rate in the number of new jobs);
- the employment rate of the population aged 15-70 years;
- the unemployment rate of the population aged 15-70 years, determined by the International Labour Organization methodology;
- the ratio of state social security guarantees and minimum subsistence level;
- the level of average monthly wage;
- index of real wage;
- the share of workers who receive the wages in the amount of the minimum wage and less;
- the proportion of workers whose wages are higher than the average level in the state;
- the ratio of the average wage and the actual minimum subsistence level;
- the dynamics of wage payment (total debt in per cent compared to the corresponding date of the last year and before January 1 of the current year);
- the ratio of minimum and average pension;
- the ratio of the average pension and average wage;
- the size of state social benefits (by type);- the ratio of the number of homeless persons and persons released from penitentiary facilities, who need social reintegration and social adaptation, in the region, and the number of beds in facilities for homeless persons and institutions for persons released from penitentiary facilities;
- the number of homeless persons and persons released from penitentiary facilities, having been assisted in reintegration into society and social adaptation, under the annual evaluation;
- the poverty rate by relative criterion;
- the poverty rate by relative criterion of the extreme poverty;
- the poverty rate by absolute criterion;
- the poverty rate by absolute criterion for comparison with international indicators.

The Ministry of Social Policy of Ukraine ensured the coordination of central and local executive authorities on implementation of the tasks and activities provided for by State Social Program for Overcoming and Preventing Poverty until 2015.

According to the reports of central and local executive authorities, the general information on the implementation of measures was prepared quarterly and was submitted to the Cabinet of Ministers of Ukraine, and at special requests - to the Verkhovna Rada of Ukraine.

The information was also provided at the request of public organizations and individual citizens.

However, it should be noted that the Poverty Overcoming Strategy was approved by Resolution of the Cabinet of Ministers of Ukraine No. 161 of March 16, 2016. The Strategy is aimed at a gradual reduction of poverty and social exclusion in Ukraine, and the introduction of new mechanisms for its prevention. The Strategy is expected to be implemented by 2020.

The Action Plan for 2016-2017 on the implementation of the Poverty Overcoming Strategy was approved by Resolution of the Cabinet of Ministers of Ukraine No. 573 of August 8, 2016.

## **Additional information to Article 8, para. 1 and 5; Article 16, Article 31, para. 1 and 2**

### **Article 8 para. 1**

*The Committee concludes that the situation in Ukraine is not in conformity with Article 8 para.1 of the Charter on the ground that it has not been established that there are in law and in practice adequate safeguards to protect employees from undue pressure to take less than six weeks postnatal leave: for example, whether there is legislation against discrimination at work based on gender and family responsibilities; whether there is an agreement with social partners on the question of postnatal leave that protects the free choice of women, and whether collective agreements offer additional protection.*

Response: according to Article 179 of the Labour Code of Ukraine maternity leave period shall be calculated as aggregate and constitute 126 calendar days (70 days (10 weeks) before birth and 56 days (8 weeks after birth). It shall be granted to women in full irrespective of number of days actually used prior to birth.

According to Article 2-1 of the Labour Code of Ukraine, any discrimination at work is prohibited, including violation of the principle of equal rights and opportunities, direct or indirect restriction of worker's rights based on gender identity and family responsibilities.

## **Article 8 para. 5**

*The Committee concludes that the situation in Ukraine is not in conformity with Article 8§5 of the Charter on the grounds that:*

- *it has not been established that pregnant women as well as women who have recently given birth or are nursing their child are adequately protected in respect of dangerous, unhealthy and arduous work, and*
- *it has not been established that, in case of reassignment to a different post, they retain the right to return to their initial employment at the end of the protected period.*

Response: the Order of the Ministry of Health of Ukraine No. 256 of 29 December 1993, registered with the Ministry of Justice of Ukraine on 30 March 1994 under No. 51/260 which was mentioned in the Report of Ukraine provides for a comprehensive list of works and professions prohibiting dangerous activities for all women in particular as regards activities involving exposure to benzene, ionizing radiation, high temperatures, vibration or viral agents as well as underground work in mining: <http://zakon2.rada.gov.ua/laws/show/z0051-94>.

Article 178 “Transferring to a lighter work of pregnant women as well as women with children under 3 years old” of the Code of Labour of Ukraine provides for that women with children under 3 years old, if it becomes impossible to perform previous work, shall be transferred to another work with preservation of average salary at previous work until the child reaches three years old.

## **Article 16**

The Committee concludes that the situation in Ukraine is not in conformity with Article 16 of the Charter on the grounds that it has not been established that:

- there is an adequate legislation on domestic violence against women;
- there is equal treatment of nationals of other States Parties and stateless persons with regard to family benefits

## Response

1. Within the framework of the Action Plan of Council of Europe for Ukraine 2015-2017 the project on preventing and combating violence against women and domestic violence was implemented.

On 17 November 2016, the draft law on preventing and combating domestic violence was adopted by the Parliament of Ukraine in the first reading.

2. The 3<sup>rd</sup> Report of Ukraine in 2010 stated that according to Article 1 of the Law of Ukraine “On State Social Assistance to Family with children” foreigners and stateless persons residing permanently in Ukraine and persons with refugees status have the same rights as Ukrainian citizens with regard to state family benefits.

### **Article 31 para. 1**

The Committee concludes that the situation in Ukraine is not in conformity with Article 31§1 of the Charter on the grounds that:

- the right to adequate housing is not guaranteed;
- it has not been established that there is sufficient supervision for adequate housing;
- it has not been established that measures are taken by public authorities to improve the substandard housing conditions of Roma.

#### Response

More detailed information will be provided in the next report in 2018, thematic group «Children, Families, Migrants». An additional request was sent to municipal authorities which are responsible for housing and communal services according to the Law of Ukraine “On Local Self-Government in Ukraine”.

### **Article 31 para. 2**

The Committee concludes that the situation in Ukraine is not in conformity with Article 31§2 of the Charter on the ground that:

- it has not been established that the right to shelter is adequately guaranteed.

#### Response

For additional information on region-wise division of centres (departments) and institutions (departments) of social protection of homeless citizens in 2015, see page 71.