

Decision making for social and movement measures in the context of COVID-19

SNAPSHOT AS OF NOVEMBER 2020



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1. Which social and/or movement measures against COVID-19 are currently in place in your country?

| | Closures of schools |
|--------------|---|
| | Closures of offices, businesses, institutions and/or operations closures |
| | Restrictions on domestic movement (e.g. stay-at-home, stay within a city, etc.) |
| \checkmark | Limitations to international travel |
| | Restriction on size of gatherings |
| | Other (please specify) |
| | |

The main restrictions introduced in the country are aimed at ensuring physical distance and reducing the mobility of citizens. Restrictions on crossing the state border include self-isolation or a negative PCR test 48 hours before crossing.

Trade facilities and shops must provide distance among visitors; cinemas and theatres are working at no more than 50% of overall facility capacity; the number of passengers on public transport must be equal to the number of seats. Other activities can be performed with a limited number of participants – 1 person per 20 m². In general, mass events are limited to 20 people. The Government has introduced a specific hour for the elderly, from 10:00 to 12:00. Kindergartens and schools are kept open. Restrictions on leaving the house or within a settlement apply only to persons in self-isolation, who are being monitored via an electronic (web and mobile) application "Diya".

2. Which information has been used to make these decisions in your country?

A number of epidemic indicators are analysed at national level, and the dynamics are taken into account in decision-making. First are incidence rates (number of cases during the previous 14 days), testing coverage (number of PCR test in the previous 7 days), the average time to doubling the number of cases and the coefficient of positive results in the cohort of PCR testing. In addition, the number of beds allocated (absolute figures and per 100 000 population), the number of beds with oxygen and the general capacity of health facilities are taken into account to ensure readiness to provide medical care. Ukraine uses several modelling and forecasting tools, including the analytical capabilities of the World Bank, the WHO Country Office in Ukraine, the Kyiv School of Economics and the National Academy of Medical Sciences.

In addition, technical documents of WHO, CDC and ECDC are regularly reviewed. Through diplomatic channels, the experience of other countries is processed and analysed, including recommendations and positions of professional associations, patient unions, etc.

Feedback from health facilities, regional networks and Government and COVID-19 hotlines is also collected.

3. Please describe the process (formal or informal) through which information/data are discussed and decisions are made

An emergency situation was declared in the country, which activated the functioning of Emergency Headquarters at national, sub-national and local levels. The Emergency Headquarters include key organizations that work to counteract COVID-19 with anti-epidemic measures, namely: the Ministry of Health, the Ukrainian Public Health Centre, the State Service of Food Safety and Consumer Protection (supervision of compliance with measures by business entities) and the Ministry of Internal Affairs and its subordinates, the State Border Guard Service and the State Emergency Service.

As most decisions about national measures are made at the level of the Cabinet of Ministers of Ukraine, all ministries participate in the discussion and decision-making process. Scientific institutions, health care institutions, international organizations, volunteers, etc. also participate and contribute their expertise, advice and opinions.

The expectations of the population and workers in certain industries have an indirect impact on the decisions through local governments and local emergency commissions.

4. How are selected measures communicated/explained to stakeholders and/or the general public?

Several means are used for communication. Most interested audiences are tracked on social networks, the official MOH channels and its Facebook page https://www.facebook.com/moz.ukr, Telegram channel Coronavirus_info (@ COVID19_Ukraine), Telegram-bot with answers to the most common questions @ COVID19_Ukraine_Bot, as well as the official website http://www.moz.gov.ua.

Daily public briefings on the current COVID-19 situation are held by the MOH. One of the effective information tools is regular online meetings and meetings of working groups with representatives of local government, business, retail, industry and others to ensure transparent dialogue and ensure a common vision for the introduction of new quarantine restrictions.

Today, the capabilities of telecommunications systems allow us to stay in touch with key organizations engaged in the COVID-19 response. The challenges posed by the pandemic have prompted the introduction of new forms of communication, including introduction of teleworking and an effective communication model, both globally and locally in Ukraine.

5. What have been the key challenges and/or lessons learnt from your experience/perspective?

Ukraine, like the rest of the world, has gained tremendous experience in fighting the pandemic. We started the confrontation with no idea about the virus itself and its features. Today, Ukraine is more aware than ever of the need to develop and strengthen its public health and health care system. Eventually, the situation triggered the creation of a specialized authority that undertakes epidemiological surveillance, immunization and disease prevention. The funding mechanisms have been revised to introduce fast-track procedures for procurement and for financing critical functions. More investment will be made in laboratory capacity, supporting and improving national immunization programmes and accelerating programme implementation on antimicrobial resistance and biosafety.