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## **EUROPEAN SOCIAL CHARTER**

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

submitted by

**THE GOVERNMENT OF UKRAINE**

Articles 3, 11, (§3,4), 12, 14, 23, 30

for the period 01/01/2016 – 31/12/2019

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**EUROPEAN SOCIAL CHARTER  
(REVISED)**

**13<sup>th</sup> National Report of the Government of Ukraine  
on the Thematic Group 2  
“Health, Social Security and Social Protection”**

Articles 3, 11, (§3,4)12, 14, 23, 30

for the period: 01.01.2016–31.12.2019

The copies of the Report have been communicated to the social partners.

All Ukrainian legal acts are available on the website of the Verkhovna Rada of Ukraine at: [www.rada.gov.ua](http://www.rada.gov.ua)

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### **ARTICLE 3**

#### **The right to safe and healthy working conditions**

With a view to ensuring the effective exercise of the right to safe and healthy working conditions, the Parties undertake, in consultation with employers' and workers' organisations:

1. to formulate, implement and periodically review a coherent national policy on occupational safety, occupational health and the working environment. The primary aim of this policy shall be to improve occupational safety and health and to prevent accidents and injury to health arising out of, linked with or occurring in the course of work, particularly by minimising the causes of hazards inherent in the working environment;
2. to issue safety and health regulations;
3. to provide for the enforcement of such regulations by measures of supervision;
4. to promote the progressive development of occupational health services for all workers with essentially preventive and advisory functions.

#### **Questions**

##### **PARAGRAPH 1**

***a) Provide information on policy-shaping procedures and practical measures taken to identify new emergencies that challenge the right to safe and healthy working conditions; also provide information on the results of such procedures and planned future changes.***

Under the requirements of the national legislation, the elaboration and adoption of new, revision and repeal of existing regulatory acts on occupational safety are carried out by the central executive authority in charge of shaping the state policy on occupational safety, with the participation of trade unions and the Social Insurance Fund of Ukraine, and in coordination with state authorities supervising occupational safety.

Regulatory acts on occupational safety are revised progressively as science and technology achievements are introduced improving safety, occupational health and the working environment, but at least once a decade.

Draft regulatory acts on occupational safety are developed taking into account the positions of stakeholders in the social dialogue and concerned executive authorities. At the same time, to create awareness of the activities of the State Employment Service of Ukraine on preparing draft regulatory acts, drafts are sent to the Public Council within the State Employment Service.

To increase the level of worker safety and adapt the national legislation to European standards during 2016–2019, the following regulatory acts on occupational safety have been approved:

- 1) Order of the Ministry of Social Policy No. 603 of 11 April 2017 “On approval of Regulations on Occupational Safety during the Production and Processing of Powdered Magnesium and its Alloys” registered with the Ministry of Justice of Ukraine on 11 May 2017 under No. 588/30456;
- 2) Order of the Ministry of Social Policy No. 635 of 18 April 2017 “On Approval of Regulations on Occupational Safety for Workers Producing Malt, Beer and Soft Drinks” registered with the Ministry of Justice of Ukraine on 17 May 2017 under No. 633/30501;
- 3) Order of the Ministry of Social Policy No. 634 of 18 April 2017 “On Approval of Regulations on Occupational Safety in Archive Institutions” registered with the Ministry of Justice of Ukraine on 17 July 2017 under No. 870/30738;
- 4) Order of the Ministry of Social Policy No. 1050 of 23 June 2017 “On Approval of the Minimum Requirements for Protecting the Safety and Health of Workers on Temporary or Mobile Construction Sites” registered with the Ministry of Justice of Ukraine on 8 September 2017 under No. 1111/30979;

5) Order of the Ministry of Social Policy No. 1491 of 20 September 2017 “On Approval of Regulations on Occupation Safety during Shipbuilding and Ship-Repair Works” registered with the Ministry of Justice of Ukraine on 23 October 2017 under No. 1291/31159;

6) Order of the Ministry of Social Policy No. 1504 of 20 September 2017 “On Approval of Regulations on Occupational Safety for Workers Involved in Grain Storage and Processing” registered with the Ministry of Justice of Ukraine on 23 October 2017 under No. 1288/31156;

7) Order of the Ministry of Social Policy No. 104 of 30 January 2018 “On Approval of Regulations on Occupational Safety during Mechanical Physical Parts Cleaning” registered with the Ministry of Justice of Ukraine on 20 February 2018 under No. 204/31656;

8) Order of the Ministry of Social Policy No. 62 of 19 January 2018 “On Approval of Regulations on Occupational Safety during Operations Involving Lifting Cranes, Lifting Devices and the Corresponding Equipment” registered with the Ministry of Justice of Ukraine on 27 February 2018 under No. 244/31696;

9) Order of the Ministry of Social Policy No. 2072 of 28 December 2017 “On Approval of Safety and Health Protection Requirements when Using Production Equipment by Workers” registered with the Ministry of Justice of Ukraine on 23 January 2018 under No. 97/31549;

10) Order of the Ministry of Social Policy No. 207 of 14 February 2018 “On Approval of Minimum Safety and Health Protection Requirements of Workers Working with Screen Devices” registered with the Ministry of Justice of Ukraine on 25 April 2018 under No. 508/31960;

11) Order of the Ministry of Social Policy No. 333 of 5 March 2018 “On Approval of Regulations of Occupational Safety when Working with Pressure Equipment” registered with the Ministry of Justice of Ukraine on 10 April 2018 under No. 433/31885;

12) Order of the Ministry of Social Policy No. 1220 of 27 August 2018 “On Approval of Regulations on Occupational Safety During Loader Operations” registered with the Ministry of Justice of Ukraine on 19 September 2018 under No. 1082/32534;

13) Order of the Ministry of Social Policy No. 1240 of 29 August 2018 “On Approval of Regulations on Occupational Safety in Agricultural Production” registered with the Ministry of Justice of Ukraine on 21 September 2018 under No. 1090/32542;

14) Order of the Ministry of Social Policy No. 1467 of 5 October 2018 “On Approval of Regulations on Occupational Safety for Workers Involved in Sugar Production” registered with the Ministry of Justice of Ukraine on 5 November 2018 under No. 1250/32702;

15) Order of the Ministry of Social Policy No. 594 of 18 April 2019 “On Approval of Regulations on Occupational Safety in Magnesium Production” registered with the Ministry of Justice of Ukraine on 10 May 2019 under No. 483/33454;

16) Order of the Ministry of Social Policy No. 1045 of 4 July 2019 “On Approval of the Provision on Permits for Performing High Risk Operations in Metallurgy Industry and Iron-Ore Mining and Processing Plants” registered with the Ministry of Justice of Ukraine on 29 July 2019 under No. 828/33799;

17) Order of the Ministry of Social Policy No. 1224 of 27 August 2018 “On Approval of the Standards for Providing the Electric Power Industry Workers with Special-Purpose Clothing and Footwear and Other Personal Protective Equipment” registered with the Ministry of Justice of Ukraine on 19 September 2018 under No. 1078/32530;

18) Order of the Ministry of Social Policy No. 293 of 26 February 2018 “On Approval of the Standards for Providing Forest Management Workers with Special-Purpose Clothing and Footwear and Other Personal Protective Equipment” registered with the Ministry of Justice of Ukraine on 19 March 2018 under No. 330/31782;

19) Order of the Ministry of Social Policy No. 141 of 30 January 2017 “On Approval of the Standards for Providing Railroad Workers with Special-Purpose Clothing and Footwear and Other Personal Protective Equipment” registered with the Ministry of Justice of Ukraine on 21 February 2017 under No. 238/30106;

19) Order of the Ministry of Social Policy No. 1804 of 29 November 2018 “On Approval of Minimum Requirements for Safety and Health Protection when Using Personal Protective Equipment

in the Workplace” registered with the Ministry of Justice of Ukraine on 27 December 2018 under No. 1494/32946.

***b) With a special focus on COVID-19, provide specific information on the protection of frontline workers (medical workers, including ambulance teams and support personnel); police officers and military personnel involved in interventions and enforcement activities; social services personnel, such as those working with the elderly and children; prison and other detention facility personnel; funeral services; and other workers working in vital areas, in particular in the field of transport and trade, etc.). Such information should include details on instructions and training, as well as the number and adequacy of protective equipment provided to workers in different situations. Provide analytical data on the effectiveness of protective measures and health impact statistics.***

At the request of the Ministry of Health of Ukraine (hereinafter referred to as the MoH of Ukraine), the State-Owned Enterprise “Medical Procurements” purchased personal protective equipment for medical professionals in the following amounts: medical face masks – 6.6 million, protective shields – 29.56 thousand, protective clothing – 2.0 million, respirators – 1.2 million, gloves – 4.79 million, coronavirus rapid antigen detection tests – 5.9 million. The supplies for frontline doctors has been also provided at the expense of local authorities and volunteer (charitable) organisations.

At the same time, the MoH of Ukraine drafted a resolution of the Cabinet of Ministers of Ukraine “Some Issues of Investigating Deaths of Certain Categories of Medical Professionals” (approved by the Resolution of the Cabinet of Ministers of Ukraine No. 1 of 5 January 2021). The resolution approves amendments to the procedures adopted by Resolutions of the Cabinet of Ministers of Ukraine No. 337 of 17 April 2019 “On Approval of the Procedure for Investigating and Accounting of Accidents, Occupational Diseases and Accidents at Work” (hereinafter referred to as Resolution No. 337) and No. 498 of 17 June 2020 “Some Issues of Insurance Benefits in Case of Infection of Death of Medical Professionals due to COVID-19 caused by SARS-CoV-2 virus” (hereinafter referred to as Resolution No. 498).

Resolution No. 337 approved the “Procedure for Investigating and Accounting of Accidents, Occupational Diseases and Accidents at Work” that was supplemented with a section that reads as follows: “The procedure for investigating and accounting of deaths of medical professionals of public and municipal medical facilities providing primary emergency care, as well as inpatient secondary (specialised) and tertiary (highly specialised) care for patients with COVID-19 caused by SARS-CoV-2 coronavirus due to he infection with SARS-CoV-2”.

Importantly, vaccination against COVID-19 in Ukraine started on 24 February 2021.

Since the beginning of the campaign, as of 15 April 2021, medical professionals providing care to patients with COVID-19 have been vaccinated (17.11% of all vaccinations). Medical professionals of health care facilities not providing care to patients with COVID-19 have been vaccinated too (14.9% of all vaccinations).

According to a separate decision of the Government of Ukraine, for the financial assistance to the Social Insurance Fund of Ukraine, UAH 233.3 million was allocated in 2020 from the Anti-COVID-19 Fund intended for combating SARS-CoV-2 and its implications to be used for insurance payments to medical professionals of public and municipal health care facilities and members of their families, of which UAH 62.7 were actually used.

In 2020, the following payments were made:

36 insurance payments to family members, parents and dependents of medical professionals employed at public and municipal health care facilities who died as a result of being infected with COVID-19 caused by SARS-CoV-2 in the amount of UAH 56.7 million;

9 insurance payments to medical professionals of public and municipal health care facilities if the disability degree was established within one calendar year following the infection by COVID-19 caused by SARS-CoV-2, provided that such a disease is associated with occupational duties in conditions of increased risk of infection in the amount of UAH 6 million, including the second-degree

disability – 3 cases in the amount of UAH 2.2 million, the third-degree disability – 6 cases in the amount of UAH 3.8 million.

The Law of Ukraine “On the State Budget of Ukraine for 2021” allocates UAH 252 million for financial assistance to the Social Insurance Fund of Ukraine to cover insurance payments to medical professionals of public and municipal health care facilities and their families due to COVID-19 caused by SARS-CoV-2 and its consequences.

This money will enable to provide insurance payments to the following categories:

128 medical professionals of public and municipal health care facilities who had died as a result of being infected with COVID-19 and whose family members received insurance benefits;

48 medical professionals of public and municipal health care facilities, who have been recognised as having a disability within one calendar year of COVID-19.

The procedure for making insurance payments in case of illness or death of medical professionals following the infection with COVID-19 caused by SARS-CoV-2 and determining their amounts approved by Resolution No. 498.

In early 2021, the procedure for investigating the deaths of medical professionals providing medical care to patients with COVID-19 has been simplified. Investigations will be conducted by the commission of the health care facility where the medical professional was employed, without the involvement of representatives of the State Labour Service of Ukraine and the Social Insurance Fund.

The terms of such investigations have also been shortened — within 5 working days from the moment when the board is created, instead of 15.

Currently, there is no single pandemic burnout psychological support programme for medical staff in Ukraine.

Such activities predominantly are being implemented through initiative volunteer organisations, such as creating online platforms for medical professionals where one can get a free psychological session, participate in sessions and seminars where they can freely express their fears, conflicts, problems, and other complex emotional experiences. Information about this project is posted on the website of the Zakarpattia Regional State Administration, the project was initiated by members of the IAAP Ukrainian Development Group (International Association of Analytical Psychology) inspired by colleagues – psychologists and psychotherapists, members of IAAP Italy who created a project to help medical professionals called “Touch the wounds of medical professionals”.

Besides, the Metropolitan Andrey Sheptytsky Hospital with support from the International Renaissance Foundation, implements the psychological support project for medical personnel. The programme is valid across entire Ukraine. Psychological support centres for medical professionals have been created at the level of amalgamated territorial communities. For instance, the operation of the psychological centre has been started in Baryshivka amalgamated territorial community where certified psychologists provide daily qualified assistance free of charge. The MoH of Ukraine has launched the COVID-19 psychological support channel on Telegram. It is an authorised Telegram channel about coronavirus psychology. It contains up-to-date tips and recommendations to help one deal with the problems caused by the coronavirus pandemic.

To protect doctors, a relevant web resource has been created on the website of the Centre for Public Health of the MoH of Ukraine (<https://covid19.phc.org.ua/profilaktika/>) containing information on the following:

infection prevention and control measures when providing medical care to a patient to be identified as having COVID-19;

rational use of personal protective equipment (hereinafter referred to as PPE) during the COVID-19 pandemic;

calculation of the required amount (stock) of PPE to be provided to medical professionals during an outbreak of coronavirus disease (COVID-19);

recommendations for cleaning and disinfecting surfaces in health care facilities in the context of providing medical care to patients with coronavirus disease (COVID-19).

Note specifically, that the Ministry of Justice of Ukraine (hereinafter referred to as the MoJ) issued several orders to timely and fully take preventive and anti-epidemic measures against the



spread of COVID-19 in the penitentiary and pre-trial detention facilities, health care facilities of the State Criminal Executive Service of Ukraine (hereinafter referred to as the SCES).

According to the Order of the MoJ No. 899/5 of 12 March 2020 “On measures to prevent the infection and spread of acute respiratory disease caused by 2019-nCoV”, medical units of the penitentiary and pre-trial detention facilities of the Health Care Centre of the SCES (hereinafter referred to as HCC SCES) are entrusted to do the following:

- provide daily temperature screening and visual inspection of the personnel of penitentiary and pre-trial detention facilities of the SCES before starting the shift and, if necessary, during it;

- provide the SCES personnel with personal protective equipment;

- create special working process conditions in case of the first manifestations of respiratory disease symptoms in the SCES personnel;

- ensure that health care facilities of the penitentiary system are ready to accept coronavirus patients, particularly whether they have the necessary medicines, consumables for laboratory test sampling, disinfectants, and personal protective equipment.

According to the Order of the MoJ No. 1227/5 of 27 March 2020 “On the organisation of parcel acceptance in the penitentiary and pre-trial detention facilities of the State Criminal Executive Service of Ukraine during the emergency period”, the heads of the penitentiary and pre-trial detention facilities are obliged to:

- ensure that the penitentiary and pre-trial detention facilities personnel receiving parcels from relatives of prisoners and convicts or other persons have and wear personal protective equipment (white coats, medical (surgical) masks or respirators, and medical gloves (preferably nitrile));

- ensure the availability of alcohol-containing hand antiseptics and cleaning disinfectants in the required concentration in the premises for receiving (releasing) parcels in the penitentiary and pre-trial detention facilities;

- prohibit the penitentiary and pre-trial detention facilities personnel to receive parcels from relatives of prisoners and convicts or other persons not using personal protective equipment;

- oblige the penitentiary and pre-trial detention facilities personnel receiving parcels to treat their hands with alcohol-containing hand antiseptics before and after removing medical gloves;

- ensure that the penitentiary and pre-trial detention facilities personnel treat the premises for receiving (releasing) parcels with disinfectants and irradiate these premises with bactericidal lamps (if available) under the supervision of medical personnel for 60 minutes after the end of the working day;

- take immediate measures to isolate the penitentiary and pre-trial detention facilities personnel receiving parcels in case of acute respiratory infection symptoms.

To implement measures aimed at preventing the emergence and spread of COVID-19 and provide medical care to patients with coronavirus disease, the following was procured: personal protective equipment for the respiratory system and skin; disinfectants, alcohol antiseptics for hands; shielded ultraviolet bactericidal irradiators; oxygen concentrators; steam sterilisers; water distilling units; rapid tests for SARS-CoV-2 antigen; PCR sampling kits.

As of 26 April 2021, 2 488 cases of COVID-19 were registered, of whom 200 were prisoners, 430 convicts, 1 643 SCES personnel members, and 215 HCC SCES personnel members. 1 992 people recovered, including 127 prisoners, 227 convicts, 1 451 SCES personnel members, and 187 HCC SCES personnel members. Other people continue receiving treatment and stay in the hospital with a confirmed diagnosis of COVID-19, including 95 prisoners, 176 convicts, 189 SCES personnel member and 27 HCC SCES personnel members. There were 9 fatal cases, including 1 prisoner, 4 convicts, 3 SCES personnel members and 1 HCC SCES personnel member.

On 8 December 2020, the MoJ addressed the MoH regarding the inclusion of the medical personnel of the HCC SCES and the SCES personnel in the list of priority groups for vaccination against coronavirus (COVID-19). Amendments were made to the Roadmap for mass vaccination in response to the COVID-19 pandemic in Ukraine in 2021–2022, approved by the Order of the MoH No. 3018 of 24 December 2020 on ensuring the vaccination of the SCES personnel.

To successfully implement the COVID-19 vaccination campaign, coordinate information on the benefits of vaccination, prevent misinformation and clearly explain the stages of vaccination in

Ukraine, an interdepartmental communication headquarters for vaccination against COVID-19 has been established which includes an HCC SCES expert.

*c) If a discrepancy was found in the previous conclusion, explain whether this problem was solved and how it was done. If the previous conclusion was postponed, answer the questions.*

### **Questions: Conclusions – 2017**

#### ***Overall policy goal***

***1. The Committee requests to provide information on the activities and results under the National Programme (National Social Programme for Improving Occupational Safety, Occupational Health, and Working Environment for 2014–2018 approved by the Law of Ukraine No. 178-VII of 4 April 2013) in the next report.***

During 2015–2018, no funding was provided for tasks and measures to implement the National Social Programme for Improving Occupational Safety, Occupational Health, and Working Environment for 2014–2018 approved by the Law of Ukraine No. 178-VII of 4 April 2013.

At the same time, the Government of Ukraine ensures the implementation of measures to improve the requirements of the legislation on labour relations, occupational and industrial safety on a regular basis. Order of the Cabinet of Ministers of Ukraine No. 989-r of 12 December 2018 “On approval of the Concept for reforming occupational safety management system in Ukraine and approval of the Action Plan for its implementation” (hereinafter referred to as Order No. 989-r) approved the Concept of reforming the occupational safety management system in Ukraine with its key task to create conditions for the implementation of the Council Directive 89/391/EEC on the introduction of measures to encourage improvements in the safety and health of workers at work.

The Action Plan for its implementation, envisages, inter alia, the preparation of a draft Law of Ukraine “On Amendments to Certain Legislative Acts of Ukraine on the Implementation of a Risk-Oriented Approach in Occupational Safety and Health”, the development and/or amendment of a number of regulatory acts on labour and occupational safety, as well as the elaboration of methods, tools, and measures to apply a risk-oriented approach in reforming the occupational safety management system.

***2. The Committee reiterates its request for information on how the above initiatives in sectors other than coal have helped to put into practice a culture of preventive measures in occupational health and safety.***

In furtherance to paragraph 2 of the Action Plan for the Concept implementation for reforming the occupational safety management system in Ukraine, approved by Order No. 989, a draft Law of Ukraine “On Safety and Health of Workers at the Workplace” (hereinafter referred to as the draft Law) was developed.

According to the draft Law, the national occupational health and safety management system will be based on the principles of preventing industrial risks and encouraging employers to create safe and healthy working conditions to ensure the effective implementation of workers' right to safe work in all industries. This will promote, in particular, the following:

- creating prevention culture in the field of occupational health and safety in practice;
- improving the level of workers' life and health protection;
- increasing the responsibility of employers for creating appropriate working conditions and a safe working environment;
- simplifying legislation on occupational safety and health and reducing the administrative and regulatory burden on the employer;
- introducing mechanisms to improve occupational health and safety conditions for workers and appropriate economic incentives;

- strengthening fair competition, expanding access of Ukrainian companies to the international market and increasing their competitiveness in this market;
- gradually implementing the European Union standards into the national legislation, etc.

***Additional information on occupational health and safety of the personnel of the State Criminal Executive Service of Ukraine***

The personnel of the State Criminal Executive Service of Ukraine (hereinafter referred to as the SCES) includes rank and file personnel and senior officers (hereinafter referred to as rank and file personnel and senior officers), experts without special titles, and other employees working at the SCES under employment contracts (hereinafter referred to as employees).

According to paragraph 8, Article 14 of the Law of Ukraine No. 2713-IV of 23 June 2005 “On the State Criminal Executive Service of Ukraine”, labour relations of employees are regulated by labour legislation, civil service and employment agreements (contracts).

The work of employees is arranged according to the requirements of all regulatory acts on occupational safety in force in Ukraine.

Training and briefings on labour protection of the SCES personnel are conducted according to the requirements of the Model Regulation on the Procedure for Training and Testing of Knowledge on Occupational Safety, approved by the Order of the State Committee of Ukraine for Supervision over the Occupational Safety No. 15 of 26 January 2005.

In 2016–2019, 3 149 personnel members were trained in occupational safety, namely: 737 people in 2016, 663 people in 2017, 969 people in 2018, and 780 people in 2019.

To perform harmful or dangerous work, the SCES personnel are provided with personal protective equipment according to the standards of free issue of special-purpose clothing, footwear and other personal protective equipment to workers of general professions in various industries approved by the Order of the State Service for Mining Supervision and Industrial Safety of Ukraine No. 62 of 16 April 2009.

Rank and file personnel and senior officers are also provided with special protective equipment to ensure the safety of their health in the performance of their duties. In 2016–2019, the following personal protective equipment was purchased in penitentiary authorities and facilities:

- 270 protective helmets;
- 205 protective vests;
- 315 hand and foot protection kits;
- 178 protective shields.

In 2016, the number of accidents among the rank and file personnel and senior officers amounted to 7 people (in 2017 – 11), and among employees – 3 people (in 2017 – 8). In 2018, the number of accidents among the rank and file personnel and senior officers amounted to 5 people (in 2019 – 12), and among employees – 2 people (in 2019 – 2).

Therefore, penitentiary institutions systematically take measures to create safe and harmless working conditions for the SCES personnel.

***3. State Parties shall undertake activities in the field of research, knowledge, and communication related to psychosocial risks (Statement of Interpretation of paragraph 1, Article 3 of the Charter, Conclusions 2013). The report does not provide any details in this regard. Accordingly, the Committee reiterates its request.***

Paragraph 12 of the Action Plan to ensure the implementation of the European Social Charter (Revised) for 2015–2019 approved by the Order of the Cabinet of Ministers of Ukraine No. 450-r of 14 May 2015 “On Approval of the Action Plan to Ensure the Implementation of the European Social Charter (Revised) for 2015–2019” provides for the introduction of systems for preventing accidents and occupational diseases at the workplace taking into account the risk-oriented approach (identifying, assessing, and minimizing causes of risks and possible consequences for the life and health of workers).

The draft Law of Ukraine “On Safety and Health of Workers at the Workplace” provides for the introduction of a system of minimum requirements for safety and health of workers, and recurrent employer assessment of risks that may arise in a particular workplace, development and implementation of measures on their minimisation or elimination based on the European example.

***Improving occupational health and safety***

***1. The Committee reiterates all specific questions regarding the improvement of occupational health and safety (Conclusions 2013).***

***Consultations with employers' and workers' organisations***

***1. The Committee noted that there was a system for consulting social partners at the level of government authorities. The Committee also noted that the General Agreement was not a valid tripartite one as it brought together the Cabinet of Ministers and employers' organisations and requested information on consultations with the competent authorities for occupational health and safety at enterprises, in particular, enterprises without workers' representatives. The report does not provide any details in this regard. The Committee reiterates its request and considers that, if such details are not provided in the next report, there will be nothing to show that the situation in Ukraine complies with paragraph 1, Article 3 of the Charter.***

The information from the relevant central executive authorities is missing.

**PARAGRAPH 2**

***a) Provide detailed information on regulatory measures taken to improve occupational health and safety in relation to known or new situations (including stress and harassment at work; use of psychoactive substances in relation to the work and responsibilities of the employer; strict restrictions and regulation of electronic monitoring of workers, mandatory digital disconnection from the work environment during rest, also called “digital detox”; occupational health and safety in the digital and platform economy, etc.), or regulatory measures for recently recognised forms of occupational injuries or diseases, such as self-harm or suicide; burnout; disorders due to alcohol abuse or other harmful substance abuse; post-traumatic stress disorder (PTSD); injuries and disabilities in the sports and entertainment industry, in particular, in cases when such injury or disability may occur over the years or even decades, such as in situations when it is difficult to detect brain damage, etc.).***

Articles 22, 23 of the Law of Ukraine “On Ensuring Equal Rights and Opportunities for Women and Men” (hereinafter referred to as the Law) provides a remedy against sexual harassment. The provisions of these articles allow a person who has been sexually harassed to file a complaint to the Ukrainian Parliament Commissioner for Human Rights, the designated central executive authority for equal rights and opportunities for women and men, and authorised persons (coordinators) for equal rights and opportunities for women and men in the executive and local authorities, state law enforcement authorities and court. Besides, the Law provides that a person has the right to reimbursement of pecuniary and non-pecuniary damage caused by discrimination based on sex or sexual harassment.

Concurrently, the Law also obliges the employer to take measures to prevent sexual harassment, but it does not specify what measures should be taken and does not establish specific liability for non-compliance with this standard.

Article 154 of the current Criminal Code of Ukraine provides for liability for coercion into sexual intercourse with a person on whom a woman or man is financially or professionally dependent.

According to the explanation of the Plenum of the Supreme Court of Ukraine “On case law in cases on crimes against sexual freedom and sexual integrity of a person”, coercion includes an open or veiled threat of financial, official, or personal consequences for the victim (termination of employment, salary reduction, etc.).

***b) If a discrepancy was found in the previous conclusion, explain whether this problem was solved and how it was done. If the previous conclusion was postponed, answer the questions.***

### **Questions: Conclusions – 2017**

#### ***Content of occupational health and safety rules***

***1. The Committee notes that according to the provisions of paragraph 2, Article 3 of the Charter, the rules concerning health and safety at the workplace shall cover work-related stress, aggression, and violence attributed to work, and in particular to workers who are in an atypical working relationship (Statement of Interpretation of paragraph 2, Article 3 of the Charter, Conclusions 2013). The report does not provide any details in this regard. Accordingly, the Committee reiterates its request.***

#### ***Job creation, re-equipment and maintenance of workplaces***

***1. Given the insufficiency of the information provided, the Committee is unable to verify whether existing legislation and regulatory acts meet the obligations under paragraph 2, Article 3 of the Charter that demands the levels of prevention and protection required by legislation and regulatory acts on the creation, change, and content of jobs to correspond to the level established by international reference standards. The Committee reiterates its previous request and considers that if such information is not provided in the next report, there will be nothing to show that the situation in Ukraine complies with paragraph 2, Article 3 of the Charter.***

To ensure an appropriate level of prevention and protection in terms of creation, change, and content of jobs and their compliance with the level set by international reference standards and adaptation of the national legislation to European standards, Ukraine has implemented provisions of some EU directives, namely:

Directive 92/57/EU on minimum safety and health requirements at temporary or mobile construction sites has been implemented as the Order of the Ministry of Social Policy No. 1050 of 23 June 2017 “On approval of minimum requirements for occupational safety at temporary or mobile construction sites” registered with the MoJ on 8 September 2017 under No. 1111/30979;

Directive 90/270/EEC on the minimum safety and health requirements for work with display screen equipment is implemented as the Order of the Ministry of Social Policy No. 207 of 14 February 2018 “On approval of the Requirements for safety and health of workers when working with screen equipment” registered with the Ministry of Justice of Ukraine on 25 April 2018 under No. 508/31960;

Directive 2009/104/EU on the minimum safety and health requirements for the use of work equipment by workers at work has been implemented as the Order of the Ministry of Social Policy No. 2072 of 28 December 2017 “On approval of safety and health requirements during the use of industrial equipment by workers” registered with the MoJ on 23 January 2018 under No. 97/31549.

According to paragraph 5, Section II of Safety and Health Requirements during the use of industrial equipment by workers, if the industrial equipment provided to the worker and used by them does not meet the minimum safety requirements for industrial equipment specified in Section III of these Requirements and regulatory acts on occupational health and safety, such industrial equipment is to be brought in line with these Requirements and the requirements of the current legislation of Ukraine on occupational health and safety no later than four years from the date of enactment of these Requirements. During this period, the employer shall take all necessary steps to ensure the safe use of such industrial equipment by employees.

Also note that regulatory acts on occupational safety are revised to the extent of introducing science and technology achievements aimed at the improvement of occupational safety, health and the working environment but at least once every ten years.

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

***1. The Committee requests that information on specific provisions concerning the protection against risks of benzene exposure is to be provided in the next report.***

The use of any chemical and biological hazards in the national economy and everyday life is only allowed upon the availability of a certificate confirming its state registration.

During the reporting period, the central executive authority implementing the state policy on sanitary and epidemiological well-being of the population worked on the approval of Health Requirements for chemical and biological substances in the air of the working area.

The state registration of hazards is carried out as approved by the Cabinet of Ministers of Ukraine.

***Protection of workers from asbestos***

***1. Besides, the report states that the Convention of the International Labour Organisation No. 162 on Occupational Safety and Health in the Use of Asbestos has not yet been ratified.***

***The Committee is also concerned with whether the government has considered inventorying all contaminated buildings and materials. Given the importance of this issue in light of the population's right to health (Article 11), the Committee requests that the next report provides specific details on the steps taken in this direction. Besides, it is proposed to specify in the next report measures to ensure that employers take all appropriate measures to prevent or control the release of asbestos dust into the air in all workplaces where workers are exposed to asbestos, and employers adhere to the proposed exposure limits.***

Ukraine, as a country that has taken the course of development towards European integration, has obligations to harmonise its national legislation with the European laws according to the Association Agreement between the European Union and Ukraine, in particular, the Directive of the Council of the European Union of 30 November 2009 on the protection of workers from the risks related to exposure to asbestos at work. Also, in compliance with paragraph 10 of the Global Plan of Action on Workers' Health (2008–2017) adopted at the sixtieth session of the World Health Assembly (WHO Resolution 60.26 of 23 May 2007) and paragraph 10 of the Parma Declaration on Environment and of Health adopted by representatives of member states of the WHO European Region at the Fifth Ministerial Conference on Environment and Health in 2017, the MoH of Ukraine issued an Order No. 339 of 29 March 2017 “On approval of state sanitary standards and rules “On safety and protection of workers from the harmful effects of asbestos and asbestos-containing materials and products” registered with the MoJ on 9 June 2017 under No. 702/30570 that stipulated, in particular, the production and use of asbestos regardless of its type and asbestos-containing products and materials in technological processes and during construction and installation works. This order became invalid pursuant to the court decision.

***Protection of workers from ionising radiation***

***1. The Committee has previously examined (Conclusions 2009 and 2013) the level of prevention and protection against ionising radiation and requested information on whether the Radiation Safety Standards (NRBU-97) and the Basic Sanitary Rules for Radiation Safety (OSPU-2005) and whether they contain either the ICRP Recommendation (1990) or Council Directive 96/29/EURATOM of 13 May 1996 establishing basic safety standards for the health protection of workers and the general public against the dangers arising from ionising radiation. It also requested information on whether commitments had been made under the National Programme or the PCA (Partnership and Cooperation Agreement of 14 June 1994) to incorporate Council Directive 97/43/EURATOM of 30 June 1997 on protection of human health from the dangers of ionizing radiation in relation to medical exposure and Council Directive 2003/122/EURATOM of 22 December 2003 on the control of highly active sealed radioactive and orphan sources.***

***The report does not provide any details in this regard. The Committee reiterates its previous inquiries, in particular, whether workers are protected to a level at least equivalent to that set out***

*in the Recommendations of the International Commission on Radiological Protection (ICRP Publication No. 103, 2007).*

The information from the relevant central executive authorities is missing.

#### *Temporary workers*

*1. In its previous conclusion (Conclusions 2013), the Committee noted that irregular and temporary workers engaged in heavy work, work with harmful or unsafe working conditions, or those requiring professional selection, had access to medical supervision and requested information about the representativeness of these workers at work. It also asked for information and specific examples of how these types of workers receive training and information on occupational health and safety. It also requested information on whether agencies, temporary workers, or fixed-term employees in sectors of the economy other than mining, involving high risks, or in any workplace, had access to medical supervision and whether they are represented at work. The Committee reiterates all specific questions concerning persons to whom legislation and regulatory acts on atypical employees apply (Conclusions 2013).*

The information from the relevant central executive authorities is missing.

#### *Other types of workers*

*1. In its previous conclusion (Conclusions 2013), the Committee requested information on how information and training on occupational health and safety, as well as medical supervision, become available to the self-employed, home, and domestic workers in practice. It also requested information on the mechanisms available to represent these types of workers at work. The report does not provide any details in this regard. The Committee reiterates its previous request.*

The list of training centres conducting occupational safety training is posted on the website of the State Labour Service: [www.dsp.gov.ua](http://www.dsp.gov.ua) (section “Activities” → subsection “Registers”; electronic resource — <http://dsp.gov.ua/perelik-subiektiv-hospodariuvannia-iaak/>).

As of 2019, according to the current legislation, the categories of self-employed, home, and domestic workers are not separated.

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

*1. In its previous conclusion (Conclusions 2013), the Committee noted that there was a system for advising the social partners at the level of state authorities. The Committee also noted that the General Agreement was not truly tripartite, as it brought together the Cabinet of Ministers and employers' organisations and requested information on consultations with the competent authorities for occupational health and safety at enterprises, in particular, enterprises without employees' representatives. The Committee reiterates its previous request.*

The information from the relevant central executive authorities is missing.

### **PARAGRAPH 3**

*a) Provide statistics on the prevalence of work-related deaths, injuries, and disabilities, including suicides or other forms of self-harm, PTSD, burnout or alcohol or other harmful substance use schedules, and epidemiological studies to assess the long-term impact on the health of new high-risk occupations (such as bicycle delivery services, persons who are employed at or whose work is managed through digital platforms; workers in the sports and entertainment industry, in particular in contact sports; occupations involving certain forms of interaction with customers and who are expected to consume potentially harmful substances, such as alcohol or other psychoactive*

*substances, new forms of trade with high profits and high levels of stress, military and law enforcement authorities, etc.), as well as victims of harassment at work and mismanagement.*

An analysis of the causes of fatal accidents in 2016 shows that the largest number of them occurred due to organisational reasons — 283 workers or 71% of the total number of deaths occurred due to industrial accidents related to production. 61 workers or 15% died because of technical reasons. As a result of fatal accidents caused by psychophysiological reasons, 56 workers or 14% died.

The analysis of fatal accidents in 2017 shows that the largest number of them occurred for organisational reasons – 279 workers died, or 76% of the total number of fatalities were due to production. 52 workers or 14% died because of technical reasons. As a result of fatal accidents caused by psychophysiological reasons, 35 workers or 10% died.

The analysis of fatal accidents in 2018 shows that the largest number of them occurred for organisational reasons – 303 workers died, or 74% of the total number of deaths were due to fatal accidents involving production. 58 workers or 14 % died because of technical reasons. As a result of fatal accidents caused by psychophysiological reasons, 48 workers or 12 % died.

The analysis of fatal accidents in 2019 shows that the largest number of them occurred for organisational reasons – 310 workers died, or 73 % of the total number of deaths were due to fatal accidents related to production. For technical reasons, 57 workers or 14 % died. As a result of fatal accidents caused by psychophysiological reasons, 55 workers or 13% died.

Among the events that led to fatal accidents in the reporting period are the following:

- road accidents and collisions of vehicles;
- the fall of the victim;
- falls, collapses of objects, materials, rocks, soil, etc.;
- the operation of moving, flying, and rotating objects and parts;
- electric shock;
- harmful and toxic substances;
- explosion;
- deteriorating health.

During the reporting period, workers of such occupations as transport workers, managers, builders, agricultural workers, metalworkers, electricians, miners, etc. were the most fatally injured at work.

At the same time, during this period, the cases of worker deaths as a result of their suicide were recorded (20 cases in 2016, 28 cases in 2017, 18 cases in 2018, 18 cases in 2019). However, not all of these cases are related to production.

In Ukraine, the compilation of information for revealing the indicator “Deaths related to drug use and mortality among drug users” is implemented through the removal from the general mortality register of the State Statistics Service of Ukraine (hereinafter referred to as State Statistics) statistics on deaths related to the use of psychoactive substances (hereinafter referred to as PAS) and poisoning by them. Besides, at the request of the state institution “Centre for Mental Health and Drug and Alcohol Monitoring of the Ministry of Health of Ukraine” (hereinafter referred to as SE CMHDAM), the information of regional bureaus of forensic medical examinations (hereinafter referred to as the Bureau of Forensic Medicine) regarding the number of deceased persons for whom the fact of PAS presence in the biological material was confirmed was consolidated and analysed to reflect the complete information and as a comparative assessment of data collected in 2018.

In 2016, 237 deaths (according to the Report on the drug and alcohol situation in Ukraine in 2019).

In 2017, the corresponding indicator showed 251 deaths.

According to the State Statistics Service, 399 cases of deaths related to PAS use and poisoning were recorded in 2018 in Ukraine. Among them, 64 deaths were related to mental and behavioural disorders due to PAS use and 335 cases were related to external causes of death associated with PAS use (hereinafter referred to as poisoning).



According to the State Statistics Service, 466 cases of deaths related to PAS use and poisoning were recorded in 2019 in Ukraine. Among them, 45 deaths were related to mental and behavioural disorders due to PAS use and 421 cases were related to external causes of death caused by PAS use (hereinafter referred to as poisoning). That is, the number of deaths from PAS poisoning increased by a quarter in 2019, compared to 2018. In particular, methadone poisoning increased by more than two-thirds, and synthetic opioid poisoning increased by almost 2.25 times. According to the Bureau of Forensic Medicine, the number of deaths for which the fact of PAS presence in the biological material was established was 788 cases. In Ukraine, the incidence of deaths related to PAS use and poisoning among the population aged 15 to 64, was almost 16 people per 1 000 000 population in 2019. The death toll from PAS abuse and poisoning has tripled in the last five years. Importantly, the share of men in the total number of deaths was about 92.9%. In 2019, 27.5% of deaths were recorded in the age group from 30 to 34 years, the majority of deaths (49.1%) were due to opioid poisoning.

The Dovzhenko Readings Ukrainian Scientific-Practical Conference is held annually where topical issues of prevention and treatment of addicts to psychoactive substances are considered. The last two conferences were devoted to the use of psychoactive substances in a hybrid war (2018) and cognitive impairment caused by the use of psychoactive substances (2019). The results of the research were published, in particular, in joint (Ministry of Defense of Ukraine, Ministry of Health of Ukraine, National Academy of Medical Sciences) guidelines for the current Ukrainian army units “Problems of non-medical use of psychoactive substances by servicemen: basics of narcology, consumer identification and drug prevention in the Armed Forces Of Ukraine”. Kyiv-Kharkiv-Rubizhne, 2018.

***b) Provide up-to-date information on the organisation of the labour inspectorate and trends in the resources allocated to such inspection services, including human resources. It is also necessary to provide information on the number of occupational health and safety inspections carried out by the labour inspectorate and the proportion of workers and companies affected by the inspection, as well as the number of sanitary violations and the nature and type of sanctions.***

The total number of employees of the State Labour Service of Ukraine is 3 636 full-time units, among them, 158 are employees of the central office, 3 478 are employees of territorial authorities of the State Labour Service. The majority of employees (about 80%) are labour inspectors who are directly involved in the implementation of state oversight measures.

The system of the State Labour Service includes 23 territorial authorities exercising the powers of the State Labour Service at the local level (region, district, city).

During 2016, officials of the State Labour Service territorial authorities conducted 7 525 inspections of business entities (including 6 156 scheduled and 1 369 unscheduled). During the inspections, 307 949 violations of occupational safety legislation were revealed. In 2016, 15 423 employees were held administratively liable for violating the requirements of current occupational safety legislation. The amount of fines imposed amounted to UAH 5 048 180.

During 2017, officials of the State Labour Service territorial authorities conducted 21 585 inspections of business entities (including 11 096 scheduled and 10 489 unscheduled). During inspections, 338 553 violations of occupational safety legislation were revealed. In 2017, 17 229 employees were held administratively liable for violating the requirements of current occupational safety legislation. The amount of fines imposed amounted to UAH 5 827 180.

During 2018, officials of the State Labour Service territorial authorities conducted 20 593 inspections of business entities (including 10 513 scheduled and 10 080 unscheduled). During inspections, 357 502 violations of occupational safety legislation were revealed. In 2018, 17 197 employees were held administratively liable for violating the requirements of current occupational safety legislation. The amount of fines imposed amounted to UAH 6 324 140.

During 2019, officials of the State Labour Service territorial authorities conducted 23 478 inspections of business entities (including 11 813 scheduled and 11 665 unscheduled). During inspections, 351 908 violations of occupational safety legislation were revealed. In 2019, 16 154

employees were held administratively liable for violating the requirements of the current occupational safety legislation. The amount of fines imposed amounted to UAH 6 084 660.

To bring labour inspectors to a higher level of competence, the State Institution National Scientific and Research Institute of Industrial Safety and Occupational Safety and Health with the assistance of the International Labour Organisation Project “Strengthening the labour inspection system and social dialogue mechanisms” and the State Labour Service developed a distance learning course for labour inspectors in 2018.

***c) Indicate whether inspectors had the right to inspect all workplaces, including residential premises, in all sectors of the economy. If certain workplaces have been excluded, indicate what measures have been taken to ensure the supervision of sanitary and hygienic standards in such premises.***

The information from the relevant central executive authorities is missing.

***d) If a discrepancy was found in the previous conclusion, explain whether this problem was solved and how it was done. If the previous conclusion was postponed, answer the questions.***

### **Questions: Conclusions – 2017**

#### ***Industrial accidents and occupational diseases***

***1. The Committee requests to provide information on the following in the next report: legal definition of occupational diseases; the mechanism for recognition, analysis and review of occupational diseases (or list of occupational diseases); morbidity rate and the number of detected and registered occupational diseases during the reporting period (broken down by sectors of activity and years), including cases of fatal occupational diseases, as well as measures taken and/or planned to eliminate deficiencies in the declaration and recognition of occupational diseases; the most common occupational diseases during the reporting period, as well as applied or planned preventive measures.***

According to the resolution of the Board of the Social Insurance Fund against Industrial Accidents and Occupational Diseases of Ukraine No. 18 of 9 June 2010 “On approval of the Regulation on the organisation of treatment, medical rehabilitation and provision of victims of industrial accidents and occupational diseases with medicines and medical devices” (the Social Insurance Fund of Ukraine has been operating since 1 August 2017), occupational disease is a disease caused as a result of professional activity of the insured person and related exclusively or mainly to the exposure to harmful substances and certain types of work and other factors related to work.

The list of occupational diseases was approved by the Resolution of the Cabinet of Ministers of Ukraine No. 1662 of 8 November 2000 “On approval of the list of occupational diseases” (as amended).

The list of occupational diseases defined by the legislation of Ukraine is contained in Annex 1.

The analysis of the state of occupational diseases shows that the situation with occupational diseases remains unstable.

The total number of occupational diseases in 2015–2019

Year	2015	2016	2017	2018	2019
The number of occupational diseases	1 764*	1 603*	1 951*	1 879*	2 410*

The number of conclusions about the establishment of a causal link between the death of the victim and occupational disease	36*	21*	14*	13*	21*
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\* - without considering occupational diseases that have occurred at enterprises located in settlements where public authorities temporarily do not exercise or do not fully exercise their powers according to the Order of the Cabinet of Ministers No. 1085-r of 7 November 2014.

In 2019, the number of occupational diseases increased by 28.3% or by 531 diseases, compared to 2018 (from 1 879 to 2 410).

The number of occupational diseases has increased by 204 cases in Dnipropetrovsk oblast (from 811 to 1 015), by 110 cases in Kirovohrad oblast (from 77 to 187), by 89 cases in Lviv oblast (from 347 to 436), by 66 cases in Donetsk oblast (from 316 to 382), by 32 cases in Zaporizhia oblast (from 44 to 76), by 23 cases in Luhansk oblast (from 68 to 91), by 21 cases in Sumy oblast (from 45 to 66), by 17 cases in Volyn oblast (from 69 to 86), by 4 cases in Cherkasy oblast (from 4 to 8), by 1 case in Zakarpattia, Kyiv, Odesa, and Poltava oblasts (from 0 to 1, from 0 to 1, from 0 to 1, from 3 to 4, respectively).

A significant reduction in the number of occupational diseases has occurred in the following cities and regions: by 81.8 % in Kyiv (from 11 to 2), by 50.0 % in Mykolayiv oblast (from 10 to 5) and by 43.5 % in Kharkiv oblast (from 46 to 26).

In 2019, the highest level of occupational morbidity is observed at the following enterprises:

DTEK Pavlohradcoal PrJSC (721 occupational diseases) *Dnipropetrovsk oblast*, Inhulsk mine of the State Enterprise Eastern Mining and Enrichment Industrial Complex (93), *Kirovohrad oblast*, PJSC Shahta Nadiya (88), *Lviv oblast*, PJSC Pokrovske Colliery Group (83), *Donetsk oblast*, Smoline mine of the State Enterprise Eastern Mining and Enrichment Industrial Complex (82), *Kirovohrad oblast*, Shahta Mezhyrichianska of the State Enterprise Lvivvuhillia (54), *Lviv oblast*, PJSC Sumy Machine-Building Research and Production Facility (52), *Sumy oblast*.

A significant increase in the number of occupational diseases, compared to last year, occurred in the following enterprises: by 124 cases or 20.8% at DTEK Pavlohradcoal PrJSC (from 597 to 721), by 68 cases or 3.7 times at Inhulsk mine of the State Enterprise Eastern Mining and Enrichment Industrial Complex (from 25 to 93), by 49 cases or 2.3 times at PJSC Shahta Nadiya (from 39 to 88), by 44 cases or 2.1 times at Smoline mine of the State Enterprise Eastern Mining and Enrichment Industrial Complex (from 38 to 82) and by 37 cases or 1.8 times at PJSC Pokrovske Colliery Group (from 46 to 83).

Most occupational diseases were registered in Dnipropetrovsk oblast (42.1%), Lviv oblast (18.1%) and Donetsk oblast (15.9%). The number of victims who received occupational diseases in these oblasts is 76.1% of the total number of workers with occupational diseases in Ukraine.

The main circumstances that resulted in occupational diseases in 2019 are the following: the imperfection of mechanisms and working tools – 22.3%, imperfection of the technological process – 20.9%; failure to use of personal protective equipment – 10.6% of the total number; inefficiency of protective equipment and mechanisms – 7.3%; inefficiency of personal protective equipment – 5.2%; inefficiency of ventilation and air conditioning systems – 3.8%; lack of personal protective equipment – 2.6%; unsatisfactory organisation of the production process – 1.7%; violation of the operation mode of technological equipment, devices, working tools – 1.2%.

The total number of occupational diseases diagnosed in 2019 in Ukraine constitutes 5 699.

In the structure of occupational diseases, respiratory diseases rank first – 41.1% of the total number of diagnoses in Ukraine (2 343 cases). Diseases of the musculoskeletal system (radiculopathy, osteochondrosis, arthritis, osteoarthritis) rank second – 25.5% (1 451 cases). The third spot belongs to hearing diseases – 23% (1,311 cases), the fourth one — to vibration disease – 5.7% (326 cases).

Most occupational diseases occurred in the mining industry and quarrying – 84.6% of the total number of occupational diseases in Ukraine (2 038 people), which is 29% (458 people) more than last year.

the following sectors of the economy are running next, in terms of the number of occupational diseases: machinery and equipment production – 4.1%; metallurgical production, production of finished metal products, except machinery and equipment – 3.3%; production of coke and refined products – 2.3%; other types of processing industry, repair and installation of machinery and equipment – 1.8%; construction – 1.3%.

#### *Activity of labour inspectorate*

**1. The Committee reminds that, according to paragraph 3, Article 3 of the Charter, State Parties must take steps to focus labour inspectorate activities on small and medium-sized enterprises (Statement of interpretation of paragraph 3, Article 3, Conclusions 2013). Since it cannot find an answer to its question in the report (Conclusions 2013), the Committee requests to include this information in the next report.**

#### **Information on measures of state supervision (oversight) over the compliance with labour legislation in 2016–2019**

	2016	2017	2018	2019
Control measures taken (total), including:	21 244	19 971	20 878	21 991
- scheduled	4 171	4 468	650	1 768
- unscheduled	17 073	15 503	20 228	20 223
Employers checked	17 977	17 801	19 997	19 198
Violations detected (total), including:	45 433	37 461	33 900	22 993
- remuneration	25 818	20 548	18 135	11 825
- working hours and rest period	8 465	6 026	4 701	2 604
- employment record books	3 518	3 914	3 023	2 049
- employment contract	3 284	3 165	6 377	4 470

#### **PARAGRAPH 4**

***No information is required unless there is a discrepancy or delay in the previous conclusion on your country. If discrepancies were found in the previous conclusion, explain whether the problem was solved and how it was done and if the previous conclusion was postponed, answer the questions.***

#### **Questions: Conclusions – 2017**

**1. The Committee requested that the next report contain a detailed explanation of whether occupational health services are available to all workers in all industries and sectors of the economy, both public and private, and, if not, whether there is a national strategy for ensuring such access. It also asked whether medical services were limited to medical examinations or included, for example, information, advice, and counselling on occupational health and whether employees were involved in the organisation and/or management of medical services. It requested**

*information on the content and organisation of occupational health services in enterprises employing less than 50 people. Besides, the Committee requested information on the objectives and consequences of the State Labour Service reorganisation for occupational health services.*

The information from the relevant central executive authorities is missing.

## ARTICLE 11

### The right to protection of health

With a view to ensuring the effective exercise of the right to protection of health, the Parties undertake, either directly or in cooperation with public or private organisations, to take appropriate measures designed inter alia:

1. to remove as far as possible the causes of ill-health;
2. to provide advisory and educational facilities for the promotion of health and the encouragement of individual responsibility in matters of health;
3. to prevent as far as possible epidemic, endemic and other diseases, as well as accidents.

## Questions

### PARAGRAPH 1

*a) Provide general and differentiated statistics on life expectancy in the country and among different population groups (urban; rural; certain ethnic groups and minorities; homeless or long-term unemployed, etc.) indicating anomalous situations (e.g. special areas in the community; specific occupations or positions, proximity to active or decommissioned industrial or polluting facilities or mines, etc.) and the prevalence of certain diseases among relevant groups (such as cancer) or blood-borne infectious diseases (e.g. new HIV or hepatitis C cases among people who have a substance abuse disorder or who are serving a prison sentence, etc.).*

Life expectancy statistics are provided in Annex 2.

The incidence of HIV in the facilities of the State Criminal Executive Service of Ukraine (hereinafter referred to as the SCES) was 6 519 people per 100 000 (6.5%) in 2017; 6 881 people per 100 000 (6.9%) in 2018; and 7 070 people per 100 000 (7%) in 2019.

Diagnosis and treatment of hepatitis C virus (hereinafter referred to as HCV) in health care facilities of the HCC SCES started only in 2019, so information on the prevalence of HCV among the penitentiary population exists only for 2019: according to the results of screening, the incidence of HCV in 2019 was 36 699 people per 100 000 of the population (36.7%).

There are no statistics on life expectancy among convicts and prisoners.

*b) Also, provide information on sexual and reproductive health services for women and girls (including access to abortion services) and include statistics on early (in juvenile or child age) maternity, as well as infant and maternal mortality. Besides, provide as much detail as possible on policies designed to address causes of abnormalities (premature death; infection with preventable blood-borne diseases, etc.).*

Regarding the abortion incidence in Ukraine in absolute numbers:

2019 – 74 606, among them – 47 females aged between 10 and 14, 680 – aged between 15 and 17;

2018 – 81 448, among them – 47 females aged between 10 and 14, 707 – aged between 15 and 17;

2017 – 88 844, among them – 39 females aged between 10 and 14, 800 – aged between 15 and 17;

2016 – 96 242, among them – 56 females aged between 10 and 14, 855 – aged between 15 and 17;

The birth frequency in 2019 in absolute numbers: 291 929 in total, among them 93 aged between 10 and 14, 3 216 aged between 15 and 17.

Childbirth rate in 2018 in absolute numbers: 316 297 in total, among them – 118 females aged between 10 and 14, 3 572 – aged between 15 and 17.

Childbirth rate in 2017 in absolute numbers: 345 307 in total, among them – 92 females aged between 10 and 14, 3 959 – aged between 15 and 17.

Childbirth rate in 2016 in absolute numbers: 376 744 in total, among them – 118 females aged between 10 and 14, 4 702 – aged between 15 and 17.

***Maternal mortality:***

During 2016, 69 pregnancy-related deaths of women (17.4 per 100 000 live births) were recorded, including 50 cases of maternal mortality (12.6 per 100 000 live births).

During 2017, 39 pregnancy-related deaths of women (10.7 per 100 000 live births) were recorded, including 33 cases of maternal mortality (9.1 per 100 000 live births).

The maternal mortality rate in 2018 was 12.5 per 100 000 live births, and in 2019 this figure was 14.9 per 100 000 live births.

The reduction in cerebrovascular disease mortality was due to the implementation of measures envisaged by the National Plan for Noncommunicable Diseases and Overcoming the Burden of Noncommunicable Diseases and Counteracting Risk Factors (smoking, alcohol abuse, unhealthy diet, low physical activity, and polluted air).

At the same time, the comparison of 2013–2016 indicators is not entirely correct, as the analysis of maternal losses in 2014–2016, for the first time in all years of the state's existence, is based on incomplete data – information from Donetsk and Luhansk oblasts (anti-terrorist operation zone) was not full, and during 2014–2016, information on maternal deaths and the number of births was not received from the Autonomous Republic of Crimea.

The maternal mortality ratio is an integrated indicator of women's reproductive health that reflects not only the level of general health but also the quality of medical care for pregnant women and the level of organisational work in maternity hospitals. Over the last decade, Ukraine has seen a gradual, steady decline in maternal mortality as a result of measures taken. It occurred due to the joint efforts of organisers and practitioners aimed at creating and implementing regulatory and programme documents on the service activities, improving the level of medical care for women, introducing new organisational approaches and technologies.

In recent years, there has been a positive trend in the coverage of pregnant women with early (up to 12 weeks of pregnancy) follow-up monitoring. More complete coverage of pregnant women with follow-up monitoring is achieved by involving primary care in this work.

The development and implementation of medical standards for the support and care of pregnant women at perinatal risk have allowed concentrating pregnant women with congenital heart disease, circulatory diseases, diabetes, severe preeclampsia and eclampsia for delivery in perinatal centres. In 2017, in pilot regions, the concentration factor of these patients in perinatal centres was about 56%.

***c) If a discrepancy was found in the previous conclusion, explain whether this problem was solved and how it was done. If the previous conclusion was postponed, answer the questions.***

**Questions: Conclusions – 2017**

***Measures for ensuring the highest possible level of health***

***1. The Committee requests that the next report contains information on the specific measures taken to address the root causes of deaths and their consequences.***

According to the State Statistics Service of Ukraine (hereinafter referred to as State Statistics), in 2016–2019, mortality rates (per 100 000 of the population) for both sexes were the following:

2016 – 1 477.1

2017 – 1 453.9

2018 – 1 485.7

2019 – 1 466.4

Mortality rates according to the European standard (per 100 000 people):

2016 – 1 078.6

2017 – 1 052.4

2018 – 1 071.6

2019 – 1 055.8

Regarding the causes of death (women and men):

In 2016 – out of 583.6 thousand deaths: 78.9 thousand died of tumours; 392.2 thousand – from circulatory diseases; 31.7 thousand – from external causes; 22.0 thousand – from digestive diseases.

In 2017 – out of 574.12 thousand deaths: 78.3 thousand died of tumours; 384.8 thousand – from circulatory diseases; 31.2 thousand – from external causes; 22.0 thousand – from digestive diseases.

In 2018 – out of 587.66 thousand deaths: 78.6 thousand died of tumours; 392.0 thousand – from circulatory diseases; 30.9 thousand – from external causes; 24.49 thousand – from digestive diseases.

In 2019 – out of 581.1 thousand deaths: 78.22 thousand died of tumours; 389.34 thousand – from circulatory diseases; 30.0 thousand – from external causes; 24.14 thousand – from digestive diseases.

### ***Additional information on maternal mortality***

During 2016, 69 pregnancy-related deaths of women (17.4 per 100,000 live births) were recorded, including 50 cases of maternal mortality (12.6 per 100 000 live births).

During 2017, 39 pregnancy-related deaths of women (10.7 per 100 000 live births) were recorded, including 33 cases of maternal mortality (9.1 per 100 000 live births).

The maternal mortality rate in 2018 was 12.5 per 100 000 live births, and in 2019 this figure was 14.9 per 100 000 live births.

The reduction in cerebrovascular disease mortality was due to the implementation of measures envisaged in the National Plan for Noncommunicable Diseases and Overcoming the Burden of Noncommunicable Diseases and Counteracting Risk Factors (smoking, alcohol abuse, unhealthy diet, low physical activity, and polluted air).

At the same time, a comparison of indicators for 2013–2016 is not entirely correct, as the analysis of maternal losses in 2014–2016 is for the first time based on incomplete data — information from Donetsk and Luhansk oblasts (anti-terrorist operation zone) was unregular and incomplete, and during 2014–2016, information on maternal deaths and the number of births was not received from the Autonomous Republic of Crimea.

The maternal mortality ratio is an integrated indicator of women's reproductive health that reflects not only the level of general health but also the quality of medical care for pregnant women and the level of organisational work in maternity hospitals. Over the last decade, Ukraine has seen a gradual, steady decline in maternal mortality as a result of measures taken. It occurred due to the joint efforts of organisers and practitioners aimed at creating and implementing regulatory and programme documents on the service activities, improving the level of medical care for women, introducing new organisational approaches and technologies.

In recent years, there has been a positive trend in the coverage of pregnant women with early (up to 12 weeks of pregnancy) follow-up monitoring. More complete coverage of pregnant women with follow-up monitoring is achieved by involving primary care in this work.

The development and implementation of medical standards for the support and care of pregnant women at perinatal risk have allowed concentrating pregnant women with congenital heart disease,

circulatory diseases, diabetes, severe preeclampsia and eclampsia for delivery in perinatal centres. In 2017, in pilot regions, the concentration factor of these patients in perinatal centres was about 56%.

### *Access to medical services*

**1. The Committee refers to its previous conclusion (2013) on the description of the health care system. It takes into consideration the information provided in the report on the measures taken during the reporting period on providing emergency medical care, tuberculosis, hepatitis, HIV/AIDS, drug addiction. The Committee requests to include the information regarding the implementation of these measures/programmes in the next report.**

Emergency medical care and treatment of HIV infection in health care facilities of the HCC SCES of Ukraine is carried out according to the requirements of the Orders of the MoH No. 794 of 5 April 2019 “On improving the quality management system of laboratory tests in the field of HIV/AIDS”, No. 585 of 10 July 2013 “On approval of regulatory acts on improving the organisation of medical care for people living with HIV”, No. 182 of 13 April 2007 “On approval of Clinical Protocols”, No. 1292 of 5 June 2019 “On approval of the new Clinical Protocol on the use of antiretroviral drugs for the treatment and prevention of HIV” and No. 854 of 10 April 2020 “On approval of Changes to the Objectives of expanding treatment with antiretroviral therapy for people living with HIV and the percentage of antiretroviral drugs in treatment regimens to ensure antiretroviral therapy, prevention of mother-to-child transmission of HIV and post-contact prevention at the expense of the state budget for 2020”, a joint Order of the Ministry of Health, the Ministry of Internal Affairs and the Ministry of Justice No. 692/775/1311/5 of 5 September 2012 “On approval of Coordination arrangement between health care facilities, territorial authorities on internal affairs, penitentiary and pre-trial detention facilities with regard to ensuring the transitions of follow-up monitoring of HIV-positive persons, disease progression clinical laboratory monitoring, and antiretroviral therapy”.

Treatment of patients with tuberculosis is carried out according to the Order of the MoH No. 530 of 25 February 2020 “On approval of health care standards for tuberculosis”. Treatment of 4 category tuberculosis patients is prescribed, adjusted, and discontinued only by the decision of the Central Medical Advisory Commission for prescribing new anti-tuberculosis drugs of the HCC SCES of Ukraine, created according to the Order of the HCC SCES of Ukraine No. 167-OD of 23 July 2019.

Order of the HCC SCES of Ukraine No. 28-AD of 6 September 2018 “On the introduction of standard operating procedures for the prevention, diagnosis, treatment, care, and support of detainees and convicts having human immunodeficiency virus, tuberculosis, chemoresistant tuberculosis, viral hepatitis, and drug addiction in the framework of the Serving Project” introduced algorithms for detecting and providing care to patients with the above diseases.

The implementation of the Pilot project “Comprehensive treatment with the use of substitution maintenance therapy for convicts with mental and behavioural disorders due to opioid use” is continued according to the order of the MoJ No. 4092/5 of 26 December 2018.

### ***Additional information on health care reform implementation***

Medical reform in Ukraine started in October 2017 after the Verkhovna Rada of Ukraine adopted draft law No. 6327 “On state financial guarantees for the provision of medical services and medicines” according to which the state guarantees full payment from the State Budget of Ukraine for necessary medical services and medicines related to the provision of emergency medical care, primary, secondary, tertiary, palliative care, medical rehabilitation, medical care for children under 16, as well as support for pregnancy and childbirth.

In April 2018, the first stage of medical reform began — the election of a family doctor and the conclusion of a declaration with him.

The launch of the second phase of the reform, which was to start in July 2019 (patients were to be provided with the Free Diagnostics Programme), was postponed due to the technical unpreparedness of hospitals (lack of equipment and the need for computerisation).



On 1 April 2020, the 2nd stage of the reform was launched, the implementation of the Healthcare Guarantees Programme (the list and volume of medical services and medicines that patients will be paid by the state from the state budget). The main purpose of this stage was to achieve the money-follows-the-patient principle, i.e. it was assumed that the state will pay the medical institution for a specific medical service, treated case or willingness to provide care through the National Health Service of Ukraine (hereinafter referred to as NHSU).

However, it was not taken into account at this stage that hospitals will not receive funds for unfilled beds, economically unreasonable household expenses, and staffing in the same number as before.

Due to chronic underfunding of the medical sector, imbalance of financial resources with phased medical reform implementation, emergency medical care, multidisciplinary hospitals, oncology centres, veterans' hospitals, most children's hospitals, infectious disease hospitals, psychiatric and anti-tuberculosis facilities were threatened with closure, staff reduction, or critical underfunding.

A two-year cooperation agreement was also signed between the Government of Ukraine and the European Regional Office of the World Health Organization for 2020 and 2021 that will continue cooperation with WHO, expand public access to quality health services, develop and implement fair strategies and reforms on health financing to make progress towards universal health coverage, improve access to essential medicines, vaccines, diagnostics and primary care equipment, strengthen the capacity of the state to respond to emergencies, including challenges related to COVID-19 pandemic.

***2. The Committee requests statistics on the actual average waiting time for primary and specialised care, as well as inpatient 1215 care and outpatient care, including surgery, to be provided in the next report.***

The Ministry of Health of Ukraine pays considerable attention to the digitalisation of health care services. During 2020, the availability and stability of the electronic health care system (eHealth) in 24/7 mode is ensured, including:

- the average processing time of user requests is up to 5 seconds and the bandwidth of more than 1 700 requests per minute;
- the reduced administrative burden on medical workers (4 500 health cared facilities);
- affordable digital medical services for more than 31 million Ukrainians;
- started de-paperisation and re-engineering of paper certificates;
- the functionality of electronic medical reports on birth has been introduced (more than 47 000 reports have already been created).

The national contact centre of the MoH of Ukraine for counteracting the spread of COVID-19 has been launched, including:

- 150 operators have been involved in the work, more than 167 thousand calls from citizens have been processed;
- additional services have been introduced for requesting the call for a mobile team (more than 2 400 mobile teams have been called), providing remote consultations with doctors (11 medical professionals have been involved in the contact centre and provided more than 3 862 consultations).

The introduced digital tools to combat the spread of COVID-19 include:

- introducing the Information system of free bed coordination in health care facilities providing inpatient care to patients with COVID-19;
- digitalising accounting and registration of suspected and confirmed cases of COVID-19.

***3. The ineffective protection of the population from the risk of high health care costs and the structural inefficiency of the health care system that is supported by an inefficient health care financing system remain the main problems in the Ukrainian health care system. Weaknesses in the health care system are also highlighted by the increase in “preventive” mortality rates.***

*According to the same report “Transitional health care systems in Ukraine, 2015”, accessibility concerns are related to the prevalence of informal payments and the cost of medicines for treatment, and these fears represent barriers to access themselves. The Committee requests the next report to contain information on the measures and steps taken to address these issues. In particular, it requests information on the share of personal expenses related to informal payments, the frequency of informal payments and whether informal payments are common practice in Ukraine to be provided in the next report.*

In 2018, a report “VOLUME OF INFORMAL PAYMENTS IN UKRAINE AT THE LEVEL OF PRIMARY CARE” was prepared with the support of USAID, Deloitte Consulting LLP, according to the survey results regarding the informal payments for primary care services (hereinafter referred to as primary care) contained in it (the list was not limited to primary care but envisaged services provided at the level of primary care), the average amount of informal payment is UAH 20.3 per service and UAH 126.1 per patient per year. Besides, the average amount of informal payment for primary care services is UAH 13.6 per service and UAH 55.9 per patient per year. When considering only primary care services, the level of informal payment is higher for women, but the level of informal payments for all services is higher for men. The results of the study also show that informal payments for services provided outside the guaranteed primary care package are usually much higher than the services from this package. On average, the highest amounts of informal payments for primary care are covered by the cost of vaccination services (UAH 144), emergency care (UAH 125) and rapid HIV/viral hepatitis/syphilis testing (UAH 123). According to the survey results, the main factors influencing the number of informal payments are their frequency, as well as the region where the patient receives services. The first factor suggests that the more often patients make informal payments, the larger the amount of each such payment. Moreover, according to patients, the most common reason for making such payments is their desire to “feel the better attitude of medical professionals toward patients” and “the low level of salaries of medical professionals that forces them to take such payments from patients”. The survey results among medical professionals on the amount of informal payments coincide with the survey results among patients. For the most part, medical professionals have called low wages the main factor forcing them to take informal payments. Besides, most medical professionals also believe that the systemic problem of informal payments in Ukraine can be solved only by raising their salaries.

In this survey, informal payment (charitable or voluntary contribution) means monetary gratitude brought by a patient to the doctor or nurse (or another employee of the facility), charitable or voluntary contribution that is required or hinted at from the patient, as well as any non-monetary reward (sweets, alcohol, coffee, etc.). It can also be a service offered to a medical professional.

Certain steps have been taken to address issues related to the minimisation and complete eradication of such phenomena as informal payments in health care.

In October 2019, the Verkhovna Rada of Ukraine approved the Government Activities Programme. The programme identifies the Government's priority goals, ways to achieve them, and sets key performance indicators for each goal.

In the health care sector, three strategic goals have been identified for 2019–2024:

People suffer from diseases less.

People who are sick recover faster.

People live longer. One of the proposed policy stances according to the draft State Policy Concept on achieving goal 2.2 “People who are sick recover faster” is the full launch of a programme of health care guarantees that provides for a number of tasks, including implementing a new financing system of health care in autonomous facilities at the secondary and tertiary levels, including in facilities of national importance. Provide the patient with the opportunity to receive the necessary consultations and track the disease history through the implemented electronic medical records.

Since 1 April 2019, the Affordable Medicines Reimbursement Programme was transferred to the Department of the National Health Service of Ukraine. It is possible to receive medicines free of charge or with a small surcharge under this program only by electronic prescription. This allows the patient to receive medication at any pharmacy in the country included in the programme, regardless

of the location where the prescription has been issued. As practice shows, 27% of all issued electronic prescriptions have been repaid within one hour. This means that a person only needs an hour to come to the doctor, receive a prescription, and receive medicine at the pharmacy. Patients using the Affordable Medicines Reimbursement Programme save 10 to 62% of the subsistence level (retired people depending on the amount of the minimum pension) on a monthly basis. Nowadays, more than 1.78 million patients receive affordable medicine.

Thanks to the new primary funding model, successful medical facilities started receiving more funds than they had under the subvention. As a result, they were able to increase the salaries of doctors and nurses, as well as purchase the necessary tools and medical equipment that improved the conditions of medical care to patients.

Among changes that Ukrainians noticed after submitting the declaration, 30% said that the doctor was more attentive and polite to them, 18% said that it was easier to get an appointment, 11% said they saw better appointment conditions (repairs, modern equipment, etc.) or received referrals for free laboratory tests. 9% stated that they had received free medication or vaccinations from their doctor or a consultation on a healthy lifestyle and good habits (a study by the Rating Group).

The transformation of the health care financing system began with primary care and all primary care facilities operated under the new rules in 2019. In total, 1 466 medical service providers signed contracts with the National Health Service of Ukraine in 2019, among them, 1 050 were municipal, 168 – private (excluding individual entrepreneurs), and 248 – physicians-individual entrepreneurs.

***4. The Committee has previously approved a general question addressed to all states regarding the availability of rehabilitation centres for drug addicts, as well as the range of services and treatments (Conclusions 2009). In its previous conclusion, the Committee reiterated its request for such information to be included in the next report (Conclusions 2013).***

***The report states that the action plan for 2015 on the implementation of state drug policy until 2020 was approved by the Resolution of the Cabinet of Ministers of Ukraine No. 514-r of 25 March 2015 “On approval of the action plan for 2015 on the implementation of the Strategy of the State Drug Policy for the Period up to 2020”.***

***The report also provides statistics on substance abuse facility networks in Ukraine. During 2012–2014, there were 5 regional re-socialisation centres for drug-addicted youth in Ukraine in 5 oblasts: Donetsk, Zhytomyr, Kyiv, Mykolaiv and Kherson.***

In recent years, the Strategy of the State Drug Policy for the Period up to 2020 (hereinafter referred to as the Strategy) identifying areas and mechanisms to reduce the illicit supply of drugs and demand for them, achieving a balance in drug policy between punitive measures against drug trafficking and ensuring their availability for medical purposes has been implemented in Ukraine. The Strategy is implemented through the adoption by the Government of an Annual Action Plan for its implementation. The 2018 Action Plan for the above Strategy was not approved due to the reform of the system of central executive authorities shaping and implementing the drug policy. Concurrently, the Strategy provisions were implemented in 2018 by all entities shaping and/or implementing the drug policy based on their functional responsibilities which was communicated to the Government of Ukraine. In 2018, to increase the availability of premedical care for drug addicts and prevent their mortality from opiate overdose, the Order of the Ministry of Health of Ukraine No. 65 of 15 January 2018 registered with the Ministry of Justice of Ukraine on 6 February 2010 under No. 150/31602, naloxone was allowed to be sold in pharmacies in the amount of 2 mg with no prescription. For the purpose of improving premedical care to persons in emergencies, the Order of the MoH of Ukraine No. 1833 of 8 October 2018 registered with the Ministry of Justice of Ukraine on 28 December 2018 under No. 1500/32952 approved the procedure for providing premedical care for suspected opioid overdose, according to which first-responders of rescue services, state firefighters, police officers, pharmaceutical workers, conductors of passenger cars, flight attendants, and other persons who do not have medical education but must have practical premedical care skills

as part of their duties, the use of opioid antidote (naloxone) is allowed for persons suspected of opioid poisoning.

Also, the Order of the Cabinet of Ministers of Ukraine No. 1018-r of 27 December 2017 approved the Concept of Mental Health Development in Ukraine for the period up to 2030. A public discussion of the Action Plan for the implementation of this concept is currently underway.

The Order of the Cabinet of Ministers of Ukraine No. 56-r of 6 February 2019 approved the Action Plan for 2019–2020 on the implementation of the Strategy of the State Drug Policy for the period up to 2020.

Regarding the substance abuse facilities network:

In 2016, there were 2 substance abuse hospitals, 35 narcological dispensaries, and 43 outpatient substance abuse hospitals.

In 2017, there were 2 substance abuse hospitals, 35 narcological dispensaries, and 40 outpatient substance abuse hospitals.

In 2018, there were 2 substance abuse hospitals, 29 narcological dispensaries, and 0 outpatient substance abuse hospitals.

According to the State Institution Centre for Medical Statistics of the Ministry of Health of Ukraine, as of 31 December 2019, the network of MoH institutions providing inpatient care consisted of 1 377 health care facilities, among them, 63 psychiatric and narcological institutions. Drug treatment is provided to patients addicted to drugs and psychoactive substances, taking into account their gender identity, affiliation with vulnerable groups and age.

***5. The Committee requests to include in the next report information under paragraph 1 of Article 11 on the availability of mental health and treatment services, including information on preventing mental disorders and rehabilitation measures.***

Psychiatric care is provided by medical facilities of all forms of ownership and is implemented through specialised harm reduction centres, psychiatric and substance abuse hospitals, narcological dispensaries, offices for substance abuse counsellors in multidisciplinary medical and preventive facilities for primary, secondary, tertiary care, and outpatient clinics. The following forms of medical care for people with drug addiction are available: inpatient detoxification – in all substance abuse and some psychiatric facilities; outpatient detoxification – in all substance abuse facilities and outpatient units; medical consultations; substitution therapy using methadone hydrochloride and buprenorphine; rehabilitation programs.

Database of statistical reporting on the provision of psychiatric care to the population of Ukraine in 2018–2019 (in terms of psychiatric care facilities), developed by the State Institution Centre for Mental Health and Drugs and Alcohol Monitoring of the Ministry of Health of Ukraine, available at [https://cmhmda.org.ua/form\\_10\\_database/](https://cmhmda.org.ua/form_10_database/)

According to the order of the MoJ No. 1769/5 of 14 June 2019 “On approval of the Internal rules of pre-trial detention centres of the State Criminal Executive Service of Ukraine” (Section 2. Use of special means, physical force, and straitjacket) and the Order of the MoJ No. 2823/5 of 28 August 2018 “On approval of Internal rules of penitentiary facilities” (Section XXVI. Grounds for physical coercion measures, special means, and weapons) persons with mental disorders in case of need, (exacerbation of mental disorder or such change of mental state that requires isolation and treatment) are placed in separate wards of the medical unit (outpatient department of the health care facility of the HCC SCES).

According to paragraph 5, Section 9 of the Order of the Ministry of Justice and the Ministry of Health of Ukraine No. 1348/5/572 of 15 August 2014 “On approval of the Procedure for organising medical care for convicts”, each medical unit of the HCC SCES has a temporary isolation unit (before referral to the SCES hospitals or other health care facilities) for convicts suspected of mental illness to provide them with primary care.

Cooperation between the Ministry of Justice, the HCC SCES and the WHO has begun within the framework of the mhGAP programme training that involves medical professionals of the HCC SCES of Ukraine, but among those who are not psychiatrists and non-medical personnel of the SPS.

This programme includes rules of conduct and general guidelines for the management of patients with mental disorders.

As of 31 December 2018, there were 4 865 people with mental disorders in the penitentiary system; as of 31 December 2019 – 5 135 people, as of 31 December 2020 – 6 582 people.

***6. The Committee also requests to include information under paragraph 1 of Article 11 on dental services and treatment (for example, on who is entitled to free dental treatment, the cost of basic procedures, and the proportion of cash paid by patients).***

The programme of healthcare guarantees provides a medical services package within “DENTAL CARE FOR ADULTS AND CHILDREN” that includes the specification of conducting an initial examination of a patient with an assessment of dental health according to WHO approaches.

Providing emergency dental care to children and adults.

Providing scheduled dental care to children (except orthodontic procedures and prosthetics).

Carrying out instrumental examination within the limits of urgent dental care, as well as scheduled dental care to children (intra-oral X-ray (local, periapical)).

Organising and conducting mandatory medical preventive examinations of secondary school students, as well as children under 6 according to current legislation.

Timely anaesthesia at all stages of diagnosis and treatment.

Providing emergency medical care to patients, calling an emergency (ambulance) team (if necessary) and providing emergency medical care before its arrival.

Referral of a patient for secondary (specialised), tertiary (highly specialised) medical care.

***7. The Committee requests information on any changes in case law and regulatory framework regarding the procedure for the legal recognition of transgender people.***

Current national legislation in health care on sex reversal, in particular, the Order of the Ministry of Health of Ukraine of 5 October 2016 “On the establishment of medical, biological and socio-psychological indications for sex reversal and approval of the form of primary accounting documentation and instructions for its completion” does not require mandatory sterilisation for legal recognition of transgender sex.

There is no case law of the Supreme Court related to the consideration of cases on this issue.

## **PARAGRAPH 2**

***a) Provide information on health education (including sexual and reproductive health) and related prevention strategies (including through empowerment that may be a factor in correcting self-harm behaviours, food disorders, alcohol and drug use) in the community (throughout life and constantly) and in schools. Also, provide information on awareness and education in sexual orientation and gender identity, as well as gender-based violence.***

Relevant work is carried out at different levels: local, regional and national. For example, holding Family and Reproductive Health Weeks, implementing regional programmes. For example, the Reproductive and Sexual Health of the Population of Donetsk Oblast for the Period 2018 – 2022 Programme is being implemented at the level of Donetsk oblast, which provides for the declaration of family values, providing medical and social support to young families; health protection of socially vulnerable groups of the population; promoting, shaping and encouraging a healthy lifestyle, responsible parenthood and safe motherhood; raising awareness of the population on issues of the responsible attitude to personal health care, sexual behaviour; conducting educational activities on health care, promoting a healthy lifestyle, family planning, strengthening the reproductive health of the population, maternity protection and cancer prevention.

Youth-friendly clinics also conduct similar activities. Significant support in these activities is provided by public, international and charitable organisations that assist in implementing certain programmes.

The website of the state institution Centre for Public Health of the Ministry of Health of Ukraine regularly posts informational materials on this topic.

The President of Ukraine has identified health care in general and maternal and child health care, in particular, as priorities of state policy. Due to the fact that maternal and infant mortality are considered to be one of the most sensitive barometers of the country's socio-economic well-being, they are distinguished from the mortality problem.

***b) Provide information on measures to ensure the provision of informed consent to medical interventions or treatments, as well as specific measures to combat pseudoscience in health matters.***

The provision of informed consent for medical intervention or treatment is guaranteed at the level of the Fundamentals of the legislation on health care of Ukraine (Articles 43 and 44), and the Order of the MoH of Ukraine approved the appropriate forms of such consent. Besides, cases, when such consent is not required, are established at the level of this Law, for example, when it is necessary to save a person's life in an emergency.

The fight against pseudoscience is ensured through the licensing of medical practice and accreditation of health care facilities, procurement of medications with proven effectiveness using budget funds. The MoH of Ukraine also publicly expresses its position on various published materials that are not based on science, for example:

<https://moz.gov.ua/article/news/moz-rekomenduvav-lnmu-peregljanuti-perebuvannja-na-posadi-avtora-psevdonaukovoi-statti-pro-psihologichni-vidminnosti-mizh-cholovikami-ta-zhinkami>

<https://moz.gov.ua/article/news/antifejk-pro-blagoslovennu-hvorobu-sodo-solovi-klizmi-j-inshinisenitnici-psevdоекспертiv-po-koru>

<https://moz.gov.ua/article/health/chi-var-to-viriti-v-iridodiagnostiku>

***c) If a discrepancy was found in the previous conclusion, explain whether this problem was solved and how it was done. If the previous conclusion was postponed, answer the questions.***

**Questions: Conclusions 2017**

***Education and awareness raising***

***1. In its Conclusions 2015, the Committee took note of the information provided by Ukraine in response to the conclusion that it had not been established that public information and awareness-raising was a priority of the health care system. The Committee recognised the fact that informing the public and raising awareness is a public health priority. However, it requested that the next report contain information on the implementation of various measures (Conclusions 2015).***

Order of the MoH No. 898 of 27 December 2006 that was registered with the Ministry of Justice of Ukraine on 29 January 2007 under No. 73/13340 “On approval of the Procedure for pharmacovigilance” regulates issues aimed at ensuring the study of vaccines, in particular, group unfavourable events after immunisation, group side effects, efficacy and immunogenicity of vaccines.

**2. Therefore, it asks whether health education at schools is an obligation under the law, how it is included in the school curriculum (as a separate subject or integrated into other subjects) and what is the content of health education (Conclusions 2013).**

**3. The Committee requests information on whether and how sexual and reproductive education is provided at Ukrainian schools in the following report.**

The purpose of creating Youth-Friendly Clinics (hereinafter referred to as YFC) encompasses prevention of risky behaviour, preservation of physical and mental health (prevention of PAS use, mental disorders, suicides, STIs, HIV, unwanted pregnancies, etc.).

Since prevention is the main focus of the YFC, individual counselling covers 81% of clients, half of whom have received counselling on HIV prevention that is facilitated by the introduction of voluntary counselling and testing for HIV (VCT) in the YFC. Counselling on reproductive health (contraception and sexual relationship in adolescence) is the second. The number of YFC clients in need of general mental health counselling increased to 9.6%. 8 852 YFC clients used hotline services in 2020, against 10 800 in 2019. 81% of clients have been covered by individual forms of preventive work, which is quite high. Individual consultations are conducted, in particular, on the following matters:

	2019		2020	
	covered	%	covered	%
Contraception methods	42 578	27.9%	41 100	29.5%
HIV/AIDS prevention	106 783	48.9%	59 089	42.4%
Pregnancy	7 645	2.1%	5 583	4%
General mental health issues	21 345	8.2%	18 980	13.6%
Sexual relationship issues in adolescence	24 517	9.4%	13 445	9.6%
Legal matters	1 709	0.7%	553	0.4%
Other	12 629	5.6%	8 171	5.9%

### ***Consultations and screening***

**1. The Committee requests updated and complete information on the frequency and results of consultations and screening of pregnant women throughout the country.**

Annually, activities are funded from the state budget by focus areas according to budget programme passports of the Programme Cost and Crediting Classification Code (PCCCC) 2301400

“Ensuring medical measures of separate state programmes and complex measures of programme nature”: “Reproductive health”. Centralised procurement of drugs for emergency medical care in case of bleeding”; “Centralised procurement of drugs for the treatment of respiratory disorders in newborns”; “Centralised procurement of anti-D immunoglobulin to prevent hemolytic disease of newborns”;

“Centralised procurement of medicines and small laboratory equipment to ensure the treatment of infertility in women by assisted reproductive technologies”.

The PCCCC 2301400 budget programme “Ensuring medical measures of separate state programmes and complex measures of programme nature” concerning “Procurement of reagents for mass screening of newborns for phenylketonuria, congenital hypothyroidism, cystic fibrosis and adrenogenital syndrome” also provides for the procurement of appropriate medical products.

*Regarding consultations and screening of pregnant women:*

in 2019, early observation of pregnant women (up to 12 weeks of pregnancy) covered 96.75% of pregnant women, 99.38% were covered by therapeutic examination, the proportion of pregnant women who were examined for alpha-protein was 59.58%, an ultrasound performed up to 22 weeks of pregnancy – twice – 96.18% of pregnant women (per 100 pregnant women);

in 2018, early observation of pregnant women (up to 12 weeks of pregnancy) covered 91.32% of pregnant women, 92.52% were covered by therapeutic examination, the proportion of pregnant women who were examined for alpha-protein was 56.69%, an ultrasound performed up to 22 weeks of pregnancy – twice – 96.05% of pregnant women (per 100 pregnant women);

in 2017, early observation of pregnant women (up to 12 weeks of pregnancy) covered 91.39% of pregnant women, 92.6% were covered by therapeutic examination, the proportion of pregnant women who were examined for alpha-protein was 55.23%, an ultrasound performed up to 22 weeks of pregnancy – twice – 95.1% of pregnant women (per 100 pregnant women);

in 2016, early observation of pregnant women (up to 12 weeks of pregnancy) covered 91.79% of pregnant women, 92.87% were covered by therapeutic examination, the proportion of pregnant women who were examined for alpha-protein was 53.8%, an ultrasound performed up to 22 weeks of pregnancy – twice – 96.44 % of pregnant women (per 100 pregnant women);

### **PARAGRAPH 3**

***a) Describe the measures taken to ensure that vaccine research is supported, properly funded and effectively coordinated through public and private entities.***

Order of the MoH No. 898 of 27 December 2006 registered with the Ministry of Justice of Ukraine on 29 January 2007 under No. 73/13340 “On approval of the Procedure for pharmacovigilance” regulated issues aimed at ensuring the study of vaccines, in particular, group unfavourable events after immunisation, group side effects, efficacy and immunogenicity of vaccines.

***b) Provide an overview of available medical services in detention facilities, in particular in prisons (under whose responsibility they operate/to what ministry they report, staffing levels and other resources, practical measures, post-admission medical examinations, access to professional services, infectious disease prevention, mental health services, care conditions in community-based facilities (where necessary), etc.).***

The Order of the MoJ № 3394/5 of 2 November 2017 established the “Health Care Centre of the State Criminal Executive Service of Ukraine”. According to the order of the MoH of Ukraine No. 1581 of 31 August 2018 “On licensing of medical practice”, the HCC SCES of Ukraine acquired the right to conduct business in medical practice.

The license of the State Inspectorate for Nuclear Regulation for the right to use sources of ionising radiation No. OJ 011270 issued on 21 December 2019 is available. The license is valid from 21 December 2019 to 21 December 2022.

As of 1 January 2019, the approved staff list of the HCC SCES consists of 2 559 positions, 1 961 positions have been filled amounting to 77% of the staff.

The organisation of primary, secondary and palliative care is carried out according to the requirements of regulatory and organisational and management acts of the MoH of Ukraine.

Convicts and detainees, patients with any disease are treated based on impartiality and according to the requirements of relevant clinical protocols and guidelines.

According to paragraph 10 of the joint Order of the Ministry of Health of Ukraine and the Ministry of Justice No. 1348/5/572 of 15 August 2014 “On approval of the Procedure for providing



medical care to convicts”, medical examinations of convicts are conducted out of hail (unless the medical professional does not want other conditions in each case) and out of sight of non-medical staff.

Standards of the same Procedure stipulate that in case of bodily injuries in a convict, the medical professional draws up a certificate in 3 copies that provides the following details: information (written statement, oral or written explanation of the convict concerning the medical examination, including information about inappropriate behaviour); a comprehensive description of medical indicators that characterise the convict's health state, the nature of injuries, their size and location, the assumptions of the medical professional in view of the information provided by the convict, and medical indicators, as well as justification of their relationship. Photographs of existing bodily injuries of the convict are attached to the certificate by the medical professional. Two copies of the certificate are attached to the personal file and 025/o outpatient medical record, the third copy is issued to the convict personally. The medical professional shall inform the prosecutor and the administration of the penitentiary facility about the fact of bodily injuries identified in the convict in writing immediately after detecting such bodily injuries. Information on the fact of bodily injuries shall be entered by the head of the medical unit or the duty medical professional in the logbook of bodily injuries.

***c) Provide information on the availability and scope of community-based mental health services and the transition from former large-scale facilities. Provide statistical information on educational activities related to the assessment of the mental health of vulnerable groups, in particular, those in poverty or social exclusion, the unemployed (especially those who do not work for a long time). Also, provide information on proactive measures to ensure that people in need of mental health services are not neglected. Also, provide information from health care services in penitentiary facilities on the proportion of prisoners who have mental health problems and who, in the opinion of medical professionals, should not be in the penitentiary system or could avoid such a situation if appropriate mental health care services were available to them in the community or specialised institutions.***

Within the framework of coordination of actions and interaction with international organisations in mental health at the central and regional levels, a number of measures aimed at improving the efficiency and accessibility of mental health services have been introduced and implemented. In particular, this applies to informational and educational activities with the use of modern information and telecommunication tools to raise public awareness of mental health, overcoming stigma, and developing readiness to receive mental health services in communities.

At the meetings of the Department of Theory and History of State and Law of the Kharkiv National University of Internal Affairs of the Ministry of Internal Affairs of Ukraine, a course of informational and explanatory talks was held on the topic “Preventing and counteracting discrimination, shaping tolerant attitude towards people with mental and behavioral disorders resulting from abuse of psychotropic substances”. Lecture on the topic “Preventing and counteracting drug addiction. Peculiarities of treatment of persons with mental and behavioral disorders resulting from the abuse of narcotic drugs and psychotropic substances” have been held as part of the service training system of Kharkiv National University of Internal Affairs of the Ministry of Internal Affairs of Ukraine). Methodical materials have been developed for conducting training for police officers to prevent and counteract discrimination, form a tolerant attitude towards people with mental and behavioural disorders due to psychoactive substance use.

Seminars-workshops of practical psychologists and counsellors on “Creating a Safe Environment as One of the Key Tasks of the New Ukrainian School in the Context of Social and Psychological Services”, events dedicated to the World Mental Health Day aimed at overcoming the stigma of people with mental disorders; weeks of tolerance aimed at shaping a tolerant attitude to differences, preventing xenophobia; informational and educational activities aimed at preventing negative phenomena such as alcoholism and drug addiction, promoting healthy lifestyles among children, students and parents, including watching films about healthy lifestyles: “Your Health is in

Your Hands”, “Negative Effects of Drug Substances for Adolescent Health” and other activities are conducted in educational institutions.

With the purpose of rehabilitating people with mental and behavioural disorders due to psychoactive substance use, a programme of substitution maintenance therapy is being actively implemented in the regions, and communication has been established with non-governmental rehabilitation centres working on addiction rehabilitation. Preventive interviews are conducted with convicts who are persons with mental and behavioural disorders due to psychoactive substance use, issues of HIV prevention are covered. Cooperation with non-governmental organisations is carried out to conduct psychosocial activities for patients receiving SMT.

The SMT programme is implemented throughout the territory controlled by the Government of Ukraine in 243 health care facilities (hereinafter — HCF) and provides services to 14 868 patients. One of the indicators of the programme's effectiveness is the level of coverage of HIV-positive patients with antiretroviral therapy (hereinafter referred to as the ART). In the SMT programme, high rates of ART coverage of SMT patients with HIV-positive status have been achieved, namely, 93.5% of HIV-positive SMT patients receive ART. Since April 2020, the SMT programme was included in the programme of state healthcare guarantees, which enabled health care facilities to receive payment for SMT services by concluding an agreement with the National Health Service of Ukraine (hereinafter referred to as the NHSU). The application for concluding agreements with the NHSU under the SMT service was submitted by 254 HCFs, and agreements were signed with 234 of them. It allows to geographically expand the SMT programme (previously implemented by 208 HCFs) and increase the number of new patients.

Together with representatives of the EU Action against Drugs and Organised Crime Project, the work on the development of the first Ukrainian Manual “Rehabilitation Programme for Convicts and Detainees with Mental and Behavioural Disorders caused by Substance Abuse” has been completed and a number of working meetings with experts of the EU-ACT to discuss the draft of this manual have been conducted.

Joint Order of the State Institution “Health Care Centre of the State Criminal Executive Service of Ukraine” and the Administration of the State Criminal Executive Service of Ukraine No. 291/OD-19/229-OD of 29 October 2019 approved the Regulation on a Multidisciplinary Team to Provide Medical and Psychosocial Assistance to Detained and Convicted Persons With Mental and Behavioural Disorders Due to Psychoactive Substance Use, and the functions of each participant in the process of comprehensive treatment was regulated and approved.

***d) Also, include information on drug-related deaths and transmission of infectious diseases among people who use or inject psychoactive substances in the community or detention. Provide an overview of national policies aimed at responding to harmful substance abuse and related disorders (persuasion, education, and public harm reduction approaches, including the use or availability of WHO-listed important drugs for opioid agonist treatment) while ensuring compliance with the WHO criteria on “availability, accessibility, acceptability, and quality” (3AQ), always with informed consent that, on the one hand, precludes coercive consent (as in the case of punishment in the form of consent to detoxification and other mandatory treatment instead of imprisonment), and on the other hand, the consent based on insufficient, inaccurate or misleading information (for example, not based on the latest scientific evidence).***

To increase the availability of premedical care for drug addicts and prevent their mortality from opiate overdose, the Order of the Ministry of Health of Ukraine No. 65 of 15 January 2018 registered with the Ministry of Justice of Ukraine on 6 February 2010 under No. 150/31602, allowed selling naloxone in pharmacies in the amount of 2 mg with no prescription.

For the purpose of improving premedical care to persons in emergencies, the Order of the MoH of Ukraine No. 1833 of 8 October 2018 registered with the Ministry of Justice of Ukraine on 28 December 2018 under No. 1500/32952 approved the procedure for providing premedical care for suspected opioid overdose, according to which first responders of rescue services, state firefighters, police officers, pharmaceutical workers, conductors of passenger cars, flight attendants, and other

persons who do not have medical education but must have practical premedical care skills according to their duties are allowed to use opioid antidote (naloxone) for persons suspected of opioid poisoning.

Ukraine's strategy and tactics in drug trafficking control, combating drug trafficking, and counteracting drug addiction correspond to the national interests of Ukraine and are based on UN international conventions.

During the reporting years, the State Drug Policy Strategy for the period up to 2020 (hereinafter referred to as the Strategy) was implemented, which defined the areas and mechanisms for reducing illicit drug supply and demand, achieving a balance in drug policy between punitive measures for drug trafficking and ensuring their availability for medical purposes.

In Ukraine, a survey of student youth has been conducted on a regular basis within the framework of the international European School Survey Project on Alcohol and Other Drugs (hereinafter referred to as the ESPAD), which has allowed regulating modern drug policy and prevention measures since 1995.

To bring the system of national monitoring in line with indicators of the European Monitoring Centre for Drugs and Drug Addiction, the Cabinet of Ministers of Ukraine adopted Resolution No. 689 of 10 July 2019 “Issues of Monitoring the Drug and Alcoholic Situation in Ukraine”.

According to the list of primary care services approved by the Order of the Ministry of Health of Ukraine No. 504 of 19 March 2018 “On Approval of the Procedure for Medical Care”, primary care physicians provide counselling aimed at eliminating or reducing habits and behaviours posing a risk to health (smoking, consumption of alcohol or other psychoactive substances, unhealthy diet, lack of physical activity, etc.) and shaping healthy lifestyle skills.

The following programmes have been developed: a special course “Psychology of Addictive Behaviour” and a special course for masters “Technologies of Social Rehabilitation” (2019). A special course curriculums and video lectures on such topics as “Social and Psychological Adaptation; Special Course for Masters”, “Psychology of Working with Socially Maladapted Minors”; special course for graduate students “Psychological Assistance of the Individual in the Context of Complex Socio-Political Events” (2020) have been elaborated and introduced.

During 2016–2019, 32 people died from poisoning and 154 from tuberculosis in penitentiary facilities.

***e) Provide information on measures taken to prevent air, water or other pollution, including the proximity to active or decommissioned (but not properly isolated or disinfected) industrial facilities with polluting or toxic emissions, leaks, in particular, those with slow release or environmental release, nuclear facilities, mines, as well as measures taken to address the health problems of the affected population. Provide information on measures taken to inform the public, including school and university students, about general and local environmental problems.***

The maximum permissible concentrations of chemical and biological substances in the air are established by the Order of the MoH of Ukraine No. 52 of 14 January 2020 “On Approval of Sanitary Regulations of the Permissible Content of Chemical and Biological Substances in the Community Air”.

Sanitary regulations of the permissible content of chemicals in the soil are approved by the Order of the MoH of Ukraine No. 1595 of 14 July 2020 “On Approval of Sanitary Regulations of the Permissible Content of Chemicals in the Soil”.

Sanitary regulations of chemicals in the working area air and sanitary regulations of biological substances in the working area air have been approved by the Order of the MoH of Ukraine No. 1596 of 14 July 2020 “On Approval of Sanitary Regulations of Permissible Content of Chemical and Biological Substances in the Working Area Air”

***f) In the context of the COVID-19 crisis, assess the adequacy of measures taken to limit the virus spread among the population (testing and monitoring, physical distance and self-isolation, provision of medical face masks, disinfectants, etc.) and measures to treat patients (sufficient hospital beds, including resuscitation and equipment, as well as the rapid attendance of sufficient***

***medical personnel while providing them with healthy and safe working conditions (this issue is discussed in Article 3 above)). Indicate measures taken or envisaged as a result of such assessment.***

Response to the prevention and spread, localisation and elimination of the COVID-19 epidemic includes:

ensuring the work of the Headquarters on liquidation of consequences of medical and biological natural emergency at the state level;

increased capacities of laboratories, purchase of equipment and test systems, development of testing algorithms, strengthening of human resources and staff training that significantly increased the capacity to test for COVID-19 to 300 thousand PCR tests per week, provide hospitals with oxygen, personal protective equipment;

the national contact centre of the MoH of Ukraine for counteracting the spread of COVID-19 was launched, 150 operators were involved in the work, more than 167 thousand calls from citizens have been processed;

the use of funds intended for simplifying the procurement of PPE and other products and tools to overcome the pandemic is ensured;

additional payments have been established for medical professionals and other workers involved in the elimination and localisation of the COVID-19 epidemic;

academic staff of higher education institutions have been involved to provide medical care to patients with COVID-19 on a contractual basis.

As of 17 March 2021, the oxygen supply in certain regions is at the level of 85.66% of the total number of beds allocated for medical care to patients with COVID-19. A total of 72 163 such beds have been allocated.

Currently, the second stage of vaccination in response to the COVID-19 pandemic in Ukraine has been launched according to the approved roadmap that applies to primary care physicians accordingly.

***g) If a discrepancy was found in the previous conclusion, explain whether this problem was solved and how it was done. If the previous conclusion was postponed, answer the questions.***

## **Questions: Conclusions – 2017**

### ***Healthy environment***

***1. The Committee would like to receive information on any measures taken to reduce environmental risks, as well as on trends in air pollution, asbestos, drinking water pollution, and food poisoning during the reporting period.***

During the reporting period, food safety indicators were established, namely, the following Orders of the MoH were approved:

“On Approval of Food Safety Indicators “Maximum Limits (Levels) of Residues of Veterinary Drug Active Substances in Food Products of Animal Origin”, No. 2646 of 23 December 2019;

“On Amendments to the State Sanitary Rules and Standards “Regulations on Maximum Levels of Certain Contaminants in Food Products”, No. 1238 of 22 May 2020;

“On Approval of the Requirements for Claims on the Nutritional Value of Food and Claims on the Health Benefits of Food”, No. 1145 of 15 May 2020;

“On Approval of the Rules for Adding Vitamins, Minerals, and Other Certain Substances to Food Products”, No. 1613 of 16 July 2020.

There are also requirements for general secondary education institutions, including catering, established by the Order of the MoH of Ukraine “On Approval of Sanitary Regulations for General Secondary Education Institutions”, No. 2205 of 25 September 2020.

The maximum permissible concentrations of chemical and biological substances in the air are established by the Order of the MoH of Ukraine No. 52 of 14 January 2020 “On Approval of Sanitary

Regulations of the Permissible Content of Chemical and Biological Substances in the Community Air”.

Sanitary regulations of the permissible content of chemicals in the soil are approved by the Order of the MoH of Ukraine No. 1595 of 14 July 2020 “On Approval of Sanitary Regulations of the Permissible Content of Chemicals in the Soil”.

Sanitary regulations of chemicals in the working area air and sanitary regulations of biological substances in the working area air have been approved by the Order of the MoH of Ukraine No. 1596 of 14 July 2020 “On Approval of Sanitary Regulations of Permissible Content of Chemical and Biological Substances in the Working Area Air”

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

***1. The Committee emphasizes that 2017 WHO Report on the Global Tobacco Epidemic in Ukraine's profile states that smoking is not prohibited in closed offices and workplaces in Ukraine. It wonders whether steps are being taken to address this problem.***

***2. In recent years, preventive and informational measures to combat drug abuse, promote a healthy lifestyle and counteract the harmful effects of drug addiction have been taken in cooperation with more than 100 non-governmental organisations. These NGOs provide services to young people suffering from mental and behavioural disorders due to psychoactive substance use. The Committee requests to be kept informed of the implementation of this policy, namely its impact on drug use trends.***

***3. The Committee requests to include in the next report updated data on levels and trends in tobacco, alcohol and drug use, as well as on measures taken to reduce and prevent consumption.***

The latest data on the consumption of various substances (alcohol, tobacco, drugs) among 15–17-year-old students were obtained in 2019 as part of the ESPAD international project (according to the report on the drug and alcohol situation in Ukraine in 2019). Reports for 2017–2019 are attached.

According to the results of a survey conducted in 2019, there is a steady trend to reduce smoking among adolescents. In 2003, 70% of respondents had smoking experience, and in 2019 this figure was 50%. At the same time, access to alcohol has increased — more than half of respondents said they could easily buy beer, wine or low-alcohol beverages. The vast majority (85.7%) of adolescents surveyed have experienced alcohol use, and each fifth (22.5%) adolescent reported drinking alcohol almost weekly. The share of adolescents who have used any drugs at least once in their life was 18%, and increased 1.5 times among girls, compared to 2015 (from 12.7% in 2015 to 18.1% in 2019).

Besides, a nationwide poll “Youth of Ukraine 2018” on the system of values and priorities of modern Ukrainian youth (in terms of healthy lifestyles) was commissioned by the Ministry of Youth and Sports of Ukraine (hereinafter referred to as the MYS). The study focused on young people's self-assessment and use of psychoactive substances (hereinafter referred to as PAS). The survey involved 2 000 respondents aged between 14 and 34. According to survey results, 82.9% of young people assess their health state as quite satisfactory. “There are almost no short-term illnesses” in more than a third of respondents (31.1%) and half of the male and female respondents (51.8%) “sometimes experience colds or other short-term illnesses”. Only 1.1% of respondents have serious health issues and 0.4% of respondents have a disability category. Comparing the types of alcoholic beverages and the frequency of their consumption by young people, it is noteworthy that beer is the most popular — it was consumed during the last month by more than half of respondents, 6% of respondents consumed it daily, every fourth — weekly (27.7%) and 25.2% — once a month. Wine and champagne conditionally rank second. These drinks were consumed by respondents during the last month, mainly once a month (33.3%). One-third of surveyed young people (29.2%) drank strong alcoholic beverages (vodka, cognac, whiskey) and 29.3% of respondents — low-alcohol beverages, cocktails. The least common alcoholic beverages are energy drinks (17.6%) and home-made beverages were consumed by them during the previous month, 17.6% and 10.6% of respondents, respectively. As for drugs,

82.8% of young people have never tried drugs throughout their lifetime (in 2017, 90.9% have never used drugs in their lives), 11.6% — once, and less than 1.0% of respondents use drugs occasionally, 1.7% have experience of using drugs several times, and 1.4% of respondents use them regularly.

### *Vaccination and epidemiological monitoring*

**1. The Committee has previously emphasized that an external audit of the National Vaccination Programme of Ukraine has shown that the effectiveness of programmes has declined in recent years in Ukraine due to vaccine shortages, over-medicalisation of vaccine delivery, and loss of public confidence in vaccination. The Committee noted the low vaccination coverage of infants in 2011 (e.g. poliomyelitis — 54.3%; pertussis, diphtheria, tetanus — 45.9%; Haemophilus influenza — 26.2%; measles, parotitis, rubella — 67.0%, hepatitis B — 21.6%. The Committee offered the Government of Ukraine to comment on this issue and maintained its position on the matter (Conclusions 2013).**

**2. The report does not provide data on the level of coverage corresponding to the reporting period. The Committee requests to include in the next report data on the level of vaccination coverage with vaccines included in the National Immunization Programme.**

<b>The level of immunisation of the population according to the Calendar of preventive vaccinations to defined six age groups in the prevention of ten infectious diseases, %</b>							
<b>Ukraine</b>	<b>Age group</b>	2015	2016	2017	2018	2019	2020
<b>Tuberculosis</b>	before 1 year of age	39.8	72.3	83.6	90.1	88.6	88.8
<b>Hepatitis B</b>	before 1 year of age	25.4	28.8	57.0	67.0	77.0	79.8
<b>Measles, parotitis, rubella</b>	1 year	63.2	45.5	93.3	91.0	93.2	83.3
	6 years	62.1	30.2	90.7	89.5	91.7	83.4
<b>Diphtheria, tetanus</b>	before 1 year of age	26.5	21.0	53.2	69.3	80.5	80.1
	18 months	33.1	23.1	51.2	66.1	80.5	78.1
	6 years	4.1	59.1	83.5	83.4	72.9	77.5
	16 years	1.9	56.1	76.7	77.9	91.5	73.6
	adults	0.1	20.7	44.8	55.6	83.4	47.0
<b>Pertussis</b>	before 1 year of age	26.5	21.0	53.2	69.3	80.5	80.1
	18 months	33.1	23.1	51.2	66.1	80.5	78.1
<b>Poliomyelitis</b>	before 1 year of age	63.8	60.8	51.9	71.1	78.4	83.0
	18 months	86.5	66.4	71.4	67.8	78.7	83.0
	6 years	49.2	85.7	88.2	81.3	80.3	81.7
	14 years	50.6	79.9	88.1	80.2	80.9	81.8
<b>Haemophilus influenzae type b</b>	before 1 year of age	43.2	36.0	34.8	52.5	76.5	85.1
	1 year	38.6	51.6	44.5	57.7	80.0	83.6

***3. Trivalent vaccines must be destroyed to prevent any possibility of transmission. The Committee would like to know whether it has been done in Ukraine and whether a new vaccine is being used.***

Based on the Order of the MoH of Ukraine No. 237 of 24 March 2016 “On Some Issues of the Vaccine for the Prevention of Poliomyelitis”, approved the Action Plan for the transition from trivalent to bivalent live oral vaccine for the prevention of poliomyelitis in Ukraine.

According to the document, the Action Plan includes a paragraph on the withdrawal of trivalent oral poliomyelitis vaccine which, in particular, states that preventive live oral poliomyelitis vaccine (OPV) should be discontinued and removed from the cold chain in subordinate health care facilities, the deadline is 18 April 2016. The entire amount of trivalent vaccine available at that time was disposed of on 5 August 2016 (more than 4.3 million doses).

The specified order of the MoH also provided for the transition to bivalent oral poliomyelitis vaccine, in particular:

- collecting data on the need of the regions in the bivalent live oral poliomyelitis vaccine (bOPV) for 2016, according to the Calendar of preventive vaccinations;
- providing the need for bOPV for 2016 to UNICEF;
- completing the state registration procedure of bOPV vaccine and controlling the compliance with quality indicators;
- conducting thematic seminars on the transition from the use of the trivalent vaccine to bivalent live oral poliomyelitis vaccine in Ukraine.

***Accidents***

***1. The Committee requests information on measures/policies taken to reduce and prevent the above types of accidents and trends in this area (regardless of whether the number of accidents has increased or decreased).***

Local authorities adopt programmes and plans to reduce non-occupational injuries. The comprehensive action plans to improve safety, occupational health and production environment for 2014–2018 and 2019–2023 approved by the decision of the regional council on safe living has been implemented during the reporting period in Zaporizhia oblast.

Urgent problems on occupational safety are considered at the meetings of the regional council on safe living, including issues on the level of occupational injuries and relevant activities to prevent accidents at work.

**Article 12**  
**The right to social security**

With a view to ensuring the effective exercise of the right to social security, the Parties undertake:

1. to establish or maintain a system of social security;
2. to maintain the social security system at a satisfactory level at least equal to that necessary for the ratification of the European Code of Social Security;
3. to endeavour to raise progressively the system of social security to a higher level;
4. to take steps, by the conclusion of appropriate bilateral and multilateral agreements or by other means, and subject to the conditions laid down in such agreements, in order to ensure:
  - a) equal treatment with their own nationals of the nationals of other Parties in respect of social security rights, including the retention of benefits arising out of social security legislation, whatever movements the persons protected may undertake between the territories of the Parties;
  - b) the granting, maintenance and resumption of social security rights by such means as the accumulation of insurance or employment periods completed under the legislation of each of the Parties.

### PARAGRAPH 3

In the reporting period, the Government and the Ministry of Social Policy adopted a number of regulations aimed at the following:

- elaborating general rules for all social service providers — the list of services is defined, criteria for the activity of service providers are established, 19 state standards of social services and methodical recommendations on the service cost calculation are approved;

- involvement of non-governmental organisations in the provision of services — the procedure for implementing the social services commissioning, guidelines for the evaluation of tenders, amendments to the legislation governing public-private partnership;

- improvement of the administration of social services — the procedure for determining service needs of the population, recommendations for monitoring and evaluating the quality of services, informing the public about services. In addition, differentiated payment has been introduced for the accessibility of social services.

On 17 January 2019, the Verkhovna Rada of Ukraine adopted the Law of Ukraine “On Social Services” (hereinafter referred to as the Law) that, in particular, provides for the revision of general approaches to social services.

Implementation of the Law ensures targeting and accessibility of social services, openness and competitiveness, expanding the range of social service providers by involving non-governmental organisations through social service commissioning, public procurement, public-private partnership, social projects competitions, reforming local authorities in providing social services, improving the administration of social services.

To improve the quality of social services, institutions/facilities are introducing innovative social services.

Territorial centres of social services have introduced the following services:

- social and pedagogical Universities of the Third Age;
- home palliative care at the place of residence;
- home care for people with mental disorders;
- supported living for elderly and disabled people on the basis of specialised residential buildings, in particular in Kyiv city;
- day care.

Multidisciplinary teams providing social services in remote settlements are being created in the territorial centres. In 2016, 521 such teams provided services to 59.7 thousand people.

The orphanages for the elderly and people with disabilities introduce new approaches in their work, namely:

- day care department has been opened at orphanages (in Dnipropetrovsk and Odesa oblasts);
- physical culture and sports rehabilitation is being promoted;
- creative activity of charges and boarders in painting and decorative-applied art is being developed;
- medical and social rehabilitation departments have been opened in Zinkiv and Novi Sanzhary orphanages in Poltava oblast;
- the branches (groups) of supported living are functioning at 11 boarding schools (in Zaporizhia, Mykolaiv, and Odesa oblasts).

To restore work skills of homeless people and for their labour reintegration, labour (production) workshops (furniture, candle, confectionery, charity shops, sawmill, etc.) have been created in Lviv, Poltava and Chernivtsi oblasts based on non-governmental organisations working with homeless people.

Facilities and institutions of social service/protection of the population that deliver social services, serve the elderly, persons with disabilities, homeless persons, and persons who have served a sentence of restraint or deprivation of freedom for a determined period, according to the State standards of social services.

The social service system is decentralised, as local executive authorities and local governments perform the following activities:



determine the needs for social services of residents in administrative-territorial units;  
 plan the social service management;  
 commission social services from non-governmental organisations;  
 make decisions on the provision of social services at the request of citizens;  
 finance the provision of social services at the expense of local budgets.

Importantly, heads of amalgamated territorial communities are not allowed to narrow the rights of citizens in the conditions of state power decentralisation.

***a) Provide information on the coverage of social services and their conditions for employed persons or those whose work is managed on digital platforms (for example, bicycle delivery services).***

The activities of the State Employment Service are focused on providing social services to citizens related to finding a suitable job and assistance in employment, providing information and counselling services related to employment, organisation of vocational training or retraining, advanced training, career guidance.

Employed persons who have applied to the State Employment Service receive the full range of social services provided by the employment service, including information and counselling services related to employment; informing on the possibilities of finding a suitable job, promoting employment using the acquired knowledge and skills, as well as career guidance, organisation of vocational training or retraining, advanced training, starting own business.

The State Employment Service provides the temporary employment opportunity to both unemployed and employed, for public and other temporary work.

Besides, the State Employment Service implements a set of measures to support entrepreneurship among the population and the unemployed.

In particular, Law 5067-VI provides for free individual and group consultations on the organisation and conduct of business activities with the involvement of state authorities on a voluntary basis to stimulate self-employment of the population and entrepreneurial initiative. Free individual and group consultations are provided for individuals who intend to start a business or are already engaged in such activities. Consultations are provided by representatives of competent authorities, as well as local governments, employers' associations, trade unions, associations of entrepreneurs, banks, business centres, business incubators, small business support funds, leasing companies, consulting centres, other enterprises, institutions and organisations, contribute to the development and support of small and medium enterprises in the relevant activity areas.

At the same time, to mitigate the negative consequences of mass layoffs, occurred due to reorganisation, closing of structural units or bankruptcy of the enterprise, the employment service together with the authorities, employers, and trade unions, provides a set of special services for persons subject to layoff, namely: advising employees on their rights and state guarantees of social protection, organisation of vocational training and promotion of entrepreneurship and self-employment, assistance in finding and selecting suitable work, and assistance in partial unemployment.

Experts of the State Employment Service provide advice on compliance with labour and employment legislation, state social insurance in case of unemployment, including the layoff or dismissal of employees; employment of citizens who need social protection and are not able to compete on equal terms in the labour market, etc.

When serving the population and employers, the State Employment Service provides information, consulting and career guidance services aimed at raising awareness of clients about the state of the labour market, the world of professions, and employment services.

Career guidance services in both individual and group forms are provided with the obligatory consent of the client, on a voluntary basis.

Employment-related group services include seminars and training on various topics and information content. Events are organised and conducted according to the list of information and counselling and career guidance activities. They are as follows:

- group career information events represent seminars for dismissed workers, persons released from prisons, youth, including students and their parents, women, persons with disabilities, persons aged 45+ and 50+, IDPs, anti-terrorist operation participants. Thematically, these are seminars on informing about the rights and responsibilities of citizens in legal relations with the State Employment Service during the job search and with employers after employment; services of the State Employment Service (content and conditions of receipt) and training in job search methods; highlighting the benefits of legal and the risks of illegal employment; preventing discriminatory manifestations in job search and employment; other employment issues.

Career information aims at providing details about employment and its role in professional self-determination, information about the labour market, the content and prospects of modern professions and requirements for the person, forms and conditions of mastering professions, opportunities for professional and career growth that will facilitate the shaping of professional interests, intentions, and motivation of the person to choose or change the occupation, profession, qualification, job.

- group vocational counselling activities, including vocational guidance lessons for senior class students; training on mastering job search skills (writing a resume, preparing for an interview); motivational seminars/training for people of a certain age category, and others.

Vocational counselling activities are aimed at mastering the skills of job search, writing a resume, interviewing potential employers, selecting and implementing a business idea, and other activities related to the development of their professional trajectory. Clients of employment centres are also invited to such events according to their information needs and topics covered.

- public career information events include open days, fairs of vacancies and professions, presentations of employers and educational institutions, etc.

Public career information events are comprehensive events of the employment centre held both in the premises of employment centres and outside them. Such events can be organised jointly with employers, educational institutions, other government agencies, and NGOs. The issues covered at public events are comprehensive and cover a wide range of citizens belonging to different categories and age groups.

In addition to group career guidance activities, each client of the employment service is provided with individual consultations on the selection/change of profession or type of professional activity, including the use of psychodiagnostic methods at their request and upon their consent. Such consultations are popular among senior class students and their parents.

Besides, experts of the State Employment Service provide methodological consultations (individual and group ones) on the organisation and conduct of career guidance activities. Such services are mostly provided to senior class teachers, deputy principals, and school psychologists of secondary education institutions.

The projects related to the establishment and operation of career centres are being implemented in cooperation with higher education institutions. Experts of employment centres provide information to graduates of these educational institutions about the state of the labour market, conditions and rules of job search, preparation of resumes.

The number of persons covered by career guidance services (except for registered unemployed persons)

Year	Persons in total	among them:							
		internally displaced persons	ATO participants	persons with disabilities	imprisoned	registered with probation organisations	children with disabilities	orphaned children and children deprived of parental care	persons studying in educational institutions of different types
2019	2 521 776	6 762	6 464	11 429	4 704	8 615	10 638	8 915	1 511 159
2018	2 468 646	11 744	7 717	11 743	7 777	2 571	10 610	8 045	1 338 122
2017	1 951 734	14 119	5 768	9 633					1 078 724
2016	1 785 226	23 843	7 004	9 072					958 795

Partial unemployment benefits are one of the components of an active employment policy in terms of financial support to employers in the event of suspension (reduction) of production and the threat of worker layoff without termination of employment.

The State Employment Service monitors high-profile cases of mass layoffs at enterprises where actual layoffs are planned and where the situation is threatening.

Besides, experts of the State Employment Service systematically study the problems of enterprises that provide information on the planned mass layoffs, as well as the possibility of using financial support mechanisms, including partial unemployment benefits and preventing the onset of an insured event.

Since 2013, based on the results of the work carried out in Luhansk, Kharkiv, Zaporizhia, Kyiv, Kirovohrad, Donetsk oblasts and the city of Kyiv, enterprises received funds for the payment of partial unemployment benefits as follows:

- to 136 employees in 2013;
- to 567 employees in 2014;
- to 769 employees in 2015;
- to 1 363 employees in 2016;
- to 766 employees in 2017;
- to 308 employees in 2018;
- to 325 employees in 2019;

***b) If a discrepancy was found in the previous conclusion, explain whether this problem was solved and how it was done. If the previous conclusion was postponed, answer the questions.***

***c) Add information on any impact of the COVID-19 crisis on the coverage of social services or any specific measures taken to compensate or mitigate the possible negative impact.***

During the quarantine, the protection of social workers was strengthened.

Law of Ukraine No. 540-IX “On Amendments to Certain Legislative Acts Aimed at Providing Additional Social and Economic Guarantees Related to the Spread of COVID-2019” provides for additional surcharges (to those legally established) to salaries of employees in the field of social protection of the population who directly provide social services at the place of residence/stay of social service recipient (at home).

Resolution of the Cabinet of Ministers of Ukraine No. 641 of 22 July 2020 “On the establishment of quarantine and the introduction of enhanced anti-epidemic measures in the territory with a significant spread of COVID-19 caused by SARS-CoV-2” (amended) regulated the issue of social services during the epidemic, namely, the identification and care of single persons and persons living alone, among the elderly, persons with disabilities, persons in self-isolation, and the

organisation of their proper social support; regulation of the activities of social protection institutions and establishments where elderly citizens temporarily/permanently reside/stay.

To create conditions for attracting charitable, public organisations, businesses, volunteers to assist lonely elderly people, people with disabilities, families with children, including children with disabilities, the Help Is Near Information Platform was created on 1 April 2020.

This online social project promptly identifies needs and provides appropriate assistance to the elderly, people with disabilities, families with children (including children with disabilities), and other socially vulnerable groups.

To receive assistance and social services, citizens of the above categories should contact the hotlines operating at local authorities and leave information about the need for food, personal care products, household chemicals, transportation services.

Besides, briefing among the population is given by posting relevant information on changes in the social area on the official website of the Ministry of Social Policy (msp.gov.ua), on Facebook.

#### **PARAGRAPH 4**

Issues of social security, in particular pensionary ones, are regulated by international treaties (agreements) in Ukraine.

These treaties (agreements) are divided into two types:

- treaties based on the territorial principle, according to which the costs of paying pensions are borne by the state where the recipient resides (concluded with the CIS countries, Hungary, Romania);
- treaties based on the proportional principle, according to which each contracting party assigns and pays a pension for the relevant insurance (work) experience acquired in the territory of the state of this party. Under the principle of proportionality, Ukraine has concluded social security agreements with the Republic of Bulgaria, the Republic of Estonia, the Republic of Latvia, the Republic of Lithuania, the Kingdom of Spain, the Czech Republic, the Slovak Republic, the Portuguese Republic, the Republic of Poland, the State of Israel (not ratified) and the Federal Republic of Germany (not ratified).

The list of current treaties (agreements) is given in Annex 3.

#### **Article 14**

##### **The right to benefit from social welfare services**

With a view to ensuring the effective exercise of the right to benefit from social welfare services, the Parties undertake:

1. to promote or provide services which, by using methods of social work, would contribute to the welfare and development of both individuals and groups in the community, and to their adjustment to the social environment;
2. to encourage the participation of individuals and voluntary or other organisations in the establishment and maintenance of such services.

#### **PARAGRAPH 1**

***a) Explain how and to what extent the activities of social services are supported during the COVID-19 crisis, as well as whether special measures have been taken concerning possible similar crises in the future.***

During the quarantine, the protection of social workers was strengthened.

Law of Ukraine No. 540-IX “On Amendments to Certain Legislative Acts Aimed at Providing Additional Social and Economic Guarantees Related to the Spread of COVID-2019” provides for additional surcharges (to those legally established) to salaries of employees in the field of social

protection of the population who directly provide social services at the place of residence/stay of social service recipient (at home).

Resolution of the Cabinet of Ministers of Ukraine No. 375 of 29 April 2020 “Some Issues of Remuneration (Cash Security) of Certain Categories of Employees, Servicemen of the National Guard and the State Border Guard Service, Members of the Rank and File Personnel and Senior Officers of Civil Defence Authorities and Units, Police Officers Who Support the Population Living Activities to Prevent the Spread of COVID-19 Caused by SARS-CoV-2 in Ukraine for the Period of Quarantine Established by the Cabinet of Ministers of Ukraine and within 30 Days from the Date of Its Abolition” established a surcharge for social service providers of public/municipal sector who directly provide social services at the place of residence/stay of their recipients (at home), in the maximum amount of up to 100 per cent of wages.

In pursuance of paragraph 4 of this resolution, the Order of the Ministry of Social Policy of Ukraine No. 597 of 1 September 2020 registered with the Ministry of Justice of Ukraine on 16 September 2020 under No. 897/35180 approved the List of positions of social service providers in the public/municipal sector who directly provide social services at the place of residence/stay of their recipients (at home) for the payment of an additional surcharge to wages (legally established) to employees who directly provide social services at the place of residence/stay of their recipients (at home), up to 100 per cent of the wage for the period of implementing measures aimed at preventing the occurrence and spread, localisation and elimination of outbreaks, epidemics and pandemics of coronavirus disease (COVID-19).

The following persons may receive a surcharge of up to 100 per cent of salary:

- Counselor/social work specialist.
- In-home social care expert.
- Social carer.
- Social worker.
- Physical therapist.
- Practicing psychologist/psychologist.

The list of workers to whom the appropriate surcharge is set is determined by the head of the social protection institution or facility. The specified surcharge is paid at the expense and within the spending limits of local budgets provided under the corresponding budgetary programmes of chief controllers of budgetary funds.

***b) If a discrepancy was found in the previous conclusion, explain whether this problem was solved and how it was done. If the previous conclusion was postponed, answer the questions.***

#### **Questions: Conclusions – 2017**

##### ***Organisation of social services***

##### ***1. The Committee requests information on the impact of the Social Service Reform Strategy and the Impact of the 2013–2016 Action Plan on Social Service Recipients.***

As part of the implementation of this Strategy and Action Plan, the legal regulation of the formation of the social services system, the activities of entities providing social services of all forms of ownership has been ensured, namely:

- taking into account the European experience, a new version of the Law of Ukraine “On Social Services” has been developed and the laws of Ukraine “On Social Work with Families, Children and Youth”, “On the Status of War Veterans, Guarantees of Their Social Protection”, “On Basic Principles of Social Protection of Labour Veterans and Other Elderly Citizens in Ukraine”, “On the Rehabilitation of People with Disabilities in Ukraine”, etc. have been amended;
- a number of instruments have been adopted, including those by the Cabinet of Ministers of Ukraine on determining the criteria for the activities of entities providing social services; a

list of social services provided to persons in difficult life circumstances; social service commissioning at the expense of budget funds; determining the needs of the population of the administrative-territorial unit in social services; monitoring and evaluating the quality of social services, etc.;

- standardisation of social services has been introduced, in particular, 14 state standards of social services have been approved;
- financing of institutions and facilities providing social services has been decentralised.

### *Actual and equal access*

***1. With a view to providing services to persons who are unable to pay, a differentiated fee of no more than 12% of the person's income is established. In this regard, the Committee requests to include in the next report information on the maximum amount charged from recipients of services.***

Resolution of the Cabinet of Ministers of Ukraine No. 1184 of 19 December 2012 “On approval of the Procedure for providing social services with the establishment of differentiated fees and amendments to the list of social services, conditions and procedure for their provision by structural units of the territorial social services centre (social services)” approved the Procedure for providing social services with the establishment of a differentiated fee (hereinafter referred to as the Procedure). This Procedure defines the mechanism for providing social services with the establishment of a differentiated fee.

Differentiated fee for the provision of social services is set based on the person's average monthly total income for the previous calendar year in amounts not exceeding:

75 per cent of the specified income in the case of inpatient care social services, palliative/hospice care in a hospital;

12 per cent in the case of home care social services, palliative care at home, day care, supported living, asylum;

5 per cent in the case of social services in the field of interests representation, mediation (mediation), in-kind aid;

3 per cent in the case of services of social adaptation, social integration and reintegration, social rehabilitation, counselling, social support during employment and at the workplace, social prevention.

If a person requiring social services with the establishment of a differentiated fee (hereinafter referred to as the person) receives several social services, the amount of such fee is determined based on a higher percentage but shall not exceed 75 per cent of the average monthly total income.

The amount of the monthly differentiated fee for social services shall not exceed the cost of services provided during the month.

Resolution of the Cabinet of Ministers of Ukraine No. 629 of 22 August 2018 “On amendments to the procedure for the provision of social services with the establishment of differentiated fees” was amended.

## **PARAGRAPH 2**

***a) Provide information on involving users in social services (collaborative work), in particular how such involvement is guaranteed and supported in legislation, in the allocated budget and decisions at all levels, as well as in the development and practical provision of services. Here, joint work means the joint work of social services and those who use their services, based on basic principles such as equality, diversity, access, and reciprocity.***

The Law of Ukraine “On Social Services” (hereinafter - the Law) that entered into force on 1 January 2020 defines the parties to the social services system, among them:

social service provider association is a public association where founders and members are social service providers and whose purpose is to protect the rights and interests of social service providers;

social service recipient association is a public association whose founders and members are recipients of social services, their legal representatives, and whose purpose is to protect the rights and interests of social service recipients;

Association of social services system employees is a public association whose founders and members are employees of the social service system and whose purpose is to protect the rights and interests of employees of the social service system, as well as the interests of citizens related to professional activities in the social service system.

Besides, Article 14 of the Law stipulates that the authorised bodies of the social service system may involve associations of social services, associations of providers and recipients of social services on a paid or pro bono basis in the manner approved by the central executive authority in charge of shaping the state policy on social protection to perform the following activities:

- 1) determine the needs of the population of the administrative-territorial unit/territorial community in social services;
- 2) monitor the provision of social services, assess their quality, analyse compliance of social services with certain needs for social services;
- 3) inform the population about the list of social services, their content, and the procedure for providing them in a form comprehensible to persons with any type of health disorder;
- 4) develop professional competence/qualification of workers provide social services;
- 5) develop and/or improve regulatory acts on the provision of social services, on the issues of training, retraining, and advanced training of employees providing social services and individuals providing social care services according to this Law without business activities;
- 6) study and implement the best experience in providing social services;
- 7) monitor the interaction between the parties to the social service system;
- 8) provide assistance to persons in exercising the right to receive social services;
- 9) develop local programmes that provide social services.

Also, associations of social service system employees, associations of providers and recipients of social services have the right to hold other activities on the provision of social services according to the legislation on social services and the charter of such associations.

The recipient of social services is involved by participating in the assessment of individual needs, development of an individual social service plan, its implementation and adjustment, the conclusion of a social service contract.

***b) If a discrepancy was found in the previous conclusion, explain whether this problem was solved and how it was done. If the previous conclusion was postponed, answer the questions.***

#### **Questions: Conclusions – 2017**

***1. In its previous conclusion (2013), the Committee requested to provide statistics on subsidies paid by the central government and local authorities to volunteer organisations providing social services in the next report. It also added that the next report would describe any other types of support that may exist for volunteer organisations, such as tax breaks.***

Under subparagraph 197.1.15, paragraph 197.1, Article 197 of the Tax Code of Ukraine, operations on rendering of charitable support, namely, gratuitous supply of the goods/services to the charitable organisations formed and registered according to the legislation, as well as rendering of such support by charitable organisations to the recipients are exempt from the VAT according to the legislation on charitable activities and organisations.

Many organisations providing social services are registered in the form of charitable foundations that belong to non-profit organisations.

In Ukraine, non-profit organisations included in the Register of non-profit institutions and organisations are not payers of income tax and VAT if the sources of income and the use of funds meet the purpose (objectives) and activities defined in the statutory documents of such non-profit organisation.

The tax abatement of a taxpaying individual includes the amount of funds or the value of the property transferred (conveyed) by the taxpayer in the form of donations or charitable contributions to qualified non-profit organisations, not exceeding 4% of its total taxable income for the reporting year.

For legal entities, there are also restrictions on the recognition of charitable expenses for income tax purposes at the level of 4% of taxable income of the previous reporting year.

### **Article 23**

#### **The right of elderly persons to social protection**

With a view to ensuring the effective exercise of the right of elderly persons to social protection, the Parties undertake to adopt or encourage, either directly or in co-operation with public or private organisations, appropriate measures designed in particular:

- to enable elderly persons to remain full members of society for as long as possible, by means of:

a) adequate resources enabling them to lead a decent life and play an active part in public, social and cultural life;

b) provision of information about services and facilities available for elderly persons and their opportunities to make use of them;

- to enable elderly persons to choose their lifestyle freely and to lead independent lives in their familiar surroundings for as long as they wish and are able, by means of:

a) provision of housing suited to their needs and their state of health or of adequate support for adapting their housing;

b) the health care and the services necessitated by their state;

- to guarantee elderly persons living in institutions appropriate support, while respecting their privacy, and participation in decisions concerning living conditions in the institution.

#### ***Questions***

***a) Provide details of the measures (legal, practical, and proactive, including supervision and inspection) taken to ensure that no elderly person is left without access to and enjoyment of their social and economic rights.***

Part 3, subparagraph 6, paragraph 1 of the Action Plan for the implementation of the State Policy Strategy on healthy and active longevity for the period up to 2022 approved by the Order of the Cabinet of Ministers of Ukraine No. 688-r of 26 September 2018 provides for the development of a draft law to amend the Law Of Ukraine “On the Basic Principles of Social Protection of Labour Veterans and Other Elderly Citizens in Ukraine” considering the results of the analysis of its implementation.

According to the results of the analysis of current legislation on social protection of labour veterans and other elderly citizens in Ukraine conducted by the Ministry of Social Policy together with the Ministry for Communities and Territories Development of Ukraine, the Commissioner for Human Rights of the Verkhovna Rada of Ukraine, the Institute of Gerontology named after D. F. Chebotariov of the National Academy of Medical Sciences of Ukraine, Institute of Demography and Social Research named after M. V. Ptukha of the National Academy of Sciences of Ukraine, and public organisations identified a number of issues to be regulated (including determining age categories, benefits, medical care).

The Law of Ukraine “On Basic Principles of Social Protection of Labour Veterans and Other Elderly Citizens” (hereinafter referred to as the Law) stipulates that elderly citizens are persons who



have reached retirement age established by Article 26 of the Law of Ukraine “On Compulsory State Pension Insurance”, as well as persons who have no more than one and a half years left before reaching the specified retirement age (such amendments have been introduced by the Law of Ukraine “On Measures on Legislative Safeguard of the Pension System Reform”).

The Law of Ukraine “On Amendments to Certain Legislative Acts of Ukraine Concerning Pension Increase” amended the Law of Ukraine “On Compulsory State Pension Insurance” according to which the acquisition of the right to a pension depends on the length of service, reaching a certain age, that, in turn, makes it impossible to determine the same age for the recognition of citizens as elderly, besides, the retirement age of 65 does not correspond to the biological age and condition of the human body.

Based on research conducted by the World Health Organisation, a new age classification has been adopted that considers the age of 60 to 75 to be elderly.

Linking the concept of “an elderly person” to the pensionable service and reaching the established age required to obtain the right to a pension is a violation of the principle of equal opportunities for citizens.

The concept “elderly citizens” used in the current version of the Law does not cover foreigners and stateless persons who are legally present on the territory of Ukraine and have the right to guarantees specified by this Law.

The current version of the Law does not provide a number of guarantees necessary for the creation of conditions for the elderly for healthy and active longevity, timely assistance.

To address these issues, a draft Law of Ukraine “On amendments to certain laws of Ukraine on social protection of the elderly” was developed.

The draft Law proposes to amend the laws of Ukraine “On Basic Principles of Social Protection of Labour Veterans and Other Elderly Citizens in Ukraine” and “On Compulsory State Pension Insurance” to increase the social protection level of the elderly.

The draft Law of Ukraine “On amendments to certain laws of Ukraine on social protection of the elderly” was registered in the Verkhovna Rada of Ukraine on 29 October 2020 under No. 4285.

The draft act provides for the definition of the basic principles of state policy on labour veterans and the elderly; optimisation of benefits for these categories of persons; clarification of the concepts “elderly person”, “pre-retirement person”; reimbursement of expenses to individuals who provide social services for the care of single elderly people without doing business; promoting healthy and active longevity; providing natural care in the form of bed mats and diapers; providing the elderly, who due to the health state may need emergency care, electronic wireless personal Safety Button alarm, and the elderly with mental disorders — with identification bracelets with QR-code, definition “full state support”.

***b) Provide information on specific measures taken to protect the health and well-being of the elderly in their homes and specialised facilities in the context of the pandemic crisis, such as the COVID-19 crisis.***

Due to the spread of COVID-19, the Ministry of Social Policy of Ukraine is constantly working to develop and improve anti-crisis measures aimed at strengthening social protection. In Ukraine, a number of important decisions have been made for the social support of the most vulnerable categories of citizens.

The Ministry of Social Policy of Ukraine has instructed regional administrations to:

- intensification of work on identifying and servicing single persons and persons living alone at home, helping the elderly and people with disabilities to pay for housing and utility services;
- taking measures to organize visits to single persons and persons living alone at home by employees of social security institutions and facilities to care for them, deliver them medicines and food to keep the elderly and people with disabilities safe from infecting;
- constant monitoring of the epidemic situation in facilities and institutions, strengthening of cooperation with territorial medical facilities.

With a view to preventing the infection of the elderly, persons with disabilities who permanently reside in boarding facilities of the social protection system, the Ministry of Social Policy recommended the regional, Kyiv state administrations the following:

- to limit the visits of charge/boarder children by parents, legal representatives, relatives, other persons as much as possible. to recommended maintaining family ties and communication with parents, legal representatives, and relatives by telephone, Internet communication until the situation stabilises;

- stop holding mass events (competitions, concerts, performances, sports events, etc.);

- when placing children, the elderly, persons with disabilities in residential facilities, strictly adhere to their stay in the quarantine group for the time necessary for medical and laboratory examinations, provide regular ventilation of residential and office premises, if possible, perform quartz disinfection;

- take urgent measures to provide and maintain a sufficient number of anti-epidemic drugs and personal protective equipment, disinfectants, etc.;

Resolution of the Cabinet of Ministers of Ukraine No. 641 of 22 July 2020 “On the establishment of quarantine and the introduction of enhanced anti-epidemic measures in the territory with a significant spread of COVID-19 caused by SARS-CoV-2” (amended) regulated the issue of social services during the epidemic, namely, the identification and care of single persons and persons living alone, among the elderly, persons with disabilities, persons in self-isolation, and the organisation of their proper social support; regulation of the activities of social protection institutions and establishments where elderly citizens temporarily/permanently reside/stay.

Social protection of single elderly citizens has been strengthened, in particular, the Ministry of Social Policy has sent a number of letters to regional and Kyiv state administrations regarding:

- intensification of work on identifying and servicing single persons and persons living alone at home, helping the elderly and people with disabilities to pay for housing and utility services;

- taking measures to organize visits to single persons and persons living alone at home by employees of social security institutions and facilities to care for them, deliver them medicines and food to keep the elderly and people with disabilities safe from infecting;

- constant monitoring of the epidemic situation in facilities and institutions, strengthening of cooperation with territorial medical facilities.

The Ministry of Social Policy, together with the National Network of ATB Grocery Stores, provided food packages to single persons and persons living alone, among citizens over the age of 80, the elderly in need of care, and people with disabilities. The food package, in particular, contained salt, sugar, wheat groats, oatmeal, pasta, rice, oil, tea, biscuits, lemon. About 580.0 ths. citizens were provided with food packages.

To create conditions for attracting charitable, public organisations, businesses, volunteers to assist lonely elderly people, people with disabilities, families with children, including children with disabilities, the Help Is Near Information Platform was created on 1 April 2020.

This online social project promptly identifies needs and provides appropriate assistance to the elderly, people with disabilities, families with children (including children with disabilities), and other socially vulnerable groups.

To receive assistance and social services, citizens of the above categories should contact the hotlines operating at local authorities and leave information about the need for food, personal care products, household chemicals, transportation services.

Besides, briefing among the population is given by posting relevant information on changes in the social area on the official website of the Ministry of Social Policy ([msp.gov.ua](http://msp.gov.ua)), on Facebook.

As part of informing the public about mutual assistance and assistance to the elderly in quarantine to prevent the spread of COVID-19 in Ukraine, the Ministry of Culture and Information Policy of Ukraine (MCIP) applied to the national and regional TV channels of Ukraine in April 2020 for considering the coverage of a social video called “Take Care of Your Neighbours”.

In November 2020, the MCIP similarly requested national and regional TV channels in Ukraine to consider showing a video entitled “How to take care of the elderly during the quarantine caused by COVID-19” on social advertising rights. The videos are designed to motivate citizens to

support those who need help — lonely elderly people, people with disabilities, low-income families, and other socially vulnerable groups.

Besides, in May 2020, the MCIP joined the initiative of the Office of the President of Ukraine and supported an information and communication campaign called “Big conversation about Barrier-free life”. The essence of this information campaign is to draw public attention to the problems of people with disabilities, people in need of special attention, the elderly, and to overcome the misunderstanding of these problems by society. On the relevant site, everyone was asked to answer seven key questions. The results of these answers will provide an understanding of what the issues in overcoming barriers are the most important in Ukraine today.

The campaign also produced a 44-second social video notionally titled “Big conversation about Barrier-free life”. In May 2020, the Ministry applied to national and regional TV channels to ensure the broadcast of this social video on Ukrainian television.

In November 2020, together with the Ukrainian Volunteer Service Organisation, the MCIP implemented the My Telephone Friend information project aimed at providing social and psychological support to the elderly, people with disabilities, and other socially vulnerable groups during the pandemic, associated with the spread of COVID-19 through telephone volunteering. MCIP applied to the Ukrainian National Information Agency “Ukrinform” and the State Enterprise “Centre for the Protection of Information Space of Ukraine” that are part of the department's management, to consider joining the project and provide maximum dissemination of relevant information materials developed and provided by the Ukrainian Volunteer Service Organisation.

***c) If a discrepancy was found in the previous conclusion, explain whether this problem was solved and how it was done. If the previous conclusion was postponed, answer the questions.***

#### **Questions: Conclusions – 2017**

##### ***Legislative framework***

***1. The Committee would like to know whether there is a case law on age discrimination outside employment that would protect the elderly from this form of discrimination.***

***2. The Committee shall ask whether there is any relevant case law or whether statistics on the number of registered complaints or cases of age discrimination can be obtained.***

There is no case law of the Supreme Court related to the consideration of cases on this issue.

##### ***Sufficient resources***

***1. In its previous conclusion (Conclusions 2013), the Committee raised the question of whether there was any additional cash benefits/payments for recipients of a minimum retirement pension (or a guaranteed pension for low-income elderly people depending on the circumstances). The report does not provide any details in this regard, so the Committee reiterates its question.***

In 2019, the pension supplement was established for persons who receive a pension granted according to the Law of Ukraine “On Compulsory State Pension Insurance” and have pensionable service of 35 years for men and 30 years for women if the amount of monthly pension payment, taking into account statutory allowances, increases, additional pensions, targeted monetary assistance, indexation amounts, and other surcharges to pensions (except for pensions for special services to Ukraine) does not reach UAH 2000, in the amount lower than the specified amount (Resolution of the Cabinet of Ministers of Ukraine No. 543 from 26 June 2019 “On Amendments to Certain Resolutions of the Cabinet of Ministers of Ukraine”).

***Prevention of the elderly abuse***

***1. In its previous conclusions (Conclusions of 2009 and 2013), the Committee asked, inter alia, what had been done to assess the scale of the problem and to raise awareness of the need to eradicate elder abuse and neglect, as well as whether any legislative or other measures in this area were planned. The report states that the non-profit organisation “Care for the Elderly in Ukraine” has launched a campaign to prevent abuse of the elderly with the support of the European Union. The results of this campaign were published, and in February 2014 a conference on this topic was held in Kyiv. The Committee requests further information on the results of this campaign in the next report. The report also states that the Commission for Assistance to Abuse Victims was established in cooperation with local authorities. The Committee requests additional information on this matter.***

The Action Plan for the implementation of the State Policy Strategy on healthy and active longevity for the period up to 2022 identifies measures, in particular, to form a positive attitude of society to the elderly, public recognition and encouragement of their contribution and potential, strengthening solidarity between generations, prevention of discrimination on the grounds of age, sex, disability, social origin, and place of residence, development of effective methods to overcome discrimination.

According to reports from the regions of Ukraine, coordination councils on family, gender equality, demographic development, prevention of domestic violence and combating human traffic have been established in the regions as advisory bodies for coordination of actions and interdepartmental cooperation of local authorities, enterprises, institutions, and public organisations in addressing these issues, and approved regulations on them.

In Luhansk oblast, all raion state administrations, military-civil administrations of Lysychansk and Sievierodonetsk, and Rubizhne City Council also have relevant coordination councils that include all subjects of interdepartmental cooperation in preventing and combating domestic violence. Coordination councils or working groups on security, combating domestic violence, social cohesion, and gender equality have also been established in some territorial communities. In total, there are 26 advisory bodies in the Luhansk oblast that are responsible for preventing and combating domestic violence.

The All-Ukrainian charitable organisation “Care for the Elderly in Ukraine” has been working in recent years to prevent elderly abuse.

With a view to preventing the elderly abuse, provide effective assistance to victims by the charitable organisation, the results of the pilot project proposed to establish Commissions for the Protection of the Rights of the Elderly (hereinafter - the Commission), that is recommended to engage responsible representatives incl. the representative of the Charitable organisation.

In the cities of Chernihiv, Mykolaiv, Ternopil, Ivano-Frankivsk, the Charity organisation has opened counselling centres “Representation and protection of the rights of the elderly in Ukraine”.

Currently, to disseminate the experience of establishing such commissions, draft guidelines for the activities of commissions for the protection of the rights and interests of the elderly who have suffered from harm (age discrimination, violence, etc.) have been developed.

The work continues in this area.

Upon the information received, the Ministry of Education and Science (MES) has developed and approved an action plan for the implementation of the State Policy Strategy on healthy and active longevity for the period up to 2022 (Order of the MES No. 1437 of 22 December 2018). To ensure the implementation of this Order, the Ministry sent a letter to the heads of postgraduate pedagogical education institutions (No 22.1/10-208 of 21 January 2019) where it is recommended to envisage the following:

introducing communication hours and extracurricular activities in educational institutions on decent treatment to elderly citizens, explanation of age characteristics of elderly citizens, formation of respect for people regardless of age and education of solidarity between generations, and non-discrimination;

monitoring of the needs of the territorial community in educational services, in particular for the elderly living in rural areas and in depressed areas;

providing methodological assistance to teachers of secondary education institutions to make students aware of the psychological and physiological characteristics of the elderly, particularly those having dementia, to prevent conflicts in the family.

The work plans of general secondary and vocational (vocational and technical) education institutions provide measures to instil respect and dignity for the elderly, solidarity between generations in children.

Issues to inform students about the psychological and physiological characteristics of the elderly, particularly to prevent conflicts in the family, are included in the content of the Fundamentals of Health curriculum.

Starting from the 2018/2019 academic year, a new basic course “Civic Education” is taught in the 10th grades of general secondary education institutions whose content addresses the following issues: “Socialisation in the Family”, “Partnership in the Family”, “Human Dignity and Human Rights”, “Stereotypes and Prejudices. Discrimination. Conflicts”, “Tolerance and Inclusion”, etc.

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

***1. In 2014, there were 658 social service centres in Ukraine that provided services to 1 430 016 people. The Committee notes that the number of centres has been steadily declining since its first conclusion (Conclusions 2009), and requests that the next report explains the reasons for this decrease and its impact on the elderly. The Committee also asks what proportion of Ukraine's population are elderly.***

As of 31 December 2020, there are 667 territorial centres of social services (provision of social services) and 125 centres of social services in Ukraine — institutions that provide comprehensive services to both the elderly and families with children. The number of people served by these institutions is over 1.22 mln. people.

Importantly, the number of elderly people in Ukraine is about 9 mln. people.

***2. In the next report, the Committee requests information on the number of elderly people who use these services and how many of them have to pay for the services.***

The number of people served by these institutions is over 1.22 mln. people.

Among them, more than 183 ths. people received social services for a fee.

***3. The Committee raised a question whether supply was generally in line with demand and how the quality of services was monitored. In general, the coverage of most regions exceeds 80%. The lowest rates of coverage of the people in need are in Zaporizhia (79%), Kharkiv (72%), Cherkasy (67%), Kherson (67%), Odesa (65%), Sumy (62%), and Zakarpattia (59%) oblasts. The Committee concerns what measures are planned to improve this low rate.***

According to the Law of Ukraine “On social services”, local authorities annually determine the needs of the population in the administrative-territorial unit in social services for planning, financing, and organising the social services next year.

Upon the information received from the regions, the study of the needs of citizens in social services was conducted in the regions for the execution of the Order of the Ministry of Social Policy of Ukraine No. 28 of 20 January 2014 “On Approval of the Procedure for Determining the Needs of the Administrative-Territorial Unit in Social Services” and for a comprehensive and thorough process of determining needs for social services, planning of further work on their provision in February-March 2019. Social passports of oblast communities were also updated.

Employees of territorial social service branches (provision of social services), social service centres, other social services and social protection and service institutions, health care facilities, etc. were involved in determining the needs of elderly citizens in social services, in particular by conducting surveys of elderly citizens, analysis of their requests, the results of the assessment of their needs, and further planning of work on their provision.

During January-March, the need for social services is summarised every year by the Ministry of Social Policy.

According to information received from the regions, the population's needs for social services in 2019 amounted to more than 6 million services. During 2019, more than 5 million services were provided. The greatest need is for the services “counselling” and “social prevention”, “care” (mostly at home), “social adaptation” and representation of interests, the least need is for the service “asylum”.

Structural units on social protection of the population of oblast and Kyiv city state administrations annually submit to the Ministry of Social Policy analytical notes that provide a brief comparative description of the Report on the provision of social services (the 12-soc (annual) reporting form) containing quantitative indicators on the categories of persons who are in difficult life circumstances, and need/receive social services, institutions/facilities providing social services, their structural units, etc.), approved by the Order of the Ministry of Social Policy No. 138 of 30 January 2017 registered in the Ministry of Justice of Ukraine on 23 February 2017 under No. 251/30119, and additional information not covered in it.

The activity of the territorial centre of social services (provision of social services) is regulated by the Standard Regulations on the territorial centre of social services (provision of social services) approved by the resolution of the Cabinet of Ministers of Ukraine No. 1417 of 29 December 2009.

According to the 12-soc (annual) Form “Report on the organisation of social services” approved by the Order of the Ministry of Social Policy No. 138 of 30 January 2017 “On approval of the No. 12-soc (annual) reporting form “Report on the organisation of social services” and instructions on its completion” as of 1 January 2020, social services are provided by 667 territorial branches of social services (provision of social services) and 129 centres of social services that identified 1.25 mln people who are in difficult life circumstances and need social services and served more than 1.22 mln people in 2019.

The total number of employees of the Centres is 52,608 full-time employees according to the staff schedules, and the actual number of employees of the Centres is 49,334 people, including 1981 social employees and 30,246 social workers.

Besides, the website of the Ministry of Social Policy annually covers the necessary information for the elderly, including social services, directories, counselors, etc.

The quality assessment of social services can be internal that is conducted by the social service provider once a year no later than 31 July, or external that is conducted by the founder of the social service provider or other authorities commissioned by local executive authorities and local authorities, associations of social service providers, central executive authorities, including customers of social services, with the involvement of public associations specialising in the external assessment, once a year until 30 June.

According to recent reports of the oblast and Kyiv state administrations, 667 territorial branches of social services (provision of social services) conducted an internal assessment in 2019, 622 territorial branches received “good”, and 45 — “satisfactory”; the external assessment was conducted in 262 territorial branches, among them, 245 territorial branches received “good”, 16 — “satisfactory”, and 1 — “unsatisfactory”.

The results of the social services quality assessment are posted on the websites of regional and Kyiv city state administrations. Based on the assessment results, action plans have been developed to improve the quality of social services.

In recent years, the level of coverage of social services is over 90% of the total number of identified persons.

***4. The Committee asks how the participation of the elderly in cultural and leisure activities is ensured and encouraged. The report does not provide any details in this regard, so the Committee reiterates its question.***

With the beginning of decentralisation of power, the reform of the system of providing cultural services began. However, despite the state financial support of the amalgamated communities and due to the temporary occupation of the Autonomous Republic of Crimea and part of the Donetsk and

Luhansk regions, there is a decrease in the number of cultural institutions as of November 2018. The elderly people experience the lack of cultural services more acutely than other socio-demographic categories due to low mobility, low incomes, lack of access to information networks, etc.

The provision of cultural services to the population of communities required further institutional and resource provision. In 2018-2019, point studies of the cultural sector of a number of amalgamated territorial communities (ATCs) in rural areas showed that providing their members with cultural services is not a priority for community heads, especially compared to socio-economic issues.

Taking this into consideration, important acts on cultural policy were adopted in 2019, in particular the Concept of reforming the system of providing the population with cultural services for the period 2019-2022 and the Action Plan for its implementation. The Concept does not contain specific mechanisms for meeting the cultural needs of the elderly but provides for the development and implementation of functionally and organisationally new effective models of cultural institutions to meet the needs of different receiver groups of cultural services, as well as the availability and appropriate quality of cultural services for all those who need them and ensuring the equal right of everyone to participate in the cultural life of the community. The problem of accessibility and quality of cultural services will be solved by approving the minimum standards of providing citizens with cultural services (basic set of cultural services) that should be free of charge.

At the same time, cultural development programmes in amalgamated territorial community contain specific proposals and more thematic activities for the elderly. In the vast majority of communities, there are practical developments to meet the cultural needs of the elderly. As a rule, it is financial support of creative collectives, acquisition of the necessary equipment, granting of transport support.

The most accessible cultural services for the elderly are provided by libraries. The list of high-quality library services has expanded significantly. Now with free access to the Internet, as well as computerisation of rural clubs and libraries, one of the most popular services provided by libraries are scanning documents and sending them by e-mail, communicating on social networks and via Skype, finding close ones, receiving useful information: timetable for transport and purchase of tickets, addresses for humanitarian assistance, rental housing, information assistance to internally displaced persons, etc.

Libraries are closely associated with the elderly. There are many retirees among their employees, works of art made by elderly masters are displayed on their squares, the same masters hold master classes in folk crafts and other creative skills at the library premises.

Besides, there are examples of successful cooperation between cultural and social protection institutions. Territorial (Service) branches of social services are often places of active leisure for the elderly and their employees — co-organisers and participants in various cultural events.

Digital literacy and the technologisation of everyday life fully apply to the cultural life of elderly people. They promote their own work on social networks, maintain personal pages on the Internet. The introduction of a column, such as “Talents of our elders”, on the official website or community page on social networks does not require any costs but instead solves a number of important tasks. Representatives of youth NGOs, high school students from local schools, etc. can act as mentors for the elderly. There is also a positive experience of a kind of care for the elderly by Youth Council activists in the communities.

Besides, the elderly are active members of amateur creative teams. Importantly, such teams often conduct not only creative activities, but also pedagogical — the transfer of knowledge to the younger generation. As a rule, successful amateur creative teams are an important part of the community's image, so their activities are promoted and encouraged.

At the same time, there are practices of involving elderly people in the museum activities for sharing experiences. The National Cultural, Artistic and Museum Space “Mystetskyi Arsenal” launched the programme “Arsenal Seniors” to work with older audiences. As part of this programme, the museum team decided to focus on working with elderly visitors whom they perceive as informal experts and encourage to share their own experiences. The purpose of the programme is to actively involve this audience in educational programmes, exhibitions, as well as to develop a separate programme in the NEOsvitnii prostir (the NEO educational space). Attention is paid not only to

artistic and educational activities but also to informal communication. Creating a relatively stable group will allow its members to maintain and expand social ties with people of their age.

According to the order of the Ministry of Culture of Ukraine No. 43 of 30 January 2013 “On the exercise of the right of socially vulnerable groups to visit enterprises, institutions, and organisations belonging to the Ministry of Culture of Ukraine on preferential terms”, theatres provide free visiting performances for retirees once a month if there are free seats (unsold tickets an hour before the show). During the reporting period, this resolution remained relevant.

According to the oblast and Kyiv city state administrations, evening meetings of the elderly, war and labour veterans, meetings of clubs for the elderly, communication hours, family holidays, literary evenings, etc., are constantly held in the regions of Ukraine.

Joint evenings with elderly citizens have been initiated at youth centres and libraries.

During 2019, joint meetings and thematic evenings were held in the library of Sumy State University and the day care centres of Sumy City Territorial Centre for Social Services (provision of social services) “Berehynia” in Sumy oblast. Within the framework of the project “Heartfelt Welcome to Golden Years!” initiated by Romny Regional Library named after Y. Dudka, a literary palette “Coast of Love” and a performance report of Tamara Marchenko, a writer, poetess, and honoured teacher of Ukraine, attended by the elderly was held.

In Kharkiv oblast (Sakhnovshchyna raion), the following four evening meetings with the elderly were held: ethnographic evening “Traditions of Malanka: experience of ancestors”; meeting with masters of amateur art “Slobozhanski vizerunky”; roundtable discussion “Leisure organisation: the experience of previous generations”; social work party “Winter Holidays: Grandmother's Stories”.

In the Zaporizhia oblast, the Zaporizhia Regional Youth Centre of the Zaporizhia Regional Council held a literary evening “Loud!” where young people and the elderly shared their impressions of classical and modern books, discussed literary discourse, and the importance of this art in the history of such nation phenomenon as a “mentality”.

The Chernihiv Regional Youth Library held master classes together with the NGO “Masters of Chernihiv”: “Library-platform of creativity”, “Creative Workshop”, “Spring composition. Creative Workshop”. There was also a meeting of the literary club “Live Ukrainian Word”.

In Ternopil oblast, public evening meetings of library readers with elderly citizens were held in public libraries of the oblast to exchange experiences about a healthy lifestyle and active longevity. In addition, the reading hall of the Ternopil Regional Universal Scientific Library hosted a meeting of the club for elderly people called “Let's Talk About...” where the issues of a healthy and active lifestyle were discussed.

Youth centres and libraries in Kirovohrad oblast hosted the following evenings and meetings with elderly people: “Autumn of life is golden time”, “Years fly like white cranes, ring like bluets in rye ...”, “Old age is warmed with kindness”, “Secrets of health and longevity in different countries of the world”, “Your way to health”, “Healthy lifestyle — the key to longevity” “Let us worship old age — let us respect it”.

Communication hours were held in the Poltava oblast: “Let us honour veterans”, “Bow to the heroes of war”, “With faith in love and mercy”, “Kindness walks on Earth”, “Wise and rich in years”, “Family values”, as well as meetings with war and labour veterans, family holidays, etc. Ten-day profession events with the participation of labour veterans are held in (vocational-technical) education institutions.

In the Kherson oblast, educational institutions hosted communication hours: “On the way to a society of people of all ages”, discussions: “Veteran's memories”, “Paths of heroes”, “Sails of kindness”, “Warm the veteran with a kind word”; lectures: “We are grateful to you for your feat”, “Citizen's feat”, “Childhood of children of war”, etc.

In the city of Kyiv, there are the following clubs for the elderly: Positive Mood Club “Harmoniia” in the Central District Library named after I. Franko, “Svitlytsia” in the Druzhby Narodiv Library, “Zatyshok” in the Library named after Dzhabul, “Matiola” in the Library No. 11, Kyiv Studies Club “The Kyivan”.

In Cherkasy oblast (Cherkasy raion), there are open clubs for the elderly to share experiences: “Ray of Hope”, “Evening”.



According to the regional and Kyiv city state administrations, innovative social services are being introduced in institutions/facilities of social services (provision of social services).

Territorial branches of social services (provision of social services) have introduced, in particular, social and pedagogical service “Universities of the third age” (provided in almost all territorial branches of Ukraine) where the following faculties are working: “Fundamentals of Medicine, Healthy Lifestyle”, “Healthy Lifestyle”, “Socially active life position”, “Psychology and law”, “Cultural and craft”, “Communication and information technologies”, “Cultural and artistic”, “Philological”, “Faculty of Foreign Languages”, “Faculty of Choral Singing”, “Chess and Checkers School”, “School of Culinary Arts”, etc.

331 “Universities of the Third Age” operate in the territorial branches. About 37 ths people receive the service according to the State Standard of Social Adaptation approved by Order of the Ministry of Social Policy No. 514 from 18 May 2015 registered in the Ministry of Justice of Ukraine on 5 June 2015 under No. 665/27110, and Guidelines for socio-pedagogical services “University of the Third Age” approved by Order of the Ministry of Social Policy No. 326 of 25 August 2011 “On the introduction of social and pedagogical services “University of the Third Age”.

Studying the problems of education of the elderly and the presence of interest in the students of the “University of the Third Age” in various spheres of life made it possible to organise and introduce faculties in new areas. In particular, in the territorial branches of the Dniprovskiy and Pecherskiy districts of the city of Kyiv, the “Theology” faculty has been introduced, in the territorial branch of the Solomianskiy district of the city of Kyiv — the faculties “Law” and “Theatre Art”.

In the Luhansk oblast, 4 “Centres of social cohesion and self-organisation of the community” were created within the project: “Strengthening local self-organisation and social cohesion of the community” with the support of Caritas Severodonetsk Charitable Foundation and 2 clubs “Active Longevity” on the initiative and financial support of the Red Cross of Ukraine.

In the city of Lviv, participants take theoretical and practical classes on learning a foreign language (English, German, Polish), computer literacy. The participants also have the opportunity to gain knowledge in psychology and pedagogy, engage in health physical education groups, participate in amateur clubs (theatre, singing, handcraft), as well as interesting city tours, theatre visits, trips to historical places. The impetus for the development of Lviv University of the Third Age is the implementation of a partnership project of the Kolping Family Society, Krzyżowa for European Understanding and the University of Wrocław of the Third Age “Creating Senior Self-Government at Lviv University of the Third Age”.

There are 8 day leisure centres in Lviv. In the centre, elderly people spend their leisure time in communication with peers, participate in thematic lectures, debates, master classes, watch interesting feature and documentary films among like-minded people. Considerable attention was paid to conducting various master classes for the charges of the institution, as these activities have a positive effect on honing the motility of the hands, concentration, endurance, creative thinking development. Visitors of day leisure centres also had the opportunity to go on excursions, meetings with public figures, attend concerts and performances in theatres, take part in ceremonial events of raion organisations, etc.

During the quarantine period, the “Universities of the Third Age” worked with appropriate restrictions.

In the cities of Vinnytsia, Kyiv, Odesa, Kherson and other cities introduced remote group classes and individual consultations in the format of video conferences through Zoom, Skype, Facebook, Viber.

The social and pedagogical service “Universities of the third age” provides identification and promotion of diverse interests and needs of the elderly, including internally displaced persons, their reintegration into active social life, assistance in adapting to modern conditions by acquiring new knowledge, improving quality life through access to modern technologies and adaptation to technological innovations, the formation of practical skills, the opportunity to expand the circle of communication and exchange of experiences, the organisation of meaningful leisure.

The development of the social and pedagogical service “University of the Third Age” continues, in particular, through the development of centres of active longevity and leisure centres.

***5. The Committee requests to provide information on what measures have been taken to inform the elderly people in the next report.***

To address employment issues, the State Employment Service provides free access to information on the available vacancies at the stands, through touch-screens, computers with free access to web sites for a job search in all employment centres.

In the city of Kyiv, the district branches of the employment service provide elderly people who apply to them with a range of services, in particular, individual professional advice, targeted assistance in choosing professional activities according to interests, abilities, work experience, individual and psychological characteristics, health and labour market requirements, searching for a suitable job, available vacant positions, offer to visit vacancy fairs, provide vocational guidance services, etc.

The Ministry of Regional Development explains the implementation of the adopted Laws of Ukraine “On Housing and Utility Services” and “On the Commercial Accounting of Thermal Energy and Water Supply”. The analysis of applications shows that explanations are mainly sought by elderly people who are interested in the procedures for providing housing and utility services, the arrangement of installation of thermal energy and water metering devices, distribution of utility services consumed among consumers in multi-unit buildings. In addition to explanations covered on the website of the Ministry of Regional Development, interviews on television channels (recently on television channels “1+1”, “Ukraina”), some information materials on the above issues are provided to regional administrations and the Kyiv City Administration to conduct outreach work at the local level. In addition, the Ministry of Regional Development plans to organise outreach work in May-June this year due to the entry into force of the Law of Ukraine “On Housing and Utility Services” on 1 May 2019 in terms of new contractual relations for heat and water supply.

The section “Healthy Lifestyle“ on the official website of the Ministry of Youth and Sports (<http://dmsu.gov.ua/index/ua/material/32665>) contains relevant information for a wide range of readers to form a culture of healthy and safe lifestyle and a culture of health among the youth.

Youth and children's public organisations are involved in the implementation of the state youth policy through a competition to identify programmes (projects, events) developed by civil society institutions for whose implementation financial support is provided. In 2018, 9 projects were implemented that aimed at promoting and strengthening a healthy and safe lifestyle and health culture among young people, in particular. Within these projects, printed products on this topic were developed and distributed.

The Decree of the President of Ukraine approved the National Strategy for Health-Improving Motor Activity in Ukraine until 2025 called “Motor Activity – Healthy Lifestyle – Healthy Nation“, one of whose objectives is to introduce in mass media, in particular, on television, social advertising about the benefits of health-improving motor activity to reduce the risk of non-communicable diseases, as well as educational programmes for people of different ages on the use of motor activity in life and in the process of overcoming public indifference to personal health and the health of the nation.

Social advertising about the benefits of a healthy lifestyle and the promotion of healthy motor activity is placed in public places, on billboards, city-lights, newspapers, news-bulletins, radio, websites of regional state administrations and public websites, in particular, the most information is covered on Facebook and Youtube channels. There are also informational and educational events among citizens: lectures, seminars, etc. In Vinnytsia oblast, a propaganda video “Physical Activity for Yourself“ was broadcasted, in Volyn oblast, regional propaganda action “Red Card“, “Reality Begins With You“ was held, in Mykolaiv oblast, 30 lectures and 270 discussions were held, in Sumy oblast, thematic programmes “Time for Sports“, “Sport Revue“ are broadcasted daily, in Chernivtsi Oblast, an information and preventive event “Alcohol? No, not for me!“, in Chernihiv oblast, 7 013 lectures, 81 315 discussions, 104 thematic evenings, 111 video presentations were organised and conducted, 1 546 health information boards were installed, information and educational campaigns dedicated to the World Health Day were organised, etc., in Zakarpattia oblast, thematic videos were broadcasted during the year: “Sports Zakarpattia“, “A Healthy Family Is a Healthy Society“, “A

Healthy Yard Is a Healthy Community“, etc., and the regional newspaper “Sport-time“ is supported, in Zaporizhia oblast, a television film “Genius of the Height“ was prepared, in Rivne oblast, booklets “Olympians of Rivne Oblast“, “Young Olympians of Rivne Oblast“ were issued during the year.

The Volyn Regional Health Centre developed and sent to regional medical institutions guidelines for healthy nutrition “7 Rules of Nutrition“: Healthy Plate for Adult Ukrainians“, “Motor Activity – Healthy Lifestyle – Healthy Nation“, presentation of lectures and conversations among the population on the topic “Movement is Health“, the text of the conversation “The Importance of Motor Activity in Human Life“ at a family doctor's office.

In Sumy oblast, in 2018, medical and preventive institutions issued 3 357 sanitary bulletins, arranged 609 boards with frequently asked questions, organised 10 viewings of films and video clips to promote a healthy lifestyle and prevent diseases. 6 leaflets (a run of 500 copies) about activities in physical rehabilitation, motivation for physical activity, training in physical culture, conducting training sessions in social service institutions for elderly citizens and persons with disabilities were prepared and distributed. 344 radio speeches and 76 TV speeches were conducted, 207 articles were published in periodicals and electronic media dedicated to healthy ageing and active longevity, quality of life in old age, disease prevention and geriatric care, skills of health preservation and care for the sick.

To encourage elderly people to a healthy lifestyle and physical activity, the Ukrainian Charitable Organisation “Turbota pro Litnikh v Ukraini” has prepared guidelines “Move! Enjoy! Live!“ transferred to the social protection system.

A number of information materials on the rights of the elderly, including the right to support from children, social benefits and guarantees, have been prepared and disseminated in the media, including via the Internet, and the right to free legal aid has been clarified. Besides, the official websites of free legal aid institutions and the media published specific successful examples of protection of the rights of the elderly in court, including pensions, disability groups, unimpeded access to state and banking institutions, etc. Free secondary legal aid centres and legal aid offices provide ongoing legal education activities, including for the elderly, on their rights and mechanisms for their protection, including clarification of the right to free legal aid.

To ensure the realisation of the right to legal aid guaranteed by the Constitution of Ukraine and according to Ukraine’s international obligations (in particular, the resolution of the Parliamentary Assembly of the Council of Europe No. 1466 (2005), Ukraine has established and operates a system of free legal aid.

The right to free primary legal aid, including such types of legal services as the provision of legal information, advice and clarification on legal issues; preparation of applications, complaints, and other legal documents (except for procedural documents); all persons under the jurisdiction of Ukraine (including the elderly) have the right to assistance in accessibility to secondary legal aid and mediation According to the Constitution of Ukraine and the Law of Ukraine “On free legal aid”.

According to the analysis of statistical data in 2018, more than 550 thousand applications for free legal aid were submitted to local centres for free secondary legal aid (hereinafter referred to as the local centres), including almost a third of applications (29.5%) from the elderly.

Most often, the elderly applied to local centres for legal assistance in resolving various disputes in civil law, as well as their social security, family, inheritance, and housing law.

Besides, to expand access to free legal aid for socially vulnerable groups, including the elderly, the local centres are systematically working on the formation and development of a network of remote points of access to free legal aid and visits of mobile counselling centres (on-site receptions of citizens).

Such remote access points where citizens can obtain legal information, consultations, and explanations on legal issues, assistance in drafting applications, complaints, and other legal documents, are established and operate, in particular, on the basis of local authorities, territorial branches of social services, health care and educational institutions, orphanages, including those for the elderly and single persons, public and volunteer organisations that maintain the issues of the right protection of the elderly.

In total, as of 1 January 2019, there are more than 3 000 remote access points of free legal aid throughout Ukraine.

In order to ensure access to legal services, employees of local centres conduct outreach receptions of citizens within the framework of mobile counselling centres. In particular, such visits are made to single persons, the elderly, persons with disabilities at their actual place of residence or stay to provide such persons with targeted legal assistance.

In 2019, employees of local centres made 13 414 mobile counselling centre visits, among them, 1 562 — at the place of residence/stay of persons to provide them with targeted legal assistance.

## ***Housing***

***1. In its previous conclusions (Conclusions 2013), the Committee requested additional information on how the right of elderly people to adequate social housing is being implemented in practice. The report does not provide any details in this regard.***

To strengthen the social protection of elderly citizens and persons with disabilities and create favourable conditions for their life activities, regional state administrations have approved regional programmes/action plans to create an unhindered living environment for elderly citizens and persons with disabilities. The implementation of these programmes/action plans provides for unhindered access for persons with disabilities to the houses, apartments where they live, in particular, stairwells are equipped with ramps for persons with disabilities in wheelchairs, additional handrails are installed, premises for the storage of wheelchairs are provided for in entrances.

In Odesa, Poltava and other oblasts, compositions of accessibility committees are updated, audits are conducted (under 9 signs of accessibility) of the state of unhindered accessibility of persons with disabilities in the premises of social protection authorities, including in territorial centres of social services (provision of social services) and rehabilitation centres that provide social and rehabilitation (inclusion) services.

In Luhansk oblast, local accessibility committees have monitored the state of unhindered access for people with disabilities to priority oblast facilities that, above all others, need to be equipped with accessibility facilities, such as administrative buildings (premises) of state and local authorities, authorities of social protection, pension fund, health care and educational institutions, railway stations, bus stations, as well as polling stations, and multi-storeyed residential buildings where persons with disabilities in wheelchairs live, roads and pavements of localities.

Based on the results of the examination, passports of accessibility for persons with disabilities to public buildings (premises) are drawn up, the list of 1 258 priority facilities to be equipped with unhindered access for persons with disabilities was formed with the specification of measures necessary to provide accessibility and approximate funds to perform the corresponding works. The examined facilities (1 258) include 172 administrative buildings, 243 health care facilities, 334 educational institutions, 106 cultural facilities, 64 facilities of road and pavement network, 173 multi-unit buildings, 115 polling stations, etc.

Efforts are being made to develop innovative social services, in particular, social supported living services.

A number of regulatory acts regulating the provision of social services of supported living have been adopted. In particular, the content, scope, conditions, and procedure for providing social service of supported living, indicators of its quality for entities of all forms of ownership that provide this service, are determined by the State standard of supported living social service for the elderly and disabled approved by Order of the Ministry of Social Policy of Ukraine No. 956 of 7 June 2017 registered with the Ministry of Justice of Ukraine on 30 June 2017 under No. 806/30674.

The supported living service can be provided in the department (group) of supported living of the elderly and people with disabilities formed according to the Standard Regulations on the department (group) of supported living of the elderly and people with disabilities approved by Order of the Ministry of Social Policy of Ukraine No. 1385 of 31 August 2017 registered in the Ministry of Justice of Ukraine on 25 September 2017 under No. 1182/31050.

Besides, the service of supported living may be provided to persons with disabilities aged 18 to 35 years in the department (group) of transit stay formed according to the Standard regulations on the department (group) of transit stay approved by the Order of the Ministry of Social Policy of Ukraine No. 1398 of 4 September 2017 registered in the Ministry of Justice of Ukraine on 25 September 2017 under No. 1181/31049.

The issue of development of social services of supported living, including by social services providers of the non-governmental sector, is also becoming topical.

According to the information from the regions, there was a development of social services of supported living, including for the elderly, in particular, in specialised houses, social apartments.

In the city of Kyiv, there are two special homes for the elderly and people with disabilities where the above categories of people receive separate housing adapted to their needs and support in running a personal household. At the same time, elderly citizens remain fully autonomous and manage their own funds.

With the support of public (charitable) organisations, the following facilities have been formed and operate:

in Lviv oblast (Lviv) 1 specialised social apartment (without state support):

EMAUS House, an apartment in the UCU Collegium, a family-type house for 5 people and service staff (4 assistants live together), unlimited age;

Capernaum House, a shelter for people with disabilities in the Orion monastery, 8 men and up to 12 participants in the daily support programme;

in Vinnytsia oblast (the city of Vinnytsia, NGO “Kolping's Case in Ukraine”), supported housing for people with disabilities up to 10 people (handicapped people over 18 years).

At the same time, the issue of ensuring the diversity of organisational forms of care for this category of citizens is being considered.

In view of this, work has begun on preparing amendments to the State Standard for Supported Living and drafting a resolution of the Cabinet of Ministers of Ukraine “On approval of the Standard Regulations on the house (apartment) of supported living” that provides for creating conditions to meet the needs and rights of adults with disabilities due to intellectual and/or mental disorders, as an alternative to institutional inpatient care.

Besides, within the framework of reforming the facilities of institutional care of the social sphere, the service of supported living is introduced in institutions or facilities of the social protection system, namely the opening of branches (groups) of supported living, transit stay, etc.

***2. At the same time, the Committee notes from the report of the Government Committee on the Conclusions of 2013 that a new law regulating the payment of housing allowance has been adopted. The Committee also notes that a new subsidy programme is being developed. In the next report, the Committee requests to provide additional information on the law and the programme, including their goals and implications for the living conditions of elderly people. The Committee also asks what proportion of elderly people live in their own homes.***

In 2018, the procedure for providing housing subsidies was changed to strengthen the targeting of their provision, in particular, by changing the approach to calculating the income of able-bodied persons, encouraging them to formal employment, and paying a single social security tax, taking into account property and family income of household members, as well as simplifying subsidy conditions for internally displaced persons and other vulnerable groups. State aid should be given to those who really need it.

At the same time, these changes became a preparatory stage for the subsidies monetisation.

During 2016–2018, social standards were revised with considering the amounts of unused housing subsidies, to bring them closer to actual consumption indicators.

In 2019, pursuant to Article 11 of the Law of Ukraine No. 2189-VIII of 9 November 2017 “On Housing and Utility Services”, the provision of housing subsidies to the population in monetary terms (non-cash and cash) was introduced:

- 1) a non-cash form that allows transferring funds to the personal account of the recipient in JSC “Oschadbank” where they are used only to pay for housing and utility services;
- 2) cash form where cash is paid directly to the recipient through JSC “Ukrposhta” or to the recipient's accounts opened in banking institutions.

The mechanism of providing housing subsidies to the population in monetary terms is aimed at encouraging citizens who receive housing subsidies to rational consumption of housing and utility services (less than the established amount of social standards).

### ***Health care***

***1. In the previous conclusion (Conclusions 2013), the Committee requested additional information on the implementation of the Intersectoral Comprehensive Programme for 2002-2011, in particular, on how it addresses the issues of improving the health of elderly people and increasing life expectancy. The Committee takes into consideration the information provided in the report but indicates that it does not answer this question and therefore reiterates it. The Committee also notes that a new national action plan is currently being developed, namely the Social Programme on Ageing in Ukraine for the period 2017-2020 based on the UN Madrid International Plan of Action on Aging, and requests further information on this issue in the next report.***

Palliative care is an important part of the health care system and

Social palliative care service has been introduced in the territorial branch of social services (provision of social services) in Pechersk district of the city of Kyiv. The branch provided 72 980 measures of social palliative care to 82 recipients (having group IV of physical activity — 29 people, and having group V physical activity — 53 people) in 2019.

The social palliative care service is provided to citizens by 21 social workers.

To improve the quality of life of elderly people in Ukraine, create favourable conditions for healthy ageing and active longevity, adapt public institutions to further demographic ageing, and build a society of equal opportunities for people of all ages, the Government has adopted the State Policy Strategy on Healthy and Active Longevity for the Period up to 2022 (Order of the Cabinet of Ministers of Ukraine No. 10-r of 11 January 2018) (hereinafter referred to as the Strategy).

The Strategy identifies priority areas for combating demographic change, provides comprehensive measures to support the elderly citizens, their integration into social development, improving the quality of life, protection of the rights of the elderly.

The Strategy of the State Policy of Active and Healthy Longevity until 2022 provides for the implementation of measures in four main areas, in particular, in social policy:

- creation of a right protection system for elderly citizens — introduction of a mechanism to protect the property rights of elderly people, development of preventive measures to prevent property loss, increase legal education of elderly people, combating domestic violence and abuse of elderly people, holding scientific and practical conferences, methodological assistance to groups of self-organisation of elderly citizens in lobbying for their rights, conducting educational activities, improving the activities of conservators/ curators;

- creating an enabling environment for the elderly — prevention of age and gender discrimination and development of effective methods to overcome discriminatory practices in all spheres of life, development of innovative social services, variety of organisational forms of care to prevent premature and unwanted displacement of elderly people to inpatient care facilities, creating leisure and communication centres for the elderly, training centres for active longevity, organisation of self- and mutual aid groups, ensuring infrastructure accessibility.

In pursuance of the Strategy, the Order of the Cabinet of Ministers of Ukraine No. 688-r of 26 September 2018 approved the Action Plan for the implementation of the State Policy Strategy on Healthy and Active Longevity for the Period up to 2022 (hereinafter referred to as the Action Plan).

The action plan contains specific tasks in the following areas:

- improving the conditions for self-actualisation of the elderly and their participation in the development of society — continuing employment, volunteering, community service, exchange of experience and knowledge between generations, modernisation of the pension system, strengthening the targeting of social assistance programmes, lifelong learning;

- maintaining the health and well-being of the elderly — disease prevention and geriatric care, palliative care, approval of standards and clinical protocols for geriatric care, their coordination with social services, promotion of healthy lifestyles, literacy in healthy aging and active longevity, the introduction of the All-Ukrainian Games among the elderly, physical culture and health activities, tourism development;

- creating an enabling environment for the elderly — prevention of age and gender discrimination and development of effective methods to overcome discriminatory practices in all spheres of life, development of innovative social services, variety of organisational forms of care to prevent premature and unwanted displacement of elderly people to inpatient care facilities, creating leisure and communication centres for the elderly, training centres for active longevity, organisation of self- and mutual aid groups, ensuring infrastructure accessibility.

- creation of a right protection system for elderly citizens — introduction of a mechanism to protect the property rights of elderly people, development of preventive measures to prevent property loss, increase legal education of elderly people, combating domestic violence and abuse of elderly people, holding scientific and practical conferences, methodological assistance to groups of self-organisation of elderly citizens in lobbying for their rights, conducting educational activities, improving the activities of conservators/ curators;

***2. Secondly, the Committee inquired whether there were enough specialised centres to meet the needs of the elderly in all regions of the country, taking into account their capabilities and geographical location. The Committee notes that the care needs of the elderly are only partially met. In view of this, the Committee notes that during the reporting period there was a reduction in the number of existing hospitals, especially in Donetsk (2) and Luhansk (1) oblasts, as well as in the Autonomous Republic of Crimea (1). The Committee requests the following report to indicate the impact of such a reduction on the health of elderly people.***

No information available.

***3. The report also notes that some psychiatric hospitals have a geriatric ward for the elderly with cognitive disorders. The Committee wonders whether these services are able to cover the whole country. The Committee notes that some non-governmental organisations provide care for the elderly who are dependent or suffer from neurological disorders. The Committee requests to provide more information on this issue in the next report.***

One of the priority goals of reforms in the social sphere is to create a model of providing social services in the community, at the place of residence, without removing it from the usual environment and introducing innovative services, in particular, for the elderly and people with disabilities.

Reforming the system of social services also involves the gradual deinstitutionalisation of residential care institutions, including psychoneurological residential care institutions. Successful deinstitutionalisation of residential facilities is possible with the development of alternative forms of care for people with disabilities at the place of residence, in particular, the provision of home care social services for the elderly, including people with cognitive disorders and disabilities, including those having mental and behavioural disorders.

The Ministry is working to amend regulations, in particular, the State Standard for Social Care Services at Home.

Currently more than 1.5 thousand people with mental disorders receive social care services at home in Ukraine.

Inpatient care services for the elderly are also provided in 91 care homes for the elderly and persons with disabilities, with more than 50 psychoneurological departments.

Psychoneurological boarding schools have more than 25 geriatric wards for the elderly with cognitive disorders.

***Inpatient care***

***1. In its previous conclusion (Conclusions of 2013), the Committee inquired about the types of services offered in large boarding houses, on the one hand, and in smaller residential buildings, on the other. The committee also asked whether there were enough places for elderly people in inpatient facilities and whether they were affordable. The report states that the boarding school network that consisted of 289 nursing homes and 332 smaller housing facilities as of the end of 2015 meets the needs of elderly people in need of care. The Committee notes that the report does not answer this question, so the Committee reiterates the question of whether there are enough places in inpatient facilities.***

There are 282 boarding institutions of the social protection in Ukraine, including:  
91 care homes for the elderly and people with disabilities;  
150 psychoneurological care homes.

According to the regional and Kyiv city state administrations, there is no queue for placement in care homes for the elderly.

There is a need to place people with mental disorders in psychoneurological care homes.

The following social services are provided by boarding schools: inpatient care, palliative care, supported accommodation, day care.

Also, there are 327 inpatient care units for temporary or permanent residence (stay) for the provision of social inpatient care services in the territorial branches of social services (provision of social services).

***2. The report emphasises that specialised institutions provide care services, palliative care, adapted housing, consultations, etc. Services are provided either free of charge or for a fee according to applicable law. The Committee requests more detailed information on the rules for payment or non-payment for services in the next report.***

The Law of Ukraine “On Social Services” stipulates that according to Article 28 of the Law, social services are provided to recipients of social services, in particular, elderly citizens, persons with disabilities:

- 1) at the expense of budget (free of charge);
- 2) with the establishment of a differentiated fee depending on the income of the social services recipient;
- 3) at the expense of the social services recipient or third parties.

Providers of social services of the state and municipal sectors provide social services:  
at the expense of budget:

regardless of the income of the recipient of social services: persons with disabilities of the I category, persons who have suffered from domestic violence — all social services; other categories of persons — social services for information, counselling, asylum, representation of interests, sign language translation, as well as social services provided in an emergency (crisis);

persons whose average monthly total income is less than two subsistence minimums for the relevant category of persons — all social services.

With the establishment of a differentiated fee in the manner prescribed by the Cabinet of Ministers of Ukraine, social services are provided to recipients of social services whose average monthly total income exceeds two subsistence minimums, but does not exceed four subsistence minimums for the relevant category of persons.

At the expense of the social services recipient or third parties, social services are provided:

- 1) to social services recipients whose average monthly total income exceeds four subsistence minimums for the relevant category of persons;
- 2) in excess of the amounts specified by the state standard of social services.

In addition, the authorised authorities of the social services system have the right to make decisions on the provision of other social services at the expense of the budget and/or other categories of persons than those provided for in Part 2 of this Article.



***3. The report also emphasises that the national social policy is being revised considering the annual increase in the number of elderly people in Ukraine. It should aim, inter alia, to strengthen their legal protection, ensure a decent standard of living, increase the role of the family in caring for them, provide effective care and psychological support, and ensure access to information. The Committee requests more detailed information on this issue in the next report, in particular, on the practical steps that the Government intends to take for achieving the objectives of this policy.***

A number of measures have been taken by the Ministry of Social Policy to strengthen the security of residence of the elderly and people with disabilities from social service providers, in particular, the non-governmental sector, and to prevent accidents with them.

In particular, a new version of the Law of Ukraine “On Social Services” (hereinafter referred to as the Law) was prepared that provides:

- openness of social services (creating a register of providers and recipients of social services, compliance of social service providers with the established criteria);

- expanding the range of social service providers by attracting business entities from the private sector through social service commissioning;

- improving the administration of social services (determining the grounds for providing social services, a new classification of social services, a single procedure for determining the needs for such services, the organisation of social services, monitoring and evaluation of their quality);

- targeting and availability of social services (provision of emergency and crisis services, introduction of a new principle in payment for services — from the level of income of the recipient).

Article 13 of the Law stipulates that social service providers conduct their activities according to the legislation on social services, on the basis of constituent and other documents defining the list of social services and categories of persons to whom such services are provided, given that they meet the criteria of social service providers established by the Cabinet of Ministers of Ukraine.

According to Part 1, Article 17 of the Law, social services are provided by social service providers of the state, municipal, non-state sectors, regardless of the sources of funding according to the state standards of social services.

Paragraph 6, Part 1, Article 1 of the Law stipulates that social service providers are legal entities and individuals, individual entrepreneurs included in the Register of Social Service Providers that is posted on the official website of the Ministry of Social Policy.

The Register is being completed now.

Standardisation of social services continues, during the last 4 years more than 15 state standards of social services have been accepted.

In the future, the work will focus on the development of services that will enable the elderly to stay at home for as long as possible (temporary rest for family members caring for the elderly, foster families, etc.).

***4. The Committee also inquired (Conclusions 2009 and 2013) how these institutions are licensed and inspected and whether there are procedures for filing complaints about the level of care and services or abuse in such institutions. Finally, the Committee requested information on staff qualifications and the use of physical restraints. The report states that a number of measures have been taken in Ukraine to monitor the observance of the rights of residents of such institutions. A telephone hotline and bodies have been set up to oversee the activities of boarding schools. Representatives of the Commissioner for Human Rights also visit them for inspection. The Committee inquires whether reports or protocols of these visits are published. The Committee also asks how many violations of the law are registered by these supervisory authorities each year and what powers and/or resources they have to remedy such violations. The Committee reiterates its questions as to whether such institutions should undergo a licensing procedure.***

The list of health care institutions (hereinafter referred to as the List) was approved by the Order of the Ministry of Health of Ukraine No. 385 of 28 October 2002 (amended) “On approval of lists of health care institutions, medical, pharmacist positions and positions of junior specialists with

pharmaceutical education in health care facilities” and registered in the Ministry of Justice of Ukraine on 12 November 2002 under No. 892/7180.

The Order of the Ministry of Health No. 933 of 16 May 2018 “On Amendments to the List of Health Care Institutions” registered in the Ministry of Justice on 11 June 2018 under No. 691/32143 provides for the inclusion of health care institutions, in particular, social protection institutions/facilities, outpatient clinics, polyclinics, feldsher's stations, medical centers, medical offices that provide medical care to the elderly, persons with disabilities on the basis of the relevant license and that are structural units of social protection institutions/facilities in the list.

As of 1 February 2020, 166 boarding schools received licenses to conduct business in medical practice.

The percentage of contracts concluded by the wards of boarding schools with a primary care physician for the provision of medical services as of 1 January 2020 — 89%.

### **Article 30**

#### **The right to protection against poverty and social exclusion**

With a view to ensuring the effective exercise of the right to protection against poverty and social exclusion, the Parties undertake:

a) to take measures within the framework of an overall and coordinated approach to promote the effective access of persons who live or risk living in a situation of social exclusion or poverty, as well as their families, to, in particular, employment, housing, training, education, culture and social and medical assistance;

b) to review these measures with a view to their adaptation if necessary.

#### **Questions**

***a) Provide details on the measures (legal, practical, and proactive, including supervision and inspection) taken to ensure that no person crosses the poverty line, and provide information on the impact of such measures. Indicate how many people in your country are at risk of poverty, how many are in poverty and how many are in extreme poverty, including data on children.***

To solve the problem of poverty reduction in 2016, the Government approved the Poverty Reduction Strategy (Order of the Cabinet of Ministers of Ukraine No. 161-r of 16 March 2016) (hereinafter referred to as the Strategy) that defines the main directions and objectives aimed at gradually reducing poverty and social exclusion in the country.

In particular, the Strategy identified priority areas for overcoming poverty in terms of expanding access to productive employment, promoting the growth of incomes from employment and payments in the state social insurance system to ensure decent working conditions; ensuring access of the population to social services regardless of the place of residence, minimising the risks of social exclusion of the rural population; counteracting social exclusion and minimising the risks of poverty of the most vulnerable categories of the population; prevention of poverty, chronic poverty, and social exclusion among internally displaced persons.

To implement strategic directions and tasks set by the Strategy, the Government annually approved a plan of specific measures, whose implementation was communicated to the Cabinet of Ministers of Ukraine by the Ministry of Social Policy together with other central executive authorities and regional state administrations quarterly.

In pursuance of the Strategy and to observe and monitor poverty indicators, the Order of the Ministry of Social Policy, Ministry of Economic Development, Ministry of Finance, State Statistics, and the National Academy of Sciences of Ukraine No. 827/403/507/113/232 728/30596 of 18 May 2017) approved the Methodology of Comprehensive Poverty Assessment.

The methodology provides for the definition of three groups of poverty assessment criteria:

1) the first group - the basic monetary criteria of poverty:

total equivalent expenses of a person below 75 percent of the median level of per capita equivalent total expenses (hereinafter referred to as the relative criterion of costs);

total equivalent expenses of a person below the actual (estimated) subsistence level per person on average (hereinafter referred to as the absolute criterion for expenses below the actual subsistence level);

total equivalent income of a person below the actual (estimated) subsistence level per person on average (hereinafter referred to as the absolute criterion for income below the actual subsistence level);

the total equivalent income of a person below the statutory subsistence level per month per person on average (hereinafter referred to as the absolute criterion for income below the statutory subsistence level).

The following indicators are calculated for the main monetary criteria of poverty:

total income deficit of the poor;

average income deficit of the poor;

poverty depth;

2) the second group — other monetary criteria of poverty:

the equivalent expenses of a person below the United Nations poverty line for Central and Eastern Europe as the UAH equivalent of USD 5.05 at purchasing power parity calculated by the World Bank (the limit set at USD 5.05 is adjusted by the World Bank every decade according to US dollar inflation) (hereinafter referred to as the UN criterion);

average per capita equivalent income of a person below 60 per cent of the median level of average per capita equivalent income on the European Union equivalence scale (hereinafter referred to as the relative criterion on the EU equivalence scale);

3) the third group — the non-monetary criterion of poverty:

the household has four of the nine signs of deprivation due to lack of funds (hereinafter referred to as the deprivation sign criterion).

Poverty indicators are analysed as follows:

- according to certain poverty assessment criteria;
- in terms of socio-demographic and socio-economic groups, types of households and types of settlements;

- in terms of regions;

- by manifestations of social exclusion.

The main indicators of socio-economic development are also used for a comprehensive analysis of the poverty situation:

- the level of the average monthly nominal salary of a full-time employee;
- real pay index;
- the share of wages in the structure of household income;
- the growth rate of disposable income per capita;
- employment rate of the population aged 15-70;
- the unemployment rate of the population aged 15-70, determined according to the methodology of the International Labour Organisation;
- the level of employment of the population aged 15-70 in rural areas;
- increase of the average size of the appointed monthly pension to pensioners who are registered in the Pension Fund of Ukraine;
- increase in the minimum wage;
- increase of the minimum pension;
- the amount of government social assistance (by type) and their ratio to the subsistence level established for different social and demographic groups of the population, and with the average monthly wage;
- the ratio of the number of homeless persons and persons released from prisons in need of reintegration into society and social adaptation in the region and the number of beds in facilities for homeless persons and institutions for persons released from prisons;

- the number of homeless persons and persons released from prisons who have been provided with allowance for reintegration into society and social adaptation, according to the annual estimate;
- the share of funds (excluding housing subsidies), reaching 30 per cent of the poorest population as a result of the implementation of government social assistance programmes (at costs below the actual subsistence level);
- the share of the poor (at costs below the actual subsistence level) covered by social support programmes (social benefits, housing subsidies, child benefits, assistance to low-income families and other types of social assistance).

To increase the efficiency and improve the management of the social support system, the Order of the Ministry of Social Policy, Ministry of Economic Development, Ministry of Finance, State Statistics and the National Academy of Sciences of Ukraine No. 1396/1272/730/243/528 of 1 September 2017 (registered in the Ministry of Justice on 26 September 2017 under No. 1191/31059) (amended) approved the Methodology for monitoring and evaluating the effectiveness of social support programmes that provides a system of indicators formed on the basis of statistical and administrative data, the results of public opinion polls on the effectiveness of social support programmes. According to the specified Methodology:

- Poverty is the inability to maintain the way of life inherent in a particular society in a particular period. Relative or absolute criteria are used to assess poverty;
- monitoring refers to the systematic collection, analysis, and submission of relevant information for the adoption of decisions by central executive authorities to improve the management of the social support system;
- Evaluation is the identification of the impact of social support programmes on the well-being of certain population groups as a whole, the measurement of social results by analysing changes in poverty levels.

The following social support types are monitored:

- childbirth allowance;
- single-parent allowance;
- adoption allowance;
- allowance for children under guardianship or custody;
- state social assistance for low-income families;
- state social allowance to persons with childhood disabilities and children with disabilities;
- temporary state allowance to children whose parents renege on alimony payment, do not have the opportunity to maintain the child, or their place of residence is unknown;
- monthly financial assistance to a person living with a person with a disability of the I or II category due to a mental disorder that, according to the medical commission of the medical facility needs constant third-party care, to care for them;
- subsidy to reimburse the cost of housing and utility services, purchase of liquefied gas, solid and liquid household fuel.

During 2016–2019, there was an increase in all types of income, primarily due to higher state social standards and guarantees, wages, pensions, and various types of social allowances.

There have been some positive results in improving living standards and reducing poverty.

Nominal incomes increased by 80.3% (from UAH 2 051 331 million in 2016 to UAH 3 699 346 million in 2019).

The index of real disposable income of the population increased by 2.0% in 2016, by 10.9% in 2017, by 10.9% in 2018, by 6.5 per cent in 2019.

State social standards and guarantees have been increased:

the subsistence level per person increased by 52.4% (from UAH 1 330 in December 2015 to UAH 2 027 in December 2019);

the minimum wage was increased 3 times (from UAH 1 378 in December 2015 to UAH 4 173 in 2019); the minimum pension was increased by 52.5% (from UAH 1 074 in December 2015 to UAH 1 638 in December 2019).

The average monthly salary for 2016–2019 has doubled (from UAH 5 183 in 2016 to UAH 10 497 in 2019). Real wages increased by 9.0% in 2016, by 19.1% in 2017, by 12.5% in 2018, by 9.8 per cent in 2019.

The number of employed population in 2019 was 16.6 million people, the employment rate — 58.2% (in 2016 the number of employed population was 16.3 million people, the employment rate — 56.3 per cent).

The number of unemployed in 2019 was 1.5 million people, the unemployment rate, according to the ILO methodology, was 8.2% (in 2016 — 1.7 million people, the unemployment rate — 9.3 %).

In 2019, the number of employed people in rural areas was 5.2 million people, the employment rate was 56.2 per cent.

The number of unemployed (according to the ILO methodology) living in rural areas in 2019 was 492.9 thousand people, the unemployment rate was 8.7 %).

During 2016 — 2019, a number of laws were adopted aiming at unifying the conditions of pension provision and systematising the relevant rules. To improve the current solidarity system, the pension reform that introduced uniform approaches to pension provision according to the Law of Ukraine “On Compulsory State Pension Insurance” was carried out. In 2019, the annual indexation of pensions was introduced that made it possible to automatically recalculate pensions.

As a result of the pension system reform, the average amount of pensions in Ukraine increased by 81.3% and as of 1 January 2020 amounted to UAH 3 083 (as of 1 January 2016 — UAH 1 700). In Ukraine, about 11.3 million people received pensions as of the beginning of 2020.

The increase and payment of state social allowance and social benefits, improvement of approaches to their provision on the basis of increasing the targeting of social support and expanding its coverage of socially vulnerable segments of the population were constantly ensured.

Allowances are paid to families with children, low-income families, persons with disabilities, and other categories of the population.

Since 1 January 2019, a new type of social assistance was introduced for persons caring for children with severe diseases who have not established a disability in the amount of the subsistence minimum for persons who have lost their ability to work (Law of Ukraine No. 2476-VIII of 3 July 2018).

- 206.9 thousand families — allowance for children from multi-child families.

The mechanism of providing monthly targeted assistance to internally displaced persons to cover living expenses, including housing and utility services, and issuance of a certificate of registration of an internally displaced person has been improved (Resolution of the Cabinet of Ministers of Ukraine No. 754 of 14 August 2019 “On amendments to the resolutions of the Cabinet of Ministers of Ukraine No. 505 and 509 of 1 October 2014”). As of 28 December 2019, 1 433 256 people have been registered; the average monthly number of families receiving monthly targeted allowance to internally displaced persons to cover living expenses, including housing and utility services, is 164 799.

In 2016–2019, the Housing Subsidies Programme was improved. From the beginning of 2019, subsidies were introduced to the population to pay for housing and utility services in a monetary form that helps to stimulate energy efficiency measures and targeted subsidies to those families who really need them (Resolution of the Cabinet of Ministers of Ukraine No. 1176 of 27 December 2018).

It is possible to receive housing subsidies in the most convenient way for the recipient. Since 1 October 2019, the recipient of a housing subsidy can independently choose the bank to which the funds will be transferred (not only JSC Oschadbank) and directly interact on the provision and payment of benefits and subsidies with the local social protection authority that appointed them (Resolution of the Cabinet of Ministers of Ukraine No. 807 of 14 August 2019).

The conditions for assigning housing subsidies to certain categories of citizens have been simplified (Resolution of the Cabinet of Ministers of Ukraine No. 878 of 20 October 2019). Inter alia:

- it is possible to assign a housing subsidy to family-type children's home for oversized housing. Also, when assigning a housing subsidy to the income of family-type children's home, welfare assistance paid from the state or local budgets is not taken into account, and scholarship allowances for orphans and children deprived of parental care, as well as purchased vehicles by family-type children's home;

- when assigning a housing subsidy, the income of one of the spouses is not taken into account, if both are over 60 years old and they live in rural areas or urban-type settlements if their registered (actual) place of residence is different from the household address;

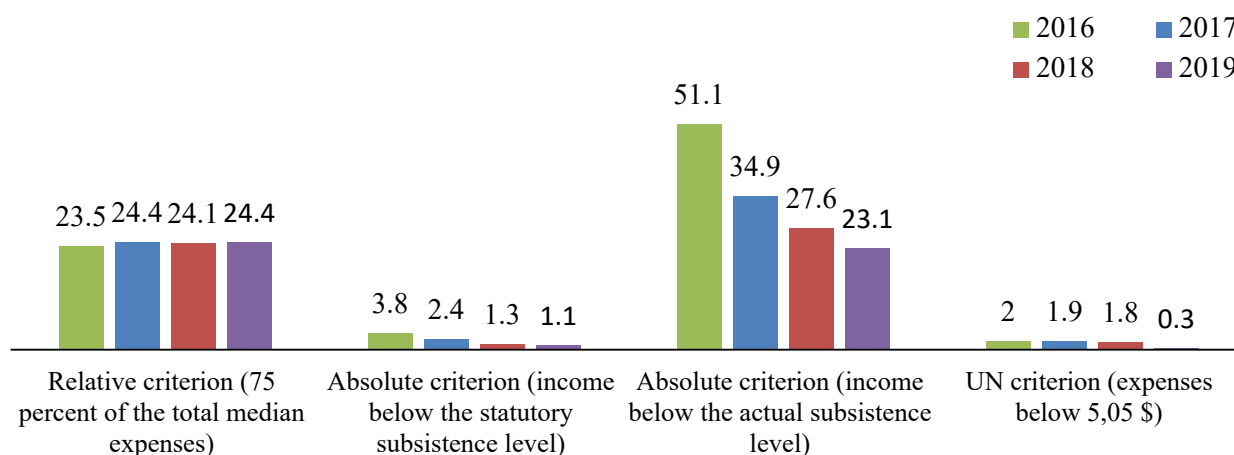
- the subsidy to servicemen will be assigned without receiving information on their payment of the single social security tax;

- if the trailer is less than 5 years old, the household will also be eligible for the subsidy.

In addition, the Procedure for Assigning Housing Subsidies has been amended, according to which citizens who received a housing subsidy for the purchase of liquefied gas, solid household fuel and for housing and utility services and they have no overdue arrears for housing services, housing subsidy for housing and utility services for the next appointment is provided in cash (Resolution of the Cabinet of Ministers of Ukraine No. 1123 of 27 December 2019).

The implementation of tasks and measures contributed to the positive dynamics of the indicators of the Poverty Reduction Strategy implementation.

### Poverty level according to the different criterion, %

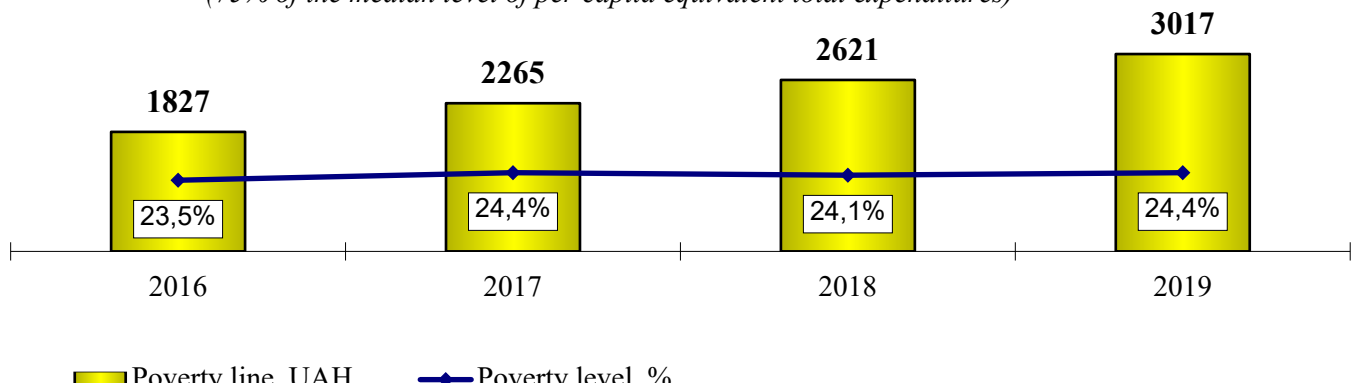


### Poverty level by relative criterion

According to the data of 2019, the poverty line according to the relative criterion (75% of the median level of per capita equivalent total expenditures) amounted to UAH 3 017 per month, which is 65.1% higher than in 2016 (UAH 1 827).

The relative poverty rate in 2019 was 24.4 per cent.

**Poverty level and line by relative criterion**  
(75% of the median level of per capita equivalent total expenditures)

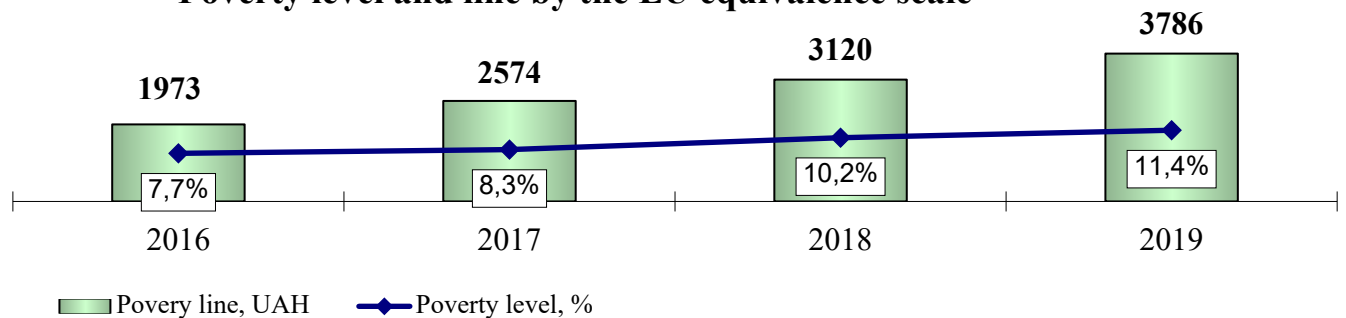


The poverty depth ratio (determines how much the average income (expenses) of the poor is below the poverty line) according to the relative criterion for 2019 was 21.2% (against 20.2% in 2016).

The limit on the EU equivalence scale (60% of the median level of per capita equivalent income on the EU equivalence scale) was UAH 3 786 and exceeded the value of 2016 by 91.9 per cent. The poverty rate on the EU equivalence scale was 11.4% (against 7.7% in 2016).

**Poverty level by absolute criterion**

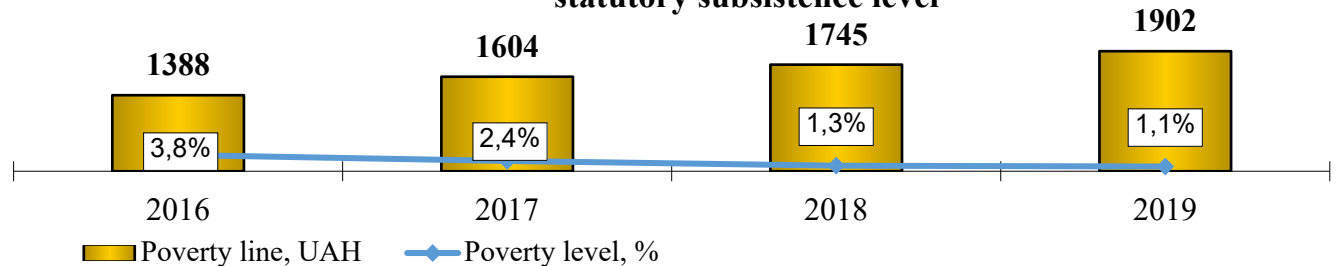
**Poverty level and line by the EU equivalence scale**



In 2019, the poverty line according to the criterion of income below the statutory subsistence level (total equivalent income below the statutory subsistence level per person) was UAH 1 902, which is 37.0% more than its value in 2016 (UAH 1 388).

The poverty rate was 1.1% against 3.8% in 2016.

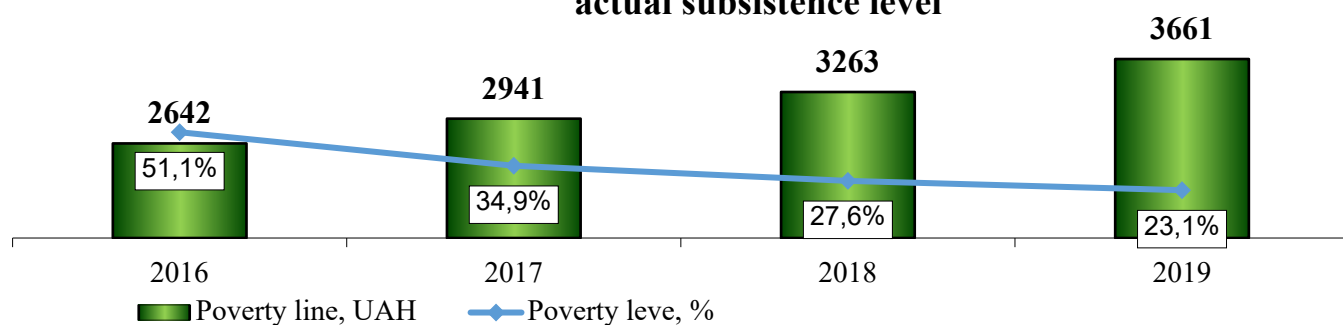
**The poverty line and level according to the criterion of income below the statutory subsistence level**



The poverty line according to the criterion of income below the actual subsistence level (total equivalent income below the actual (estimated) subsistence level) was UAH 3 661 that is 38.6% more than its value in 2016 (UAH 2 642).

The poverty rate was 23.1% against 51.1% in 2016.

### The poverty line and level according to the criterion of income below the actual subsistence level



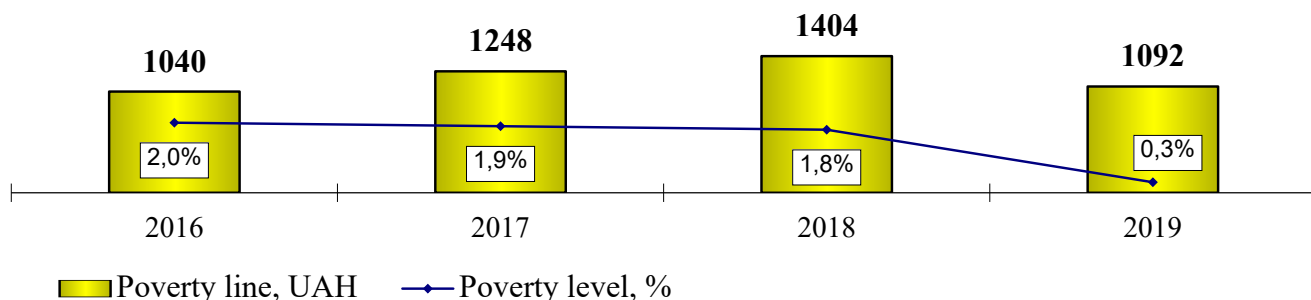
The poverty line according to the UN criterion (equivalent expenditures below the poverty line set by the UN for Central and Eastern Europe as the UAH equivalent of USD 5.05 according to the purchasing power parity calculated by the World Bank) was UAH 1 092 that is 5% less than value of 2016 (UAH 1 040).

The poverty rate was 0.3% against 2.0% in 2016.

The sharp decline in the value of the indicator is partly related to technical issues of recalculation of purchasing power parities by World Bank experts. Importantly, the achievement of such small values of the indicator shows approaching to the level of statistical error, and therefore the limited suitability of the indicator for monitoring the situation.

### Poverty line according to the UN criterion

*(UAH equivalent of USD 5.05 according to the purchasing power parity)*

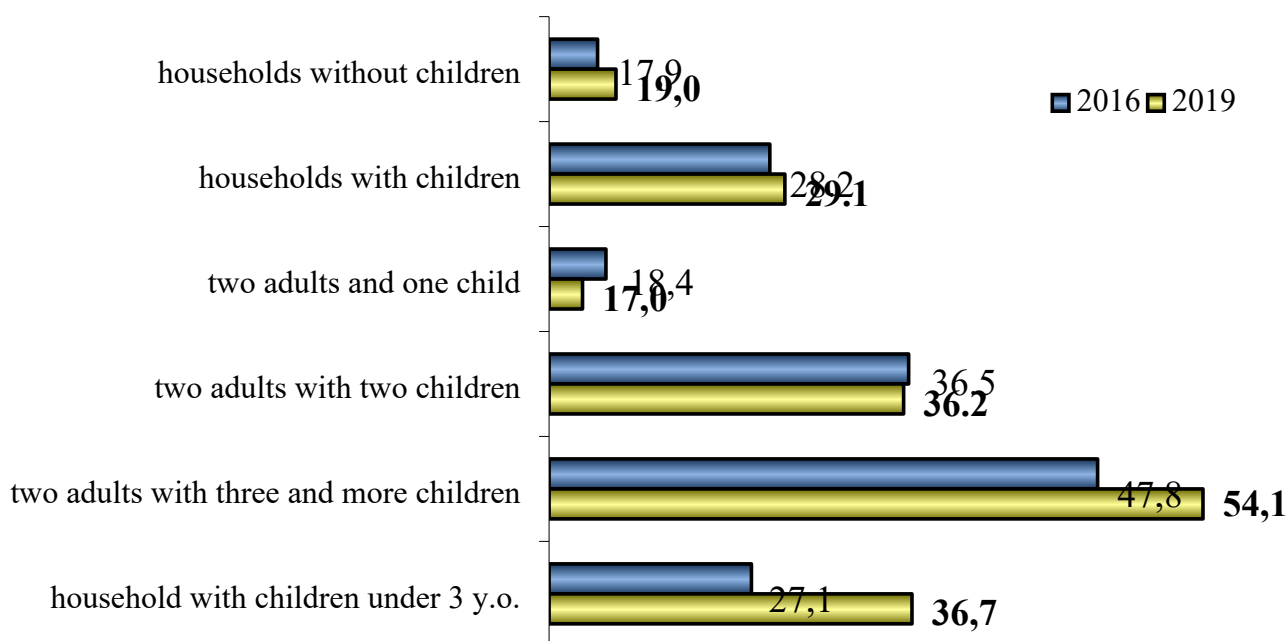


### Poverty level by types of households and socio-demographic and socio-economic groups

The relative poverty rate (total equivalent expenses below 75 % of the median average per capita equivalent total expenses) in households with children in 2019 was 29.1 % against 28.2 % in 2016.



### Poverty level by types of households with children, %

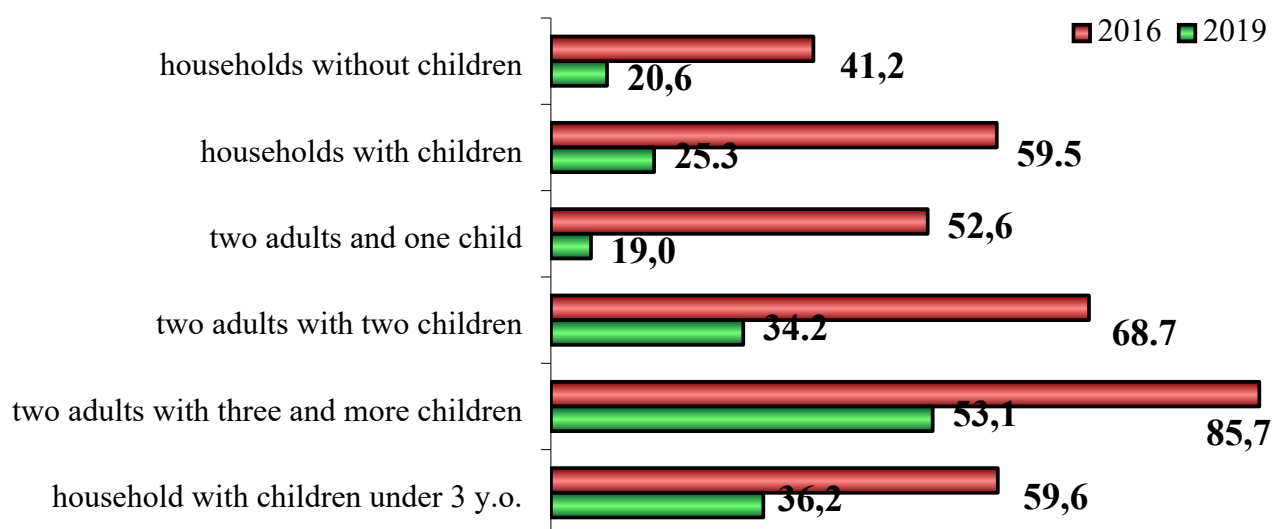


The poverty rate among workers in 2019 was 18.7% against 19.2% in 2016; among children aged 0-17 years it was 29.7% against 29.3%; among persons of retirement age (unemployed) was 27.3% against 22.6 per cent.

The level of absolute poverty (with incomes below the actual subsistence level) in households with children in 2019 decreased compared to 2016 and amounted to 25.3% against 59.5 per cent.

### Poverty level by types of households with children, %

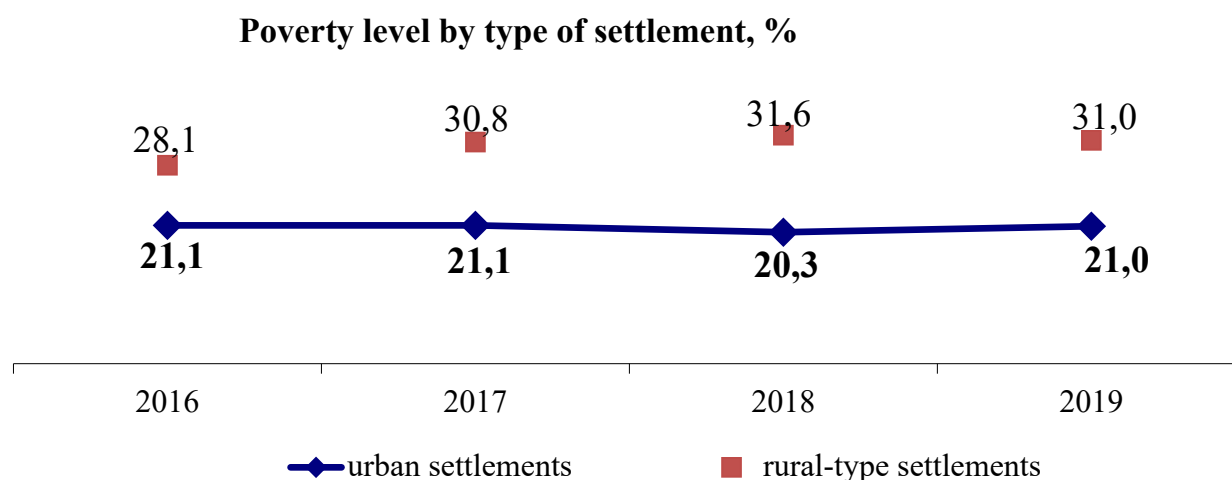
*(absolute poverty with incomes below the actual subsistence level)*



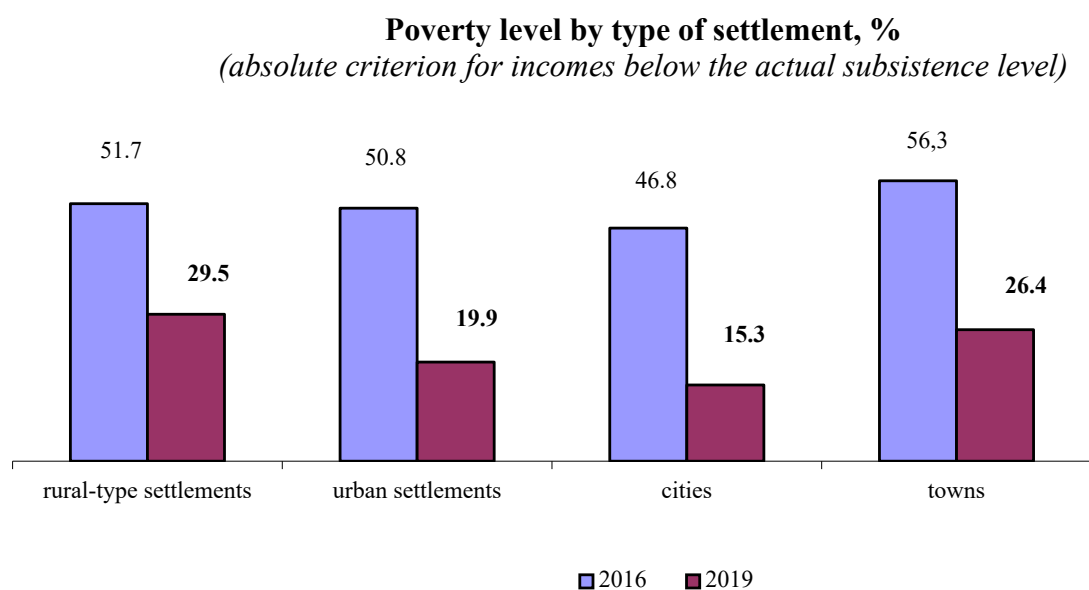
The poverty rate among workers in 2019 was 13.3% against 42.0% in 2016; among children aged 0-17 years was 27.7% against 61.1%; among persons of retirement age (unemployed) was 33.3% against 53.7 per cent.

### Poverty level by type of settlement

The level of relative poverty in rural areas was 31% in 2019 (against 28.1% in 2016), and 21% in urban areas (against 21.1% in 2016).



At the same time, in all types of settlements there is a decrease in the level of poverty according to the absolute criterion (for incomes below the actual subsistence level).



b) Provide information on measures taken to help people in poverty, social exclusion, and homelessness during or after the COVID-19 crisis to mitigate its effects.

Due to the spread of COVID-19 caused by SARS-CoV-2, the Government of Ukraine has adopted a number of regulatory acts aimed at social support for the most vulnerable categories of citizens.

The Resolution of the Cabinet of Ministers of Ukraine No. 247 of 25 March 2020 “On the peculiarities of providing housing subsidies”, in particular, provides:

- a ban for the period of quarantine on the termination of housing subsidies, except in cases where it is impossible to provide housing subsidies (relocation of a household to another dwelling, death of a single person);

- assignment of a housing subsidy for the next period to all households that received it in the heating period of 2019-2020, without their applications;

- taking into account the amount of unemployment benefits instead of the salary they received at the previous place of work when assigning a housing subsidy to the income of persons dismissed from work due to quarantine;

- calculation of the subsidy during the quarantine period, taking into account the increased by 50% social standards for electricity, natural gas for cooking and water heating, hot and cold water, drainage due to forced permanent residence of citizens at home and increased consumption of relevant services.

Besides, the Resolution of the Cabinet of Ministers of Ukraine No. 1324 of 23 December 2020 “On Amendments to Certain Resolutions of the Cabinet of Ministers of Ukraine” regulates the issue of housing subsidies, state social allowance to low-income families and assistance to single mothers, persons receiving partial unemployment benefits for the quarantine established by the Cabinet of Ministers of Ukraine to prevent the spread of COVID-19 caused by SARS-CoV-2 in Ukraine, without requiring the payment of a single social security tax.

According to the Resolution of the Cabinet of Ministers of Ukraine No. 251 of 1 April 2020 “Some Issues of Increasing Pension and Providing Social Support to Certain Categories of the Population in 2020”:

- in April, a one-time payment (UAH 1 000) was made to pensioners (over 10 million people), the amount of whose pension is up to UAH 5 000 (this payment was also received by over 600 000 citizens who receive state social allowance instead of a pension due to disability and age) and a monthly pension supplement of UAH 500 was set for 1.5 million pensioners aged 80 and over;

- in May, labour pensions were indexed (by 11%) for about 8.4 million pensioners and the minimum pension payment was set at UAH 2 100 for persons with long insurance experience (30 years for women and 35 years for men).

Due to the increase in the subsistence level in July and December 2020, the size of pensions and other social allowances determined taking into account the size of this standard, has increased.

Resolution of the Cabinet of Ministers of Ukraine No. 264 of 8 April 2020 “Some issues of state social allowance” provides for the period of quarantine and restrictive measures related to the spread of COVID-19, and within 30 days after the abolition of quarantine extension the following:

- state social allowance payments for the new period that was assigned earlier, without the need for personal application of citizens to social protection authorities;

- new applications for certain types of state aid;

- payments of state social allowance to persons with childhood disabilities, children with disabilities, persons with disabilities, in cases when the deadline for re-examination by MSEB (medical and social expert board) or MCB (medical consultative board) is missed.

The Resolution of the Cabinet of Ministers of Ukraine No. 287 of 8 April 2020 “On the Development of Social Services for Some Social Groups” was also adopted that, in particular, provides for the assistance to pensioners and recipients of social allowances in remote payment of housing and utility services and meeting their social and domestic needs in quarantine.

Resolution of the Cabinet of Ministers of Ukraine No. 244 of 29 March 2020 “On Amendments to the Procedure for Registration, Re-registration of Unemployed and Keeping Records of Jobseekers” provides that during the quarantine period the status of unemployed is granted immediately after the application is submitted and unemployment benefits are granted with the first day after registration.

Resolution of the Cabinet of Ministers of Ukraine No. 491 of 17 June 2020 “On Amendments to the Procedure for Providing Monthly Targeted Allowance to Internally Displaced Persons to Cover Accommodation Costs, Including Housing and Utility Services” strengthened social protection of internally displaced persons who were not employed during the quarantine period. A mechanism for non-application of the standard on termination of payment to cover living expenses, including those for housing and utility services in case of their non-employment, has been introduced.

Besides, to support individual entrepreneurs who have children in the conditions of quarantine restrictions, according to the resolution of the Cabinet of Ministers of Ukraine No. 329 of 22 April 2020 “Some Issues of Social Support for Families with Children”, the child allowance to individual entrepreneurs who have chosen the simplified taxation system and belong to the first and second

groups of single taxpayers was paid from the fund for the fight against COVID-19 caused by SARS-CoV-2 and its consequences in the period from 1 May 2020 to 30 September 2020 and from 1 November 2020 to 31 December 2020.

Institutions cover information on current events, including thematic and free tours, on their official websites and social networks.

Due to quarantine restrictions introduced to prevent the spread of COVID-19 caused by SARS-CoV-2 in Ukraine, museum institutions have moved online many events, exhibitions, lectures, presentations, etc. that are freely available on official sites and social media pages of museum institutions.

*c) If a discrepancy was found in the previous conclusion, explain whether this problem was solved and how it was done. If the previous conclusion was postponed, answer the questions.*

### **Questions: Conclusions – 2017**

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

***1. The Committee reminds that Article 30 covers not only poverty but also social exclusion and the risk of social exclusion, and therefore requests detailed information on the above-mentioned issues in the next report.***

In pursuance of the Poverty Reduction Strategy approved by the Resolution of the Cabinet of Ministers of Ukraine No. 161-r of 16 March 2016, and to improve the methodology for assessing and monitoring poverty and social exclusion, the Methodology of Integrated Poverty Assessment was improved (Order of the Ministry of Social Policy, Ministry of Economic Development, Ministry of Finance, State Statistics, and National Academy of Sciences of Ukraine No. 827/403/507/113/232 of 18 May 2017 ).

According to the Methodology, indicators calculated on the basis of annual data and data prepared once every two years are used to assess the manifestations of social exclusion.

#### **Indicators of social exclusion in 2016-2019, %**

No.	Indicator	2016	2017	2018	2019
1	Proportion of households that include persons who have not been able to receive medical care or purchase medicines in the last 12 months (per cent)	23.1	29.7	21.0	24.4
2	Proportion of households affected by the absence of a health care facility (medical and obstetric centre, outpatient clinic, polyclinic, etc.), pharmacies (per cent)	X	13.4	X	13.7
3	Proportion of households affected by the lack of timely emergency (ambulance) services in the settlement (per cent)	X	14.8	X	15.8
4	Proportion of households with children under 6 that suffer from the absence of preschool educational institutions near their homes (kindergartens, nurseries) (per cent)	X	2.3	X	2.0
5	Proportion of children aged 3-5 who are covered by preschool educational institutions (per cent)	74.5	75.9	79.2	76.4
6	Proportion of 9th grade graduates of full-time secondary schools who do not continue their studies to complete general secondary education (per cent)	0.7	1.0	0.7	0.9
7	Proportion of 9th grade graduates of full-time secondary schools who continue their education in the 10th grade (per cent)	58.4	58.5	62.3	63.4

8	Proportion of households that spend more than 60 per cent of total expenses for food	31.8	26.1	26.7	27.7
9	Proportion of households with less than 10 per cent of total resources left after paying food and utility bills (per cent)	11.1	8.6	7.6	7.4
10	Proportion of households suffering from insufficient funds to maintain a sufficiently warm temperature in their homes (per cent)	X	26.6	X	22.9
11	Proportion of households suffering from the lack of regular transport communication between a settlement and more developed infrastructure (per cent)	X	8.8	X	9.1
12	Number of children with disabilities covered by rehabilitation services (thousands)	14.8	17.4	18.2	18.5
13	Proportion of children not covered by family forms of upbringing among children who have received the status of an orphan and a child deprived of parental care (per cent)	22.2	15.7	14.9	16.1
14	The proportion of single elderly people who were served in territorial social service centres (per cent)	92.3	95.0	96.3	96.0

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

***1. In the light of the information on the various measures, the Committee sees no clear evidence or guidance on how they promote strengthening a common and coordinated approach to combating poverty and social exclusion. Therefore, the Committee requests the next report to contain detailed information/data/figures showing that the budgetary resources allocated to the fight against poverty and social exclusion are sufficient, taking into account the scale of the problem/task.***

The Poverty Reduction Strategy (approved by the Order of the Cabinet of Ministers of Ukraine No. 161-r of 16 March 2016) is a comprehensive document identifying priority areas for poverty reduction, in particular, to expand access to productive employment, promote income growth from employment and payments in the state social insurance system to ensure decent working conditions; ensuring access of the population to social services regardless of the place of residence, minimising the risks of social exclusion of the rural population; counteracting social exclusion and minimising the risks of poverty of the most vulnerable categories of the population; preventing poverty and the emergence of chronic poverty and social exclusion among internally displaced persons.

To ensure the implementation of strategic directions and tasks set by the Poverty Reduction Strategy, the Government annually approves a plan of specific measures, whose implementation is communicated to the Cabinet of Ministers of Ukraine by the Ministry of Social Policy together with other central executive authorities and regional state administrations quarterly.

To monitor the process of solving the problem of poverty, the Ministry of Social Policy constantly monitors and evaluates the effectiveness of the implementation of this Strategy according to the indicators defined by this Strategy.

Besides, the Methodology of Comprehensive Poverty Assessment (approved by the Order of the Ministry of Social Policy, Ministry of Economic Development, Ministry of Finance, State Statistics and the National Academy of Sciences of Ukraine No. 827/403/507/113/232 of 18 May 2017 registered in the Ministry of Justice on 12 June 2017 under No. 728/30596) that provides for the definition of poverty assessment criteria.

The implementation of the Poverty Reduction Strategy is financed within the funds of the state and local budgets, funds of the obligatory state social insurance, and other sources not prohibited by law.

The Strategy implementation activities were financed within the framework of the respective budget programmes within the budgets of all levels.

## *Monitoring and assessment*

**1. The Committee reminds that Article 30 of the Charter requires the existence of monitoring mechanisms to review and adapt efforts in all areas and sectors at all levels, including national, regional, local, to combat poverty and social exclusion; mechanisms that should involve all relevant actors, including civil society and those directly affected by poverty and exclusion (see Conclusions 2003, France, Article 30). Therefore, it requests the next report to contain comprehensive information on such mechanisms covering all sectors and areas of the fight against poverty and social exclusion.**

**The Committee concludes that the situation in Ukraine is inconsistent with Article 30 of the Charter on the grounds that there is no adequate general and coordinated approach to combating poverty and social exclusion.**

During 2016-2019, a comprehensive assessment of poverty was conducted quarterly based on the monitoring of its indicators and taking into account the impact of the implemented measures aimed at overcoming poverty.

To ensure a comprehensive analysis of the implementation state of tasks in certain areas of the Poverty Reduction Strategy, monitoring was conducted according to a system of indicators, in particular:

- to ensure the assessment of the task achievement of expanding access to productive employment, promoting the growth of income from employment and payments in the state social insurance system to ensure decent working conditions:

- employment rate of the population aged 15-70 (58.2% in 2019 against 56.3% in 2016);

- share in the population income structure of wages (47.4% in 2019 against 42.1% in 2016);

- the share of income from entrepreneurial and individual activities in household income (6.5% in 2019 against 5.2% in 2016);

- poverty rate among people of retirement age (33.3% in 2019 against 53.7% in 2016, including among men — 31.5% against 51.7% and among women — 34.3% against 54.7%);

- growth of disposable income per capita (UAH 67 528 in 2019 against UAH 37 080 in 2016; growth during 2016-2019 amounted to 82.1%);

- growth of the average monthly salary of full-time employees by economic activity type (during 2016-2019, the average monthly salary increased 2 times and amounted to UAH 10 497 in 2019 against UAH 5 183 in 2016, including among men — UAH 12 718 against UAH 6 001 and among women — UAH 9 935 against UAH 4 480);

- growth of real pay (109.8% in 2019 against 109.0%);

- increase in the average amount of the assigned monthly pension for pensioners registered in the Pension Fund (during 2016-2019, the average amount increased by 81.3% and amounted to UAH 3 082.98 as of 1 January 2020 against UAH 1 700.22 as of 1 January 2016);

- increase in the minimum wage (during 2016-2019, the minimum wage increased 3 times and amounted to UAH 4 173 in 2019 against UAH 1 378 in January 2016);

- increase in the minimum pension (during 2016-2019, the minimum pension increased by 52.5% and amounted to UAH 1 638 in December 2019 against UAH 1 074 in January 2016);

- to ensure the assessment of the task achievement of ensuring public access to social services regardless of place of residence, minimising the risks of social exclusion of the rural population:

- the level of the employed population aged 15–70 living in rural areas (56.2% in 2019 against 54.9% in 2016);

- the share of rural households suffering from the lack of regular daily transport communications with a settlement with more developed infrastructure (22.7% in 2019 against 23.0% in 2017);

- the share of full-time secondary school students who continue their education in the 10th grade (63.1% in the 2018/2019 academic year against 60.3% in the 2015/2016 academic year);

- the share of households that include persons who have not been able to receive medical care and purchase medicines in the last 12 months (24.4% in 2019 against 23.1% in 2016);

- to ensure the assessment of the task achievement of minimising the risks of poverty and social exclusion of the most vulnerable categories of the population:

the number of children with disabilities covered by rehabilitation services (18.5% in 2019 against 14.2% in 2016);

mortality rate of children under one year per 1 000 live births (7.1% in 2019 against 7.4% in 2016);

the number of children in preschool education institutions with special purpose groups (63 856 people in 2019 against 65 606 people in 2016);

the number of children who received the status of orphans and children deprived of parental care (10 173 people in 2019 against 10 132 people in 2016);

the share of children covered by family forms of upbringing (guardianship, care, family-type children's homes, foster families) of the total number of orphans and children deprived of parental care (91.7% in 2019 against 91.5% in 2016);

the share of the poor among multi-child families (60.9% in 2019 against 83.1% in 2016);

- to assess the task achievement of preventing poverty and social exclusion among internally displaced persons:

the number of registered internally displaced persons (according to the Resolution of the Cabinet of Ministers of Ukraine No. 509 of 1 October 2014) (1 433 256 persons as of December 2019 against 1 652 512 persons as of December 2016);

average monthly number of families assigned monthly targeted allowance to internally displaced persons to cover living expenses, including housing and utility services (according to Resolution of the Cabinet of Ministers of Ukraine No. 505 of 1 October 2014) (164 799 families in 2019 against 197 254 families in 2016);

the share of employed in the total number of internally displaced persons who applied to the state employment service (31.7% in 2019 against 28.0% in 2016).

The Ministry of Social Policy of Ukraine coordinated the work of central and local executive authorities on the implementation of tasks and measures envisaged by the Poverty Reduction Strategy.

Based on the reports of central and local executive authorities, generalised information on the implementation of these measures was prepared quarterly and submitted to the Cabinet of Ministers of Ukraine, also to the Verkhovna Rada of Ukraine upon separate requests. Information was also provided at the request of public organisations and individual citizens.

In addition, since 2014, social support programmes have been monitored to study the impact of certain types of social protection on poverty indicators and improving household welfare.

According to a survey conducted by the State Statistics in 2018, more than half of households (56.6%) believed that social allowance is provided to those who need it.

Particularly, in 2019, all the considered social assistance programmes had a significant impact on the poverty level of beneficiaries – the indicator decreased by 5.2–24.6 per cent points. Thereat, the child allowance programme for single persons had the greatest impact that proves the exceptional importance of allowance for beneficiaries.

Allowance to low-income families and child allowance to single persons have proved to be the most effective, demonstrating that programmes are better targeted at the poor and that allowances are important for their members.

To increase the effectiveness of state social protection programmes, the existing mechanisms for supporting vulnerable population groups were constantly improved aiming at their adaptation to modern requirements.

### ***Additional information***

As of 1 January 2020, 2.2 million recipients received state aid, including:

- 22.7 thousand people — pregnancy-maternity allowance;

- 967.9 thousand people — childbirth allowance;

- 3.3 thousand people — adoption allowance;

- 260.6 thousand people — child allowance for single mothers;

- 32.2 thousand people — ward allowance;
- 0.7 thousand people — patients with severe diseases without established disability;
- 7.5 thousand people — temporary allowance for children whose parents renege alimony payment;
- 224.1 thousand families — state social allowance for low-income families;
- 456.0 thousand people — state social allowance for people with childhood disabilities and children with disabilities;
- 56.0 thousand people — allowance to persons living with the person with disability of the I or II category resulted from a mental disorder;
- 206.9 thousand families — allowance for children from multi-child families.