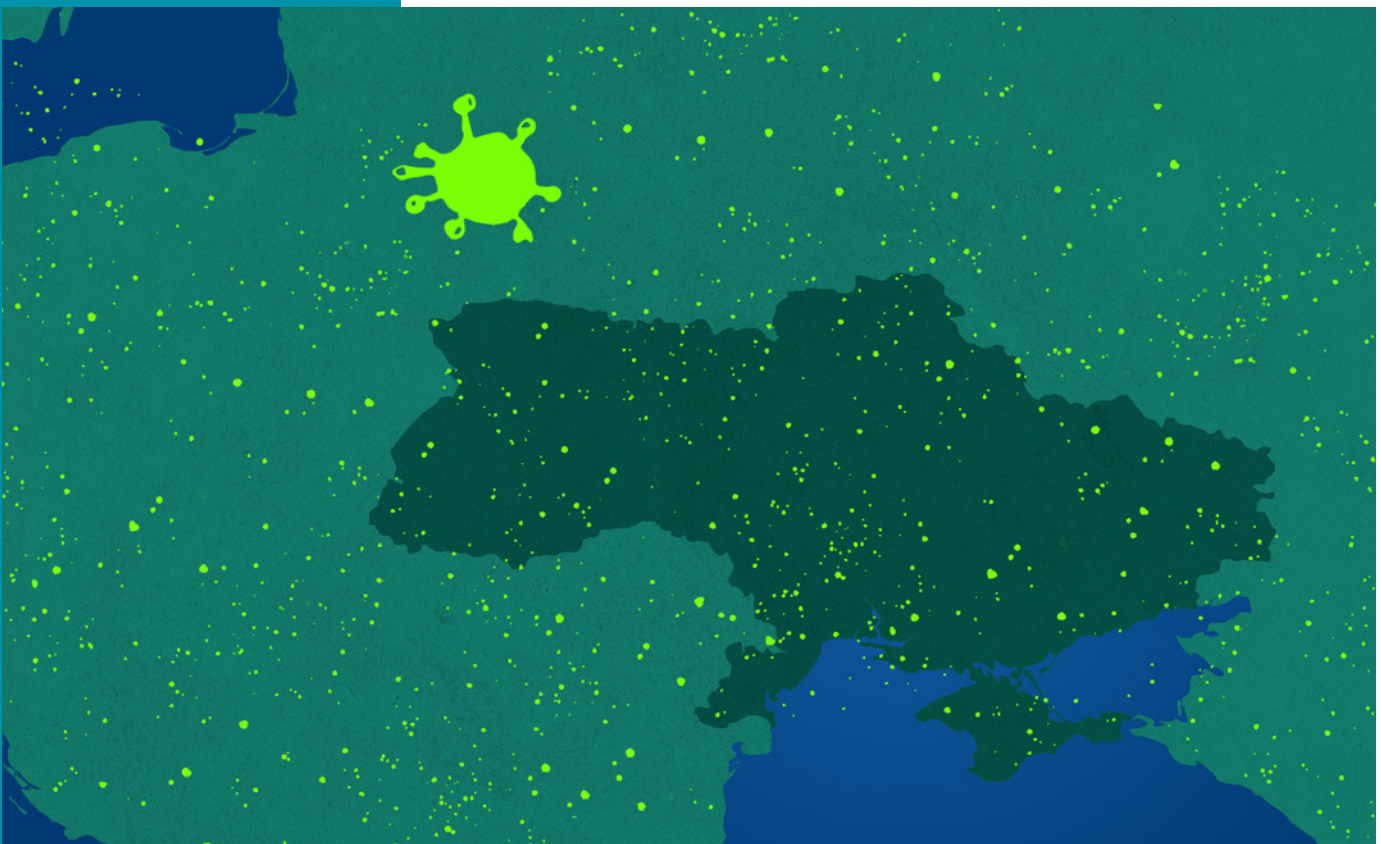


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COVID-19 PANDEMIC CASE STUDY: UKRAINE



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1. Background

The first Covid-19 case was detected in Ukraine on 3 March in the western oblast of Chernivtsi. As of the end of August, almost 115,000 cases had been confirmed, including some 2,500 deaths. The [primary sources of the initial outbreak](#) were Ukrainians returning home from work and tourist trips from abroad.

The country entered the coronavirus crisis in the middle of political instability. President Volodymyr Zelensky, elected in April 2019 with 73% of the vote, has been steadily losing popular support both for himself and for his party, Sluha Narodu (Servant of the People), that has the majority of seats in the Verkhovna Rada (Ukrainian parliament). March 2020 came with several cabinet shake-ups following the appointment of Denys Shmygal as prime minister following the dismissal of his predecessor Oleksiy Honcharuk after just six months in office. The reshuffle tackled some other senior members of the government who had been replaced. Those included the finance minister (who was replaced again in a month), defence and foreign ministers, as well as the minister of healthcare – in fact, Ukraine has already seen three of those during one year of Zelensky's presidency.

Moreover, the only European country facing armed conflict (for the past six years), Ukraine has been involved in a hybrid war with the Russian Federation that did not stop or slow down from the coronavirus. Some reduction of violence in the Donbass conflict zone was reported since July 2020, but it would be too early to speak of the conflict freezing after such a short time. Considering restricted population mobility, access to resources and economic decay in the so-called uncontrolled territories alongside high rates of chronic diseases made eastern Ukraine highly vulnerable to Covid-19.

The economic situation before the pandemic was relatively stable concerning prices and currency. There was some steady GDP growth and moderate public debt. The outbreak of the Covid-19 pandemic has notably affected the economic outlook and has made the government shift the focus to containment and stabilisation. The 2020 budget has already been hit extremely hard as revenues fell and spending needs to address the crisis skyrocketed. In June 2020, the [IMF approved an 18-month Stand-by Arrangement \(SBA\)](#), with a total access of about \$5 billion. The aim was to tackle the large balance-of-payments and fiscal financing needs in the country.

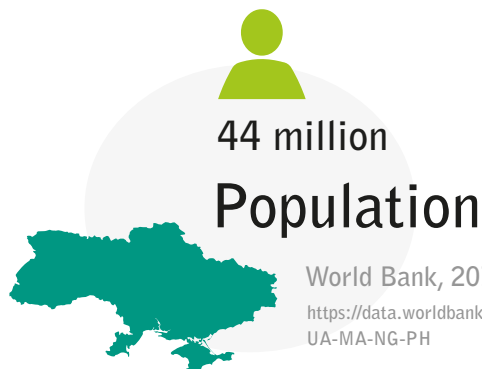
To contain the spread of the disease, the government imposed a three-week nationwide quarantine in the second week of March. It shut down educational institutions and public events with over 200 people. These measures were followed by the closure of all schools, educational institutions, cafés, restaurants, gyms, shopping malls and entertainment venues as well as by shutting down most public transport. The quarantine was further extended until 11 May with multiple restrictions enforced despite the easing of

quarantine measures starting from 25 May. As summer 2020 brought a growing number of cases, in August the government imposed new quarantine restrictions that differed depending on the number of cases in the specific region. In addition, the prime minister announced that the country will close its borders for foreigners from 29 August till 31 October with the possibility of expanding the ban if the coronavirus dynamics are still negative at that time.

Covid-19 tests are widely available in the country at the expense of the individual. The average cost of a PCR test is \$60.00. The average salary in the country in 2020 is about \$380.00 to 430.00 per month, depending on the region.

Overview

Covid-19 in the Ukraine



GDP per Capita

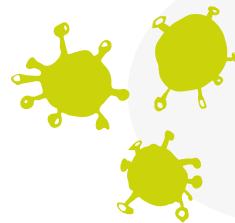
(in US Dollars)

3,659 \$



World Bank, 2019

<https://data.worldbank.org/indicator/NY.GDP.PCAP.CD?locations=MA-UA-XK-BR-NG-PH>



Covid-19 Cases

732625

WHO, November 30th, 2020

<https://covid19.who.int/region/afro/country/ng>

Covid-19 Cases

per 100 000

1650,61



WHO, November 30th, 2020

<https://covid19.who.int/region/afro/country/ng>

Covid-19 Deaths

per 100 000

28,27



John Hopkins University, November 30th, 2020

<https://coronavirus.jhu.edu/data/mortality>

Fatality Rate

1,7%



John Hopkins University, November 30th, 2020

<https://coronavirus.jhu.edu/data/mortality>

ICU beds

per 100 000

3,87



OECD, 2020

<https://www.oecd.org/eurasia/competitiveness-programme/eastern-partners/COVID-19-CRISIS-IN-UKRAINE.pdf>

2. Healthcare Sector: Between a Rock and a Hard Place

In March 2020, the Covid-19 pandemic caught the Ukrainian healthcare system in the midst of healthcare reform and, in fact, without an acting minister of health.

Healthcare reform in Ukraine was launched with the initiative of Ulana Suprun, the minister of health of Ukraine in 2016-19, under Petro Poroshenko's government. Ukraine, as well as other former Soviet republics, inherited from the Soviet Union the so-called [Semashko model of primary healthcare](#). The initial design of the model seemed to offer multiple positive characteristics, such as free healthcare for all, focus on prevention and gatekeeping by primary care providers. The essential characteristic of this system, though, was that clinics were funded based on the number of available beds and size of the clinic, rather than the real number of incoming patients. Together with the general economic decay in the country, the lack of changes in the field [resulted](#) in budget deficits, largely underpaid staff, both doctors and nurses, and the conditions where Ukrainian patients had to pay for everything – from medical services to supplies – out of their pockets, even if such things had been already purchased for them with state budget funds.

In other words, the system was [highly inefficient and corrupt](#). As Ukraine was one of the weakest among post-communist European states, [its healthcare system was characterised](#) by inadequacy to the population's health needs and the lack of more in-depth reform efforts throughout the post-communist transition period. The [comprehensive and substantial reform developed under the guidance of Suprun](#), who had quite a solid record of work in US healthcare previously, was supposed to start in 2018 covering primary healthcare and finish by 2020 with the transformation of all healthcare institutions. In reality, by March 2020, only the first stage of the reform could be considered complete. By that time, most adult citizens of Ukraine had signed a contract with 'family doctors' – a primary care physicians of their choosing. A newly created agency, the National Health Service of Ukraine (NHSU), started paying those doctors based on the number of patients on their lists. While there were still technical issues with a new eHealth system and web-based NHSU dashboard, more than [70 percent of Ukrainians reported being happy](#) with the quality of the healthcare after the reform and most doctors expressed satisfaction with doubled or tripled salaries. Nevertheless, president [Zelensky claimed](#) that continuing reform the way Suprun had designed it would lead to the closure of more than 300 hospitals. This would leave 50,000 medical workers jobless. According to him, the reform needed substantial improvement, but the new government is yet to propose a decent alternative.

In a little more than a year, President Volodymyr Zelensky has changed the position of health minister three times. The first one, Zoriana Skaletska, who assumed the post in August 2019, was fired on 4 March after the [scandal with the Ukrainians evacuated from Wuhan](#), China. The group of locals attacked the bus with evacuated travellers in the Novi Sanzhary settlement, where they were obliged to spend 14 days in observation. Zelensky dismissed Skaletska [with the words](#) that ‘the new minister of health will have to dedicate his first press conference to coronavirus situation’. The new minister, Ilya Yemets, occupied the office for less than a month and was fired on 30 March. The same day, Maksym Stepanov, who, despite his surgeon diploma, has never worked in a hospital as a doctor or as an administrator, assumed office. He [announced](#) that fighting the coronavirus was the ministry’s top priority, together with the continuation of healthcare reform in a way that would please both patients and doctors.

In the meantime, Ukraine is facing an extreme shortage of personnel, with around [25 percent of its doctors now at retirement age](#). In May 2020, according to the national survey, Ukrainian medical professionals evaluated preparedness of the national healthcare system for pandemic as two points out of five, and the conditions of their medical institution as 2.2 out of five on average. By that time, almost 50% considered quarantine methods implemented in the country to fight coronavirus efficient, and 40% assessed them as fully adequate for the current situation. Some 17.9% commented on significant salary cuts during quarantine and 11.1% on being forced to take unpaid leaves during March–April 2020. It is worth noting that even without these cuts, the average doctor in Ukraine earns [approximately \\$250 per month as a salary](#). At the same time, more than 20% of medical personnel suffered from a lack of protective measures and got infected.

In addition to lacking Personal Protective Equipment (PPE) and test kits, medical workers did not get paid for working long hours. In April, Svetlana Fedorova, the chief medical director for infectious diseases in the Mykolaiv region, [reported that she was threatened](#) with the government’s prosecution for paying her employees for the correct number of overtime hours as it was a ‘prosecutable funds misuse’. In Kyiv in May, [medical workers walked out of work](#) due to lowered salaries – from \$111 to \$185 per month – during the pandemic. There were multiple reports in the news about nurses, janitors and other hospital personnel quitting during April–May rather than risk their health and lives for meagre pay. Dr. Inessa Shevchenko, director of central Ukraine’s Dnipro Regional Rehabilitation Hospital, [went on a hunger strike](#) in late April to protest the amount of financing her hospital had received. [By 1 August](#), 8,693 healthcare workers in Ukraine had contracted Covid-19, and the number of deaths reached 50. In addition to the apparent threat to their lives, healthcare professionals also have to deal with stigmatisation and social exclusion because of their regular close contact with coronavirus patients.

Ukraine has been receiving massive funding from international actors such as the IMF, the World Bank, USAID, and other organisations and countries aimed at coping with the Covid-19 crisis. The distribution of those funding, however, provokes several questions.

For example, the Budget Committee of the Verkhovna Rada allowed allocating UAH 2.7 billion (appr. USD 100 000) from the Anti-Coronavirus Fund to bonuses for law enforcement officers in connection with the pandemic. This is greater than bonuses received by healthcare workers directly involved in taking care of the coronavirus patients as reports [Transparency International](#). There are also multiple grey schemes related to buying PPE and redistributing funding among the hospitals. In July, though, the [government announced](#) the general payment increase in salaries of healthcare professionals from September 1, 2020, that on average will comprise UAH 3,500 (USD 130). The funds from the Anti-Coronavirus Fund will be used to cover this increase. The increased salary (appr. USD 380-390) will correspond to the average wage in the country (as of February 2020).

3. Women and Covid-19 in Ukraine: A Gender Perspective

In March–April 2020, [UN Women conducted national research](#) that involved 3,310 women older than 18 years old from different regions of Ukraine, and apart from on-line surveys and desk research, also included in-depth interviews. The collected data have proven that women whose salaries and pensions are overall lower than those of Ukrainian men ended up in more vulnerable conditions during the pandemic. 81.8% commented that they would have to save on food products (compared to 72.3% of men); 77.4% expected difficulties with paying costs of utilities and rent (as opposed to 65.5% of men); and 76.8% expected troubles with having money to cover their basic needs (compared to 70.3% of men). The survey also demonstrated that the lockdown increased problems related to gender stereotypes and patriarchal social norms concerning the roles of a man and a woman in a family since housework in more than 70% of Ukrainian families remains predominantly a woman's job. Women working from home had to combine their paid jobs with housework and childcaring as the children stayed home due to quarantine in schools and kindergartens. 63.5% of women reported an increase in the time they spent on cleaning and 50.5% on cooking meals for the family – compared to 27.8% and 44.1% of men correspondingly. 78.9% of women who have children of school age reported that it is mostly them who take care of the home-schooling routine. Ukrainian men's responses confirm this number as only 32.2% of men answered that they organise children's studying during the pandemic. The situation with home-schooling turned out particularly challenging for single parents, and more than 92% of those are women.

Though the pandemic is far from being over, it is already clear that specific sectors have suffered the most, namely the food and consumer goods industry, healthcare, social services and tourism. These are sectors with high numbers of female employees. Using the quantitative data from the state occupation service, an average profile of a Ukrainian unemployed person during the Covid-19 time is a 40-year-old woman with higher education diploma who used to work in commerce. During the first one and a half months of quarantine in Ukraine, female unemployment increased by 5% compared to the same period last year. In some sectors, such as the beauty industry, where 94% of employees are women, the small businesses and individual entrepreneurs had to move to shadow work to continue earn a living and survive through the lockdown. Despite high fines, numerous beauty salons continued working behind shut doors, often without proper protection and sanitary measures. Still, the income of women occupied in this sector fell from [67% to 90% according to various sources](#).

Women in Ukraine comprise 82.8% of all healthcare professionals (compared to 70% on average worldwide). Apart from facing higher risks infection, they also have to bear additional costs as they have to buy personal protective equipment (PPE). **Only 13.9% of interviewed women** working in healthcare said that they are fully equipped with PPE, such as masks or gloves. 59.7% commented that they are only partially provided the necessary equipment and 26.4% said they have to buy everything themselves. Considering that many nurses are paid minimum wages, the costs are incredibly high for them. Another challenge that faced women who work in healthcare as well as women who cannot work remotely is childcare. Many women complained that they have to leave their children home alone and worry about their children's safety.

According to the **data from the police and NGOs**, domestic violence increased notably during the lockdown. Police departments reported a growing number of calls related to domestic violence nationwide. However, since the majority of police officers had to patrol the streets to ensure that quarantine restrictions were implemented, they did not have enough resources to address the issue. La Strada, an NGO that manages a national hotline on domestic violence prevention, observed a 50% increase in the number of calls related to domestic violence in the first two weeks of the lockdown only. In July, **UN Women reported** that calls to domestic violence helplines increased by 50% in the Donbass war zone and by 35% in other regions of Ukraine. To counter the situation, the National Police launched a chatbot in popular messenger app Telegram and released the guidelines for victims of domestic violence in quarantine times. Both measures, however, had little or almost no effect. The reason is that, apart from the police being understaffed, there is a low level of trust in public institutions and **the inability of women to use more sophisticated communication means** such as chatbots when they cannot call the police in the presence of an abuser.

With the help of foreign donors (the UK, Estonia, Canada and the United Nations' Population Fund (UNFPA), Ukrainian **NGOs opened several shelters**. Nevertheless, since these were municipal authorities who managed shelters and crisis rooms, they were too slow with the action. Existing shelters are overcrowded, which is even more problematic in the time of Covid-19, and they are mostly located in the cities, leaving no options for victims of domestic violence in rural areas.

Overall, from the side of the Ukrainian government, there have been no gender-specific measures to address the socio-economic impact of Covid-19. Several international organisations present in Ukraine, such as UN Women and OECD, **have tried to attract public attention** to the fact that women were hit harder by the Covid-19 crisis. International donors present in the country responded to this, allocating funding particularly for alleviation of the condition of women in Ukraine and for their socio-economic empowerment. Yet, there were no steps from the government to address the growing disparity. Moreover, the government is still **reluctant to ratify** the so-called Istanbul Convention, the Council of Europe's Convention on preventing and combating violence against women. Ukraine signed the convention in 2011, and since then the ratification of the document has been regularly blocked by conservative nationalist and religious groups connecting the doc-

ument to 'gender ideology', 'same-sex marriages', and claiming it is against 'traditional Christian values'. In 2020, a petition to the president of Ukraine to ratify the document gathered the necessary 25,000 signatures to be reviewed by the head of the state. Until today, however, the government does not seem to take full account of the international and national obligations of Ukraine on gender equality and human rights.¹

Several months from now, it will be clearer how efficient and adequate the government's action was regarding supporting the national economy. However, it has been apparent from the first months of the crisis that Covid-19 has deepened existing gender inequality and has affected the economic conditions of women. Nevertheless, instead of shifting towards more gender-sensitive solutions and policies, the government seems to be trying to save the situation on account of groups already in the most vulnerable position, which can and is already backfiring.

4. Surviving through Pandemic: Vulnerable Groups

4.1. People with Disabilities and People Living with HIV

There are approximately [2.8 million people living with a disability \(PLWDs\) in Ukraine](#), more than one million of whom are women of working age, and only one-third of them have a job. Ukraine still has a very underdeveloped infrastructure for PLWDs, turning access to essential services, including healthcare, a real challenge. The situation worsened significantly due to forced confinement during the Covid-19 pandemic. People who need daily care and cannot stay in full self-isolation face higher risks of infection. Life conditions in nursing homes are unsatisfactory: they are overcrowded; there is a lack of PPE; and patients often face malnutrition. Access to regular healthcare procedures and rehabilitation centres became restricted, and not knowing when much needed (but defined by the government as 'non-emergency') medical treatment will be available added to psychological pressure. The government allocated [financial support for PLWDs](#), yet it is deficient because, even with a regular pension, it is hardly enough to cover the basic needs of an adult at a decent level.

There are, however, multiple civil society initiatives supported by foreign donors aimed at helping PLWDs in Ukraine. For example, in July, [\(Non-\) Deadly Silence](#) was launched in Zaporizhzhia to support people with hearing impairments, which was supported by the International Renaissance Foundation under the Humanity and Mutual Aid Program. The project covers help with education and self-employment, psychological counselling and support and other more individually adjusted activities for families and single people who need more assistance.

Ukraine has the second-largest HIV population in Eastern Europe and Central Asia, with 250,000 people living with HIV. In 2019, just 54% of adults were receiving antiretroviral treatment. During the lockdown period, accessing the few AIDS centres available in the region to pick up medication and receive counselling became challenging. Online support or using a taxi service often was not an option since many people living with HIV have no smartphones or computers and cannot afford a taxi. A study conducted in 2018 revealed that [35% of women living with HIV](#) had experienced violence from a partner or husband since the age of 15, and Covid-19 significantly deepened the vulnerability of these women.

4.2. LGBTQ Community

The months of April and May, when Ukraine introduced a complete lockdown in all the regions, became a real struggle for many LGBTQ Ukrainians. It was especially difficult for those who had not come out to their families or whose parents do not accept their sexual orientation or gender identity. The only place where they could usually find support was various community centres or groups of friends, but during the pandemic such options became very difficult – as even a simple phone conversation carried the risk of being heard. Many LGBTQ-rights-related NGOs worked actively online and organised multiple events for their audience of different ages. Nevertheless, many LGBTQ young people either did not have independent access to a computer or tablet during the daytime or would not risk opening the pages of those events due to the fear of being found out.

Many LGBTQ people, both youths and adults, faced increased levels of domestic violence, verbal as well as physical abuse, threats, insults. The number of calls to hotlines increased, yet human rights defenders and activists had minimal opportunities to provide help beyond psychological support. There is only one LGBTQ shelter in Kyiv, sponsored by foreign donors and crowdfunding, and it has reduced capacities to accept people. Covid-19 strengthened the restrictions on such places and made the conditions of living in the shelter worse, because usually the people who live there could leave during the day, some even had full- or part-time work, but during the lockdown the shelter was rather crowded. While a limited option, it was still possible for LGBTQ adults to move out and live in shared flats with their friends. Human rights NGOs in Ukraine cannot do much for those younger than 18 years old as work with this audience requires special legal authorization. The social workers on a help hotline commented that they had an unusually high number of calls from teenagers whom they had to convince not to come out to their parents during the lockdown. They were worried about the safety of these teenagers – some of them already had faced violence from their parents, usually their fathers, in the past.

The most disturbing, though, has been the situation of trans and non-binary people in Ukraine. [According to a survey](#) conducted during the lockdown, many of them felt a sharp decrease in income, making it impossible to cover even basic needs, such as paying rent, getting hormonal therapy and buying groceries. Even if they had economic means, they still faced numerous issues with receiving prescriptions for hormonal therapy, medication for mental health issues and other medications. They also had to deal with the lack of funds for medications and doctors, lack of access to doctors and significant fear of ending up in the hospital and receiving quality care in case of contracting Covid-19. There was also a lack of reliable information about Covid-19 and its risks for trans and non-binary people. Finally, almost everyone reported a meaningful decline in psychological wellbeing related to stress, fear for one's own health and

future, psychological violence, threats of physical violence and issues with starting or continuing transitioning.

There is no help from the side of public institutions, and the police in particular. LGBTQ people in Ukraine have many reasons not to trust the police's handling of cases of homo- and transphobic violence, so the majority of those cases either go unknown or are documented only by human rights organisations.

4.3. Roma Community

During the whole period of independence in Ukraine, Roma people have faced discrimination, social marginalisation and stigma. During the Covid-19 pandemic, numerous Roma families ended up in **extremely vulnerable situations** having limited access to such basic needs as healthcare, drinking water, food supplies and education. Since many Roma people do not have valid identity documents, it prevents them from signing agreements with family doctors and getting access to public healthcare. Even if the documents are in order, ambulances often simply refuse to register cases sometimes because Roma settlements can often have overcrowded housing which increases the risk of infection. Roma women get segregated in maternity houses and face discrimination and exclusion.

Being dependent on work in seasonal or temporary jobs, in local markets, delivery services, sales on the trains and in cafés, both Roma men and women lost their income as their workplaces were closed down. As the schools were closed until the end of the school year 2019/2020, many Roma children could not get access to education as they did not have computers and the internet.

4.4. Covid-19 amidst the War: The Situation in Eastern Ukraine

Before the onset of the Covid-19 pandemic, the health system in Eastern Ukraine was already in a fragile state. Many health workers had left the region and health facilities had been neglected for years. At the same time, the vulnerabilities are exceptionally high due to the large proportion of elderly population, deteriorating healthcare and water supply systems as well as damaged infrastructure.

A food security and livelihoods assessment conducted by [the Norwegian Refugee Council](#) in June has shown that numerous households interviewed in Luhansk and Donetsk regions, in both urban and rural towns, reported adverse socio-economic impacts resulting from Covid-19. The interviewees expressed concern in increases in the prices of food and hygiene items, transport costs and often also a loss of household income. They also mentioned crowded living conditions due to quarantine measures. Many families reported that they had to start spending savings and reducing health expenditures as a coping strategy. Only a third of the households that were interviewed reported that they had received humanitarian assistance in the last two months, and 93% said they would prefer cash assistance.

In addition to that, the residents of non-government-controlled areas (NGCA) suffered from the suspension of movement across the contact line due to Covid-19 and were unable to make journeys that were critically important for them. Each month, around a million trips are being made across the contact line. Nearly 60% are made by elderly people – mostly crossing to access their pensions, social payments, state administrative services, hospitals, markets, medication and withdraw cash. Besides, in many settlements close to the contact line, there are no pharmacies and hospitals. There is a critical lack of medical staff, lack of knowledge of treatment procedures, lack of equipment for personal protection, reanimation and diagnostic equipment which means that they will not be able to cope with a surge of patients. The number of cases in Donetsk and Luhansk oblasts so far remain among the lowest, but the numbers may not be precise due to the lack of testing equipment.

5. Civil Society Response

Vibrant and dynamic, Ukrainian civil society observed an explosion of mass mobilisation during the 2013–14 Euromaidan protests that had an immense impact on the development of civil society activism. With this, the [public trust in civil society organisations](#) (in volunteer groups at 63% rather than in professional NGOs at 44%) grew significantly, exceeding trust [in the army and church](#) (46% each). Since the first months of the military conflict in Eastern Ukraine, volunteers became crucial for the supplies of even such basic needs for the army as food, medicine and protective equipment.

As the spread of Covid-19 started in the country with the healthcare system not prepared for such pressure, [another wave of mass mobilisation](#) started in March coming to the rescue of the healthcare structure. Across Ukraine, volunteer groups started fundraising to purchase PPE for healthcare professionals, ventilators, testing kits and creating awareness-raising campaigns. In the capital, the Kyiv Volunteer Headquarters was created to collect money for buying PPE for doctors. Volunteers were contacting large businesses to convince them to purchase ventilators and other equipment for hospitals. They also convinced a chain of supermarkets to allow social workers to buy groceries without waiting in line. In Dnipro, the local volunteers, apart from PPE, also supplied cooking pots and pans, plastic buckets and clothes hangers for patients to use. In the Donetsk region, the initiative Give a Lift to a Doctor (Pidvezi likarya) started. The initiative was later copied in many other cities; people with cars were transporting several hundred people, medical staff and some patients who needed urgent treatment to hospitals. Multiple groups mobilised to counter the shortage of masks in spring 2020 and started to sew face masks for Ukrainian soldiers and elderly people. There was a special initiative addressing the needs of vulnerable groups, such as homeless people, people with HIV, veterans and older people.

Simultaneously, the outbreak of Covid-19 created challenging conditions for hundreds of civil society organisations as they had to cancel their core activities, give up previous plans and, in the conditions of unpredictability and remote work, come up with new anti-crisis strategies. Many organisations realised that their previous or current activities were not suitable for the conditions of the crisis. For example, NGOs working with women had to re-prioritise and shift the focus from women's empowerment towards consultation and awareness-raising, targeting women-victims of gender-based violence. NGOs working with other vulnerable groups and aiming at inclusion and lobbying for legal changes focused on providing emergency response or mobilisation of PPE for those who cannot afford to buy it.

At the same time, the Covid-19 crisis gave a new push to self-organisation and self-reliance to Ukrainian activists similar to the outbreak of war in 2014, when

several new vulnerable groups emerged (internally displaced people, veterans, their family members) requiring immediate assistance. Multiple groups across the country found themselves remobilised and started new initiatives at the grass-roots level. The research carried out by [International Alert in Ukraine](#) revealed that the crisis opened a window of opportunity for 'increasing NGOs' impact and capacity at the local level in terms of attracting expertise and implementing innovative solutions that were previously blocked by certain inertia of government bodies'. In addition, as most professional NGOs in Ukraine rely predominantly on foreign donors for funding, most of the donors also adjusted their funding schemes accordingly, providing various emergency grants. For example, the British Embassy Kyiv released a call for proposals for projects to enhance the effectiveness of Ukraine's Covid-19 response measures by increasing accountability, oversight, transparency and strengthening participation in Covid-19 responses. Black Sea Trust for regional cooperation offered support to the projects tackling the consequences of Covid-19 and enhancing social support. The projects included cross-sectoral collaboration with local authorities, businesses and IT companies, educators and scientists, independent media, the development of plans, self-help mechanisms, groups and networks that work to compensate for insufficient or inadequate responses by state authorities. Ednannia, funded by the United Nations Recovery and Peacebuilding Programme (UNRPP), provides grants for local peacebuilding projects to decrease and alleviate the impact of Covid-19 across conflict-affected communities as well as to increase security and social cohesion. The grants assist the most vulnerable groups of people such as the elderly, people with disabilities and vulnerable young people. Emergency grants have also been offered by the embassies of Norway, Sweden, the Czech Republic and others.

6. Expectations towards International Actors

During the coronavirus pandemic, Ukraine has received humanitarian aid from [30 countries and nine international organisations](#). Apart from the EU Member States, the list of the countries assisting Ukraine includes China, Singapore, Israel, the United States and the United Kingdom. The EU agreed to a support package of €190 million for Ukraine in June. In July 2020, Executive Vice President Valdis Dombrovskis announced the allocation of [€1.2 billion of macro-financial assistance to Ukraine](#), which is more than has been provided to any other partner-state. Also in June, the IMF approved an 18-month Stand-by Arrangement for Ukraine, with access equivalent to SDR 3.6 billion (about US\$5 billion or 179 percent of quota) to [‘address large balance-of-payments and fiscal financing needs, preserve achievements to date, and advance a small set of key structural reforms to ensure that Ukraine is well-poised to return to growth when the crisis ends’](#). Ukraine and Germany have agreed a €150 million loan to support healthcare and social payments. Since the beginning of the coronavirus pandemic, [the United States has provided \\$18.3 million](#) in medical and humanitarian aid to Ukraine.

The World Health Organisation (WHO), using funding support from the European Union, has scaled up vital supplies for Covid-19 testing to help boost Ukraine’s response to the pandemic. In July, [Ukraine received €3.5 million-worth of consumables, reagents and critical laboratory equipment](#) to speed up, scale-up and automatise PCR-testing purchased as a part of a larger assistance package from the EU, through its Solidarity for Health Initiative, implemented by the WHO Regional Office for Europe and aimed at preventing the spread of Covid-19 in Ukraine.

The EU-Ukraine summit is scheduled for October 2020, and for which the government of Ukraine has high expectations, including signing the agreement on a common aviation area, revision of quotas on the supply of Ukrainian products to the EU as well as further development of green energy covered by the so-called European Green Deal. The current government [refers to the EU and the US](#) as to the main strategic partners and lists the EU and NATO membership as the country’s foreign policy priorities.

Another source of concern amongst both foreign and domestic policy issues is that millions of Ukrainian migrant workers returned to their native country at the beginning of the coronavirus pandemic. Since then, many of them have been looking for opportunities to return to Europe in search of much-needed work as quarantine measures were relaxed in Ukraine and across Europe. As of July 2020, the International Organization of Migration (IOM) was warning about conditions impacting an estimated 350,000–400,000 Ukrainian migrant workers who came home following

announcements of quarantine or lockdowns in their countries of destination as well as in Ukraine itself. Some experts gave alternative estimates, claiming that [between 450,000 and 500,000](#) migrants may have returned.

As [IOM Ukraine forecasts](#) in the analysis they recently published that the impact of Covid-19 travel restrictions will affect Ukraine significantly at the individual as well as the local and national level. The National Bank of Ukraine estimates at least a \$2 billion decrease in remittances this year, triggering significant ripple effects across entire local economies and communities. Furthermore, since the Ukrainian labor market is not ready to accommodate returning migrants, they mostly rely on their savings. [According to Unian](#), Ukraine's Gremi Personal, a recruitment agency sending Ukrainians to work in Poland, calculated that 67% of Ukrainian migrant workers who returned to Ukraine due to the coronavirus expressed strong intentions to leave the country in search of work in Europe.

The government has placed a temporary ban on migrant workers leaving the country during quarantine, which included refusing permission for EU Member States to use charter planes to transport Ukrainians abroad for seasonal work. This resulted in rather hostile attitudes amongst some Ukrainian labor migrants towards the government as they faced limited, if any, job prospects and no financial assistance for their unemployment. Some of them found different grey schemes of returning to the EU, though it is difficult to get any reliable data on the numbers of such cases. It has to be said that in the EU their living conditions are often far from decent: they often lack health insurance and are forced to live under cramped conditions. Ukrainian seasonal labor migrants, therefore, will be amongst those hit hardest by the ongoing corona crisis. Having realised that, in the end of the summer the government initiated the discussion on the possible liberalisation of the conditions for labour migrants from Ukraine to the EU, in particular to Poland.

In addition, in August, [the Committee on European Integration of Ukraine reported](#) on the government's attempts to shut down the State Service of Ukraine on Food Safety, and Consumer Production established in 2014 as a pre-condition for the association agreement between Ukraine and the EU. The committee sent a petition to the prime minister to prevent the liquidation of the service. The committee's concern is access to the EU market for Ukrainian goods that may be limited if the Ukrainian producers are not able to meet European standards. The hope is that as more funding is being granted to Ukraine, the EU institutions will monitor the government's compliance with old and new conditions.

According to [a survey](#) carried out in May 2020, Ukrainians consider the European Union the principal partner who will most likely help Ukraine to overcome the crisis caused by Covid-19, as compared to other countries and entities. The largest share of the respondents (32%) believe that the EU is the major foreign actor to support Ukraine in recovering from the Covid-19 pandemic. Respondents also mentioned the World Health Organization (23.3%), the United States (18.7%), China (10.2%) and

other countries. The priorities listed by Ukrainians are health system support (81.2%), help for elderly people and people with disabilities (42.3%), support for small- and medium-sized businesses (41.8%), small farms support (24.4%), awareness-raising and informing the population (22.6%) and support for residents of regions affected by armed conflict (15%).

7. Conclusion

As for many other countries, in Ukraine the Covid-19 crisis exacerbated already existing problems in multiple areas of domestic policies, including healthcare and managing labour migration. Not surprisingly, the vulnerable groups were hit the hardest and found themselves in even more need for state support than before. The situation becomes more challenging considering the ongoing conflict in Eastern Ukraine. For civil society organisations and activists, who primarily benefit from the foreign donors' support, in addition to financial assistance, a priority in the EU-Ukrainian relations during the pandemic is [control over the actions of the government](#). There are fears voiced by the activists that as the country was paralysed during the lockdown, many untransparent decisions were made behind closed doors. The most recent example of such worrisome action is related to the problematic selection of the head of the Specialized Anti-Corruption Prosecutor's Office (SAPO). On 17 September, MEP and Deputy Head of the European Parliament's Delegation to the EU-Ukraine Parliamentary Association Committee, [Viola von Cramon, reported on her Twitter account](#) that the Ukrainian government is jeopardising a visa-free regime with the EU and an upcoming €1.5 billion in assistance by "[hastily pushing candidates lacking experience and integrity to select the SAPO head.](#)" This has provoked a wave of worried reactions in the national media as a visa-free regime is extremely important for most Ukrainians. In addition to putting expectations on the EU's democratic institutions to increase transparency and accountability of Ukrainian governance, civil society organisations voice their hopes for continuing assistance for vulnerable groups of the population.

As the second wave of the virus is hitting Ukraine and the world, the Ukrainian government will have to mobilise all the resources and use all the creativity in using old alliances as well as looking for new ones to get as much support and assistance as possible. At the same time, the state budget was utterly unprepared to address most of the challenges so that the Zelensky government had to rely on generous foreign assistance coming from international organisations and other states as well as on self-mobilised civil society activists across the country. Apart from the financial support from the IMF and European institutions, the concerns of the Ukrainian government during the pandemic time are related to the military aggression from the side of Russia, labour migration towards the West and economic cooperation with the EU Member States. Ukrainian Minister of Foreign Affairs Dmytro Kuleba repeatedly stressed that Ukraine hopes for [continuing EU support](#) with regard to Russia's presence in eastern Ukraine and Crimea. The Ukrainian government [expects that the EU will fully use the sanctions against Russia](#) as a political instrument and will develop new, more efficient tactics that may

convince the Kremlin to choose their behaviour more wisely. The Covid-19 pandemics, in other words, highlighted the most pressing issues in the EU-Ukrainian relations.

It has to be noted, though, that the significant foreign aid coming from the EU and the IMF has been granted as conditional upon specific policy measures. [The list of the demands includes](#) strengthening public finance management and the rule of law. The government of Ukraine is also expected to ensure competition in the gas market as well as to improve the business climate and governance of state-owned enterprises. Finally, Ukraine is to respect effective democratic mechanisms, the protection of human rights and prove commitment to central bank independence. Considering the situation covered in this report, it is essential that the Ukrainian government stays on track with regard to these expectations and builds up confidence and trust of the country's strategic international partners.

8. References

- 1 Another illustration of the current situation with gender equality could be the fact that there is only one female minister in the current government (the Minister of Social Policy) and one acting female minister. Women also comprise only 20% of the members of the regional committees on the coordination of efforts aimed at combating the spread of Covid-19.

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