

# UKRAINE'S RESILIENCE TO CRISES: STRENGTHENING THE MEDICAL SYSTEM AND INCREASING LABOUR MARKET ADAPTABILITY



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# 1. THE SPREAD OF INFECTIOUS DISEASES: MAJOR THREATS TO A SUSTAINABLE SOCIO-ECONOMIC DEVELOPMENT

The COVID-19 pandemic has been the greatest resilience challenge across all countries in the past two years. The key issue for national governments has been to strike a balance between the measures countering the spread of the coronavirus disease and the negative socio-economic impact of lockdowns and other restrictions.

While the main objective of the restrictions was to reduce social contact between individuals, their sudden and rigid nature led to community lifestyle transformations and the way production and economic activities were organised, with consequences for education. No country, however, has been able to avoid the burden on the health system through public policy instruments.

Limited resources in medical systems, a lack of approved treatments for the acute disease and a lack of effective medicines has resulted in a dramatic death toll with each new outbreak.

Worldwide vaccination against COVID-19, thanks to the World Health Organization's (WHO) Global Vaccination Plan, offers a chance to overcome the current pandemic, but will not protect humanity from a mass spread of other dangerous infections.

In late October 2021, Director-General of the World Health Organization Tedros Ghebreyesus stated that **the world should learn the lessons from the current pandemic and be better prepared to deal with new threats to the global spread of viruses** at the G20 finance and health ministers' meeting in Rome. He therefore called on participants to support the adoption of an international agreement on pandemic preparedness and response that imposes legal obligations on governments.<sup>1</sup>

According to Eric Lander, a science advisor to US President Joe Biden, the next pandemic will have a far more devastating impact on humanity than the current COVID-19 pandemic. He attributes this to the fact that SARS-CoV-2 belongs to a family of viruses that is well known to humanity. The fact that we have a chance of relatively quick mass vaccination is due to two decades of research into the production and testing of mRNA vaccines, a precursor to the pandemic. At the same time, the majority of the 26 virus families that are dangerous to humans are far less researched and more difficult to control.<sup>2</sup>

Therefore, strengthening pandemic resilience should be one of the key components of building national resilience. In doing so, it is important that a general policy of resilience is developed by identifying and minimising potential threats to the public spheres and institutions that are most vulnerable to the impact of epidemics and epidemic control measures.

The following factors are the most hazardous to the sustainable socio-economic development of the state during the spread of infectious diseases:

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<sup>1</sup> WHO Director-General's opening remarks at the meeting of G20 Health and Finance Ministers – 29 October 2021.

<https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-g20-health-and-finance-ministers---29-october-2021>

<sup>2</sup> Opinion: As bad as COVID-19 has been, a future pandemic could be even worse – unless we act now.

<https://www.washingtonpost.com/opinions/2021/08/04/bad-covid-19-has-been-future-pandemic-could-be-worse-unless-we-act-now/>

- health system vulnerability;
- threats to public health and life expectancy;
- threats to income stability.

## 1.1. HEALTH SYSTEM VULNERABILITY

Managing the specific public-health threats posed by the spread of coronavirus was complicated by the ongoing reform of the national health system at the onset of the pandemic. Financial management of healthcare facilities, regardless of the quantity and quality of health services they deliver, was not sustainable due to the limited public resources and the unprecedented pressure on the second tier of the healthcare system.

A shift in the organisational and financial mechanism of the healthcare system enabled the National Health Service of Ukraine (NHSU) to fund COVID-19 diagnostic and treatment packages for hospitals, amounting to UAH 19 billion in 2020.<sup>3</sup> The contractual requirement for hospitals to document their ability to provide appropriate services has improved the quality of services. At the same time, **households continued to bear the costs of treatment** that had been previously financed by the state. In some cases, patients were not fully aware of the range and extent of health services that were available to them at no cost; in other cases, they were aware of their rights to healthcare, but faced the inability to exercise them in practice.

All around the world the healthcare systems have been experiencing various resources shortages since the pandemic began: doctors, nursing staff, personal protective equipment, hospital beds, etc. The domestic system was no exception.

**Preliminary estimates by the Ministry of Health of Ukraine (MOH) in early June 2020 reported a 48% shortage of epidemiologists in regional laboratory centres, 51% of laboratory hygienists and 41% of virologists<sup>4</sup>.** A few weeks earlier, the agency had announced a shortage of family doctors, laboratory technicians and radiographers, and pneumonia specialists.<sup>5</sup>

In October 2020, the requirements for staffing of inpatient medical teams for the treatment of COVID-19 were simplified due to the shortage of anaesthesiologists. In some cases, it became possible to use additional teams without an anaesthesiologist (can be replaced by an infectious disease doctor or a general practitioner or a pulmonologist). At the same time, internal medicine physicians, surgeons, paediatricians and internists were allowed to treat patients.<sup>6,7,8</sup>

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<sup>3</sup> Clinics are used to taking money from patients, a habit that is almost genetic - head of the NHSU.

<https://ua.interfax.com.ua/news/interview/728951.html>

<sup>4</sup> Epidemiologist deficit in Ukraine is almost 50% - Ministry of Health.

<https://www.slovoidilo.ua/2020/06/10/novyna/suspilstvo/ukrayini-ne-vystachaye-majzhe-polovyny-epidemiolohiv-moz>.

<sup>5</sup> The Ministry of Health told which doctors are in shortage in Ukraine. <https://www.slovoidilo.ua/2020/05/22/novyna/suspilstvo/moz-rozpovily-yakyx-likariv-ne-vystachaye-ukrayini>

<sup>6</sup> Shortage of doctors in Ukraine: Who will treat COVID-19 patients?

<https://www.dw.com/uk/defitsyt-medykiv-v-ukraini-khto-likuvatyme-khvorykh-na-covid-19/a-55679753>

<sup>7</sup> On Approval of the Procedure for Involvement of Doctors-Interns in the Implementation of Measures Related to Counteracting the Spread of Coronavirus Disease (COVID-19).

<https://zakon.rada.gov.ua/laws/show/z0271-21#n14>

<sup>8</sup> Press briefing of the National Health Service of Ukraine of 15 October 2020.

<https://www.facebook.com/nszu.ukr/photos/covid-19-доплати-медзакладам-за-збільшення-навантаження-результати-брифінгу-нзсу/968418056969945/>

Many medical workers were excluded from the primary list of professions for mandatory vaccination by the Ministry of Health due to staff shortages. Doctors, nurses and social workers were at the top of priority vaccination lists in most countries of the world.

The staffing problems within the sector (shortage of rural doctors, disbalances between the number of doctors and paramedical and nursing staff) emerged during the pandemic as well. In March 2020, the average salary of medical professionals was 71% of the average salary in Ukraine. Low-paid vacancies in small communities remained vacant for a long time. At the beginning of the pandemic, there was an increase in layoffs in large city hospitals, in particular in Kyiv and Dnipro.<sup>9</sup> Some doctors went abroad for work, while others (especially those of retirement age) resigned due to concerns about being infected.

Consequently, the sustainability of the medical system is threatened by **the low level of social protection of medical workers**. At stake is the lack of an adequate system of insurance against occupational risks. as , reporting an illness that has occurred in the workplace is bureaucratically challenging in Ukraine. Such system should include guarantees for healthcare workers to undergo preventive examinations and full recovery treatment (including rehabilitation) in case of an occupational disease.

High infection rates among doctors and nurses resulted in a productivity loss and a long-term general health deterioration of many. Hence, the workload of colleagues working on the front line of fighting the disease increased. The negative consequences of occupational burnout for health professionals go beyond the issue of occupational risks. It reduces the quality of medical care and endangers the lives of patients, increases the general level of social tension both within the medical system itself and between doctors and patients, as well as relatives of patients.

### **Treatment resources for seriously ill COVID-19 patients**

The costs of treating seriously ill COVID-19 patients consist of the traditional costs of inpatient treatment and the additional costs of oxygen therapy. In times of a considerable burden on the medical system, the provision of oxygen to hospitals became a priority for the Ministry of Health, local authorities and healthcare management.

Since the start of the pandemic, new and renovated oxygen-supply systems continued to be installed. In early spring 2020, it was estimated that 50% of hospital oxygen infrastructure in Ukraine was deteriorating, and the most common method of supplying hospitals with oxygen was in oxygen cylinders.<sup>10</sup>

Back then, the global demand for ventilators was 10 times larger than the amount of available medical equipment.<sup>11</sup> Providing hospitals with ventilators was the first priority in preparing the domestic medical system for increased losses. By early March 2021, Ukraine had 6,165 ventilators.<sup>12</sup>

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<sup>9</sup> More than 7,000 medics quit hospitals in Kyiv in 9 months - Klitschko.

<https://www.pravda.com.ua/news/2020/10/15/7270015/>

Doctors and nurses are fleeing abroad: will there be a "medical lockdown" in Ukraine.

<https://tsn.ua/exclusive/likari-ta-medsestri-tikayut-zakordon-chi-bude-v-ukrayini-medichniy-lokdaun-1757440.html>

<sup>10</sup> COVID-19: how Ukraine is solving the problem of medical oxygen shortage.

<https://www.dw.com/uk/covid-19-yak-v-ukraini-vyrishuiut-problemu-nestachi-medychnoho-kysniu/a-55257334>

<sup>11</sup> World ventilator demand now 10 times what's available, says maker.

<https://www.bloomberg.com/news/articles/2020-03-25/world-ventilator-demand-now-10-fold-what-s-available-says-maker?sref=kNX4EXaz>

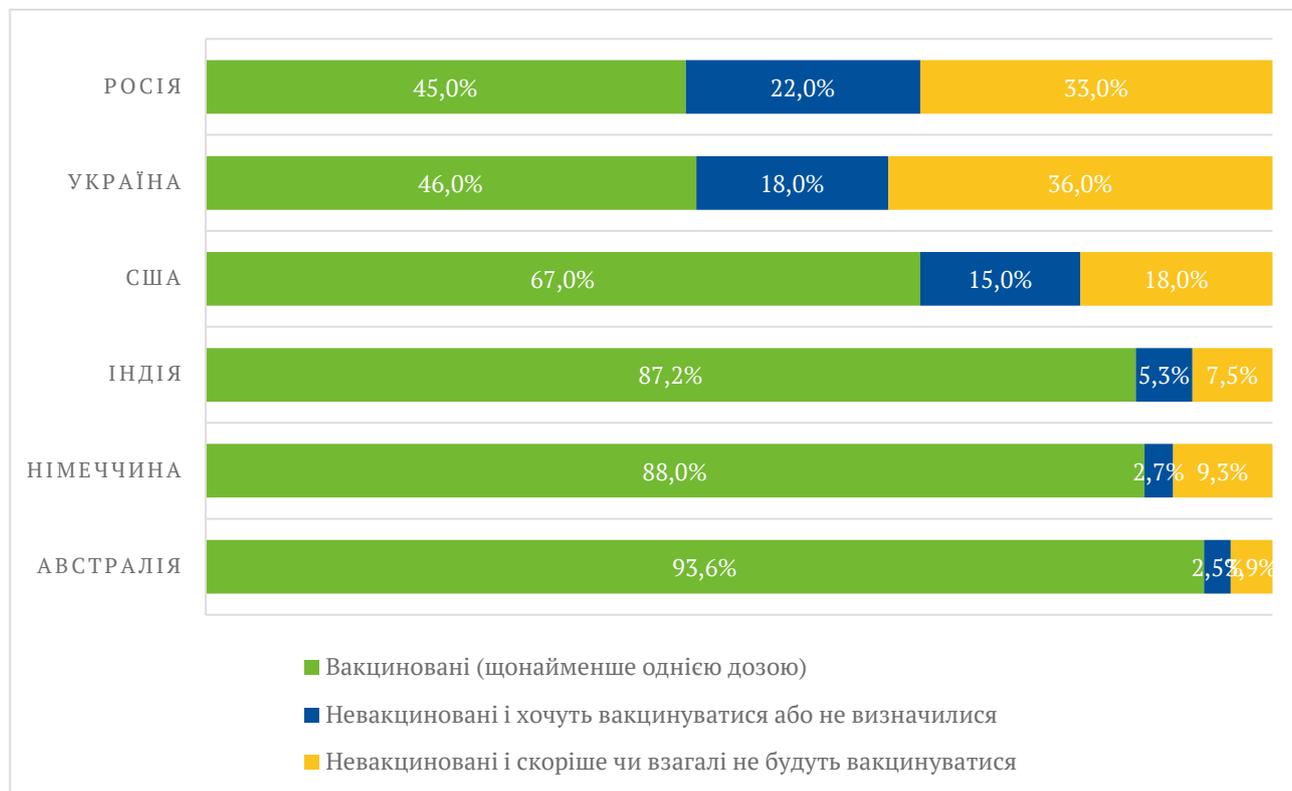
<sup>12</sup> Why are there so many COVID patients dying in Ukraine who are on ventilators.

<https://www.dw.com/uk/chomu-v-ukraini-pomyraie-tak-bahato-patsientiv-iz-covid-pidkliuchenykh-do-shvl/a-56773232>

## 1.2. RISKS TO GENERAL PUBLIC WELLBEING ANF LIFE EXPECTANCY

**Vaccination hesitancy**<sup>15</sup> among the Ukrainian population remains one of the main challenges in building immunity to the virus. **Serious** Social survey data indicate that the percentage of citizens not vaccinated against COVID-19 and not planning to be vaccinated is very high compared to other countries (Figure 1).

Figure 1: Distribution of citizens of Ukraine and other countries according to their vaccination status and willingness to be vaccinated against COVID-19



Sources: data from surveys and studies by the Sociological Group "Rating", Levada-Center (RF), The US vaccine dashboard, Erfurt University, Melbourne Institute, Local Circles, conducted in October-November 2021.

More than 70% of Ukrainian adults in November 2021 considered the restrictions imposed on the unvaccinated to be a violation of their rights, while 14% supported politicians who were not vaccinated. At the same time, 26% of the respondents did not consider the restrictions for the unvaccinated as a violation of their rights, and almost half of the respondents (49%) did not support politicians who were not vaccinated. The greatest number of supporters of the restrictive measures and opponents of anti-vaccination politicians were among the residents of Kyiv and the vaccinated citizens.<sup>14</sup>

A large percentage of individuals in Ukraine who are reluctant to be vaccinated against COVID-19 is partly explained by the general distrust in vaccines. Thus, according to WHO, in 2019 Ukraine had the lowest rate of the third-dose vaccine intake against diphtheria tetanus toxoid and pertussis immunisation in the European region (excluding Bosnia and Herzegovina) – around 80%.<sup>15</sup> Due to lower rates of routine immunisation, a

<sup>15</sup> Hereinafter, by "vaccination hesitancy" we mean the lack of a strong willingness to be vaccinated without a compelling reason in the form of positive or negative incentives.

<sup>14</sup> The coronavirus situation: population estimates.

[https://ratinggroup.ua/research/ukraine/situaciya\\_s\\_koronavirusom\\_ocenki\\_naseleniya.html](https://ratinggroup.ua/research/ukraine/situaciya_s_koronavirusom_ocenki_naseleniya.html)

<sup>15</sup> Outcomes of the 2019 routine immunization programme in the WHO European Region.

[https://www.euro.who.int/\\_data/assets/pdf\\_file/0008/467675/Routine-immunization-summary-WHO-European-Region-2019-rus.pdf](https://www.euro.who.int/_data/assets/pdf_file/0008/467675/Routine-immunization-summary-WHO-European-Region-2019-rus.pdf)

measles outbreak started in 2017, and 53,218 people were infected in 2018 (out of 82,596 cases reported in the European region).<sup>16</sup>

Obviously, the reason behind that is **the lack of a comprehensive strategy to combat medical disinformation** in the country. The traditional propensity of Ukrainian citizens to **self-medicate** has had implications for vaccine hesitancy. As a consequence, Ukraine has one of the lowest rates of COVID-19 vaccination in Europe.<sup>17</sup>

### **Excess mortality**

Based on the evidence over the past two years, excess mortality has been reported in almost all countries (except Australia, New Zealand, Malaysia, the Philippines, South Korea and Taiwan), although the magnitude of the phenomenon in 2020-2021 is still a matter of study. In most countries, the number of excess deaths exceeded the official death toll from COVID-19, and excess mortality has wiped out years of progress towards higher life expectancy.

Estimates of excess mortality in Ukraine in 2020-2021 vary depending on the methodology.

Figures show that the difference between the number of deaths in the first nine months of 2021 and 2020 is 61,168. April 2021 made the largest monthly contribution to the increase in the number of deaths: back then, 22,398 more people died than in April 2020.

The Ukrainian Health Centre (UHC) estimates that the second wave of COVID-19 (in September-December 2020) caused 31,033 excess deaths in addition to more than 16,000 official COVID-19 deaths.<sup>18</sup>

The Economist's epidemiological model shows 112,400 excess deaths in Ukraine from the beginning of April 2020 until the end of September 2021, that is excluding the latest wave.<sup>19</sup> As of now, the model estimates excess mortality to be at 150-190 thousand people, which places Ukraine in the group of countries where excess mortality per 100 thousand people exceeds 350 (Ukraine is within the 350-440 range).<sup>20</sup>

According to the experts of the National Academy of Sciences of Ukraine, there are 2.1-2.2 excess deaths for every COVID-19 death confirmed by the Ministry of Health.<sup>21</sup>

The main **causes of excess mortality are deaths from COVID-19 (both detected and undetected), as well as deaths caused by limited health service provision and shortages of health system resources**. Every third country in the WHO European region has partially or completely **halted the diagnosis and treatment**

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16 How Ukraine became the measles capital of Europe.

<https://www.bbc.com/ukrainian/features-48752865>

17 Coronavirus (COVID-19) vaccination statistics by country in Europe.

<https://index.minfin.com.ua/reference/coronavirus/vaccination/europe/>

18 What's up with COVID?

<https://us1.campaign-archive.com/?u=37653d775d165f1d508fd7f4e&id=e73855e89c>

19 Tracking COVID-19 excess deaths across countries.

[https://www.economist.com/graphic-detail/coronavirus-excess-deaths-tracker?fbclid=IwAR09hfXGsF5jq7kSEiB2IMxE4svw2vLivEhy8qEQACctyJ\\_fewktnjGYsyg](https://www.economist.com/graphic-detail/coronavirus-excess-deaths-tracker?fbclid=IwAR09hfXGsF5jq7kSEiB2IMxE4svw2vLivEhy8qEQACctyJ_fewktnjGYsyg)

20 The pandemic's true death toll.

<https://www.economist.com/graphic-detail/coronavirus-excess-deaths-estimates>

21 Forecast of COVID-19 outbreak in Ukraine for November 24 - December 7, 2021. (WG-56 forecast)

<https://www.nas.gov.ua/UA/Messages/Pages/View.aspx?MessageID=8446#055>

**of noncommunicable diseases** due to reallocation of resources to combat coronavirus.<sup>22</sup> Lack of (delayed) preventive check-ups and routine examinations for at-risk groups increases the threat of increased mortality from other disease types. In early February 2020, Hans Kluge, WHO Regional Director for Europe, stated that untimely diagnoses of cancer and delayed treatments will lead to increased cancer mortality in the region.<sup>25</sup>

In Ukraine, limited healthcare services provision and reallocation of health system resources to combat COVID-19 have resulted in:

- reductions in planned hospital admissions;
- transfer to online communication between doctors and patients during lockdowns;
- postponed medical treatment for non-critical patients (including cancer patients);
- conversion of selected units and health facilities for coronavirus treatment.

### **Life expectancy**

According to the researchers at Oxford's Leverhulme Centre for Demographic Science, among the 29 countries (European countries as well as the US and Chile), 27 saw **a drop in life expectancy**.<sup>24</sup> In 22 countries the figure fell by more than half a year; for women it fell by more than a year in 8 countries and for men in 11 countries. Overall, the decline was greater for men than for women. In particular, the largest drop was estimated for men in the USA (by 2.2 years) Lithuania (by 1.7 years).

A life expectancy decline for both genders was also registered in Ukraine in 2020. Thus, according to the State Statistics Service, for women the average life expectancy was 76.22 years (compared to 76.98 years in 2019). For men, there was a drop from 66.92 to 66.32 years during the same time frame.

The Working group on mathematical modelling of the SARS-CoV-2 coronavirus pandemic in Ukraine calculated that if living conditions had not changed, life expectancy in 2020 could have been 0.88 years longer for women and 0.8 years longer for men. Meanwhile, life expectancy at the age of 65 decreased by 3 months for each month of the year and decreased by 0.87 years for men and 0.67 years for women in 2020 (Figure 2).<sup>25</sup>

Figure 2: Life expectancy at the age of 65

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<sup>22</sup> Hans Kluge: the COVID-19 pandemic will increase cancer deaths in the European region.

<https://news.un.org/ru/story/2021/02/1395852>

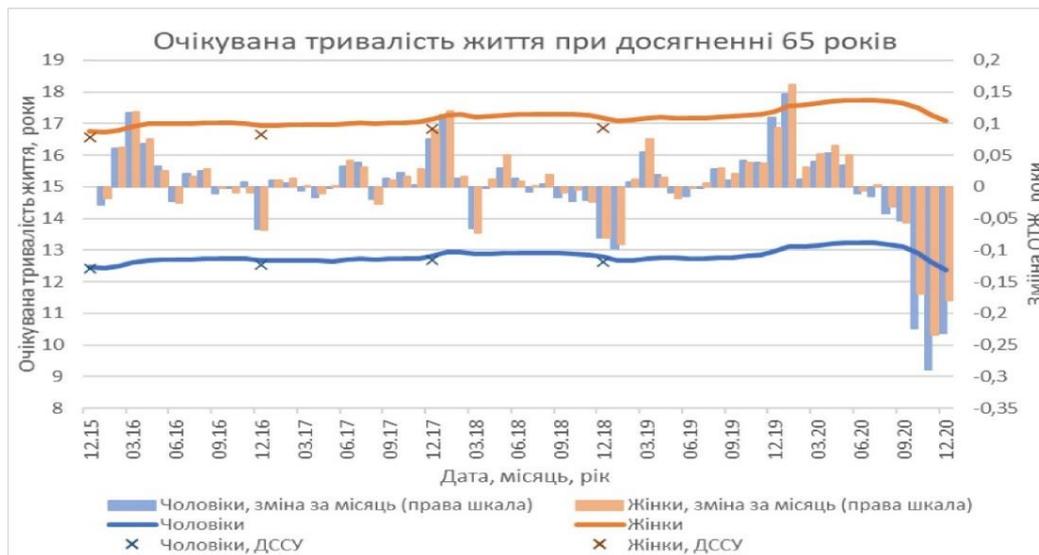
<sup>23</sup> Ibid.

<sup>24</sup> Covid has wiped out years of progress on life expectancy, study finds.

<https://www.theguardian.com/society/2021/sep/27/covid-has-wiped-out-years-of-progress-on-life-expectancy-finds-study>

<sup>25</sup> COVID-19 forecast in Ukraine from March 24 to April 6, 2021 ("WG-40 Forecast").

<https://www.nas.gov.ua/UA/Messages/Pages/View.aspx?MessageID=7641>



Source: Calculated by the experts of the Working group on mathematical modelling of the SARS-CoV-2 coronavirus pandemic in Ukraine, affiliated with the Institute of Mathematical Machines and Systems Problems of the Ukraine National Academy of Science.

### 1.3. RISKS TO FINANCIAL STABILITY

The WHO stance on counteracting the new strain, updated after the discovery of Omicron, is that governments must ensure a balance between saving lives and protecting citizens' livelihoods when imposing restrictive measures.<sup>26</sup> Above all, it is about preserving employment as the primary source of household welfare.

The current pandemic has revealed that, given the need to prevent the spread of infectious diseases through administrative means, employment stability is threatened by:

- **direct restrictions on economic activity** in areas where there is close in-person contact between staff and customers or service recipients;
- a large share of the economy that depends on the industries **where it is not possible to organise work remotely** (e.g., workers cannot get to work if transport restrictions are imposed);
- an **increased unpaid workload** for workers with children unable to attend educational institutions.

The launch of the vaccination campaign led to positive shifts in employment in most countries. At the same time, according to the International Labour Organization (ILO), the **labour market recovery slowed down** in the second half of 2021. This would represent a loss of 4.3% of global employment (or 125 million full-time jobs equivalent) by the end of the year compared to the pre-crisis period.

Developed countries have been recovering faster due to a higher vaccination rate and a better capacity to help businesses and households. The ILO calculates that vaccinating 14 people helps to retain 1 job and an increase in fiscal stimulus of 1% of GDP leads to an increase of 0.3% in hours worked compared to Q4 2019.<sup>27</sup>

During the pandemic, the most significant labour market trend on a global scale was the **re-emergence of the labour flow**. According to the data released in July 2021 by McKinsey, a consulting company, 40% of

<sup>26</sup> WHO interview responds: Should a mask be worn after vaccination against COVID-19? [https://news.un.org/ru/interview/2021/11/1414652?utm\\_source=UN+News+-+Russian&utm\\_campaign=eb6cae0492-EMAIL\\_CAMPAIGN\\_2021\\_11\\_30\\_01\\_00&utm\\_medium=email&utm\\_term=0\\_6a23d2f3b7-eb6cae0492-107915425](https://news.un.org/ru/interview/2021/11/1414652?utm_source=UN+News+-+Russian&utm_campaign=eb6cae0492-EMAIL_CAMPAIGN_2021_11_30_01_00&utm_medium=email&utm_term=0_6a23d2f3b7-eb6cae0492-107915425)

<sup>27</sup> UN News. The impact of the pandemic on labour markets is more severe than anticipated, 27 October 2021. <https://news.un.org/ru/story/2021/10/1412662>

workers from around the world were considering leaving their current workplace before the end of the year. The study, conducted by Microsoft and presented at the World Economic Forum, shows that 41% of workers were considering a job change in 2021, with Generation Z making up 54% of the workforce willing to leave.<sup>28</sup> Similarly, during the summer 2021, 38% of workers in the UK and Ireland said they planned to leave their jobs in the next six months.<sup>29</sup>

In October 2021, US statistics agencies reported that more than 4 million workers (3% of the workforce) resigned from their jobs in August<sup>30</sup>, setting a new record for the fifth consecutive month of workers leaving the workforce. This trend has been named the "Great Resignation Era" and is expected to have a critical effect on the largest occupational sectors in the near future.<sup>31</sup>

The greatest role in shaping the labour mobility shift was played by the willingness of workers to find themselves in new labour market conditions - flexible, adaptive and with high demands for soft skills. In fact, a large proportion of workers have realised that it was their own responsibility to resolve the issue of sustainability of employment as a source of welfare.

In Ukraine, similar patterns can be observed, but the situation has its peculiarities. The vast majority (85%) of the respondents interviewed by Jooble, a job search website, in September-October 2021 planned to change their current job in the coming year. Among the most common reasons for that were limited prospects for salary increases, lack of career development opportunities and job insecurity,<sup>32</sup> Consequently, there is dissatisfaction with the basic employment conditions and business qualities of employers.

At the same time, the real turnover rate indicates that the stated intentions of many workers to change jobs are not being realised in the labour market. During the Randstad Employer Brand Research (January 2021), the experts at KANTAR recorded that only 13% of Ukrainian workers changed jobs in the second half of 2020. There were 18% of those whose employment was affected by COVID-19. Another 27% of workers said they intended to do so in the next six months.<sup>33</sup>

The most important criteria in job search during this period for interviewees were attractive salaries and social package (79%) and financial solvency of the employer (69%). More than a third of Ukrainians (39%) were attracted by the opportunity to work remotely. The majority of them were women and people with higher education.<sup>34</sup> **The permanently unstable socio-economic situation in Ukraine makes financial reasons**

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<sup>28</sup> World Economic Forum. Survey: 40% of employees are thinking of quitting their jobs, June 2, 2021. <https://www.weforum.org/agenda/2021/06/remote-workers-burnout-covid-microsoft-survey/>

<sup>29</sup> Ibid.

<sup>30</sup> Insider. Another 4 million workers quit in the 5th month in a row of record exits, and it shows how the pandemic is still making people rethink what they want out of work and life, October 12, 2021. [https://www.businessinsider.com/over-4-million-workers-quit-record-labor-shortage-great-resignation-202110?nr\\_email\\_referer=1&utm\\_source=Sailthru&utm\\_medium=email&utm\\_content=Business\\_Insider\\_select&pt=385758&ct=Sailthru\\_BI\\_Newsletters&mt=8&utm\\_campaign=Insider%20Select%202021-10-13&utm\\_term=INSIDER%20SELECT%20%20ENGAGED%2C%20ACTIVE%2C%20PASSIVE%2C%20DISENGAGED%2C%20NEW](https://www.businessinsider.com/over-4-million-workers-quit-record-labor-shortage-great-resignation-202110?nr_email_referer=1&utm_source=Sailthru&utm_medium=email&utm_content=Business_Insider_select&pt=385758&ct=Sailthru_BI_Newsletters&mt=8&utm_campaign=Insider%20Select%202021-10-13&utm_term=INSIDER%20SELECT%20%20ENGAGED%2C%20ACTIVE%2C%20PASSIVE%2C%20DISENGAGED%2C%20NEW)

<sup>31</sup> Fast Company. These industries are being impacted most by the Great Resignation, July 16, 2021. <https://www.fastcompany.com/90654925/these-industries-are-being-impacted-most-by-the-great-resignation>

<sup>32</sup> 85.6% of Ukrainians plan to change jobs in the next year - Jooble survey. [https://ua.jooble.org/blog/85-6-ukrayincziv-planuyut-zminyty-robotu-v-najblyzhchyyj-rik-opytuvannya-jooble/?fbclid=IwAR30LhpGxgTRomnwT1tsG3quTXsc-YhKL58rwyoSLInZ\\_5UMQgSiAmZMsOY](https://ua.jooble.org/blog/85-6-ukrayincziv-planuyut-zminyty-robotu-v-najblyzhchyyj-rik-opytuvannya-jooble/?fbclid=IwAR30LhpGxgTRomnwT1tsG3quTXsc-YhKL58rwyoSLInZ_5UMQgSiAmZMsOY)

<sup>33</sup> Employer brand in the new reality. <https://ancor.ua/press/news/brend-robotodavtsya-v-noviy-realnosti/>

<sup>34</sup> Ibid.

**for changing jobs a priority, but the opportunity to work remotely gains significance, given the recent developments in the labour market.**

Increased labour turnover has **negative consequences for labour productivity** in enterprises, organisations and institutions, which is an obvious risk for employers. In general, **a reduction in the labour supply raises the cost of labour**. Other (besides lay-offs) sources of such reductions during the pandemic and the introduction of restrictive measures may include:

- Administrative pressure on employers to suspend unvaccinated workers from the workplace;
- Loss of hours worked due to increased rates of sick leaves;
- Professional burnout due to home office and other remote working conditions.

If we consider that other conditions are similar, those employed in industries with close personal contact between the providers and recipients of services are at the greatest risk of **unemployment and involuntary redundancies** when restrictive measures are introduced. Indeed, in most countries, business assistance programmes have been introduced for such industries to counteract mass layoffs by financing (partially financing) state furlough schemes until the restrictive measures are lifted. Evidence from large-scale studies suggests that, in developed economies, voluntary redundancies far surpassed involuntary layoffs in 2020-2021 (see above).

At the same time, unemployment risks for certain categories of workers are constantly higher during economic downturns. First and foremost, these are **low-skilled workers**. Their recruitment in any economy does not require significant resources, so employers do not see the value of keeping them in difficult times. Long-term and youth unemployment increases during crises, especially among workers with low competitiveness or low skills levels. For example, in 2020 the share of the unemployed who were looking for work for more than 12 months in Ukraine rose to 21.2% (from 13.1% in 2019), while the unemployment rate among young people aged 15-24 rose from 15.4% in 2019 to 19.3% in 2020.<sup>35</sup>

## 2. AN ASSESSMENT OF UKRAINE'S RESILIENCE TO CHALLENGES CAUSED BY FUTURE PANDEMICS

### 2.1. FACTORS AFFECTING HEALTH SYSTEM SUSTAINABILITY

In 2019, the Global Health Security Index (GHSI) ranked the US as the country that was best prepared to deal with an infectious disease outbreak. The United Kingdom was next on the list. Two years after the start of the pandemic, the USA has faced the highest number of COVID-19 casualties globally in absolute terms (over 700,000). The UK has over 20,000 deaths, the number that was predicted as a "good outcome" by the government's chief scientific adviser in March 2020. Consequently, the Global Health Security Index, based on over a hundred indicators, had very little to do with the actual effectiveness of the response to the new coronavirus disease.<sup>36</sup>

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*"When we talk about the government readiness or health system readiness to respond, we need to understand that it is not just the health system's accountability, it is really a comprehensive*

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<sup>35</sup> According to the State Statistics Service.

<sup>36</sup> Better pandemic preparedness.

[https://www.imf.org/external/pubs/ft/fandd/2021/12/Pandemic-preparedness-Patel-Sridhar.htm?utm\\_medium=email&utm\\_source=govdelivery](https://www.imf.org/external/pubs/ft/fandd/2021/12/Pandemic-preparedness-Patel-Sridhar.htm?utm_medium=email&utm_source=govdelivery)

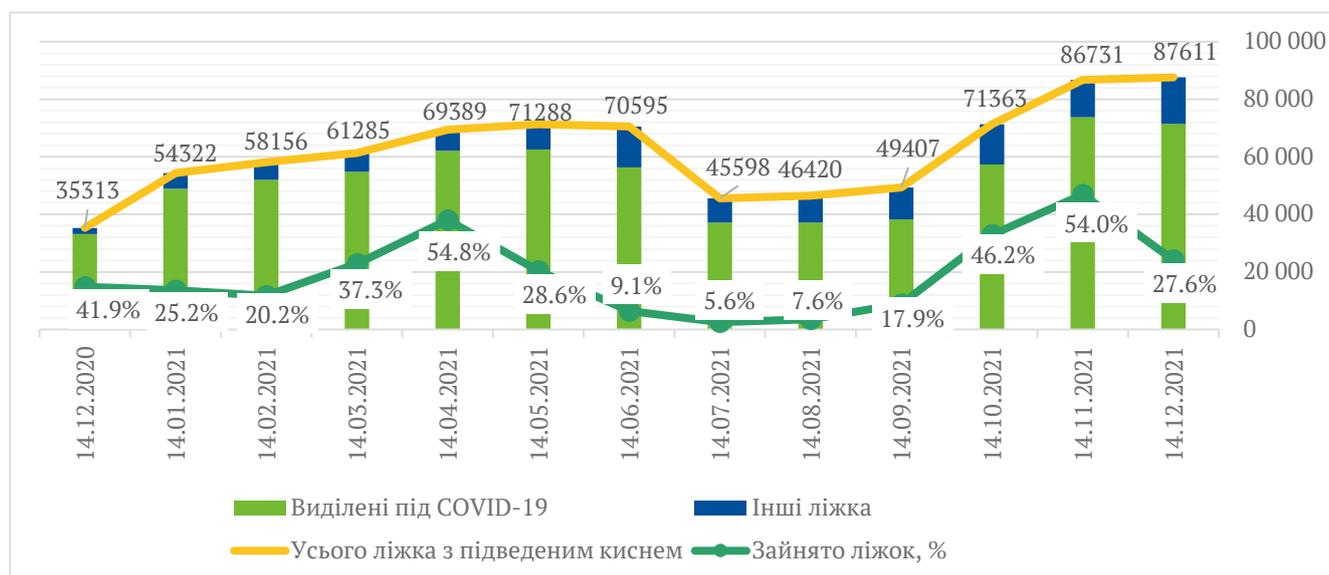
government response and the ability to build up capacity or mobilize resources adequately and quickly.”

*Ihor Kuzin, Deputy Minister of Health, Chief State Sanitary Doctor*

### Enhancing the financing mechanism for healthcare services

Throughout the 2020-2021 pandemic, the Ukrainian government, like in other countries, first and foremost built up the capacity of its healthcare system to cope with increased hospitalizations for COVID-19. Individual facilities and departments were converted into COVID-19 treatment units, testing capacities were expanded, extra beds were allocated, including those with ventilators, and more beds were supplied with oxygen (Figure 3).

Figure 3: Medical system availability of hospital beds from 14 December 2020 to 14 December 2021.



Source: NSDC data

The introduction of a new organizational and financial mechanism for the healthcare system, "money follows the patient" has played a positive role in the fight against COVID-19 with limited resources. The mechanism covers the costs of providing specific medical services. This has enabled healthcare institutions, selected by the Chairpersons of Regional State Administrations together with the Ministry of Health and the National Health System, to provide medical care to COVID-19 patients and accumulate the necessary resources; to organise inpatient care teams based on available staffing for the COVID-19 treatment services.

The fight against the pandemic highlighted the weaknesses of the domestic healthcare system – namely, a shortage of certain medical specialists, unbalanced number of doctors and nursing staff, technological unpreparedness of certain healthcare institutions for the transition to the Electronic Health System, problems with a prompt provision of medicines and medical devices in emergency. With the emergency situation such as COVID-19, there was no other option but to prioritise the problematic issues and reallocate the system resources accordingly.

The spread of COVID-19 has brought up to date the public's view of **the costs of shaping public health security as an important public investment**. This kind of investment pays off twice: first, when acute

emergencies with immediate threats to public health occur (including challenges caused by the spread of antimicrobial resistance); second, when a healthier and more equitable society develops. Both are integral components of a healthy society.<sup>37</sup>

Although in absolute terms public spending on health care per capita in Ukraine remains one of the lowest in Europe, its share to GDP has increased from 3.3 percent in 2019 to 4.1 percent in 2022. Experts of the Ukrainian Health Centre believe that the stable growth of the share of healthcare expenses is due to the fact that the government is obliged to procure certain medical services at a determined price.<sup>38</sup> As a result, the new Medical Guarantee Programme (funds for medical services procurement) has tripled., compared to medical subventions (funds for hospital maintenance)<sup>39</sup>

### **Gaining practical experience of coping with the COVID-19 outbreak**

Public opinion about the **state's ability to cope with the pandemic** has been analysed in several social surveys. The data from one of the last surveys indicate that only 14.7% of Ukrainians believe that the government is able to protect the population from the spread of COVID-19. 31.7% acknowledge that the authorities have limited ability to counteract the disease, while 42.4% express the opinion that they are not able to counteract the threats of the pandemic.<sup>40</sup>

The opinion of Ukrainians about the health system's readiness to face the COVID-19 mass contamination and the pandemic has improved over the past year. Thus, from February 2020 to October 2021 the average assessment of the system preparedness (on a scale from 1 - "not at all prepared" to 5 - "very well prepared") increased from 2.06 to 2.5.<sup>41</sup> The researchers note that the increase was due to a reduction in the proportion of respondents rating health system preparedness as '1' and '2'.<sup>42</sup>

In assessing the country's ability to respond to pandemic challenges, such results suggest that **the domestic medical system is gaining valuable practical experience in combating the spread of infectious diseases**. Two years after the pandemic began, one can see that the countries that had experienced outbreaks of similar infections in the past (MERS, SARS-CoV) had the most effective response, while African countries successfully applied the experience gained in the fight against the disease caused by Ebola virus. Not only did the rebuilt surveillance and contact tracing systems come in handy, but also the use of volunteers to handle logistical challenges in remote areas and the mobilization of all public resources to fight the spread of the infection.

### **Strengthening infection control and renewed epidemiological surveillance**

The fight against the spread of COVID-19 has strengthened epidemiological surveillance at the state level. From 2020-2021, 40 epidemiologists were hired by the state to develop the country's epidemiological

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<sup>37</sup> Toward better pandemic preparedness.

[https://www.imf.org/external/pubs/ft/fandd/2021/12/Pandemic-preparedness-Patel-Sridhar.htm?utm\\_medium=email&utm\\_source=govdelivery](https://www.imf.org/external/pubs/ft/fandd/2021/12/Pandemic-preparedness-Patel-Sridhar.htm?utm_medium=email&utm_source=govdelivery)

<sup>38</sup> What's up with COVID?

[https://mailchi.mp/94bfae9aed5f/uhc\\_covid19todayua19-4323158?e=6e9fcff105](https://mailchi.mp/94bfae9aed5f/uhc_covid19todayua19-4323158?e=6e9fcff105)

<sup>39</sup> Ibid.

<sup>40</sup> Attitudes of Ukrainian citizens towards issues related to the COVID-19 pandemic (October 2021).

<https://razumkov.org.ua/napriamky/sotsiologichni-doslidzhennia/stavlennia-gromadian-ukrainy-do-pytan-poviazanykh-z-pandemiieiu-koronavirusu-covid19>

<sup>41</sup> Ibid.

<sup>42</sup> Presentation of COVID-19 results: implications, challenges and opportunities for Ukraine.

<https://www.youtube.com/watch?v=LEaganO-yZg&t=5363s>

resilience over the next 5-6 years. The capacity of government laboratories has been substantially increased and the ability to sequence pathogens has become available, which is critical in the fight against future pandemics.<sup>45</sup>

The outbreak has brought the citizens' attention to household prevention of infectious diseases. Ensuring quality air-conditioning, providing adequate space for workers and making disinfectants easily available have become part of the new culture of learning and working. There is an increasing emphasis on good indoor air quality.

On 1 September 2021, new infection control regulations came into force for healthcare institutions. They aim not only to combat the spread of infectious diseases, but also to reduce antimicrobial resistance and the incidence of nosocomial infections.

### **Vaccine hesitancy and mistrust towards state institutions**

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*“Vaccination is a token of the society's willingness to trust the broadcast messages and, indeed, to trust the entire chain of vaccine supply.”*

*Ihor Kuzin, Deputy Minister of Health, Chief State Sanitary Doctor*

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The official statistics showing improvements in the ability of the healthcare system to cope with the increased hospital admissions were released along with the data on record increases in COVID-19 cases and deaths. Apparently, poor communication between public institutions and the population about the overall strategy to fight the outbreak was a negative contributory factor.

It is noteworthy that some efficient communication efforts were implemented. Among the countries with high excess mortality rates, Ukraine has one of the smallest gaps between the number of officially recognised deaths from COVID-19 and the number of excess deaths. This means that the data on deaths associated with COVID-19 have not been concealed by the Ukrainian government. On the contrary, communicating the seriousness of the situation with the deaths from COVID-19 was part of the communication strategy of the Ministry of Health. The issues of high infection rates among doctors, shortages of health workers, etc. were also raised.

The urge to vaccinate was communicated to the public through official channels: both in the context of providing individual protection and keeping loved ones healthy, and with the aim of achieving collective immunity as a crucial public good. However, to mitigate vaccination hesitancy, the Ministry of Health had to find non-traditional methods of interaction between the medical system and the population.

*“Authority of the people around works best – for example, the leader of a united territorial community, the village head, the village chief.”*

*Ihor Kuzin, Deputy Minister of Health, Chief State Sanitary Doctor*

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The Ministry of Health has tested different models for expanding COVID-19 vaccination. In particular, special measures have been implemented to increase accessibility of vaccination points (e.g. by opening one at Ukrposhta offices, a Ukrainian post service). However, the accessibility of vaccination points turned out to

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<sup>45</sup> From a presentation by Ihor Kuzin, Deputy Minister of Health and Chief State Sanitary Doctor at the forum "Resilience of Ukraine to Crises: A Look into the Future".

be not the main weak link of the vaccination campaign. In fact, it was countered after a few months, once enough mobile teams had been formed, and all segments of the population had been given the vaccine choice across different manufacturers.

After this, the problem of countering **the spread of medical misinformation gained priority**. The negative impact caused by the infodemic that all countries faced with the introduction of vaccination was amplified in Ukraine by the traditional lack of public trust in governmental institutions. MOH's analysis of different methods of vaccination promotion shows that the most effective positive incentive in overcoming vaccination hesitancy was the personal example of people who play an important role in the life of an integrated territorial community. Clearly, the future communication strategy should be based on advocacy with local opinion leaders when implementing important policies to ensure public policy sustainability.

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*[...about the role of doctors, then] “it is about solidarity, about expertise and about the responsibility of doctors themselves to those patients who trust them and have signed the declaration”.*

*Ihor Kuzin, Deputy Minister of Health, Chief State Sanitary Doctor*

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The lack of a clear unanimous position on certain aspects of vaccination became one of the sharpest mistakes in the organization of the vaccination campaign. There was uncertainty around vaccination of those who have become ill, real vaccination contraindications and when and health complications.

Consequently, the potentially most effective "vaccination influencers" -- medical professionals, especially primary care providers -- have been poorly involved in the promotion of vaccination. Due to the lasting problems in healthcare, many health workers do not feel as if they are representatives of a reliable government system that they themselves can trust.

### **Low level of cohesion in combating the outbreak**

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*“The example of the United States has shown us that a system that is the most prepared among 195 countries, with political leadership failing, can fail everything.”*

*Pavlo Kovtoniuk, co-founder of the Ukrainian Healthcare Center*

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The COVID-19 pandemic proved that the effectiveness in addressing significant social problems critically depends on **the willingness of members of society to address them together**, in collaboration with each other. The voice of the highest-level government authorities is critical in mobilising for a collaborative action. To raise awareness of the importance of complying with restrictive measures, most countries have informed their citizens of the serious threats posed by the coronavirus disease. They also tended to be the most active promoters of vaccination.

Countries in which leaders either blatantly denied the COVID-19 threats (Brazil, Mexico, Nicaragua, Turkmenistan, Belarus) or decided not to impose strong restrictions (USA, UK and Sweden) had higher infectious and mortality rates than the countries with similar medical systems that acted otherwise.

At the beginning of the pandemic when the first lockdown was introduced, the Ukrainian authorities engaged in an open dialogue with the public, particularly about the real capacity of the health system to cope with the spread of the infection. However, on the vaccination matter, the **political leaders gave the initiative to**

**shape the information agenda to the main channels of disinformation** - social networks, media, which are the tools of the Russian Federation's hybrid aggression against Ukraine. As a consequence, the issue of vaccination became so sensitive that politicians were worried about the electoral consequences of expressing personal support for mass immunisation.

A significant factor in increasing social tensions and weakening social cohesion is **the introduction of unjustifiably restrictive measures by local authorities**, which affected well-being of families. These include school closures, with official recommendations by the EU and WHO authorities to not impose quarantine restrictions in educational institutions.

According to the European Centre for Disease Prevention and Control (ECDC), educational institutions are not focal points for the spread of COVID-19, provided that they comply with the necessary preventive measures. Given the significant negative impact of school closures on the psychological well-being of children and adolescents and the long-term losses in the quality of education, keeping schools open should be a key objective of governments when planning quarantine restrictions.<sup>44</sup>

WHO experts came to similar conclusions: children are less severely affected by COVID-19 and have a lower risk of infecting adults compared to transmission in other environments from adults to adults; the harm from schools closures is significantly greater than the benefit from containing potential infections.<sup>45</sup>

In most Ukrainian regions that were in "red quarantine zones" in autumn 2021, schools were only opened after the official requests from UNICEF and WHO to the Ukrainian government.<sup>46</sup> **If Ukrainian government officials (both central and local) adhered to the WHO recommendations in their decision to impose quarantine restrictions, there would be more public trust in other messages from the organisation - particularly those related to vaccination.**

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*"We need to start preparing now for a marathon run, for a trench warfare, and only by mobilising everyone -- the political class, experts, doctors, which is tough... Only then we can build a culture of collective defence against pandemics in a short time."*

*Pavlo Kovtoniuk, co-founder of the Ukrainian Healthcare Center*

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As a positive side effect, the fight against COVID-19 in Ukraine resolved the healthcare problems that had been piling up for decades. It can also be a trigger for overcoming the lack of public trust. The magnitude of the country's losses caused by COVID-19 obliges the Ukrainian society to rally to build stronger anti-pandemic resilience.

### **Insurance for health workers against occupational risks**

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<sup>44</sup> European Centre for Disease Prevention and Control – COVID-19 in children and the role of school settings in transmission.

<https://www.ecdc.europa.eu/en/publications-data/children-and-school-settings-covid-19-transmission>

<sup>45</sup> WHO – What we know about COVID-19 transmission in schools.

<https://www.who.int/publications/m/item/update-39-what-we-know-about-covid-19-transmission-in-schools>

<sup>46</sup> Ukraine has responded to a call by UNICEF and WHO to open up schools for on-site education.

[https://news.un.org/ru/story/2021/11/1414292?utm\\_source=UN+News+-+Russian&utm\\_campaign=2dc156905c-EMAIL\\_CAMPAIGN\\_2021\\_11\\_23\\_01\\_00&utm\\_medium=email&utm\\_term=0\\_6a23d2f3b7-2dc156905c-107915425](https://news.un.org/ru/story/2021/11/1414292?utm_source=UN+News+-+Russian&utm_campaign=2dc156905c-EMAIL_CAMPAIGN_2021_11_23_01_00&utm_medium=email&utm_term=0_6a23d2f3b7-2dc156905c-107915425)

The lack of a reliable centralized **system of insurance for doctors and paramedical staff** against occupational diseases not only threatens the stable staffing of the industry, but also diminishes the social significance of the medical profession. In early November 2021, only 22% of families whose member passed away of COVID-19 had received monetary compensation from the Social Insurance Fund.<sup>47</sup> Often the Fund pays compensation only after a court ruling. For example, family members of the deceased have to appeal against the decision of the Special Investigation Commissions and prove that the victims were infected with COVID-19 at work by patients.

## 2.2. LABOUR MARKET ADAPTABILITY

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*"What do we see in the long term? Even before the pandemic, we predicted a significant reduction in the workforce in Ukraine... Now a new challenge is being added - a reduction in labour supply due to the long-term decline in health and life expectancy of people of working age from COVID-19. So, the [demo-economic] burden increases even more for those people who remain - the youth and adults in employment... And they have to get used to lifelong learning in order to be productive and support themselves, their parents and children."*

*Olga Kupets, World Bank consultant, Associate Professor at the Kyiv School of Economics*

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### **Legislative regulation of non-standard forms of employment**

The most relevant and significant measure of government policy in the labour market during the pandemic was the introduction of the norms regulating non-standard forms of employment into the labour law. In particular, the concepts of "home-based work" and "telecommuting" were introduced into the Labour Code, and the difference between them was spelled out clearly. The norms to regulate "disconnection", a rest period during the day when a remote worker is not obliged to carry out work tasks and communicate with the employer, supervisor or colleagues, were also introduced. .

These provisions stipulate that in case of a pandemic or other force majeure circumstance, remote (home-based) work may be introduced by an order of the enterprise, and employee's formal agreement is not required. Thus, Ukraine now has a legal framework that allows employers, if necessary, to promptly transfer workers to remote work with no loss of working hours.

### **Granting vulnerable workers the right to work remotely (home-based work)**

Amendments to the labour law for certain categories of workers (pregnant women; workers with young children, two or more children under 15; parents raising children with disabilities) have established the right to work from home and telecommuting at their will, if the employer agrees to provide them with such opportunity.

The legislation innovations allow employees with children to combine work and parental responsibilities if new lockdowns are introduced. It is a good long-term solution as the labour law amendments will increase labour market participation rates of these categories in the future, which could be a significant source to increase labour supply and economic growth.

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<sup>47</sup> Compensation from the state. Stories of families of deceased health professionals infected with COVID-19.  
<https://suspihne.media/178296-kompensacii-vid-derzavi-istorii-rodin-pomerlih-medikiv-aki-zahvorili-na-covid-19/>

## **State compensation for the loss of working hours to employers**

In Ukraine, business assistance in terms of employment support followed almost the same pattern as in other countries, thanks to an expanded state furlough scheme. By compensating for the loss of working hours, governments avoided negative social consequences of job losses. In terms of public policy implementation, it is much easier to manage the loss of working hours than the loss of jobs.

Under the partial unemployment scheme implemented in Ukraine, the most frequent claimants were economic entities that did not conduct any economic activity at all during the lockdown period. A precondition for receiving public assistance was that the employees had to be paid at least the minimum wage (and the social security tax, accordingly). Hence, there was the usual co-financing by employers and the state to keep the workforce in place during production downtime. The available statistics show that the policy prevented mass layoffs during the lockdown.

A compensation scheme for the loss of working hours to individual businesses most affected by restrictive measures can also be effective during short-term lockdowns. However, it requires significant resources, especially if the list of affected industries needs to be expanded.

## **Structural characteristics of the labour market**

In 2020, 22.9% of all employed individuals in Ukraine worked in trade and repair of motor vehicles and motorbikes, while 14.8% were employed in manufacturing. These two sectors have the largest shares of employment in the national labour market and at the same time remain the most vulnerable in terms of maintaining employment stability in case of subsequent outbreaks. Jobs in commerce often involve direct face-to-face contact with a large number of people, while most jobs in manufacturing do not permit workers to work remotely.

Targeted government policy for structural adjustments in the labour market (both during pandemics and in general) could be the driving factor in increasing labour market adaptability. Above all, effective measures to stimulate labour mobility must be developed and implemented. An increase in the proportion of workers whose work can be done remotely will reduce their individual risks of losing a job when restrictive measures are introduced.

## **Social support for workers with children**

In many developed countries, families with children have been recognised as one of the most vulnerable to coronavirus restrictions type of households. To support them socially, additional compensation mechanisms have been introduced for main income earners in case of an employment loss. Parents could take unpaid leave for the duration of lockdowns in educational institutions.

Government programmes and local authorities provided financial support to families with children and helped to address rising mental health problems (increased anxiety, sleep problems, aggressive behaviour) experienced by both children and parents.<sup>48</sup>

However, in Ukraine special social assistance during the pandemic only covered certain categories of families: the families of self-employed workers with children up to 10 years old, low-income families, and families where children are raised by single mothers. For the latter two categories, the statutory benefits were raised.

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<sup>48</sup> Looking beyond COVID-19: Strengthening family support services across the OECD.  
<https://www.oecd.org/els/family/fss2021-brief-covid.pdf>

At the same time, other categories of households with children had to overcome financial difficulties on their own.

One way to build resilience is to develop universal social programmes that increase the 'safety margin' for all families of employees with children when faced with income problems or difficulties combining work and parenting due to restrictive measures occur.

Increasing the labour market competitiveness of young professionals, women with small children and low-skilled workers should be **a long-term strategic objective for the state to fight for more employment** and encourage people to become self-sufficient.

Efforts to attract these categories of workers to the labour market should be carried out continuously, in particular through special training and skills development programmes and fiscal incentives for employers to hire such workers. Consequently, attracting and retaining vulnerable categories of workers in the labour market should be proactive. In times of an economic downturn, their employment can be supported either through individual remedial measures or as part of an overall job preservation policy.

## 3. RECOMMENDATIONS FOR IMPROVING PANDEMIC RESILIENCE

### 3.1. MANAGING THE RISKS CAUSED BY THE SPREAD OF INFECTIOUS DISEASES

Infectious disease risk management can be improved through:

- ✓ Expanding the training of doctors in higher medical education institutions in Ukraine in the fields of epidemiology, virology and bacteriology;
- ✓ Adoption of the Draft Law on the Public Health System (in the second reading, registration number 4142), which will make it possible to form an adequate system capable of prompt, efficient and qualitative response to the challenges to public health and well-being;
- ✓ Reducing the bureaucratic barriers to decision-making on the preservation of public health during emergencies;
- ✓ Development and introduction of an effective system of insurance for health workers against occupational risks, which would enable them to receive compensation quickly and smoothly in case of health harm at work.

### 3.2. REDUCING VACCINE HESITANCY

Vaccination hesitancy should be addressed by:

- ✓ Fostering a sense of belonging to the public health system among health workers whose official position should be presented to them both in their professional duties and domestic situations;
- ✓ Strengthening the awareness-raising effort carried out by primary healthcare workers with people at risk; communicating the reasons for their increased vulnerability to infectious diseases, objectively determined by their health status;

- ✓ Conducting information campaigns highlighting the negative consequences of infectious diseases for the health of children, against which vaccination is stipulated in the Vaccination Calendar;
- ✓ Involving media in information dissemination on the role of vaccination in reducing child mortality and prolonging life expectancy in the twentieth century, and on the technology used to produce various types of vaccine;
- ✓ Mobilising resources to bring society together to tackle the problem of collective immunity to infectious diseases.

### 3.3. EXPANDING PROACTIVE EMPLOYMENT POLICIES

Pro-active employment policies should be implemented in the following ways:

- ✓ Creating economic incentives to increase cross-sectoral labour mobility (in particular, reforming public sector wage systems designed to stabilise the workforce);
- ✓ Strengthening fiscal incentives for hiring vulnerable categories of workers;
- ✓ Engaging private educational service providers in the delivery of training and skills development programmes implemented through the State Employment Service;
- ✓ Developing guidelines allowing enterprises, institutions and organisations to switch to remote working in unpredictable circumstances;
- ✓ Developing and implementing a special mechanism of social support for workers with children who have lost their jobs (been transferred to part-time employment) due to quarantine restrictions or are unable to combine work with parental responsibilities.