співпраця з німеччиною
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Background information: The Medical-Social Expert Commissions (MSEC) system was introduced in 1992 as a replacement for the Soviet-era disability assessment framework. While it sought to modernise the approach to disability status, over the decades, it became increasingly outdated and overly bureaucratic:

- Patients faced significant barriers to accessing necessary assessments, with a process heavily reliant on excessive paperwork, in-person visits, and prolonged waiting times.
- The rigid structure of MSECs, the lack of interdisciplinary expertise, and limited digitalisation further exacerbated inefficiencies, leading to delays in disability recognition and access to the support.
- Recognising these challenges, the Ukrainian government initiated a comprehensive reform to transition from MSECs to a more modern, patient-centred system, based on functionality assessment, aligning it with international standards and reducing bureaucratic obstacles.

As of September 2023, the Ministry of Social Policy reported that the number of persons with certified disabilities had increased to 7.4% of the population, equating to approximately 3 million individuals.

- This marks an increase of 300,000 persons over 18 months.
- It's important to note that actual numbers may be higher, potentially aligning with the international disability prevalence rate of 16%, as estimated by the World Health Organization[1].

Recent developments: On 1 January 2025, Law №4170-IX came into force, replacing MSECs with Expert Teams for Functionality Assessment (Expert Teams). The reform modernises Ukraine's approach to disability[2] assessment by shifting from a rigid, bureaucratic system to a more flexible, patient-centred model, focusing on everyday functionality of the person rather than on limitations to labour capacity. The below overview includes key accompanying legislative changes within the reform:

- Decree №1317 – was terminated, used to regulate the previous legal framework for MSECs.

[1] "Ukraine Human Development Update: Disability and Inclusion", World Bank. https://documents1.worldbank.org/curated/en/099032824073057091/pdf/P1812361d6feb006c1a506192390987152a.pdf?utm_source=chatgpt.com

[2] Disability statuses affected by the reform: *general disability, disability due to war, disability due to explosive ordinances, disability due to consequences of ATO, disability due to consequences of Revolution of Dignity, disability due to WW2, disability due to Covid, disability due to consequences of radiation hazard from Chornobyl, disability due to orphan diseases, disability due to industrial accidents or occupational diseases and those related to labour duties*. (Procedures for disabilities from childhood and children with disabilities remain intact and are planned to be included into the reform at later stages.)

- Decree №1338 – established the new system of Expert Teams for Functionality Assessment.
- Order of the Ministry of Health №2022 – appointed the Centre for Functionality Assessment as the primary institution overseeing the new system.
- Decree №306 – remained in force, retaining provisions on the causal linkage of disability and injuries resulting from war or hostilities.
- Order of the Ministry of Veterans Affairs №184 – remained in force, maintaining the Interagency Commission responsible for determining the linkage of injuries to war and hostilities.
- International Classification of Diseases, Tenth Revision (ICD-10) – was integrated in the national legal framework to ensure compliance with the global standards and guidelines.

As of January 2025, 1.5 million cases, including archived assessments, have been transferred from MSECs to Expert Teams, with over 44,000 cases scheduled for review in the first quarter of 2025.

- The system currently has 32,000 active users (implementing staff, not including patients), 1,500 Expert Teams consisting of 6,200 specialists across 293 healthcare facilities, supported by 800 administrators[3].

For the further implementation of the reform, relevant ministries must:

- By mid-2025, develop and submit legislative proposals, defining the gradation of functional impairments and necessary support in their respective sectors (Ministry of Social Policy – in everyday life, Ministry of Economy – in labour, Ministry of Education – in education, etc.).
- Ensure the integration of the International Classification of Functioning, Disability, and Health (ICF) into sectoral standards and procedures.
- Ministry of Health by the end of the 2nd quarter of 2025 will develop objective criteria, manuals and guidelines for functionality assessment procedures.

GENERAL OVERVIEW:	OLD	NEW
Main Body	• Medical Social Expert Commissions (MSEC).	• Expert Teams for Functionality Assessment (Expert Teams).
Composition	• Pre-defined composition in separate facilities with territorial accountability. • Many of the participants were administrative personnel rather	• Randomised ad-hoc composition within functioning healthcare institutions, ensuring participation of specialists relevant to each case, with no predefined membership and access ban for former MSEC heads.

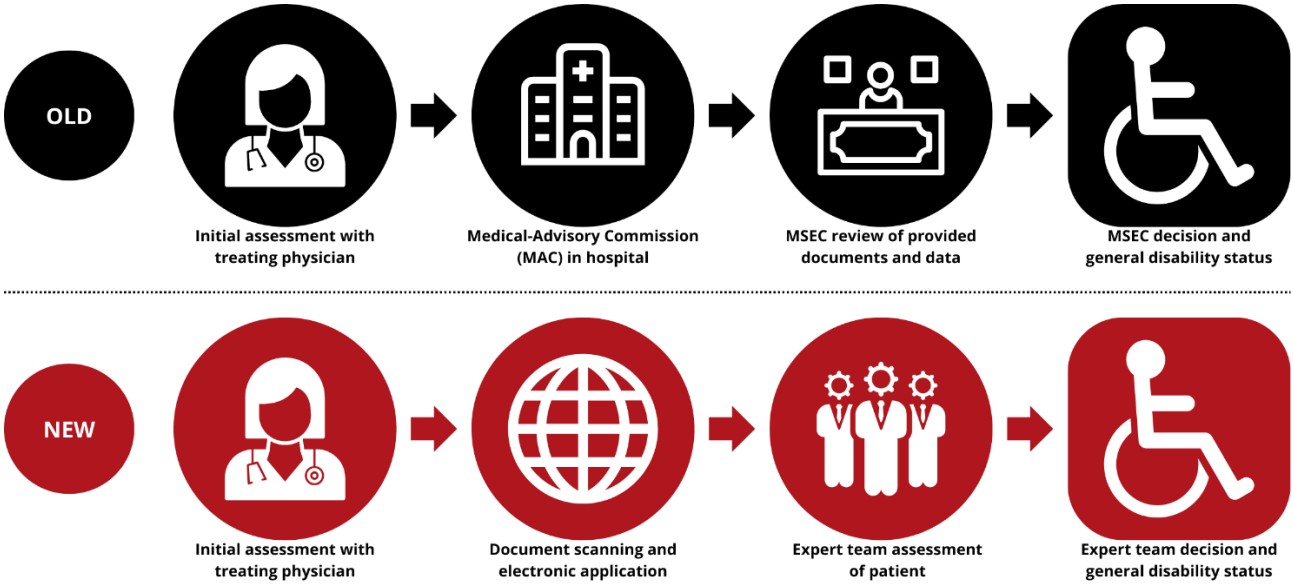
[3] Ministry of Health Data Dashboard. https://moz.gov.ua/uk/ekopfo

	than actively practicing medical specialists.	• 9 Expert Teams profiles established based on specialisation (e.g. trauma, mental health, etc.) with a requirement to have at least 2 Teams of each specialisation in the healthcare facility (at least 3 members in each team, including 1 member of therapeutic profile). • Each Team Member must be an active practitioner of a healthcare facility with at least 1 year of proven working records under their speciality (minimum 25% of working hours should be dedicated to treating patients) and clear criminal records.
Information Access	• Access to information only within the Pension Fund's electronic framework.	• It is planned to implement integrated access to Unified Information System of the Social Sphere (UISSS)[4].
Documentation and Materials Formats	• Paper means for all documents, referrals, certificates and recordkeeping.	• Separate digital state system for referrals and tracking based on patients' Personal Files with uploaded scans (copies) of all relevant documentation. • Patients no longer need to carry all their paper documents for every round of assessments – the System will transfer them automatically. • At later stages of the reform, it is planned that documents and case data may be accessed by patients through their Electronic Cabinet.
Representation	✗	• Patient may now be represented by an authorized person (e.g. lawyer, relatives, friends, etc.).
Recording	✗	• Patients may now audio- or video-record the process of Expert Team assessment.
Timeframe	• 5 days for MSEC review of materials and a decision.	• 5 days for review of the application by the Administrator in the system. • 30 days' timeframe for the Expert team decision.

[4] Enables interagency state access to patient's information, ensuring actionless data transition for patients who request any types of social support and assistances, while also providing enhanced fraud protection and authorization means, as all actions and changes are recorded within the system.

• Unlimited time for additional rounds of medical assessments within the procedure.	

NB: Procedures and criteria for establishing linkages between war or hostilities and injuries are unchanged and are still in force within the reformed system, involving a separate application to the special Interagency Commission under Ministry of Veteran Affairs (1 month for decision, with possible prolongation up to 15 additional days, and 3 days for response).



PROCEDURAL CHANGES:	OLD	NEW
Criteria for Referrals to Assessment	• Continuous confirmed incapacity for work for 120 days. • If the incapacity was interrupted (e.g. person returned to work in between sick periods) the required term is 150 days from the date of first sick-leave request. • In cases of tuberculosis, the referral is issued after 10 months from the beginning of incapacity.	• All previous grounds for referral remain valid. • In addition to general procedures, the reform introduced exemptions that allow referrals to be made disregarding the established terms: **a)** Critical interventions (amputations, organ removal or transplantation and arthrodesis). **b)** Severe diagnosis (transplantations, blindness, absence of limbs, severe chronic kidney diseases and mental disabilities).

Referral Procedure	• Medical-Advisory Commission (MAC) provided Paper 088/o form on referral to MSEC. • MSEC undertakes decision based on the provided documents and data, however, the actual assessment was always conducted at the premises of MSEC or with the Commission's visit (no remote formats).	• Treating Physician concludes an electronic application[5] for functionality assessment to the healthcare institution of the Patient's choice (minimal timeslot for one person is 30 minutes). • In cases of occupation, hostilities or absence of specialised doctors in the area, referral may also be made by the family doctor. • Patients may now also choose a suitable format of the assessment: either in person, with the Commission's visit, remotely, or completely in absentia (for cases where the decision can be taken based on available documents and data).
Additional Medical Inspections during Assessment	• Unlimited number of additional inspections by profile specialists, referrals to which may only be issued by the Treating Physician. • Every hard copy of new documents and data should be manually transferred to MSEC.	• Additional round of inspections may only be initiated once and in one go during the assessment of Expert Team, when all necessary referrals are issued within the procedure. • Patient is not required to visit the Expert Team again after inspections. All documents and new data will be transferred automatically.
Decision	• A written decision in single copy, only signed by the MSEC Head, with no authorisation of other members needed (decision form – Certificate)[6].	• A joint e-decision, mandatory e-signed by each Expert Team member with their separate opinions attached to the Protocol as a must (decision form – Extract). All Team members are now responsible for the decision.
Terms of Disability Establishment	• **First group of disability:** **a)** Permanent (indefinite) – if the condition is irreversible; **b)** For 2 years – if improvements are possible, followed by reassessment. • **Second group of disability:**	• First establishment of the third group of disability is provided **for 1 year.** • First establishment of the second group of disability is provided **for 2 years.**

[5] Applications from abroad are still possible with procedures varying, based on signed Interstate Social Protection Treaties or general procedures in case of their absence.

[6] All documents issued by MSEC before the reform remain valid until the designated terms for reassessment, meaning all provided aid remains in force. If the certificate is lost, patients should apply to Pension Fund for documents recovery.

	a) For 1 or 2 years – depending on health status and prognosis; **b)** Permanent – after 5 years with no improvements (by MSEC decision). • **Third group of disability:** **a)** For 1 or 2 years – typically for 1 year, rarely for 2 years; **b)** Permanent – after 5 years with no improvements (by MSEC decision). • **Persons of retirement age:** - If disability was established after reaching retirement age, re-examinations were not required, and the disability was permanent. • **Occupational diseases and work-related injuries:** **a)** For 1 or 2 years – if improvement was possible; **b)** Permanent – if the condition was irreversible (e.g., amputation, paralysis).	• Disability for people undergoing the reassessment may be established **within 1-3 year range, depending on the patient's case.** • Disability for people with oncological diseases with adverse forecast or other severe chronic illnesses is established **for 5 years.** • **Permanent disability** is established for people with anatomical defects or other irreversible impairments or body functions disorders. • Disability for people with the first group of disability for 5 consecutive years will also be established **indefinitely during their planned reassessment.**
Review and Calculation	• All relevant aid is calculated from the date of referral to MSEC.	• Aid is calculated from the date of Administrator's confirmation after application review in the system. • Administrator is a system role, not a staff position. Any doctor, nurse or hospital admin may take it. • Administrator reviews the application for consistency and availability of necessary documents and data (5 days term from application date), returning the application for correction in case of any mistakes.
Appeal Procedure	• 1 month for appeal to the higher Commission or the Health	• 40 days for appeal through Treating Physician or directly at the address of the Centre for

Department of the local administration, with 1 month for the review (final stage – with the Ministry of Health).	Functionality Assessment with 1 month for review. • 6 months for court appeal of the Centre decision.

POSSIBLE SCENARIOS for DISABILITY REASSESSMENTS[7]:	
a) If a person already has a MSEC certificate with a requirement for reassessment	• The terms of the existing certificate are valid. • All terms for required reassessments appointed from 01.01.2025 are prolonged until 30.06.2025.
b) If MSEC terms for reassessment in 2022-2024 were violated due to valid grounds	• Valid grounds: occupation, areas of active hostilities or severe disorders of body functions. • Men of 25-60 years of age with disability group 2 or 3 are required to undergo a reassessment until 01.11.2025. • All other patients – until 01.04.2026.
c) If documents were already referred to MSEC before the reform and are still pending	• The reassessment by Expert Team shall take place on the same date as appointed for MSEC. • Information regarding the new facility for the reassessment shall be communicated to the patient via the selected communication method.
d) If disability was established indefinitely	• There is no requirement for reassessment.

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[7] Reassessment is the process of re-evaluating a person's disability status or functional limitations to determine whether their condition has changed and if adjustments to their status, support, or rehabilitation plan are necessary. It ensures that individuals receive appropriate assistance based on their current medical and functional state.