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UKRAINE

**ALTERNATIVE REPORT ON THE IMPLEMENTATION
OF THE EUROPEAN SOCIAL CHARTER (REVISED)**

**THEMATIC GROUP «HEALTH, SOCIAL SECURITY AND SOCIAL PROTECTION»/
ARTICLES 3, 11, 12, 14, 23, 30**

Submitted by the Ukrainian Helsinki Human Rights Union

2016

This publication has been prepared and issued within the «Human Rights First» Project, implemented by the Ukrainian Helsinki Human Rights Union and funded by Global Affairs Canada (Affaires mondiales Canada).

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Methodology

In January 2010, the European Committee of Social Rights published the Conclusions under the thematic group «Health, social security, social protection», following the consideration of the first report of Ukraine on the implementation of the Revised European Social Charter. The thematic group includes the following Articles:

- Article 3 «The right to safe and healthy working conditions»
- Article 11 «The right to protection of health»
- Article 12 «The right to social security»
- Article 13 «The right to social and medical assistance»
- Article 14 «The right to benefit from social welfare services»
- Article 23 «The right of elderly persons to social protection»
- Article 30 «The right to protection against poverty and social exclusion.»

The Ukrainian Helsinki Human Rights Union offers an alternative report on the implementation of the Revised European Social Charter by Ukraine under the thematic group. The study of the progress achieved by Ukraine is based on, in particular: ranks of Ukraine in the rankings published by international organizations and monitoring missions; analysis of the most important amendments of legislation, laws, regulations; statistical data; changes in judicial practice; work of public organizations, including trade unions and dialogue with the government if the latter occurred.

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THE IMPLEMENTATION OF THE COMMITMENTS UNDER ARTICLE 3 OF THE CHARTER¹ «The right to safe and healthy working conditions»

Article 3 § 1

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.

Relatively large number of regulations is a feature of Ukraine's experience. However, these regulations do not impact the practical sphere much. In 2011, «*The Concept of the National Target-specific Program for Improvement of Occupational Safety, Labour Hygiene and Workplace Environments for 2012–2016*»² was adopted by the Decree of the Cabinet of Ministers of Ukraine. Later, no plan for its implementation has been adopted. No results of its implementation are available.

In 2013, the Law of Ukraine «*On Adopting the National Social Program for Improvement of Safety, Workplace Hygiene and Production Environment in 2014–2018*» was adopted. In order to implement it, the government and local agencies has adopted relevant sectoral and regional programs (e.g. the Sectoral Program for Improving Safety, Health and Working Environment in Enterprises and Organizations Belonging to the Jurisdiction of the State Reserve of Ukraine for 2014–2018³; On the District Social Program for Improving the Safety, Labour Hygiene and Working Environment in the Piatykhvatky District for 2014–2018⁴, etc.).

Nevertheless, no information on the results of its implementation is available.

Some aspects of this problem are included in the National Strategy on Human Rights for the period until 2020 that was approved by Presidential Decree No. 501/2015 of 25 August 2015. One of the expected results of the Strategies is «*to create healthy and safe working conditions*».

In accordance with Decree No. 1393-p of the Cabinet of Ministers of Ukraine of November 23, 2015, the Action Plan to implement the National Strategy on Human Rights for the period until 2020 was adopted. In paragraph 50 of the Plan is stated that *in order to create healthy and safe working conditions only two steps should be taken:*

1) development of draft laws on amendments to the Tax Code of Ukraine and other legislative acts of Ukraine in order to bring them into line with the ILO Labour Inspection Convention No. 81 concerning Labour Inspection in Industry and Commerce and No. 129 concerning Labour Inspection in Agriculture regarding inspections;

2) development of a legal act to tighten state control over observance of legislation on labour by conducting inspections of enterprises and organizations, which provides that the criterion of effectiveness of the inspections is not defined by their number, imposed fines, etc., but by the number of recovered rights, eliminations of violations, reduction of the number of accidents at work.

¹ Prepared by Kostiantyn Avtukhov and Iryna Yakovets.

² <http://zakon2.rada.gov.ua/laws/show/889-2011-%D1%80>

³ www.gosrezerv.gov.ua/reserv/doccatolog/document;jsessionid...app2?id=149509

⁴ http://www.pyatihrn.dp.gov.ua/OBLADM/pjat_rda.nsf/docs/8503DEFD403CF519C2257D3800499703?OpenDocument

According to the plan of work of the Ministry of Social Policy, preparation of draft laws on amendments to the Tax Code of Ukraine and other legislative acts of Ukraine in order to bring them into line with the ILO Labour Inspection Convention No. 81 concerning Labour Inspection in Industry and Commerce and No. 129 concerning Labour Inspection *in Agriculture is scheduled for December 2016*⁵. Although, the very first amendments were prepared by the Ministry of Social Policy and submitted for public discussion in 2014.⁶

On 12 October 2016, The Committee on Social Policy, Employment, and Pensions of the Verkhovna Rada of Ukraine held a hearing on the implementation of ILO Convention No. 81 -Labour Inspection Convention and ILO Convention No. 129 – Labour Inspection (Agriculture) Convention. *During the hearings, the possible ways of reforming the system of labour inspection in Ukraine in the context of the provisions of the Conventions were discussed.*⁷

No other information relevant to the preparation or registration of draft amendments to the current legislation on inspections in open sources (including the website of the Verkhovna Rada of Ukraine and the State Labour Inspectorate (Derzhpratsi) is available.

Regarding the task of drafting a legal act to tighten state control over implementation of legislation regarding labour by conducting inspections of enterprises and organizations, which provides that the efficiency of inspections is defined not only by the number of inspections, imposed fines, etc. but also by the number of recovered rights, eliminated violations, reduced number of accidents at work. *Its execution was given to the State Labour Inspectorate.* However, no drafts of the legal acts, indicating the implementation of the measure, are available on the website.

Furthermore, on October 11, 2016, at the opening of the Project of the International Labour Organization «Strengthening Labour Inspection System and Mechanisms of Social Dialogue», Deputy Minister of Social Policy recalled: «Ukraine is facing the task of not only strengthening the labour inspectorate in the context of the completeness of the implementation of its powers but also revising a significant part of the legislation, control and supervision that is delegated to it. We hope to achieve this goal, in particular, through the implementation of the project «Strengthening Labour Inspection System and Mechanisms of Social Dialogue»⁸ over the period of 2016–2018. It can state that the **above-mentioned measure of no action plan has been implemented; no relevant regulation has been developed.**

Thus, despite the very ramified number of different projects of change, they do not cover the tasks, mentioned in the strategic documents, concerning the national policy on occupational safety, labour hygiene and working environment. As a result, it should be noted that Ukraine lacks a coherent national policy in this area.

Until recently, the relations among employers, trade unions and executive authorities were regulated by the General Agreement on the Regulation of the Basic Principles and Norms of Social and Economic Policy and Labour over the period of 2010–2012.⁹

This situation has arisen due to the fact that, despite long negotiations, the parties of social dialogue has not found a compromise on a number of issues. In particular, the differences under the section «Terms, labour protection» that is generally related to the development of new concepts and approaches to this issue, the development of regulations and so on. A proposal of trade unions on the «spending employers funds to implement comprehensive measures to achieve Complex standards and to improve the current

⁵ http://www.ts.lica.com.ua/b_text.php?type=3&id=862749&base=1

⁶ The notice of publication of the Draft Law of Ukraine "On Amendments to Some Laws of Ukraine to Bring Them into Compliance with the Conventions No. 81 and 129 of the International Labour Organisation" // <http://dpu.gov.ua/Lists/ProjectsandPublic/DispForm.aspx?ID=25>

⁷ the possible ways of reforming the system of labor inspection were discussed at the hearings on the implementation of ILO Conventions in Ukraine// <http://dsp.gov.ua/%D0%BD%D0%B0-%D1%81%D0%BB%D1%83%D1%85%D0%B0%D0%BD%D0%BD%D1%8F%D1%85-%D0%B7-%D1%80%D0%B5%D0%B0%D0%BB%D1%96%D0%B7%D0%B0%D1%86%D1%96%D1%97-%D0%B2-%D1%83%D0%BA%D1%80%D0%B0%D1%97%D0%BD%D1%96-%D0%BA%D0%BE/>

⁸ <http://msp.gov.ua/news/10626.html?PrintVersion>

⁹ <http://zakon2.rada.gov.ua/laws/show/n0006120-10>

level of safety that is part of the collective agreement, amounting to at least 5% of payroll enterprises, institutions and organizations» was disagreed by employers and the Government.

The new edition of the *General Agreement on the Regulation of the Basic Principles and Norms of Social and Economic Policy and Labour*¹⁰ was reached only on August 23, 2016. The General Agreement is concluded for the period of 2016–2017.

At present, the only result of the conclusion of the Agreement was the consultations with the Ministry of Social Policy of Ukraine on September 28, 2016 on the need for renovation of the annual recalculation of monthly insurance payments that were suspended on January 1, 2015, in order to stabilize the financial and economic situation of the state. Given the calculations of the executive directorate of the Social Insurance Fund against Occupational Accidents and Diseases, participants of the consultations have agreed on the possibility of recovery of such conversion on March 1, 2017. This will require about UAH 700 million and can be achieved at the expense of social insurance against industrial accidents.

No other information regarding the implementation of this Agreement (including the judiciary) is available.

Article 3 § 2

To issue safety and health regulations;

The rules of occupational safety in Ukraine are scattered across different regulations. The main documents that were adopted in the field of occupational safety in Ukraine since the independence and are crucial in this area are:

- Law of Ukraine «On Labour Protection»;
- Law of Ukraine «On Extremely Dangerous Objects»;
- Law of Ukraine «On Mandatory State Social Insurance against Industrial Accident and Occupational Disease that Caused Disability»;
- Amendments to the Labour Code of Ukraine;
- Procedure for Investigation and Registration of Accidents, Occupational Diseases and Accidents at Work (Decree No. 1232 of the Cabinet of Ministers of Ukraine of 30.11.2011);
- A number of technical regulations adopted for the purpose of implementation of European legislation in the field of occupational health in Ukraine.

The State Standard of Ukraine OHSAS 18001:2010 «Occupational health and safety management systems. Requirements» and OHSAS 18002 as the test State Standard for informing and determining its possible use in the conditions of the national market and on Labor safety management system of Ukraine's enterprises.

The recommendations on the construction, implementation and improvement of safety management that were approved by the Chairman of the State Service of Mining Supervision and Industrial Safety on 07.02.2008 in order to help the legal entity to achieve the level of labour protection that meets the minimum requirements of safe and healthy working conditions of employees that were set by legislative and other normative legal acts on labour protection, were not mandatory.

Using these recommendations, the legal entity is able to develop the own safety management system of the company as part of the overall management of the organization.¹¹

The main problems that the occupational health and safety specialists have to deal with when ensuring safe and harmless working conditions are:

- The inadequacy of the legal framework on occupational safety: a number of important documents in force were cancelled, and instead the old Soviet documents were temporarily restored (the Rules of De-

¹⁰ <http://zakon2.rada.gov.ua/laws/show/n0001120-16>

¹¹ <http://www.documenty.in.ua/lyst-derzhavnoyi-sluzhby-ukrayiny-z-pytan-pratsi-shhodo-systemy-upravlinnya-ohoronoyu-pratsi-na-pidpryyemstvi-vid-18-12-2015-r-5820-0-4-4-06-6-dp-15/>

sign and Safe Operation of Vessels Working under Pressure (1987), Rules of Design and Safe Operation of Steam and Water-Heating Boilers (1966)); some regulations were cancelled without introducing new ones instead (e.g. the State Standards of Ukraine No. 2448-94 «Oxygen cutting. Safety requirements» were cancelled). New regulations on occupational health were adopted at the state level, but they had the generalized nature with a list of links to other documents, making use of such documents inconvenient, especially in line units, where there is no access to legal databases;

– Works with the use of machines and equipment with the expired useful lifetime (currently, 80% of cranes, boilers and vessels under pressure belongs to the equipment with the expired useful lifetime). For such equipment, the additional examination was conducted to extend the duration of lifetime;

– Lack of adequate financing of occupational safety. In accordance with the Law of Ukraine «On Labour Protection», the cost of labour protection is not less than 0.5% of payroll for the previous year. In recent years, due to the economic crisis and reduced working weeks, the size of funding for occupational health and safety has not increased¹².

In 2016, the main areas of work for the improvement of labour protection are:

1. Increasing the effectiveness of safety management systems of enterprises in accordance with the State Standard of Ukraine OHSAS 18001:2010 regarding the implementation of the integrated system of risk assessment, taking into account the specifics of companies;

2. Improving education of specialists on occupational safety, and ensuring understanding of the responsibility for the life and health of subordinate employees by the managers of all levels.

3. Implementing information certificate (declaration) on the state of labour protection in enterprises, institutions and organizations.

4. Enhancing the role of labour protection services¹³.

The Ministry of Social Policy published the Draft Decree «On Amendments to the Regulations on the Development of Labour Protection Instructions». The purpose of the Decree of this project is:

- to bring norms of Provision on the Development of Labour Protection Instructions No. 9, adopted by the Ministry of Labour and Social Policy of Ukraine on January 29, 1998, and registered by the Ministry of Justice of Ukraine on April 7, 1998, No.226/2666, in accordance with the applicable legislation on labour protection;

- to simplify the development and approval of labour protection instructions by the employer;

- to meet the requirements of Article 28 of the Law of Ukraine «On Labour Protection» to review regulations for occupational safety. According to the Article, «*regulations on labour protection are being revised according to the achievement of science and technology that improve occupational safety, hygiene and working environment, but at least once per ten years*».

Article 3 § 3

To provide for the enforcement of such regulations by measures of supervision.

The state, unfortunately, did not take decisive steps to decrease rather high rates of workplace injuries and reduce their latency. Recently, no regulations or effective programs were adopted. So the following problems still exist:

Poor working conditions that do not meet sanitary requirements. In Ukraine, more than 1 million employees work in such conditions.

The number of employees, working in conditions that do not meet sanitary standards, is: in the mining industry – 71.3% of the total number of employees; in the coke industry and refined petroleum products –

¹² <http://ukrrailways.com/intervyu/1783-valerij-suslenko-neobkhdno-stvoriti-edinu-korporativnu-sistemu-upravlinnya-okhonoroyu-pratsi-dlya-pat-ukrزالiznitsya.html>

¹³ <http://mtu.gov.ua/files/%D0%90%D0%BD%D0%B0%D0%BB%D1%96%D0%B7%20%D0%9E%D0%9F%202015%202016.05.04.pdf>

THE IMPLEMENTATION OF THE COMMITMENTS UNDER ARTICLE 3 OF THE CHARTER

Industry	9 months of 2016		9 months of 2015		Difference, +/-	
	Total	Incl. fatal cases	Total	Incl. fatal cases	Total	Incl. fatal cases
Coal	635	17	544	13	91	4
Mining and non-metallic	144	17	157	11	-13	6
Oil and gas exploration	11	1	11	4	0	-3
Power	99	11	82	13	17	-2
Construction	134	24	152	24	-18	0
Boil inspection and lifting equipment	6	0	4	1	2	-1
Machinery	209	10	246	15	-37	-5
Steel and metal	186	10	196	10	-10	0
Chemical	100	8	110	12	-10	-4
Transportation	260	53	297	37	-37	16
Communications	38	1	43	6	-5	-5
Gas industry	26	1	42	1	-16	0
Housing and utilities	134	29	102	8	32	21
Agriculture	406	69	419	63	-13	6
Forestry	37	2	63	3	-26	-1
Textile industry	10	0	16	0	-6	0
Culture and trade	733	45	666	46	67	-1
Total:	3168	298	3150	267	18	31

59.0%; in finished metal production, except for machinery and equipment – 52.8%; in the chemicals and chemical products industry – 41.0%; manufacturing industry – 35.8%; in the supply of power, gas, steam and conditioned air – 33.0%. The particularly difficult situation with the conditions is observed in the cases of private enterprises, SMEs, and self-employment.

The high level of shadow employment – more than 4 million people. Employees who work without official registration of labour relations with the employer.

This sector is not covered by state supervision of labour and labour protection. Due to the massive concealment of industrial accidents, Ukraine has one of the worst ratios of the number of deaths in industries to the total number of industrial accidents (in recent years, the ratio was on average 1 to 12). In the EU member-states, the figure ranges from 1 to 150 to 1 to 1000.

This means that more than 4 million workers cannot be protected by labour protection system, thousands of victims and their families (in case of death of an employee due to an accident or occupational disease) do not receive adequate compensation.

The presence of significant deficiencies in the execution of public policy (legislation) on labour protection; shaping the state safety management system both in separate industries and in the administrative-territorial units of Ukraine; introducing economic methods of encouraging employers to prevent occurrence of industrial accidents; meeting legislative requirements on labour protection and financing activities and resources on health by central authorities and employers. Decree No. 994 of the Cabinet of Ministers of Ukraine of 27 June 2003 provides the list of the requirements.

At present, the statistics of occupational injuries is disappointing and encourages to analyse the causes that are most typical for many areas of the economy: physical deterioration of production equipment; the use of morally obsolete equipment, machines; lowering professional level of employees as a result of the collapse of the system of vocational education and the outflow of skilled workers.

In 2015, in Ukraine, 4,260 people were injured, including 375 fatal cases. In 2014, 6,318 people were injured (by 2,058 people more than in 2015), including 548 fatal cases (by 173 people more than in 2015)¹⁴.

The real state of occupational injuries reflects the disappointing performance. The following table shows the figures of occupational injuries for 9 months of 2016 and 2015 by industries (people)¹⁵.

Thus, despite the lack of production growth, the increase in occupational injuries is observed in 9 months of 2016 compared to the same period in 2015.

In the first half of 2016, working executive directorate of the Social Insurance Fund against Occupational Accidents and Diseases of Ukraine has registered 2230 victims of industrial accidents, including 155 fatal cases.

In the first half of 2016 compared to the first half of 2015, the number of insurable accidents increased by 74 cases or 3.4% (from 2156 to 2230), the number of fatally injured people decreased by 23 cases or 12.9% (from 178 to 155). This figures do not include accidents and occupational diseases that occurred in enterprises located on the temporarily occupied territory.

73.7% (1643) of men and 26.3% (587) of women were injured in enterprises of Ukraine.

49 people (2.2% of the total number of injured in Ukraine) were injured in the state of alcoholic intoxication that is 4 persons less in comparison to the first half of 2015. In this case, 22 people were injured fatally.

In the first half of 2016, stope miners, drivers of vehicles and sinkers were injured the most.

The highest rate of occupational injuries was observed among workers aged 50 to 59 years (576 people, representing 25.8% of the total number of injured in Ukraine in the first half of 2016).

The causes of the accidents are mainly organizational – 65.3% (1457) of the accidents; psychophysiological reasons – 23.1% (515) of accidents occurred; technical reasons – 11.6% (258) of accidents occurred.

The most common organizational reasons are:

- Failing to comply with instructions on labour protection – 36.4% of the total number of injured in Ukraine (811 injured);
- Failing to comply with official duties – 9.4% (210 injured);
- Violating the traffic safety rules (flights) – 5.8% (129 injured);
- Violating the technological process – 3.0% (67 injured).

The most common psychophysiological causes are:

- Personal negligence of victims – 14.8% of the total number of injured persons in Ukraine (330 injured);
- Injury (death) due to the illegal actions of others – 5.4% (121 injured);
- Other reasons – 2.5% (55 injured).

The most common technical reasons are:

- Unsatisfactory technical condition of production facilities, buildings, structures, utilities, territory – 3.9% of the total number of injured people in Ukraine (86 injured);
- Other technical reasons – 1.7% (38 injured);

¹⁴ <http://rda-m-p.gov.ua/novini/pro-stan-travmatizmu-ohoroni-praci-ta-promislovoi-bezpeki-na-pidpriemstvah-vodoprovodnokanalizacijnogo-gospodarstva/>

¹⁵ <http://dsp.gov.ua/%D1%81%D1%82%D0%B0%D1%82%D0%B8%D1%81%D1%82%D0%B8%D1%87%D0%BD%D1%96-%D0%B4%D0%B0%D0%BD%D1%96-%D0%B2%D0%B8%D1%80%D0%BE%D0%B1%D0%BD%D0%B8%D1%87%D0%BE%D0%B3%D0%BE-%D1%82%D1%80%D0%B0%D0%B2%D0%BC%D0%B0-2/>

– Construction imperfections, inadequacy, insufficient reliability means of production – 1.7% (37 injured);

– Unsatisfactory technical condition of the means of production – 1.4% (31 injured);

– Inadequacy of the process and its non-compliance with safety requirements – 0.8% (18 injured).

The main events that led to accidents are:

– Falling of victims during movement – 25.1% (560 injured);

– Effect of moving and rotating parts of the equipment, machines and mechanisms – 12.4% (277 injured);

– Falling of victims from a height – 7.7% (171 injured);

– Road accidents on the public road – 7.4% (166 injured);

– Collapse of rock, soil, etc. – 5.5% (122 injured);

– Murder or injury caused by another person – 4.8% (107 injured);

– Fall or collapse of items, materials, rocks, soil, etc. – 4.3% (95 injured).

The use of the following equipment often leads to the occurrence of accidents:

– Cars – 5.3% of the total number of injured in Ukraine (118 injured);

– Specialized vehicles, trains, cars, trucks, semi-trailers, trailers, trolleys, motorcycles, bicycles – 3,9 (88 injured);

– Mining equipment – 3.8% (84 injured).

Major traumatic industries and types of work include:

– Mining industry and development of quarries – the number of injured is 22.6% of the total number of injured in Ukraine (505 injured, including 16 fatalities);

– Transport, warehousing, postal and courier activities – 8.5% (190 injured, including 25 fatalities);

– Agriculture, forestry and fishery – 6.7% (149 injured, including 26 fatalities).

Number of injured in these industries is 37.8% of the total number of injured in Ukraine¹⁶.

In addition, the Government withdrew the responsibility for compliance with the appropriate conditions, as if these inspections are exerting pressure on business. Therefore, during 2015 the Parliament twice decided to extend the moratorium on inspections by the end of June 2016. The previous Government headed by Arsenii Yatseniuk adopted the first decision on the moratorium 1.5 years ago. The last time, the Parliament extended the moratorium in November 2015 for the business with income up to 20 million in the previous calendar year. In addition, restrictions were introduced on an unscheduled inspection that can be done only on the basis of a reasoned request of an individual entity abuse of legal rights by a legal entity.

So, at that time, Derzhpratsi did not carry out planned measures of state supervision.

By the definition of experts (including the Federation of Trade Unions (FTU)), the general state of labor protection in Ukraine is critical due to:

– Unsatisfactory working conditions;

– A high incidence of diseases of employed people;

– Significant indicators of occupational injuries;

– Clearly insufficient financing of activities and resources on labour protection;

– Incomplete implementation and inefficiency of the state policy on labour and health protection of workers¹⁷.

FTU annually considers over 13 thousand of appeals of union members on security and working conditions, violations of investigation procedure of accidents and occupational diseases. With the help of trade unions, the majority of appeals were concluded in favour of employees¹⁸.

¹⁶ <http://www.social.org.ua/activity/profilactika>

¹⁷ <http://www.fpsu.org.ua/yuridicheskie-konsultatsii-2/prava-pratsivnikiv-na-zdorovi-i-bezpechni-umovi-pratsi-ta-vidpovidalnist-za-porushennya-zakonodavstva-pro-okhoronu-pratsi/320-suchasnij-stan-okhoroni-pratsi-v-ukrajini>

¹⁸ www.atomprofspilka.info/downloadfile/3146

Overall, according to expert estimates, annual economic losses of Ukraine in the field of labour are about UAH 60 billion¹⁹.

Article 3 § 4

To promote the progressive development of occupational health services for all workers with essentially preventive and advisory functions.

The general state of awareness about workplace hygiene is extremely weak. The low level of normative regulation and the real state of implementation of the basic requirements of workplace hygiene characterize the most industries of the national economy, except for the coal industry. The information about the availability of workers access to medical examination and medicine in the workplace is limited. Reforms of the industry-specific body do not improve the situation.

According to Decree No. 442 of the Cabinet of Ministers of Ukraine of 10.09.2014 «On Optimization of the System of Central Executive Bodies», the State Service of Ukraine on Food Safety and Consumer Protection was established on the basis of pre-existing bodies. All the powers of the latter were given to the newly established body, except for the functions of the implementation of the state policy in the field of workplace hygiene and function of the implementation of workplace radiation monitoring, irradiation exposure monitoring of workers and several other areas. In accordance with Decree No. 442, the implementation of the state policy in the field of workplace hygiene is not included in the powers of the State Service of Ukraine on Food Safety and Consumer Protection.

The same decree established the State Service of Ukraine on Labour. The powers of the Service included the implementation of the state policy in the field of workplace hygiene and function of the implementation of workplace radiation monitoring, irradiation exposure monitoring of employees. However, the possibility to execute the powers was assigned to the State Service of Ukraine on Labour by Decree No. 88 of the Cabinet of Ministers of Ukraine of February 11, 2016.

No information on the risks related to performance, preventive measures, taken by the State Committee is publicly available. Similarly, there are no data on resources and materials (guidelines, instructions, examples, best practices, consulting) aimed at private sector enterprises.

However, even some data on workplace hygiene in various fields that are available in open sources indicate significant problems. For example, in 2015, in the transport and road industry more than a hundred thousand employees worked in conditions that did not meet sanitary standards (about 23% of total employment). In 2000, 25% of employees worked in such conditions. During 15 years, this indicator declined only by 2%. Each tenth workplace, where work conditions do not meet sanitary requirements, employs women. Depreciation of fixed assets has decreased. The commission of the Ministry, when controlling subordinate enterprises, placed special emphasis on workplace certification of working conditions. During the control, the commission of the Ministry found irregularities in cards of workplaces and in the conclusions of commissions on workplace certification. In many cases, the certification of workplaces on working conditions is conducted formally – for paying surcharges for work conditions, additional holidays, distribution of dairy products and more. As a result, the certification does not define urgent measures to improve conditions and safety that could be developed and implemented without outside organizations and experts. In the cards of working conditions, section IV «Recommendations to improve working conditions, their economic justification» is incomplete. The section is the basis for the formation of complex measures to achieve norms of safety, hygiene and working environment, improving safety, preventing occupational injuries, disease and accidents. For companies' management it is sometimes easier to give an employee additional leave and milk than to upgrade (or repair) exhaust ventilation²⁰.

¹⁹ <http://www.slovoidilo.ua/2016/04/28/kolonka/aleksandr-radchuk/suspilstvo/dopomozhy-sobi-sam-chomu-oxorona-praczi-v-ukrayini-zalyshayetsya-problemoyu-samyx-praczivnykiv>

²⁰ <http://mtu.gov.ua/files/%D0%90%D0%BD%D0%B0%D0%BB%D1%96%D0%B7%20%D0%9E%D0%9F%202015%202016.05.04.pdf>

THE IMPLEMENTATION OF THE COMMITMENTS UNDER ARTICLE 11 OF THE CHARTER²¹ «The right to protection of health»

Article 11 § 1

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:

To remove as far as possible the causes of ill-health.

According to the State Statistics Service of Ukraine²², the natural movement of the population is as follows (over the period 2014–2016, without taking into account the data of Donetsk and Luhansk Oblasts and the Autonomous Republic of Crimea):

Year	Number of live births	Number of deaths	Natural increase, decrease (-)	Number of deaths of children under 1 year old	General coefficients			
					Birth	Death	Natural increase (decrease)	Mortality of children under 1 year per 1,000 live births
2012	520704	663139	142435	4371	11,4	14,5	3,1	8,5
2013	503656	662368	158712	4030	11,1	14,6	3,5	7,9
2014	456893	632667	166774	3603	–	–	–	–
2015	411783	594795	183012	3318	–	–	–	–

Demographic passport – Ukraine

Main causes of death in Ukraine

Died	2012	2013	2014	2015
Total	663 139	662 368	632 296	594 796
Of some infectious and parasitic diseases	13 922	12921	10 974	9900
Of tuberculosis	6862	4013	5240	4602
Of diseases caused by human immunodeficiency virus (HIV)	5686	5210	4399	4032
Of tumours	92 896	92 337	83 894	79 530
Of diseases of the circulatory system	436 444	440 369	425 607	404 551
Of respiratory diseases	17 109	16 540	14 810	13 951
Of diseases of the digestive system	27 719	27 953	25 225	22 818
Of external causes of morbidity and mortality	41 713	40 298	40 135	34 569

²¹ Prepared by Aihul Mukanova, Oleksii Sorokin.

²² http://database.ukrcensus.gov.ua/Mult/Dialog/statfile1_c_files/pasport1.htm
http://database.ukrcensus.gov.ua/Mult/Dialog/statfile1_c_files/pasport1.htm

The access to health care in rural areas is more difficult due to the fact that rural hospitals do not have the proper equipment and medical personnel. The residents of rural areas are less wealthy and have significant difficulties with transport and time to regularly visit hospitals in urban areas.

Statistics of deaths, depending on the area in the reporting period²³:

Year	Total	Urban areas	Rural areas	per 1000 persons		
				Total	Urban areas	Rural areas
2012	663 139	411 787	251 352	14,5	13,1	17,7
2013	662 368	412 553	249 815	14,6	13,2	17,7
2014	632 296	391 739	240 557	14,7	13,2	18,1
2015	594 796	358 749	236 047	14,9	13,2	18,0

Availability of health care institutions for populations

In the reporting period, the number of hospitals decreased. The number visits per shift also decreased by approximately 10%.

Availability of medical staff

Over the period of 2012–2015, the number of doctors, nursing staff as well as hospitals and beds decreased in relation to the number of inhabitants.

	2012	2013	2014	2015
Number of doctors of all specialities ²⁴ , thousands	217	217	186	186
per 10 000 inhabitants	47,9	48,0	43,5	43,7
Number of nursing staff, thousands	441	441	379	372
per 10 000 inhabitants	97,2	97,4	88,6	87,3
Number of hospitals, thousands	2,4	2,2	1,8	1,8
Number of beds, thousands	404	398	336	333
per 10 000 inhabitants	89,1	88,0	78,5	78,1
Number of medical outpatient clinics, thousands ²⁵ ,	8,3	10,8	9,8	10,0
The planned capacity of outpatient clinics, thousands of visits per shift	1023	1037	912	912
per 10 000 inhabitants	225,4	229,2	213,4	214,2
Number of independent dental clinics (the Ministry of Healthcare of Ukraine), units	257	252	198	197
Number of institutions with dental offices (the Ministry of Healthcare of Ukraine), units	4022	2409	1782	1762

²³ http://database.ukrcensus.gov.ua/Mult/Dialog/statfile1_c_files/pasport.files/pasport/00/00_03_03.htm

²⁴ Dentists are not taken in account.

²⁵ A number of medical outpatient clinics includes all medical facilities that provide outpatient care (clinics, outpatient clinics, outpatient department hospital, clinics, medical health points, etc.).

Provision of health services

	2012	2013	2014	2015
Number of visits to doctors at the outpatient reception and doctor visits patients at home, including emergency planning and consulting and assistance (MHU), millions	476,2	474,1	396,7	397,5
Per 1 inhabitant	10,5	10,5	9,3	9,3
The number of people who were hospitalized in hospital institutions (MHU) million	10,2	10,2	8,6	8,6
Per 100 inhabitants	22,4	22,4	20,0	20,2
Of the total number of hospitalized – children, million ²⁶	1,8	1,9	1,6	1,6
Per 100 inhabitants	23,1	23,3	20,6	20,6
Average length of stay of patients in hospitals, days		11,9	11,6	11,4

The statistics show a significant decrease in the number of doctors' visits of patients at home, and decrease of hospitalizations.

Regarding psychiatric hospitals, statistics of the Ministry of Healthcare show that the provision of public psychiatric beds decreased from 39,251 in 2012 to 38,810 in 2013 and 31,857 in 2014, or respectively from 86.4 and 85.5 to 74.3 beds per 100,000 people. At the same time, most cuts of beds are associated with partially uncontrolled territory in Donetsk (9 hospitals), Luhansk (6 hospitals) Oblasts and the occupation of Crimea (6 hospitals). Openings of mental health departments outside psychiatric hospitals is seen as an improvement. So, in 2014, the Kyiv regional hospital has added 10 beds. In total, outside of the psychiatric hospitals system operates two departments in regional hospitals, 10 departments in the city hospitals and one department in children's city hospital²⁷.

The norm of the Constitution regarding fully free health care service works only for the treatment of HIV and substitution therapy because the Global Fund supports it. In respect to all diseases, basic tests are free. However, patients are obliged to bring own needles and syringes at their own expense and pay a small amount as a charitable donation. X-ray examinations are also free, but each patient must pay a certain amount; the amount differs from hospital to hospital (as explained by doctors, to cover the cost of film for X-ray machine). More sophisticated blood and urine tests are paid as well as ultrasound and tomography examinations. The charges are paid in the form of donations to medical institutions. The exceptions are only made for patients of ambulances and specialized hospitals, in cases of threat to life and the need for urgent intervention and diagnosis. However, in such cases, patients are often asked to pay illegal rewards. Otherwise, the procedures could be delayed in order to obtain compensation. The military is fully exempt from payment of examination and treatment if they were injured in areas of fighting. Patients who receive medical care in departmental hospitals are also exempt from the payments.

In accordance with the national legislation, internally displaced people, who moved from the area of the anti-terrorist operation, receive free medical care. According to the Law of Ukraine «On the Rights and Freedoms of Internally Displaced Persons», «Local administrations within its powers ensure the provision of medical and psychological assistance to internally displaced persons and organization of work of med-

²⁶ By 2006, including children aged 0–14 years, since 2006 including children 0–17 years.

²⁷ The conclusion is based on the results of public examination of the Ministry of Healthcare of Ukraine, <http://helsinki.org.ua/8785-2/>

ical institutions to provide the necessary care according to the place of temporary residence / stay in the respective territory of IDPs. Local authorities within their powers ensure medical assistance in public health care institutions on the basis of information on internally displaced persons, who are temporarily residing in the respective area. The provision of drugs for these persons is made in accordance with the current legislation of Ukraine and within approved budgets of health facilities for the current year.» Practically, this means that the health care institutions have to provide IDPs with medication (including medicine) that was planned only considering the needs of local population. It should be borne in mind that even the latter was not meet in full. This approach provokes a shortage of medicines both for IDPs and for the locals.

According to the report of the Open Dialogue Foundation of 2015 «77% of IDPs reported that they received medical treatment free of charge. However, in reality, it means they often buy their own medication, and then received free treatment. 10% of IDPs paid for medical services immediately at the cash desks of medical institutions. The currently important issue is the lack of initial medical examination of IDPs. Therefore, firstly, there is no timely provision of necessary first aid and, secondly, no preventive measures to prevent socially dangerous diseases (tuberculosis, lice, etc.). According to the doctors and volunteers, among IDPs, there are often persons from vulnerable groups, who need urgent medical care. The majority of them are persons with HIV/AIDS, tuberculosis, hepatitis, diabetes, cancer and mental illness. The main problem is that medication is expensive for them and most of the patients have to buy them at their own expense.»²⁸

Currently, in Ukraine there is no running program for early diagnosis of diseases such as cancer, cardiovascular diseases, diabetes.

Oncological diseases are one of the most frequent causes of mortality. Thus, in 2014, in total 954,126 cases of cancer were diagnosed (2,223.9 people per 100,000 population). Annually 17,000 new cases are diagnosed. About 70 thousand people die. Women mainly have breast cancer; men have melanoma skin cancer and prostate cancer. Number of diagnosed children's cancer cases increased. The level of children's oncological diseases is increasing annually by 2.5%.

There is no early cancer screening. There is a lack of equipment for early diagnosis of cancer, especially in district centers. The most of the existing equipment is out-dated and often breaks down. Procurement of equipment for the National Cancer Institute, regional cancer centers, regional cancer clinics, and departments from the state budget was not implemented between 2008–2016.

In 2015, in Kyiv, NGOs, doctors, and civil servants jointly implemented the social project «Step into life» for the prevention and early diagnosis of cancer. Also, the projects with the same purpose were implemented by medical companies in Lviv, Kharkiv, and Kyiv. However, these projects were short-term and covered only a small part of the population of Ukraine.

On January 16, 2014, the program «On the system of cancer care Ukraine» No. 77 / 24854-91 / 24868 was registered. The program provides for the introduction of screening programs in the health care institutions with funding of UAH 2.804 million in 2014 and 2015 each year. In addition, it was expected that the health care programs for the early detection of precancerous diseases and malignant tumours would be launched in the regions. It was planned to equip 61 cytological laboratories, 27 regional cancer clinics with mammography mobile systems. Also it was planned to equip the network of cabinets of cervix uteri pathology in each region as well as in Kyiv. Since the implementation of the program, funds to purchase equipment for cytology laboratories from the state budget has not been not allocated. Charitable foundations have bought most of the new equipment, such as tomographic scanners.

Although it formally declared free for adults, screening is paid. For example, mammographic examination for women that is declared free needs to pay for X-ray film (from UAH 140 and higher), medical centers have to buy it on their own, without government funding. The price of ultrasound examination is UAH 40 and higher). For families with low income, especially in rural areas, this amount is significant, es-

²⁸ The Report «Ensuring the rights of internally displaced persons in Ukraine», <http://ua.odfoundation.eu/a/6740,zvit-zabezpechennya-prav-vnutrishno-peremishchenih-osib-v-ukrayini>

pecially when it comes to prevention. Computer tomography costs from UAH 700 and is inaccessible to most people.

Currently, the program of early screening for breast cancer is pending before the Ministry of Healthcare of Ukraine. However, there are serious doubts in its quick adoption and funding. Doctors stress the need for social programs to detect obvious signs of the disease and the importance of preventive examinations.

As before, there is still a need for broad news coverage of prevention, early detection and effective treatment of cancer.

In accordance with the programme «On the System of Oncological Assistance to the Population of Ukraine», the monthly information on media on the activities of oncology service training for television, radio and publications in the print media should be provided. During the period of implementation of the programme, funds from the state budget for these purposes has not been allocated; partly this work was carried out by structural health care units of regional and city administrations at the expense of the local budget.

The National Television Company of Ukraine, the National Radio Company of Ukraine, oblast and regional state broadcasting companies provided coverage of measures to implement the program by broadcasting information thematic programs.

Regarding the prevention and diagnosis of diabetes, the experts noted insufficient level of diagnosis of the disease and emphasized the need for increased attention and activities for early detection of diabetes, screening of the population, especially in groups of risk: people with obesity, hypertension, among people aged over 40 years, burdened heredity of diabetes, pregnant women. The increase in the number of people aged over 40, people with a genetic predisposition to diabetes, people with obesity, sedentary lifestyle, chronic stress, smoking and alcohol use causes an increase in the prevalence of diabetes in the population of Ukraine. At the same time, the lack of multidisciplinary and systemic approach to the early detection of diabetes at all levels of care worsens timely diagnosis and treatment.

The lack of current registry of patients with diabetes makes it impossible to analyze the prevalence and incidence of diabetes, dynamics of its complications, to assess the quality of care and predict financial costs of prevention, diagnosis, and treatment of patients.

In Ukraine, there is imperfect regulatory, organizational and structural framework for providing medical care and social security for people with diabetics. No responsibility and motivation of the population, including those with diabetes, to keep a healthy lifestyle.

The level of TB prevention and diagnostics through state programs and public attention has much improved, but still many problems related to insufficient quantity and quality of equipment and consumables, professional level of doctors has decreased- TB specialists, in recent years, lack of vaccines. In 2014, BCG vaccination in maternity hospitals was held at the level of 46.8% compared to standard 95% (approximately 5% have contraindications) due to delayed delivery of vaccines (supply of vaccine is still pending). Tuberculosis tests – Mantoux test – in the Kyiv city passed only 5.1% of children (aged 4 to 14 years) to a standard 98% in 2015. In the whole country, the figure was slightly better – 36%. More about the diagnostics and treatment of TB in Article 11 § 3.

Article 11 § 2

To provide advisory and educational facilities for the promotion of health and the encouragement of individual responsibility in matters of health;

Health Education

Nowadays in Ukraine, youth health is a very pressing issue. In addition to numerous diseases of school students (respiratory, eye, digestive, heart diseases, physical inactivity, etc.), the indicators of the mental and spiritual health of school students have significantly deteriorated. Nowadays, 88% of children have nervous and mental disorders. Among the most common causes of death of children is suicide.

The problem of preservation and strengthening of adolescent health due to the progressive decline in the proportion of healthy children today is considered as an element of national security and strategic goal of national health care system. Adolescence is characterized by a large number of health problems, caused by social and medical factors, improper nutrition, lack of physical activity and more. The need for active influence on the healthy lifestyle of young people caused widespread risk behaviors among youth.

According to the research conducted by the Association of adolescent health (Canada), low use of methods to prevent unwanted pregnancy give evidence of significant deficiencies in the education of youth and, therefore, lack of knowledge about healthy lifestyle and family planning. The data of the survey suggest that the level of awareness of adolescents and young people about modern contraceptive methods in Ukraine is unsatisfactory, and this creates the risk of teen pregnancy and the negative health and social consequences associated with it. Among the methods of birth control, 3.0% of teens have used the method, recommended by WHO – use of both COCPs and condoms.

Analysis of the availability of information on reproductive health and reproductive behavior for the respondents showed the least accessible information is for the youngest (14-years-olds), respectively, the proportion of those, who do not have access to the information, gets lower depending on age and changes in sexual behavior – awareness of adolescents increased from 16.4% in the age group of 14-years-olds to 65.6% in the age group of 17–18-year-olds²⁹.

The course «Fundamentals of health» is offered at a primary and elementary school. Its goal is to form a health-saving competence of students based on their mastery of the knowledge of health and safety, practical skills, healthy lifestyles and safe behavior; education value attitude to life and health; promote the comprehensive development of children. Also, the study of the process of teaching the fundamentals of health in regional schools showed that some teachers do not fully use the features of the programs that allow developing practical skills of students. Most schools do not work properly in order to create classrooms of the fundamentals of health.

Measures to combat smoking, alcohol and drugs

In 2013, smoking among 12-years-olds and older in Ukraine amounted to 21.8%. In 2014 and 2015, it was 24% among over 18-years-olds, in particular, among women – 9.0%, among men – 42.4%. Andrii Skypalskyi, the Head of the Ukrainian Center for Tobacco Control, said «in Ukraine, the cigarette consumption has not decreased even due to hyperinflation, economic crisis, and lower income citizens. This is due primarily to the fact that in 2015, the authorities did not implement any effective measure that would have strengthened the control of tobacco consumption. Also, tobacco companies were playing the price wars, decreasing the cost of tobacco products, making cigarettes more affordable».

On March 13, 2012, the amendments to the Code of Ukraine on Administrative Offenses on the ban on cigarettes advertising were adopted. The ban applies not only to advertising but also to any methods of sales promotion of tobacco products, including sponsorship of festivals, concerts, sporting or other events. In 2009, the Law «On Measures to Prevent and Reduce the Consumption of Tobacco Products and Their Harmful Influence on the Population's Health» was adopted. In accordance with it, the Cabinet of Ministers of Ukraine had to confirm color pictures and icons from the proposed list of the European Union that should be additional health warnings on the packaging of tobacco products within three months from the date of publication. However, in 2010, the Cabinet of Ministers has not approved the Decree on color images and icons that delayed the entry into force of the law. On January 19, 2011, the corresponding list has been approved, but the producers began to print pictures on packaging only in October 2012.

Thus, Ukraine became the 40th country in the world that introduced similar rules. During the reporting period, regular (several hours) exposures to tobacco smoke decreased significantly.

²⁹ Reproductive health of adolescents, social and medical aspects, <http://health-ua.com/stati/pediatrics/reproduktivne-zdorov-ya-pidlitkiv-sotsialno-medichni-aspekti.html>

On December 16, 2012, the amendments to the Law «On Measures to Prevent and Reduce the Consumption of Tobacco Products and Their Harmful Influence on the Population's Health» on a total ban on smoking in public catering establishments, in addition to the previously stated ban on smoking in public places including medical and educational institutions, sports facilities, schools, businesses and cultural organizations, in cars, trains, buses, taxis, minibuses, trolley buses, trams, and in the elevators of residential buildings and playgrounds. Risks for persons suffering from passive smoking have reduced after this ban. However, in the situation, when smoking in many public places and inside buildings is banned, there are often no smoking areas. As a result, smokers smoke despite the legal requirements in various comfortable places, hiding from the police.

It should be noted that with respect to smoking, the policy of the state aimed at bans. As for the youth, such bans do not reduce their interest to tobacco use. In the reporting period, the state did not finance any project aimed at the prevention of smoking tobacco, including informing the youth about the dangers of tobacco use. In March 2016, doctors, social activists, and artists have made and initiated the signature collection «Manifesto towards a future without tobacco», where ten primary steps to be taken at national level towards smoke-free Ukraine:

1. To reduce the affordability of tobacco products by increasing the excise tax.
2. To make all working and public buildings 100% smoke-free.
3. To introduce non-branded packs of cigarettes and ban on flavored cigarettes.
4. To prevent view of cigarettes at points of sale.
5. To introduce services with help to stop smoking.
6. To develop a state program for tobacco control.
7. To use the best examples of international anti-tobacco legislation, including the EU.
8. To eradicate the influence of the tobacco industry.
9. To carry out awareness campaigns.
10. To eradicate illegal trade of tobacco.

On July 19, 2016, Draft Law No. 4030 «On Amendments to Certain Legislative Acts of Ukraine» (concerning the protection of public health from the harmful effects of tobacco smoke) was registered.

The Draft Law aims to protect children from the effects of hidden advertising of cigarettes in places of their sales and strengthen restrictions on the smoking ban in public places.

According to statistics, available in national reports in 2014 and 2015 (with the data of 2013 and 2014³⁰), respectively, on the drug situation in Ukraine dynamics of consumption of psychoactive substances and alcohol and related to them mental and behavioral disorders, has the positive downward trend.

However, it should be noted that very few of injecting drug users (IDUs) and people dependent on alcohol, formally seek help and are registered in the system of health care system.

Low levels of appeals for help are received from the IDUs, persons with alcohol dependence and persons with mental disorders and conduct disorders through the use of psychoactive substances and alcohol (as well as their families) caused by the high probability of persecution by the police, high stigmatization, low quality of provided health care and poor conditions in the existing specialized medical institutions in Ukraine.

The mentioned reports noted that «a number of pressing issues on drugs, in particular reduction of drug demand, strengthening and maintaining health by strengthening preventative measures, improving the quality and effectiveness of drug treatment to drug-dependent persons, the legal status of persons with mental and behavioral disorders due to use of psychoactive substances, creating a favorable environment for care have not changed».

It should be noted that concerning combating drug addiction, the state seeks to achieve effective results by increasing penalties and monitoring of people, who use drugs. Unfortunately, this policy does not

³⁰ <https://drive.google.com/file/d/0B9iDMARdAeS-Ym5mVIRCa0IXOFU/view>, <https://drive.google.com/file/d/0B9iDMARdAeS-VmFiRnU1S1pBeTA/view>

reduce the interest of adolescence to drugs and provides additional opportunities for abuse, fabrication and provocation of crimes related to drugs, and pressure on people who use drugs by law enforcement agencies. No information on programs aimed at developing initiatives that strengthen and help to find interesting forms of leisure and fulfillment. With regard to the prevention of drugs, tobacco and alcohol use, the situation in Ukraine is better than directly with tobacco use, thanks to the Global Fund in Ukraine, the work of the Ministry and NGOs that carry out an information campaign on harmful effects of drugs and the consequences of their use and organized the center of psychological support and social support to people who use drugs. However, the proportion of state involvement in the process and effectiveness described in these reports and public information programs and actions are minimal.

Article 11 § 3

To prevent as far as possible epidemic, endemic and other diseases, as well as accidents.

Reduction of environmental risks

According to the monitoring network of the National Hydro-meteorological Service of Ukraine³¹, general level of air pollution in Ukraine was 7.1 in 2014. It increased to 7.7 in 2015 and was classified as high. Over the last year, it increased slightly due to average annual growth of formaldehyde. The regular monitoring is conducted in 39 cities in Ukraine. In 15 cities, by a combined measure, the air is characterized by very high and high pollution in the reporting period. The list includes cities where powerful industrial enterprises are located, as well as those with a significant fleet of mobile sources. Almost all the cities on the list have high level of air pollution that is associated with significant concentrations of formaldehyde, nitrogen dioxide, phenol, hydrogen fluoride, suspended solids. In the cities of Donetsk and Luhansk Oblasts, where the military operations are being conducted, many companies that were a powerful source of emissions of pollutants into the air has stopped manufacturing. This led to the reduction of air pollution since 2014. The main part of sulfur dioxide (70%), nitrogen oxides (56%) and dust (52%) thrown into the atmosphere by the companies that produce electricity, gas and water; hydrocarbons and volatile organic compounds (74%) – the mining industry; carbon monoxide (70%) – companies of manufacturing industry. Due to the pollution of the environment by harmful substances of exhaust gasses of combustion engines, the whole regions, especially big cities, become the zone of an ecological disaster for the population. The problem of polluting emission of engines is acuter because of the continuous increase in the vehicle fleet, compaction of vehicles flows.

The concentration of radioactive elements in the air on the territory of Ukraine was stable and several degrees below the permissible limits.

The quality of water by hydrochemical indicators did not meet the most common substances such as heavy metal compounds, ammonia nitrogen, nitrite nitrogen, sulfates standards in the reporting period. The main sources of pollutants are sewage of various types of production, agricultural enterprises, and runoff. The data of hydrobiological monitoring of freshwater facilities confirm the absence of significant improvement in water quality and the condition of aquatic ecosystems.

As a result of years of emissions of pollutants into the atmosphere, soils of some cities, contain a high level of heavy metals.

These studies conducted in Ukraine show that people, living in areas with heavy air pollution, face increased number of immune deficiencies. This is one reason for the increase of infectious diseases and the lack of proper effect of vaccination.

The number of chronic bronchitis and asthma cases continues to grow. The country experiences higher levels of cancer. The malignant tumors of the respiratory system head the list.

³¹ http://www.moz.gov.ua/ua/portal/rep_hep_2014.html

The lowest life expectancy at birth has inhabitants of cities with developed metallurgical and chemical industries in so-called anthropogenically loaded regions, as opposed to cities where no such industry and therefore less air pollution.

In the reporting period, almost all state efforts to improve the ecological condition were aimed at strengthening punitive mechanisms that were not effective in practice. According to the reports of the State Ecological Inspectorate, for example, in 2015 the penalties imposed on 20,318 violators, 181 criminal proceedings for violations of environmental legislation were initiated. But practically, they had formal character; the real perpetrators were not punished. Also, the legislation does not fix a procedure for environmental damage inflicted by enterprises with a return to the original intact condition. The state also provides steps to fix damaged environmental objects, limited to fines.

The main reasons for the increased air pollution by automobile transport are:

- poor quality of fuel;
- low technical and operational performance of fleet vehicles.

There is no effective state control of the mentioned issues. Regarding the using by vehicles of less toxic forms of energy, the only thing that has been done is that the amount spent on the purchase and installation of gas-cylinder equipment for cars can be deducted from taxes and will be partially compensated by the end of the year.

Drinking water quality also remains a big issue, because there is no quality and safe water treatment systems in Ukraine. Water chlorination is still the best option for water disinfection.

Chlorination of water containing large amounts of organic matter leads to the formation of chlor-organic compounds that are harmful to human health, causing a decrease in immunity, abnormalities and may increase the risk of cancer. According to various estimates regarding household and industrial waste, more than 700 tons of waste accounts for each Ukrainian. Every year accumulation of waste is growing at 5-7%. As projected by international environmental organizations, 17 million tons of waste will be accumulated in Ukraine by 2025.

Currently, in Ukraine, there are only two incineration plants – in Kiev and Dnipro. However, the plant equipment is morally and physically obsolete, and their emissions into the atmosphere cause further damage. The only high-tech incineration plant was launched on June 25, 2013, is currently in a mode of waste sorting due to collisions in the legislation that the government is not trying to eliminate. In November 2012, the amendments to the Law of Ukraine «On Waste» came into force. According to these amendments, the National Commission on Housing and Utility Services establish the tariffs for waste recycling. However, the Commission could only approve tariffs to companies that it licensed. However, in Ukraine licenses for processing and disposal of waste are not envisaged by legislation.

Prevention of epidemic diseases

TB treatment

According to the official data, in 2012 the number of people with tuberculosis was 457,000 in Ukraine. According to expert estimates, this figure was two times higher and reached one million. According to the Ukrainian Center for Socially Dangerous Disease Control of the Ministry of Health of Ukraine³², in 2015, there were 70.5 cases per 100,000 population, including new cases and relapses. Statistics of 2012 showed a gradual reduction in the number of cases of tuberculosis. But at the same time, the Centre showed that in 2014, the estimated TB incidence was 94.0 per 100,000 population (based on routine surveillance is 71.2 per 100,000 population), the estimated prevalence of TB was 114.0 per 100,000 population (based on routine surveillance is 90.2 per 100,000 population). Thus, in 2015, 23% of TB cases were not timely detected that led to the further spread of TB.

According to statistics, mortality of people with tuberculosis decreased. In 2013, it dropped by 6.6% compared to 14.1 per 100,000 population in 2012 and 12.2 per 100,000 population

³² <http://ucdc.gov.ua/pages/diseases/tuberculosis/surveillance>

in 2014. At the same time, 28% of TB cases were established posthumously, 20% died in the first year of treatment.

In the reporting period, the number of newly registered TB cases remained stable, but the increase was observed in previously treated TB cases over the period 2010- 2014. This happened due to the prevalence of HIV and multi-drug resistant tuberculosis.

According to other sources, in 2014, estimated TB prevalence was 94.0 per 100,000 population (according to routine epidemiological surveillance – 71.2 per 100,000 population), in 2015 – 114.0 per 100,000 population (according to routine epidemiological surveillance – 90.2 per 100,000 population). In 2015, 23% of TB cases were not timely diagnosed, which led to the further spread of TB in the population.

In addition, the incidence of tuberculosis among children increased from 0.1% to 1.5% in Ukraine.

The number of new cases of 0 – 14 years-olds in 2015 was 568 children (including 33 0-1-year-olds and 379 cases of 0-4-years-olds), 8.8 per 100,000 population, which is 8% more than in 2014. In 2012, it was 550 cases or 8.4 per 100,000 children; in 2011, 520 cases and 8.0 per 100,000 children.

The problem is being complicated by HIV-associated TB. In the reporting period, incidence rate of TB in combination with HIV increased: in 2012 – 12.2 per 100,000 population; in 2013 and 2014 – 12.1 per 100 thousand population; in 2015 -13.0 per 100,000 population. People with diabetes are also at TB risk.

Through the establishment of cooperation between specialists of TB facilities and centers of AIDS prevention, comprehensive medical care for co-infected TB/HIV was provided in 2014. The coverage of testing for HIV of TB patients was 96.9% in 2014; 85%- in 2013.

Among the new cases of tuberculosis, there are 12.5% of patients who misuse alcohol, and 3.0% are injecting drug users, indicating the urgent need for further development of the country's education and prevention programs and measures of social support for patients.

The significant concern is the number of health workers who contracted tuberculosis. In 2012, the first diagnosed tuberculosis contracted 502 medical workers or 6.1 per 10,000 workers. Among them, 44.0% were nurses, 23.5%- other staff of medical institutions, 17.2% – junior nurses and 15.3% – doctors. In 2013, the level of the diseased medical workers was 1.5%, including 0.9%, of doctors and nurses (274 persons), resulting from insufficient infection control measures of TB in health care institutions.

The high incidence of tuberculosis and spread of its multidrug resistant forms can be explained by the following reasons:

- Insufficient and untimely diagnosis of contagious forms of tuberculosis (incidence of bacterial form of tuberculosis was 30.8 per 100,000 population) because of inadequate health systems of diagnosing conventional, MRTB and TB co-infection with HIV; insufficient number of health workers; imperfections of laboratory network on microbiologic diagnosis of tuberculosis; low motivation to prompt people to seek medical care and lack of access by vulnerable to TB groups;

- Low efficiency of treatment of patients, who have newly diagnosed tuberculosis (55.0%) and relapse (34.2%), due to lack of diagnostic methods for MRTB, quality-controlled treatment of patients with negative attitudes to treatment.

According to a pilot study by the National Institute of Tuberculosis and Pulmonology named after Yarovskiyi of the National Academy of Medical Science of Ukraine and the University of Illinois (USA), in 2012, in the Kyiv region, only 30% of 234 patients received treatment according to national standards, approved by the Ministry of Health. The said pilot study revealed two disturbing facts: official data on tuberculosis is by 48% lower compared to the actual number of such cases. The results of treatment of tuberculosis patients are among the worst in Eastern Europe.

The existing system of TB treatment with an excessive amount of TB beds, focused on the concentration of the patients at the hospital, is economically burdensome and does not allow providing accessible and quality services for the prevention, detection, diagnosis and treatment of TB. On October 16, 2012, the nationwide social program on TB treatment was approved. The program provides for reforming the system of TB treatment. Most hospitals for inpatient treatment of TB are in poor condition, with no major repairs

for decades, with high humidity and fungal contamination. Three times less money for food is allocated than needed. The menu includes no fresh fruits and vegetables, meat and fish. People eat two- three times less than the norm.

The ineffectiveness of the treatment of newly diagnosed smear-positive TB cases is 62% and among patients MRTB – 34%, due to the faulty conduct of the controlled treatment (especially in outpatient), the lack of treatment adherence and high levels of stigma, irresponsible attitude of patients to the treatment.

The urgent problem is the lack of anti-TB drugs due to insufficient supply of medicines. Experts pointed out that in late 2015 and early 2016 year due to lack of new drugs, patients with tuberculosis were not put on the record. They were offered either to stay at the hospital without any treatment or to seek funds for the treatment themselves. Many patients cannot afford to buy the necessary medicines.

In 2012, in accordance with the budget program «Providing Medical Measures of Individual State Programs and Comprehensive Measures of Programmatic Character», funds for TB diagnosis and treatment were not allocated at all. The Law of Ukraine on State Budget of Ukraine for 2012 envisaged transfer of these costs to local budgets in the form of subsidies from the state budget. In accordance with the Laws of Ukraine on State Budget for 2011 and 2012, the Ministry of Health has allocated UAH 685.4 million and UAH 1,185.8 million respectively for the implementation of these budget programs; including UAH 351.6 million for TB diagnosis and treatment. In 2011, 163.9 million were allocated to the centralized procurement of medicines for TB treatment; UAH 11.9 million – for tests, tuberculin, consumables for the diagnosis of tuberculosis. In 2012, the centralized procurement of medicines planned to allocate UAH 158 million for TB treatment; UAH 17.8 million – for tests consumables for the diagnosis of tuberculosis. According to statistics, the network of TB facilities of the Ministry of Health of Ukraine includes 109 clinics, 42 hospitals, 151 institutions, in general. However, the Ministry of Health reported on providing medicines just to 115 TB institutions.

In the budget program for 2012, the Ministry of Health and the Ministry of Finance the allocated amount of money for purchasing anti-TB drugs did not ensure their annual contingency reserve (that is required) and amounted to 88.3% of calculated needs. Initiated in 2012, the purchase of biochemical and nitrate reductase tests had no state registration, so were not purchased, according to the State Service for Medications. The need for consumables for the diagnosis of tuberculosis was satisfied only by 73.5 – 88.4% in 2012.

According to the report of the Ministry of Health³³, over the period of 2013–2016, the problematic issues are restoring the material – technical base of TB facilities, overhaul to bring TB facilities to meet the requirements of infection control, purchase of modern medical equipment for the diagnosis of TB.

Another problem is the staff of TB facilities. In recent years, the number of TB specialists declined by more than a thousand. Due to a decline in the quality of medical education, young doctors often do not have the necessary skills to effective treatment.

The economic crisis has contributed to the increase of the number of people with tuberculosis. In addition, the uncontrolled parts of the Luhansk and Donetsk Oblasts had a high level of tuberculosis. Many IDPs who arrived on the territory of Ukraine from the uncontrolled territories is not living at the place of registration. No statistics available on what part of people from the uncontrolled territories received treatment.

The high percentage of people with TB is in the penitentiary service facilities. The highest incidence of all forms of active tuberculosis was registered in the south-eastern regions of Ukraine, where the powerful anti-TB facilities of the penitentiary system are located. One reason is the placing of ill persons in a cell with healthy persons and the lack of prevention of tuberculosis in prisons and full treatment patients with MRTB. The process becomes more complicated with the lack of regular examination and control of treatment, the absence of some medication, ineffective treatment. Also, persons suffering from tuberculosis, mainly MR, are not registered and do not receive treatment after the release from prisons, as they do not

³³ http://www.moz.gov.ua/ua/portal/pgrep_tube_2014.html

register themselves as people with TB. In 2011, the press service of the Ministry of Health cited Svitlana Cherenko, who headed the Committee on Combating HIV / AIDS and other Socially Dangerous Diseases (now – the State Service of Social Diseases): «So far, only 30% of patients with TB released from prison, were registered at hospitals. The remaining 70% are simply «lost» due to lack of coordination of structures that have dealt with them».

Hepatitis C treatment

According to WHO, more than 5% of people in Ukraine are infected with hepatitis C. According to Ukrainian epidemiologists, the incidence of viral hepatitis in Ukraine is 7–9% of the total population.

However, as a result of selective monitoring of risk groups, the level of infection with hepatitis C virus among some of them far exceeds the average and is up to 40–60%. The situation is complicated by the fighting in the area of anti-terrorist operations, lack of control in this area for donor blood and the inability to take safety measures when assisting the injured with open wounds on the spot.

The levels of infected health care workers are about 10%; of contact persons – up to 12%. Among patients of hospitals for drug addicts, the level of infected people traditionally high and reaches 65–69%. Doctors indicate that blood transfusion is the main way of transmission of hepatitis C. For example, the infection rate of patients of hemodialysis departments is very high among patients is above 70%, this figure is less among employees. There is a problem of control in blood donor centers and blood transfusion stations. In Ukraine, the level of infected people due to blood transfusion is about 1% (as of 2015).

On September 17, 2013, the Decree of the Cabinet of Ministers of Ukraine on the adoption of the State program to combat hepatitis C with budget UAH 33 million came into force. In 2013, the Ministry of Health of Ukraine said that the basic price for public procurement of the drug was USD 5,000. The government, pledging to finance the treatment of hepatitis C, had to purchase, using the new price, not less than 13 000 treatment courses totaling USD 65 million. Before the end of 2015, an example of Ukraine became the catalyst for a change in other countries.

In 2013, the Government adopted the social program on prevention, diagnosis, and treatment of viral hepatitis between 2014–2016. The report on the implementation of the program in 2015 indicated that most of the programs are not implemented on time or at all due to lack of funding of the mentioned problems³⁴. According to the data of 2016, only 20% of the program was implemented. As of June 2016, medical institutions did not receive medicines that had to be purchased in 2015.

Thus, due to lack of funding for the preparation and launching of reference laboratories in 2014, the Ministry of Health of Ukraine in the budget request for 2015 proposed to postpone the preparatory phase of the reference laboratories with viral hepatitis, namely the establishment of laboratories in 2016.

In Ukraine, 27 regional blood supply services (stations), 26 of them need PCR equipment; only the Kyiv laboratory center is equipped with appropriate equipment. The program included providing equipment in 27 regions, supplies for laboratory diagnosis and monitoring (test kits and reagents) to the equipment over the period of 2014–2016. Funding for this purpose was not allocated. Insufficient funding for the purchase of medicines for patients with viral hepatitis B and C was 82.68%.

In 2014, the purchase of financed medicines for patients with viral hepatitis B and C were delayed due to complaints of bidders to the Antimonopoly Committee of Ukraine. So the supply of medicine to regions was planned for the beginning of 2014 and only began in December 2014 – January 2015.

HIV Treatment

HIV incidence shows the positive trend: the number of new cases decreased from 19,441 – in 2014, to 15,808 in 2015 and 10,248 – in January–September 2016. The number of deaths caused by HIV also slightly decreased from 3,288 in 2014 to 2,935 in 2015 and 1,854 over the period of January–September 2016. However, the worrisome indicator is that in 2015, 2,961 people were infected at the age of 0–14

³⁴ http://www.moz.gov.ua/ua/portal/rep_hep_2014.html

years; the majority of them were infected in a result of mother-to-child transmission of HIV due to insufficient examination, late submission or lack of antiretroviral treatment for pregnant women with HIV.

Full access to antiretroviral therapy for people with HIV is provided under the support of the Global Fund. However, since 2017, the Global Fund will stop funding programs for HIV treatment in Ukraine and the state, so far, does not provide full coverage of the treatment of state and local budgets, which is of great concern to non-governmental organizations representing the community of people living with HIV and human rights organizations. Another problem that prevents people living with HIV to seek medical treatment is the lack of strict confidentiality and frequent disclosure by medical personnel.

Vaccination

According to representatives of UNICEF, the vaccination rate in Ukraine is currently one of the lowest in the world.

In 2015, there was a shortage of BCG, diphtheria, tetanus toxoids, pertussis vaccine and MMR vaccine (measles, mumps, rubella). Periodically, hospitals of major cities received a small amount of vaccines that is enough only for few days. For example, in 2016, Zakarpattya Oblast received only 36,760 doses or 5.5% of the needs of the Oblast. According to Deputy Minister of Health, in 2016, the number of TB vaccines amounted to only 9% of the total demand. Pharmacies do not sell vaccines freely. Also, over the last five years, the anti-vaccination campaign was held in the media, and, consequently, parents refused to vaccinate their kids. Starting from 2014, the region of the counterterrorist operation does not receive vaccines from either state or private companies. In the presence of large numbers of internally displaced persons, there is a risk of infectious disease outbreaks.

In a result, in 2016 Ukraine recorded mini-outbreaks of pertussis among children.

From January 1, 2015, new Calendar No. 551 of mandatory vaccination came into force. It was approved by the Ministry of Health of Ukraine of 11.08.2014. It includes mandatory vaccination to prevent diphtheria, whooping cough, measles, polio, tetanus, tuberculosis, measles, rubella, mumps, Haemophilus influenzae. The new Calendar introduced new mandatory vaccination to prevent diphtheria, pertussis, tetanus, polio and Haemophilus influenzae of 2 month-olds. Vaccinations to prevent these diseases should be repeated at the age of 4 months. Revaccination to prevent Haemophilus influenzae should be carried out at the age of 12 months (now – 18 months). Revaccination against diphtheria, pertussis, tetanus should be done at the age of 6 and 12 months.

Vaccination against hepatitis B should be done on the 1st day of birth with subsequent revaccination at the age of 1 and six months and vaccination against tuberculosis – on 3–5 th day after the birth, revaccination at the age of 7 years. Further revaccination against polio should be done at the age of 6 and 18 months, 6 and 14 years. Revaccination against diphtheria, tetanus performed at the age of 6, 16 and 26 years, in the future – every ten years.

The Minister of Health, Oleksandr Kvitashvili, at a briefing on October 10, 2016, reported that there are no all medications that are included in the Calendar of mandatory vaccinations in Ukraine. 10.8 million doses of vaccine are needed annually for newborns, which will cost USD 20–23 million. In addition, the vaccines for children who were not vaccinated in the last seven years, are also required. The Ministry of Health indicates that the allocated funds may not be enough for the needs of the population.

Also, the lack of vaccines is associated with delayed public procurement and the devaluation of the currency. E.g., the Government purchased new polio vaccine late because of delaying permitting process.

On February 17, 2016, the Draft Law «On Amendments to Certain Legislative Acts of Ukraine (regarding timely access to necessary medicines and medical products through public procurement involving specialized organizations to purchase)» was registered. The Minister of Health said that the adoption of this legislation would procure vaccines as well as medicines and medical products through international organizations such as UN, WHO, UNAIDS (The Joint United Nations Programme on HIV/AIDS). However, experts of the pharmaceutical market pointed out that such an initiative could lead to the elimination of domestic producers to participate in this process.

Also, one of the significant negative factors that reduce the percentage of vaccinated children is concerns of parents about the possible harm to the child. Over the period 2009–2016, in Ukraine, there were cases of usage of substandard vaccines in health facilities, wrong way of using medicines, ignoring of contraindications by medical personnel, lack of prior examination of the child before applying vaccine, breach of storing vaccines. The consequences of such violations often were serious health problems of children, including those that lead to disability, disorders in child development and death. There is no official statistics of the representatives of the health care system, because those, who are responsible for the consequences, and the state concealed the facts.

Despite the fact that in 2012 (3), in Ukraine, vaccinations of children was not binding in accordance with the law, in fact, pressure was exerted on parents to enforce vaccination of children of preschool and school age (not taking in account individual tolerance of drugs and contraindications), because of conflict of laws – without the vaccinations, children are not allowed studying at primary and secondary schools, kindergartens. This also leads to discrimination and violations of the right to education.

Diabetes treatment

In Ukraine, the Concept of the National Programme «Diabetes over the Period till 2018» was developed, but no information on the adoption of the concept by the Government and the implementation of its provisions is available. Free provision of insulin by the state was hardly carried out in 2015. The insulin reimbursement project, which was postponed from January 1 to April 1 this year, was once again postponed – for technical reasons by the Ministry of Health and local administrations. Particular, we are talking about the lack of pharmacies, where patients would be given the necessary medication, and the imperfections of the insulin-dependent people register.

Each year, the number of patients with diabetes is increasing by 5–7%. As of 01.01.2013 in Ukraine, more than 76,004 people with diabetes suffer from diabetic nephropathy, which may end with renal failure and death; more than 173,251 patients registered diabetic retinopathy, which causes blindness; annually about 3,370 amputations of lower limbs are done. As follows from the results of epidemiological studies, the real number of cases 2–2.5 times higher because of not diagnosed cases in Ukraine. As of 01.01.2013, according to the Center for Health Statistics of the Ministry of Health of Ukraine, the total number of children under 17 with diabetes has reached 8,178. The annual increase in the prevalence of diabetes among children in Ukraine reached 3.4% in 2012, the largest (6.0%) – among children under six years old. However, given the overall reduction in the number of children, the absolute number of children with diabetes is growing annually by an average of 0.27%.

Most of the diabetes complications can be prevented, and the high costs of their treatment avoided, providing compensation of diabetes according to individual treatment goals. Ukraine lacks prescription and compensation system (reimbursement) providing insulin, hypoglycemic drugs, self-control.

Lack of funding for the treatment for type 2 diabetes with hypoglycemic drugs and self-control tools causes the lack of adequate treatment and worsens the prognosis of the disease.

The schools of diabetes self-control work imperfectly, because of the absence of an approved training program, regulations on staffing. The financial limits to examine microalbuminuria (an early marker of diabetic kidney disease) do not allow providing timely treatment of complications to prevent its progression and the development of kidney failure, which in turn increases the risk of disability.

Lack of genetic diagnosis of monogenic diabetes in children does not allow assigning adequate hypoglycemic therapy, leading to decompensation of the disease and the rapid emergence of complications. This necessitates the introduction of the genetic diagnosis of monogenic diabetes in Ukraine.

The most modern method of insulin therapy of patients of all ages, including newborns, now considered insulin pump therapy. In Ukraine, only 7.3% of children use insulin pump therapy that they were provided mainly through charitable organizations. However, according to Agreed Consensus of World Endocrine Society in 2007 (European Society for Pediatric Endocrinology (ESPE), Lawson Wilkins Pediatric Endocrine Society (LWPES), International Society for Pediatric and Adolescent Diabetes (ISPAD), American

Diabetes Association (ADA), European Association for the Study of Diabetes (EASD)), as well as ISPAD and IDF (International Diabetes Federation) Clinical Practice Guidelines, insulin pump therapy can significantly improve the treatment of patients, and prevent progression of diabetic complications.

Today in Ukraine, recreational activities are available only to 11% of children with diabetes, due to lack of funds from local budgets for the rehabilitation of these children.

Also in Ukraine, there is no single medical space to provide inpatient and outpatient care for patients with diabetes. This leads to double funding for the maintenance of the beds, with their load through unjustified hospitalization. This necessitates the need to bring bedding for patients in the regions in line with the population, given the availability of beds in institutions-subordinate by the Ministry of Health of Ukraine, as well as amendments to the clinical guidelines for diabetes mellitus with clearly defined indications for hospitalization.

Occupational diseases

The level of occupational diseases in Ukraine remains high, 5,612 – in 2012 and 1,764 – in 2015. Their number increased by 4% in 2012 and by 4.4% in 2013. Since 2014, this ratio decreased: by 25.7% – in 2014, by 35.9% – in 2015, in the first half of 2016 compared to the second half of 2015 by 12.4% or it reduced from 908 to 795. This reduction is associated with the occupation of the territory of Ukraine – Crimea and parts of Donetsk and Luhansk Oblasts. However, one should take into account that since 2014, the statistics do not include most of the Donetsk and Luhansk Oblasts, where the largest numbers of occupational diseases were recorded in previous years: in Donetsk – 31.4% and in Luhansk 25.9% in 2013, because the main part of the mining and quarrying industries with almost two-thirds of recorded cases of occupational diseases is located there. Since 2014, the information of the Oblasts is no longer included in the overall statistics in connection with the occupation of the territory.

Analysis of occupational diseases, held by the Social Insurance Fund of Ukraine showed that since 2012 the number of insured accidents decreased from 7% to 35.9%, but in the 1st half of 2016 their number increased by 3.4% (74 cases). The main part of occupational diseases accounts for respiratory diseases – 68% of the total number (more than 3,831 cases). The second place – diseases of the musculoskeletal system – 20%. The third place – vibration disease 4%, the fourth – ear disease – 3%.

The Social Protection Fund lists the causes of work accidents and occupational diseases: faulty process, outdated equipment, work in dangerous conditions, late detection and late diagnosis of occupational diseases, poor quality of medical examinations of workers, destruction of industrial medicine. The obligation to conduct a mandatory preliminary and periodic, preventive health examination of employees at the expense of the owner, enshrined in Article 169 of the Labour Code. Typically, for the examination, the employer selects one day at the expense of the employee. During the day, all medical specialists examine the group of workers. This examination is conducted superficially in public clinics that have limited resources, or without examination, given the high cost of such examination and the unwillingness of the employer to incur additional expenses.

Access to health care of persons, who are in jails and prisons

Despite the fact that the total number of prisoners decreased compared to 2014 (from 126,937 in 2014 to 69,997 persons in 2015), the number of patients in these institutions remains high. According to statistics in the annual report «Donetsk Memorial» in 2015, there were patients with chronic diseases: tuberculosis in an active form – 2,210 and HIV-infected – 4,145. Statistics regarding the number of patients with other serious diseases (hepatitis, diabetes, cancer, etc.) is not available. NGOs noted the lack of proper examination and monitoring of treatment in jails and prisons. The reason for this is the lack of equipment, medical specialists in these institutions and the reluctance of medical personnel to respond to complaints of prisoners and proper examination. This fact is reflected in the judgment of the European Court against Ukraine. In 2015, the Office of the Prosecutor's General held a series of inspections of institutions of the State Penitentiary Service. The inspections confirmed the lack of quality examination to detect diseases of

prisoners. The experts pointed out that the measures were taken by the Ministry of Justice, the State Penitentiary Service, the Ministry of Internal Affairs and the Ministry of Health of Ukraine to ensure the proper treatment are insufficient. In turn, delayed medical examination of prisoners, delayed transfer of patients to hospitals, presence of severe somatic and infectious diseases, poor treatment are the main factors that lead to deaths. In order to identify hepatitis in the laboratory, three tests – hepatic markers, blood biochemistry, and genotype- may be used, but these tests are expensive. The State Penitentiary Service does not have such financial resources. The convicts usually do not have the money as well.

The period since the detection of tuberculosis of a convicted person to a provision of proper treatment in a specialized medical institution takes more than two months, so the illness is usually progressing.

Lack of medical workers

In 2016, at least 7,000 doctors emigrated from Ukraine, according to the Ukrainian Medical Association. The main reason is low wages. According to the State Statistics Service, the average wage of health care workers in the first quarter of 2016 was UAH 2,973 (about USD 115) per month. At the same time, 18.7% of health care workers earned UAH 1,500 – 2000 (about USD 50–80), and 15.8% – UAH 2,000 – 2,500 (about USD 80-100), slightly more than 4% earned UAH 1,378 per month.

In Kyiv, 3,220 doctors and 5,760 nurses and junior medical staff are missing. In Mariupol, staffing of medical staff positions was 71.5% in 2014, 68.3% in 2015. Staffing of TB doctors in medical institutions of Ukraine was 71.45% in 2013, or 0.59 persons per 10,000 population (absolute number of TB specialists – 2,681, including doctors with rank – 73.6%). Staffing of TB doctors in medical institutions of Ukraine was 73.4% in 2014, or 0.53 persons per 10,000 population (absolute number of TB specialists – 2,277, including doctors with rank – 72.8%). Staffing of ambulance reached 60%.

The big problem is a poor qualification of doctors. The reason is deterioration of doctors training institutions of secondary and higher education, the lower prestige of the profession, inefficient management and accounting in the medical field, high levels of the bureaucracy of the reporting process.

Conclusions:

The current system of free medical care is extremely inefficient and does not meet the needs of the population. Also, the practice of the state to take full quantitative commitments, including through the adoption of many programs that are not included in the budget, leads to the opposite result when doctors formally required to provide quality and timely medical care, but do not have the necessary resources. Ukraine needs to focus on the health of citizens through gradual change the health care system, to provide funding and to improve the education system of doctors and middle medical staff with fair working conditions and wages.

THE IMPLEMENTATION OF THE COMMITMENTS UNDER ARTICLE 12 OF THE CHARTER³⁵ «The right to social security»

Recent conclusions of the Government

According to preliminary estimates, *Ukraine may join Article 12 § 3 and 4 «The right to social security»* on making efforts to raise progressively the system of social security to a higher level and the conclusion of international agreements regarding the equality of rights, and maintenance of acquired rights (accumulation periods of insurance and length of service)³⁶.

Article 12 § 1

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.

In general, Ukraine has laid the **foundations of the legal mechanism of social protection** and has created an organizational and legal mechanism of the system of compulsory state social insurance.

The formation of a multilevel system of social protection in Ukraine is very difficult. It can be explained by a lack of resources and proper socio-economic impacts of social protection. Also, the legislative and regulatory overregulation has negatively impacted the process. Legal acts regulating the issue of social services in Ukraine is characterized by the inadequacy of terminological apparatus, blurring function definitions, objectives, and directions of the respective institutions. The state policy on social protection and social security is determined by about 30 legislative acts, including the laws of Ukraine, decrees of the President and the Cabinet of Ministers of Ukraine³⁷. 58 laws and more than 120 legal acts regulate various privileges, social benefits, and social services.

Other issues of the social security system functioning include:

Inefficient and irrational approaches to funding and management. The low level of targeted social support and help show inefficiency of the system of social services. The dispersed allocation of social protection budget shows irrationality. Social protection and social security are the largest expenditures of the consolidated budget of Ukraine. The total amount of money allocated for this purpose far exceeds spending on health, education, and economic activity.

The monopoly of the state on the market of social services and distribution of orders. The state has the monopoly of the provision of social services because only ministries can provide them. This system is based on a huge bureaucratic network of state and municipal institutions of social protection and social services. The lack of mechanisms for implementing norms of legal acts does not allow fully implementing measures to provide social services³⁸.

Today in Ukraine there is no transparent system of privileges and social benefits in the sphere of social protection and welfare. The state maintains the bulky network of public and state institutions of social services and social protection, while the real social services remain at the low level. The system of privileges administration and recording of categories of people that are eligible for privileges is so complex that there is a considerable amount of abuse. For example, citizens can obtain documents that allow accessing benefits,

³⁵ Prepared by Kostiantyn Avtukhov and Iryna Yakovets.

³⁶ The prospects of Ukraine's accession to a number of Articles of the European Social Charter (revised) were discussed at the Ministry of Social Policy // http://www.mlsp.gov.ua/labour/control/uk/publish/article?art_id=187326&cat_id=107177

³⁷ *Shamanska N.* 2013 Social protection in the context of social assistance: present situation and priorities, *Halytskyi ekonomichnyi visnyk*, №2 (41), 43–48.

³⁸ *Dubych K. B.* 2013 Reforms of Social Services in Ukraine: current state and problems of implementation / *Dubych K. B.* // *Bulletin of the Academy of Public Administration under the President of Ukraine*. № 1, 211–218.

which they are not entitled to (for ex., free public transport), but these violations remain mostly unpunished. However, not all people, who are eligible for benefits, actually use them (e.g. retirees who live in rural areas, may have benefits for transportation services, but they do not use these benefits because they do not travel).

On the other hand, the number of beneficiaries is too great – now 19,168,000 beneficiaries in Ukraine. So it became common when the Law of Ukraine on State Budget for each year and the Budget Code has a norm, saying that some 30 Laws of Ukraine would be carried out only when sufficient funding is allocated. So, people never get these benefits, because there is never enough money in the Budget³⁹.

Among the recipients of all types of social support (children, poor people, social benefits, subsidies to help people with disabilities and other state aid), only 25% belong to the poor. The real and effective social support for poor citizens, effectively using the taxpayers' money, can only be done using targeted support.

Some forms of social services were inherited from the former Soviet Union. They do not reflect the needs of recipients, despite the high budgetary costs (primarily, in-patient forms of care for persons with disabilities, the elderly and education of children in boarding schools). The implementation of international commitments and national policies in the field of human rights requires the provision of social services, particularly for people with disabilities, children, the elderly, victims of trafficking and domestic violence. In connection with the merger of local communities, authorities in the field of social services should be transferred from the district level of local government to a basic level of the local communities. This encourages the creation of a European model of social services – in the community, according to the place of residence of a person, without removing him/her from a familiar environment.

The system of institutions that provide social services is not effective enough. Today at the district level, the network of regional social service centers and social centers for families, children and youth provide social services to about 3 million people.

On average, the effectiveness of the work of regional centers, in other words – the coverage of social services is 88% in Ukraine (compared to 2014 it increased by 1%). In fact, in 2015, the average load per social worker was 11.6 in persons (ratio exceeds the norm by 26%) and 9.9% in rural areas (also exceeds the norm).

However, the modern system of social services is not effective enough. At the level of an administrative-territorial unit, no effective mechanisms for early detection of persons, planning, and provision of social services, taking into account their needs, is established. Today, the provision of social services depends on the capabilities of existing network of communal facilities and institutions to provide social services, lead to the inability to fully meet the needs of individuals. At the beginning of 2016, the Guidelines for the implementation of the (self-governing) authorities of unified territorial communities in the field of social protection⁴⁰, were designed to change the situation in this area. However, a short period and approved local budget do not allow speaking about real changes.

No exchange of information was introduced to provide other types of social assistance. It prevents a multifaceted approach to deal with difficult life situations of a person. Social services usually only meet immediate needs of vulnerable groups of the population. They are not focused on the prevention of difficult life circumstances; they do not form skills of reintegration into society, leading to the dependency a significant number of people on the state.

Also, the branching network of existing institutions does not guarantee the effectiveness of services provided and provide them to all the people who need them, including through a complexity of their receipt.

The procedure for the determination of the needs of the population of administrative units in social services No. 28 (approved by the Ministry of Social Policy of Ukraine of 20.01.2014) did not solve the problem completely, introducing certain state standards of social services⁴¹.

Public, charitable and religious organizations are involved in the provision of social services on a competitive basis in accordance with Decree No.324 of the Cabinet of Ministers of Ukraine of 29.04.2013

³⁹ Marianna Onufryk: in Ukraine, there is an army of beneficiaries // <http://www.prostir.ua/?focus=marianna-onufryk-v-ukrajini-prosto-armiya-pilhovykiv>.

⁴⁰ Guidelines for the implementation of the (self-governing) authorities of the united territorial community in the field of the social welfare // <http://zakon2.rada.gov.ua/rada/show/v0026739-16#n98>

⁴¹ E.g. the state standard of social consulting services // <http://zakon2.rada.gov.ua/laws/show/z0866-15>

«On approval of the social order by means of the budget»⁴². However, the number of such organizations and the amount of allocated funds remain insignificant (for example, the total amount in the regional budget of Khmelnytskyi Oblast provided UAH 95,000 for the implementation of the social procedure at the expense of budget funds in 2016. Funds will be allocated by competition among five organizations).

The level of social security in Ukraine remains quite low, although it is supported by substantial funds. According to various experts, the total cost of social benefits ranges from USD 3.8 to 5.8 billion annually, but only a small part of them is financed. In Ukraine, there are over 130 different categories of recipients of social benefits: only 70 are on social grounds, and about 50 – on professional grounds. All recipients, including vulnerable groups, are entitled to more than 120 kinds of benefits, and more than 60 types of social payments and compensation⁴³.

In some cases, the right to social security and benefits do not occur due to the real needs and problems, and on the basis of membership of a particular professional community (for example, in Kharkiv, catchers of stray animals receive benefits in the form of 100% payment for utilities⁴⁴).

As a result, real expenditures on social protection and social security at least 2.5–3 times higher than the amount declared in the consolidated budget of Ukraine. The budget system of Ukraine operates on «precedent» principle. The funds allocated in the past fiscal year are anticipated in the next fiscal year with a slight increase taking into account the projected inflation rate. Such approach hinders real planning priorities of the social policy and allocating funds for social services. The funds allocated for social services are spent on the maintenance of social security institutions. 90% of the budget of these institutions is spent on utilities and payroll⁴⁵.

On May 1, 2016, the subsistence minimum increased in Ukraine. It influenced the growth of social benefits, «attached» to it. In particular, the subsistence minimum per person per month was UAH 1,399 (from December 1 it will be UAH 1496).

Thus, most social benefits are close to the subsistence minimum. But in Ukraine, the budget factor is the main factor that affects the subsistence minimum and eliminates the other effects. The actual size of the subsistence minimum for able-bodied persons in prices of April 2016 was much larger than UAH 2897, taking into account the amount of income taxes estimated by the Ministry of Social Policy⁴⁶.

Conclusions:

Despite the shortcomings and omissions both in regulation and in practice, it can be claimed that Ukraine has launched a basic social security system and should move to implement the task to support its operation. In view of the above, it is not clear, why the Government of Ukraine aimed at joining only **Article 12 § 3 and 4** on making efforts to raise progressively the system of social security to a higher level and the conclusion of international agreements regarding the equality of rights and maintenance of acquired rights.

The existing situation in the sphere of social protection indicates the need for joining Article 12 § 1 of the Charter.

⁴² Information about the involvement public, charitable and religious organizations to the provision of social services on a competitive basis according to Decree No. 324 of the Cabinet of Ministers of Ukraine of 29.04.2013 «On the approval of the social order by means of the budget» // http://www.mlsp.gov.ua/labour/control/uk/publish/article;jsessionid=3D3A5DA8865037C668036FA9A676546B.app1?art_id=186939&cat_id=34941.

⁴³ The systems of social services in Ukraine. The office of social and political developments // <http://bureau.in.ua/downloads/social-reform/reportua.pdf>

⁴⁴ Annex 17 to the Program promoting safe life in the field of social protection in Kharkiv for 2013-2016 // <http://esm.kharkov.ua/zakonodavstvo/zakonodavstvo-mestnoe/programa-2013-2016/dodatki/>

⁴⁵ The systems of social services in Ukraine. The office of social and political developments // <http://bureau.in.ua/downloads/social-reform/reportua.pdf>

⁴⁶ A living wage in Ukraine do not take into account a number of essential expenses // <http://uarp.org/news/146943930>

Article 12 § 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 (994_329).

The main problem of Ukraine in joining Article 12 § 2 of the Charter is their real impact on the level of social security of citizens.

By definition of the authorities of Ukraine, Ukraine goes beyond the requirements of the Convention according to some indicators of social protection. In particular, the minimum rate of temporary loss of capacity to labour in Ukraine is at the level of 50% of average earnings; the convention offers not less than 45%. The minimum retirement benefit in Ukraine is 78% of the minimum wage that fully meets the requirements of the convention. Also, the level of social security in the case of accidents at work and help during pregnancy and childbirth meet the convention requirements.

However, some levels of parameters of social protection need to be enhanced. So, today only the amount of benefits to people with disabilities of group I meets the requirement that is equal to 100% of the old-age pension. Also, pensions due to loss of a breadwinner only partly meet the requirements of the Convention⁴⁷.

So, Ukraine formally allegedly meet the minimum level of social security required for ratification of the European Code of Social Security. However, the officials speak critically on minimum social standards in the country. In particular, the cost of living of UAH 1,330 was named an unreal amount; the Ministry of Social Policy recognizes that the real cost of living is at least UAH 2,500 per month per person in prices in January 2016⁴⁸.

The social guarantees at the EU level are the share of payroll in GDP of 55–65%, the ratio of the minimum wage and the average wage is not lower than 55%, and the increase the minimum wage in relation to the subsistence minimum for person in active-working age is over 3 times higher, the average salary is 5-6 times greater, the ratio of the average pension to daily living wage for a person who has lost ability to work about 4 times higher⁴⁹. Ukraine is still far from these standards.

The authorities refer to the positive trends in the ratio of social benefits to other income of the population. However, it is achieved mainly, because of the decline of the latter. Thus, the real available income determined by taking into account the price factor in 2015 decreased by 22.2% compared to the year 2014⁵⁰, in 2016 – by 14.9%⁵¹.

The level of wages in Ukraine is the lowest in Europe. As a result, 19.4% of Ukrainian workers are classified as the poor, including 18.9% of families with children, when both parents work. A low minimum wage stimulates the shadow employment. The employment rate of 56.7%; the coverage of employed by state social insurance is about 70%. Outdated labor laws of Ukraine need to be updated in accordance with international standards, which will make the labor market attractive for investors, stimulate job creation and legalize relations in the field of employment and wages, and, as a result, strengthen the social protection of the working population.

⁴⁷ The Parliament ratified the ILO Convention concerning minimum standards of social security // <http://economics.unian.ua/finance/1291487-rada-ratifikuvala-konventsiju-mop-pro-minimalni-normi-sotsialnogo-zabezpechennya.html>

⁴⁸ *ibid.*

⁴⁹ The explanatory note to the Draft Law of Ukraine «On amendments to some legislative acts of Ukraine concerning the fixing of minimum wages at a subsistence level for able-bodied people».

⁵⁰ The State Statistics Service reported on how much the real income of Ukrainians decreased // <http://vilne.org.ua/2016/04/%D0%B4%D0%B5%D1%80%D0%B6%D1%81%D1%82%D0%B0%D1%82-%D0%BF%D0%BE%D0%B2%D1%96%D0%B4%D0%BE%D0%BC%D0%B8%D0%B2-%D0%BD%D0%B0-%D1%81%D0%BA%D1%96%D0%BB%D1%8C%D0%BA%D0%B8-%D0%B2%D0%BF%D0%B0%D0%BB%D0%B8-%D1%80/>

⁵¹ Real incomes decreased by 15% in the first quarter // <http://finbalance.com.ua/news/Realni-dokhodi-naseennya-v-l-kvartali-vpali-na-15>

The minimum wage is only 28% of the average wage (ILO recommendations – at least 50%; in the EU countries – 60%). In March 2016, the average nominal wage was UAH 4,920, exceeding the figure of November 2015 by only 9.4%⁵².

Moreover, unlike the European countries, where the minimum level of social benefits is limited, in Ukraine, there is a trend of limiting their maximum level.

There is no significant increase in output indicators of the social well-being of the population in 2017.

There is no significant increase of the minimum wage: from January 1 – UAH 1,600, from May 1 – UAH 1684, from December 1 – UAH 1762; per hour: 1 January – UAH 9.67, from May 1 – UAH 10.18, from December 1 – UAH 10.65.

Conclusions:

In this situation, it cannot be considered that Ukraine has met the requirements of Article 12 §2 of the Charter.

The expediency to join only **Article 12 § 3 and 4** on making efforts to raise the system of social security progressively to a higher level is doubtful. At the beginning, it should be brought to the baseline, accepted by the world. Alternatively, Ukraine can join the whole Article 12 as to ensure the need for comprehensive change.

Article 12 § 3

3. To endeavour to raise progressively the system of social security to a higher level.

As already mentioned, one of the expenditure items of the state budget is expenditures on social protection and social security of the population. Budget expenditures on social protection and social security are allocated to:

- Social protection in case of disability;
- Social protection of retirees;
- Social protection of veterans of war and labor;
- Social protection of families, children, and youth;
- Social protection of the unemployed;
- Assistance in resolving housing issues;
- Social protection of other categories of the population;
- Fundamental and applied studies and developments in the field of social protection;
- Other activities in the field of social security.

The analysis of the budget financing of social protection in 2011–2016 shows the growth of its volume by UAH 17.01 billion (from UAH 63.54 billion to UAH 80.55 billion). Over the period of 2011–2013, the social protection financing increased to UAH 88.55 billion. It suggests that the alleged priority of social expenditures of the state budget aimed at the improvement of the material conditions of the population, addressing the major social issues. It confirms the idea of social orientation of fiscal policy of the state.

In 2014, the expenditures of this article from the state budget declined by UAH 8 billion due to the political developments in Ukraine, the annexation of the Crimea and fighting in some areas of Donetsk and Luhansk Oblasts. Thus, there is no financing of social protection in these areas.

Expenditure of Ukraine's budget for social protection and social welfare in 2016 amounted to UAH 251,227.7 million⁵³.

⁵² The Government Action Plan of Priorities for 2016 // http://search.ligazakon.ua/l_doc2.nsf/link1/KR160418.html

⁵³ Social protection and social security // <http://www.minfin.gov.ua/news/bjudzhet/socialnij-zahist-ta-socialne-zabezpechennja>

Between 2011–2014, the share of government expenditure on social protection and social security to GDP ranged from 2.14% (in 2014) to 6.08% (in 2013). The dynamics of this index over the period demonstrates its decrease by 0.43%. The share of government expenditure on social protection and social security in the structure of government expenditure ranges from 18.75% to 21.95% and tends to decrease, due to the «freezing» of social guarantees and benefits at the appropriate level due to deep economic stagnation.

Research on the composition and structure of government expenditures on social protection and social security gives reason to conclude that in 2011–2014, expenditure on social protection of retirees dominated with the share 91.78–94.11% and the growth of 2.33%. The second important item in the structure of government expenditures on social protection and social security is on social protection of other categories of the population, the share 2.99% – 9.54% and the growth of 0.91% between 2011–2014. Together they comprise 97.21% of all budget expenditures on social protection and social security⁵⁴.

In 2016⁵⁵, the largest item of the expenditures will be the cost of social programmes. The social protection of retirees will rise to UAH 64.08 billion; the growth rate will be 79.3%. The expenditures on social protection of veterans of war and labour will increase by UAH 0.1 billion and the growth rate will be 8,47%. The government will be spent UAH 0.08 billion more on Social Security of disabled; the growth rate will be 6.96%.

Expenditures on social protection of families, children and youth will increase by UAH 0.01 billion; the growth rate is 33.33%.

Expenditures on social protection of the unemployed will decrease by UAH 0.02 billion with the rate of decrease of 28.57%. Expenditures on assistance in resolving housing issues will decrease by UAH 0.3 billion; the rate of decline will be 17.14%.

Expenditure on social protection of other categories of the population will be reduced accordingly to 0.59 billion and the rate of decline will be 10.67%.

Expenditures on the fundamental and applied research and development in the field of social security will decrease by UAH 0.01 billion and the rate of decline will be 50%.

Expenditures on other activities in the field of social security will decline slightly by UAH 0.05 billion and the rate of decline will be 14.71%.

Instead, constantly subsidies to the population will constantly be increasing.

The Parliament approved a Bill of the Government to amend the Law of Ukraine «On the State Budget of Ukraine for 2016» (on social standards and subvention for providing benefits and housing subsidies). This law increases the amount of subventions for social benefits and subsidies for housing utilities and accelerates the increases of social standards. This decision was made due to the previous government's decision to establish the market price for gas and accordingly increase energy tariffs.

In accordance with the Law, the amount of subventions for benefits and housing subsidies for utility services will increase by UAH 5.3 billion.

In addition, on December 1, 2016, the increase of social standards will reach 10% against planned 7% in the current Law on State Budget for 2016. In particular, the growth rate will increase the size of the substance minimum and minimum wage and thus the minimum wage will increase.

The Government stresses the need for the introduction of targeted social support system. In order to achieve stability of public finances, it requires a significant increase in the cost-effectiveness of social expenditures. Among the recipients of all types of social support (child, poor people, social benefits, subsidies, assistance to the disabled and other state aid), only 25% actually belong to the poor. To ensure real and effective social support for poor citizens, and to effectively use the taxpayers' money, the targeted support should be introduced⁵⁶.

To improve the situation in the field of social security, the Government plans to devolve the power on local budgets due to the implemented decentralization. As defined in the Guidelines for the implementation of self-governing powers of the united territorial community in the sphere of social welfare (in accordance

⁵⁴ Sydor I. P. 2015 Budgetary provision of social protection: theoretical aspects and national practices [Text] // Efficient Economy, № 9, 118–126.

⁵⁵ Budget diary for 2016 // <http://rada.gov.ua/uploads/documents/36178.pdf>

⁵⁶ The Government Action Plan of Priorities for 2016 // http://search.ligazakon.ua/l_doc2.nsf/link1/KR160418.html

with Decree No. 26 of the Ministry of Social Policy of Ukraine of 01.19.2016), there are 44 kinds of benefits and subsidies, provided by the respective structural units of district state administrations.

It can be noted that the overall approach to the definition of and ways of providing social protection has not changed. Therefore, the main problems with the implementation of requirements to raise progressively the system of social security to a higher level remain unsolved:

- Cash transfers prevail (social and compensation payments) among social protection measures. In Ukraine, the system of social services is trying to use not as a tool for reintegration of persons who find themselves in difficult circumstances, but as a tool for combating poverty;

- The social security system is not interested in the help to people to way out of the difficult life circumstances (rehabilitation) or prevent them (preventing of social groups to find themselves in difficult life circumstances). The support for people in difficult life circumstances provides funding of institutions and a significant amount of material and financial aid passing through the heads of institutions, divisions and departments of social protection at the local level.

Conclusions:

So far in Ukraine, there is no significant change in the approach to social protection. The real and effective social support to poor citizens, effectively using the taxpayers' money, can only be due to the introduction of targeted support, and the review of categories, which receive such assistance. Only this way can ensure finding the resources to raise the system of social security progressively to a higher level and ensure the implementation of Article 12 § 3 of the Charter.

Article 12 § 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.

Ukraine, in general, ensures compliance and implementation of Article 12 § 4 of the Charter. So, now many bilateral and multilateral international treaties of Ukraine on labor, employment, social security and child protection are in force.

Foreigners in Ukraine are entitled to receive pensions after obtaining a permanent residence.

In accordance with Article 6 of the Law «On Mandatory State Social Unemployment Insurance», it should be noted that the right to social unemployment insurance and social services has the insured persons and youth, who graduated or stopped to study at a secondary school, vocational high education institution or higher school, those who finished the military or alternative (non-military) service.

Foreigners, who possess temporary residence permits in Ukraine, have the right to appeal to the center of employment, regardless of place of residence and / or stay for free assistance in employment procurement and obtain information on the situation in the labour market.

Foreigners and stateless persons are also entitled to a subsidy for utilities under Decree No. 83 of the Cabinet of Ministers of Ukraine «On strengthening social protection due to rising prices and utility tariffs" of April 5, 2014.

Conclusion:

At present, Ukraine created the basis for equality between their own citizens and those of other countries regarding social security rights, including saving benefits provided by social security legislation, taking into account periods of insurance or employment.

THE IMPLEMENTATION OF THE COMMITMENTS UNDER ARTICLE 14 OF THE CHARTER⁵⁷ «The right to benefit from social welfare services»

Article 14 § 1

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.

«The Strategy of Reforming the System of Social Services», which was approved by the Cabinet of Ministers of Ukraine on August 8, 2012, No. 556-p, noted that the concept of reforming the social services system was implemented incompletely due to the lack of legislative regulation of issues on the formation of social procedure, identification of needs of administrative-territorial units in social services, their types and volumes, planning and delivery of social services tailored to specific needs and introducing standardization of the services. *Thus, in 2001 – 2012, the system of social services has not practically started to work.*

On March 13, 2013, the Cabinet of Ministers of Ukraine approved «The Action Plan to Implement the Strategy of Reforming the System of Social Services between 2013–2016», which expires this year. Moreover, «The Strategy of Social Services by 2022» provides for:

- Improvement the targeted state social assistance;
- Transition from budget funding of state institutions to program funding on a competitive basis of NGOs that provide such services;
- Transfer of powers (planning, funding, and organization of social services) to local governments.

15 years of reforms have meant that the key areas of reforms are similar to those in 2001.

One of the main problems of social services system is ill-conceived financial mechanisms and contradictions in regulations, in the Law of Ukraine «On Social Services», in various policy documents and laws.

For example, over the years of reforms, *the budget finances only institutions, but services.* It should be noted that the «advanced» forms of financing social services, such as «social services commissioning» or «money follows the child (client)» are inefficient. The inefficiency of the social services commissioning, such as illustrated by the number of budgetary funds that were allocated for this mechanism.

According to the report of the Cabinet of Ministers of Ukraine in 2015 in Zaporizhia, Mykolaiv and Khmelnytskyi Oblasts, the procurement of social services cost over UAH 250,000⁵⁸. The funding of NGOs to address social problems in Odesa cost UAH **850,000**. Significant amounts allocated in other cities. The volume of state support of NGOs in 2015: «Financial support of NGOs of invalids and veterans» – **UAH 71,134.100**; «Financial support for sports oriented NGOs» – UAH 31,845,700; «Implementation of the policy measures on state support of youth and children organizations» – **UAH 12,777,000**.

«Money follows the child (client)» comes down to additional grants for children, who enter the foster family and never associated with a decrease in funding for boarding schools. The accumulation of a huge number of regulations that govern the different ways of providing social services creates several «parallel» systems of social services. These «parallel» systems are often not corresponding. A significant feature of reforming the system of social services is not reporting about real reforms, but about formal legal documents.

⁵⁷ Prepared by Kostiantyn Avtukhov and Iryna Yakovets.

⁵⁸ The report on the progress and results of the program of the Cabinet of Ministers of Ukraine in 2015 // kmu.gov.ua/document/248806557/3BIT

For example, «The Report on the Progress and Results of the Program of the Cabinet of Ministers of Ukraine in 2015» states «the reform of the social services system has been implemented». All «implemented reforms» refer to large volumes of legal documents, namely Law No. 3143 «On Social Services», 16 projects of national standards of social services, including 12 decrees approved by the Ministry of Social Policy and «effective» social services commissioning in Zaporizhia, Mykolaiv, and Khmelnytskyi Oblasts, where as mentioned above, the procurement of social services totalling over UAH 250,000 (in 2014, the social services commissioning held in Khmelnytskyi Oblast totalling UAH 95,000) was carried out.

The another problem is the standardization of social services. In accordance with «The Procedure for the Development of State Standards of Social Services», the standards are applicable to: organizations providing social services; measurements, monitoring, and control of the quality of social services; tariff determination of paid social services. However, the use of financial standards of social services to determine the cost of social services is problematic. Even with the Methodological guidelines for calculating the cost of social services, where the term «state standards of social services» is used only once: «food procured for catering recipients if required by state standards of social services». However, paragraph 3 of the Methodological guidelines specifies that the calculation cost of social services is appropriate to apply to the social services commissioning.

The problem of the financial component of the standard is also the whole funding system that focuses on institutions and events. So standards are unlikely to help the promotion of deregulation and financial mechanisms of de-institutionalization.

The issue of the development of a system of social services under decentralization also requires to be addressed, including:

- Too complicated system of target groups and state obligations prevents local authorities to prioritize funding of social services;
- The refusal of financing of institutions providing social services by the communities and funding only social workers, who work directly with the public.
- The reduction of facilities and the inclusion of social workers to the executive committees⁵⁹.

The process of coordination of decentralization reforms and efforts of the Ministry of Social Policy regarding the introduction of the system of social services is problematic. According to the Cabinet of Ministers of Ukraine, the real targeted social support for the poor, improvement of the quality of services provided to citizens in the area of social security, transfer of emphasis on providing material support to attract the unemployed into the labour market, bringing expenditures on social protection in line with financial capacity of the state are needed. However, the issue of maximal privatization of social services is not discussed.

Among the targets for 2016 are:

- 1) The legislative unification of the algorithm of targeted state aid.
- 2) The introduction of new programmes for the systems of allowances, benefits and subsidies.
- 3) The creation of five pilot centers of social services in the form of «the Transparent Office».

However, as defined by the Cabinet of Ministers of Ukraine, the positive achievements over the period of 2014–2016 are the targeted measures to ensure the provision of certain types of social support:

- housing subsidy system is available and targeted. As a result of recent adjustments, the Housing Subsidy Programme is aimed at introducing economical and efficient consumption of energy;
- since July 1, 2015, certain benefits to certain categories of citizens were introduced, taking into account the family income while providing benefits that helped to reduce the burden for the state budget.

As follows from the above-mentioned, the Cabinet of Ministers mention neither legislation improvement nor the privatization of social services and simplified access to them.

By the end of the year, a limited number of steps in reforming social services is planned to conduct; none of them relates to the introduction of these improvements of the existing procedure.

None of these changes is in the list of perspective steps in this field.

⁵⁹ Prospects for reforms of social services // <http://www.prostir.ua/?news=perspektyvy-reformuvannya-sotsialnyh-posluh>

No problems that cause the decentralization included in the plan⁶⁰:

1. Ensuring responsibility of communities and cities of regional importance for the provision of social services.

The lack of understanding of the essence of a significant number of social services and the impossibility of calculation leads to a radical «rationalization» of budget planning. The complicated system of target groups and state obligations prevent local authorities to prioritize funding of social services. It should also be noted that in accordance with the opinion of the Constitutional Court of Ukraine (Decision No. 20-rp of December 26, 2011) socio-economic rights provided by the law are not absolute. The mechanism of realization of these rights can be changed by the state, particularly because of no financial support.

2. Administration of social services at the local level

The communities refused to finance administrators of social services and funding only social workers who work directly with the public. The reduction of structures and the inclusion of social workers to the executive committees without creating additional structures.

This is risky, because private providers are uncompetitive, because of the need to maintain infrastructure and administrative staff.

3. The transition from financing institutions to financing social services.

The introduction of new accounting standards (costing the service) and implementation of mechanisms for determining the value of social services further promote de-institutionalization of social services at the local level. Lack of administrative costs reduces the cost of social services.

4. The social problems at the community level and determination of the needs in social services.

The lack of methods to identify major community problems and the presence of a complex system for determining the need for social services at the level of administrative-territorial units prevent funding of social services. A significant number of issues is clearer and more urgent than complex and incomprehensible for the average head of a unified community, social services.

5. Social sphere: medicine, education, social assistance

The difference in the financing of medicine, education and social assistance and the budget deficit does not contribute to the definition of social services as a priority in funding by the community. Also, medical and educational subventions are calculated according to the number of residents, and social services are calculated using a more complex technique if data to determine the needs and methodology for calculating the cost of social services are used.

6. Additional funds for social services

There are no skills and understanding of the use of different funding mechanisms for solving social problems of communities. The focus is only on funding from the budgets of different levels. Fundraising is not developed and not used systematically.

7. Social order and market of social services

Almost no private providers of social services exist. In addition, the management of the region and head of the unified community talk about the low activity of NGOs in raising additional funds and enhance professionalism in the delivery of social services. Examples were given of funding only socio-political activity of NGOs.

Also it was proposed that a grant program funded by international organizations could be available for social institutions that operate at the level of the communities and regions.

8. The difference in understanding the concept of «social service»

When discussing proposals for reforming the system of social services, it is necessary to consider how a stakeholder understands the notion «social service».

– **The general principle of reforming the system of financing social services** from funding of agencies and institutions to funding of services. In this case, we are talking about the general procedures of planning and financing;

⁶⁰ The problems of the system of social services under decentralization // <http://bureau.in.ua/index.php/news/143-problemi-rozvitku-sistemi-nadannya-sotsialnikh-poslug-v-umovakh-detsentralizatsiji>

– **The technology of social work** with target groups aimed at providing branched interaction of social worker / employee / professional and the client. It provides activities of a significant number of budgetary institutions and their employees and confusing process of social services and identification of specific indicators (standard time, etc.). The ideological basis of this understanding is the international experience and international projects. Very often this approach is different from the first approach and not coordinated with existing approaches to budgeting and funding. Generally, this prevents the understanding between the Ministry of Finance and the Ministry of Social Policy. An important problem of this approach is the complexity of the structure of the standard of social services, and entanglement between the services identified legal documents. For example, «social support» as a service includes consultation, which also is a social service. In addition, many experts say that social support is not a service, but the principle of work with clients (the general algorithm).

– **Fighting poverty** means that social services are ordinary activities, such as feeding senior men, chopping wood, fetching food and more. This approach simplifies the question of determining the value of social services and levels of payment from the client. It also is essential for local authorities in determining the issue of financing of social services at the community level.

So far, *structural problems of providing social services remain unresolved*. The problems are associated with the lack of coordination of the activities of the Ministry of Social Policy in the provision of social services and the presence of three common social groups, according to the target groups: children, family, youth; retirees, veterans; disabled. Other groups are funded only by local budgets in accordance with Art. 91 of the Budget Code of Ukraine (the homeless, released from prison, HIV-infected, vulnerable to HIV groups, etc.). The first three «areas» have their extensive system of agencies and institutions «Centers of Social Services for Families, Children, and Youth» and «Territorial social service centers (of social services)», Rehabilitation centers and many more. They have their «own» laws that are designed for specific structures: the Law of Ukraine «On Social Work with Families, Children, and Youth», «On Social Services», «On the Rehabilitation of the Disabled in Ukraine». The fourth group receives social services only if they belong to any of these three groups, or at the expense only of local budgets, non-governmental organizations as well as international donors. Each provider that operates in these «different areas» of social services tries to keep financing their institutions and lobbying for amendments to legislation that should ensure the interests of providers, not beneficiaries of social services.

These problems are obvious, while determining the needs for social services at the level of administrative communities. Both targeted social assistance in the form of benefits and compensation and social services are impossible without a clear plan, and determined needs of the population of administrative units.

In September 2016, the Cabinet of Ministers of Ukraine by its decree reduced the list of paid social services to 14 (previously, 25).

From the list of paid services were eliminated – services for cooking, recreation and maintenance and assisting with correspondence.

Now, according to the decision of the Government, paid services are:

- all types of care, including home care;
- **social adaptation, reintegration and rehabilitation;**
- **consulting;**
- representation;
- mediation;
- **help with employment;**
- crisis intervention;
- transport services;
- natural advice, namely tailoring, mending, shoe repairing, hairdressing, laundry and clothing repairing.

The Cabinet of Ministers of Ukraine commented on the list and recalled that such a move supposedly would promote common approaches for the organization of social services. However, the actual change

in content and types of paid services has led to their exclusion from the number of free, the right of people to get these services was narrowed.

Conclusions:

The development of new legal documents has only caused more difficulties in providing social services. The lack of coordination between different strategic legal documents, leading to reforms on paper, was followed by a deepening social crisis.

The proposed plan for reforming the system of social services does not reflect the needs and includes no effective means to address them.

First, identification of needs aimed at ensuring the financial interests of the state and municipal providers. Every social institution «determine the needs» of «their» target groups: children, family, youth; retirees, veterans; disabled; other groups are funded only from local budgets. In planning the budget, which may highlight the social services of local budgets, the services provided by NGOs will not be included and funded.

It is necessary to coordinate the efforts of donors and NGOs with offices of reforms that ensure decentralization and coordination of the various fields of social sector reforms, both at national and local levels.

Article 14 § 2

2. To encourage the participation of individuals and voluntary or other organizations in the establishment and maintenance of such services.

As seen from the official information, the Government sees the implementation of this provision of the Charter only as collaboration with voluntary organizations. According to his definition, volunteering in Ukraine is regulated by the Law of Ukraine «On Volunteering».

In May 2015, the Cabinet of Ministers of Ukraine introduced amendments to the Procedure of the social services commissioning at the expense of the budget, which supposedly abolished restrictions on the provision of social services by NGOs.

According to the Ministry of Social Policy, issues of over 500,000 people remains unresolved. In accordance with the Decree of the Cabinet of Ministers «On Approval of the Social Services Commissioning at the Expense of Budget Funds», these services could be provided by non-governmental organizations. But still they could not get the social commissioning for the social services that are provided by communal institutions and organizations.

The amendments seemed to remove these restrictions: *if a social service is not provided by communal institutions or institutions in full*, and it does not meet the needs of the population, competitive non-governmental organizations can provide these services⁶¹.

Thus, in order to attract NGOs in the delivery of social services, it is necessary, *first*, to ensure recognition of the public entity's own failure to implement it and, *secondly*, to raise funds in the local budget or other state aid. The main obstacle to the provision of a range of social services is just a lack of funding, so the level of involvement of NGOs remains low.

The possibilities of NGOs access to provide social services at the expense of local budgets are limited. The requirement of the Law of Ukraine «On Social Services» to provide social services at the expense of the budget put NGOs and charities in unequal conditions compared to the state and municipal agencies and artificially restricted competition between them. For NGOs and charities, the law provides for the competition to get budget funding as payment for their social services. However, the conditions to qualify for

⁶¹ The Ministry of Social Policy: restrictions on the provision of social services by NGOs were cancelled // <http://monitor.cn.ua/ua/politics/32477>

such competitions are often discriminatory (territorial status, place and time of registration of organizations, etc.). Instead, funding of the state and municipal institutions providing social services is done out of competition.

Unlike the state and municipal institutions, civic and charitable organizations are also required to take part in competitions to determine the right to rent the state- and municipally owned premises. The state support, social security, training of social workers and other staff, who provide social services (seminars, courses, certification of long-term volunteer service), are not provided for public organizations.

Since the budget legislation does not provide for planning of social services funds, executive authorities prefer maintaining the state institutions of social protection that operate without taking in account the people's needs for social services.

During the fiscal decentralization, all the powers to maintain public facilities and institutions that provide social services were entrusted to local governments and funded from regional budgets, budgets of regional centers, local budgets, budgets of united communities. It negatively impacted the situation. Thus, *the provision of social services was completely decentralized*⁶². Although, the capacities of local budgets have not been studied. Also, there was no reorientation of local citizens at the close cooperation with non-governmental organizations.

According to the latest available data, in 2014, «the Ministry of Social Policy carried out work on the involvement of social services associations, including through the social services commissioning at the expense of the budget. More than 100 organizations have received funds from the local government to provide social services worth about UAH 2 million. The best work was done in Khmelnytskyi, Lviv, and Zaporizhia Oblasts»⁶³. However, a simple calculation shows that in the end, each of these organizations received about UAH 20,000. That is not enough to ensure the provision of quality social services within the region.

The vast majority of social services provided by organizations concerned rehabilitation and support for HIV-positive people⁶⁴. They are not within the scope of influence of public social institutions.

However, it should be noted that the revision of the list of paid services in the future will make it impossible to pay for their provision from local budgets, because social adaptation, reintegration and rehabilitation and consulting require charges.

Conclusions:

The level of involvement of NGOs in the social services provision at the expense of the state and local budgets is unsatisfactory.

No information is available about the need for services that negates competition between organizations. Local authorities cannot timely determine the recipients of payments and possible funding.

There is no system of volunteer organizations support, particularly tax incentives.

⁶² There was a discussion of social services provision under decentralization // http://www.mlsp.gov.ua/labour/control/uk/publish/article;jsessionid=532C688F12090A443C34ABBD95094177.app1?art_id=187681&cat_id=34941

⁶³ Khmelnytskyi is one of the best in involvement of NGOs in the provision of social services // http://www.dcz.gov.ua/khm/control/uk/publish/article;jsessionid=43284DEC28042AAA6A283389A671A67C?art_id=279450&cat_id=1011883

⁶⁴ The contest to determine the performer of the social commissioning, providing social support service to residents of Sumy, living with HIV/AIDS and their families at the expense of the city budget // <http://www.meria.sumy.ua/index.php?newsid=47638>

THE IMPLEMENTATION OF THE COMMITMENTS UNDER ARTICLE 23 OF THE CHARTER⁶⁵ «The right of elderly persons to social protection»

Article 23

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;

According to the Organization for Economic Co-operation and Development, Ukraine has the lowest average old-age pension among 30 countries with the highest number of people over 60 years old. In the reporting period, the level of pension provision decreased annually.

As of 2015, about 13 million retirees live in Ukraine.

In 2012, almost 19% of Ukrainian retirees find themselves below the poverty line, according to the survey conducted by the Kiev Institute of Sociology.

According to the State Statistics Service of Ukraine, the average pension in 2012 was UAH 1252.4, in 2013 – UAH 1,464.3, in 2014 – UAH 1,521.6, in 2015 – UAH 1,573.5, in 2016 year – UAH 1,690. The number of retirees was 13,820,500 in 2012, 13,639,700 in 2013, 13,533,300 in 2014, 12,147,189 in 2015 and 12,296,500 in 2016.

The increase of pensions does not keep up with the inflation and rising prices. Indexation of pensions in 2015 was held at the level of 12% and the same level is planned for 2016. In 2015, prices increased by 48.7%. Prices of medicines rose by 50%, bread – by 55%, housing services – 116%.

The outbreak of fighting in Luhansk and Donetsk Oblasts caused the problem with payments of pensions there. As indicated in the report of the human rights organization «Human Rights in Ukraine 2015», the lack of results after the signing of the Minsk agreements prevents payments of social benefits. As of 1 May 2015, 1 million 109 thousand retirees from the Donetsk and Luhansk Oblasts receive pensions in full, the other 333.9 thousand retirees reside on the uncontrolled territory of Ukraine and therefore do not receive any funds⁶⁶.

The participation of retirees in public, social and cultural life

After the retirement, the senior people have little opportunities to participate in social and cultural life. One of the main reasons is the lack of pensions for living that stimulates them to seek additional income – informal employment or growing fruit and vegetables for food. Also, the state does not provide support for events or premises, etc., where retirees could meet, organize clubs. Some regional branches of the Ministry of Social Policy establish choirs, vocal groups, but this is a rare practice. Social and psychological adaptation of retirees is at the low level, more formal, without involving skilled professionals.

Sports are too expensive, as they are expensive even for working people. Free programs or benefits that can make them available are missing.

⁶⁵ Перспективи реформування соціальних послуг // <http://www.prostir.ua/?news=perspektyvy-reformuvannya-sotsialnyh-posluh>

⁶⁶ Human rights organizations report «Human Rights in Ukraine 2015» <http://helsinki.org.ua/sotsialno-ekonomichni-prava-1/>

Free of charge recreation in resorts and health centers is provided only for the disabled, combatants, children of war. But retirees of these groups rarely use it. The public funds on recreation are allocated without the consideration of the location of health and recreational facilities and the place of residence of potential patients. Not all senior people are ready to travel (even 100–200 km). This may be connected with their state of health; sometimes they do not want to leave home and travel alone. For single retirees, it becomes an obstacle and a problem to get there on their own, because their assistance of specialists is not always provided.

Social programs that enable retirees to travel, as tourists, do not exist: free or cheap fares for long-distance transport, accommodation, free tours and more. So retirees have almost no opportunities travel outside the places, where they live. On January 1, 2016, the public benefits to retirees for rail and road (public) transport were cancelled. Free public transport for them from now on will depend on the decisions of local governments.

Exhibitions, concerts, and other cultural events are also unavailable for most retirees because of the small size and lack of pension benefits for visiting these events.

Senior people have limited access to use the Internet, so they do not get information, cannot communicate and exchange information. The reasons are financial inability to purchase computers, tablets, and phones that support the Internet and connect and pay for online communications. There are no training programs for retirees how to use the Internet. Since most information, amendments in legislation, social programs, activities of non-governmental organizations spread through the Internet, senior people still do not have the access.

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– to enable elderly persons to choose their life-style 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;

The programs concerning housing, adapted to the needs and health of retirees do not exist, as well as assistance for reconstruction of housing. Retirees are left alone with these problems. Retirees, who have no relatives, who can assist them, live in the absence of proper heating and water supply. Often elevators in apartment buildings do not operate. No hot water, sometimes cold water supply for several months. For the elderly, who usually have health problems that impede movement, it becomes a big problem.

There is a category of retirees, who have shelter, state programs for housing does not exist. Some departmental programs provide benefits for their housing, such as "The concept of Targeted Programs for Employees and Retirees of Railway Transportation with Housing by 2020" through the construction of housing at the expense of the Ukrainian Railways (companies) or providing interest-free loans for building individual and cooperative housing. However, the resources are limited, and these programs do not meet the needs of retirees of these companies⁶⁷.

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

Officially retired people are provided with the free necessary medical care, including medication. In practice, this involves the only review by physicians and medical specialists, general examination, and sur-

⁶⁷ <http://zalp.org.ua/content/view/507/155/lang,ukrainian/>

gery. Free provision of medicines provided only for a limited list of diseases in special pharmacies for people, whose pension benefits do not exceed the minimum⁶⁸. Practically, some medications that are specified in the list of medications are not available. To insist on providing medicines and waiting for the results in the case of illness is dangerous, so retirees buy these medicines.

In geriatric homes, the appropriate medical care is unavailable. The number of doctors is extremely inadequate. Only simple medicines are available. No examinations are conducted. These institutions do not have a license for medical procedures and hospitals do not want to treat their inhabitants. Senior citizens with cancer have no access to pain relief, also because of the inability to obtain a license.

The elderly are provided with prosthetic upper and lower devices and special means for self-service and care that are mandatory for use in case of providing such prostheses⁶⁹.

However, there are long queues to get prostheses; bureaucratic procedures make it difficult to obtain; improper funding makes it possible to purchase only cheap ones.

As for care at home for senior people, who cannot serve themselves, it is envisaged the assistance of social workers. Those, who have relatives that have to provide them with care and support, territorial centers provide paid social services. However, there are a lot of cases, where senior people of this group have relatives, who are unable or unwilling to assist them and officially they do not have access to social workers. As a result, older people remain without assistance and are in difficult survival conditions, are unable to buy their own products to communicate with different services and sometimes even cannot do hygiene procedures, clean the house and cook food.

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

As of 01.01.2015 for the elderly in Ukraine 95 Geriatric homes operated, including 67 homes for the elderly and disabled, where about 7,100 lived, and also 28 homes for veterans of war and labour, where 5,800 people lived.

Geriatric homes are financed from the state budget. Deductions from retired people, who live in, go to the homes' budget. 75% of the pensions are given to homes and 25% are given to retirees.

According to the NGOs, these public institutions do not provide the necessary level of living standards and services. Most of them instead of protection, care, and respect for the elderly face indifference, insults, abuse of their property or money and even beatings. These are the data monitoring of geriatric institutions of the National Preventive Mechanism (NPM). The staff there has no professional education; they are not specialists in gerontology. Most of them are nurses or junior medical staff. There are no recreation therapists and psychologists.

There are no adequate hygiene conditions. There are institutions, where the shower operated twice a month, at other time it is closed on a lock. Toilets are not adapted. In one of the homes, there were recorded an old shower tray, broken tiles and uncomfortable water temperature, hole in the roof, wet walls and falling ceiling due to a hole in the roof. The bathroom is one for all. This is how journalists describe one of the houses in Lviv Oblast: «Painted in bright green and blue walls of corridors connecting dozens of rooms, in which two or four local elderly live. Inside – rusty destroyed beds, moved from their homes cabinets and carpets. On the carpets, a few personal photos and calendar (all of the Agrarian Party). 20 peo-

⁶⁸ Decree No. 1303 of the Cabinet of Ministers «On Regulating a Number of Free and Concessional Dispensing Medicines Prescribed by Doctors in the Case of Outpatient Treatment of Certain Groups and Certain Diseases» of August 17, 1998, <http://zakon1.rada.gov.ua/laws/show/1303-98-%D0%BF>

⁶⁹ Decree No. 321 of the Cabinet of Ministers «On Approval of the Provision of Technical and Other Means of Rehabilitation of Invalids, Disabled Children and Other Specific Groups of the Population. The Range of Such means» of April 5, 2012, <http://zakon3.rada.gov.ua/laws/show/321-2012-%D0%BF/paran15#n15>

ple, two restrooms. For those who cannot get to the toilets, there are shabby chairs near the beds with carved seats under them – plastic buckets, some without covers»⁷⁰.

There were cases of beatings of retirees. In Pyriatyn, a disabled person was beaten in a home for senior people, so that his spleen had to be removed. He was kept locked for a few days, until the bruises disappear and no body know anything.

Territorial centers of social services also function as homes for senior people. The centers are based in local hospitals and funded from the district budget. The advantages are fewer inhabitants, closer to the community and the opportunity to meet more relatives. However, as shown by the monitoring, there people have to survive, not to live. The funding is allocated only for salaries and utilities. The rest are 75% of pensions that are given to the institutions. Employees having this little money have to buy medicines and cleaning supplies, hygiene products, and products for twenty people. For example, analysis of financing of the Tetiv Center, a home for 20 people, showed that for the people no funds had been allocated, except for utilities. So food, medicine, clothes are being bought at the expense of retirees. Electricity is being saved: the dark rooms and corridors (while in the office of the head, there are four bulbs), residents can wash every two weeks, a shower is locked, the staff has the key. No patient has diapers, one of them was lying on a wet bed.

Administration of the facilities remain hostages of a variety of «no money», «a lot of work, but staff lacking» and the general system of indifference to people. Because of advanced age or disability, they are no longer seen as full members of the community, says Daria Svyrydova, a monitor of the National Preventive Mechanism and lawyer. 'Lack of money, that's the main counter argument at the homes for senior people', the monitor comments. The diet is not enough for senior people. Meat and dairy products are not provided.

The conditions of buildings, water and heating in the centers are not suitable for a decent living. In some cases, administration of the homes asks for help from local businesses and society⁷¹. The rest in the homes is not organized. People just go from room to room or lie. There are no TV-sets in many homes, or the access to them is limited, no libraries, no adaptations for recreation.

In addition, there are also homes for retirees, financed and curated by the church. There are also private homes for senior people. In one of these houses in June 2016, 17 people were killed by a fire, five were hospitalized, two of them were in serious condition. 18 were saved. This was the biggest fire ever, encountered in such institutions. According to preliminary version, it was due to a TV-set that may have been forgotten to turn off. According to Ukrainian law, a home for the elderly should receive the findings of compliance with fire standards of sanitary-epidemiological conclusions. In addition, the rules in the room had to install smoke detectors and fire safety.

The legislation has no concept of «private home for senior people». Often they are companies, providing services of temporary settlements. The Ministry of Social Affairs and other agencies cannot check the institutions. Most of these homes receive no medical license, although provide medical services⁷².

Conclusions:

At present, there is no effective system of homes for senior people in Ukraine. The situation requires the basic reforms. The current system of calculating pensions, with the expectation of high inflation that occurred in the reporting period does not allow living in dignity and ensuring the necessary requirements. The program of the access to healthcare is not funded in full and do not provide access to most health services, so retirees are at risk of suffering form diseases and increased mortality. The mentioned acute problem is homes for senior people, where the elderly are held. The programs that allow retirees to take an active part in public, social and cultural life, at the national level are almost non-existent. Due to the lack of own resources for these purposes, the elderly remain outside of full social life.

⁷⁰ While thunder roars: the living conditions of residents of homes for senior people

<https://daily.rbc.ua/ukr/show/poka-grom-gryanet-kakih-usloviyah-zhivut-1465557789.html>

⁷¹ <http://ua.112.ua/statji/vyzhyvaty-dozhyvaty-chy-zhyty-shcho-vidbuvaetsia-u-zakladakh-dlia-liudei-pokhyloho-viku-v-ukraini-315390.html>

⁷² <http://ukr.segodnya.ua/ukraine/dom-prestarelyh-vmesto-kadrovogo-agentstva-pod-kievom-plodyatsya-opasnye-pansionaty-dlya-starikov--719942.html>

THE IMPLEMENTATION OF THE COMMITMENTS UNDER ARTICLE 30 OF THE CHARTER⁷³

«The right to protection against poverty and social exclusion»

Article 30

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 co-ordinated 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;

Measuring poverty and social exclusion

Approach to combating poverty and social exclusion

As established by the UN, the poverty line is less than USD 150 dollars a month per person. With the current exchange rate, this is nearly UAH 4,000. Thus, 90% of retirees and employed Ukrainians live below the poverty line.

According to the State Statistics Service⁷⁴, distribution of population (%) in terms of the average equivalent total income per person per month is following:

Distribution of population (%) in terms of the average equivalent total income per person per month, UAH	2012	2013	2014*	2015*
Less than 480.0	0,4	0,1	0,1	0,1
480,1–840,0	3,2	2,3	1,4	0,9
840,1–1200,0	12,6	9,1	7,9	4,8
1200,1–1560,0	23,8	21,2	19,2	11,3
1560,1–1920,0	21,2	21,9	23,1	18,2
1920,1–2280,03	14,5	16,6	16,5	17,6
2280,1–2640,0	9,3	10,5	11,7	15,9
2640,1–3000,0	5,6	6,8	7,8	11,4
3000,1–3360,0	3,1	4,3	4,6	6,7
3360,1–3720,0	2,1	2,0	2,5	4,4
More than 3720.0	4,2	5,2	5,2	8,7

* The ATO zone is not included.

Since 2011, the scale of equivalence in the calculation of the average income per capita and population (households) differentiation according to the level of material well-being is being used. For comparability of the indicators of time series data, the calculation of data of 2010 was made, taking into account the scale of equivalence.

⁷³ Prepared by Aigul Mukanova and Oleksii Sorokin.

⁷⁴ <http://www.ukrstat.gov.ua/>

In the reporting period, the state set the subsistence minimum per person per month at the following rate: UAH 1,017 of 1.01.2012, UAH 1,108 of 01/01/2013, UAH 1176 of 01/01/2014, UAH 1,176 of 01.01.2015, UAH 1330 of 01.01.2016. These amounts are the base for the calculation of pensions and social benefits.

But these amounts do not correspond to real needs and do not include all the costs necessary for survival. For example, even in calculations of the Ministry of Social Policy, the actual cost of living in prices in October 2015 per month per capita amounted to UAH 2,388 that was two times more than UAH 1,176. According to experts, the rules laid down in the subsistence minimum citizens of Ukraine significantly lower than physiological, and the set of non-food does not cover many needs of a modern man.

Subsistence minimum does not include a number of essential costs: the construction or purchase of housing or renting it, education, recreation, education of children in pre-school institutions, paid medical services and so on. Changes in the consumer basket due to changes in the housing and communal services are not taken into account. There is a problem whether the range and scope of minimum consumer basket of goods correspond to medical standards. In the reporting period, indicators of poverty calculated by the Ministry of Social Policy of Ukraine were within 25.2% – 20% and did not reflect the real situation in the country since the calculations were made based on the approved subsistence minimum.

According to the Ministry of Social Policy, the level of poverty of population has not changed in 2014 and 2015, compared to 2013, which indicates that there is no progress in reforming the social security system in Ukraine, social programs do not give the expected results. This is due to shortcomings in the functioning of the social security system. The inefficiency of social services that are mentioned above is characterized by the low level of target orientation to provide social support and care, and irrationality – dispersal of allocated funds for social protection.

According to the report of human rights organizations «Human Rights in Ukraine 2015»⁷⁵ in 2015, the significant shortcomings in this area were shown once again. Among them, it can be stressed that there was no separation of law to those that guarantee social and economic rights and those that provide certain privileges in connection with a particular position or particular services. The latter, in turn, prevents the effective implementation of changes to the entire social security system. This is particularly important in the context of changes to the Constitution of Ukraine because there the division can be mentioned.

In general, the social security system remained a cumbersome system of unjustified financial benefits and social benefits and with an inefficiently extensive network of public institutions of social security, which corresponds to a greater extent to the traditions of the Soviet model than the European approach. There is the issue of funding for social services, which in particular is the failure of local budgets. Expenditures for social needs should not be expenditures of local importance, as local authorities cannot influence the decision on their provision. Today, more than half of local expenditures is directed to perform state functions. In this case, local governments do not get the funds that are necessary for the maintenance of social infrastructure.

According to the Ministry of Social Policy, underfunding of social payments from the state budget is about tens of billions of hryvnias. Ukraine holds the record for the number of beneficiaries and benefits – every third Ukrainian uses them. It is well known that a complex and extensive system of privileges has been created for years in Ukraine. It is regulated by 46 regulations under which the State has an obligation to provide 156 types of social benefits, guarantees, and compensations to 230 categories of population, which is about 43% of the population⁷⁶. At the beginning of 2014, there were about 18 million beneficiaries and at the beginning of 2016 – 19.168 million beneficiaries. But it is only the right to use them, because there is never enough money in the budget.

According to the research, the state holds the cumbersome network of public and state institutions of social services and social protection, while the real social services remains at the low level. Non-transparent legal framework, the presence of a large number of inefficient social benefits, imperfect system of funding

⁷⁵ <http://helsinki.org.ua/publications/zvit-pro-diyalnist-spilky/>

⁷⁶ Social privileges in Ukraine: Analytical Review <http://ir.kneu.edu.ua:8080/bitstream/2010/5097/1/96-102.pdf>

and bureaucracy and social security agencies characterize the system. In addition, the state actually has a monopoly in the market of social services.

Unfortunately, the extent of privileges shows that the current system of benefits and compensation is not fulfilling its social objectives, which is to provide support for socially vulnerable groups of society. Overall, only 43% of the population use the right to certain benefits: 70% of them are not poor, but those who belong to higher-income groups⁷⁷.

The monitoring conducted by the Ministry of Social Policy of social support programs in 2014⁷⁸ showed that only part of the program has an impact on reduction of poverty. The monitoring was held, inter alia, regarding the following programs, which are main in the system of social support:

State social assistance to low-income families. State social assistance to low-income families was assigned to 564,062 families, 24.4% higher than in 2013 (453,376 families in 2013). The average size of families that were assigned the payment decreased and amounted to 3.6 persons.

The average amount of assistance to such families has increased by UAH 220.11 in comparison with the previous year and amounted to UAH 1922.4 that was higher than in 2013 by 12.9% (UAH 1,702.29 in 2013).

State social assistance to low-income families in 2014 helped to reduce poverty among the targeted group from 40.5% to 19.2%. However, only 37.9% of the funds spent by the state for this kind of support is received by the poor. This is a low figure for the program, which operates solely on the basis of targeted orientation and provides for mandatory verification of family income and selective assessment of their property. The proportion of the total amount of the aid that goes to the poor is 40.6%.

Help at birth. The level of addressing funds to the poor is 30.8%, indicating a lack of commitment to the poor of the program, as the baby bonuses are payable without taking into account the financial security of recipients. Allowance for childcare until they reach 3 years also showed that 35.6% of the total aid paid in 2014, was reached by poor households. This figure is higher than amount for baby bonuses, as a segment of the program participants receive maximum benefit amount for care based on an income check.

Housing subsidy. The share of subsidies in total income of recipients was only 3.2%, reflecting the low efficiency and little impact of this type of assistance in budgeting recipients- households in 2014.

The program of subsidies in 2014 worked mainly for non-poor population: only 20.6% of the total amount was received by poor households. The level of coverage of the poor by subsidies amounted to only 3.2%, so those who are the most in need of support from the state were not included in the program due to various reasons.

Housing subsidy in 2014 had little impact on the poverty situation in the country as a whole: implementation of the program provided a reduction in relative poverty by 0.1% (from 23.5% to 23.4%). Because of the low coverage, this program has little effect on poverty in the country as a whole. The level of social poverty was 23.9% before the payments; as a result of the payments under the program, it reduced to 23.4%.

On 23.07.2014 Decree No 242 of the Government of 09.07.2014 «On Amendments to Decree No. 426 of the Cabinet of Ministers of Ukraine of March 31, 2003, and Decree No 530 of May 28, 2008» came into force. The Decree amended the procedure of benefits, compensations and guarantees of public sector employees, military personnel, leaders and foot soldiers. Specifically, the Decree establish that the benefits, compensation and guarantees, which by law are entitled to certain categories of public sector employees, military personnel and leaders and foot soldiers are given as discounts on payment for use of houses and for utilities, if the average amount of total income of recipients (or their families per capita) for the previous six months does not exceed income that entitles to tax social privilege. Thus, in 2007, the national authorities did not ensure the development, coordination and making changes to the established procedure and re-

⁷⁷ Reforming the System of Social Protection in Ukraine <http://naub.oa.edu.ua/2015/reformuvannya-systemy-sotsial-noho-zahystu-v-ukrajini/>

⁷⁸ Monitoring of the Ministry of Social Policy of Social Support Programs in 2014 http://www.mlsp.gov.ua/labour/control/uk/publish/article?art_id=183242&cat_id=141688

ducing regulations KTM 204 Ukraine 244-94 on fuel and thermal energy for heating, and accordingly, tariffs for central heating in houses without heat accounting of every house.

According to the report, the Accounting Chamber on audit of the effectiveness of application of funds of subventions from the state budget to local budgets for provision of benefits and subsidies for housing and communal services⁷⁹, the total volume of debt of local budgets to enterprises – suppliers of housing services was UAH 6895.3 million in 2014, including debt repayment, which was formed from the beginning of the year, in the amount of UAH 1,031.67 million (including overdue – UAH 369.3 million) and amounts of eight privileges, subsidies and compensations in the amount of UAH 5863.7 million during the year. In 2014, the state budget transferred UAH 6,179.49 million (including through the reciprocal payments – UAH 5,591.3 million).

Thus, in the absence of actual expenditure commitments, local budgets from the state budget have not received UAH 1,313 million. Thus bills payable at the end of 2014 totalled UAH 991,510 million.

The use of the mechanism of reciprocal payments, in which a number of companies cannot take part in the absence of debts for delivered natural gas, led to a decrease of approved subventions to UAH 1,369,800,000 and their redistribution in favour of other transfers from the state budget to local budgets in 2014. The failure of the implementation of the planned schedule of the budget program KPKVK 3511150 regarding the expenditures in the amount of UAH 1,313,800,000, if bills payable are in the amount of UAH 991.5 million (including overdue – 126.0 million) in compensation to enterprises – performers of housing services forgone their income. The above negative impact on their financial and economic situation does not contribute to the quality of public services and requires additional expenditures from the state budget for repayment in the following periods.

In total, the results of the audit of 2014 and the first half of 2015 found evidence of ineffective management of grants in the amount of UAH 3,444,900.

Overall in 2014, such social assistance provided to 4.4 million beneficiaries and more than 1.5 million low-income families totalling UAH 6.2 billion for 9 months 2015 – over 4 million beneficiaries and 3.2 million low-income families for the amount of UAH 7.6 billion.

The Government and the Ministry of Social Policy took the measures and adopted several decisions aimed at simplifying procedures and improving social justice in the public benefits and grants assigning to pay for such services.

However, in 2014, the budget program in this area was not financed and not implemented on UAH 1.3 billion, despite the fact that as of 01.01.2015 payable refund to respective companies short-received income for the provided services and social assistance to citizens was UAH 1 billion (including overdue – UAH 126.0 million).

Compared to 2015, in 2016 the number of families that applied for compensation costs for housing and utilities showed 3.3 times increase.

In order to provide subsidies to so many people, the State Budget for 2016 provides UAH 43 billion. For comparison, last year the Government spent on these needs only UAH 24 billion.

Transport privileges are provided by the budget only for public transport, mainly in communal property. But people also use private carriers that work as a public taxi and do not receive compensation from the budget or those who use transport privileges.

Private carriers voluntarily committed themselves to carry out such transportation at their own expense.

The situation on provision of special vehicles to persons with disabilities in 2013 is also indicative. 78,492 people were registered, among them 6,224 – are entitled to priority provision, 9,433 – are entitled to special provision, 62,835 are in a general queue. To fully provide vehicles to people with disabilities, over UAH 5.1 billion are needed to buy vehicles. The State Budget for 2013 provided for UAH 30.2 million or 0.6% of the need. In March 2013, the Social Security Fund of people with disabilities signed contracts

⁷⁹ Audit report on the efficiency of subventions from the state budget to local budgets for provision of benefits and subsidies for housing and communal services. The Accounting Chamber. http://www.ac-rada.gov.ua/doccatalog/document/16747733/zvit_9-3.pdf?subportal=main

for the purchase of 505 vehicles for a total of UAH 30.2 million; the people with disabilities received 33 cars on July 1 this year.

Article 30

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

In accordance with the Ministry of Social Policy, the Government recognizes the inefficiencies of the existing system of benefits and plans to introduce reforms: to reduce inefficient incentives that were in the current legislation, but never worked, to introduce targeted benefits and to enhance social equity in the provision of benefits⁸⁰.

Along with targeted aid and among other things, the monetization of benefits through the transfer of the amount of the benefits directly to the accounts of people. However, because there are 19,168,000 beneficiaries in the state, there are doubts, if the budget has sufficient amount of money.

It should be noted that there is a lack of proper information on changes in the system of social benefits. On October 28, 2015, the Cabinet of Ministers amended Decree №409 «On the Establishment of Social Standards in Housing and Communal Services» (hereinafter – the Decree). The amendments entered into force on November 3 and significantly reduced preferential rates of consumption of electricity and gas to heating. On the same day, the Government amended several normative documents concerning subsidies, setting tariffs for housing and communal services and so on. Therefore, the announcement of the Government Press Service of October 28, first noted that the Cabinet established a social norm of consumption of gas at the price of UAH 3.60 per 1,200 cubic meters for the entire heating season. Only at the end of the message, they referred to the setting of adjustment coefficients to calculate the cost of gas, electricity, and energy for heating depending on the number of floors of buildings. The latest news was not properly circulated by media; the power companies knew about the changes, but also did not tell about it. November and December were relatively warm, so most Ukrainians consumed relatively small amounts of gas or electricity to heat their homes. However, in January started cold, the volume of consumption increased and exceeded preferential rules of Decree.

Conclusions:

The current system of combating poverty and social exclusion is extremely inefficient. There is no clear and adequate system of privileges, no control, and monitoring of the actual provision of benefits. The current register of people receiving benefits is improper and does not contain complete information. There is a lack of budget funds to ensure the proposed public benefits and highly bureaucratized system of receipt. The system needs reform and revision of previous monitoring and careful analysis of planned changes and possible risks, the development of clear, consistent and specific mechanisms for implementing changes. The state should meet the full scope of its obligations and avoid new commitments that cannot be completed on time and in full. It is important to define the poorest groups of population, persons with disabilities, retirees, orphans, large families and to prioritize the provision of support to these groups. It is important to make a simple, accessible and transparent procedure for providing benefits.

⁸⁰ The Ministry of Social Policy: Reforms of benefits in Ukraine is being conducted in three areas
http://www.kmu.gov.ua/control/publish/article?art_id=248114942