



**Permanent Mission of Ukraine**  
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Nº 217/017

The Permanent Mission of Ukraine to the United Nations Office and other International Organizations in Geneva presents its compliments to the Office of the United Nations High Commissioner for Human Rights and referring to the Note Verbale of 20 April 2022 has the honour to transmit herewith the answers by the Ministry of Health of Ukraine to the questionnaire by the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.

The Permanent Mission of Ukraine to the United Nations Office and other International Organizations in Geneva avails itself of this opportunity to renew to the Office of the United Nations High Commissioner for Human Rights the assurances of its highest consideration.

Enclosed: as stated, on 12 pages.

Geneva, 25 May 2022

**Office of the United Nations  
High Commissioner for Human Rights**  
**G e n e v a**



**geneva.mfa.gov.ua**

## QUESTIONNAIRE

### Contact Details

Please provide your contact details in case we need to contact you in connection with this survey. Note that this is optional.

Type of Stakeholder (please select one)	<input type="checkbox"/> <b>Member</b> <input type="checkbox"/> <b>State</b> <input type="checkbox"/> Observer State Other (please specify)
Name of State Name of Survey Respondent	Ukraine The Ministry of Health of Ukraine
Email	moz@moz.gov.ua
Can we attribute responses to this questionnaire to your State publicly*?  *On OHCHR website, under the section of SR health	Yes      No  Comments (if any):

### Background

Within the framework of Human Rights Council resolution 42/16, the Special Rapporteur on the highest attainable standard of physical and mental health has identified racism and the right to health as one of her priorities during her tenure (See [A/HRC/47/28](#) paras 87-94). In compliance with her mandate and in line with this priority she has decided to devote her next thematic report to the General Assembly in October 2022 to the theme of “Racism and the right to health.”

### Objectives of the report

The Special Rapporteur underlines that racism is a key social determinant of health and a driver of health inequities. With this report, she would like to shed light on the impact of racism and discrimination on the grounds of race, colour, descent, caste, national or ethnic origin or migrant or refugee status, on the enjoyment of the right to health. She will focus on its impact particularly on Black people, persons of African descent, Arabs and Muslims, Asians and persons of Asian descent, migrants and persons belonging to indigenous peoples and minorities and the intersection of factors such as poverty, or discrimination based on age, sex, gender identity, expression, sexual orientation, disability, migration status, health status eg HIV, Albinism etc. and the rural and urban divide.

She intends to consider the historic perspective of the impact of past and contemporary forms of racism on the right to health and on the ability of individuals and communities to realize their right to access health care, services and goods including the realization of sexual and reproductive health rights and on the ability of States to fulfill their obligations under the right to health. The focus of the report will be on the impact of racism on human dignity, life, non-discrimination, equality, the right to control one's health,

including the right to be free from non-consensual medical treatment and experimentation as well their entitlement to a system of health protections. In so doing, and by adopting the anti-coloniality<sup>1</sup> and anti-racism frameworks, the report will expose the impact of the living legacy of past and ongoing forms of racism, apartheid, slavery coloniality and oppressive structures in the global health including the economic architecture and funding, national health systems on racialized people.

Importantly, the Special Rapporteur will adopt an intersectional approach and take into account the multiple forms of discrimination affecting persons experiencing racism and related discrimination in the context of health care. She will analyze the links between inequalities in accessing adequate health care and social disparities, sex, age, gender, poverty, class, nationality, exclusion, disability and the rural and urban divide and related systems of oppression.

The Special Rapporteur would also like to identify good practices that affirm the right to a system of health protection (i.e. health care and the underlying social determinants of health) that provides equality of opportunity for people to enjoy the highest attainable standard of health.

She seeks examples of how to combat racism and discrimination on the grounds of race, colour, descent, national or ethnic origin – in accessing health care health facilities, goods and services and the underlying determinants of health.

### **Key Questions**

*You can choose to answer all or some of the questions below. (750 words limit per question).*

1. What are the main ongoing manifestations of racism, and related forms of discrimination enabled by racism that may be prevalent in your country in the area of the right to health broadly including in underlying determinants of health, health outcomes and access to health care?

The rights to life, dignity and protection against discrimination are fundamental rights of everyone. The rights to life and respect for dignity in the provision of medical care are enshrined in the Constitution of Ukraine (Articles 3, 21, 27 28 (parts 1, 2), 64, 68), Fundamentals of the legislation of Ukraine on health care (Articles 50, 52 (Part 3), the Civil Code of Ukraine (Articles 281, 297). Protection against discrimination related to health is defined in the Constitution of Ukraine (Articles 21, 22 (parts 2, 3), 24 (part 2), Fundamentals of the legislation of Ukraine on health care: Law of Ukraine of 19.11. 1992 [Articles 6 (p. I), the Law on Combating the Spread of Diseases Caused by Human Immunodeficiency Virus (HIV) and the Legal and Social Protection of People Living with HIV”(Article 17), On Combating the Disease on tuberculosis”(Articles 9, 14),“ On psychiatric care”. Respect for dignity is the right of everyone, regardless of skin color, nationality, at all stages of medical care. In the legal sense, this is primarily about the dissemination of information about the patient in principle (violation of medical secrecy) and in particular inaccurate information. It should be noted that the same rights are enjoyed by foreign citizens and stateless persons permanently residing in Ukraine. According to the legislation of Ukraine on health care (Article 38), every patient who has reached the age of fourteen and who has applied for medical care has the right to freely choose a doctor if the latter can offer his services and choose treatment methods according to his recommendations. . The patient has the right to secrecy about his health, the fact of seeking medical care, diagnosis, as well as information obtained during his medical examination (Article 39 -1) and agrees to the use of methods of diagnosis, prevention and treatment. In the case of a

patient under the age of 14 (a minor patient), as well as a patient who has been declared incapable in accordance with the procedure established by law, medical intervention is carried out with the consent of their legal representatives. The consent of the patient or his legal representative to the medical intervention is not required only in the presence of signs of direct threat to the patient's life, provided that it is impossible for objective reasons to obtain consent for such intervention from the patient or his legal representatives. New methods of prevention, diagnosis, treatment and medicines that are under consideration in the prescribed manner, but not yet approved for use, and unregistered medicines, can be used in the interests of healing a person only after obtaining his written consent (Article 44). It should be noted that as of May 2, 2022, as a result of the Russian invasion of Ukraine, 400 health care facilities were damaged and 43 medical facilities were completely destroyed. However, ensuring the stable operation of all medical critical infrastructure in an emergency is one of the main tasks of the Ministry of Health today.

2. Who are the most affected people and why? Please describe existing disparities in the provision of and access to health services that affect people of different racial and ethnic origin, descent as well as other groups, such as migrants. The lack of data, analysis or health indicators in this regard may also be reflected.

The Fundamentals of the Legislation of Ukraine on Health Care (Article 11) stipulates that foreigners and stateless persons permanently residing in Ukraine, persons recognized as refugees or persons in need of additional protection enjoy the same rights and bear the same obligations. health care, as well as citizens of Ukraine, unless otherwise provided by international treaties or laws of Ukraine. Resolution of the Cabinet of Ministers of Ukraine of 19.03.2014 №121 "On approval of the Procedure for providing medical care to foreigners and stateless persons permanently residing or temporarily staying on the territory of Ukraine who have applied for refugee status or a person in need of additional protection a decision was made to draw up documents to resolve the issue of recognition as a refugee or a person in need of additional protection, and which are recognized as refugees or persons in need of additional protection "approved the procedure for providing medical care to foreigners.

3. Under the right to health, States have a special obligation to refrain from denying or limiting equal access for all persons, comprising minorities, asylum seekers and migrants including undocumented migrants, to preventive, curative and palliative health services; abstain from enforcing discriminatory practices as a State policy as well as to ensure equal access to health care and health-related services provided by third parties. Please explain how the above point is implemented in your country, what works well and not so well and illustrate with disaggregated data if possible.

It should be noted that Ukraine is currently undergoing military action as a result of military aggression by the Russian Federation. Internally displaced persons may be admitted to hospitals if they are able to provide the necessary treatment, and the lack of a declaration is not an obstacle to receiving primary care. But despite the war, medical care continues to be provided to all who need it, wherever citizens are. Today, the health care system is being transformed, which after the reform should be: efficient and accessible and meet the needs of the population of Ukraine. Since 2018, the country has launched a program of medical guarantees for the provision of primary, secondary, tertiary, emergency, palliative, rehabilitation care. For 2022, the Medical Guarantee Program for this year provides for 38 packages of services. Each of them provides a certain amount of medical care that the hospital must provide to the patient free of charge. These packages continue to operate during martial law, and therefore hospitals receive funds for their implementation. Priorities for 2022 include treatment of stroke and heart attack, research for early detection of oncology, medical care for women in labor, medical care for newborns in complex neonatal cases. Also among the packages: • primary and emergency medical care, • surgical operations for adults and children in inpatient and inpatient settings one day, • inpatient care for adults and children without

surgery, • inpatient care for patients with COVID-19 caused by SARS-CoV-2 coronavirus, etc. The Health Guarantee Program also includes the Affordable Care Reimbursement Program, which allows patients to receive medication for cardiovascular disease, diabetes, and asthma with a doctor's prescription free of charge or for a small fee. It should be noted that as of May 2, 2022, as a result of the Russian invasion of Ukraine, 400 health care facilities were damaged and 43 medical facilities were completely destroyed. However, ensuring the stable operation of all medical critical infrastructure in an emergency is one of the main tasks of the Ministry of Health today. Therefore, the work is aimed at meeting the urgent needs of the population in medical care of citizens in the country.

4. What has been the impact of colonialism and the imposition of allopathic medicine on the availability of indigenous and traditional health knowledge systems, medicine and practices, and on the right to health more broadly in your country?]. Are health services available in your country that give due consideration and acknowledgment of, or respectfully incorporate indigenous/traditional health knowledge systems and practices, preventative care, healing practices and medicines? Please share examples of good practices.

There has never been colonialism and the imposition of allopathic medicine in Ukraine that could affect the availability of local and traditional systems of medical knowledge, medicine and practice, and the right to health on a larger scale. Regarding the practice of folk medicine in the country, the following should be noted. The basics of the legislation of Ukraine on health care (Article 74-1) determine the right to practice folk medicine (healing) and the peculiarities of practicing it. Folk medicine (healing) - methods of rehabilitation, prevention, diagnosis and treatment, based on the experience of many generations of people, established in folk traditions and do not require state registration. Persons who do not have special medical education, registered in the manner prescribed by law as natural persons - entrepreneurs and have received a special permit to practice folk medicine (healing), issued by the central executive body implementing state policy in the field of health, have the right to study folk medicine (healing). Qualification requirements for natural persons - entrepreneurs engaged in folk medicine (healing), and conditions for practicing folk medicine (healing) are set by the central executive body, which ensures the formation of state policy in the field of health care. The Cabinet of Ministers of Ukraine shall establish the procedure for issuing a special permit for practicing folk medicine (healing), the list of documents required for obtaining it, and the procedure for revoking a special permit for practicing folk medicine (healing). State supervision (control) over the implementation of natural medicine (healing) by individuals - entrepreneurs is carried out by the central executive body that implements state policy in the field of health care by conducting scheduled or unscheduled inspections in accordance with the Law of Ukraine "On Basic Principles of State Supervision" (control) in the field of economic activity ". Kyiv Medical University of the Ukrainian Association of Folk Medicine is successfully operating in Ukraine.

5. Please share examples of good legal and policy frameworks that address past or ongoing racism and racial and related forms of discrimination, specifically in relation to access to underlying determinants as well as quality health care, goods, services and facilities, including sexual and reproductive health.

It should be noted that there were some gaps in the legislation, which was seen as indirect discrimination against mentally ill people. The person, who had been subjected to coercive measures of a medical nature, could not apply to the court on his own to consider the expediency of continuing this type of psychiatric care. Moreover, a person's participation in a court hearing was optional, and the opportunity to consult an independent doctor to obtain an alternative view

of mental health was limited. The representative of the hospital made a decision on the expediency of further treatment of the patient, submitted documents to the court, and therefore, in fact, independently decided on the expediency of the patient's stay in the courtroom. Thus, the patient usually did not have the right to access justice - it depended on the will of the administration of the institution. In addition, the law did not protect the patient from the possible arbitrariness of doctors in making decisions regarding the continued use of coercive measures of a medical nature. This issue is currently settled. In 2016, the Constitutional Court of Ukraine declared the Procedure for hospitalization of persons declared incapable in accordance with the procedure established by law to a psychiatric institution at the request or with the consent of their guardian by decision of a psychiatrist. The adopted legislative acts brought the legislation of Ukraine on psychiatric care in line with the Constitution of Ukraine. Parliament adopted the Law of Ukraine dated 14.11.2017 №2205 "On Amendments to Certain Legislative Acts of Ukraine Concerning the Provision of Psychiatric Care" and on 14.11.2017 №2204- "On Amendments to the Fundamentals of the Legislation of Ukraine on Health Care on Certain Issues of Protection of Rights citizens in the field of health care ", thanks to which patients will be able to go to court on their own and get an alternative opinion on the state of their mental health. At the same time, the patient's participation in the court hearing when considering the expediency of further application of coercive measures of a medical nature becomes mandatory. In turn, the Ministry of Health is implementing a new organizational model for the use of inpatient coercive measures of a medical nature. The new procedure for applying coercive measures of a medical nature in a special psychiatric institution was approved by the Ukrainian Parliament's Commissioner for Human Rights, the Ministry of Foreign Affairs, the Prosecutor General's Office, and the National Police and submitted to the Ministry of Justice for registration. The proposed model works effectively in the European Union and aims to prevent recurrence of socially dangerous acts, with a focus on rehabilitation programs, instead of the current system of punishment and isolation. In fact, the laws of Ukraine prohibit any discrimination related to health. This applies in particular to people with disabilities, patients with HIV / AIDS, tuberculosis, etc. The patient has the right to apply to the management of the institution with a request to provide written explanations about the grounds and reasons for refusal to exercise a right. You can also contact the police. The Ministry of Health has no examples of combating past or current racism and racial discrimination.

6. Please share examples of public health financing, non-governmental sector funding practices, inter-agency finance solutions, medical insurance products that show manifestations of ongoing or past racism and related discrimination, at the local and global levels that impact racialized people, as well as other factors such as poverty, or discrimination based on age, sex, gender identity, expression, sexual orientation, disability, migration status, health status eg HIV, Albinism etc. and the rural and urban divide."

In 2021, 73% of total government health spending which is 2,3% of the GDP was consolidated within the health the Program of Medical Guarantees which is a separate Budget Program (the budget amounted to UAH 126 billion (Apr. EUR 3,9 billion)). Subnational governments (SBN) play a complementary role in financing being responsible for financing the utility and capital costs of the communal health facilities that they own.

The 2017–2020 health financing reform launched programme-based approach to health spending. The National Health Service of Ukraine (NHSU) administers the basic package of services as the single national purchaser of health service contracts from 2020 onwards. The legal status of many health care providers is being changed to public non-profit enterprises, and one overarching budget programme is now under operating, i.e. Ukraine's Medical Guarantees Programme (PMG), which covers primary, specialized, and emergency care. However, effective operation of the PMG is constrained by the quality of data available for costing its strategic purchasing. The reform assumes that the NHSU will gradually switch to using a new e-health

data system to compile most of the necessary statistics to support its PMG operations, moving away from its current reliance on historical data collected through highly unreliable paper based systems that lead to inefficiencies. This should make it possible to avoid miscalculations of expected levels of provided services, which impact contracting decisions, including pricing mechanisms of payments to service providers.

7. Please share good practices and examples of public health interventions resulting in adequate access (inside and outside the health sector), support knowledge production or implementation of programs that successfully address inequalities in particular the impact of racism and related racial discrimination, as well as other factors such as poverty, or discrimination based on sex, gender identity, expression, sexual orientation, disability and migration status.

In general, legally there are no groups that are excluded from the public health system (coverage) and access to medical services is universal. In accordance with articles 24 and 53 of the Constitution of Ukraine citizens have equal constitutional rights and freedoms and are equal before the law. There can be no privileges or restrictions on the grounds of race, colour, political, religious and other beliefs, gender, ethnic and social origin, property status, place of residence, linguistic or other grounds.

Nevertheless, it should be mentioned that the last census took place over 20 years ago, so the country has limited data on the situation for particular population groups. Moreover, all these groups will be taken into account in the planning of the new census, and Ukraine will keep improving the national statistics to that effect. The system of monitoring access to medical services for certain population groups and assessment of their needs in the services and planning of provision of such services require additional review taking into account the data obtained as a result of the census.

8. Please share good examples and practices that enable accountability in public and private sector that enable access to justice and redress to victims of racism and discrimination on the grounds such as colour, descent, national or ethnic origin or migrant or refugee status in the provision of health care and as it intersects with factors such as poverty, or discrimination based on age, sex, gender identity, expression, sexual orientation, disability, migration status, health status eg HIV, Albinism etc. and the rural and urban divide.”

According to article 31 of the Law of Ukraine «On the state financial guarantees of public health services» all residents irrespectively of their social status, sex, age, and religion have equal access to healthcare services that are stipulated in the health benefits package - Program of Medical Guarantees (the PMG). Foreigners legally residing in Ukraine are entitled to receive medical assistance as well. To access Centre for Public Health (PHC) services within the PMG all are supposed to choose a physician regardless of their place of residence and are required to confirm their choice by formal registration and signing of the “Declaration on the choice of a physician who provides primary health care” (as of April 2022, more than 78% of Ukraine's population have freely chosen a general practitioner). Not registered patients who are in an urgent situation are entitled to receive a needed healthcare service at no cost. To receive a healthcare service at the specialized level, patients need to receive a referral from their general practitioner.

Universal health coverage principles are gradually being implemented in Ukraine via transformative health financing reforms which aim to follow global approach that all individuals and communities receive the health services they need without suffering financial hardship.

In accordance with the Law of Ukraine «On the state financial guarantees of public health services», the program of state guarantees of medical care for the population (program of medical guarantees) determines the list and scope of medical services fully shall be covered from the State Budget of Ukraine in accordance with the tariff for prevention, diagnosis, treatment and rehabilitation in connection with diseases, injuries, poisoning and pathological conditions, and taken in connection with pregnancy and childbirth.

Moreover, according to the reimbursement programme provided for by the Resolution of the Cabinet of Ministers of Ukraine of 28.07.2021 No. 854 “Some issues of reimbursement of medicinal products under the programme of state guarantees in public health services”, patients with cardiovascular and other chronic diseases receive necessary medicines free of charge or paying a small surcharge.

The issue of access to medical care for persons living with HIV is covered by the Law of Ukraine “On Prevention of Acquired Immune Deficiency Syndrome (AIDS) and Social Protection of Population” and the relevant Order of the Ministry of Health of 12.09.2019 No. 1607 “On approval of the Procedure for providing services for the care and support of people living with HIV”. The above legal and normative acts in accordance with international law determine the procedure for legal regulation of prevention, treatment, care and support necessary for ensuring effective combat the spread of a disease caused by human immunodeficiency virus, and appropriate measures for legal and social protection of people living with HIV.

The organisation and provision of services for the care and support of people living with HIV are based on the following principles:

- “Peer-to-peer” — the provision of services by a person who has direct personal experience in overcoming difficult life circumstances related to belonging to high-risk HIV groups, and/or is/was in the same situation as the recipient of services;
- targeted and human-oriented approach — providing care and support services in a way that takes into account the individual needs of service recipients;
- voluntary character — ability to choose whether to obtain or refuse the services;
- non-discrimination — inadmissibility of restricting provision of services to recipients on the grounds of sex, gender identity, race, nationality, sexual orientation, place of residence, property status, social status, health status, political, religious or other beliefs, language or other characteristics;
- confidentiality — ensuring non-disclosure of personal data of the recipient of services on the state of his health, the facts of requests for, and/or receipt of, services, personal family and intimate information obtained during the provision of services, except as provided by law;
- basing on evidence — substantiation of services and approaches to their provision based on the available scientific data and principles of evidence-based medicine.

The Cabinet of Ministers of Ukraine, by its Ordinance of 27.11.2019 No. 1415-p “On approval of the State Strategy for combating HIV/AIDS, tuberculosis and viral hepatitis until 2030”, approved a strategy that provides a set of measures to combat HIV/AIDS epidemics, tuberculosis, viral hepatitis as global threats to public health and well-being, improving quality and life expectancy, reducing morbidity, disability and mortality through the creation and operation of effective, innovative, flexible systems for quality and affordable prevention, diagnosing, treatment, care and support based on the rights and needs of an individual and a patient.

During 2021–2023, Ukraine is implementing the programme of the Global Fund to Fight AIDS, Tuberculosis and Malaria “Accelerating progress in reducing the burden of tuberculosis and HIV



infection in Ukraine” in the amount of over USD 135,778 millions.

Development and implementation of the medical information system “HIV infection in Ukraine” (hereinafter — MIS HIV) is part of the project “Access of Communities to HIV Care and Treatment through Strengthening the Healthcare System” (ACCESS) in pursuance of paragraph 5(3) of Annex 2 to the Law of Ukraine “On Approval of the National Targeted Social Programme for Combating HIV/AIDS for the period of 2014–2018”.

MIS HIV is designed to create a single repository of data on epidemiological surveillance of HIV/AIDS and data on medical surveillance of HIV-infected people, as well as information support for monitoring and evaluation, procurement planning, accounting and control of movement of medicines and medical devices.

9. Please share information about the sources of health financing for your country, the quantity and quality of said financing, as well as any aid or funding conditionalities, global economic policies, and austerity or other measures requested or encouraged by international financial institutions, multilateral agencies or donors, that negatively affect health systems and people’s access to health in your country.

In 2021, 73% of total government health spending which is 2,3% of the GDP was consolidated within the health the Program of Medical Guarantees which is a separate Budget Program (the budget amounted to UAH 126 billion (Apr. EUR 3,9 billion)). Subnational governments (SBN) play a complementary role in financing being responsible for financing the utility and capital costs of the communal health facilities that they own.

The 2017–2020 health financing reform launched programme-based approach to health spending. The National Health Service of Ukraine (NHSU) administers the basic package of services as the single national purchaser of health service contracts from 2020 onwards. The legal status of many health care providers is being changed to public non-profit enterprises, and one overarching budget programme is now under operating, i.e. Ukraine’s Medical Guarantees Programme (PMG), which covers primary, specialized, and emergency care. However, effective operation of the PMG is constrained by the quality of data available for costing its strategic purchasing. The reform assumes that the NHSU will gradually switch to using a new e-health data system to compile most of the necessary statistics to support its PMG operations, moving away from its current reliance on historical data collected through highly unreliable paper based systems that lead to inefficiencies. This should make it possible to avoid miscalculations of expected levels of provided services, which impact contracting decisions, including pricing mechanisms of payments to service providers.

Universal health coverage principles are gradually being implemented in Ukraine via transformative health financing reforms which aim to follow global approach that all individuals and communities receive the health services they need without suffering financial hardship.

In accordance with the Law of Ukraine «On the state financial guarantees of public health services», the program of state guarantees of medical care for the population (program of medical guarantees) determines the list and scope of medical services fully shall be covered from the State Budget of Ukraine in accordance with the tariff for prevention, diagnosis, treatment and rehabilitation in connection with diseases, injuries, poisoning and pathological conditions, and taken in connection with pregnancy and childbirth.

Moreover, according to the reimbursement programme provided for by the Resolution of the Cabinet of Ministers of Ukraine of 28.07.2021 No. 854 “Some issues of reimbursement of medicinal products under the programme of state guarantees in public health services”, patients with cardiovascular and other chronic diseases receive necessary medicines free of charge or

paying a small surcharge.

Ukrainian legislation does not envisage reimbursement to citizens of Ukraine of costs of healthcare received abroad on the own initiative.

At the same time, the legislation of Ukraine envisage a possibility to cover respective costs of treating Ukrainian citizens abroad if it is necessary to provide one or another type of medical service to the patient in case of impossibility to receive such services from a healthcare institutions in Ukraine.

Funds from the state budget for the treatment of Ukrainian citizens abroad have been allocating since 1995, and the financing of the relevant budget program 2301360 «Treatment of Ukrainian citizens abroad» can be tracked in treasury reports on the implementation of the state budget since 2002 when respective classification of expenditures was introduced. The aim of the program remains to increase the level of health, quality and life expectancy of the population and reduce the incidence rate.

According to the legislation, citizens of Ukraine who have a need to receive some type of medical care, but who cannot be assisted by domestic medicine institutions, can use the program. In practice, these are citizens with the following diagnoses: oncology, birth defects, the need for certain neurosurgical interventions and conditions that require organ transplantation.

Legal acts regulating the above issues in Ukraine are as follows:

- The LEP;
- Order of the Cabinet of Ministers of Ukraine of 27.12.2017 No 1079 “On ensuring of the organization of treatment of citizens of Ukraine abroad”;
- Order of the MoH of 13.11.2001 No 455 "On approval of the Instruction on the procedure for issuing documents certifying temporary disability of citizens".

10. What are the historical and ongoing legacies and impacts of colonialism and slavery on the right to health in your country? And how has the lack of reparations for slavery, colonialism, apartheid and racial discrimination impacted the right to health in your country?

The issue does not apply to Ukraine.

11. Please also share good practices and examples of reparations for racial discrimination related to the right to health violations and abuses.

The issue does not apply to Ukraine.

## Key definitions

In her first report to the Human Right Council, the Special Rapporteur echoed Prof. Charles Ngwena's reflections on racism, and noted they would extend to ethnicity as well.<sup>2</sup>

"In 2018, Charles Nwgena noted:

[...] Race remains an associational criterion that people often claim as part of their identity or that may be ascribed to them by others or the political community of which they are part. Race has political implications where the body politic is racialized, overtly or covertly, in the sense that racial differentiation is tethered to hierarchized essences that carry social, political and economic meanings that may be positive or negative for the racialized subject, depending on which side of the "colour line" the person falls or is deemed to fall."<sup>3</sup>

The International Convention on the Elimination of All Forms of Racial Discrimination defines "racial discrimination" as: "any distinction, exclusion, restriction or preference based on race, colour, descent, or national or ethnic origin which has the purpose or effect of nullifying or impairing the recognition, enjoyment or exercise, on an equal footing, of human rights and fundamental freedoms in the political, economic, social, cultural or any other field of public life." (Article 1)

The Declaration and Programme of Action adopted at the World Conference against Racism, Racial Discrimination, Xenophobia and Related Intolerance held in 2001 in Durban, (South Africa) by the United Nations - known as the Durban Conference urged States, individually and through international cooperation, to enhance measures to fulfil the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, with a view to eliminating disparities in health status, (...), which might result from racism, racial discrimination, xenophobia and related intolerance. (Durban Programme of Action, para. 109)

In 2009, Durban Review Conference accepted the interpretation given by the Committee on the Elimination of Racial Discrimination to the definition of the concept of racial discrimination as contained in the Convention, so as to address multiple or aggravated forms of racial discrimination, as reflected in its outcome document.

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<sup>2</sup> A/HRC/47/28, paras 87-88.

<sup>3</sup> Ibid para 87.