LOCAL SELF-GOVERNMENT AS AN ACTOR IN ENSURING THE RESILIENCE OF UKRAINE'S HEALTHCARE SYSTEM

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Summary

The article examines local self-government as an important institutional actor in ensuring the resilience of Ukraine's healthcare system under conditions of contemporary security, social, demographic, and institutional challenges. The study substantiates that the resilience of the healthcare system cannot be reduced solely to centralized state policy, the availability of medical infrastructure, or the volume of financial resources. It is also determined by the capacity of territorial communities to preserve the continuity of medical services, adapt to crisis conditions, mobilize local resources, and respond to the specific needs of the population.

Particular attention is paid to the institutional and legal status of local self-government in the healthcare sector. Local self-government bodies are considered not only as owners or founders of municipal healthcare institutions, but also as actors of local health policy, financial partners, coordinators, and representatives of community interests. The article emphasizes that decentralization has expanded the managerial opportunities of territorial communities, while also increasing their responsibility for the quality, accessibility, and sustainability of basic healthcare services.

The article analyzes the role of territorial communities in ensuring access to primary healthcare, transport and physical accessibility, financial support for vulnerable groups, human resource capacity, digital accessibility, and the adaptation of services to wartime needs. It is argued that under martial law the functions of local self-government have acquired a crisis-management and security-oriented character, especially in relation to the restoration of damaged medical infrastructure, the support of internally displaced persons, the provision of rehabilitation and psychological assistance, and coordination with military administrations, humanitarian organizations, and state institutions.

Key words: local self-government; territorial communities; healthcare system resilience; healthcare access; decentralization; municipal healthcare institutions; crisis management; medical infrastructure; wartime healthcare; Ukraine.

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1. Introduction

The relevance of studying the role of local self-government in ensuring the resilience of Ukraine's healthcare system is determined by a combination of security, social, demographic, and institutional challenges that have substantially changed the conditions under which the medical sector operates. The full-scale Russian-Ukrainian war has not only increased the burden on the healthcare system but has also revealed its dependence on the capacity of territorial communities to respond promptly to crisis circumstances. The destruction and damage of medical infrastructure, population displacement, and the growing number of people in need of rehabilitation, psychological, social-medical, and primary healthcare have created a new reality

in which the accessibility of medical services has acquired not only social but also security significance.

The resilience of the healthcare system under current conditions cannot be considered solely as the result of centralized public administration. It is formed through the interaction of central government authorities, the regional level, local self-government bodies, municipal healthcare institutions, the civil sector, and international partners. At the same time, territorial communities are precisely the level at which the needs of the population manifest themselves most concretely *(Didyk, 2025)*.

Local self-government bodies ensure the maintenance and development of municipal medical infrastructure, support local healthcare programmes, facilitate the organization of primary care, participate in the restoration of damaged institutions, and contribute to ensuring transport accessibility, energy autonomy, and the adaptation of medical services to the needs of different population groups.

This issue becomes particularly significant in the context of decentralization, which has expanded the managerial capacities of communities while simultaneously increasing their responsibility for the quality of basic services. In the field of healthcare, this is reflected in the need to combine state guarantees of medical care with local decisions that take into account the resource capacity of the community, the staffing situation, the demographic structure of the population, security risks, and the consequences of the war.

The purpose of the article is to analyze local self-government as a subject of ensuring the resilience of Ukraine's healthcare system under conditions of contemporary challenges. To achieve this purpose, the article aims to disclose the content of the concept of healthcare system resilience, determine the institutional and legal powers of local self-government bodies in the medical sphere, analyze their role in preserving the accessibility and continuity of medical services, identify the main problems of community functioning in this field, and outline directions for strengthening their managerial, financial, and organizational capacity.

2. Theoretical and Methodological Foundations for Studying the Resilience of the Healthcare System

The resilience of the healthcare system should be understood as the comprehensive capacity of the medical system to preserve its functionality, adapt to change, recover from crisis impacts, and, at the same time, develop in accordance with emerging societal needs. Under current conditions, this concept acquires particular significance, as Ukraine's healthcare system operates under the influence of prolonged security, socio-economic, demographic, and institutional challenges.

This concerns not only the capacity to provide medical services under stable conditions, but above all the ability to ensure the continuity of medical care during war, emergencies, mass population displacement, infrastructure destruction, staff shortages, and the increasing burden on local healthcare institutions.

In this context, resilience cannot be reduced solely to the number of hospitals, the volume of funding, or the availability of medical equipment. These factors are important; however, they constitute only the material basis for the functioning of the system.

Of much broader importance is managerial capacity, that is, the ability of public authorities and healthcare facility administrations to make prompt decisions, coordinate resources, determine priorities, and ensure interaction among various actors involved in health policy.

Equally important are human resource capacity, the professional motivation of healthcare workers, the stability of logistical chains, the availability of digital tools, effective communication with the population, and the system's ability to take into account the needs of different social groups *(Avhustyn & Demkiv, 2024)*.

Local self-government occupies a special place in ensuring the resilience of the healthcare system. It should not be viewed merely as a lower level of implementation of state policy, since territorial communities are the ones that directly encounter the practical consequences of crisis phenomena.

At the local level, the real needs of the population become visible, along with problems of access to medical services, transport limitations, staff shortages, the condition of municipal infrastructure, and the specific needs of vulnerable groups. Local self-government bodies may adopt managerial decisions on supporting municipal institutions, financing local programmes, organizing patient transportation, and providing medical facilities with generators, communication equipment, shelters, and other resources necessary for uninterrupted operation *(Korobchynska, 2022)*.

Methodologically, the study of this issue requires a combination of several approaches. The systemic approach makes it possible to examine healthcare as a complex multi-level system in which the state, communities, healthcare institutions, patients, the civil sector, and international partners interact. The institutional approach enables an analysis of formal powers, rules, financing mechanisms, and managerial practices that determine the participation of local self-government in the healthcare sector. The political-managerial approach focuses attention on decision-making processes, the distribution of responsibility, coordination between levels of government, and the capacity of local institutions to act under conditions of uncertainty. It is precisely the combination of these approaches that makes it possible to comprehensively assess the role of local self-government as an active subject of ensuring the resilience of Ukraine's healthcare system.

3. Institutional and Legal Status of Local Self-Government in the Field of Healthcare

The normative and institutional foundations of the participation of local self-government bodies in ensuring healthcare define their role not only as owners of particular municipal institutions but also as important actors in the formation of local health policy. Under current conditions, healthcare is increasingly viewed not only as a sector for the provision of medical services but also as a component of societal resilience, community security, and the quality of life of the population. Therefore, the activity of local self-government in this field has a comprehensive character and includes managerial, financial, property-related, organizational, and coordination functions.

The legal foundations for the participation of local self-government bodies in the healthcare sector are enshrined in the constitutional principles of local self-government, legislation on local self-government, the fundamentals of Ukrainian healthcare legislation, budget legislation, and special legal acts regulating the functioning of the system of medical guarantees. The essence of these norms is that territorial communities, through their respective councils and executive bodies, participate in ensuring access to medical care, creating appropriate conditions for the functioning of healthcare institutions, implementing local programmes, and supporting particular categories of the population. At the same time, the state defines the general rules,

standards, guarantees, and financial mechanisms, while the local level is responsible for a significant part of the practical organization of these processes.

Municipal healthcare institutions occupy a special place in this system, as they constitute an element of local social infrastructure. Local self-government bodies act as founders or owners of such institutions and adopt decisions regarding their establishment, reorganization, development, property maintenance, material and technical support, and strategic planning *(Panov, 2024)*.

Following the transformation of many healthcare institutions into municipal non-profit enterprises, local councils acquired new managerial opportunities, but also additional responsibility. This concerns not only formal ownership of property but also the need to ensure effective management, staff stability, transparent use of resources, proper quality of services, and the financial viability of institutions.

The financial and managerial powers of communities in the field of healthcare have a dual character. On the one hand, a substantial share of medical services is financed through the Programme of Medical Guarantees and contracts concluded between healthcare institutions and the National Health Service of Ukraine. On the other hand, local budgets remain an important source of support for medical infrastructure, repair of premises, procurement of equipment, payment for utilities, development of local programmes, support for healthcare workers, and provision of additional needs of the population. It is precisely at the local level that decisions may be adopted on public health programmes, disease prevention, support for persons with disabilities, veterans, internally displaced persons, older people, and other vulnerable groups.

Decentralization has substantially changed the role of territorial communities in the healthcare sector. It has expanded the capacity of local self-government to plan the development of social infrastructure, attract resources, and adapt services to the real needs of the population. At the same time, decentralization has revealed the uneven capacity of communities. More financially capable communities have broader opportunities to modernize healthcare institutions, introduce additional services, and support personnel, whereas less resourceful communities often face shortages of funds, staff, and managerial expertise *(Karpiak et al., 2023)*.

An important element of the institutional model is the interaction between the local, regional, and state levels of governance. Local self-government bodies must coordinate their activities with the National Health Service of Ukraine, the Ministry of Health, regional and district military administrations, healthcare departments, humanitarian organizations, and other partners. Under martial law, such interaction acquires particular importance, as it concerns the continuity of healthcare institutions' operation, patient evacuation, restoration of damaged infrastructure, and provision of medicines, equipment, generators, shelters, and backup communication channels.

Thus, the institutional and legal status of local self-government in the field of healthcare combines the functions of owner, manager, coordinator, financial partner, and representative of community interests. The effectiveness of this role depends on the quality of legal regulation, the financial capacity of communities, the professionalism of managerial decisions, and the level of coordination among all components of public authority. In this context, local self-government acts not as an auxiliary element, but as one of the fundamental institutional levels for ensuring the resilience of Ukraine's healthcare system.

4. The Role of Territorial Communities in Ensuring Access to Medical Services

The practical dimension of the activity of territorial communities in the field of healthcare is most clearly manifested in ensuring the real accessibility of medical services for the population. While strategic priorities, regulatory rules, financial guarantees, and the general model of the functioning of the medical system are formed at the national level, it is precisely at the local level that these decisions acquire concrete substance.

For a resident of a community, access to healthcare means not only the formal right to medical care, but also the actual possibility of receiving it within an acceptable timeframe, in a safe place, and without excessive financial, transport, informational, or organizational barriers. For this reason, territorial communities serve as an important link between state policy in the field of healthcare and the everyday needs of the population *(Polkovnikova, 2019).*

One of the key areas of local self-government participation is support for primary healthcare. The primary level is the closest to the individual, since it is through family doctors, outpatient clinics, feldsher-midwife stations, and other local facilities that the population receives basic medical services, preventive care, referrals to specialized professionals, and the initial detection of diseases. For many rural, settlement, and small urban communities, the presence of an outpatient clinic or a primary care facility is not only a medical factor but also a social factor of stability. Local self-government bodies may support such institutions through the maintenance of premises, payment for utilities, procurement of equipment, provision of official transport, improvement of working conditions for healthcare workers, and implementation of local healthcare programmes.

The issue of physical and transport accessibility of medical care is of particular importance. In communities with extensive territories, remote villages, poor transport connections, or damaged infrastructure, the mere presence of a healthcare institution in the administrative centre does not guarantee access to services.

For older people, persons with disabilities, people with reduced mobility, internally displaced persons, and families with children, the distance to a doctor may become an actual barrier to receiving care. Under such conditions, communities may apply various instruments: organizing patient transportation, supporting outreach consultations by doctors, engaging mobile medical teams, developing social taxi services, ensuring the accessibility of healthcare premises, and adapting infrastructure to the needs of persons with disabilities *(Suzyma & Yurochko, 2024).*

Financial accessibility is also an important component. Despite the existence of state guarantees of medical care, in practice patients often face additional costs related to transport, medicines, diagnostics, rehabilitation, or related services. Local programmes may partially compensate for these costs or direct resources toward supporting particular categories of the population.

This concerns the provision of medicines, assistance to cancer patients, support for veterans, persons with disabilities, children, older people, internally displaced persons, and other vulnerable groups. In this context, local self-government performs a function of social balancing, since it takes into account the specific needs of a particular community and can respond more promptly to problems that are not always covered by national programmes.

Human resource accessibility is also one of the determining factors of the resilience of the local healthcare system. The presence of premises or equipment does not ensure proper medical care without doctors, nurses, feldshers, psychologists, rehabilitation specialists, and other professionals. Many communities are characterized by staff shortages, the ageing of medical personnel, difficulties in attracting young specialists, and an uneven distribution of doctors between large

cities and peripheral territories. Local self-government may influence this problem through programmes for service housing, local incentives for healthcare workers, compensation of travel expenses, support for professional development, the creation of proper working conditions, and the development of partnerships with medical educational institutions *(Mazur et al., 2021)*.

Information and digital accessibility of medical services require separate attention. Under conditions of healthcare digitalization, part of services, appointments, referrals, declarations, and communication with doctors is shifting to electronic formats. This creates new opportunities, but at the same time deepens inequality for people who lack internet access, digital skills, or technical devices. Territorial communities may mitigate these barriers through consultative support for the population, the work of administrative service centres, information campaigns, assistance to older people in using electronic services, and the development of telemedicine where physical access to a doctor is complicated.

Under wartime conditions, the role of communities in ensuring access to medical services has increased substantially. The destruction of infrastructure, population displacement, injuries among civilians and military personnel, and the growing need for psychological assistance and rehabilitation have transformed local health policy into a component of national resilience. A community capable of supporting the work of outpatient clinics, organizing assistance for internally displaced persons, and providing veterans and affected people with basic services effectively strengthens social security and public trust in government institutions.

5. Local Self-Government under Conditions of War: Adaptation, Crisis Management, and Support for Medical Infrastructure

The Russian-Ukrainian war has substantially changed the content and practical orientation of local self-government activities in the field of healthcare. Whereas under conditions of relative stability local self-government bodies primarily performed functions related to the management of municipal property, support for local healthcare programmes, development of medical infrastructure, and ensuring access to basic services, under martial law these functions acquired a crisis-oriented, security-related, and mobilizational character. Territorial communities found themselves in a situation where it was necessary not only to ensure the planned functioning of healthcare institutions, but also to respond promptly to threats associated with shelling, destruction of infrastructure, population displacement, staff shortages, and disruptions in electricity, water supply, communications, and logistics.

Under these conditions, local self-government effectively became one of the key levels of crisis management in the healthcare sector. Communities were compelled to adopt rapid managerial decisions regarding the evacuation of patients, the repurposing of certain institutions, the organization of shelters within medical facilities, the provision of backup power supply, and the procurement of generators, medicines, personal protective equipment, and necessary medical equipment.

Coordination among local self-government bodies, military administrations, municipal healthcare institutions, volunteer structures, international organizations, and charitable foundations acquired particular importance. It was precisely this interaction that made it possible to partially compensate for resource shortages and support the continuity of medical care provision.

An important area of community activity was the restoration of damaged medical infrastructure. This concerns not only the repair of buildings, but also the restoration of the functional capacity of institutions: ensuring heating, water supply, communications, accessibility of

premises, renewal of equipment, and the creation of safe conditions for patients and healthcare workers. In this context, the resilience of the healthcare system is manifested not only in its capacity to withstand a crisis, but also in its ability to rapidly restore the minimum necessary level of services after damage or the loss of part of its resources *(United Nations, 2026).*

Medical, psychological, and rehabilitation support for the population has acquired separate significance. The war has increased the need for services for military personnel, veterans, internally displaced persons, children, older people, persons with disabilities, and families of the fallen.

Therefore, communities are increasingly participating in the establishment of psychological assistance programmes, the development of rehabilitation services, support for mobile medical teams, and the provision of social-medical support. At the same time, the needs of different types of communities differ substantially.

Frontline communities primarily focus on emergency care, evacuation, and the physical survival of infrastructure. De-occupied communities face the need to restore a destroyed network of services, bring personnel back, and overcome the humanitarian consequences of occupation. Rear communities, in turn, perform the function of receiving internally displaced persons, absorbing the increased burden on local healthcare institutions, and integrating new needs into their own healthcare programmes.

6. Main Problems and Barriers to the Participation of Local Self-Government in Ensuring Healthcare Resilience

The capacity of territorial communities in the field of healthcare is determined not only by the scope of formally assigned powers, but also by the actual financial, human resource, infrastructural, and managerial resources available to them. One of the key challenges is the inequality of the resource base of communities, which is particularly evident in the differences between large urban communities, communities of regional centres, rural territories, frontline areas, and de-occupied settlements.

Communities with a stronger economic base have greater opportunities to co-finance healthcare programmes, renew equipment, repair premises, support municipal healthcare institutions, and attract specialists. By contrast, less capable communities are often focused mainly on covering basic needs and do not have sufficient resources for the strategic development of medical infrastructure *(Borodenko et al., 2026).*

The workforce crisis in the medical sector remains a substantial constraint. The shortage of doctors, nurses, rehabilitation specialists, psychologists, family doctors, and narrow-profile specialists is exacerbated by migration, mobilization processes, professional burnout, and the uneven distribution of personnel across regions.

For many communities, the problem lies not only in the absence of specialists, but also in the inability to create proper working conditions, housing opportunities, professional development prospects, and social support for them. As a result, access to medical services depends not only on the existence of a healthcare institution, but also on the actual capacity of that institution to provide quality care.

A separate group of problems concerns the deterioration of infrastructure and the material and technical base. A significant share of municipal healthcare institutions requires modernization, energy-efficient solutions, barrier-free access, shelters, backup sources of electricity supply, modern equipment, and digital tools.

Under wartime conditions, these problems are further complicated by damage to facilities, the rising cost of repairs, limited budgetary resources, and competition among various urgent community needs. The difficulty of attracting investment is also associated with security risks, insufficient project development capacity of communities, and the absence of ready, high-quality projects for donor or public-private financing.

Fragmentation of managerial decisions and insufficient coordination between local, regional, and central levels of government constitute an important challenge. Communities are often forced to act under conditions of uncertainty, when state priorities, financial mechanisms, and local needs are not always aligned. Additional risks are created by the politicization of the management of municipal institutions, when personnel or organizational decisions are made not according to criteria of effectiveness, but under the influence of local political interests. This weakens trust in governance, complicates strategic planning, and reduces the quality of medical services.

The problem of digital inequality and weak analytical capacity of communities is no less significant. Without quality data on the demographic structure of the population, morbidity, needs related to rehabilitation, mental health, palliative care, and service accessibility, local self-government bodies cannot fully plan the development of the medical network. Therefore, strengthening the resilience of the healthcare system at the local level requires not only additional funding, but also the development of managerial culture, human resource capacity, digital tools, interdepartmental coordination, and long-term planning.

7. Conclusions

The conclusions should emphasize that local self-government is an important actor in ensuring the resilience of Ukraine's healthcare system, since it is at the level of territorial communities that a significant share of managerial, organizational, and social decisions in this field is practically implemented. Local self-government bodies support municipal healthcare institutions, contribute to preserving access to primary healthcare, participate in the financing of local programmes, respond to the needs of vulnerable population groups, and coordinate interaction among medical institutions, the civil sector, and state structures.

The resilience of the healthcare system is formed not only through national policy, but also through the capacity of communities to adapt to crisis conditions, preserve the continuity of medical service provision, and rapidly mobilize available resources. Under wartime conditions, this role acquires particular importance, as communities face damaged infrastructure, workforce losses, an increase in the number of internally displaced persons, and a growing need for rehabilitation and psychological assistance.

Further research should be linked to the analysis of the effectiveness of local healthcare financing models, the study of the experience of frontline and de-occupied communities, the assessment of the managerial capacity of municipal healthcare institutions, and the development of mechanisms for strengthening the institutional role of local self-government.

References

1. Avhustyn, R., & Demkiv, I. (2024). Upravlinnia kadrovym potentsialom zakladiv okhorony zdorovia [Management of human resource potential of healthcare institutions]. Development Service Industry Management, 2, 284–288. https://doi.org/10.31891/dsim-2024-6(45) [in Ukrainian].

2. Borodenko, T., Haponiuk, M., & Kulish, H. (2026). Finansova spromozhnist terytorialnykh hromad yak osnova staloho povoiennoho vidnovlennia Ukrainy [Financial capacity of territorial communities as the basis for sustainable post-war recovery of Ukraine]. Stalyi rozvytok ekonomiky, 1(58), 422–429. https://doi.org/10.32782/2308-1988/2026-58-54 [in Ukrainian].
3. Didyk, N. (2025). Rol orhaniv mistsevoho samovriaduvannia u realizatsii funktsii publichnoho upravlinnia z rozbudovy stiikoi systemy hromadskoho zdorovia [The role of local self-government bodies in implementing public administration functions for building a resilient public health system]. Suspilstvo ta natsionalni interesy, 2(10), 572–587. https://doi.org/10.52058/3041-1572-2025-2(10)-572-587 [in Ukrainian].
4. Mazur, I., Zabolotko, V., & Steshenko, I. (2021). Kadrovyi potentsial systemy okhorony zdorovia: Haluzeva struktura medychnykh pratsivnykiv u 2019 r. [Human resource potential of the healthcare system: Sectoral structure of medical workers in 2019]. Ukrainian Medical News. https://doi.org/10.32471/umv.2709-6432.86.1012 [in Ukrainian].
5. Orhanizatsiia Obiednanykh Natsii. (2026). Ataky na systemu okhorony zdorovia Ukrainy zrosly na 20% u 2025 rotsi [Attacks on Ukraine's healthcare system increased by 20% in 2025]. Ukraina. Retrieved from https://ukraine.un.org/uk/310610-атаки-на-систему-охорони-здоров'я-україни-зросли-на-20-у-2025-році [in Ukrainian].
6. Karpiak, M., Duma, O., Sorokivska, O., Drebot, O., Zvirych, V., Sakharnatska, L., & Halachenko, O. (2023). Development of medical infrastructure of territorial communities of Ukraine in the conditions of sectoral reforms. Management Theory and Studies for Rural Business and Infrastructure Development, 45(3), 276–286. https://doi.org/10.15544/mts.2023.28
7. Korobchynska, N. V. (2022). Automated quality monitoring system for medical care of the population at the local level. Public Administration and Customs Administration, 1, 58–69. https://doi.org/10.32836/2310-9653-2022-1.11
8. Panov, I. V. (2024). The impact of decentralization on the organization of healthcare institutions in Ukraine and the provision of social services in the healthcare sector. Juridical Scientific and Electronic Journal, 8, 164–169. https://doi.org/10.32782/2524-0374/2024-8/36
9. Polkovnikova, N. O. (2019). The local authorities policy in health. States and Regions. Series: Public Administration, 4, 176–181. https://doi.org/10.32840/1813-3401-2019-4-29
10. Suzyma, V. V., & Yurochko, T. P. (2024). Bridging gaps: Improving the access of primary health care in rural Ukraine through mobile health units. Reproductive Health of Woman, 1, 25–31. https://doi.org/10.30841/2708-8731.1.2024.301592