

PROBLEMATIC ISSUES OF FINANCIAL AND LEGAL SUPPORT FOR INTERNATIONAL AND STATE PROGRAMMES FOR THE REHABILITATION OF VETERANS

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Abstract. This article provides a thorough analysis of the current financial and legal support available for veteran rehabilitation programmes in Ukraine. It highlights the importance of rehabilitation policy as a vital part of post-war recovery, focusing on the reintegration of military personnel who have suffered physical and psychological injuries due to armed aggression. The authors emphasise the necessity of a systematic approach to financing rehabilitation services, taking into account the requirements of humanitarian law and the standards of the United Nations Convention on the Rights of Persons with Disabilities. The primary focus of this analysis is the disparity between the state and international components of funding, in addition to the deficiencies in the regulatory framework that delineates rehabilitation as a continuous process. The fragmentation of current legislation, the absence of unified terminological foundations, inadequate coordination among relevant actors, and the lack of procedural regulation for interagency co-operation are all salient issues. The text goes on to emphasise the discrepancy between the rights of veterans to rehabilitation and their actual access to quality services at the regional level. The following paper sets out to outline the key challenges in financing the veteran rehabilitation system under the conditions of a special period. These include the absence of transparency in public procurement procedures, the lack of an effective mechanism for external control over the use of funds, and the paucity of performance indicators with which to assess expenditure efficiency. It is imperative to acknowledge the disparity in the financing mechanisms for the multifaceted components of rehabilitation, encompassing the medical, psychosocial, domestic, and occupational domains. This disparity hinders the comprehensive resolution of challenges associated with the adaptation and integration of veterans into society. The analysis conducted has resulted in the formulation of well-founded proposals for the improvement of normative legal acts, the introduction of independent monitoring, the involvement of civil society institutions in the development of individual rehabilitation plans, and the enhancement of transparency in procurement in this field. The creation of a unified basic law on rehabilitation and the introduction of an indicative system for evaluating the performance of service provision are proposed. The results obtained in this study are of practical significance for the formation of a new model of state policy in the field of post-war rehabilitation. They can be used in the activities of central and local executive authorities, healthcare institutions, academic institutions, as well as in the process of law-making and the development of budget programs. *Subject of the article.* The subject of this article is the financial and legal foundations of the functioning of international and state rehabilitation programmes for veterans in Ukraine. The article focuses particularly on the issues of their regulatory framework, funding, intersectoral coordination, and implementation mechanisms for rehabilitation services aimed at the comprehensive recovery of military personnel affected by war. *Research methods.* To ensure objectivity and interdisciplinary analysis, a set of general scientific and specialised legal methods was employed in the course of preparing this article. The formal legal method was employed to analyse the norms of Ukrainian and international law relating to rehabilitation, and to highlight any legal discrepancies. The system-structural method facilitated the analysis of institutional

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interactions and relationships among the legal, financial and social elements of the system. Meanwhile, the comparative legal approach made it possible to compare the Ukrainian model with the practices of the European Union. The method of legal hermeneutics was employed to unify legal concepts, and a socio-economic analysis was conducted to assess financing efficiency and identify risks in public procurement. Analytical and logical-normative methods were employed to summarise the data and develop recommendations to enhance the financial and legal support for rehabilitation programmes. *Purpose of the article.* The article aims to conduct a comprehensive study of the financial and legal foundations of international and state rehabilitation programmes for veterans, in the context of armed aggression against Ukraine. This includes identifying gaps in the current regulatory framework and organisational and financial imbalances in the implementation of relevant programmes, as well as developing conceptual proposals to improve the financing, coordination, control and regulatory unification mechanisms of rehabilitation policy in Ukraine. The article focuses on the structural barriers of a legal, institutional and resource-related nature that hinder veterans' access to comprehensive medical, social, psychosocial and occupational rehabilitation. *Conclusion.* The article concludes that Ukraine currently lacks a coherent mechanism for implementing veteran rehabilitation programmes that can ensure the integrated provision of medical, psychological, social, domestic, educational and occupational interventions. It identifies substantial gaps in the regulatory framework, particularly with regard to terminological ambiguity, the absence of unified approaches to determining the scope of services and the lack of a clear division of responsibilities between state authorities and local self-government bodies. The study emphasises the critical lack of institutional and financial foundations necessary for the rehabilitation system to function stably. The existing funding model is ineffective due to the absence of external monitoring mechanisms, a lack of transparent reporting and inefficiencies in public procurement procedures and resource allocation. These shortcomings prevent adequate fulfilment of veterans' needs, particularly in regions where shortages of specialised institutions and professionals are exacerbated by infrastructural inaccessibility. The research conducted substantiates the necessity for a structural reform of the rehabilitation system. This would include harmonising the legal framework, strengthening intersectoral co-operation, establishing an effective quality control mechanism for services, and developing financial instruments to facilitate the long-term integration of veterans into public life.

Keywords: veteran rehabilitation, financial and legal support, economic integration, state programs, international investments, international programmes, international rehabilitation experience, public funding, military personnel, post-conflict recovery, healthcare system, budget expenditures, funding mechanisms, institutional capacity, effectiveness monitoring, indicative planning, social inclusion, regulatory framework, multidisciplinary services, mobilisation reform, assistive rehabilitation devices.

JEL Classification: H11, H75, K20, L26, O19

Introduction

In the context of post-war societal recovery, the assessment of the effectiveness of veteran rehabilitation programmes is of exceptional importance. The reintegration of individuals who have participated in military operations into peaceful civilian life requires comprehensive support for their physical, psychological, social and economic well-being, as well as medical interventions. Adequate financial and legal regulation is a key factor in ensuring the sustainability, accessibility and targeted nature of these programmes.

In order to address the challenges of the present day, it is necessary to develop a balanced model of rehabilitation policy that combines state efforts with international assistance. It is imperative that such a model be founded upon a transparent legal framework, predictable budget planning, and clear mechanisms of interagency coordination. It is imperative that the legal foundations for the financing of rehabilitation

programmes encompass both the immediate requirements of veterans and the long-term perspective of their inclusion in the country's socio-economic life.

In practice, however, the implementation of rehabilitation programmes often encounters obstacles associated with inconsistent financial instruments, unclear distribution of responsibilities and insufficient control over expenditure effectiveness. This situation requires a systematic analysis and substantiation of ways to improve the financial and legal framework, which is the focus of this article.

1. Methodology of the Study

1.1. Academic Analysis of Literature on the Research Topic

An analysis of scholarly sources indicates a growing academic interest in issues related to the rehabilitation of military personnel, particularly in the context of

large-scale warfare and its impact on the physical and mental health of combatants. Ukrainian researchers have not only focused on the medical, biological and psychophysiological aspects of rehabilitation, but also on the organisational, legal, social and managerial mechanisms involved.

In the context of the ongoing armed conflict in Ukraine, the academic community has devoted considerable effort to studying the rehabilitation of military personnel, combatants and civilians affected by the conflict. A review of the literature reveals that this research covers a wide range of issues, including the medical and psychological aspects, legal frameworks, governance arrangements and financing mechanisms of the rehabilitation system. Despite some thorough studies having been conducted, systematic and generalised analytics regarding the financial and legal tools for implementing state and international rehabilitation programmes for veterans remain limited. This underlines the relevance of this research.

Comprehensive medical rehabilitation of military personnel and individuals with combat injuries has been the focus of such researchers as K. D. Babov, T. M. Bezverkhniiuk, I. K. Babova, O. L. Plakida, I. B. Zabolotna, I. V. Balashova, and O. V. Futruk, in their work *"Rehabilitation of Military Personnel in Sanatorium and Rehabilitation Institutions"*. The authors outlined the key requirements for patient clinical pathways, the role of multidisciplinary medical teams, and the necessity of integrating physical and psychological rehabilitation into a unified treatment process. N. V. Bachynska and Yu. O. Zabiako, in their publication *"Current Issues and Prospective Directions of Rehabilitation for Persons with Combat Injuries"*, analysed the dynamics of changes in rehabilitation infrastructure and the need for new patient management protocols for combined trauma cases.

Issues of an organisational and legal nature, including the adaptation of Ukrainian legislation to international standards, have been explored by V. Andreev, Ya. Bezugla, N. Bolotina, A. Yehorov, P. Pylypenko, and L. Shumna. In particular, their works address the lack of a unified conceptual framework in national law concerning rehabilitation, inconsistencies in regulatory terminology, conflicts between laws in the fields of healthcare and social protection, and the failure to comply with the provisions of the United Nations Convention on the Rights of Persons with Disabilities.

Ukrainian scholars have devoted significant attention to the psychological aspects of rehabilitation, particularly the impact of combat operations on the psychosocial well-being of military personnel. This area has been thoroughly developed in the works of O. Blinov, O. Boiko, A. Borodii, V. Krainiuk, Ye. Lytvynovskiy, O. Makarevych, and A. Romanyshyn. The researchers emphasised the need to establish

a system of military psychological support that addresses post-traumatic disorders, adaptation crises, and the necessity for long-term mental rehabilitation.

The practical and administrative-organisational aspects of rehabilitation work with veterans are the focus of the works of V. Aleshchenko, O. Karaman, V. Leskov, M. Maslova, N. Oleksiuk, N. Ponomarenko, O. Savchenko, V. Turban, and O. Khmiliar. The primary focus of their research endeavours pertains to the challenges associated with the implementation of a systemic approach to rehabilitation at the hromada (community) level. This involves ensuring adequate staffing levels, the material and technical capacity of institutions, and the effective utilisation of budgetary resources. The text emphasises the necessity of establishing sustainable rehabilitation infrastructure within local hromadas, enhancing the qualifications of personnel, standardising processes, and developing public-private partnerships in the domain of medical and social rehabilitation.

1.2. Methodological Features of the Study

This article was prepared using a comprehensive set of general scientific, special legal and interdisciplinary research methods, ensuring a systematic, logical and analytical approach to examining issues related to the financial and legal support of international and state veteran rehabilitation programmes. An in-depth analysis of Ukraine's current regulatory legal acts (including laws, government resolutions, state programmes and the provisions of international treaties ratified by Ukraine) was enabled by the use of the formal legal method. The analysis revealed fragmentation and inconsistencies among acts of varying legal force, and highlighted a lack of terminological unification in the areas of social protection, healthcare, and public finance.

The systemic-structural method was employed to facilitate the consideration of rehabilitation as an integrated, multi-level system that combines legal, financial, organisational-management, and socio-medical mechanisms. In this context, the analysis encompassed the hierarchy of entities responsible for program implementation, the functional relationships among state, municipal, and non-state institutions, as well as the logic of financial support for different stages of the rehabilitation process – from emergency aid to long-term socio-psychological support.

The comparative legal method was utilised to analyse national legislation in relation to the provisions of international instruments, chiefly the United Nations Convention on the Rights of Persons with Disabilities, the regulatory guidelines of the World Health Organization, and the European Commission's directives on inclusive rehabilitation. Furthermore, a comparative analysis was undertaken with the

practices of several European Union countries (Germany, Lithuania, and Denmark), which have successfully implemented financial and legal models for the support of veteran rehabilitation programmes.

In order to facilitate a more profound comprehension of the fundamental concepts and terminology employed within diverse legislative contexts, the approach of legal hermeneutics was employed. This method enabled the identification of semantic discrepancies, the clarification of the content of legal categories (e.g., "rehabilitation", "social service", "veteran", "comprehensive assistance"), and the formulation of a unified conceptual approach to rehabilitation as a public function of the state. This approach is of particular importance in conditions of normative dispersion and the absence of a codified act that would unify the regulation of the rehabilitation sector.

A significant role in the study was played by the method of socio-economic analysis, which made it possible to critically assess the effectiveness of budgetary financing of rehabilitation programs, analyse the risks of misappropriation of funds, corruption abuses in public procurement processes, and identify disparities between the needs of target groups (particularly war veterans) and the volume and structure of actual financing from the state and local budgets.

The study also utilised the logical-normative and dialectical-legal methods, which facilitated the identification of contradictions and gaps in legal regulation. This, in turn, enabled the formulation of specific proposals for the enhancement of financial and legal mechanisms. The application of the analytical method ensured the integration of statistical data, monitoring report findings, results of governmental programs, and international organisations' analytical materials in order to form an evidence-based and well-founded argumentation. The amalgamation of the aforementioned methodologies permitted a thorough, empirically substantiated, and logically coherent examination of the subject matter.

2. Theoretical Approaches to Defining the Content and Functional Purpose of International and State Programmes for the Rehabilitation of Veterans

2.1. The Concept, Elements, and Principles of Rehabilitation Programmes for Military Personnel

The full-scale war unleashed against Ukraine has resulted in an unprecedented rise in the number of individuals who have suffered physical injuries, psychological trauma, and moral exhaustion due to participation in combat operations. A significant

number of military personnel are returning daily from the front lines with bodily injuries of varying severity, musculoskeletal impairments, and limb loss. All of these require long-term and comprehensive medical, psychological, social, and professional rehabilitation. The aforementioned conditions give rise to an objective need for the creation and effective operation of a large-scale, systematically coordinated state rehabilitation policy, centred on the individual who has fulfilled their duty to the state.

The rehabilitation of military personnel is not only a moral and humanitarian requirement of contemporary society, but also a direct legal obligation of the state, derived from the provisions of the Constitution of Ukraine and current legislation. Concurrently, Ukraine is obliged to execute this function under conditions of considerable financial strain, precipitated by armed aggression, escalating defense expenditures, the devastation of infrastructure, a deepening budget deficit, and constrained access to domestic financial resources. Nevertheless, the state has persisted in its efforts to implement rehabilitation programmes. Indeed, a new model of public administration is being developed, in which international partners play an increasingly significant role by providing both financial and expert support.

Rehabilitation, as an interdisciplinary category, encompasses a set of targeted measures aimed at restoring an individual's functional capacities, facilitating their adaptation to everyday life, and ensuring their full participation in society. In the context of international law, rehabilitation is recognised as a pivotal component in the realisation of fundamental human rights, particularly with regard to the rights to health, dignity, labour, and social protection. The General Comment of the United Nations Committee on the Rights of Persons with Disabilities regarding Article 26 of the Convention on the Rights of Persons with Disabilities affirms that rehabilitation is a continuous process that must provide comprehensive support throughout all stages of life, going beyond medical aspects to also include social, educational, vocational, and psychological rehabilitation (Convention on the Rights of Persons with Disabilities, ratified by Law of Ukraine No. 1767-VI of December 16, 2009).

The World Health Organization, in its foundational document *World Report on Disability* (2011), defines rehabilitation as a series of measures aimed at enabling persons with disabilities to achieve and maintain an optimal level of functioning in physical, intellectual, mental, social, and professional dimensions (WHO: *World Report on Disability*, 2011). The text emphasises that effective rehabilitation is not merely the result of interventions within the medical sphere, but rather the outcome of cross-sectoral co-operation among various actors, including

public administration bodies, the education system, employment services, social protection institutions, and others.

In accordance with national legislation in Ukraine, the rehabilitation of persons with disabilities is recognised as a multi-component process that includes medical, psychological, pedagogical, physical, vocational, labour, health and fitness, and socio-domestic measures. The Law of Ukraine *"On Rehabilitation of Persons with Disabilities in Ukraine"* provides a comprehensive definition of rehabilitation, emphasising the attainment of material and social independence, the assurance of employment opportunities, and full participation in social life (The Law of Ukraine *"On Rehabilitation of Persons with Disabilities in Ukraine"*, No. 1053-IX of December 3, 2020). Concurrently, international best practice demands the active involvement of persons with disabilities themselves, their families, and civil society organisations in the planning, implementation, and monitoring of rehabilitation programmes.

The World Health Organization's 2021 recommendations on rehabilitation in emergency situations emphasise that veterans with injuries or psychological trauma require systematic, long-term support for physical and psychosocial recovery (WHO: *Technical Considerations for Rehabilitation in the Context of Emergency*, 2021). Particular attention is given to reintegration into economic life, particularly through programmes offering vocational guidance, access to education and support for self-employment, as well as helping to develop entrepreneurial potential.

The rehabilitation of persons with disabilities resulting from hostilities must be carried out on the basis of universally recognised principles of international law. Among these principles, the prohibition of discrimination, respect for human dignity, equality of opportunity, and inclusiveness are of particular importance. International legal instruments emphasise the need not only to provide medical, psychological, and social assistance, but also to actively eliminate barriers in the physical, informational, and regulatory environment that hinder the full participation of persons with disabilities in society.

The Convention on the Rights of Persons with Disabilities, adopted by the United Nations General Assembly on 13 December 2006 (A/RES/61/106), constitutes the key international legal framework in this area. Ukraine ratified the Convention through the Law of Ukraine of 16 December 2009, No. 1767-VI. Article 9 of the Convention stipulates the obligation of State Parties to guarantee accessibility to the physical environment, transportation, information, communications, and services open or provided to the public, including rehabilitation facilities.

The Convention stipulates the obligation of States to develop, organise, strengthen, and maintain comprehensive rehabilitation services, taking into

account individual needs and applying a cross-sectoral approach. This legal concept signifies the necessity for social spaces to be transformed in accordance with the needs of persons with disabilities, emphasising the creation of an inclusive environment rather than adapting individuals to existing limitations.

A comprehensive approach to rehabilitation must go beyond purely medical interventions and be inclusive. This requires the integration of measures across various areas of public policy, such as healthcare, employment, education and social protection, and necessitates adequate regulatory, institutional and financial support.

Furthermore, it is crucial to consider social factors such as societal attitudes, public awareness levels, stigmatisation and cultural barriers, which may hinder veterans with disabilities from participating fully in community life.

The implementation of an inclusive approach to the reintegration of combatants with disabilities requires two fundamental elements. Firstly, this group must be identified as beneficiaries. Above all, however, a fundamental rethinking of the structure of the rehabilitation process itself is required. It is imperative to transcend the confines of medical classifications and to encompass personal, psycho-emotional, cultural, legal and economic factors that are instrumental in determining the success of a return to civilian life. Veteran policy must be predicated on the active involvement of veterans in shaping their rehabilitation pathways, on interagency coordination, and on the effective administration of rehabilitation programs.

In this context, international and national programmes play a pivotal role in providing comprehensive support to veterans with disabilities. The distinguishing characteristic of these organisations is the implementation of a cross-sectoral approach.

The Veteran Reintegration Programme, implemented by IREX in co-operation with the Ministry for Veterans Affairs of Ukraine, is a notable initiative aimed at enhancing the quality and accessibility of services for veterans, with a particular focus on the most vulnerable groups. The programme's primary objectives are the expansion of employment and vocational training opportunities, in addition to the enhancement of access to psychosocial and physical rehabilitation services (IREX: *Ukraine Veteran Reintegration Program*).

Moreover, the IREX Veteran Reintegration Program supports a number of initiatives, including the creation of the Unified State Register of War Veterans, the development of the "e-Veteran" electronic platform that enables veterans to access information about available opportunities and benefits, as well as projects aimed at promoting veteran entrepreneurship and vocational retraining. These initiatives notably include professional retraining, support for veteran-

owned businesses, innovative mental health tools, telerehabilitation solutions and mobile hubs, which are designed to address unequal access to services in smaller hromadas. These programmes demonstrate that international support in the rehabilitation sector can help to shape new inclusion standards by taking into account global best practices and the specific needs of the Ukrainian context, as well as filling funding gaps.

At an international level, the United Nations Development Programme (UNDP) in Ukraine runs training sessions for specialists working with disabled veterans in local hromadas. These training sessions aim to enhance the participants' ability to provide effective support and facilitate the reintegration of veterans into society (UNDP Ukraine: Training on Reintegration of Veterans with Disabilities, 2023).

With the support of the European Union, the International Organization for Migration (IOM) is implementing projects to support the reintegration of veterans in Ukraine, particularly through providing psychosocial assistance, vocational training and employment facilitation (IOM and EU: Support for Veterans' Reintegration in Ukraine).

Several key government programmes operate at the national level in Ukraine to ensure comprehensive support for war veterans, particularly those with disabilities. The primary initiative is the State Target Programme for the Social Protection of War Veterans for 2021–2025, which was approved by the Cabinet of Ministers of Ukraine in Resolution No. 336 on April 14, 2021. The programme provides psychological, medical, educational and professional support for combatants. It also plans to develop a network of veteran social support centres, create an electronic personal account for veterans and implement a system to monitor the effectiveness of rehabilitation measures (The Resolution of the Cabinet of Ministers of Ukraine "On Approval of the State Target Program for the Social Protection of War Veterans for 2021–2025" No. 336 of April 14, 2021).

A separate and prominent place is held by the State Strategy for the Rehabilitation of Veterans until 2030, which was approved by the Order of the Cabinet of Ministers of Ukraine No. 1164-p dated December 27, 2022 (The Order of the Cabinet of Ministers of Ukraine "On Approval of the State Strategy for Veterans' Rehabilitation until 2030" No. 1164-p of December 27, 2022), defines the policy priorities in this field, including infrastructure adaptation, development of social entrepreneurship, and access to innovative forms of medical rehabilitation. The Strategy underscores the imperative for interagency collaboration, the establishment of registries to document veterans' needs, a personalised approach to developing rehabilitation pathways, and the engagement of local self-government bodies in the implementation of programme measures.

It is also worth noting the National Strategy for Creating a Barrier-Free Space in Ukraine for the Period until 2030, approved by the Order of the Cabinet of Ministers of Ukraine No. 366-p dated April 14, 2021 (The Resolution of the Cabinet of Ministers of Ukraine "On Approval of the National Strategy for Creating a Barrier-Free Space in Ukraine for the Period until 2030" No. 366-p of April 14), which can be regarded as one of the key instruments of state policy, closely aligned with the challenges of social adaptation of veterans with disabilities. The Strategy is predicated on the principle of ensuring conditions for unimpeded access to public facilities, services, and resources, a prerequisite for the successful reintegration of veterans into society.

Simultaneously, the Ministry of Veterans Affairs of Ukraine is implementing a number of targeted programmes. These include the Veteran Employment Promotion Programme, the Professional Training and Retraining Programme for Combatants, and initiatives to establish consultative platforms for the launch of veteran startups (Ministry of Veterans Affairs of Ukraine: Directions and Programs). In practice, the implementation of these programmes requires stable budget financing, legal support, and effective administration at the regional level.

The existence of key programmes such as the State Strategy for the Rehabilitation of Veterans until 2030 and the National Strategy for Creating a Barrier-Free Environment demonstrates the state's recognition of the importance of a systematic approach to reintegrating veterans. However, the implementation of these measures is facing numerous significant challenges.

2.2. Problems of Implementing State Policy on Veteran Rehabilitation in the Post-War Period

Despite the existence of individual regulatory acts, in particular the Law of Ukraine "On Rehabilitation in Healthcare" dated December 3, 2020, No. 1053-IX (The Law of Ukraine "On Rehabilitation in Healthcare" No. 1053-IX of December 3, 2020), its implementation mechanisms remain uncoordinated with related sectors – such as social protection, education, labor reintegration, and cultural and spiritual rehabilitation. In lieu of the establishment of an intersectoral rehabilitation space, there has been a deepening of the gaps between departmental approaches. This has had the effect of impeding the formation of a coherent policy for the rehabilitation support of combatants and persons with disabilities resulting from war.

In the context of contemporary Ukraine, the medical paradigm of rehabilitation has been observed to predominate over other forms of rehabilitation,

including the social, psychosocial, professional, educational, sports, and spiritual domains. This unilateral approach is at odds with the recommendations put forward by the World Health Organization (WHO), which characterizes rehabilitation as a multifaceted, interdisciplinary form of assistance. In legal practice, this results in a situation where institutions that provide non-medical, alternative, or comprehensive services do not receive adequate funding under state and targeted programs. A lack of institutional support can lead to initiatives working with veterans in areas such as psycho-emotional recovery, vocational training and cultural readaptation being curtailed (Babov K.D. (ed.), 2023: *Rehabilitation of Military Personnel in Sanatorium and Rehabilitation Institutions*. Odesa: Poligraf).

Analysis of the current legislation of Ukraine, in particular the Law of Ukraine "On Social Services" (The Law of Ukraine "On Social Services" No. 2671-VIII of January 17, 2019) and the Law of Ukraine "On Fundamentals of Social Protection of Persons with Disabilities in Ukraine" (The Law of Ukraine "On Fundamentals of Social Protection of Persons with Disabilities in Ukraine" No. 875-XII of March 21) reveals the absence of a unified conceptual framework in the field of rehabilitation services provision. The legislator has not delineated the boundaries between related concepts such as "rehabilitation," "adaptation," "social service," "support," and "accompaniment," which are often used interchangeably in legal practice. This lexical and conceptual inconsistency in the normative framework gives rise to numerous legal conflicts, reduces the effectiveness of inter-agency coordination, and hinders the implementation of a comprehensive cross-sectoral approach to veteran rehabilitation. Consequently, the same form of assistance may be classified in different administrative contexts either as a social service or as a rehabilitation measure. This has the potential to disrupt funding mechanisms, prevent unified approaches to auditing, and complicate reporting within the framework of national post-war recovery policy.

One of the critical issues in the functioning of the rehabilitation system is the lack of effective monitoring of the quality of services provided in healthcare institutions, both in terms of indicators and procedures. In practice, the predominant focus is on individuals who have recently sustained injuries, resulting in short-term interventions, primarily during the acute phase of illness or trauma. Meanwhile, veterans with long-standing or chronic injuries, including those who participated in the Anti-Terrorist Operation (ATO) and the Joint Forces Operation (JFO), often do not receive the appropriate rehabilitation support. This results in prolonged unmet recovery needs that do not diminish over time

and may even worsen. Such a situation goes against national legal acts in the fields of healthcare and social protection, as well as Ukraine's international obligations. In particular, it contravenes the provisions of the 2006 UN Convention on the Rights of Persons with Disabilities, which guarantee the principles of non-discrimination, equal access to services, and long-term rehabilitation support.

The provision of adequate rehabilitation services to veterans with chronic injuries is further complicated by insufficient training among medical personnel and administrative staff in healthcare institutions to work with this target group. In most cases, staff lack the specialised knowledge, methodological materials, operational algorithms or standardised instructions needed to properly plan and implement individual recovery programmes. This state of affairs does not comply with the requirements of the National Standard DSTU 9001:2021 "Rehabilitation Services. General Requirements" or the provisions of the Law of Ukraine "On Rehabilitation in Healthcare", which establish quality, comprehensiveness, and accessibility criteria for rehabilitation assistance. In practice, this often leads to decisions that are overly formalistic, such as refusing services, providing superficial case management or referring veterans to tertiary-level institutions without intervening at primary or secondary stages.

One of the significant barriers to establishing a fully functional rehabilitation system in Ukraine is the inadequate infrastructure of public and municipal healthcare institutions for implementing assistive technologies. This involves more than just the use of individual technical devices; it also involves introducing comprehensive technological solutions that enable people with disabilities to live independently, communicate effectively, stay mobile, integrate into society and develop professionally. A lack of specialised facilities, trained professionals, clinical protocols and standards for the application of such technologies significantly limits the ability to provide high-quality rehabilitation services in line with modern international practices. This situation goes against the United Nations Convention on the Rights of Persons with Disabilities (2006), which ensures access to assistive technologies, such as mobility aids, orientation tools, communication systems and educational and professional resources.

A major ongoing challenge is the systematic non-compliance of healthcare entities with current legislation, particularly with regard to providing people with disabilities with prosthetics, assistive rehabilitation tools and medical devices. Such issues become even more acute in times of special circumstances, when a large number of wounded service members and civilians require urgent, high-quality prosthetic and orthopaedic interventions. However, the situation on the ground reveals delays

in service delivery, procedural complexity, low levels of patient awareness and disjointed action between central executive authorities in the fields of healthcare and social policy, and local self-government bodies. The lack of clear coordination between these parties creates substantial barriers to realising one of the fundamental human rights: the right to restore functional capacity following injuries resulting in disability.

The problem of institutional passivity among local self-government bodies in developing rehabilitation infrastructure is becoming increasingly pronounced in the current circumstances. Often, local councils either fail to approve targeted programmes or implement them in a purely formal manner due to a lack of resources and organisational support. This inaction is in direct contravention of the provisions of the Law of Ukraine "On Rehabilitation in Healthcare", particularly Articles 13 and 16, which stipulate the obligation of local self-government authorities to ensure the accessibility of rehabilitation services, establish and finance municipal rehabilitation centres, and equip rehabilitation facilities with assistive devices and medical products. The absence of active engagement from the local level in the implementation of this policy demonstrates the weakness of the territorial component within the national rehabilitation system and effectively blocks the realisation of the principle of subsidiarity. The latter states that assistance should be provided as close as possible to the individual, taking into account their specific needs and the local context.

The shortage of personnel in the field of rehabilitation is symptomatic of a more profound structural imbalance within the system, which in turn has a direct impact on the quality and accessibility of rehabilitation services. A quantitative deficiency of specialists in healthcare institutions is evident, as is an insufficient level of professional training. This issue can be traced back to a number of factors, including a paucity of practical experience among university lecturers, an absence of clinical bases for high-quality training, and a formalised approach to personnel certification. The absence of a sufficient practical element in accelerated training courses, the lack of unified accreditation standards, and the inadequacy of monitoring mechanisms have resulted in the emergence of individuals who, while formally authorised to engage in rehabilitation practice, lack the required competencies.

Such a situation contradicts the requirements of Article 8 of the Law of Ukraine "On Professional Pre-Higher Education" dated June 6, 2019, No. 2740-VIII, which obliges educational institutions to ensure that the content of educational programs corresponds to labor market demands, as well as to educational and professional standards (The Law of Ukraine

"On Professional Pre-Higher Education" No. 2740-VIII of June 6, 2019).

The problem of the understaffing of multidisciplinary rehabilitation teams further exacerbates the personnel imbalance. In the majority of medical institutions, these teams do not include the full range of necessary specialists, such as a physician in physical and rehabilitation medicine, an occupational therapist, a physical therapist, a psychologist, a social worker, and, in some cases, a rehabilitation nurse. This situation is caused by a shortage of qualified personnel, extremely low wages, a lack of career prospects, overburdened staff, and a lack of funding for a team-based approach within the Medical Guarantees Programme.

Consequently, rehabilitation assistance becomes fragmented, recovery planning is uncoordinated, and the overall effectiveness of the rehabilitation process remains low.

It is imperative to acknowledge the critical shortage of specialists in speech and language therapy in Ukraine. The absence of specialists in this field has resulted in speech therapists (logopedists) being obliged to assume these responsibilities within multidisciplinary teams. However, there is a question as to whether these therapists are always sufficiently qualified to work with adults, particularly those suffering from traumatic brain injuries, strokes, or injuries to the speech apparatus. The absence of specialised education, methodological resources, and institutional support engenders significant risks, including improper diagnosis, delays in restoring communication skills, and ultimately, a decline in the patient's quality of life. As indicated by the National Health Service of Ukraine, a limited number of healthcare institutions have speech or language therapists on their staff. Additionally, the regulatory framework concerning the qualification requirements for these professionals remains unregulated (National Health Service of Ukraine: On the Need for Speech Rehabilitation Specialists).

An analysis of the procedure for implementing the programme of state guarantees for medical services for the population in 2024, as approved by Resolution No. 1394 of the Cabinet of Ministers of Ukraine dated 22 December 2023, reveals an absence of clearly delineated socio-domestic components within the structure of guaranteed rehabilitation services. Despite the presence of medical service packages aimed at patients' physical recovery, the document does not provide mechanisms to ensure support for individuals' daily functioning. This includes assistance with self-care, household mobility, personal hygiene, nutrition and sanitary procedures. This structural gap in the regulatory act excludes an essential part of the rehabilitation process and contradicts modern approaches to restoring individuals' functional potential. It is important to emphasise that the document lacks

provisions for integrating a social worker into the multidisciplinary team. This contravenes the principles of personalised care and intersectoral coordination recommended by the European Union and enshrined in core international standards.

Another significant issue is the unprofessional nature of some recommendations made by healthcare specialists regarding rehabilitation. This includes an absence of multifactorial analysis of patients' conditions, the use of template-based plans and disregard for psychosocial aspects. Failure to adhere to the principle of personalisation violates the fundamental principles of the Convention on the Rights of Persons with Disabilities, as well as the International Classification of Functioning, Disability and Health (ICF) standards, which Ukraine began to implement officially in 2021.

Systemic discrimination includes the continued use of stigmatising language and incorrect terminology concerning disabled people in official documentation, medical records and internal staff communications. Phrases such as "disabled since childhood", "hopeless patient", or "bedridden" not only contradict ethical standards and the norms of social inclusion, but also shape biased attitudes among healthcare personnel themselves, leading to the underestimation of patients' rehabilitation potential and reluctance to invest resources in comprehensive recovery programs.

It is also necessary to highlight the artificial inflation of quantitative and qualitative performance indicators by rehabilitation providers in order to obtain increased funding from the National Health Service of Ukraine. This manipulation of statistical data engenders a fallacious impression of programme "success", whilst the actual outcomes of rehabilitation remain suboptimal and patient satisfaction is negligible.

A pervasive absence of transparency in the domain of rehabilitation services for service members who have sustained wounds, injuries, or functional losses in the course of duty continues to impede the establishment of a genuinely effective recovery system. A salient problematic element pertains to the absence of legally regulated mechanisms for external auditing, public reporting, and independent monitoring of the effectiveness of public spending on medical and social rehabilitation programs. This is particularly salient in the context of high demand from combat veterans, as ineffective or irrational resource allocation can result in the loss of timely recovery opportunities for a significant number of individuals.

A matter of particular concern is the absence of effective mechanisms for involving patients in the development of individualised rehabilitation plans. In the majority of cases, military personnel receive a predetermined list of rehabilitation measures without the opportunity to express objections or choose an alternative approach. This contravenes the

principle of participation as defined in Article 26 of the United Nations Convention on the Rights of Persons with Disabilities, which recognises the right of the individual to actively engage in the planning of recovery measures. The absence of effective feedback between the veteran and the rehabilitation facility undermines the principle of partnership in service delivery, discourages long-term involvement of the rehabilitee in the recovery process, and fosters a sense of mistrust in the system.

Moreover, the challenge of accessing current international rehabilitation standards, the majority of which have not been translated into Ukrainian nor officially published, hinders veterans from exercising control over the quality of services received. This is of particular concern in cases where a significant proportion of patients are unable to evaluate the effectiveness of the proposed methods, leaving them dependent on the physician's judgment, which may not always be well-founded or made in good faith. The absence of legal mechanisms to obtain a second opinion or to appeal an individual rehabilitation plan means that the system remains centred on the physician with minimal involvement from the veteran.

The situation is especially severe in regions where access to rehabilitation infrastructure is considerably more limited. In rural and remote areas, there is a marked deficit of facilities, a paucity of mobile multidisciplinary teams, staffing shortages and chronic underfunding of local programmes. In such circumstances, the existence of a comprehensive rehabilitation strategy is no guarantee of its execution. This has resulted in a growing distrust of state support mechanisms among veterans, with many choosing to either discontinue rehabilitation or seek assistance outside the public healthcare system.

It is imperative to direct particular attention to the issue of informational inaccessibility, which has been shown to impede the exercise of the right to rehabilitation by a significant number of service members. The absence of a systemic awareness campaign, unstructured and scattered information about available institutions, referral mechanisms, and the scope of free services creates a situation in which veterans are forced to navigate complex administrative barriers on their own. This obstacle is particularly pronounced for individuals with disabilities residing in remote areas or lacking the digital literacy skills necessary to independently seek relevant information through government e-services.

3. Financial and Legal Mechanisms for Ensuring International and National Veteran Rehabilitation Programs

In order to outline the financial and legal mechanisms for the implementation of international and national

veteran rehabilitation programmes, consideration must be given to more than just funding volumes. It is also necessary to consider governance systems, control instruments, legal procedures for fund allocation, mechanisms of public accountability, as well as the identification of systemic risks. These include misappropriation of resources, formalistic task implementation, administrative inefficiency, and corruption vulnerability.

The financial resources allocated to veteran rehabilitation programmes are derived from multiple sources, including the state budget of Ukraine, local budgets, social insurance funds, and international assistance facilitated through technical support mechanisms, targeted credit lines, grants, humanitarian projects, and international technical assistance programmes. The allocation of such funding is frequently designated for diverse objectives, including the procurement of medical equipment, the construction of rehabilitation centres, the provision of staffing, and the coverage of costs associated with training, retraining, and the social adaptation of veterans.

The disbursement of public funding, allocated through general and special budgetary funds, is typically apportioned among several key ministries: the Ministry of Veterans Affairs of Ukraine, the Ministry of Health of Ukraine, the Ministry of Social Policy of Ukraine, and the Ministry of Finance of Ukraine, which oversees the allocation of budget appropriations. Nevertheless, the coordination of financial planning and fund usage between agencies frequently exhibits deficiencies, resulting in programme fragmentation and cost duplication.

At the regional level, local budgets also play a role in financing rehabilitation programmes. In practice, however, the volume and structure of such expenditures is largely dependent on the economic capacity of individual hromadas. Consequently, there are substantial disparities between regions in the quality and availability of rehabilitation services for veterans. It is evident that certain hromadas are confronted with an ongoing issue of inadequate financial resources, a situation that hinders even the basic provision of rehabilitation equipment and the remuneration of specialised personnel.

International technical assistance is a distinct source of financing, which is facilitated through intergovernmental agreements and multilateral programs (for example, support from the European Union, the United Nations, the World Bank, and the governments of the United States, Canada, Germany, etc.). Programmes such as USAID, GIZ, UNDP, and EU4Health frequently incorporate components pertaining to the institutional strengthening of the rehabilitation system, the training of staff, and the digitalisation of processes. However, at the level of national administration, these resources are frequently

not integrated into a unified system of strategic management and do not align with national priorities.

Concurrently, a paucity of a comprehensive audit system exists to facilitate the effective utilisation of financial resources. Existing reporting mechanisms are primarily oriented towards formal indicators of fund absorption, as opposed to focusing on the outcomes of veterans' health recovery, employment, or social reintegration. Independent audits or program evaluations are either not conducted or occur sporadically as part of isolated donor initiatives.

A separate issue remains the almost complete absence of effective mechanisms for public monitoring of the distribution and expenditure of funds in the field of veteran rehabilitation. Despite legal provisions stipulating the involvement of civil society institutions, in practice, public organisations, veterans' associations, or patient communities are involved in decision-making only on a consultative and mostly symbolic basis. This engenders the potential for opaque decision-making processes that fail to align with the genuine requirements of designated target groups.

The shortcomings of grant and subvention allocation procedures have also attracted criticism from experts. Frequently, there is a lack of transparent competition, insufficient publication of participation terms or short application deadlines. In several cases, the winners are inexperienced entities or those affiliated with public authorities.

A number of state and regional initiatives that have been implemented demonstrate a predominantly declarative approach to achieving their stated objectives. For example, rather than establishing modern, multidisciplinary rehabilitation centres with qualified staff, appropriate medical technology and personalised rehabilitation programmes, funding was allocated to build small, expensive, cosmetically renovated buildings with up to 20 beds, which have almost no technical, medical or digital rehabilitation equipment. Such facilities often lack functional capacity and are not integrated into the national network of services.

The practice of procuring equipment for rehabilitation institutions is often marred by systemic abuses in public procurement, significantly undermining the efficiency with which national and international funds are spent. The most common issue is the deliberate division of procurement items to bypass open bidding procedures. This enables authorised officials to enter into direct contracts with preselected suppliers without the need for competitive processes, thus contradicting the principles of integrity, transparency, and economic rationality established by the Law of Ukraine "On Public Procurement".

Documented instances also exist of the systematic lowering of technical requirements for medical and rehabilitation equipment. This has resulted in the procurement of goods that do not meet the clinical

needs of rehabilitation institutions or the applicable safety standards. A common practice is the technical customisation of tender documentation to favour a particular supplier, which significantly restricts competition. Consequently, tender procedures become a mere formality, with the winner being the supplier aligned with the authorities rather than the one offering the best conditions.

Attention should also be paid to the emerging trend of purchasing outdated or uncertified equipment. Products procured through formal procedures using state or donor funds often lack clinical validation, proper documentation and certificates of conformity. They may also be incompatible with the national rehabilitation infrastructure. Such equipment often fails to meet the needs of individuals with complex impairments, such as amputations, central nervous system injuries and psycho-emotional disorders, and therefore remains unused.

Another pressing issue is the lack of price transparency. Tender documentation often fails to provide adequate justification for the cost of the equipment, and the technical specifications do not allow for fair comparisons between competing offers. This creates conditions for significant price inflation, particularly for niche equipment. For example, in November 2024, the municipal non-commercial enterprise "Central City Hospital" in Toretsk announced a tender for the procurement of medical rehabilitation equipment worth over 4.6 million UAH. However, the tender documentation contained limited technical specifications, which made it difficult to adequately compare participants' offers and created preconditions for potential overestimation of prices (Prozorro: Procurement of Medical Equipment for Rehabilitation in Toretsk, 2024).

Moreover, in April 2023, the company "Aksel Medical" sold rehabilitation equipment to Rivne City Hospital No. 2 for nearly 29 million UAH. Experts in rehabilitation noted that the equipment lacked proven clinical efficacy and that its cost had been significantly inflated. Subsequently, a temporary investigative commission of the Verkhovna Rada of Ukraine confirmed cases of overpricing, prompting the police to initiate a criminal investigation against officials at the hospital (4vlada.com: Company Sold Unproven Equipment at Inflated Prices to Rivne Hospital, Then Sued Journalists).

It must be emphasised that, in many cases, there is no requirement for personnel to undergo mandatory training or for technical maintenance of the equipment. This leads to the devices being rendered either inoperable or unusable shortly after they are procured. Procurement processes are often poorly monitored in terms of after-sales services, and contracts frequently lack provisions that establish responsibility for the non-delivery or improper installation of equipment.

Finally, it is important to highlight the low level of public participation in procurement procedures. The lack of effective mechanisms to involve veterans' organisations, patient associations and professional communities in assessing needs and defining technical specifications creates conditions that allow for administrative arbitrariness and decisions that favour suppliers over veterans. The disconnect between the actual beneficiaries and those responsible for procurement results in the wasteful use of resources rather than genuine improvements to the quality of rehabilitation services.

International programmes, which by design include clear procedures for impact assessment, performance indicators, and transparency of expenditures, often encounter difficulties in implementation due to the unpreparedness of Ukrainian implementing entities – both governmental and municipal – to comply with rigorous standards of project management. It is evident that the primary focus of reporting is on meeting formal closure requirements rather than on achieving substantial outcomes, such as employment or sustainable self-sufficiency of veterans.

The absence of digitalisation and automation in the domains of registration, monitoring, and beneficiary support hinders the capacity to conduct an objective assessment of veterans' needs. The establishment of an electronic veterans' cabinet, as outlined in governmental policy documents, does not presently guarantee comprehensive access to services due to an absence of interagency data integration and technical malfunctionality at the local level. Veterans are compelled to submit documentation repeatedly to various institutions, creating an administrative burden and engendering mounting dissatisfaction.

In the context of martial law and the post-war era, there is an escalation in corruption risks within the social policy sector, particularly in the realm of international assistance distribution. This phenomenon is driven not only by weak institutional oversight but also by the absence of independent mechanisms for public scrutiny. These include underfunding of the Accounting Chamber of Ukraine, the limited mandate of the National Agency on Corruption Prevention, and the insufficient involvement of veterans' organisations in audit procedures and strategic planning.

The ongoing and pressing concern regarding the transparency of targeted program development, particularly with respect to the substantiation of actual needs, remains a matter of significant urgency. The absence of a national registry of veterans, disaggregated by severity of injury, level of social adaptation, and other relevant parameters, complicates the fair distribution of resources. Projects are frequently financed without consideration of the actual regional demands, resulting in disparities across oblasts.

4. Proposals for Improving the Financial and Legal Mechanism for Providing State and International Rehabilitation Programmes for Veterans in Ukraine

In the context of a large-scale transformation of state policy in the field of veteran support, particularly under conditions of full-scale armed aggression, the issue of developing effective financial and legal mechanisms for ensuring rehabilitation programmes becomes especially relevant. In light of the financial limitations imposed by the state budget and the availability of international assistance, particular emphasis should be placed on proposals aimed at enhancing the regulatory framework, optimising the efficiency of interagency co-operation, and ensuring transparency and accountability in the utilisation of financial resources. The proposals outlined below represent an attempt at a comprehensive reconsideration of the directions for improving the financial and legal regulation of state and international rehabilitation programs for veterans in Ukraine.

Improving the financial and legal support of veteran rehabilitation programmes requires a systemic revision of the current model of public administration in this area, including regulatory, institutional and organisational changes. One of the key areas for improvement is the need to develop comprehensive amendments to legislation, unifying terminology and eliminating legal inconsistencies across sectors such as healthcare, social protection, labour, education, physical culture and sports. In order to achieve systemic coherence, it is proposed that a codified act or basic framework law be adopted. This would define the functional levels of rehabilitation assistance, the range of participating entities, unified standards, and mechanisms for interagency coordination. It would also regulate the procedure for engaging international assistance in this field.

The next step should be to implement an effective monitoring mechanism for the quality of rehabilitation services. This mechanism should be based on the principles of public accountability, expert independence, and civil society participation. This system should include the National Health Service of Ukraine, patient associations and academic institutions, and should evaluate outcomes based on both quantitative and qualitative indicators. Additionally, a large-scale information campaign is needed to raise awareness of veterans' rights to rehabilitation and the services available, particularly in remote regions and among vulnerable groups.

Particular attention should be given to the normative, financial and organisational structuring of non-medical forms of rehabilitation, such as psychosocial, vocational, educational, spiritual, sporting

and cultural rehabilitation. To this end, a clear model of interaction must be established among the various forms of recovery. These must then be integrated into a unified system and algorithms introduced to transition individuals from one level to another, providing appropriate procedural and financial support. Funding sources should include not only state and local budgets, but also international grants, charitable resources and public-private partnership mechanisms.

To ensure equal access to services for disabled people, particularly in rural areas, measures must be taken to improve architectural, transport and information accessibility. This includes the modernisation of facility infrastructure, the establishment of mobile rehabilitation teams, the implementation of telerehabilitation and the conversion of information into accessible formats, such as sign language, plain language and digital tools.

Particular attention should be given to improving the prosthetics system and providing assistive rehabilitation devices for disabled people. The following proposals are put forward: reducing application processing time; introducing electronic document management; updating the national list of assistive devices in accordance with international standards; ensuring access to innovative products; and establishing a transparent system of public oversight of procurement tender procedures.

It is important to institutionalise the participation of veterans' and disability organisations in shaping state policy in the field of rehabilitation. To this end, it is advisable to establish permanent advisory bodies under the relevant central executive authorities, and to ensure that representatives of such associations are consulted during the drafting of legislative and subordinate acts. All regulatory initiatives must align with the provisions of the United Nations Convention on the Rights of Persons with Disabilities.

In order to promote transparency and strategic planning, a unified registry of veteran rehabilitation programmes funded by state, local and international sources must be established. This database should provide information for evaluating programme effectiveness, identifying duplication and gaps, and facilitating coordination between agencies and sectors.

Ultimately, the financial and legal mechanisms for attracting international technical assistance must be improved by simplifying registration procedures, adapting contractual provisions to national legislation and aligning subordinate regulations on accounting, procurement and control. A unified model of state-international partnership in the field of rehabilitation is also proposed, aimed at ensuring the effective use of funds based on principles of targeted allocation, integrity, transparency, and post-audit control.

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