

**INTERNATIONAL AND NATIONAL LEGAL MECHANISMS
FOR ENSURING THE RESILIENCE OF UKRAINE'S
HEALTHCARE SYSTEM IN THE FACE OF GLOBAL INFECTIOUS
DISEASE THREATS AND THE IMPLEMENTATION
OF THE ONE HEALTH APPROACH**

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INTRODUCTION

The succession of global health emergencies over the past two decades – severe acute respiratory syndrome, pandemic influenza, Middle East respiratory syndrome, Ebola, Zika and, most consequentially, COVID-19 – has changed the way international and national legal systems conceive of public health protection. Infectious disease threats are no longer treated as exceptional shocks to be managed through ad hoc emergency regulation. Instead, contemporary international health law assumes a structural perspective in which prevention, preparedness, response and recovery are organised as continuous, legally institutionalised functions of the State. This shift is captured by the concept of health-system resilience, understood as the capacity of a healthcare system to anticipate, absorb, adapt to and transform under stress while continuing to deliver essential health services and protect population health¹.

For Ukraine, the legal task of building such resilience is unusually demanding. The country faces a triple burden: a still-incomplete reform of its public health system, the consequences of the full-scale armed aggression of the Russian Federation since February 2022, and the obligations associated with European Union candidacy. Each of these factors changes the regulatory baseline. The war has damaged health infrastructure, disrupted surveillance, displaced populations and increased the risk of outbreaks of vaccine-preventable diseases, tuberculosis, HIV and antimicrobial-resistant infections². At the same time, Ukraine's accession to the EU4Health programme in July 2022 and the signature in 2024 of a Memorandum of Understanding between the Ministry of Health and the European Centre for Disease Prevention and Control have created concrete legal channels through

¹ Yeoh K. W., Wu Y., Chakraborty S., Elhusseiny G., Gondhowiardjo S., Joseph N. et al. Global Health System Resilience during Encounters with Stressors – Lessons Learnt from Cancer Services during the COVID-19 Pandemic. *Clinical Oncology*. 2023. Vol. 35, № 4. P. e273–e283. DOI: <https://doi.org/10.1016/j.clon.2023.01.004>.

² World Health Organization. Ukraine Emergency. Geneva : WHO, 2022. URL: <https://www.who.int/europe/emergencies/situations/ukraine-emergency>.

which the country must align its public health rules with the European Health Union acquis³.

The combination of these pressures is unprecedented in the post-1945 history of European public health governance. Few candidate States have been required to simultaneously reorganise their core public health statutes, absorb the legal corpus of the European Health Union and operate health institutions in wartime conditions. The wartime variable is particularly important from a legal perspective. Martial law, introduced by Presidential Decree № 64/2022 of 24 February 2022 and prolonged through successive parliamentary extensions, has activated emergency competences across the executive that affect the design and enforcement of public health rules. Continuity of medical care, the operation of the Programme of Medical Guarantees administered by the National Health Service of Ukraine, the licensing of healthcare providers and the regulation of pharmaceutical and biological products have all been subject to adaptive measures whose legal design depends on the integration of resilience principles into the underlying statutes.

The chapter is positioned within the broader question of European integration transformations of Ukraine's healthcare system. It treats resilience and One Health not as policy slogans but as legally operable concepts that must be encoded in statutory rules, administrative competences, financing arrangements, surveillance duties and intersectoral coordination mechanisms. The One Health approach – recognising the interdependence of human, animal, plant and environmental health – is now the organising principle of the Quadripartite One Health Joint Plan of Action (2022–2026) prepared jointly by the Food and Agriculture Organisation of the United Nations, the United Nations Environment Programme, the World Health Organization and the World Organisation for Animal Health⁴. The European Union has integrated this approach into its Global Health Strategy and into the legal design of the Health Emergency Preparedness and Response Authority (HERA), as well as into the second Joint Action on Antimicrobial Resistance and Healthcare-Associated Infections⁵.

³ European Centre for Disease Prevention and Control. ECDC Signs Memorandum of Understanding with the Ministry of Health of Ukraine. Stockholm : ECDC, 29 October 2024. URL: <https://www.ecdc.europa.eu/en/news-events/ecdc-signs-memorandum-understanding-ministry-health-ukraine>.

⁴ Food and Agriculture Organization of the United Nations, United Nations Environment Programme, World Health Organization, World Organisation for Animal Health. One Health Joint Plan of Action (2022–2026): Working Together for the Health of Humans, Animals, Plants and the Environment. Geneva : WHO, 2022. 84 p. URL: <https://www.who.int/publications/i/item/9789240059139>.

⁵ European Commission. EU Global Health Strategy: Better Health for All in a Changing World. Luxembourg : Publications Office of the European Union, 2022. URL: https://health.ec.europa.eu/system/files/2023-10/international_ghs-report-2022_en.pdf.

Three methodological choices structure the analysis. First, the chapter relies on a doctrinal-comparative method that treats international, supranational and national legal instruments as interconnected layers of a single normative system rather than as parallel regimes. Such a treatment is necessary because Ukraine's European integration commitments operate as a translation mechanism: substantive duties contained in EU regulations and decisions must be received into domestic law through legislative amendments, administrative regulations and operational guidance. Second, the chapter adopts a problem-oriented perspective: it begins from documented gaps in Ukraine's resilience profile – fragmented biosafety governance, weak intersectoral coordination, absent statutory definition of resilience – and traces them through the relevant legal layers to identify the precise normative interventions required. Third, the chapter integrates the wartime variable by examining how martial law competences modify the ordinary public health regime and which features of the law need to be made resilient to extreme operational stress.

The objective of the chapter is to identify how the international and European legal frameworks on infectious disease threats and One Health interact with Ukraine's national legislation, and to propose legal and governance directions for an EU-aligned implementation that strengthens the resilience of the national healthcare system. The analysis is structured in three sections. The first section examines the international and European Union legal standards governing health-system resilience, infectious disease threats and the One Health approach. The second section reconstructs Ukraine's national legal framework on public health, epidemiological safety, biological security and healthcare-system resilience. The third section formulates the principal legal and governance directions for EU-aligned One Health implementation in Ukraine. The conclusions synthesise the findings and outline a roadmap of statutory and institutional reforms.

1. International and European Union legal standards on health-system resilience, infectious disease threats and the One Health approach

The contemporary international legal framework for managing infectious disease threats is anchored in the International Health Regulations (2005), a legally binding instrument adopted under Article 21 of the Constitution of the World Health Organization. The Regulations bind 196 States Parties, including Ukraine, and require them to develop, strengthen and maintain core public health capacities for surveillance and response⁶. The Regulations operate through a combination of substantive obligations – early notification

⁶ World Health Organization. International Health Regulations (2005). Third edition. Geneva : WHO, 2016. 84 p. URL: <https://www.who.int/publications/i/item/9789241580496>.

of events that may constitute a public health emergency of international concern, designation of National IHR Focal Points, and implementation of routine public health measures at points of entry – and procedural mechanisms that allow the Director-General of the World Health Organization to issue temporary and standing recommendations. The annual reporting tool (State Party Self-Assessment Annual Reporting, e-SPAR) operationalises fifteen capacities measured by thirty-five indicators, providing a comparable benchmark for legal preparedness⁷.

The 2024 amendments to the Regulations, adopted by consensus at the Seventy-seventh World Health Assembly and entering into force on 19 September 2025, mark the most significant doctrinal evolution since the 2005 revision. They introduce a new alert tier – the 'pandemic emergency' – to trigger stronger international collaboration when a health risk escalates beyond a public health emergency of international concern. The amendments also require States Parties to establish or designate a National IHR Authority responsible for coordinating implementation, and they entrench equity and solidarity in access to medical products and financing⁸. The shift from a single Focal Point to a National IHR Authority responds to documented failures of intersectoral coordination observed during COVID-19, when fragmented mandates and weak legal authority impeded timely action⁹.

The legal innovation of the 'pandemic emergency' warrants closer examination. It is not merely a rhetorical category but a graded trigger that enables the Director-General of the World Health Organization to invite stronger collaboration on access to medical products, financing and surge capacity, and to coordinate the operational response across the One Health spectrum. From the perspective of a candidate State preparing to join the European Health Union, the 'pandemic emergency' tier dovetails with the recognition of a public health emergency at Union level under Regulation (EU) 2022/2371. Ukraine will therefore need to ensure that its national emergency law recognises both triggers, defines the relations between them and provides for automatic activation of preparedness duties when either threshold is crossed.

⁷ World Health Organization. IHR States Parties Self-Assessment Annual Reporting Tool (e-SPAR). Geneva : WHO, 2023. URL: <https://www.who.int/emergencies/operations/international-health-regulations-monitoring-evaluation-framework/states-parties-self-assessment-annual-reporting>.

⁸ World Health Organization. Amended International Health Regulations Enter into Force. Geneva : WHO, 19 September 2025. URL: <https://www.who.int/news/item/19-09-2025-amended-international-health-regulations-enter-into-force>.

⁹ Phelan A., Gostin L. National IHR Authorities in the 2024 Amendments to WHO's International Health Regulations. *BMJ Global Health*. 2025. Article in advance. URL: <https://pmc.ncbi.nlm.nih.gov/articles/PMC12434747/>.

The One Health approach has been operationalised at the international level by the Quadripartite One Health Joint Plan of Action (2022–2026). The Plan articulates six action tracks covering integrated health systems, emerging and re-emerging zoonotic epidemics, endemic zoonotic and neglected tropical diseases, food safety, antimicrobial resistance, and the environment. It commits the four agencies – the Food and Agriculture Organization of the United Nations, the United Nations Environment Programme, the World Health Organization and the World Organisation for Animal Health – to coordinated technical assistance, shared evidence generation and harmonised guidance¹⁰. The Plan is supplemented by the Quadripartite One Health Legislative Assessment Tool for Antimicrobial Resistance, which provides a structured methodology for assessing and reforming national legal frameworks across the human, animal, plant and environmental sectors¹¹.

The legislative methodology of the Quadripartite assessment tool merits particular emphasis because it moves One Health from declaratory commitments to operational legal reform. The tool decomposes the AMR regulatory cycle into surveillance, infection prevention and control, antimicrobial stewardship, governance and intersectoral coordination, and food-chain controls. It then maps domestic statutes onto these functions, identifies overlaps and silences, and prescribes targeted legislative interventions. Applied to Ukraine, this methodology would reveal a pronounced asymmetry between the relatively dense regulation of human-sector antimicrobial use and the comparatively thinner regulation of veterinary and environmental antimicrobial flows. The same asymmetry is observable in zoonoses, where the human-side surveillance infrastructure of the Public Health Centre is not yet fully interoperable with the veterinary surveillance system operated by the State Service of Ukraine for Food Safety and Consumer Protection.

Within the European Union, the legal architecture of the European Health Union responds directly to the lessons of COVID-19. Regulation (EU) 2022/2371 of the European Parliament and of the Council of 23 November 2022 on serious cross-border threats to health repealed Decision № 1082/2013/EU and lays down rules on prevention, preparedness and

¹⁰ Hernandez A., Lee J., Kang H. Navigating the Interconnected Web of Health: A Comprehensive Review of the One Health Paradigm and Its Implications for Disease Management. *Yonsei Medical Journal*. 2025. Vol. 66, № 3. P. 137–148. DOI: <https://doi.org/10.3349/ymj.2024.0108>.

¹¹ Bullón Caro C., van der Heijden M., Echeverría A., Matheu J., Loi C., Sherman D., Galantich K., Gobena A., Viinikainen T. The Quadripartite One Health Legislative Assessment Tool for Antimicrobial Resistance (OHLAT): Supporting Legal Preparedness for AMR. *Journal of Global Health Law*. 2025. Vol. 2, № 1. P. 121–148. DOI: <https://doi.org/10.4337/jghl.2025.01.07>.

response planning, joint procurement of medical countermeasures, emergency research and innovation, epidemiological surveillance and monitoring, the Early Warning and Response System, risk assessment, coordination of response and the recognition of a public health emergency at Union level¹². The Regulation strengthens the Health Security Committee, establishes a network of European Union reference laboratories for public health and creates an advisory committee for the recognition of public health emergencies at Union level. It thus moves the European Union from a coordination framework to a structured emergency-governance regime.

Regulation (EU) 2022/2371 introduces several legal innovations relevant to candidate States. First, it elevates national preparedness and response planning from a soft-law exercise to a binding obligation supported by a Union-level template, periodic peer reviews and stress tests. Second, it equips the Early Warning and Response System with explicit operational rules for the exchange of personal data necessary for contact tracing while preserving safeguards under Regulation (EU) 2016/679 (the General Data Protection Regulation). Third, it codifies joint procurement of medical countermeasures as a permanent Union instrument, lessening dependence on ad hoc emergency arrangements. Fourth, it formalises the recognition of a public health emergency at Union level as a legal trigger that activates ancillary measures – including regulatory flexibility for medical products under Regulation (EU) 2022/123 conferring an enhanced mandate on the European Medicines Agency, and the deployment of HERA's emergency mechanisms. For Ukraine, the operational consequence is that approximation to the EU *acquis* requires more than translation of definitions: it requires the construction of administrative competences that can plug into the Union's emergency infrastructure.

The legal regime of cross-border threats is complemented by Regulation (EU) 2021/522 establishing the EU4Health programme for 2021–2027 with a budget of EUR 4.4 billion. The programme funds Member States in the transition to better preparedness and the reinforcement of their health systems and supports the implementation of health-related sustainable development goals¹³. The programme is paired with the Health Emergency Preparedness and Response Authority, established as a Directorate-General of the European

¹² Regulation (EU) 2022/2371 of the European Parliament and of the Council of 23 November 2022 on serious cross-border threats to health and repealing Decision № 1082/2013/EU. Official Journal of the European Union. 2022. L 314. P. 26–63. URL: <https://eur-lex.europa.eu/eli/reg/2022/2371/oj>.

¹³ Regulation (EU) 2021/522 of the European Parliament and of the Council of 24 March 2021 establishing a Programme for the Union's action in the field of health ('EU4Health Programme') for the period 2021–2027. Official Journal of the European Union. 2021. L 107. P. 1–29. URL: <https://eur-lex.europa.eu/eli/reg/2021/522/oj>.

Commission in 2021 with the mandate to ensure the development, manufacturing, procurement and equitable distribution of medical countermeasures in cross-border emergencies. HERA institutionalises the lessons of vaccine and personal protective equipment shortages and ties the European Union's emergency-response capacity to a permanent administrative body rather than ad hoc task forces¹⁴.

The European Union Global Health Strategy adopted in 2022 frames these instruments within a broader external dimension. It commits the Union to negotiating an effective legally binding pandemic agreement with a One Health approach¹⁵, to applying a comprehensive One Health framework and intensifying the fight against antimicrobial resistance, and to supporting partner countries in meeting the requirements of the International Health Regulations¹⁶. Antimicrobial resistance governance has been reinforced through the second Joint Action on Antimicrobial Resistance and Healthcare-Associated Infections, which unites 128 partners from thirty countries and addresses harmonised surveillance, infection prevention and control, behaviourally tailored stewardship and equitable access to essential antibiotics¹⁷.

Beyond Regulation (EU) 2022/2371 and the EU4Health programme, the European Health Union acquis includes a broader set of instruments that candidate States must absorb. The European Health Data Space Regulation, the revised mandate of the European Medicines Agency under Regulation (EU) 2022/123¹⁸, the strengthened mandate of the European Centre for Disease Prevention and Control under Regulation (EU) 2022/2370¹⁹, the

¹⁴ European Commission. Health Emergency Preparedness and Response Authority (HERA). URL: https://health.ec.europa.eu/health-emergency-preparedness-and-response-hera_en.

¹⁵ World Health Organization. Pandemic Agreement: Working Draft and Negotiating Text. Geneva : WHO, 2024. URL: <https://www.who.int/news-room/questions-and-answers/item/pandemic-prevention--preparedness-and-response-accord>.

¹⁶ European Commission. EU Global Health Strategy: Better Health for All in a Changing World. Luxembourg : Publications Office of the EU, 2022. URL: https://health.ec.europa.eu/publications/eu-global-health-strategy-better-health-all-changing-world_en.

¹⁷ Davido B., Ny S., van Lingen C., Årdal C., Alonso Irujo L., Linnros S., Collineau L. et al. Strengthening Antimicrobial Resistance Governance in Europe: A Coordinated One Health Approach. *The Lancet Regional Health – Europe*. 2025. Vol. 60. Art. 101540. DOI: <https://doi.org/10.1016/j.lanepe.2025.101540>.

¹⁸ Regulation (EU) 2022/123 of the European Parliament and of the Council of 25 January 2022 on a reinforced role for the European Medicines Agency in crisis preparedness and management for medicinal products and medical devices. *Official Journal of the European Union*. 2022. L 20. P. 1–37. URL: <https://eur-lex.europa.eu/eli/reg/2022/123/oj>.

¹⁹ Regulation (EU) 2022/2370 of the European Parliament and of the Council of 23 November 2022 amending Regulation (EC) № 851/2004 establishing a European Centre for Disease Prevention and Control. *Official Journal of the European Union*. 2022. L 314. P. 1–25. URL: <https://eur-lex.europa.eu/eli/reg/2022/2370/oj>.

Critical Medicines Act under negotiation, and the Council Recommendation on Vaccine-Preventable Cancers constitute a thick regulatory matrix in which infectious disease preparedness is interwoven with non-communicable disease control, digital health and pharmaceutical supply security. Each of these instruments creates implementation duties that must be transposed into Ukrainian law, and several of them establish operational networks – the European Centre for Disease Prevention and Control public health emergency operation centres, the Union joint procurement framework, the Health Crisis Board – that Ukraine will need to plug into through its EU4Health association and ECDC Memorandum.

Taken together, these instruments construct a layered legal regime with three defining features. First, they treat resilience as a continuous legal duty of the State rather than as an emergency exception. Second, they require intersectoral coordination across human, animal and environmental health, anchored in domestic legislation. Third, they create concrete legal pathways – including the EU4Health association mechanism, ECDC observer status and the European Union enlargement *acquis* on health – through which non-Member States such as Ukraine can align their national systems with the European Health Union²⁰. The legal task for Ukraine is to internalise these features without losing the operational coherence that the war has placed under unprecedented strain.

2. Ukraine's national legal framework on public health, epidemiological safety, biological security and healthcare-system resilience

Ukraine's domestic legal framework for the protection of public health in the face of infectious disease threats has developed in three successive layers. The first layer is the Fundamentals of Legislation of Ukraine on Health Care of 19 November 1992 № 2801-XII, which establishes the constitutional and statutory architecture of the right to health protection and defines the principal categories of health-care institutions, medical attendance and quality of medical care²¹. The Fundamentals operate as a framework statute, referenced across the sectoral legislation on licensing, accreditation and medical standards. They do not, however, articulate health-system resilience as a normative concept and do not provide a comprehensive legal regime for cross-border health threats.

²⁰ European Commission. Association Agreement with Ukraine and Association to the EU4Health Programme. URL: https://health.ec.europa.eu/funding/eu4health-programme-2021-2027-vision-healthier-european-union/association-agreement-ukraine_en.

²¹ Основи законодавства України про охорону здоров'я : Закон України від 19 листопада 1992 р. № 2801-XII. Відомості Верховної Ради України. 1993. № 4. Ст. 19. URL: <https://zakon.rada.gov.ua/laws/show/2801-12>.

The second layer is constituted by the Law of Ukraine 'On Protection of the Population against Infectious Diseases' of 6 April 2000, № 1645-III. This Law determines the legal, organisational and financial basis of activities aimed at the prevention, localisation and elimination of human infectious diseases. It introduces the category of sanitary protection of the territory of Ukraine and details the powers of central and local executive bodies, the duties of natural and legal persons, the financing of immunoprophylaxis and the fundamentals of compulsory and recommended vaccination²². Despite its detailed structure, the Law was drafted in the pre-International Health Regulations (2005) period and reflects a predominantly sanitary-epidemiological model rather than a modern public health system based on intersectoral surveillance, risk assessment and One Health prevention.

The third – and most significant – layer is the Law of Ukraine 'On the Public Health System' adopted by the Verkhovna Rada of Ukraine on 6 September 2022. The Law introduces the concept of public health at the legislative level, defines the subjects of legal relations within the public health system, delineates the powers of the Cabinet of Ministers, the Ministry of Health and other central and local authorities, and provides for the establishment of a Coordinating Council on Public Health. It also defines the operational function of monitoring, preparedness and response to dangerous factors and emergencies in the field of public health, expressly including implementation of the International Medical and Sanitary Regulations and timely response to localise and eliminate threats²³. The Law thus marks the legislative reception of the World Health Organisation's essential public health operations and is the first Ukrainian statute that approximates the European framework on cross-border threats to health.

The 2022 Law is doctrinally important for three reasons. First, it consolidates a long-fragmented body of sanitary-epidemiological provisions into a single statute organised around the ten essential public health operations articulated by the World Health Organization Regional Office for Europe. Second, it shifts the regulatory paradigm from a chiefly surveillance-and-response model to a population-health model that encompasses health promotion, health protection and disease prevention. Third, it provides a statutory basis for digital public health by anchoring the operations of monitoring, surveillance and risk communication in interoperable information

²² Про захист населення від інфекційних хвороб : Закон України від 6 квітня 2000 р. № 1645-III. Відомості Верховної Ради України. 2000. № 29. Ст. 228. URL: <https://zakon.rada.gov.ua/laws/show/1645-14>. ; see also: The Law of Ukraine on Protection of Population against Infectious Diseases. FAOLEX Database. URL: <https://faolex.fao.org/docs/pdf/ukr38309.pdf>.

²³ Про систему громадського здоров'я : Закон України від 6 вересня 2022 р. № 2573-IX. Голос України. 2022. № 213. URL: <https://zakon.rada.gov.ua/laws/show/2573-20>.

systems. These choices align the Ukrainian framework with the structural logic of Regulation (EU) 2022/2371 and create the conditions for the gradual operationalisation of the European Health Union acquis at the national level.

Nevertheless, several substantive gaps remain. The Law does not define health-system resilience as a binding normative concept, does not articulate the relationship between ordinary preparedness duties and martial-law competences, does not yet codify the duty to designate a National International Health Regulations Authority, and does not provide a single regulatory home for One Health intersectoral coordination. These gaps are not failures of legislative ambition; they reflect the cumulative effect of overlapping reform cycles and the legislative urgency of the wartime period. The doctrinal task is therefore to identify the minimal set of amendments that would convert the existing framework into a resilient and One-Health-aligned regime, without rewriting the statute from scratch.

Institutional implementation of the public health framework is concentrated in the Public Health Centre of the Ministry of Health of Ukraine, which functions as the national focal point for epidemiological surveillance, monitoring of communicable diseases, immunisation policy and emergency response²⁴. The European Centre for Disease Prevention and Control conducted in 2023 a review of Ukraine's communicable disease surveillance, identifying both advances and persistent gaps, particularly in laboratory networks, epidemic intelligence and the integration of human and animal health data²⁵. The 2024 Memorandum of Understanding between the European Centre for Disease Prevention and Control and the Ministry of Health of Ukraine institutionalises this cooperation, providing Ukraine with observer status in European Centre for Disease Prevention and Control networks and a structured pathway toward compliance with the European Union acquis on serious cross-border threats to health²⁶.

Biological safety and biosecurity remain the most fragmented segment of the national legal framework. Ukraine's obligations under United Nations Security Council Resolution 1540 (2004) require comprehensive national legislation prohibiting the proliferation of biological weapons and ensuring effective control over related materials. The Organization for Security and Co-

²⁴ Public Health Centre of the Ministry of Health of Ukraine. Official Website. URL: <https://phc.org.ua/en>.

²⁵ European Centre for Disease Prevention and Control. ECDC Review of Communicable Disease Surveillance in Ukraine. Stockholm : ECDC, 2024. URL: <https://www.ecdc.europa.eu/en/publications-data/ecdc-review-communicable-disease-surveillance-ukraine>.

²⁶ European Centre for Disease Prevention and Control. ECDC Signs Memorandum of Understanding with the Ministry of Health of Ukraine. Stockholm : ECDC, 29 October 2024. URL: <https://www.ecdc.europa.eu/en/news-events/ecdc-signs-memorandum-understanding-ministry-health-ukraine>.

operation in Europe project on strengthening biological safety and security in Ukraine notes that, although Ukraine has acceded to the Biological and Toxin Weapons Convention and adopted several subordinate acts, the regulatory framework remains dispersed across statutes on health protection, veterinary medicine, environmental protection and civil protection²⁷. A consolidated framework law on biological safety and biosecurity has been under preparation, but as of the moment of writing, the area continues to operate on the basis of fragmented sectoral rules.

Quality and safety of medical care during the period of martial law introduced by the Decree of the President of Ukraine of 24 February 2022 form a distinct sub-regime. Continuity of medical care, financing through the Programme of Medical Guarantees administered by the National Health Service of Ukraine, and emergency adaptations of licensing and accreditation rules have been the principal regulatory responses²⁸. The World Bank notes that Ukraine has continued to strengthen the public health system to address new challenges arising from the war, including the maintenance of immunisation, tuberculosis and HIV services and the expansion of mental health support²⁹. Health-financing research conducted under the auspices of the World Health Organization confirms that the resilience of Ukrainian health financing during the war has rested on purchaser-provider separation, strategic purchasing through the National Health Service of Ukraine and rapid emergency budgetary redirection³⁰.

The legal interaction between the ordinary public health regime and the martial-law regime is conceptually demanding. Under Ukrainian constitutional law, martial law does not suspend constitutional rights wholesale; it permits proportionate, temporary restrictions in conformity with the Constitution and Article 15 of the European Convention on Human Rights, of which Ukraine is a party. Public health duties under ordinary law continue to apply, but they must be implemented through administrative competences

²⁷ Organization for Security and Co-operation in Europe. Strengthening Biological Safety and Security in Ukraine in line with UNSCR 1540 (2004). Vienna : OSCE, 2024. URL: <https://projects.osce.org/projects/ukraine-biological-safety-security>.

²⁸ Hrynevych B. et al. State Regulation of Ensuring the Quality Medical Care during Martial Law in Ukraine: Lessons for the International Community. *Issues in Law and Medicine*. 2024. Vol. 39, № 2. URL: <https://issuesinlawandmedicine.com/articles/state-regulation-of-ensuring-the-quality-medical-care-during-martial-law-in-ukraine-lessons-for-the-international-community/>.

²⁹ World Bank. Ukraine Strengthens the Public Health System to Tackle New Challenges. Washington, D.C. : World Bank, 7 July 2025. URL: <https://www.worldbank.org/en/news/feature/2025/07/07/ukraine-strengthens-the-public-health-system-to-tackle-new-challenges>.

³⁰ World Health Organization Regional Office for Europe. Health Financing in Ukraine: Reform, Resilience and Recovery. Copenhagen : WHO Regional Office for Europe, 2024. URL: <https://www.who.int/europe/publications/i/item/WHO-EURO-2024-10570-50342-75964>.

that operate in a contracted timeline and across a fragmented territory. The Programme of Medical Guarantees has been adapted to maintain payment streams for healthcare providers operating in active conflict zones, in frontline regions and in territories temporarily occupied at the time of analysis. The Law of Ukraine on the Public Health System ought to incorporate explicit rules on the activation of preparedness and response duties during armed conflict, the protection of healthcare facilities under international humanitarian law, and the coordination of the Public Health Centre with the State Emergency Service, the Ministry of Defence and the State Border Guard Service.

Antimicrobial resistance, although recognised as a national priority since the development of Ukraine's National Action Plan on Antimicrobial Resistance in 2018 with the support of the World Health Organization Regional Office for Europe, has not yet been comprehensively encoded into the statutory framework on public health. Existing regulation relies on subordinate acts on rational use of antimicrobials, veterinary medicinal products and food safety, without an integrated One Health statutory mechanism that would bind the Ministry of Health, the State Service of Ukraine for Food Safety and Consumer Protection and the Ministry of Environmental Protection and Natural Resources to a single legal cycle of surveillance, response and stewardship³¹. The same fragmentation characterises the regulation of zoonoses, vector-borne diseases and environmental drivers of disease emergence.

A focused look at antimicrobial resistance illuminates the broader One Health gap. Within the human sector, Ukrainian regulation contains a prescription-only requirement for systemic antimicrobials, a Ministry of Health order on rational antibiotic prescribing, and reporting obligations for healthcare-associated infections. Within the veterinary sector, the regulation of antimicrobial medicinal products is governed by the Law of Ukraine on Veterinary Medicine, with subordinate acts on the marketing authorisation and prescription of veterinary medicinal products. Within the environmental sector, regulation is largely indirect: it operates through wastewater discharge permits under the Water Code of Ukraine and through sanitary norms on water quality. None of these regimes is presently bound by an integrated statutory duty to share data, develop joint indicators or commit to coordinated reduction targets aligned with the European Council Recommendation of 2023 on

³¹ World Health Organization Regional Office for Europe. Ukraine Develops National Action Plan on Antimicrobial Resistance. Copenhagen : WHO, 21 February 2018. URL: <https://www.who.int/europe/news/item/21-02-2018-ukraine-develops-national-action-plan-on-antimicrobial-resistance>; European Commission. Member States' One Health National Action Plans against Antimicrobial Resistance. Luxembourg : Publications Office of the EU, 2022. URL: https://health.ec.europa.eu/system/files/2022-11/amr_onehealth_naps_rep_en.pdf.

stepping up European Union actions to combat antimicrobial resistance in a One Health approach³². A statutory anchor for such integration is the precise One Health intervention required.

Overall, Ukrainian legislation has moved from a sanitary-epidemiological to a public health paradigm, but it has not yet completed the transition to a resilience-and-One-Health paradigm. Three structural gaps stand out. First, the statutory definition of health-system resilience is absent: the 2022 Law on the Public Health System speaks of preparedness and response but does not yet articulate resilience as an integrated normative obligation across prevention, response and recovery. Second, the intersectoral coordination required by the Quadripartite One Health Joint Plan of Action lacks a stable statutory anchor. Third, the legal regime of cross-border threats has not been aligned with Regulation (EU) 2022/2371, which is a precondition for Ukraine's full participation in the European Health Union following European Union accession. Each of these gaps is amenable to targeted legislative correction rather than wholesale recasting of the existing framework.

3. Legal and governance directions for European Union-aligned One Health implementation in Ukraine

The first direction concerns the codification of health-system resilience as a normative concept in Ukrainian primary legislation. Building on the 2022 Law on the Public Health System, Ukraine should introduce a statutory definition of resilience capturing the four managerial functions identified in the international literature: anticipation, absorption, adaptation and transformation³³. The definition should be paired with a set of binding duties on central and local authorities, with explicit indicators that map onto the World Health Organization International Health Regulations capacities and the European Centre for Disease Prevention and Control communicable disease surveillance benchmarks. Without such codification, resilience risks remaining a policy concept rather than an enforceable legal standard.

The codification of resilience should accomplish three operational objectives. First, it should make resilience justiciable: courts and oversight bodies must be able to test administrative action against an ascertainable legal standard. Second, it should embed resilience indicators in budgetary and planning cycles, so that the Ministry of Finance, the Ministry of Health and

³² Council of the European Union. Council Recommendation of 13 June 2023 on stepping up EU actions to combat antimicrobial resistance in a One Health approach. Official Journal of the European Union. 2023. C 220. P. 1–20. URL: <https://eur-lex.europa.eu/eli/C/2023/220/oj>.

³³ Jahn R., Perplies C., Rast E., Biddle L., Gold A. W., Bozorgmehr K. Health System Resilience in the Context of Forced Migration: A Qualitative Framework Analysis of Germany's Crisis Responses in 2015 and 2020. *Social Science & Medicine*. 2025. Vol. 376. P. 118174. DOI: <https://doi.org/10.1016/j.socscimed.2025.118174>.

oblast administrations can quantify investments in resilience and account for them annually. Third, it should establish auditable benchmarks interoperable with the European Centre for Disease Prevention and Control's indicators, the World Health Organisation's e-SPAR tool and the European Union's preparedness peer review under Regulation (EU) 2022/2371. A concise statutory chapter on resilience – containing definitions, principles, duties, indicators and reporting obligations – would be sufficient to achieve these objectives without disturbing the existing architecture of the law.

The second direction is the designation of a National International Health Regulations Authority, as required by the 2024 amendments to the International Health Regulations (2005). The Authority should be established by law, with a clear mandate to coordinate the implementation of the Regulations across the Ministry of Health, the State Service of Ukraine for Food Safety and Consumer Protection, the State Emergency Service, the Ministry of Defence, the State Border Guard Service and the Ministry of Environmental Protection and Natural Resources³⁴. Such designation responds to the documented weakness of fragmented authority, limited legal mandates and weak intersectoral coordination, and it directly aligns Ukraine with the European Union's logic of permanent administrative bodies for emergency governance embodied in the Health Emergency Preparedness and Response Authority and the Health Security Committee.

Two design choices follow from this direction. The Authority could be established either as an interministerial body chaired by the Ministry of Health or as a dedicated agency. The interministerial model preserves the constitutional principle of ministerial responsibility and minimises the bureaucratic cost; the agency model concentrates expertise and operational authority and resembles the institutional choices made by several Member States of the European Union, including Germany's Robert Koch Institute, France's Santé publique France and Sweden's Public Health Agency. Whichever model is selected, the law should ensure that the Authority has a permanent secretariat, defined legal powers, dedicated funding, statutory access to information across ministries, and an explicit liaison role with the World Health Organization, the European Centre for Disease Prevention and Control and the Health Security Committee. The institutional footprint must be lean enough to function during war and rich enough to absorb peace-time complexity.

The third direction is the statutory entrenchment of a One Health intersectoral mechanism. The Coordinating Council on Public Health,

³⁴ Phelan A., Gostin L. National IHR Authorities in the 2024 Amendments to WHO's International Health Regulations. *BMJ Global Health*. 2025. URL: <https://pmc.ncbi.nlm.nih.gov/articles/PMC12434747/>.

established under the 2022 Law on the Public Health System, should be complemented – or restructured – by a National One Health Coordination Platform with a legal personality, recurring budget and a duty to produce annual public reports on antimicrobial resistance, zoonoses, food safety and environmental drivers of disease. The legal design of the Platform should reflect the Quadripartite One Health Joint Plan of Action and the Quadripartite One Health Legislative Assessment Tool for Antimicrobial Resistance, which provide ready-made methodologies for participatory legislative reform and for identifying regulatory gaps across sectors³⁵. Such a Platform would also remedy the current absence of a single legal interface between the Ministry of Health and the veterinary, agricultural and environmental administrations.

The functional design of the Platform can draw on comparative examples. The European One Health Network, established under Regulation (EU) 2022/2371, brings together the public health, veterinary and environmental sectors at Union level. The French Comité interministériel pour la santé and the Italian One Health intersectoral working group on antimicrobial resistance offer national templates. Ukraine's Platform could combine a high-level political board (chaired by a Deputy Prime Minister) with a technical secretariat (hosted by the Public Health Centre), supported by working groups on antimicrobial resistance, zoonoses, food safety, biosafety and environmental drivers of disease. The annual public reports would translate the Platform's work into an instrument of democratic accountability and a basis for parliamentary oversight.

The fourth direction concerns the harmonisation of antimicrobial resistance, zoonoses and healthcare-associated infections surveillance with European Centre for Disease Prevention and Control and European Food Safety Authority methodologies. The literature shows that, even in the European Union/European Economic Area, implementation of national action plans is constrained by limited resources, weak intersectoral coordination and fragmented leadership, and that the EU-JAMRAI-2 Joint Action seeks precisely to address these shortcomings³⁶. Ukraine should anchor in primary legislation a duty to conduct integrated surveillance covering human, animal, plant and environmental sectors; to apply harmonised case definitions and laboratory standards; and to publish aggregated data through interoperable digital platforms compatible with the European Surveillance System. The Memorandum of Understanding between the European Centre for Disease

³⁵ Bullón Caro C. et al. The Quadripartite One Health Legislative Assessment Tool for Antimicrobial Resistance (OHLAT). *Journal of Global Health Law*. 2025. Vol. 2, № 1. P. 121–148. DOI: <https://doi.org/10.4337/jghl.2025.01.07>.

³⁶ Davido B. et al. Strengthening Antimicrobial Resistance Governance in Europe: A Coordinated One Health Approach. *The Lancet Regional Health – Europe*. 2025. Vol. 60. DOI: <https://doi.org/10.1016/j.lanepe.2025.101540>.

Prevention and Control and the Ministry of Health of Ukraine provides the institutional channel through which such alignment can be operationalised, including by Ukraine's participation as an observer in European Centre for Disease Prevention and Control networks³⁷.

The legal expression of this harmonisation should include three elements. First, a statutory definition of the integrated surveillance system, identifying its participants, data flows, governance and protection of personal data. Second, a list of priority pathogens and exposures to be monitored under the integrated system, periodically updated by subordinate act in coordination with the European Centre for Disease Prevention and Control. Third, a duty of timely publication of disaggregated and anonymised data, both for scientific use and for democratic oversight. The integrated surveillance regime should be expressly linked to the National One Health Coordination Platform and to the National International Health Regulations Authority, in order to avoid duplication of governance structures.

The fifth direction is the integration of climate-sensitive biosecurity duties into public administration law. The Quadripartite One Health Joint Plan of Action emphasises the environmental track as a constitutive element of One Health, and contemporary academic evidence demonstrates the role of climate change, deforestation, urbanisation and biodiversity loss in disease emergence and the spread of antimicrobial-resistant bacteria³⁸. Ukrainian legislation on environmental impact assessment, water management and waste management should be amended to include explicit duties of risk screening for biological hazards and antimicrobial resistance, while the future framework law on biological safety and biosecurity should consolidate the dispersed sectoral rules into a single regime. Such consolidation is also a logical consequence of Ukraine's obligations under United Nations Security Council Resolution 1540 (2004) and of the recommendations articulated under the Organization for Security and Co-operation in Europe project on biological safety and security in Ukraine³⁹.

³⁷ European Centre for Disease Prevention and Control. ECDC Signs Memorandum of Understanding with the Ministry of Health of Ukraine. 29 October 2024. URL: <https://www.ecdc.europa.eu/en/news-events/ecdc-signs-memorandum-understanding-ministry-health-ukraine>.

³⁸ Ye Z., Li M., Jing Y., Liu K., Wu Y., Peng Z. What Are the Drivers Triggering Antimicrobial Resistance Emergence and Spread? Outlook from a One Health Perspective. *Antibiotics*. 2025. Vol. 14, № 6. Art. 543. DOI: <https://doi.org/10.3390/antibiotics14060543>; Phelan A., Gostin L. Law as a Fixture between the One Health Interfaces of Emerging Diseases. *Transactions of the Royal Society of Tropical Medicine and Hygiene*. 2017. Vol. 111, № 6. P. 241–243. DOI: <https://doi.org/10.1093/trstmh/trx044>.

³⁹ Organization for Security and Co-operation in Europe. Strengthening Biological Safety and Security in Ukraine in line with UNSCR 1540 (2004). URL: <https://projects.osce.org/projects/ukraine-biological-safety-security>.

Ukraine's recovery agenda offers a natural channel for climate-sensitive biosecurity reforms. The Ukraine Plan adopted under the Ukraine Facility Regulation establishes a multi-annual programme of investments and reforms⁴⁰; its Pillar II on green transition and Pillar IV on social policy and human capital contain commitments that intersect with public health resilience. The integration of climate adaptation indicators into the public health legal regime – heat-wave preparedness, vector-borne disease forecasting, drinking water security under conditions of drought, sanitation continuity in war-damaged settlements – would convert general reconstruction commitments into operational legal duties. The same logic applies to the consolidation of biosafety: the law should articulate a single regulatory cycle covering risk assessment, containment, transport, dual-use research of concern and emergency response.

The sixth direction concerns alignment with the European Union acquis on serious cross-border threats to health. Regulation (EU) 2022/2371 provides a detailed template – including the Health Security Committee, the Early Warning and Response System, joint procurement of medical countermeasures and the recognition of public health emergencies at Union level – that Ukraine should mirror in its preparedness legislation as part of its European integration. Chapter 22 of the European Union–Ukraine Association Agreement on public health and Articles 426–428 of the Agreement commit the parties to cooperate on communicable disease prevention and control, including the gradual approximation of Ukraine's legislation to European Union rules⁴¹. The association of Ukraine with the EU4Health programme since 2022 makes this approximation both legally feasible and financially supported, and it ties Ukrainian public and private entities to European Union health-emergency governance through competitive calls and direct grants⁴².

The seventh direction is the legal institutionalisation of community engagement and the social science dimension of preparedness. Empirical research conducted in Bangladesh, Uganda and Ukraine has shown that preparedness and response activities must be tailored to community demands

⁴⁰ Regulation (EU) 2024/795 of the European Parliament and of the Council of 29 February 2024 establishing the Ukraine Facility. Official Journal of the European Union. 2024. L, 2024/795. URL: <https://eur-lex.europa.eu/eli/reg/2024/795/oj>.

⁴¹ Association Agreement between the European Union and its Member States, of the one part, and Ukraine, of the other part. Official Journal of the European Union. 2014. L 161. URL: <https://www.kmu.gov.ua/storage/app/sites/1/uploaded-files/ASSOCIATION%20AGREEMENT.pdf>. (see Chapter 22 'Public Health', Articles 426–428).

⁴² European Commission. Association Agreement with Ukraine – Public Health. URL: https://health.ec.europa.eu/funding/eu4health-programme-2021-2027-vision-healthier-european-union/association-agreement-ukraine_en.

and cultural specificities, and that community engagement is an essential element of an integrated One Health approach to antimicrobial resistance and infectious disease research⁴³. Ukrainian legislation on public health should therefore introduce binding duties of public participation in preparedness planning, risk communication strategies aligned with World Health Organization and European Centre for Disease Prevention and Control guidance, and specific protections for vulnerable populations, including internally displaced persons, refugees, conflict-affected populations and ethnic minorities. This dimension is particularly important during martial law, when trust and information flow are themselves determinants of health-system resilience.

Implementation of the community-engagement direction can build on the Law of Ukraine 'On Public Consultations' and on existing practice under the Programme of Medical Guarantees, which involves civil society organisations in the design of patient pathways. Specific legislative duties should be created in four areas: participation of communities in the design of preparedness and response plans; mandatory cultural and linguistic adaptation of risk communication materials, including for Roma, Crimean Tatar and other minority communities; participation of patient organisations in antimicrobial resistance stewardship; and the deployment of trusted community intermediaries in regions affected by hostilities. The Public Health Centre should be empowered to issue guidance, while oblast and hromada authorities should be required to demonstrate compliance in their annual public health reports.

An eighth, transversal direction concerns the digital architecture of public health. Resilience cannot be achieved without interoperable, secure and constitutionally compliant information systems. Ukraine's Electronic Health System operated by the National Health Service of Ukraine and the public health surveillance platforms operated by the Public Health Centre must be aligned with the technical and legal specifications of the European Health Data Space Regulation. This alignment includes the use of the International Patient Summary, the European Electronic Health Record Exchange Format, the FHIR Release 4 standard for clinical data, the SNOMED CT and ICD-11 terminologies, and the protocols of the European Surveillance System. From a legal perspective, alignment requires updates to the Law of Ukraine on

⁴³ Jirovsky-Platter E., Grohma P., Naher N., Rodyna R., Nabirye C., Dückers M., Ahmed S., Osborne J., Kaawa-Mafigiri D., Giles-Vernick T., Kutalek R. Community Engagement to Tackle Infectious Threats: A Viewpoint Based on a Social Science Mapping Process in Bangladesh, Uganda, and Ukraine. *Journal of Global Health*. 2023. Vol. 13. Art. 03025. DOI: <https://doi.org/10.7189/jogh.13.03025>.

Personal Data Protection, to the Law on Information, to the regulation of e-prescription and to the rules of the Programme of Medical Guarantees.

A ninth direction concerns workforce. The legal apparatus described above will be ineffective without a trained public health workforce. The Cabinet of Ministers of Ukraine has already approved a Strategy for the Development of the Public Health System through 2030; its workforce pillar should be reinforced by amendments to the Law of Ukraine 'On Higher Education' and to the Law on the Public Health System creating statutory titles and competence profiles for public health specialists, field epidemiologists, biostatisticians, environmental health officers and One Health coordinators. The development of accelerated Field Epidemiology Training Programmes in cooperation with the European Centre for Disease Prevention and Control and the World Health Organization Regional Office for Europe should be backed by statutory guarantees of employment in the public sector, in order to retain trained graduates in Ukrainian institutions.

A tenth direction is financial sustainability. Resilience reforms require a stable financial base. The current legal architecture, organised around the Programme of Medical Guarantees and complemented by ad hoc donor funding, has performed creditably under wartime conditions, but it remains vulnerable to fiscal shocks. The Budget Code of Ukraine and the Law on the Public Health System should establish a protected minimum allocation to public health functions, indexed to a percentage of total health expenditure and non-derogable in time of armed conflict. Ukraine's association with the EU4Health programme, the European Investment Bank's health portfolio, the Loss and Damage Fund discussions and the recovery instruments under the Ukraine Facility provide complementary financing channels. The legal task is to convert these instruments into predictable revenue streams for the integrated resilience-and-One-Health regime.

An eleventh direction concerns research, innovation and the legal architecture supporting them. Resilience in the European Health Union is increasingly understood as a function of research preparedness: the ability to launch adaptive clinical trials in days rather than months, to share genomic data on emerging pathogens, and to integrate behavioural research into outbreak response. Ukraine's participation in Horizon Europe through the EU4Health–Horizon Europe nexus, the operation of European Reference Networks under Directive 2011/24/EU on the application of patients' rights in cross-border healthcare, and the legal framework on clinical trials transposed from Regulation (EU) 536/2014 collectively offer the building blocks of a research-resilience regime. The Law of Ukraine on Scientific and Scientific-Technical Activity, the Law on Medicines, and the future law on clinical trials need to be aligned so that the National Health Service of Ukraine, the State

Service of Ukraine on Medicines and Drugs Control, and the Public Health Centre can coordinate research duties with operational duties during a public health emergency. The Ethics Committees regime should be modernised to permit accelerated review under pre-agreed protocols, and data protection rules should be calibrated to enable interoperable research under the European Health Data Space.

A twelfth direction concerns mental health and psychosocial support, which have emerged as a defining feature of Ukraine's wartime public health response and as a cross-cutting determinant of system resilience. The National Mental Health Programme, adopted in 2021, and the 'How are you?' initiative launched in 2023, have laid down a comprehensive policy framework. Its legal anchor should be strengthened by integrating mental health duties into the Law on the Public Health System, the Law on Psychiatric Care, and the regulations of the Programme of Medical Guarantees, with explicit provisions on the integration of mental health into primary care, community-based services, school health, occupational health, and emergency response. The legal regime should also recognise the cross-border dimension of mental health under wartime conditions: refugee mental health, the rights of returnees, and the cooperation with European Union Member States hosting Ukrainian refugees under the Temporary Protection Directive. The integration of mental health into the resilience regime is required by the World Health Organisation's mental health and psychosocial support guidelines and by the European Union's Joint Action on Mental Health and Well-being.

Taken as a package, these directions constitute a coherent legal-and-governance reform agenda. Each direction builds on an existing Ukrainian legal instrument, on a binding international obligation and on an explicit European Union *acquis* or strategic document. The reform agenda thus avoids legislative duplication and instead reorganises existing duties into a single resilience-and-One-Health continuum. Its implementation does not require a new framework code; it requires precise amendments to the 2022 Law on the Public Health System, the Law on Protection of the Population against Infectious Diseases, the Fundamentals of Legislation on Health Care, and the sectoral statutes on veterinary medicine, food safety, environmental protection and civil protection. The result would be a streamlined statutory architecture in which international obligations, European Union duties and national priorities converge into a single normative continuum.

CONCLUSIONS

The analysis demonstrates that the legal mechanisms for ensuring the resilience of Ukraine's healthcare system in the face of global infectious disease threats are structurally incomplete, but the components needed to complete them already exist at three levels: international, European Union,

and national. At the international level, the International Health Regulations (2005), as amended in 2024, together with the Quadripartite One Health Joint Plan of Action (2022–2026), set out a coherent regime in which prevention, preparedness, response and recovery operate as a continuous legal cycle. At the European Union level, Regulation (EU) 2022/2371 on serious cross-border threats to health, Regulation (EU) 2021/522 establishing the EU4Health programme, the Health Emergency Preparedness and Response Authority, and the European Union Global Health Strategy collectively construct a European Health Union with explicit One Health and resilience commitments. At the national level, the Fundamentals of Legislation of Ukraine on Health Care, the Law on Protection of the Population against Infectious Diseases and the 2022 Law on the Public Health System provide the statutory raw material that can be reshaped into a resilience-and-One-Health regime.

Three principal conclusions follow. First, Ukraine's legal framework has progressed from a sanitary-epidemiological paradigm toward a public health paradigm, but the transition to a resilience paradigm remains unfinished. The codification of resilience as a binding legal concept, the designation of a National International Health Regulations Authority and the statutory entrenchment of a One Health intersectoral mechanism are the three indispensable steps to complete this transition. Second, European integration is not a parallel track to public health reform; it is its operational backbone. The Association Agreement, association with EU4Health and cooperation with the European Centre for Disease Prevention and Control already provide the legal channels through which Ukraine can approximate the European Health Union acquis. Third, the armed conflict has not invalidated the reform agenda; it has made it more urgent. The damage to health infrastructure, the displacement of populations and the increased risk of outbreaks together require a legal framework capable of absorbing extreme stress while continuing to protect public health.

The roadmap proposed in this chapter is therefore both legal and governance-oriented. Its core deliverables are: a statutory definition of health-system resilience anchored in the 2022 Law on the Public Health System; a law establishing the National International Health Regulations Authority; a permanent National One Health Coordination Platform; integrated antimicrobial resistance and zoonoses surveillance harmonised with European Centre for Disease Prevention and Control and European Food Safety Authority methodologies; consolidated biosafety and biosecurity legislation; explicit alignment of Ukrainian preparedness legislation with Regulation (EU) 2022/2371; binding duties of community engagement and risk communication; an interoperable digital public health architecture compatible

with the European Health Data Space; a statutory profile for the public health workforce; and a protected financing channel for public health operations. Implemented together, these reforms would transform Ukraine's healthcare system from a reactive structure into a resilient and One-Health-aligned component of the European Health Union, capable of protecting population health under both ordinary and extraordinary stress, and providing a precedent of legal preparedness for other candidate States and partner countries in the region.

The chapter has emphasised that the proposed reforms are amenable to incremental implementation. They do not require constitutional revision; they do not require the adoption of a new framework code; they do not presuppose the cessation of hostilities. What they require is a deliberate sequencing of legislative interventions, supported by EU4Health funding, by the technical cooperation channels of the European Centre for Disease Prevention and Control, by the methodological resources of the Quadripartite agencies, and by domestic political consensus on the strategic priority of European integration in the health sector. The comparative experience of other candidate States – particularly those that joined the European Union after 2004 – suggests that early codification of resilience principles and early designation of permanent intersectoral coordination mechanisms substantially shorten the post-accession transition period.

The legal categories developed in this chapter – resilience as anticipation, absorption, adaptation and transformation; One Health as a statutorily anchored continuum of human, animal, plant and environmental health; preparedness as a continuous legal duty of the State rather than an emergency exception – are not specific to Ukraine. They are the conceptual coordinates of contemporary international and European health law. Their reception into Ukrainian legislation will therefore have effects beyond the national context: it will document, in a granular and reproducible manner, how a candidate State operating under conditions of armed conflict can construct a legally resilient health system aligned with the European Health Union. The analytical and normative contribution of the chapter is intended to serve both Ukrainian legislators and the wider community of scholars and practitioners engaged in the legal architecture of global health security.

SUMMARY

The chapter examines the legal architecture through which Ukraine, as a candidate State for European Union accession, builds health-system resilience against cross-border infectious disease threats and operationalises the One Health approach. It identifies the principal layers of regulation governing this field: the International Health Regulations (2005) with their 2024 amendments, the Quadripartite One Health Joint Plan of Action (2022–2026),

the European Health Union *acquis* – in particular Regulation (EU) 2022/2371 on serious cross-border threats to health and the EU4Health programme under Regulation (EU) 2021/522 – and the body of Ukrainian legislation centred on the 2022 Law on the Public Health System and the Law on Protection of the Population against Infectious Diseases. The analysis maps gaps in Ukraine's intersectoral coordination between human, animal and environmental health authorities, the fragmented status of biosafety and biosecurity governance, and the limited statutory definition of system resilience. It argues that European integration commitments under Chapter 22 of the EU–Ukraine Association Agreement, combined with Ukraine's association with EU4Health and its Memorandum of Understanding with the European Centre for Disease Prevention and Control, create both an obligation and a practical platform for aligning national rules with the European Health Union. On this basis, the chapter advances a structured set of legal and governance reforms: codification of resilience standards in primary legislation, designation of a National International Health Regulations Authority, statutory entrenchment of a One Health intersectoral mechanism, harmonisation of antimicrobial resistance and zoonoses surveillance with European Centre for Disease Prevention and Control and European Food Safety Authority methodologies, and integration of climate-sensitive biosecurity duties into public administration law. Research results show that resilience cannot be ensured by sectoral regulation alone but requires an integrated legal regime in which prevention, preparedness, emergency response, recovery and One Health action form a single normative continuum. They further demonstrate that Ukraine's existing statutory base already contains the components needed for such a regime, but that these components remain dispersed across sectoral acts and lack a unifying resilience standard. The proposed roadmap, therefore, consists of targeted amendments to existing Ukrainian statutes rather than the adoption of a new framework code. The chapter concludes that completion of this regime is a precondition for Ukraine's effective participation in the European Health Union and for the long-term protection of public health during and after the ongoing armed conflict.

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