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State policy and legal provision of socially hazardous diseases in Ukraine: the case of HIV/AIDS analyzed from bioethical, medical, and legal perspectives¹

Державна політика та правове забезпечення соціально небезпечних захворювань в Україні: аналіз випадків ВІЛ/СНІД з біоетичної, медичної та правової позицій

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Abstract

This article analyzes the legal and policy aspects related to HIV/AIDS in Ukraine from bioethical, medical, and legal perspectives. The objective of this study is to examine the adequacy of existing policies and legal provisions to address socially hazardous diseases such as HIV/AIDS in the country. The methodology employed includes a review of existing literature and legal documents related to HIV/AIDS. The findings suggest that although Ukraine has made significant progress in tackling HIV/AIDS, there are still significant gaps in the legal and policy framework regarding the disease. These gaps include a lack of comprehensive legislation and policies, inadequate funding for the prevention and treatment of HIV/AIDS, and stigma and

Анотація

Дана стаття аналізує правові та політичні аспекти, пов'язані з ВІЛ/СНІДом в Україні з біоетичної, медичної та правової перспектив. Метою дослідження є оцінка належності існуючих політик та правових норм для боротьби з суспільно небезпечними хворобами, такими як ВІЛ/СНІД, в країні. Методологія включає огляд існуючої літератури та правових документів, пов'язаних з ВІЛ/СНІДом. Дослідження показує, що хоча Україна зробила значні кроки у боротьбі з ВІЛ/СНІДом, все ще існують значні прогалини в правовій та політичній сферах щодо цієї хвороби. Ці прогалини включають відсутність комплексної законодавчої та політичної бази, недостатнє фінансування для профілактики та лікування

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discrimination against those living with the disease. Overall, this study highlights the urgent need for a more holistic approach to address HIV/AIDS in Ukraine, including strengthening the legal and policy framework, increasing funding for prevention and treatment programs, and addressing the societal stigma and discrimination associated with the disease.

Keywords: state policy, legal provision, treatment programs, HIV, AIDS.

Introduction

For many years, the HIV/AIDS pandemic has affected millions of people worldwide, and the number of individuals infected with the virus continues to grow. The scale of this virus has taken on a global character and poses a real threat to the socio-economic development of most countries around the world. According to experts and research, HIV/AIDS is a significant challenge for the international community (Staupe-Delgado & Rubin, 2022).

The HIV epidemic has become one of the most dangerous factors negatively impacting personal and societal development, resulting in a decrease in the average life span, an increase in demand for medical services, and an exacerbation of poverty and social inequality issues (Osamika & Mayungbo, 2019). Fighting this disease has become a top priority for countries' public health sector. Achieving success in this mission requires proper legal and regulatory support and a consistent and transparent government policy.

The rapid spread of HIV infection and AIDS, which is spreading in Ukraine, poses a threat to both public health and the strategic development of our country. The epidemic negatively affects national security, economic growth, and social development. The policy to counter the epidemic should involve prevention, overcoming, and reducing its consequences.

One of the directions in the social policy of any civilized state is the health care of the population (Hartanto, 2020). Preservation and strengthening of health are components of state building, social policy, the system of national security, and one of the most important functions and internal tasks of the state.

The purpose of this research is to review the current state of state policy and provide recommendations for improving state regulation

ВІЛ/СНІДу, а також стигматизацію та дискримінацію проти людей, що живуть з цією хворобою. Загалом, це дослідження підкреслює необхідність негайного впровадження більш глибокого підходу до боротьби з ВІЛ/СНІДом в Україні, в тому числі зміцнення правової та політичної бази, збільшення фінансування для програм профілактики та лікування, а також боротьба зі стигматизацією та дискримінацією, пов'язаними з цією хворобою.

Ключові слова: державна політика, правове забезпечення, програми лікування, ВІЛ, СНІД.

to combat socially dangerous diseases in Ukraine, particularly HIV/AIDS, based on domestic and international experience, with the goal of improving the provision of medical and social services to the population.

To achieve this aim, the following tasks were set:

- To determine the essence and role of socially dangerous diseases as a medical and social problem in Ukraine, particularly acquired immunodeficiency syndrome (HIV/AIDS);
- To investigate international and domestic legislative and regulatory experience in combating HIV/AIDS and conduct a comparative analysis;
- To analyze the peculiarities of HIV/AIDS in Ukraine as an epidemic process and its monitoring;
- To study the role of specialists and public organizations in state regulation to combat HIV/AIDS in Ukraine;
- To justify the use of international experience in improving state regulation to combat HIV/AIDS in Ukraine on the principles of decentralization.

Literature Review

The rational selection of policy tools to counter the HIV/AIDS epidemic and the evaluation of their results are vital given the complex epidemiological situation. However, it should be noted that in Ukraine, there are relatively few scientific publications dedicated to the problems of public administration and policy in the field of HIV/AIDS. Among them, the works of Krysko (2015), Khozhylo (2008), Yakobchuk (2012), and others are noteworthy. Some aspects of the formation and development of a modern system to counter HIV/AIDS in Ukraine are addressed in the works of Ariaiev et al., (2006), Balakirieva (2017), Semigina & Tymoshenko (2016),

Owczarzak et al., (2018), and others. Issues of standardizing public services, the relationship between social services and public and administrative research are also explored by Kyselyova et al., (2019), Hubar (2020), Bohdan et al., (2019), Kyselov (2008), and others.

The peculiar feature of the current state of the domestic healthcare system is a deep management crisis, most notably evident in the prevention of socially dangerous diseases such as HIV/AIDS. Today, local self-government bodies objectively play a leading role in shaping an effective mechanism for preventing HIV infection/AIDS, since the local level is the basis upon which cooperation is formed and subsequently effectively developed between state and civil institutions responsible for implementing preventive programs (Kuzin et al., 2020). However, it should be noted that the issue of distinguishing powers between executive authorities at the central level and local self-government bodies in the provision of program tasks for HIV infection/AIDS prevention has yet to be definitively regulated by legislative and regulatory acts.

Despite the research conducted by scientists and practitioners today (Pobiianska et al., 2021, 2022), the issue of state regulation of socially dangerous diseases in Ukraine, in particular HIV/AIDS, remains a special subject of comprehensive scientific and practical analysis (Yanishevskaya et al., 2021). This gives rise to the objective need to substantiate theoretical approaches to improving the mechanisms of state-civil society interaction in the field of HIV/AIDS prevention and monitoring, as well as to determine their effectiveness. It also necessitates the development of practical recommendations for the application of state-civil society cooperation in the field under study (Bilovus et al., 2021).

According to Barnett et al., (2000), socially dangerous diseases in Ukraine have a significant impact on the demographic and labor potential of the nation, as well as on its economic, political stability, and overall security. Given the importance and complexity of this socio-medical problem, influencing the prevalence of socially dangerous diseases, organizing prevention measures, and combating them is possible through cooperation between local governments, executive authorities, international and national non-governmental organizations.

Waitzkin (1989) believes that improvement of mechanisms for state regulation of socially

dangerous diseases plays a decisive role in addressing this socio-medical problem, which becomes particularly relevant against the backdrop of demographic crisis, social transformations in society, and marginalization of certain segments of the population of the state.

The analysis of literary sources has shown that international organizations such as the International Labor Organization and the World Health Organization attach significant attention to information and awareness-raising work among the population, especially among young people, as a means of overcoming the HIV/AIDS epidemic. It is necessary to develop and adopt prevention strategies adapted to national conditions, taking into account gender, cultural, social, and economic aspects (Sodoma et al., 2021).

Methodology

The *subject* of the research is state regulation to combat HIV/AIDS in Ukraine.

The *object* of the research is social relations that have developed in the field of combating HIV/AIDS in Ukraine.

To *achieve the defined goals and objectives* in the research process, a complex of general scientific and special methods was used, including abstract-logical analysis of scientific sources and regulatory framework on the topic of research, structural-functional and systemic study of state-civil society cooperation in the field of HIV/AIDS prevention and control in Ukraine, as well as of its components, coordination mechanism between them, relationships among the cooperation actors, their authorities, and peculiarities of the functions they perform. Historical analysis was also conducted, which examined the retrospective history and evolution of the domestic state-civil society cooperation system in the fight against HIV/AIDS in Ukraine.

Synthesis and modelling were employed to formulate recommendations for improving the mechanisms of state management in cooperation with civil society to combat HIV/AIDS in Ukraine. Additionally, prognostic and abstracting analyses were utilized to generate scientific novelty, conclusions, and practical recommendations for improving the mechanisms of state management in cooperation with civil society in combating HIV/AIDS in Ukraine. The analytical review in the work consists of the analysis of international and Ukrainian

legislation, scientific publications related to the themes of the review tasks.

Results and Discussion

State policy in the field of combating HIV/AIDS and other socially dangerous infectious diseases is a complex of measures that encompasses political, legislative, managerial, economic, social, medical, sanitary, communicative, educational, and other aspects. This policy is aimed at protecting the population from infectious diseases, ensuring effective control of the epidemiological situation, and reducing incidence, prevalence, and mortality rates. It also seeks to address social, economic, and medical factors and consequences of epidemics. However, in Ukraine, this policy is typically implemented through the solution of narrow-profile medical tasks.

The Role of Civil Society Organizations in State Regulation for HIV/AIDS Prevention and Control in Ukraine

Preventive measures in Ukraine have proven to be ineffective, as evidenced by the rapid spread of HIV infection in the country. It is therefore crucial to enhance the effectiveness of HIV epidemic prevention and control in Ukraine by utilizing reliable scientific data and validated program models to reach HIV-infected individuals and those at high risk of infection.

To further develop conceptual approaches towards the creation of a functional-organizational model for the integration of medical care for HIV-infected and AIDS patients at the primary healthcare level in Ukraine, civil society organizations must be involved in providing this care. Data obtained from a cross-sectoral expert group, comprised of 50 independent experts, was used to establish a list of preventive and treatment organizational measures for HIV prevention and control (Krysko, 2015).

Mechanisms for regulatory and legal control for HIV/AIDS-related medical aid provision at the primary healthcare level and mechanisms for coordinating specialized healthcare institutions and primary medical and sanitary centers need to be further developed. As we propose incorporating civil society organizations as an auxiliary component of medical care for HIV/AIDS at the primary healthcare level, it is necessary to regulate these issues at the legislative level. This would ensure that such interaction is not just theoretical, but practical

and legitimate (Yakobchuk, 2012). There may be risks associated with integrating medical care for HIV/AIDS at the primary healthcare level.

To overcome these risks, we propose involving community organizations through educational work, various district and local-level campaigns, engaging international-level experts and community organizations to improve the normative-legal framework. We can also utilize the experience of international organizations and projects that have practical and successful experience in preparing medical professionals to provide medical services to those infected with HIV, with the involvement of specialists from community organizations who have experience in training medical professionals. Such training will not only expand the knowledge of primary healthcare workers but also reduce stigmatization towards those living with HIV and serve as motivation for community organization representatives to successfully interact with this population.

The key idea in achieving the goal is the consistent solution to the priority problem of improving the efficiency of activities aimed at reducing the spread of the HIV/AIDS epidemic in Ukraine and increasing the accessibility and quality of medical and social assistance to those infected with HIV and those with AIDS. We aim to involve general practitioners and family doctors, as well as community organizations, in the process through continuous comprehensive information campaigns to inform the public about the ways of transmitting HIV and prevention of infection, forming a motivated responsible attitude towards personal health, promoting behavior that prevents transmission of HIV with consideration of personal risk factors, informing people about the available diagnostic and treatment services and basic safe care for those who are seriously ill, methods of preventing mother-to-child transmission of HIV, and ensuring the reproductive rights of discordant couples to have a healthy child.

Additionally, there are plans to establish an effective and accessible (both physically and economically) system for providing services related to HIV/AIDS. These measures involve the distribution of responsibilities and tasks between public organizations and medical representatives, aimed at increasing the coverage of the population and reducing the workload for healthcare professionals through the involvement of representatives of public organizations. This will enable the establishment of effective work with the general population (rather than just high-

risk groups) and reduce the level of stigma and discrimination towards HIV-positive individuals. Furthermore, since public organizations are currently mostly funded by international organizations, such forms of government and public interaction are economically advantageous for the state (Fidria et al., 2020).

The proposed measures aim to prevent HIV infection through the adoption of motivated safe behavior by the population. The family is the central element in the activities of family doctors and public organizations. The proposed model includes communicative measures of individual and group nature, which are conducted by social workers and psychologists of public organizations with the support and participation of family doctors, depending on the target group category, the workload of the doctor, the capabilities of public organizations, and outpatient clinics. The target groups are divided into healthy individuals, high-risk groups for HIV infection, HIV-infected individuals and their family members, volunteers in the fight against HIV/AIDS epidemic, and others. Various forms and means of public communication regarding this problem are used in this approach.

Taking into account the experience of community organizations in conducting preventative work with at-risk populations and establishing contact, this will enable healthcare professionals to focus solely on medical issues. By establishing contact with hard-to-reach at-risk groups, such as injection drug users, men who have sex with men, and sex workers, HIV infection and transmission can be prevented, opportunistic illnesses can be identified early, and patients can be included in a dispensary register.

The problems that need to be addressed in integrating HIV/AIDS medical care into primary healthcare with the involvement of community organizations are as follows:

- 1) Legislatively defining the transfer of medical care to people living with HIV to the primary healthcare level, including establishing a mechanism for transferring data on cases of HIV infection to general practitioners and family doctors, determining the payment of medical personnel in primary healthcare for providing medical care to people living with HIV, making changes to the equipment list of family clinics to include medical supplies necessary for providing medical care to people living with HIV, examining the

population at their request and with individual protection means, and prescribing a legislative mechanism for integrating community organization services within the framework of HIV services at the primary healthcare level;

- 2) Conducting calculations of the necessary levels of funding for primary healthcare by administrative territories and regions, taking into account the prevalence of HIV infection and the presence of community organizations that will depend on the level of HIV infection and determining sources of financing;
- 3) Develop and implement a system for the diploma preparation of general practitioners, family doctors, and family nurses. To achieve this, it is necessary to prepare educators from medical educational institutions and representatives from civil society organizations working in the territories of Ukraine. Additionally, instructional and methodological support must be prepared.
- 4) Implement a short-term training system for working general practitioners, family doctors, and family nurses on medical, social, and psychological assistance in HIV/AIDS at the primary level, as well as the peculiarities of state-civil cooperation through training centers. This requires the preparation of national and regional trainers;
- 5) Upgrade family clinics with necessary medical equipment and facilities, as well as provide accommodations for representatives of civil society organizations, who will be working there on a permanent basis;
- 6) Develop communication programs for the population depending on the target groups of communication impact. Continuous communication must be carried out at all levels of management. Moreover, medical practitioners at the primary level and civil society organizations should be provided with methodological and informational materials.

Therefore, community organizations play a crucial role in preventing HIV infection and ensuring that people living with HIV receive proper medical care. Legislative recognition of the value of community organizations and their integration into the healthcare system is essential for the effective management of the HIV epidemic.

The priority problem is to reduce the spread of the HIV/AIDS epidemic in Ukraine and improve medical care for those infected. This involves

increasing awareness among general practitioners and community organizations. Research has shown that collaborating among governmental, international, and non-governmental organizations has a significant impact on public health. Finding additional mechanisms for such collaboration, particularly for drug addiction and difficult life circumstances, is necessary. Regional peculiarities should be considered while implementing healthcare policies to prevent socially dangerous diseases. This will contribute to improving public health and promoting socio-economic development of the region.

Interaction of the State with the Population in Combating HIV/AIDS

The interaction between state and population in the field of HIV/AIDS prevention is a crucial issue in modern public administration. The participation of citizens in governance processes at all levels, from local to national, and at all stages of decision-making, from preparation to implementation, is vital to improving the effectiveness of governmental functions as a whole. Therefore, the determination of mechanisms for interaction between authorities and the public, as well as ways to enhance them, is an urgent problem in contemporary science of public administration.

The problems of combating the spread of HIV/AIDS in Ukraine have long gone beyond the medical sector and become the subject of state management practice. The cornerstone of the national policy on HIV/AIDS epidemic and the intersectoral approach to addressing issues related to its consequences is the normative-legal framework in the field of HIV/AIDS prevention in Ukraine. The beginning of the creation of such a framework can be traced back to 1987 when the official registration of cases of HIV infection in Ukraine started. The Constitution of Ukraine is the primary basis for the legislation in this area, as it proclaims the equality of constitutional rights and freedoms of Ukrainian citizens (Sergiienko et al., 2021; Cherneha et al., 2020) and prohibits privileges or restrictions based on gender, among other characteristics (Article 24). Article 49 of the Constitution of Ukraine declares the right to health protection, medical care, medical insurance and establishes the obligation of the state to create conditions for effective and accessible medical services for all citizens.

The development of most national European structural-functional models of state-civil society interaction in the field of HIV/AIDS prevention primarily occurs in the direction of weakening state functions and introducing new social institutions that organize and manage HIV/AIDS prevention activities (Figure 1).

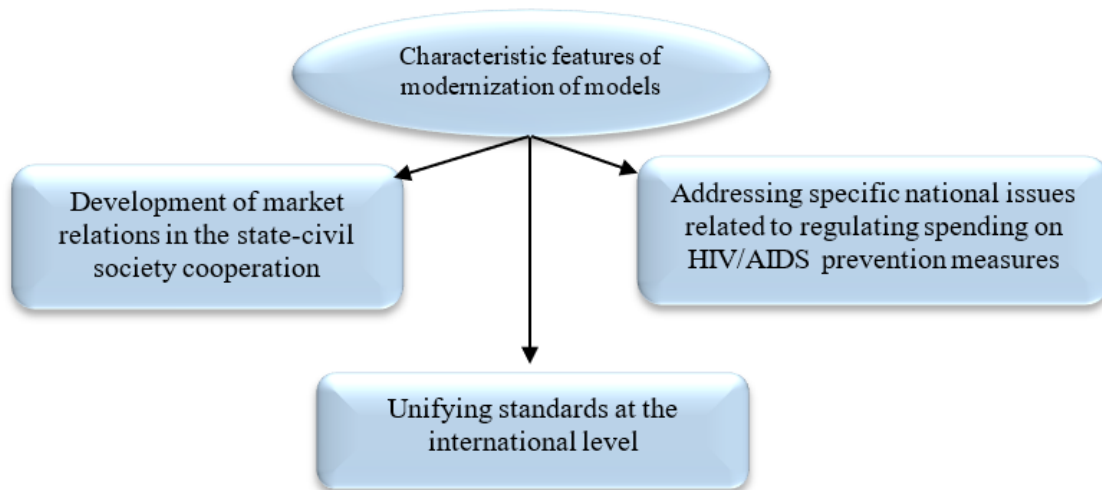


Figure 1. Main features of modernization of models of state-civil society interaction in the field of HIV/AIDS prevention

Source: compiled by the authors based on Salabai et al., 2018.

To improve the effectiveness of governmental functions, the participation of citizens in governance processes at all levels, from local to national, and at all stages of decision-making,

from preparation to implementation, is vital. Therefore, the determination of mechanisms for interaction between authorities and the public, as

well as ways to enhance them, is an urgent problem in contemporary public administration. Despite the expansion of HIV/AIDS prevention programs in Ukraine, these programs are primarily focused on national, regional, and city (in major cities) levels. The main goal of decentralization is to provide universal access to care and support services, HIV treatment, and opportunistic infections (OI) by utilizing available resources to ensure program sustainability. The implementation of decentralization allows for the continuity of services and provides access to services in the nearest facility. Additionally, the implementation of this model will:

- Actively involve local communities and people living with HIV (PLHIV) in decision-making processes (planning service delivery, procurement and distribution of medicines, coordination with non-governmental organizations, etc.).
- Minimize stigmatization and discrimination towards PLHIV in society.
- Increase patient adherence to antiretroviral therapy (ART) through the convenience and comfort of the services provided.
- Rationalize the utilization of available resources (material, human, managerial, etc.) for the speedy expansion of services at all levels of service delivery.

In the field of HIV/AIDS prevention, decentralization involves the transfer (delegation) of significant authority and resources to lower levels (regional, district, city). As a result of this process, each level of healthcare service delivery is capable of independently determining the range and scope of necessary interventions and services. Regional institutions, if necessary, can develop new and region-specific services, expand their spectrum, monitor and evaluate them, identify and resolve problems. As a result – a centralized system can avoid bureaucratic delays (Kuzin et al., 2020).

The shared responsibility of state-civil society cooperation in the decentralized sphere enables the adequate execution of measures for combating HIV/AIDS on various levels, as well as the provision of quality services. While the provision of basic services for PLHIV concerns lower levels, complex cases of treatment (including opportunistic infections) and complications related to receiving antiretroviral therapy (ART) are offered at higher levels through regional or national healthcare institutions (Kuzin et al., 2020).

The Ministry of Health of Ukraine Order No. 102 "On the Functioning of Trust Offices" dated 25.02.2008 (registered by the Ministry of Justice under No. 220/14911 dated 19.03.2008) (Kvitashvili, 2019), along with corresponding orders from regional healthcare management, provides for the establishment of regional quality assessment groups for HIV/AIDS medical care. During the transitional period, these groups play a significant role in the process of decentralizing services.

Their main duties include:

- Establishing cooperation between various healthcare services and other government and non-governmental organizations;
- Developing a plan for decentralizing services for at-risk groups;
- Assessing the quality of medical care for HIV-infected patients, tuberculosis patients and other socially dangerous diseases at the district/city level;
- Organizing and conducting seminars/trainings for medical professionals at the district/city level;
- Monitoring compliance with current clinical protocols, WHO recommendations and Ministry of Health of Ukraine recommendations.

Unfortunately, organizers of general healthcare networks, representatives of the primary healthcare sector – the sector where healthcare for PLHIV is planned to be integrated (decentralized), as well as civil society organizations that could be key partners in providing social services for PLHIV are not included in these groups (Law of Ukraine No. 3611-VI, 2012).

In our opinion, the directions of state-civil society interaction have demonstrated their imperfections in overcoming the HIV epidemic. There is currently a need to reform and improve these structures and functional models of state-civil society interaction in the fight against HIV/AIDS. In order to improve the structural-functional model of state-civil society interaction in the response to HIV/AIDS, the following steps need to be taken:

Step 1. Perform the necessary collection and familiarization with information regarding the decentralization/integration or development of medical and non-medical services in a particular territory. This may include, but is not limited to:

- Strategic plans of the Ministry of Health of Ukraine (Concepts of Medical Care Provision, Concepts of Quality Management in Medical Care, etc.), national strategic documents related to the state's response to the HIV epidemic (National Treatment Strategies, current protocols and standards for providing relevant care);
- Demographic indicators and general health indicators of the region's population (attention should be paid to the number of serviced patients, their age structure, and the structure of morbidity among the population);
- Epidemiological trends in the prevalence of HIV, HIV infection rates, mortality due to HIV-related illnesses in the region;
- Established indicators and goals for healthcare, including targets for ensuring general access to services related to HIV infection (target values for indicators regarding the recruitment of patients for antiretroviral therapy, provision of services for HIV infection prevention, plans for expanding the availability of ARV therapy);
- Data on the existing network of medical facilities and non-governmental organizations in the region (available medical and preventive facilities, laboratory departments, available human resources, etc.);
- A list of interested parties and their possible interests in decentralization and service expansion. This will provide an opportunity to know how and when it is best to involve interested parties in problem-solving situations that may arise;
- Opportunities and risks that may affect the expansion of services related to HIV infection.

Step 2. Stakeholders in the public-private partnership for HIV/AIDS prevention should clearly define local priorities and directions for decentralization/integration or service delivery development on a given territory. The main focus at this stage should be on the following:

- Determining the feasibility of decentralization as the primary means of ensuring universal access to services related to HIV (including achieving target indicators for ART patient enrollment, providing services for HIV prevention, and plans for expanding harm reduction services, among others);
- Identifying key priorities and critical issues that may impede the provision of services. In

addition, developing a strategy to overcome these challenges is necessary.

Step 3. Stakeholders in the public-private partnership for HIV/AIDS prevention should mobilize local health leadership and provide a compelling rationale to engage other stakeholders and implementers in achieving their shared goal. To achieve this, specific regional action plans should be developed. When developing such plans, SWOT and SMART methodologies should be used to guide the process.

The strategy development process, as well as its subsequent detailing in the form of strategic and operational plans, should take place only after conducting a preliminary strategic analysis that covers the most significant external and internal elements. The primary tools necessary for conducting a strategic analysis are primarily SWOT analysis, which represents a strategic balance.

Step 4. The actors of state-civil interaction in the area of HIV/AIDS prevention should develop an annual work plan in collaboration with stakeholders, which takes into account all available resources. In addition, it is advisable to develop a plan for personnel development. General issues related to human resource preparation can be addressed through mentoring or regular visits to lower-level facilities by experienced staff. A well-functioning audit system plays a significant role in this matter, allowing for an express evaluation of the quality of assistance provided at the website level or identifying certain gaps in the knowledge and practices of employees.

Step 5. Incentivization. One of the most critical functions of state-civil actors in the field of HIV/AIDS prevention is the implementation of clear staff incentivization procedures. This can be achieved through:

- Targeted training of physicians using local budget funds at the postgraduate stage for healthcare facilities.
- Implementation of financial incentives.
- Targeted training of physicians using district budget funds at the postgraduate stage for rural clinics and hospitals.
- Reimbursement of travel expenses for local transportation related to job duties, etc.

Step 6. Implementing an effective monitoring and evaluation system, effective feedback channels with healthcare workers, social

workers, and civil society representatives, and creating mechanisms for informational feedback at all levels of healthcare provision are crucial. The main components of this process include the following:

- A. The implementation of an auditing system and mentorship/monitoring visits to lower-level facilities to provide organizational and methodological support and address current management issues.
- B. The implementation of a system for periodic surveying of service users to identify key gaps in the provision of assistance.

It should be noted that the basic principles of integrated healthcare primarily include comprehensive service provision that is concentrated in one place; territorial convenience for patients (Hutsaliuk et al., 2020a); and consideration of gender specificity. The range of services provided may vary; however, in any case, it should cover problems associated with HIV/AIDS, drug addiction, and other socially dangerous diseases. The patient-centric approach and flexibility in the list of services offered according to changes in these needs are also important factors in the strategy.

Information support for state-civil interaction in the field of HIV/AIDS prevention is carried out at two levels (Law No. 531/97-VR, 1997):

1. Internal communication level. At this level, a communicative environment is formed between all actors of state-civil cooperation, and their coordination takes place. This level encompasses all partners of cooperation: government bodies, local self-government bodies, civil society institutions, health care system facilities, advisory bodies of government bodies, and international organizations working in the investigated area.
2. The external level involves establishing cooperation with the media as the most effective tool for shaping public opinion, informational work with the population in general and target groups in particular.

The main vectors of the transition from the existing model to the perspective one are:

- From stationary to outpatient care;
- From specialized to general care;
- From the volume of medical services to their quality;
- From an increase in the number of physicians to the quality of their work;

- From treating diseases to their prevention (Law No. 531/97-VR, 1997).

At the present stage of healthcare system development, the quality of medical care is considered the main objective function and, at the same time, a criterion for the effectiveness of the healthcare system at all levels – from healthcare facilities to the Ministry of Health of Ukraine. Ensuring the quality of medical care is considered the basis of national health policies in most countries (Hutsaliuk et al., 2020b). Many countries have adopted and implemented programs to ensure the quality of medical care.

The effectiveness and clarity of the functioning of all aspects of public-private partnership in the field of HIV/AIDS can only be achieved through coordinated interaction. Therefore, the governing bodies of healthcare at both the state and territorial levels, medical associations, educational institutions, healthcare providers, and service organizations should be guided by a unified strategy and conceptual approaches to improving the quality of services at all levels.

Conclusions

The analysis of the state policy and legal provision of socially hazardous diseases in Ukraine, with a particular focus on HIV/AIDS, reveals several key issues. Firstly, there is a need to enhance public awareness and education on HIV/AIDS to reduce stigma and discrimination against people living with HIV/AIDS. Secondly, there should be greater emphasis on the development and implementation of comprehensive, patient-centred care models that address the complex needs of people with HIV/AIDS. Thirdly, there is a need for more effective legal and regulatory frameworks that better protect the rights of people living with HIV/AIDS and prevent discrimination in various settings. Finally, there is a need to strengthen the role of bioethics in guiding policies and practices related to HIV/AIDS and other socially hazardous diseases in Ukraine. Overall, the findings of this study highlight the need for a multi-disciplinary approach that draws on the expertise and input of stakeholders from the medical, legal, and bioethical fields to address the challenges facing the healthcare system in Ukraine in relation to HIV/AIDS and other socially hazardous diseases.

From the scientific perspective, this research provides a comprehensive analysis of the policy and legal frameworks related to HIV/AIDS in Ukraine, which can serve as a valuable reference

for future studies in the field of public health, healthcare policy, and bioethics. In particular, the multifaceted approach of this study, which examines HIV/AIDS from medical, legal, and bioethical angles, provides a more nuanced understanding of the complex issues surrounding this socially hazardous disease.

From a practical standpoint, this research has significant implications for improving the policies and practices related to HIV/AIDS in Ukraine. The findings of this study suggest the need for reforms in the current legal and healthcare systems to develop more patient-centred care models that can provide comprehensive support for people living with HIV/AIDS in Ukraine. Moreover, the study emphasizes the importance of enhancing public awareness and reducing stigma associated with HIV/AIDS to improve the quality of life for affected individuals.

This study can serve as a foundation for future research on the policy and legal provision of other socially hazardous diseases in Ukraine or in other countries. Specifically, it can inform the development and implementation of evidence-based policies that enable a patient-centred approach to care. Furthermore, the study's bioethical perspective can promote a more ethical approach to healthcare that respects the rights and dignity of patients with socially hazardous diseases. This study's findings can facilitate advancements in healthcare policies that improve the quality of care for patients with socially hazardous diseases.

In summary, our research has important implications for advancing the knowledge and understanding of HIV/AIDS policies and practices in Ukraine, as well as for informing future policy and practice decisions related to socially hazardous diseases more broadly.

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