



Stop TB Partnership

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REPORT

ON FINDINGS OF THE STUDY

**STUDYING
THE ASPECTS
OF GENDER, EQUALITY,
AND INCLUSION IN
THE WORKPLACE AMONG
HEALTHCARE
PROFESSIONALS INVOLVED
IN TB RESPONSE**

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The client and organizer of the survey:
TB Europe Coalition (TBEC)

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List of abbreviations

CPD	Continuous professional development for healthcare professionals
HIV	Human immunodeficiency virus
WHO	The World Health Organization
GBV	Gender-based violence
IDI	In-depth interview
EU	European Union
HCF	Healthcare facility
Labor Code	Code of Labor Laws
CMU	Cabinet of Ministers of Ukraine
MoH	Ministry of Health
MoSP	Ministry of Social Policy
ILO	International Labor Organization
NHSU	National Health Service of Ukraine
NGO	Non-governmental organization
HC	Healthcare
LG	Local government
UN	United Nations Organization
TBC	TB clinic
AIDS	Acquired human immunodeficiency syndrome
TB	Tuberculosis
TI	Thematic improvement
FGD	Focus group discussion
PHC	SI "Public Health Center (MoH of Ukraine)"
PHCC	Primary healthcare center
IRB	Institutional Review Board (Ethics Review Board)

RATIONALE

Perceptions of gender norms in society are closely linked to the values of the liberal model of democracy, as they reflect the key principles of this model: individual rights, equality, freedom of choice, and respect for diversity. Liberal democracy is based on the idea of equality of all citizens before the law, which includes ensuring equal rights and opportunities for people of all genders. Within this model, gender norms should reflect the principles of non-discrimination, where men, women, and representatives of other gender identities have equal rights and opportunities to participate in social, political, and economic processes.

Equality of rights and opportunities for women and men is one of fundamental principles of democracy and the rule of law and is guaranteed by the main law of Ukraine - the Constitution, as well as the Law of Ukraine of 08.09.2005 No. 2866-IV On Ensuring Equal Rights and Opportunities for Women and Men¹.

The Association Agreement between Ukraine and the European Union (EU) signed in 2014 obliges the parties to ensure gender equality and equal opportunities for women and men in the fields of employment, education and training, economic and social activities, as well as in decision-making; to overcome discrimination in all its forms and manifestations (Article 419)². Ukraine's course toward European integration involves implementation of European standards and principles in various domains of life. One of the important aspects of this process is adaptation of national policies to EU requirements, in particular in the context of fighting tuberculosis (TB), reducing stigma, improving gender sensitivity, and access to health services for all population groups.

In recent years, Ukraine has seen significant changes in its gender policy:

▶ the National Strategy for Ensuring Equal Rights and Opportunities for Women and Men for the period till 2030 and the Operational Plan for its implementation for 2022-2024 were adopted³;

the position of the Governmental Commissioner for Gender Policy was introduced; the Commission for Coordination of Interaction of Executive Authorities for Ensuring Equal Rights and Opportunities for Women and Men was established;

the Concept Paper on Communication in the Field of Gender Equality and the Action Plan for its implementation were approved⁴;

relevant action plans are being implemented, and a number of relevant regulatory acts have been adopted. In 2022, the *Methodological Recommendations for Implementation of the Gender and Human Rights-Based Approach at the Level of Territorial Communities* were approved⁵.

The National Social Program for Preventing and Combating Domestic and Gender-Based Violence for the period till 2025 was adopted⁶.

¹ <https://zakon.rada.gov.ua/laws/show/2866-15#Text>

² https://zakon.rada.gov.ua/laws/show/984_011#Text

³ <https://zakon.rada.gov.ua/laws/show/752-2022-%D1%80#Text>

⁴ <https://zakon.rada.gov.ua/laws/show/79-2023-%D1%80#Text>

⁵ <https://zakon.rada.gov.ua/rada/show/v0359739-22#Text>

⁶ <https://zakon.rada.gov.ua/laws/show/145-2021-%D0%BF#Text>

► In 2020–2021, Ukraine was granted official status as a member state of international initiatives such as Biarritz Partnership for Gender Equality, the Gender Equality Action Coalition, trilateral membership in the Equal Pay International Coalition (EPIC), and joined the Women, Peace, Security Group of Friends.

At the same time, Ukraine is one of the 10 countries having the highest prevalence of drug-resistant TB (MDR-TB)⁷. The war in Ukraine and the COVID-19 pandemic have deteriorated the status of TB response in the country. According to the Stop TB Partnership's Global Plan to End TB, 2023–2030⁸, one of important aspects of an adequate response to the TB epidemic is to ensure gender equality and inclusion in the workplace for healthcare professionals involved in providing services to patients throughout the continuum of TB detection and treatment, and TB response interventions must be gender sensitive and gender transformative.

Gender matters for all aspects of TB response. It affects who is at risk of infection, when and how they are diagnosed, access to treatment, likelihood of adherence to treatment and its successful completion, as well as social and financial consequences of having TB. Providing gender-sensitive TB care is based on the recognition that all TB interventions can both reinforce and mitigate harmful gender norms⁹.

Gender policies and practices in the workplace at healthcare facilities (HCFs) are closely linked to provision of person-centered services and form the basis for equal opportunities, respect for individual rights, and non-discrimination among healthcare workers. This, in turn, affects the quality of healthcare services provided, as the culture of equality and respect in the workplace can be reflected in patterns of interaction with patients - from the standpoint of respect for their rights, including gender self-identification, gender needs, and mitigation of stereotypes regarding gender roles, especially in environments where traditional gender roles dominate. In Ukraine, certain steps are being made to include gender equality issues in healthcare education curricula. For example, Order of the Cabinet of Ministers of Ukraine (CMU) of December 20, 2022 No. 1163-r approved the Strategy for Implementation of Gender Equality in Education for the period till 2030 and the 2022–2024 Operational Action Plan for its implementation¹⁰.

At the same time, achieving gender equality in the workforce requires further study of gender equality and social inclusion aspects in the healthcare sector that are relevant to healthcare workers. This study aimed to examine the extent to which principles of gender equality in the workforce in the healthcare system and at HCFs in Ukraine are implemented, as well as the factors that influence implementation of these principles, and ways to use opportunities and overcome barriers to ensuring gender equality in the TB response in Ukraine. Previous qualitative *Community, Rights, and Gender* (CRG) assessments supported by the Stop TB Partnership have shown how gender differences affect TB vulnerability and access to medical care in various contexts. They also identified several common problems, including lack of gender sensitivity among healthcare workers, especially in relation to transgender people. Other common challenges include low availability of gender-disaggregated data, lack of integration of gender perspectives into monitoring and evaluation processes, gender bias among healthcare workers, gender-blind TB policies, widespread social stigma associated with TB, and a wide range of other gender-based barriers that limit access to medical care.

This study was designed to complement CRG's earlier assessments of the impact of gender on TB vulnerability and access to medical care and focused on analysis of the gender

⁷ Global TB Report, WHO, 2023 <https://iris.who.int/bitstream/handle/10665/373828/9789240083851-eng.pdf?sequence=1>

⁸ <https://www.stoptb.org/global-plan-to-end-tb/global-plan-to-end-tb-2023-2030>

⁹ Stop TB Partnership Gender and TB Investment Package. https://www.stoptb.org/sites/default/files/imported/page/tb_gender_investment_package.pdf

¹⁰ <https://zakon.rada.gov.ua/laws/show/1163-2022-%D1%80#Text>

component of policies regarding personnel directly involved in provision of TB prevention and treatment services. In addition to engaging employees of the network of TB facilities, interviews were conducted with providers of TB prevention and treatment services at the primary health care level, with specialists of regional TB and pulmonary centers, representatives of public authorities, local governments, civil society institutions, and educational institutions.

The theoretical ground of the survey is a number of theories, namely: the feminist theory, intersectionality theory, and social role theory. They determined the survey questions and the approach to analyzing the survey data.

THE GOAL AND OBJECTIVES OF THE SURVEY

The goal of the survey was to assess the extent to which the principles of gender equality are implemented in the workforce of healthcare facilities in Ukraine that provide TB diagnosis and treatment services; and to explore the barriers that prevent women and men from exercising their right to gender equality

To achieve the goal of the survey, the following objectives were performed:

- 1 To study perception of the principles and practices of gender equality, equity, and inclusion among healthcare professionals.
- 2 To assess the factors that promote gender equality and inclusion (including gender disparity aspects) among healthcare workers, as well as factors that cause exclusion and inequality.
- 3 To analyze opportunities and barriers to gender equality and identify the need for equitable, social justice-oriented actions to overcome social and historical disadvantages that prevent women and men from acting on equal terms.

SURVEY METHODOLOGY

The qualitative study **data collection period** lasted from October 1 till November 5, 2024.

The geography of the study included 4 oblasts of Ukraine from the central, western, and southern regions. In each oblast, the study involved employees of a leading TB facility; in addition, in one oblast, the study involved specialists from the Primary Health Care Center (PHCC), which provides services to children and adults under the NHSU package "Support and Treatment of Adults and Children with TB at the Primary Health Care Level".

Data collection methods

This study used the triangulation method to ensure validity and reliability of the study results. For this purpose, we used the following methods of data collection for further analysis:

1. **A desk study:** review of the structure of TB services provision to the population of Ukraine, review of the Ukrainian legislation in the field of gender equality (review of the national legislative framework, policies, and standards); analysis of documents with a focus on enablers and barriers faced by women in the field of health care (review of the national legislative framework, policies, and standards; analysis of national statistics on gender indicators in health care, education, and political representation). In addition, available statistical data on the TB response workforce were analyzed, including by geography, sex, gender, and profession (where available).

The key topics identified within the desk study formed the basis for developing qualitative data collection tools.

2. **The in-depth interviews with key informants were conducted** by the principal investigator, a consultant, and experienced interviewers, who were additionally trained by the principal investigator and consultant. The interviews were recorded on a digital audio device for verbatim transcription and further thematic analysis.
3. **Focus group discussions (FGDs) and in-depth interviews (IDIs)** with staff of TB facilities or primary health care facilities providing TB prevention and treatment services were conducted at the workplace (in HCFs) by experienced members of the research team using guidelines specifically developed for this study. 10 FGDs were conducted with male and female doctors, middle and junior medical staff involved in TB response services (2 FGDs per HCF; four TB facilities and one Primary Health Care Center (PHCC)).

The proposed approach to data collection and analysis takes into account the Gender Equality and Social Inclusion Toolkit¹¹) for Health Partnerships; the methodology of the gender study commissioned by the Tropical Health and Education Trust in 2017, and the Stop TB Partnership's Gender Investment Package¹² to better understand the factors that constrain and promote gender equality among health workers in the TB response sector.

Participants of the study

The sample of the qualitative study participants included 14 IDIs with national-level experts working in TB response (managers of TB programs at the national level – representatives of the SI "Public Health Center of the Ministry of Health of Ukraine" (PHC), trade unions, managers responsible for organizing the training process of health care workers and

¹¹ Gender Equality and Social Inclusion Toolkit for Health Partnerships. <https://www.thet.org/wp-content/uploads/2020/09/THET-GESI-toolkit.pdf>

¹² Stop TB Partnership Gender and TB Investment Package. https://www.stoptb.org/sites/default/files/imported/page/tb_gender_investment_package.pdf

advanced training in the medical sector, lawyers, politicians, representatives of TB service non-governmental organizations (NGOs), members of the Commission for Coordination of Interaction of Executive Authorities to Ensure Equal Rights and Opportunities for Women and Men, representatives of local governments (LGs) - responsible persons for ensuring equal rights and opportunities for women and men); 7 interviews with regional level experts (managers of HCFs or HCF trade unions that participated in the study); and 10 FGDs with employees of the respective HCFs (doctors, middle and junior medical staff, non-medical staff) (see Table 1).

Table 1

Number of respondents by region, institution, specialty, and gender

Oblast, HCF	Managers of HCFs	Leaders of trade unions of HCFs	Doctors and non-medical staff-male	Doctors women	Middle/junior medical staff
	IDIs		FGDs		
Central region, regional TB and pulmonology facility (1)	1		1	7	9
Central region, regional TB and pulmonology facility (2)	1			8	10
Western region, regional TB and pulmonology facility	1	1	5	5	
Southern region, regional TB and pulmonology facility	1	1	9	10	
PHCC, Southern Region	1		2	7	7
Total: 87 respondents	5	2	17	37	26

Qualitative data analysis

Qualitative data from IDIs and FGDs were transcribed from digital recordings in Microsoft Word. After that, the files were entered into the qualitative data analysis application MaxQDA for coding. The researchers conducted thematic analysis to develop a code system that would provide answers to the study questions. Iterative and deductive coding was focused on identifying the factors that impact implementation of gender equality in the system and at HCFs, and ways to use opportunities and overcome barriers to gender equality in the TB response sector in Ukraine and forming the general overview of the phenomena and processes identified during the study.

All verbatim transcripts of the interviews and FGDs, a table with socio-demographic data of the participants, a list of codes used for coding qualitative data (codebook), and results of the thematic analysis were submitted to the TB Europe Coalition, which owns all the data in this study.

Ethical grounds of the study

The study protocol and tools were positively reviewed by the Institutional Review Board (IRB) of the Ukrainian Institute for Public Health Policy. The official IRB registration is FWA #: FWA00015634. All study participants submitted their written informed consent to participate in the study. In order to preserve confidentiality of the participants, the forms and transcripts did not contain names of the participants; each participant was attributed with a unique code.

FINDINGS OF THE DESK STUDY

The general legal framework for ensuring equal rights of women and men in Ukraine

In recent years, Ukraine has made significant progress in developing the legal framework on equal rights and opportunities for women and men. Thus, at the international level, Ukraine has joined the Beijing Declaration and the Platform for Action adopted on September 15, 1995, at the Fourth UN World Conference on Women¹³, ratified major human rights treaties, including the Convention on Elimination of All Forms of Discrimination against Women (1980)¹⁴ and its Optional Protocol¹⁵. In 2020, Ukraine officially became a member country of the Biarritz Partnership, an international initiative for equal rights and opportunities for all. The Association Agreement the EU¹⁶ signed in 2014 ensures gender equality for women and men in and training, and social activities, as well as in decision-making. All of this contributes to achievement of the Global Sustainable Development Goals¹⁷, proclaimed by the UN and supported by Ukraine for their implementation.

Equality of rights and opportunities for women and men is one of fundamental principles of democracy and the rule of law and is guaranteed by the main law of Ukraine, the Constitution.

These steps gave an impetus for development of relevant regulations in the country. In 2005, the Law of Ukraine No. 2866-IV *On Ensuring Equal Rights and Opportunities for Women and Men* was adopted¹⁸. In 2020, the CMU established the Commission for Coordination of Interaction of Executive Authorities on Ensuring Equal Rights and Opportunities for Women and Men¹⁹ and approved standard regulations on the responsible unit within local governments²⁰. The Ministry of Social Policy (MSPU) has developed a number of legal acts, including guidelines for including in collective bargaining agreements and contracts provisions aimed at ensuring equal rights and opportunities for women and men in labor relations²¹, Methodological Recommendations for Conducting Gender Audits by Enterprises, Institutions, and Organizations²² and for Territorial Communities²³; approved the guidelines on integration of gender approaches in development of regulatory acts²⁴, and defined the algorithm for assessing the gender impact of sectoral reforms²⁵. The key guideline for ensuring equal rights and opportunities for women and men is the National Strategy for Ensuring Equal Rights and Opportunities for Women and Men for the period till 2030²⁶. In 2023, the Government approved the National Strategy for Closing the Gender Pay Gap for the period till 2030 and an operational plan for its implementation for the period of 2023-2025²⁷. Moreover, the Action Plan for Implementation of the Concept Paper on Communication in the Field of Gender Equality was approved²⁸.

¹³ <https://www.unwomen.org/en/digital-library/publications/2015/01/beijing-declaration>

¹⁴ https://zakon.rada.gov.ua/laws/show/995_207#Text

¹⁵ https://zakon.rada.gov.ua/laws/show/995_794#Text

¹⁶ https://zakon.rada.gov.ua/laws/show/984_011#Text

¹⁷ <https://www.undp.org/uk/ukraine/tsili-staloho-rozvytku>

¹⁸ <https://zakon.rada.gov.ua/laws/show/2866-15#Text>

¹⁹ CMU Resolution of September 2, 2020 No. 784 "On Establishment of the Commission for Coordination of Interaction of Executive Authorities on Ensuring Equal Rights and Opportunities for Women and Men"

²⁰ CMU Resolution of October 9, 2020 No. 930 "Some Issues Regarding Ensuring Equal Rights and Opportunities for Women and Men"

²¹ Order of the MSPU of January 29, 2020 No. 56 "On Approval of Methodological Recommendations for Including in Collective Bargaining Agreements and Agreements Provisions Aimed at Ensuring Equal Rights and Opportunities for Women and Men in Labor Relations" <https://zakon.rada.gov.ua/rada/show/v0056739-20#Text>

²² Order of the MSPU of August 09, 2021 No. 448 "On Approval of Methodological Recommendations for Conducting a Gender Audit by Enterprises, Institutions, and Organizations" <https://zakon.rada.gov.ua/rada/show/v0448739-21#Text>

²³ Order of the MSPU of December 27, 2022 No. 359 approving the Methodological Recommendations for Implementation of the Gender and Human Rights-Based Approach at the Level of Territorial Communities

²⁴ Order of the MSPU of February 7, 2020 No. 86 "On Approval of the Guidelines on Integration of Gender Approaches in Drafting of Regulatory Legal Acts" <https://zakon.rada.gov.ua/laws/show/z20211-20#Text>

²⁵ Order of the MSPU of April 14, 2020 No. 257 "On Approval of Methodological Recommendations for Assessing the Gender Impact of Sectoral Reforms" <https://zakon.rada.gov.ua/rada/show/v0257739-20#Text>

²⁶ CMU Order of August 12, 2022 No. 752-r "On Approval of the National Strategy for Ensuring Equal Rights and Opportunities for Women and Men for the period till 2030 and the operational plan for its implementation for 2022-2024."

<https://www.kmu.gov.ua/news/uriadom-skhvaleno-derzhavnu-stratehiu-zabezpechennia-rivnykh-prav-ta-mozhlyvosti-zhinok-i-cholovikiv-na-period-do-2030-roku>

²⁷ <https://zakon.rada.gov.ua/laws/show/752-2022-%D1%80#Text>

²⁸ <https://zakon.rada.gov.ua/laws/show/79-2023-p#Text>

Thus, it can be stated that Ukraine has all in all developed a general legal framework for introduction of gender equality of men and women. However, practical prospects for implementing gender equality in the TB response sector require further study and support.

Ensuring equal rights of women and men in the field of TB response control in Ukraine

► Despite Russia's full-scale war against Ukraine, the gender policy in the domain of TB has been significantly enhanced in recent years, with increased attention to gender aspects in the legal framework related to TB. At the same time, in healthcare regulations that are supposed to ensure equal rights for men and women in the TB response sector, references to gender are mostly related to introduction of gender-specific services focused on patients' needs.

For example, the National Strategy for Combating HIV/AIDS, Tuberculosis, and Viral Hepatitis for the period till 2030²⁹ provides for introduction of indicators to measure gender inequality in access to and sensitivity within service provision. The Operational Action Plan for its implementation for the period of 2024–2026³⁰, in turn, provides for one TB indicator, which refers to gender-based violence against people with TB, which is insufficient for reporting on gender equality in the TB response sector. The Standards of Medical Care, "Tuberculosis", approved with Order of the Ministry of Health No. 102 of January 19, 2023³¹, contain Annex 41³² on a gender-sensitive algorithm for motivational counseling of people with TB. Among a number of stages of motivational counseling of patients about their need for treatment, there is a "gender-sensitive" stage aimed at identifying and overcoming gender-sensitive barriers of the patient (legal, physical, economic, informational, socio-cultural). Overcoming barriers such as *social exclusion* and *gender discrimination* are mentioned as an element of the response to human rights barriers related to the spread of TB in Ukraine in the Strategy for a Comprehensive Response to Human Rights Barriers on the Path of Access to HIV and TB Prevention and Treatment Services for the period till 2030, approved with the decision of the advisory body under the CMU – the National Council on the Response to Tuberculosis and HIV/AIDS of December 28, 2023³³. The Strategy for Development of the Tuberculosis Medical Care System for the period of 2024–2026 and the corresponding implementation plan envisage "formation of tolerant attitudes, reducing the level of discrimination against people with tuberculosis," and are gender neutral. The research team did not find any publicly accessible data on assessing the gender impact of the current reform in the field of TB medical care, as required by the methodological recommendations of the Ministry of Social Policy of Ukraine. There is also Order of the MSPU of January 29, 2020 No. 56 "On Approval of Methodological Recommendations for Including in Collective Bargaining Agreements and Agreements Provisions Aimed at Ensuring Equal Rights and Opportunities for Women and Men in Labor Relations"³⁴. This leads to the conclusion that ensuring equal rights for women and men requires further attention and more active implementation.

This approach is typical not only of TB control, but also for the entire healthcare sector. The desk review identified a number of studies on gender in healthcare that in one way or another confirm this thesis and draw attention to a **formal interpretation of the gender equality concept in this domain** – as equal opportunities for citizens of different genders to exercise their rights to healthcare – and emphasize the need to implement the gender-based approach in healthcare. For example, findings of the study³⁵ indicate that gender inequality is insufficiently taken into account in development of healthcare system reforms, and

²⁹ <https://zakon.rada.gov.ua/laws/show/1415-2019-p#n11>

³⁰ <https://zakon.rada.gov.ua/laws/show/564-2024-p#Text>

³¹ https://www.dec.gov.ua/wp-content/uploads/2023/01/43243-dn_102_19012023_dod.pdf

³² https://www.dec.gov.ua/wp-content/uploads/2023/11/19.01.2023_102_dodatky.pdf

³³ <https://zakon.rada.gov.ua/rada/show/926-2007-n#Text>

https://phc.org.ua/sites/default/files/users/user90/Strateghija_z_kompleksnoji_vidpovidi_na_barjery_z_prav_judyny_dlja_dostupu_do_poslugh_z_profilyaktyky_i_likuvannja_VIL-infekciji_ta_TB_do_2030_roku.pdf

³⁴ <https://zakon.rada.gov.ua/rada/show/v0056739-20#Text>

³⁵ The gender perspective of the healthcare sector in Ukraine. Razumkov UCEPR, 2022 https://razumkov.org.ua/images/2022/07/15/we_act_medical_ukr_report.pdf

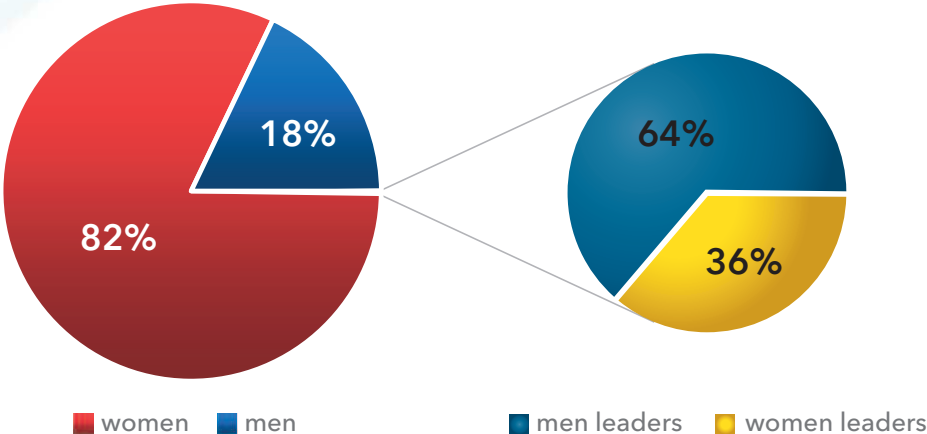
that measurement of gender inequality in healthcare requires more attention and use of the experience gained in integrating a comprehensive gender approach into the healthcare system reform.

The available analysis of gender issues in the healthcare sector contains generalized information on the sector without differentiation by nosologies. The available statistics and reports in the field of healthcare in general and in the field of TB control in particular rarely contain gender-disaggregated information, except for the general data on TB incidence among men and women, and, as a result, they are not taken into account in planning TB prevention measures within legal acts.

▶ The available gender-disaggregated statistics of the PHC in the area of TB control were analyzed separately. TB incidence in Ukraine has long had specific gender characteristics: men traditionally have higher TB incidence rates; the proportion of all new TB cases and relapses among men has remained stable at around 70%, although over the past two years there has been an increase in the proportion of men up to 74.5%³⁶. The major age group among TB patients is men aged 35–44 years. Men show not only a higher incidence of TB per se, but also a higher proportion of relapses and a higher incidence of multidrug-resistant TB due to gender-related behavioral differences, such as interruptions in drug use³⁷. Moreover, the prevalence of the co-infection (TB in combination with HIV), which is a serious health issue in Ukraine, is particularly high among men.

According to data provided by the PHC to the research team, as of August 1, 2024, there were 5,584 employees in the network of TB facilities in Ukraine, including 4,592 women and 992 men (82.2% women and 17.8% men, respectively), which is in line with the general trend of gender disaggregation in the healthcare sector. There is a slightly higher proportion of men among doctors and administrative staff of healthcare facilities (22% of men among doctors and 23.5% among administrative staff), although women are still the majority. Traditionally, the share of women among middle and junior staff is much higher (90–97%). It is interesting to pay attention to the gender analysis of management of facilities in the sector: in 25 regional TB and pulmonology centers of Ukraine, as of August 1, 2024, two-thirds of managers were men (16 versus 9 women). This was also emphasized in the Political Declaration of the UN High-Level Meeting on Tuberculosis on September 22, 2023³⁸, which stressed that women make up 70% of the global healthcare workforce and 90% of first line healthcare workers, and yet women hold only 25% of healthcare leadership positions.

Employees of TB facilities, including managers



³⁶ Analytical and statistical guidebook Tuberculosis in Ukraine, 2024
https://phc.org.ua/sites/default/files/users/user92/Бюлетень%202023%20носторінково_ФІНАЛ_0.pdf
³⁷ <https://mof.gov.ua/uk/download/page/3304>
³⁸ Political Declaration of the UN High-Level Meeting on Tuberculosis on September 22, 2023.
https://phc.org.ua/sites/default/files/users/user90/2023_UN_Politychna_deklaracija_Narady_vysokogho_rivnja_Heneralnoji_asambleji_OON_z_pytanj_borotjby_z_tuberkuljozom.pdf

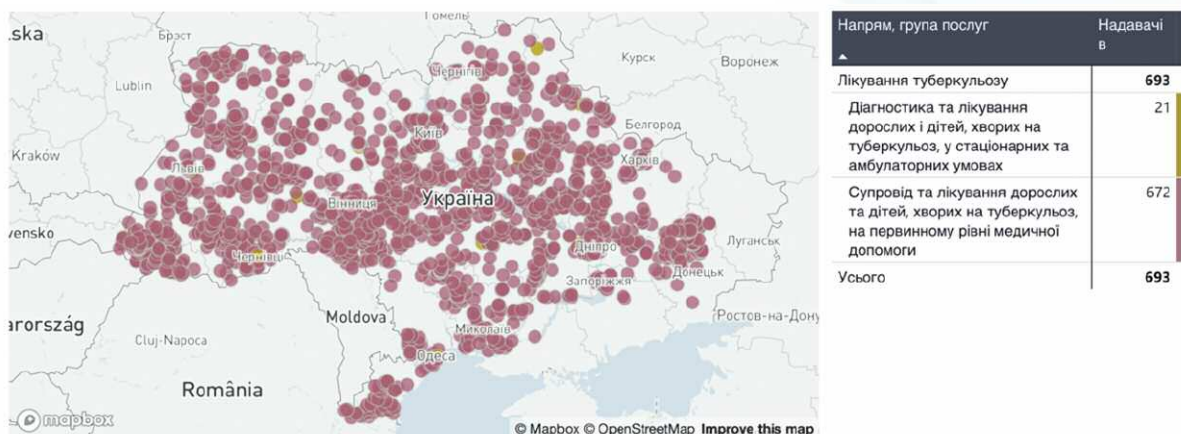
The Declaration aims to ensure better opportunities and working conditions for women, their role and leadership in the healthcare sector.

In Ukraine, there are 25 regional TB centers, which – according to the Law of Ukraine *TB Prevention in Ukraine* – are the only healthcare facilities in the territory of the relevant administrative territorial unit (Autonomous Republic of Crimea, oblast, cities of Kyiv or Sevastopol) of the respective hospital district network operating in the legal form of municipal non-profit enterprises coordinating provision of TB medical care to population of the respective region and providing medical services for diagnosis and treatment of adults and children with TB in outpatient and inpatient settings under a contract for medical care of the population. All these facilities perform functions of a regional TB and pulmonary center.



The NHSU has signed contracts with 21 TB and pulmonology centers for diagnosis and treatment of adults and children in inpatient and outpatient settings. The remaining four regional TB and pulmonology centers operate in regions close to the frontline and have concluded contracts with the NHSU under the package "Preparedness and provision of medical care to the population in a territory where hostilities are taking place"; they also provide medical care to people with TB. Other 672 HCFs of different forms of ownership (excluding seven individual entrepreneurs and 16 private facilities) provide TB diagnostics and treatment services at the primary level of care at the expense of the state budget.

Map of healthcare providers with details by service groups



Gender-sensitive healthcare policies

In labor relations, the main aspect of gender and ensuring equal rights for women and men is defined by the Labor Code of Ukraine (Labor Code)³⁹, which explicitly prohibits any discrimination in the field of labor, including violation of the principle of equal rights and opportunities for women and men. Given that the TB response regulatory documents do not explicitly define obligations to ensure gender equality in the workplace at TB facilities, development of gender-sensitive policies at healthcare facilities through collective agreements is an important mechanism for ensuring equality between women and men. Articles of the Labor Code and the Law of Ukraine *On Collective Bargaining and Agreements*⁴⁰ establish mutual obligations of the parties in the collective agreement (contract) to regulate production, labor, social and economic relations, in particular, to ensure equal rights and opportunities for women and men; measures aimed at preventing, counteracting, and stopping mobbing (harassment), as well as measures to restore rights violated as a result of mobbing; prohibition of discrimination. Enterprises, institutions, and organizations - within the limits of their powers and at their own expense - may establish additional labor and social benefits for employees to those stipulated in the law. Thus, a collective bargaining agreement as a tool for ensuring equal rights and opportunities for women and men may establish, for example, the following mutual obligations of the parties: equal pay for equal work, equal career opportunities, equal access to education, prohibition of sexual harassment and gender discrimination, establishment of procedures for filing complaints and investigating cases of mobbing, disciplinary sanctions against perpetrators, support for victims of mobbing, prohibition of discrimination on any grounds, including race, ethnicity, religion, gender, age, disability, sexual orientation, etc.

At the same time, the current Sectoral Agreement between the Ministry of Health of Ukraine and the Central Committee of the Trade Union of Healthcare Workers of Ukraine for the period of 2007–2011⁴¹, which comes into force from the date of its signing and is valid until a new or revised Agreement is concluded, does not contain information on ensuring equality of rights between women and men. During the interviews, representatives of the healthcare workers' trade union in Ukraine shared a draft of a new sectoral agreement that already includes such provisions.

As of the date of the survey (September–October 2024), not all HCFs had gender-sensitive policies in place. At the same time, according to a survey conducted by the NTBP in December 2024, 9 out of 25 regional TB and pulmonology centers had developed gender policies, most of which focus on the issue of sexual harassment. Seven regional TB and pulmonology centers have a designated person responsible for their gender policy. There are examples of successful implementation of sectoral policies in Ukraine beyond the healthcare sector. For example, the INGO *Social Initiatives for Occupational Safety and Health* developed a Code of Ethics and Gender Principles in the Energy Sector of Ukraine⁴², which was implemented in 2021–2022. Policies to improve working conditions, reduce gender stereotypes and violence, and increase women's participation in leadership and decision-making are essential to achieving gender equality in any sector. Given existence of common issues and goals for achieving gender equality in all areas, strategies that have proven to be successful in one sector can be adapted to another one. There is the need to develop a sectoral gender-sensitive policy in the healthcare sector.

³⁹ <https://zakon.rada.gov.ua/laws/show/322-08#Text>

⁴⁰ <https://zakon.rada.gov.ua/laws/show/3356-12#Text>

⁴¹ https://zakon.rada.gov.ua/rada/show/v_058282-07#Text

⁴² The Code of Ethics and Gender Principles in the Energy Sector of Ukraine, Social Initiatives for Occupational Safety and Health, 2022. <http://hsi.org.ua/doc/Кодекс%20ПЕК.pdf>

Access to equal opportunities for women and men at a healthcare facility or in the sector

- ▶ The law provides for equal opportunities for women and men at any enterprise. In particular, unreasonable refusal to hire – including refusal without any motivation or on grounds not related to qualifications or professional qualities of the employee, or on other grounds not provided for by law – is prohibited⁴³.

The state guarantees a person the right to protection from any form of discrimination in the field of employment, including on the grounds of gender, gender identity, and sexual orientation⁴⁴. It is important that there is a ban on job advertisements (recruitment) specifying requirements for the applicant's gender, except for specific work that can be performed exclusively by persons of a certain gender, which indicates the existing division of the labor market into "female" and "male" domains, which contributes to the gender pay gap. This means that employers are not allowed to specify gender requirements in a vacancy, such as "female candidate required" or "male candidate required," or to set different working conditions for men and women, such as different salaries, work schedules, benefits, etc. It is important that healthcare facilities adhere to the principles of gender equality when hiring staff and apply objective criteria for selecting candidates for vacant positions.

With regard to remuneration of healthcare workers, the guaranteed minimum wage for medical and pharmaceutical workers is equal for men and women, as set forth in the law⁴⁵. Currently, HCFs in Ukraine operate in various organizational and legal forms: state-owned (municipal) institution, municipal non-profit enterprise and, private ones (LLC, JSC). In the TB sector, most providers are municipal non-profit enterprises. In general, state regulation of labor remuneration is in place in budgetary institutions, while enterprises rely on contractual remuneration. Depending on this, legal regulation of remuneration at HCFs of different forms of ownership will differ, including in the aspect of direct application of provisions of CMU Resolution No. 28. The upper limit of remuneration is not fixed. Separately, the government⁴⁶ has established salary increases and a system of bonuses for the duration of continuous work for TB professionals. Municipal non-profit enterprises may independently determine their procedures for remuneration and bonuses for employees, guided by the enterprise's budget, other labor regulations, and provisions of collective bargaining agreements.

Although the analysis did not reveal any direct discriminatory norms in the remuneration of men and women in the healthcare sector, there is a de facto gender pay gap in Ukraine. According to the Ukrainian Parliament Commissioner for Human Rights Dmytro Lubinets, as of 2023, the gender pay gap in Ukraine was 18.6%. According to a study by CO The Fawcett Society⁴⁷, the reasons for the gender pay gap include discrimination, unequal distribution of housework and childcare, the division of the labor market into "female" and "male" domains, and promotion of men to leadership positions. The European Commission⁴⁸ also notes the following reasons for the gender pay gap: the high level of women's representation in low-paid sectors (healthcare, education, and the service sector). The "glass ceiling" is also mentioned, i.e. obstacles that impede women's career growth and are not related to their professional qualities. However, this study did not specifically examine the pay gap between women and men working in the TB service.

⁴³ Article 22 of the Labor Code

⁴⁴ Article 11 of the Law of Ukraine *On Employment of the Population*

⁴⁵ CMU Resolution of January 13, 2023 No. 28 "Some Issues of Remuneration of Medical, Pharmaceutical Workers, and Rehabilitation Specialists of State-Owned and Municipal Healthcare Facilities" <https://zakon.rada.gov.ua/laws/show/28-2023-%D0%BF#Text>

⁴⁶ CMU Resolution of February 16, 2011 No. 123 "On Some Measures to Increase the Prestige of Work of Medical Professionals Providing Medical Care to Patients with Tuberculosis". <https://zakon.rada.gov.ua/laws/show/123-2011-%D0%BF#Text>

⁴⁷ <https://www.fawcettsociety.org.uk/close-gender-pay-gap>

⁴⁸ https://commission.europa.eu/strategy-and-policy/policies/justice-and-fundamental-rights/gender-equality/equal-pay/gender-pay-gap-situation-eu_en

Reconciling work and family

In Ukraine, a number of issues are regulated by law to facilitate work-family reconciliation. The Ukrainian legislation provides for certain benefits and guarantees for women that are based on peculiarities of their biological nature, in particular the reproductive function of the female body - e.g. the duration of the maternity leave. The Labor Code also stipulates a number of benefits and guarantees related to working conditions for pregnant women and women having children under the age of three. At the same time, the man's right to a paternity leave is also legally enshrined. At the request of a pregnant woman or a woman who has a child under the age of 14 or a child with a disability, or who is caring for a sick family member, which is confirmed with a medical report, the employer is obliged to provide her with a part-time working day or a part-time working week. Separately, labor legislation provides for special rules establishing guarantees for hiring and a ban on dismissal of working women. Flexible working hours, remote and home-based work have become indispensable ways to organize work in the context of the COVID-19 pandemic, Russia's full-scale invasion of the territory of Ukraine, and they are regulated by the Labor Code⁴⁹.

Collective bargaining agreements may specify additional guarantees and social benefits to those provided by the law. For example, certain aspects of work-family reconciliation are defined in Section 3. "The mode of work, working and resting hours" of the collective agreement of the MNPE Primary Health Care Center of the city of Pavlohrad (Pavlohrad City Council) for the period of 2022-2026⁵⁰. Moreover, certain aspects may be reflected in internal labor regulations, which may be adopted by a HCF as a separate document or as an annex to the collective bargaining agreement. An example is the order of the Ministry of Health approving sectoral internal labor regulations⁵¹.

Gender-based violence

Gender-based violence (GBV) is any act of violence that is based on gender identity or expression and may include physical, sexual, psychological, and economic violence, as well as harassment and intimidation. In Ukraine, GBV is a serious problem that affects millions of people. Women and girls are more likely to be victims of GBV than men, but men and boys may also be affected. The problem of GBV became more acute during the COVID-19 pandemic, it is exacerbated in the context of the full-scale war, and may worsen due to increased stress, deteriorating economic situation, and unemployment. For example, one in three women in EU Member States has experienced some form of violence, and one third of them reported that it happened in the workplace⁵². This is why in many countries employers assume legal responsibility, in particular for preventing sexual harassment in the workplace, as potential lawsuits can have significant financial consequences for the employer.

Ukraine has legislated the concept of GBV, developed and implemented mechanisms for preventing and combating domestic and gender-based violence, and there medical facilities are among the key actors⁵³:



⁴⁹ <https://zakon.rada.gov.ua/laws/show/322-08#Text>

⁵⁰ <https://pavlogradmrada.dp.gov.ua/wp-content/uploads/2019/10/63-%D0%9A%D0%94-%D0%9A%D0%9D%D0%9F%D0%A6%D0%9F%D0%9C%D0%A1%D0%94.pdf>

⁵¹ Order of the MoH of Ukraine of 18.12.2000 No. 204-o. <https://zakon.rada.gov.ua/rada/show/vb204282-00#Text>

⁵² <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52022PC0105>. See also European Union Agency for Fundamental Rights (FRA), Violence against women: an EU-wide survey. Main results report, 2014; The FRA survey on violence against women is based on face-to-face interviews with 42,000 women across the EU. The survey presents the most comprehensive survey worldwide on women's experiences of violence.

⁵³ CMU Resolution of No. 658 of August 22, 2018 On Approval of the Procedures for Interaction of Entities Implementing Measures to Prevent and Combat Domestic and Gender-Based Violence <https://zakon.rada.gov.ua/laws/show/658-2018-n#Text>

a register of victims is maintained⁵⁴, the procedures for providing medical care are defined⁵⁵ and guidelines for providing medical services to GBV victims have been developed⁵⁶. Healthcare facilities that participated in the study had orders on organization of medical care for patients who had suffered violence, meaning that the assistance was mainly related to response of healthcare workers to the facts of violence against patients. As noted above, as of December 2025, only nine out of 25 regional TB and pulmonology centers had gender policies in place, including a mechanism for responding to cases of GBV against healthcare workers themselves at the workplace.

The International Labor Organization (ILO) emphasizes that combating GBV is part of gender-sensitive labor policies⁵⁷. It is important for healthcare sector employers to have policies that inform facility staff about ways to prevent GBV and promote effective systems for responding to cases of GBV in the workplace.

► Authors of the study *Assessment of Gender Awareness among Healthcare Workers in Ukraine (2020–2021)*⁵⁸ noted healthcare workers' concerns about their personal safety, which are related to factors such as working in the evening, the risk of facing aggression from patients, lack of permanent security guards and other security means at healthcare facilities, untimely response of the police/non-state security service to calls, etc. Healthcare workers face sexual harassment in the workplace, both from patients and colleagues. At the same time, the study found no statistically significant differences in prevalence of harassment reported by women and men, doctors and nurses. Opinion leaders unanimously assessed the figures as significantly underestimated, noting that the actual level of harassment is higher.

Training of healthcare personnel and gender training in the workforce of TB facilities

The Law of Ukraine *On Education*⁵⁹ lays down the principles of equality and non-discrimination of citizens in the educational process; it also prohibits discrimination on the grounds of gender. The Law also defines duty bearers authorized to monitor compliance with these guarantees. In professional training of healthcare professionals, it is important to include a gender competency framework in all curricula⁶⁰. In Ukraine, certain steps are being made to include gender equality issues in healthcare education curricula: the Strategy for Implementation of Gender Equality in Education for the period till 2030 and the 2022–2024 Operational Action Plan for its implementation⁶¹. were approved. Some medical universities in Ukraine have already included gender equality in their curricula. The Action Plan for implementation of the Concept Paper on Communication in the Field of Gender Equality for the period of 2023–2025⁶² provides for acquisition of relevant competencies of non-discriminatory, gender-sensitive communication with patients by medical and education workers. However, the issue of gender and ensuring equal rights for women and men is not raised in the MoH's orders on the system of postgraduate education and continuing professional development of specialists.

Starting in January 2025, the PHC online training platform offers the course on "Comprehensive Medical Care for Victims of Gender-Based Violence, including Conflict-

⁵⁴ CMU Resolution No. 234 of March 20, 2019 On Approval of the Procedures for the Formation, Maintenance, and Access to the Unified State Register of Cases of Domestic and Gender-Based Violence <https://ips.ligazakon.net/document/view/kp190234?an=1>

⁵⁵ Order of the Ministry of Health No. 278 of February 1, 2019 On Approval of the Procedures for Conducting and Documenting Findings of Medical Examination of Victims of Domestic Violence or Persons Allegedly Affected by Domestic Violence and Providing Assistance to Them" <https://zakon.rada.gov.ua/laws/show/20262-19#Text>

⁵⁶ Organization and provision of medical services in cases of gender-based violence. Manual for healthcare workers / Bannikov V.I., Velyhodsky S.V. - *Women's Health and Family Planning* Charitable Foundation, Kyiv, 2021. <https://moz.gov.ua/uploads/ckeditor/документи/Протидія%20та%20запобігання%20домашньому%20насильству/Посібник%20«Організація%20та%20надання%20медичних%20послуг%20у%20випадку%20гендерного%20насильства».pdf>

⁵⁷ Violence and harassment in the workplace. Guide to Application of Convention No. 190 and Recommendation No. 206, International Labor Office - Geneva: ILO; 2021. https://www.ilo.org/sites/default/files/wcmsp5/groups/public/@dgreports/@gender/documents/publication/wcms_836556.pdf

⁵⁸ https://sociocon.org/wp-content/uploads/2023/04/UKR-Gender-Awareness_Report.pdf

⁵⁹ <https://zakon.rada.gov.ua/laws/show/2145-19#Text>

⁶⁰ <https://www.unicef.org/ukraine/en/media/43781/file/genderna-kompetentnist-medpersonalu.pdf>

Gender competence of medical staff, NGO Center for Gender Culture in cooperation with UNICEF, 2024

⁶¹ <https://zakon.rada.gov.ua/laws/show/1163-2022-p#Text>

⁶² CMU Order of January 27, 2023 No. 79-r. <https://zakon.rada.gov.ua/laws/show/79-2023-p#Text>

Related Sexual Violence⁶³, aimed at equipping healthcare professionals with the necessary skills to respond effectively to these complex challenges. Certain topics related to gender are also raised within other courses available on the PHC online platform - mainly those relating to GBV during the war and reducing stigmatization of key populations.

On the NHSU Academy's website, healthcare workers can undergo the training on "Monitoring and Management of Cases of Sexual and Domestic Violence in the Practice of Primary Care Physicians"⁶⁴. Moreover, among the online courses that can be of use in developing a course on TB and gender, there are a number of gender equality awareness courses available on the website of the Ministry of Internal Affairs⁶⁵, including the course on "Gender Sensitivity as an Element of Corporate Culture."

The voice and leadership

This issue concerns fair representation of women and men in representative or managerial bodies and positions and is not considered by sector, but exclusively within the framework of the Law of Ukraine *On Ensuring Equal Rights and Opportunities for Women and Men*⁶⁶.

No specific requirements or quotas for women's representation in healthcare management bodies were identified. However, there are general recommendations for establishing a gender committee or group to coordinate efforts, identify and analyze issues, and plan and implement action plans. With the support of the Governmental Commissioner for Gender Policy and the OSCE/ODIHR, and with participation of the Network of Gender Advisers, recommendations were developed to support the work of gender advisers at enterprises⁶⁷. Ensuring the work of such committees or advisors at HCFs would allow monitoring equal representation of women and men in representative or managing bodies and promoting the practice of nominating women for leadership positions.

An example of activities to encourage development and support of women leaders working in the field of health care is the seminar "Women and Leadership in the Public Health System"⁶⁸, held by the Ministry of Health in Kyiv on May 16-18, 2017.



⁶³ <https://courses.phc.org.ua/courses/course-v1:PHC+130+2024/about>

⁶⁴ <https://academy.nszu.gov.ua/enrol/index.php?id=175>

⁶⁵ <https://mvs.gov.ua/activity/rivni-prava-ta-mozlivosti/kursi-z-pidvishhennya-obiznanosti-u-sferi-gendernoyi-rivnosti>

⁶⁶ <https://zakon.rada.gov.ua/laws/show/2866-15#Text>

⁶⁷ <https://www.kmu.gov.ua/storage/app/sites/1/18%20-%20Department/18%20-%20PDF/2023/25.08.2023/poradnik-dlya-radnikiv-1-1.pdf>

⁶⁸ <https://en.moz.gov.ua/uk/pragnemo-do-gendernoi-rivnosti-u-sferi-ohoroni-zdorovja>

FINDINGS OF THE QUALITATIVE STUDY

Socio-demographic characteristics of participants of the study

The IDIs included 15 national experts and 7 representatives of management or trade union leaders of HCFs from 4 oblasts covered by the study. Out of the 22 interviewees, 3 were men and 19 were women. Of the 7 representatives of the HCF management, 2 reported having received training on gender issues.

A total of 80 participants took part in the FGDs, including 50 doctors and four non-medical HCF employees – 2 lawyers, an IT specialist, an HCF communicator, and 26 nurses. The vast majority (64 participants) represented regional TB and pulmonology centers, and 16 people represented primary care (PHCCs).

All the 26 nurses who participated in the FGDs identified themselves as women; their age ranged from 23 to 69, with the median age of 47.5 years. At the same time, all nurses of TB facilities (18 people) were 40 years old and older. Of the 26 nurses who participated in the FGDs, 16 reported that they had received some kind of professional training in the last 3 years; 5 said they had received training on gender issues.

The remaining FGDs were attended by 54 specialists, including 50 male and female doctors. A total of 17 men (including 13 doctors) aged 23 to 69 (the median age being 36) and 37 women aged 24 to 73 (the median age being 42) participated in the FGDs. Out of the 50 doctors, 38 reported that they had received professional training in the last 3 years; 9 of them received training on gender issues.

Gender equality policy in the country. Implementation of the gender equality policy in Ukraine

The country's gender equality policy is aimed at ensuring equal rights and opportunities for women and men and is supported with an action plan that aims to address certain issues, such as pay gaps, lack of women's representation in certain areas of employment, etc. At the same time, gender equality policies do not address equal rights and opportunities for people with different gender identities, who do not identify with the biological sex assigned at birth or the traditional gender categories of "man" or "woman."

Respondents from the community of national-level experts emphasized that in recent years *"a lot has been done in the country to ensure that gender equality is true equality. The infrastructure for ensuring gender equality at the state level is highly developed. First of all, it is the National Strategy for Ensuring Equal Rights and Opportunities for Women and Men for the period till 2030, which was adopted by the Government, and which actually spells out all the gender equality principles. And it is accompanied by an operational plan"* (Expert).

According to experts, the progress is largely due to the fact that ensuring gender equality is part of Ukraine's European integration process. At the same time, expert respondents believed that despite the progress made even during the full-scale war, implementation of the gender equality policy in the country needs to be enhanced: *"It is one thing to draft a document, and another one to implement it," and "no matter how beautiful the legislative field looks, implementation of this legislation in practice is imperfect."* At the level of social dialog partners in the social and labor domain (government, employers, and trade unions), there is a lack of full understanding and attention to gender equality issues.

Gender competence of healthcare workers

According to experts, *"despite the fact that the concept of gender has been introduced into legislation and practice in Ukraine quite extensively, understanding of this concept is still insufficient"* (Expert). In the healthcare sector, there is a need to further develop gender competence of healthcare workers, in particular in terms of knowledge, skills, and values that contribute to formation of a culture of gender equality in professional activities.

Findings of this study showed that the majority of respondents from among doctors and nurses, as well as some managers and leaders of healthcare unions, **were not sufficiently aware of gender equality issues** and did not have information about the legislation and state guarantees providing for such equality, except for the fact that *"equality is guaranteed by the Constitution of Ukraine"* (Deputy Director).

All in all, **understanding of the concept of gender as such caused difficulties** for the majority of HCF staff who participated in the FGDs. The word "gender" was often associated by respondents with transgender people, and in this context it indicated the level of perception of people with gender identities that go beyond the traditional categories of "man" or "woman." *"Gender? Well, if it doesn't cause physical harm to others, then why can't we agree that this is who the person thinks they are? If they do not break the law, if they are kind and ready to help, then why not... The world is changing, and we have to accept it"* (Deputy Director).

"Perhaps it is about the cases where one is neither a man nor a woman. And then we must respect it. Because they are a human being. And a person has the right to access the full range of medical services..." (Male doctor).

Only a few FGD participants - mostly younger ones - were familiar with the concept of gender as a social and cultural construct that defines the roles, behaviors, expectations, and norms that society attributes to people based on their biological sex.

The situation with understanding of what **gender equality** is and who it concerns was somewhat better in all regions. The respondents identified key aspects of the concept of gender equality as one that implies equal rights, opportunities, and responsibilities for people in society: *"For me, this means equality of rights between men and women. Equality of rights is about work, social domain, family, and all other spheres that are related to our lives"* (Nurse). At the same time, the discussion on the concept of gender equality primarily focused on rights and opportunities in the society for men and women, leaving out rights and opportunities of people with other gender identities. This points to the need for educational work to enhance understanding of gender equality beyond the prism of the binary gender roles for men and women.

Participants discussed whether the issue of gender equality in times of war is "relevant". Some believed that the forced transformation of social expectations regarding the role of

women in the labor market was due to the impact of the war and was more of an additional burden on women rather than a positive change that would help reduce the gender gap:

"It's very hard to maintain gender equality in times of war. Because the army recruited mostly men of workable age... Some died, some cannot work after being seriously injured, some are still fighting. Because men are in the army, and who will do their work? It is clear that the women who remained. So... One may pass a lot of good laws, but there is the reality: the men are at war, and women have to do their work for them here" (Male doctor).

Experts also believed that **gender issues were not a priority for HCFs**: *"It's a matter of priority, because the biggest concern for facility managers now is the lack of money and staff. While gender is an additional aspect. When you don't see a solution to urgent issues, you don't think of other issues. And now this is also a problem for TB response"* (Expert).

Gender-sensitive approaches in healthcare

According to the Stop TB Partnership's Global Plan to End TB, 2023-2030⁶⁹, one of important aspects of an adequate response to the TB epidemic is to ensure gender equality and inclusion in the workplace for healthcare professionals involved in providing services to people with TB throughout the continuum of TB detection and treatment, and TB response interventions must be gender sensitive and gender transformative.

Our study showed that not all leaders or FGD participants were familiar with the concept of patient-centered or person-centered approach to service delivery as a fundamental principle of quality care in the healthcare system, including for people with TB.

"Person-centered means that you perceive them not as a patient, not as a sick person, but simply as a human being. And you then talk to them as a human being. That is, not to perceive them as a patient, not to enter into any of their situations... (How does this impact the quality of services?) I don't know, it's the first time I've heard this question, but I've never tried to treat a patient as a human being, paradoxically enough." (Female doctor)

However, according to surveys, the issue of gender-sensitive approaches to healthcare services was even more difficult for respondents in all regions. For most of the study participants, regardless of their position, this concept was new, despite the fact that the Standards of Medical Care, "Tuberculosis," contain Annex 41 "Gender-Sensitive Algorithm for Motivational Counseling of People with TB"⁷⁰: *"It must be a one-on-one service, even without a nurse, right, some sensitive things?"* (Female doctor).

The Annex to the Standards of Medical Care contains a "gender-sensitive" stage as one of stages of motivational counseling of patients about the need for treatment, which aims to identify and overcome gender-specific barriers of the patient (legal, physical, economic, informational, socio-cultural). However, the HCFs whose staff participated in the study have not yet conducted in-service training on this aspect.

Facility managers were often not aware of this approach either: *"Gender sensitive? I don't know, if a manager were more loyal to men and appointed them as heads of structural units, then he would probably be gender sensitive to them."*

▶ But most often FGD participants understood gender-sensitive services as that all patients have equal rights to receive the same care, regardless of gender or other qualities.

⁶⁹ <https://www.stoptb.org/global-plan-to-end-tb/global-plan-to-end-tb-2023-2030>

⁷⁰ https://www.dec.gov.ua/wp-content/uploads/2023/11/19.01.2023_102_dodatky.pdf

"This means that we have to provide medical care to people regardless of their sex. That we should treat people equally in this regard. Well, maybe there are some nuances for pregnant women. Otherwise our treatment is standardized regardless of sex" (Female doctor).

"When a person with a disease comes to us, we need to help them, regardless of whether they are a woman, a man, or a transgender person, and we need to help them as soon as possible... to bring them out of shock, to offer them drug therapy. It has nothing to do with what sex the person is" (Male doctor).

At the same time, health facility staff recognized that **there is a difference between male and female patients**, and that certain characteristics of people with TB affect their access to care. Almost all FGD participants believed that *"men of workable age are more likely to get sick than women. This is due to their behavior, habits, and attitude to health"* (Female doctor). They also mentioned the special needs of women and men, as well as their ideas about needs of transgender patients.

"Men just rarely go to the doctor at all. And if they do, their wife or mother is waiting somewhere in the corridor. (Laughing) Someone there is making sure that he at least goes into the room. And more often than not, it is men who are prone to not being sufficiently treated or examined." (Male doctor).

"Perhaps the maternal instinct is triggered, then a woman feels responsible not only for herself but also for her child. While we need to talk to men more, to convince them..." (Female doctor).

► These data indicate that professionals are aware that individual patient needs may vary depending on gender and other factors, while there is a lack of understanding of the concept of gender-sensitive services as those that not only guarantee equal rights but also promote care tailored to individual needs of people with TB.

Moreover, health care workers often do not consider transgender or non-binary patients to be at risk of TB because they rarely encounter representatives of these gender groups: *"I have not had any transgender patients. Our patients are mostly from such categories - not very well off. Our patients are thinking about how to survive, so they don't have time to change their sex."* (Nurse)

Both experts and HCF workers agreed that healthcare workers' awareness of gender issues and the perception of that their rights are respected will have a positive impact on their capacity to **provide gender-sensitive services** and better understand needs of patients: *"If employees are aware, know their rights, and can more actively claim these rights... they will provide more sensitive medical services. It's all very interconnected"* (Expert). This thesis confirms findings of the previous study, "Assessment of Gender Awareness among Healthcare Workers in Ukraine" (2020-2021), the authors of which noted that gender awareness of healthcare workers significantly impacts communication and career mobility of healthcare workers, as well as the quality of services provided to patients⁷¹.

Ensuring gender equality in the healthcare sector

According to experts, gender equality is generally guaranteed by law, but its practical implementation needs to be enhanced in the Ukrainian society, and the healthcare sector is «ще не найгірший варіант», бо кількісно превалюють жінки: *"not the worst option yet, because women prevail there: "Previously, managers were mostly men, now there are more women, but not because they get preferences - there are simply no men in the TB sector."*

⁷¹ https://sociocon.org/wp-content/uploads/2023/04/UKR-Gender-Awareness_Report.pdf

At the same time, those experts who mentioned gender equality guaranteed by law in Ukraine argued that *"despite the fact that people have equal rights here, it does not mean that they have equal opportunities."* They believe that women in certain areas may face more discrimination and stigmatization than men: *"Even if there are 70% women at a facility, it does not guarantee that decisions will be made by women. That is, "equality" does not equal "justice" in this case"* (Expert).

Gender policies and procedures at HCFs

The gender-based approach is applied both at the level of public administration and at the level of policies of individual facilities, and provides for:

- development of gender-sensitive policies and procedures;
 - training the staff of the facility in the principles of gender-based approach;
 - participation of healthcare facility staff in strategic decision-making; and
 - creating a safe space in the organization for representatives of all genders to work.
- Findings of the study show that **insufficient work at HCFs is conducted in these areas.**

Gender policy at HCFs

Policies at HCFs should reflect core values of the organization, define standards of performance, ensure protection of rights and equal treatment of all its employees. According to the experts, in order for all employees to realize their careers on an equal footing of fairness and tolerance, the workplace must have policies that protect rights of people regardless of their gender or affiliation with other groups. However, most HCFs have not yet developed gender equality policies in the form of a separate document or part of a collective agreement that would guarantee equal rights and non-discrimination, nor have they developed procedures for implementing these policies.

The current Sectoral Agreement between the Ministry of Health of Ukraine and the Central Committee of the Trade Union of Healthcare Workers of Ukraine for the period of 2007-2011⁷², which is valid until a new or revised Agreement is concluded, does not contain information on ensuring equality of rights between women and men. At the same time, according to information received for the interviews, the Confederation of Employers of Ukraine has developed "Guidelines for Employers in the Field of Gender Equality and Non-Discrimination"⁷³, while the Trade Union of Healthcare Workers has included into the draft Sectoral Agreement between the Ministry of Health of Ukraine, the Joint Representative Body of All-Ukrainian Representative Trade Unions of the Healthcare Sector, and the Ukrainian Federation of Healthcare Employers for the period of 2023-2027 a provision on the prevention of "any manifestations of discrimination in the field of labor, including violation of the principle of equality of rights and opportunities, direct or indirect restriction of rights of employees on the grounds of their... gender, gender identity, sexual orientation, ethnic, social and foreign origin, age, health status, disability" and on other grounds not related to the nature of work or conditions of its performance. Moreover, trade unions proposed training of trade union leaders to include a gender perspective in program documents and to monitor gender equality in labor remuneration through the system of collective bargaining agreements. Also, at a meeting of the Executive Committee of the Trade Union of Healthcare Workers on December 22, 2021, methodological materials on inclusion of the gender aspect into program documents, decisions of collegial bodies, collective agreements and contracts were considered.

⁷² https://zakon.rada.gov.ua/rada/show/v_058282-07#Text

⁷³ https://employers.org.ua/media/Gender_Guidance_Confederation_ukr.pdf

Despite this and the existence of policies approved with the order of the Ministry of Social Policy⁷⁴, respondents acknowledged that policies - including collective bargaining agreements - need to be updated and to include gender issues. Currently, gender equality issues, as well as the issue of ensuring equal rights and opportunities for people with other types of gender identities, are not separately identified.

"We have a collective bargaining agreement at the enterprise, but gender issues, gender-specific provisions are definitely not there" (Female doctor).

► It is important to note that some of provisions in collective agreements that respondents identified as promoting gender equality can actually be seen as patriarchal, as they are based on stereotypes and outdated ideas about women's physical capabilities and their role in raising children, rather than on the principles of equal opportunities that would ensure health and safety for all employees.

"We now have a draft collective agreement. Those who wished have read it, and we have spelled out gender equality provisions there. There is even a provision stating that women cannot be forced to lift heavy things and so on. But unfortunately, theory and practice do not always coincide here" (Nurse).

Even if the documents do mention equal rights for women and men, they do not specify ways to ensure implementation of these rights - for example, they do not indicate what types of work can be work of equal value for men and women, there is no mention of men's paternity, the possibility of combining family and work responsibilities, or any forms of support for men with children (including the possibility of getting a parental leave).

According to some managers, if there is no evidence of violations of employee rights in the team, there is no need for a separate policy. At the same time, the absence of documented cases of rights violations may not mean absence of such precedents, but rather absence of a system for monitoring and responding to violations: *"We have no discrimination. Really. If there was something, someone would have said that something was wrong. That is, there are no complaints from any employee. Therefore, I do not see the need to write this down in the collective agreement just to write a phrase that has no grounds in fact" (Trade Union).* Some employees expressed a similar idea: *"In fact, this policy is an overblown problem where there is no problem. All possible communication issues are regulated by simple business etiquette. And there will be no questions about gender at all" (Male).* Moreover, people did not accept clear explanations of the meaning of such a policy and the mechanisms for its implementation:

"It [the policy] should be there, but maybe not in such a way... How can I put it mildly? Some kind of program must be developed, and some people must be responsible for it and follow it. But, apart from what they developed and conveyed down the chain of command, and everyone has to follow it... There are no explanations for that, and we did not really understand what to do. We also need to appoint someone to work on this..." (Male).

Other managers acknowledged that *"currently the facility does not have such regulatory documents, but perhaps in the future we will have to study this issue and develop our own policy" (Deputy Director).* Some HCFs have already started this work: *"We are currently amending the collective bargaining agreement. We will introduce a separate position of a person responsible for gender equality. ...We had a policy on combating violence, stigma, discrimination, and we will add data on gender equality to it." (Deputy Director).*

⁷⁴ <https://zakon.rada.gov.ua/rada/show/v0056739-20#Text>

Reporting on implementation of gender policy

Based on 2022 data⁷⁵, gender inequality was not sufficiently taken into account during development of the healthcare system reform, and the aspect of measuring gender inequality in healthcare required more attention.

This study found that facilities do not have a targeted budget for implementing measures aimed at achieving gender equality; and also no one requires reporting from healthcare facilities in this area of work. Facilities do not keep disaggregated reports on gender distribution of employees and can provide them only upon specific request: *"There is, for example, reporting form no. 33. And there is a question about personnel, but there is no information about how many men, women... No. It's like this: managers, doctors, for example, TB doctors, other staff"* (Medical Director).

"M.: Regarding collection of statistics, do you take into account gender distribution when collecting this data, how many employees are women, men? Do you analyze it and do you think it's relevant to your work? - R.: To be honest, I don't think it's relevant. Because we have no reason to distinguish between men and women. Because there are no... discussions on this topic. Not at all. We all live quietly, we communicate (smiles)" (Trade Union).

In the absence of gender-disaggregated data collection on human resources at HCFs, there is no culture of decision-making based on relevant statistics on development and implementation of effective gender policies.

Gender roles and stereotypes through the eyes of healthcare workers

Findings of the interviews and FGDs show that outdated patriarchal perceptions of gender roles in Ukraine are still largely present in the healthcare sector, although they are slowly changing among young professionals. FGD participants mentioned "inherent characteristics of men and women". In all regions, female healthcare workers conveyed even more stereotypes about typical gender roles than their male counterparts, emphasizing men's leadership and ambitions and women's role as "keepers of the hearth." *"Adam is a man, and Eve is from his rib. Well, so it is"*. (Female doctor)

"Women and men are psychologically different. Men are more balanced, reasonable, and have more critical behavior in certain situations. And women are more emotional. Therefore, more men are chosen. They always want to have a calm person there who balances all conflicts in the team" (Female doctor).

"A woman is a mother: preschools, hobby groups, she needs to leave earlier and pay more attention to her family. While a man will be more focused on his career. He is freer from household duties. That's why there are always more men in leadership positions. And human reserve, they always prepare a man to replace them" (Female doctor).

In all FGDs and in some interviews, HCF staff referred to the man as a "provider": *"Men are more ambitious. Why? Well, look, now there will be gender inequality (smiles): a woman is the keeper of the hearth, and a man is the provider. That's it, I guess"* (Deputy Director).

⁷⁵ The gender perspective of the healthcare sector in Ukraine. Razumkov UCEPR, 2022. https://razumkov.org.ua/images/2022/07/15/we_act_medical_ukr_report.pdf

At the same time, in all the teams, young professionals spoke out against outdated views of gender roles imposed by society, and some of their older colleagues believed that young people are now free of gender stereotypes: *"It's still from the days when men dominated women. And it is very difficult to eradicate it now. In my family, I fight very hard for that we are on equal terms, we work equally, we have the same hands and the head. I shouldn't have to come home and do a lot of other things. ...Yes, every year our rights seem to be leveled out a little bit. But still, we still have this inequality back from those years"* (Female doctor).

When discussing the extent to which men and women can equally realize their professional aspirations and ambitions in the healthcare sector, the experts recognized that career opportunities for women and men in the healthcare sector - as in other areas - remain unequal, and women are more socially vulnerable. The national policy does not provide sufficient support for women seeking professional development, including by reducing the burden of unpaid work: *"If a woman wants to develop her career, she has to work like an elephant. Perfecting, breaking through, starting something of her own. Well, a woman has to be very strong, really, internally, to build a career. And it is definitely not about state support or state policy"* (Expert).

"The heap of domestic responsibilities prevent women from taking advantage of career opportunities. There are research data that women are more prone to burnout at work than men. I think it's because women - in addition to their main job - also take care of children at home, cook, clean... They cannot recover from hard work because they have a second shift at home" (Expert).

Men also referred to research based on theories of biological determinism that simplify complex social and psychological phenomena and reinforce gender-related stereotypes: *"M1: Proven by science. There was a study on brains of women and men. It showed that a woman's brain works better than a man's. But the peculiarity of a man's brain is that he can focus and use all his efforts in one direction. And in a woman, it is scattered and cannot effectively deal with one task. M2: A woman has two hemispheres operating, and they inhibit each other. At this time, in men only one hemisphere works, but it works purposefully, and this helps achieve the goal"* (Male doctor).

▶ The expert respondents considered the predominance of men in leadership positions in the healthcare sector to be a manifestation of gender discrimination, something illogical, although understandable in our socio-cultural context. At the same time, medical staff, especially older women, did not see this as a problem - given the widespread social expectations regarding women's role in family, it was understandable and acceptable for them that men were the ones who moved up the career ladder.

"It's a very hard job to be a hospital manager, for example. If you want the hospital to be advanced, if you want modern equipment to be procured... You have to motivate doctors somehow. You have to live your life at work. Women can't always afford it - they would have to sacrifice their families. It is very difficult for a woman in medicine to hold a managerial position and be torn between family and work" (Expert).

"R1: A woman gives birth, takes a maternity leave, and is no longer able to climb the career ladder - either the child gets sick, or something else happens. R2: And men are not held back in their careers by anything. R3: Men are like providers. They have more incentives and opportunities to develop and support their families" (Nurse).

Some male doctors believed that although everyone in medicine currently has equal career opportunities, **women would still have to make more effort**: *"There are opportunities, even if you look at modern leaders in medicine. We have a woman in charge of our region. We had lady ministers. That is, a woman with the appropriate knowledge, character, and organization can reach significant heights in those management positions. If it will take more effort for a woman to do this? Probably so"* (Male doctor). Nurses shared the same opinion: *"It all depends on prejudice. In general, it is harder for women to achieve anything."*

Almost every FGD mentioned that **men flee from TB care as an unpromising field**, because, again, *"men are by nature providers, and they are looking for more promising opportunities. And a woman is content with what she has"* (Female doctor).

Another opinion that was voiced in every HCF was that there are more managers among men because **"women do not seek leadership positions themselves,"** because they prioritize family: *"If a woman wants to become a manager, no one, well, puts any obstacles in her way. It's just that most women don't aspire to leadership. It is a conscious choice of a person"* (Female doctor). It should be noted that none of the facilities had policies for promoting women to leadership positions.

Finally, some respondents expressed the opinion that a position does not depend on a person's gender: *"A manager must first and foremost be a leader and a smart person. It doesn't matter if that's a man or a woman. They must be a leader and a professional. Above all - qualification. And everything else will come later"* (Deputy Director).

Opportunities for men and women at HCFs

According to findings of the survey, collective agreements of HCFs stipulated that it was forbidden to specify the preferred gender of the applicant when announcing a vacancy; most of the surveyed HCFs did not have quotas or preferences for any gender in employment. According to the respondents, there are no quotas for women in the healthcare sector at all, but there is a shortage of staff, especially in the TB sector, so they will be happy to hire an employee of any gender.

At the same time, when asked about the **probability of employing a transgender or gender non-conforming person** (even in the situation of staff shortages), managers of several institutions said that there were no restrictions on this, and they personally had nothing against it - but they could not predict how the staff would react. This is especially true for older professionals.

"They will get the job, yes. I'm not sure how the team will take it, though. Therefore, training is definitely needed. Because it needs to be explained to people" (Deputy Director).

"It seems to me that there would be no problems. Although it is difficult for me to say what the reaction of employees will be, because I cannot be responsible for everyone. I would be fine with that. But how they would feel in our team, and how the team would react to... such a person, I don't know." (Deputy Director).

Work-life balance among men and women

In accordance with the Labor Code and the Law of Ukraine *On Collective Bargaining and Agreements*⁷⁶, a collective bargaining agreement may provide for additional guarantees and social benefits vs current legislation and agreements, - for example, those mentioned

⁷⁶ <https://zakon.rada.gov.ua/rada/show/vb204282-00#Text>

in Section 3 "Working hours, working time and rest". Certain aspects may be reflected in internal labor regulations, which may be adopted by a HCF as a separate document or as an annex to the collective bargaining agreement. As already noted, the Ministry of Social Policy has developed relevant recommendations⁷⁷.

▶ However, most HCFs do not have separate policies to ensure a balance between professional and personal life for their employees. At the same time, respondents emphasized that management respects needs of employees and, whenever possible, responds to their needs by agreeing individual or flexible work schedules. These changes are regulated by labor law and are addressed on an individual basis.

Alterations in work schedules can be granted to both women and men - but FGD participants believed that management would be more likely to meet a woman's needs, as traditionally it is women who take care of children or sick relatives, which indicates that there are gender-based barriers to ensuring equal opportunities for men in this case.

"F1: I wrote an application for an individual schedule, and the management agreed. F2: But still, if, for example, there is a man, a woman, and an individual schedule, the preference goes to the woman. Because she is a woman, she is a mother. It's about children and everything else... So women have an advantage in any case, definitely. F3: And a man will always have to answer many more questions. First and foremost, what does your wife do? In this regard, men are discriminated against" (Female doctor).

"Still, they are more ready to meet a woman's needs. If you need to go to a kindergarten or school, women are more likely to be allowed" (Female doctor).

In 2021, the Law of Ukraine *On Amendments to Certain Legislative Acts of Ukraine on Ensuring Equal Opportunities for Mothers and Fathers in Childcare* came into force⁷⁸, which provides equal opportunities for fathers and mothers or other caregivers to care for their children. The Law encourages fathers to spend time caring for their children together with mothers, creating preconditions for development of responsible fatherhood in Ukraine and enhancing the role of fathers in the process of raising children. However, in Ukraine, men are currently not involved in childrearing to a larger extent; for example, according to the study "Gender Perspective on Healthcare in Ukraine"⁷⁹, only 7% of couples with minor children share childcare duties equally; in most cases, the woman is responsible for caring for minor children in married couples.

All participants in the study were aware that, according to the law, men and women have an equal right to parental leave. All respondents were positive about these changes: *"Nowadays, either a man or a woman can take a childcare leave. There is no doubt about it. It is allowed by law, and now the family chooses: whoever earns more should go out and work"* (Male doctor).

Regarding the possible reaction of others, respondents agreed that men taking a paternity leave is not yet the norm in the society:

«M: I think that today everyone would react normally. There would be no judging. F1: On the contrary, they would say: "What a good guy." F2: Perhaps there would be a bit of... well, not so much surprise, but... how to put it? Well, it's rare". (D)

However, according to an expert, there is still the stereotype that women should take care of children. That's why women usually take maternity leaves: *"It's like they both work, but she sacrifices her career."*

⁷⁷ <https://zakon.rada.gov.ua/rada/show/v0056739-20#Text>

⁷⁸ <https://zakon.rada.gov.ua/laws/show/1401-20#Text>

⁷⁹ https://razumkov.org.ua/images/2022/07/15/we_act_medical_ukr_report.pdf

Remuneration for men and women in the healthcare sector

Although the desk analysis did not reveal any direct discriminatory norms in the remuneration of men and women in the healthcare sector, as in virtually all countries globally there is a **gender pay gap** in Ukraine: the average salary of women is lower than the average salary of men. The key reasons for this phenomenon in Ukraine are the high level of gender segregation in the labor market (men predominate in managerial positions, women – in lower-paid industries and activities), as well as differences in work experience due to the uneven distribution of responsibilities between women and men in caring for children and other family members. Stereotypes widespread in the society play a significant role in the existence of pay inequality among women and men, which results in gender discrimination. The Political Declaration of the UN High-Level Meeting on Tuberculosis on September 22, 2023, proclaimed the commitment to closing the 24% gender pay gap in the entire healthcare sector⁸⁰.

▶ In 2023, the Government approved the National Strategy for Closing the Gender Pay Gap for the period till 2030 and an operational plan for its implementation for the period of 2023–2025⁸¹. The goal is to reduce the gender pay gap from 18.6% to 13.6% by 2030.

At the same time, findings of surveys confirm the expert opinion that *"the level of awareness in the society on the issue of the gender pay gap is extremely low"* (Expert). None of the respondents had any grasp of statistics or was aware of existence of a gender pay gap between men and women in the country and in the world. FGD participants unanimously agreed that a gender pay gap is unfair. At the same time, managers of HCFs, representatives of trade unions, and employees insisted that there is no pay inequality at HCFs and in the healthcare sector in general, payment is transparent, and specialists in the same positions at state-owned HCFs receive the same fee *"regardless of gender: the more one worked, the more one got paid"* (Male doctor).

"It's the same, there may be a surcharge only for extra work: some people do not want to be on duty, while others take it up, work on duty, and then have a bit more" (Medical director). However, it was not stated whether all employees have the same opportunities to take on extra duty shifts. The only example of unequal pay in the healthcare sector was a situation in a surgery department, where a young female surgeon in this "traditionally male" profession was oppressed, actually deprived of any opportunity to perform surgeries, and eventually had to resign.

▶ Overall, the issue of remuneration was sensitive for employees. The survey participants formulated the problem of remuneration in the healthcare sector in a different way: both experts and healthcare workers emphasized that salaries in the field of TB care are not just the same for everyone, but *"equally low"* for everyone.

"F: Everyone's salary is the same. M: Equally low. F: Both for a novice doctor and a doctor with a lot of experience. Both we, doctors who work with significant hazards, and other doctors. Our salaries have all been equalized, and everything is the same for everyone. And gender has absolutely nothing to do with the level of wages" (Male and female doctors).

Experts also emphasized that shortage of staff in TB care, against the background of the health care reform, is also related to low salaries in this sector: *"It's... not gender discrimination, it's discrimination against the medical sector in general by the state if they*

⁸⁰ https://phc.org.ua/sites/default/files/users/user90/2023_UN_Politychna_deklaracija_Narady_vysokogho_rivnja_Heneraljnoji_asambleji_OON_z_pytanj_borotjby_z_tuberkuljozom.pdf

⁸¹ <https://zakon.rada.gov.ua/laws/show/815-2023-%D1%80#Text>

pay doctors a decent salary, the aspect of gender equality will be immediately improved as well. That is, men will start coming to healthcare then" (Expert).

"Whether as nurses or doctors, men don't want to come to the TB sector because it's not attractive. There are no obvious gender issues in our field. There is no such problem that a woman would not be hired because she will take her maternity leave, because it is a matter of hiring at least someone. It doesn't matter - a maternity leave or not. In the vast majority of cases, only women come to the TB sector" (Expert).

Representatives of the medical trade union voiced another problem: the very low salaries of interns (both women and men): *"Interns are the most discriminated against persons in terms of remuneration. Today they get the minimum, 8 thousand, yes. Even less than a nurse - a nurse still has their night shift fee, harmful conditions surcharges, they earn a bit more extra."* However, according to the respondents, this issue has not been resolved so far.

The role of trade unions in ensuring gender equality

Leaders of grassroots trade union organizations at healthcare facilities were as unaware of gender equality issues and legislation in this area as most managers and specialists at the facilities. The key role of a trade union committee is to participate in drafting of the organization's collective bargaining agreement. Given the lack of awareness of the partners in the collective bargaining process of gender-sensitive policies, it is not surprising that no one mentioned the role of trade unions in the context of protecting gender equality - although representatives of trade union organizations themselves mentioned protection of rights and interests of employees as one of their key functions.

Other functions of trade union organizations primarily concerned assistance to employees in difficult life circumstances, such as providing material and financial assistance, and, if necessary, referring people to legal aid; discounted vacation vouchers and leisure activities for employees were also mentioned. Leaders of grassroots trade union organizations noted that people appreciate such assistance: *"When you help people with what they need, you immediately feel so much of their commitment to the organization."*

Unlike trade union representatives, managers were more skeptical about the capacity of trade union leadership to promote gender issues at their facilities: *"They are more like a classic trade union - vacation vouchers, certificates, congratulations... They distribute presents for children on the New Year's Eve."* Team representatives directly said at the FGDs that they did not know what their union was doing, but *"they were not doing anything significant"*; they were doubtful about the possible leadership of trade unions in promoting gender equality at HCFs.

Gender-based violence (GBV) - understanding, incidence, and response to GBV at HCFs

According to the definition of the International Labor Organization, combating GBV is part of gender-sensitive labor policies⁸². The topic of GBV was actively discussed by experts and representatives of HCFs. In contrast to gender-sensitive services, employees showed more knowledge about gender-based violence, including in the workplace; they named types of violence - physical, sexual, psychological, and economic.

⁸² Violence and harassment in the workplace. Guide to Application of Convention No. 190 and Recommendation No. 206, International Labor Office - Geneva: ILO; 2021. https://www.ilo.org/sites/default/files/wcmsp5/groups/public/@dgreports/@gender/documents/publication/wcms_836556.pdf

Both managers and specialists denied presence of GBV at their HCFs; most had never experienced it, *"there is no such thing among healthcare workers"* - although they acknowledged that not all people can recognize GBV if they have never received training or information about it: *"It is not always possible for a person to adequately assess whether they are subjected to psychological violence or not"* (Deputy Director). Experts also believed that cases of violence and harassment in the workplace are often not recognized as such by employees themselves, because they either do not know what it is or are used to such treatment and do not even understand what is actually happening.

► The HCFs that participated in the study had orders on organization of medical care for patients who had suffered violence, meaning the documents related to response of healthcare workers to the facts of violence against patients. At the same time, most HCFs **did not have a policy on combating GBV for healthcare workers themselves and have not provided any kind of training on this topic, including in-service training.**

However, while the first reaction of the respondents was often to deny even the possibility of GBV cases at HCFs (except for from aggressive patients), during the discussion the participants recalled such situations and even shared their own painful experiences. Some believed that *"any violence can be dealt with, one just needs to seek help"* - but no one could offer an example of protection of rights or effective assistance in a situation of GBV.

"F1: "I have witnessed it more than once, when the emphasis was on humiliating women. The woman who had a slightly higher position and was younger resisted this. People who had lower positions and were older, they couldn't react to it in any way, because... it made them cry, you know? I even know someone who simply quit because she could not work under such pressure. But this was not brought to the attention of the management, because... there is no action on the part of the management, has not been and will not be. Everyone tried to resolve it as best they could. But this has happened. F2: Misogyny. F3: Humiliation, that's exactly what it was. F4: The pleasure of humiliation. Moral violence" (Nurse).

Only in one case of gender-based violence by management, reported by a female doctor, did she seek help, but this complaint did not yield the desired result - the woman simply changed her job. She appealed to many authorities, even to the prosecutor's office: *"I have all the correspondence. The prosecutor's office also said that I had no hope there. That's all my results. Well, it was very hard, and it took a toll on my health..."* (Female doctor).

Respondents believed that women are more likely to be subjected to GBV; however, it was repeatedly mentioned that men may also be subject to violence and take it very painfully, as it is more difficult for them to seek help due to the same stereotypes in the society: *"I know men who are really struggling. But a man cannot afford calling the police or going to the social service. Because it is humiliating. He's a man, he's not a rag! Isn't a man afraid of being a rag an example of stigma? Isn't that a stigma?"* (Expert).

Moreover, participants in several FGDs cited examples of non-gender-based violence and complained about their helplessness and lack of protection. The issue of workplace safety was sensitive for FGD participants. *"No protection," "insecurity"* - these words were often heard during the discussions.

"Do you feel protected at work? - Three women: No. - Why, tell me. - F1: Why? Well, it's impossible to complain about anything: if you talk too much, if you don't like something, quit. F2: We shouldn't talk about gender inequality, we can just talk about inequality" (Nurse).

These data confirm findings of the study *Assessment of Gender Awareness among Healthcare Workers in Ukraine (2020-2021)*⁸³, where the authors noted healthcare workers' concerns about their personal safety, which are related to factors such as working in the evening, the risk of facing aggression from patients, lack of permanent security guards and other security means at healthcare facilities, untimely response of the police/non-state security service to calls, etc. Study participants also noted that they had faced sexual harassment in the workplace, both from patients and colleagues.

When discussing the topic of GBV in this study, it turned out that in cases of sexual harassment in the workplace, according to experts, people would sometimes rather quit than seek help from the HCF: *"No one will voice it, somehow it is not very well accepted. But this problem exists, and there is no protection"* (Expert). Managers were more optimistic about the situation at the facilities, often believing that either nothing of the sort was happening or that it was all just a joke: *"I have never heard of mobbing. Do we have something like sexual harassment? In terms of something serious - no. We have it at the level of jokes. Even if someone hurt someone somewhere - you know, women, men... Not something as serious as abroad... It's quite horrible there. Here it's somehow a light version"* (Deputy Director).

Experts reminded that violence in the workplace, including gender-based violence, is a violation of an employee's fundamental right to decent labor conditions, so these issues need to be raised, including in court. But *"breach of confidentiality of information is a key reason why employees do not report cases of violence or harassment in the workplace. We don't have such statistics, we don't have extensive research in this area. We don't know what the situation is at all."* Moreover, not only those who suffer from violence, but also witnesses abstain from reporting: *"Even if people have seen or heard it, they don't want to confirm it because they are afraid of consequences of their actions"* (Expert).

▶ All study participants acknowledged that their HCF **did not have an algorithm for addressing and responding to cases of GBV or other rights violations**. Even in blatant cases, people do not speak up, primarily because they do not believe they will actually get help. For example, doctors believed that there was no point and no one to complain to if their rights were violated by a manager: *"R1: You can't go to a lawyer or a psychologist. Well, they are also subordinates of this manager. So who to contact? - Do you have a trade union? - R2: Of course, there is a trade union. But they are also subordinated to this manager"* (Female doctor).

Almost all respondents supported the idea of creating a special channel for confidential reports of rights violations or the idea of an authorized person - the so-called gender advisor - whose function, according to one of the managers, could be performed by *"the trade union or a lawyer."* However, there were a lot of doubts and distrust among employees about the system's ability to protect human interests and rights - first, male doctors expressed fears that people might abuse this channel for complaints: *"And how do you protect yourself from the fact that they will start settling scores with each other, like 'there is such a channel, let's write'. We have already seen it in our history that one person would report another... Now, if you start complaining like that - you don't like them, they didn't look at you in the right way, or something else - you can get to the point where we will be shunning each other"* (Male doctor). There was even the question of who should check whether the complaint was true to fact.

Secondly, employees expressed doubts that any channel for complaints would actually work, and not be *"for the show, on paper."* Many believed that *"even if it does exist, it will not work"* (M). It was mentioned that at a HCF where they had a complaint box, complaints were received only

⁸³ https://sociocon.org/wp-content/uploads/2023/04/UKR-Gender-Awareness_Report.pdf

from patients; there were no complaints from employees. Therefore, everyone agreed that each facility should decide for itself which mechanism for protecting rights and combating gender discrimination would be the best, but no one at any HCF came to a consensus on an effective solution that would seem feasible to everyone.

Education on gender issues

The situation regarding training on gender equality in the healthcare sector

In Ukraine, certain steps are being made to include gender equality issues in education curricula: the Strategy for Implementation of Gender Equality in Education for the period till 2030 and the 2022-2024 Operational Action Plan for its implementation⁸⁴; were approved; some medical universities have already included aspects of gender equality in their curricula. The Action Plan for implementation of the Concept Paper on Communication in the Field of Gender Equality for the period of 2023-2025⁸⁵ provides for acquisition of relevant competencies of non-discriminatory, gender-sensitive communication with patients by medical workers. However, the desk study showed that the issue of gender and ensuring equal rights for women and men is not raised in the MoH's orders on the system of postgraduate education and continuing professional development of HCF specialists.

According to the unanimous opinion of the experts who participated in this study, no policy will work without training medical staff on gender issues: *"It's like a bird that should have two wings: on the one hand, there is the regulation, and on the other hand, its implementation, which involves mandatory training."*

At the same time, the study found that, apart from the aforementioned training courses on GBV available on the PHC online platform and the website of the NHSU Academy, current training or professional development curricula for healthcare workers do not pay sufficient attention to gender issues. Respondents acknowledged that gender equality issues are not reflected in undergraduate and postgraduate medical education curricula in the specialty of "TB care", as well as in thematic improvement programs (TIPs) or in classes conducted by national and regional training centers (TB hubs). Education focuses on biomedical approaches to TB diagnosis and treatment.

"No, we do not address these issues. This is not on our agenda at all. We have other problems in tuberculosis: the most important thing is to detect, diagnose, and prescribe adequate therapy in time. And to keep them in treatment, especially if they are antisocial. This is the problem. - Have you ever had any questions from doctors about gender or gender equality? - Never. Only purely medical issues of all kinds" (Expert).

Some education workers agreed that gender issues should be included into the curriculum and planned to do so; others believed that it was "not quite relevant" because there were not enough TB specialists, the number of people with TB has increased during the war, and there were more pressing issues in the field. Everyone emphasized that it is **necessary to start talking about this topic in childhood** - in kindergarten, school, university - because it is much more difficult to transform an adult who shows some kind of aggression in the workplace.

In-service training on gender issues for HCF staff

Another opportunity to raise awareness of gender issues and gender inequality is to provide in-service training for HCF workers. At the same time, it is important to provide **training to**

⁸⁴ <https://zakon.rada.gov.ua/laws/show/1163-2022-p#Text>

⁸⁵ CMU Order of January 27, 2023 No. 79-r <https://zakon.rada.gov.ua/laws/show/79-2023-p#Text>

all HCF staff regardless of their positions, as well as to those who are just learning medical specialties, preferably offline, because *"when it is explained to you using specific cases, in a workshop, you look at these things differently. This is not only about gender, but about any kind of discrimination"* (Expert).

The interviews and FGDs showed that in most HCFs there has been no training, awareness raising, or even briefing for staff on gender issues and combating GBV, or training on gender-sensitive approaches. Therefore, some participants perceived the FGDs as a kind of an educational workshop: *"This is the first time we are getting this kind of education on gender, information on gender inequality; this is the first time in our life, at least in my life"* (Nurse).

At the same time, some participants - more often young professionals - said that they had received information on gender issues during trainings or conferences on other topics: for example, international partners and NGOs have recently been conducting massive training on combating stigma and discrimination against people with TB, as well as on supporting mental health of patients and healthcare workers. It is within the framework of these exercises that the issue of combating gender discrimination is briefly raised.

"We have trainings on mental health, a series that we conduct in partnership with the international organization PATH. We have conducted ten trainings this year. And there is the theme of gender equality and discrimination. But this is part of the training, not a separate series" (Expert).

Participants had different views on the relevance of gender training. Some people would be interested in this *"for the sake of their own development"*; at the same time, even experts said that the topic of gender equality during the war was not relevant, because *"there is a crisis of human resources in hospitals. It's definitely not about gender right now."* Some of the HCF staff believed that this is why there was no such training, that it was not necessary, as this topic was not relevant.

However, most participants were interested in receiving training on gender issues, because *"knowledge is never superfluous,"* especially since most did not have it at the moment, and *"if more people were aware, they would use it more"* (Nurse). Respondents would like to take such training in the offline format, to "immerse" themselves in the topic, because all online training with the camera turned off while at the same time seeing patients is not effective, and it is unrealistic to find time for independent online training after work, according to respondents. The FGD participants recommended not to organize separate trainings, but to add the topic of gender to some kind of TI - for example, on countering stigma or on ethics of communication with patients; and it is imperative that as a result they could obtain CPD points.

As for who should organize such on-the-job training, the question remains open. According to managers of the facilities, such training should be free of charge, because the HCFs do not have a budget for it. The PHC offers a wide range of training courses on its e-learning platform, which are designed in view of gender-sensitive approaches. However, with regard to in-service training, we should note that the PHC works with HCFs on diagnosis and treatment of patients with TB and HIV, and provides methodological assistance. In fact, the facilities are not subordinated to the PHC, so the question arises about the mandate of the HCFs themselves or some body at the national level that would control whether the facilities adhere to the principles of gender equality. Moreover, treatment and non-discrimination of patients is within the competence of the PHC and is an aspect readily supported by donors, including with regard to gender issues. As for gender equality at the level of each facility, this should be the responsibility of HCFs and their internal processes.

Although there is no separate course on gender-sensitive communication in TB response among the courses currently offered on the PHC online training platform, gender-related topics are raised within other online courses, mostly dedicated to GBV during the war and reducing stigma among key populations. At the same time, some online courses may be useful in developing a course on TB and gender, such as a number of courses on gender equality awareness presented on the website of the Ministry of Internal Affairs⁸⁶.

▶ According to managers of the facilities, it is possible to start training at HCFs by training "stakeholders" - lawyers, trade unions, heads of structural units. While doctors, nurses, and junior medical staff can be trained as the second wave - *"the manager should still be trained first"* (Medical Director). At the same time, the experts believed that *"often, when only managers are involved and trained, this is the end of it - and the staff never gets to know anything."*

The degree of attention of HCF management to staff training on gender equality and gender-sensitive services varied. **Of the seven representatives of the management, only two reported having received training on this topic.** For some, this topic was new: *"I never even thought about it, that we might face some kind of gender inequality or discrimination."* (Deputy Director). *Some managers were confident that their employees "are absolutely fine with gender equality, they have no problems. So, they don't need it"* (Trade Union); others recognized that training would be good because *"even I am confused about it, right? But such training should not be long, they should be interesting. Not time-consuming. So that people really listen to it attentively. If there are also CPD points, it will be very much welcomed"* (Deputy Director).

Finally, according to experts, organization of training on gender issues should be the responsibility of the HCFs - and possibly of healthcare departments: *"It's unrealistic to control all this from the top, from the MoH or the PHC, if we want it to exist not just formally. It's another matter when people are trained because they themselves need their rights to be protected."*

In addition to training as such, other approaches to raising awareness of gender issues among healthcare workers are recommended. For example, Ukraine has approved an action plan for implementation of the Concept Paper on Communication in the Field of Gender Equality⁸⁷, which provides for information support to healthcare facilities and the education system on the gender-oriented approach in the healthcare system, including development of awareness-raising materials for health care professionals on non-discriminatory, gender-sensitive communication with patients.

The voice and leadership. The position of a gender advisor

The surveys revealed that if employees have a complaint about behavior of a supervisor, patient, or colleague in the context of GBV or other types of discrimination, unfair treatment, etc., they either do not turn to anyone else or go to their direct supervisor: *"Well, we don't ask for help, we try to solve our problems on our own"* (Nurse).

According to the FGD participants, it is not gender but rather power inequalities - such as the position - that affect one's chance to be heard and participate in decision-making, so *"a doctor's complaint will generate a completely different reaction vs a nurse's"* (Nurse). *"Some kind of meetings to hear everyone, not just doctors,"* would help employees to be involved in decision-making (Nurse). It was also suggested that people are more likely to be discriminated against on the grounds of age rather than gender.

⁸⁶ <https://mvs.gov.ua/activity/rivni-prava-ta-mozlivosti/kursi-z-pidvishhennya-obiznanosti-u-sferi-gendernoyi-rivnosti>

⁸⁷ <https://zakon.rada.gov.ua/laws/show/79-2023-%D1%80#Text>

► The majority of respondents supported introduction of a gender advisor position as an official advocate for women's rights/gender equality, especially *"if it is required by law. Then we will simply act in accordance with the current legislation"* (Trade Union). According to a survey of HCFs managers conducted by the PHC in December 2024, seven out of 25 regional TB centers have a designated gender policy officer. However, the respondents' opinions differed on who could perform this role at HCFs: *"Preferably, a completely independent person. Completely independent of the trade union or the administration"*(Trade Union).

At the same time, the participants recognized that a separate position of a gender advisor implies certain responsibilities: *"What will be their responsibilities? This is the first question. What will this person do on a daily basis? When we don't have gender-based violence. I have been working for 28 years, and I have never faced a single case of gender-based violence. So I personally don't see the need, you know?"* (Trade Union) Moreover, respondents doubted the need for introducing a separate position: *"A separate position of a gender advisor is not appropriate. It should be just about the attitude of the manager. If the manager shares modern views on equality, a separate position of an advisor is not needed"* (Female doctor).

Barriers to gender equality and actions necessary to overcome them

When asked what the key barriers are to realizing the right to gender equality in the workplace, the first answer from all the participants was stereotypes and attitudes in the society that have *"existed throughout their lives"* and overcoming which requires additional efforts from women vs men.

"It seems to me that nowadays it's mostly some stereotypes and prejudices, sometimes on the part of people themselves. Often, women or men do not do something because they are hostage to these prejudices that were once conveyed by the outside world, so they are now deeply rooted in their heads" (Expert).

As possible actions to overcome these barriers, socially unfavorable conditions that prevent women and men from acting on equal rights, referring to the experience of European countries employees proposed changes at the legislative level: for example, introduction of quotas for women's representation in any governing bodies, in the government: *"Unfortunately, that's the way it is in our country - everything has to be enforced at the legislative level. If this is not the case, we will not be able to overcome this inequality on a voluntary basis"* (Female doctor).

Experts also expressed a similar opinion: *"It should rather be about ensuring rights for all, equal rights and equal opportunities. And then it will catch on to each other and work in favor."* When it comes to training, which is more often funded by donors, donors are always more willing to fund activities that can be more easily measured (patient needs, stigma reduction) than enhancement of the healthcare system or, in particular, development of human resources, so, as experts suggested, it makes sense to include in such trainings fight against gender inequality among staff to increase their competence regarding their own rights.



CONCLUSIONS AND RECOMMENDATIONS

1. Ukraine has all in all developed a general legal framework for introduction of gender equality of men and women. However, the gender-oriented reforms that have been taking place in the Ukrainian society in recent years have not been sufficiently implemented in the healthcare sector.

The survey of national-level experts did not reveal any data regarding a gender analysis of the healthcare reform in Ukraine.

Recommendation:

- Responsible executive authorities should analyze the gender impact of the healthcare reform in Ukraine (using the Methodological Recommendations in accordance with Order of the Ministry of Social Policy of Ukraine of April 14, 2020 No. 257 "On Approval of Methodological Recommendations for Assessing the Gender Impact of Sectoral Reforms") to identify healthcare needs of women and men, as well as of people with other gender identities, and to determine ways to meet these needs based on the principles of social justice and non-discrimination on the grounds of gender or gender identity.

2. The gender-based approach in the healthcare sector of Ukraine is applied at the level of public administration, but, according to the study, this approach is not sufficiently implemented at the level of individual HCFs.

Gender audits are not conducted at the level of HCFs, which is recommended to assess the status of ensuring equal rights and opportunities for women and men at an organizations, to identify existing problems, ways to reduce gender inequality, and to improve knowledge of employees about application of the gender-based approach in their work.

Recommendation:

- The PHC should provide methodological support and ensure systematic implementation of training based on the manual "Gender Competence of Medical Staff" for healthcare facilities; train managers of regional TB and pulmonology centers and other healthcare facilities involved in TB control on the gender audit methodology to conduct gender analysis in the field and use its findings in policy development in accordance with Order of the Ministry of Social Policy of Ukraine of 09.08.2021 No. 448 "On Methodological Recommendations for Conducting Gender Audits by Enterprises, Institutions, and Organizations";
- HCF managers should conduct gender audits in their respective facilities to further analyze the extent to which the principles of ensuring equal rights and opportunities for women, men, and people with other gender identities are taken into account in the human resources policy and activities of the facility;
- The executive committee of the healthcare workers' trade union should conduct training for grassroot trade union organizations on their role in conducting gender audits at the level of HCFs.

3. The ideas of gender equality should be enshrined in strategies, values, and mission of the HCF and reflected in policies, collective bargaining agreements, internal regulations, code of ethics, etc.

Recommendation:

- Develop and implement gender equality policies at the level of HCFs that would be based on the value of gender equality in all spheres of life and would guarantee prevention of gender discrimination and ensure equal participation in important decision-making, ensure equal opportunities for all employees, regardless of their gender and gender identity, support career development, promote gender balance in leadership positions, help combine professional and family responsibilities, prevent gender-based violence or other types of gender discrimination, etc;
- The PHC should provide methodological support and organize training for managers of regional TB centers and other healthcare facilities involved in TB control in Ukraine on development of gender-oriented policies at enterprises;
- The Executive Committee of the Healthcare Workers' Trade Union should ensure that the sectoral agreement includes provisions that will form the basis for introduction of gender equality in the healthcare sector and conduct training for leaders of grassroots trade union organizations on including provisions in collective bargaining agreements and contracts aimed at ensuring equal rights and opportunities for women and men in labor relations.

4. The study showed that there is no regular collection of gender-disaggregated data on human resources at the level of HCFs; there are no requirements for such reporting. Accordingly, there is no culture of decision-making based on gender-disaggregated statistical data for development and implementation of an effective gender policy.

Recommendation:

- HCFs should collect statistical data on human resources disaggregated by gender as an important tool for conducting gender analysis to formulate and implement effective gender policies;
- The PHC should develop methodological recommendations and conduct training for HCF managers on organization of collection of gender disaggregated statistical data for further analysis at the level of HCFs and other levels of the healthcare system, in accordance with Order of the Ministry of Social Policy of Ukraine of 09.08.2021 No. 448 "On Methodological Recommendations for Conducting Gender Audits by Enterprises, Institutions, and Organizations" and using the report on "Indicators for Monitoring Gender Equality in Ukraine" (2021)⁸⁸.

5. Development of gender competence of medical staff is not included in the curricula of facilities at all levels - from undergraduate and postgraduate universities to cluster training centers. There is no systematic training of HCF staff on the principles of gender mainstreaming in the workplace.

Recommendation:

- When developing professional standards in the field of healthcare, to integrate a gender-based approach, in particular, to provide for raising awareness of human rights and taking into account gender aspects of interpersonal communication, knowledge of legislative and regulatory acts in the field of gender equality, combating gender-based violence, etc;

⁸⁸ Indicators for Monitoring Gender Equality in Ukraine, 2021.
https://www.ukrstat.gov.ua/druk/publicat/kat_u/2021/2021_Indukator-Monitor.pdf

- Educational facilities and national/regional training centers should include gender competence aspects in the curricula for training healthcare professionals at vocational and higher education facilities, in-service training programs, and TI. Training of medical personnel should include not only the basics of gender equality, but also gender-sensitive and gender-transformative approaches to providing services to people with different gender identities.

6. A gender-responsive approach to healthcare provision is important because women and men, TGs and non-binary people have different healthcare needs and use healthcare services differently. Despite the mention of this approach in the TB Standards of Care, most healthcare workers do not have gender-sensitive counseling skills or information about the essence of this approach.

Recommendation:

- The PHC should develop a training program and organize training at the level of HCFs on gender-oriented approaches (including gender-sensitive and transformational aspects) in the healthcare sector using the manual on "Gender Competence of Healthcare Staff"; provide training on gender-sensitive approaches in the format of workplace seminars that will allow healthcare workers to interact during the training and develop joint strategies for change. The content should take into account previously conducted gender assessments (using the Community, Rights, and Gender (CRG) methodology), cover knowledge, attitudes, and practices related to gender-responsive workplace policies and gender-sensitive patient care. It should also include key practices for identifying of and responding to cases of GBV;
- The partners conducting community-based monitoring should pay attention to gender-specific needs of patients and provide data on such needs, as well as to analyze GBV cases to improve training of health care workers in providing gender-sensitive care to patients;
- HCF managers should provide basic training for health care facility staff on gender competence in the workplace using the manual "Gender Competence of Healthcare Staff"; include gender competence issues in job descriptions of medical staff that define the key functions and competencies of healthcare workers;
- All HCF staff, including administrative staff and regardless of their position, should undergo basic training on gender sensitivity and diversity to better understand gender stereotypes and gender barriers and to identify optimal measures to encourage men and women, as well as people with other gender identities, to seek medical care, and to take into account gender specifics in treatment and counseling;
- The PHC, HCFs, and trade unions should ensure gender awareness raising to reduce stereotypes in the treatment process, including through preparation and dissemination of information materials for staff and patients focused on taking into account gender aspects of interpersonal communication in the field of TB control, adherence to the principles of gender equality, and overcoming gender stereotypes;
- Managers of HCFs and trade unions should ensure gender-neutral language in documents, policies, and materials, including information materials, guidelines, etc. to overcome stereotypical perceptions of the roles and responsibilities of men and women, as well as representatives of other gender groups.

7. Healthcare facilities that participated in the study had orders on organization of medical care for patients who had suffered violence, however these documents were mainly related to response of healthcare workers to the facts of GBV against patients. As of December 2024, only one-third of regional TB centers had developed gender policies, the vast majority of which focus on combating sexual harassment in the workplace. At the national level, the issue of combating GBV is regulated by law, but its implementation should be prioritized and needs to be improved in practice.

Recommendation:

- Healthcare sector employers should introduce at HCFs policies that would inform facility staff about ways to prevent GBV and promote development of effective systems for responding to cases of GBV in the workplace;
- Managers of HCFs and trade unions should inform HCF staff about current procedures or develop respective procedures for complaints of discrimination to make sure that employees can file complaints about gender-based and other types of discrimination without fear of repercussions.

8. Policies and procedures of HCFs and the content of existing collective bargaining agreements do not guarantee equal participation of employees in strategic decision-making.

Recommendation:

- Where possible, to ensure equal participation of women and men in collegial decision-making bodies at all levels, from the national level to the level of HCFs;
- Introduce a position or provide for functions of a gender advisor at healthcare facilities and institutions involved in TB control;
- In cooperation with gender-focused civil society organizations, provide training and support for development of women's leadership among healthcare and social workers.

9. An important prerequisite for introduction of a gender-sensitive approach at HCFs involved in TB control in Ukraine is availability of not only respective gender-sensitive approaches, policies, procedures, and plans, but also funds for implementation of these measures. During the period of martial law in the country, certain restrictions on use of budget funds are in place, which means that these measures cannot be financed from the national or local budgets at least until the end of martial law in Ukraine.

Recommendation:

- To provide for non-budgetary funding for implementation of gender-sensitive approaches at HCFs, including addressing donors with a proposal to provide support through international technical assistance for gender audits, development of guidelines and training modules, support for awareness raising, education, and training activities in the field, as well as other necessary measures to ensure equality and inclusion in the workplace among healthcare workers involved in TB control.

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