



## Institutional Architecture and Powers of Public Authorities in Forming and Implementing School Health Policy in Ukraine

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### ABSTRACT

The Constitution of Ukraine and current legislation define schoolchildren's health as a priority of state policy. However, a significant gap remains between normative declarations and practical implementation of health-preserving policy in secondary education institutions. The study analyzes the system of legal regulation of schoolchildren's health preservation in Ukraine through qualitative content analysis of normative documents adopted during 1992-2025. The research examined 15 normative acts and identified 63 references to the concept of "health" within eight categories of legal regulation, including the right to health protection, children's health, sanitary norms, and environmental and mental health. The study also revealed five main approaches to defining health in Ukrainian legislation and analyzed the distribution of responsibilities among state authorities at different levels. The findings identified six interrelated problems affecting the effectiveness of health policy implementation in schools. These include the inconsistency between declared goals and implementation mechanisms, institutional discoordination between the Ministry of Health, the Ministry of Education and local authorities, insufficient financial support, fragmentation of legal regulation, weak monitoring mechanisms focused mainly on documentation, and the unclear professional status of school nurses. The results confirm the need to move from fragmented regulation toward systemic integration of health-preserving approaches into educational policy. This requires the development of an interministerial strategy, coordinated governance mechanisms, targeted resource provision, and effective monitoring based on health outcomes. Schoolchildren's health should therefore be considered not only as a pedagogical or medical issue, but also as an object of state policy and intersectoral governance requiring comprehensive institutional reform.

### KEYWORDS

schoolchildren's health, state policy, regulatory and legal regulation, interdepartmental coordination, health-friendly environment.





## Інституційна архітектура та повноваження органів публічної влади у формуванні та реалізації політики здоров'я школярів в Україні

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Конституція України та профільне законодавство закріплюють здоров'я школярів як пріоритет державної політики. Водночас між нормативним декларуванням цього пріоритету та практичною реалізацією політики здоров'язбереження у закладах загальної середньої освіти зберігається суттєвий розрив. Дослідження спрямоване на аналіз системи нормативно-правового регулювання збереження та зміцнення здоров'я школярів в Україні та виявлення чинників, що впливають на ефективність її реалізації. Тобто здоров'я школярів розглядається не як педагогічна або медична проблема, а як об'єкт державної політики та міжвідомчого управління. Встановлено, що система регулювання у сфері здоров'я школярів характеризується невідповідністю між задекларованими цілями та практичними механізмами їх реалізації, недостатньою міжвідомчою координацією, обмеженістю ресурсного забезпечення, наявністю нормативно-правових прогалин, недостатньою ефективністю контрольних механізмів, а також нерегульованістю статусу шкільної медичної сестри. Наведені проблеми вказують на те, що точкові зміни не вирішать ситуацію — необхідне системне переосмислення підходів до державної політики у сфері здоров'я школярів.



### КЛЮЧОВІ СЛОВА

здоров'я школярів, державна політика, нормативно-правове регулювання, міжвідомча координація, здоров'язбережне середовище.

## 1. Introduction

In modern Ukraine, the health of schoolchildren is recognized as a priority factor in social development. The Constitution of Ukraine guarantees the right to health care and safe learning conditions, and the relevant legislation is the Laws of Ukraine “On Education” (2017), “On Complete General Secondary Education” (2020), “Fundamentals of the Legislation of Ukraine on Health Care” (1992), “On the Public Health System” (2022), “On Local Self-Government in Ukraine” (1997) – imposes on the state the obligation to ensure the physical, mental and social well-being of students.

The regulatory framework in the field of health preservation of schoolchildren is also formed by strategic documents: the Concept “New Ukrainian School” (2016), which provides for the integration of health-saving competencies into the educational process, the National Strategy for the Development of Education in Ukraine, the Strategy for the Development of the Public Health System, the National Strategy for the Creation of a Barrier-Free Space in Ukraine, as well as the National Program for Mental Health. Despite the significant array of regulatory documents, the question arises: do they form a coherent and effective system for the formation and implementation of the policy of preserving the health of schoolchildren?

International experience shows that the formal definition of the health of schoolchildren as a priority of state policy does not guarantee its proper provision. The effectiveness of the policy depends on the consistency of legislation, a clear delineation of responsibility between subjects and the availability of tools for its practical implementation.

In this context, the World Health Organization defines schools as a critical environment for the formation of a healthy lifestyle. At the same time, achieving real results is possible only if the medical, educational and social components of the policy are integrated.

However, the post-Soviet countries are characterized by a specific systemic problem – the fragmentation of responsibility between different departments, inherited from the Soviet model of management. It is this institutional disunity that makes it difficult to implement integrated approaches.

These challenges are also relevant for Ukraine, which necessitates a rethinking of approaches to the formation of policy in the field of preserving the health of schoolchildren.

Ukrainian researchers focus mainly on certain aspects of the problem, and there are not enough studies that would systematically analyze the regulatory framework in this area. In particular, Vashchenko et al. [18; 19] mainly investigate sanitary and hygienic conditions of education in general secondary education institutions and health problems in the medical and biological dimension, while Polka et al. [15; 16] focus on the hygiene of children and adolescents and mental health issues of schoolchildren in the context of educational reforms. Despite the value of these developments, they do not cover the analysis of the regulatory and legal mechanisms as an integral system: the distribution of powers between the authorities, the consistency of legislative acts with each other, and the availability of real tools for the implementation of the declared norms. The research gap lies in the lack of a comprehensive analysis of the extent to which the current regulatory framework ensures the practical implementation of the state policy of health of schoolchildren, and not only its declaration. The relevance of the study is due to the need to fill this research gap and form a scientific basis for improving regulatory regulation in the field of health and preservation of schoolchildren.

## 2. Literature Review

The problems of schoolchildren’s health in the context of public policy are traditionally studied in an interdisciplinary field that includes pedagogy, healthcare, public administration and social policy.

International studies have repeatedly emphasized the importance of a systematic approach to health in schools. The World Health Organization defines schools as a critical environment for the formation of a healthy lifestyle and disease prevention [28]. In their systematic review, Langford et al. found that comprehensive health programs in schools are effective only if medical, educational and social components are integrated [8]. Bonell et al. convincingly prove the need for coordination between the health and education sectors to achieve sustainable results [3].

Special attention should be paid to studies of the role of school health workers, which demonstrate their critical importance for the health of students. Maughan et al. found that the presence of school nurses correlates with reduced rates of chronic illness and improved academic performance [9]. Baisch

et al. insist on the need for a clear definition of professional competencies and mechanisms for continuous professional development of this category of employees [1].

As for the post-Soviet countries, Balabanova et al. analyze the specific problem of fragmentation of health care and education systems inherited from the Soviet model of governance [2]. Richardson et al. explore the challenges of interagency coordination in systems transforming [17].

There is a tendency among Ukrainian researchers to focus on certain aspects of the problem. Nadimianova [18] and Desiatnyk [19] analyze sanitary and hygienic conditions in schools. Shchudro [15] and Portnytska, Savychenko, & Tychyna [16] investigate the issues of mental health of schoolchildren. At the same time, a comprehensive analysis of the regulatory and legal foundations of state policy in the field of health of schoolchildren in Ukraine remains a poorly researched problem.

It is worth noting that foreign studies emphasize the importance of integrating health indicators into assessing the quality of education. Dadaczynski & Paulus convincingly prove that without systematic monitoring of students' health, it is impossible to ensure the real effectiveness of educational policy [6]. From the standpoint of institutional theory, it is possible to explain how formal rules without effective mechanisms of involvement and coordination inevitably lead to policy failures [14].

The issues of school health programs were investigated by Gortmaker et al., who found that investments in prevention have a significant economic effect and pay off in the long term [7]. Waters et al. in the Cochrane Review confirmed the effectiveness of multicomponent interventions under the condition of sufficient resource provision [27].

International experience, although useful as a guide, cannot be mechanically transferred to Ukrainian realities. Insufficient coordination between the Ministry of Health and the Ministry of Education and Science, chronic lack of resources and gaps in legislation need to be analyzed in the Ukrainian context.

### 3. Problem Statement

The purpose of this article is to analyze the system of public authorities and regulatory and legal support of their activities in the field of formation and implementation of the health policy of schoolchildren, to clarify the delimitation of areas of responsibility between them.

Tasks:

- to analyze regulatory and strategic documents to determine the content and components of the health policy of schoolchildren;
- to determine the system of public authorities involved in the implementation of the health policy of schoolchildren, and to identify the features of the delimitation of their powers.

### 4. Methods and Materials

The study was carried out using a qualitative content analysis of regulatory legal documents of Ukraine in combination with comparative legal and system analysis. Content analysis is used as the main method of systematic study of the content of documents to identify latent patterns, contradictions and gaps in public policy on the health of schoolchildren.

The analysis included regulatory documents of Ukraine in force as of March 2026 or those that had legal force within the study period (1992–2026). The selection criterion was the presence of norms that directly or indirectly regulate the issues of healthcare, safety, medical support or the creation of a health-saving environment for school-age persons (6–18 years old). The documents cover the constitutional, legislative, subordinate and normative-technical levels of legal regulation; all taken from official sources – the Unified State Register of Regulatory Legal Acts or official websites of authorities.

The chronological boundaries are determined from 1992 to 2026. The lower limit (1992) was chosen, taking into account the adoption of the basic laws of independent Ukraine in the field of health care and education. The upper limit (2026) is defined as the current moment of the study, which allows covering the latest changes in legislation, in particular those related to the reform of the New Ukrainian School (2016–2029) and the adaptation of the education system to the conditions of martial law.

Semantic content analysis revealed 63 mentions of the term “health” in 15 analyzed regulatory documents, which were grouped into eight categories of legal regulation: the right to health care, health as a value, children’s health protection, criminal legal protection, health-forming information, sanitary and hygienic standards, environmental component of health and mental health. The categories of

sanitary and hygienic standards and children's health care were the most represented, while the categories of mental health and health-forming information remain normatively underdeveloped, despite their declaration in strategic documents. Such a normative asymmetry indicates that state policy still gravitates towards the sanitary and medical model, while the psychosocial dimension of schoolchildren's health remains on the periphery of legislative regulation.

## 5. Results and Discussion

The analysis of the conceptual apparatus revealed five approaches to the definition of health in the studied documents: (1) medical and biological – health as the absence of disease and physical well-being; (2) functional – health as the ability to perform social roles and learn; (3) resource – health as a resource for the development of human potential; (4) comprehensive (as defined by the WHO) – unity of physical, mental and social well-being; (5) human rights – health as an object of law and state guarantee [28]. Significantly, different regulations rely on different approaches: the laws of the educational sphere tend to a functional understanding, while medical legislation uses a complex or medical-biological definition. Such conceptual inconsistency complicates operational interaction between departments and is one of the systemic factors of discoordination [9, 18].

Comparative legal analysis showed the absence of a single basic document in the system of normative legal acts, which would comprehensively determine the content, goals, mechanisms of implementation and indicators of the effectiveness of the health policy of schoolchildren. Instead, regulation is carried out through a scattered set of acts of different legal force – from constitutional norms to methodological letters – between which there are both substantive contradictions and normative gaps.

As a result of the analysis, it was possible to find out that the mechanisms of interagency coordination are episodic in nature and are reduced mainly to the formal coordination of draft regulations. The legislation does not provide for the creation of a permanent interdepartmental commission on the health of schoolchildren, which would have the authority to coordinate the policies of different departments, develop joint programs and monitor their implementation. Joint methodological recommendations of the Ministry of Health and the Ministry of Education and Science are issued sporadically, often in response to specific challenges (for example, the COVID-19 pandemic or a full-scale invasion), and not as a result of systematic planning.

The system of control and monitoring of the health of schoolchildren is also characterized by fragmentation. The Ministry of Health of Ukraine, through the State Service of Ukraine on Food Safety and Consumer Protection, carries out sanitary supervision over compliance with sanitary standards in educational institutions [12], but after the reorganization of the Sanitary and Epidemiological Service, the powers of this body have significantly decreased. The Ministry of Education and Science of Ukraine conducts an institutional audit of educational institutions, but students' health indicators are not included in the mandatory criteria for assessing the quality of education [10]. Statistics on the incidence of school-age children are collected by the Ministry of Health, statistics of injuries in educational institutions are collected by the Ministry of Education and Science, but these data systems are not integrated with each other and do not allow for a holistic picture of the health of schoolchildren. Control mostly focuses on reviewing documentation and adherence to formal procedures, rather than evaluating the actual results of policies. Indicators of students' mental and social well-being are generally absent in the system of state control, which makes it impossible to monitor these important aspects of health.

The analysis of the distribution of powers between public authorities in the field of schoolchildren's health reveals a complex multi-level system, characterized by fragmentation of responsibility and the absence of a single coordination center.

At the central level, functions are distributed among several executive authorities without a clear coordination mechanism. The Ministry of Health of Ukraine is responsible for the development of sanitary standards, medical standards, determining the procedure for preventive examinations and licensing of medical offices in educational institutions. The Ministry of Social Policy provides social support for children from low-income families, orphans and children with disabilities. The Ministry of Finance of Ukraine distributes budget funds through the general educational subvention, but the legislation does not provide for a targeted subvention directly for the health of schoolchildren [13]. A critical problem is the lack of a legally defined coordinating body that would ensure the coordination of

policies of different departments. The legislation does not provide for the creation of an interdepartmental council or commission on the health of schoolchildren, which leads to the parallel functioning of the medical and educational systems without proper integration [15, 18]. Each agency acts within its own powers, formulates separate orders and methodological recommendations, which often do not agree with each other or even contradict each other.

The legislation entrusts regional state administrations with the functions of coordination at the regional level and control over the implementation of delegated powers, but in fact, their role remains mostly formal. The lack of clear mechanisms for the regional level to influence the activities of territorial communities, which received significant autonomy after decentralization, causes a gap in the management vertical.

It is the communities that are responsible for financing the positions of medical workers in schools, arranging and maintaining medical offices, ensuring the compliance of premises with sanitary standards, organizing meals, financing psychologist positions, and building and maintaining sports infrastructure. However, communities receive funds through a general educational subvention, which is calculated according to the formula and does not take into account the specific needs of health-saving programs. This leads to significant inequality between communities: wealthy urban communities are able to provide an adequate level of medical support and psychological support, while small rural communities often do not have sufficient funds even to equip a basic medical office.

It is educational institutions that directly implement all areas of schoolchildren's health policy: they organize medical examinations, ensure compliance with sanitary standards, conduct physical education and health-saving education lessons, provide psychological support, organize meals, and respond to cases of bullying. They have financial autonomy, operate within the budget approved by the founder, and cannot independently decide on the involvement of additional medical workers or psychologists, unless it is provided for by the community budget.

The situation with school nurses, who are actually "between two systems" of management, is especially indicative. In the Handbook of Qualification Characteristics [13], there is no separate profession "School Nurse", which leads to uncertainty of professional status. The Ministry of Health of Ukraine determines the tariff categories for nurses; however, the Resolution of the Cabinet of Ministers of Ukraine No. 2 dated 12.01.2022 "Some Issues of Remuneration of Medical Workers of Health Care Institutions" [12] does not apply to nurses of educational institutions, since schools are not health care institutions. Remuneration is carried out according to the regulatory documents of the Ministry of Education and Science of Ukraine [11], according to which the terms of payment for similar employees of the relevant industries are established. As a result, the salary of a school nurse is significantly lower than the salary of a nurse in a health care institution, which naturally leads to an outflow of personnel. The situation is further complicated by the issue of licensing: the actions of a nurse are a medical practice and formally require a license for a medical office [17], but the procedure for obtaining such a license from a school remains complicated and unclear. The Ministry of Education and Science manages the working conditions of a school nurse, the Ministry of Health is the regulator of medical services, the community finances the position, and the educational institution provides premises. With such fragmentation, the school finds itself without a single center of responsibility.

## 6. Conclusions

In the process of analyzing the regulatory and strategic documents regulating the health policy of schoolchildren in Ukraine, it was established that this policy has an intersectoral character and is formed at the intersection of educational, medical, social and youth policies. The content of the policy covers three dimensions: medical (prevention, vaccination, medical care), educational (health-preserving competencies, safe environment, physical education) and psychosocial (psychological support, bullying prevention, life skills development). At the same time, the fragmentation of regulatory regulation and the lack of a single systemic document that would comprehensively determine the goals, tools and expected results of the health policy of schoolchildren are revealed. The analysis of the separation of powers showed a four-level structure of management of the formation and preservation of the health of schoolchildren – national (Cabinet of Ministers, Ministry of Health, Ministry of Education and Science), regional, local, and institutional – with critical fragmentation of responsibility and the absence of a single coordination mechanism.

The revealed features of the system of formation and preservation of health of schoolchildren – the contradiction between the declared goals and mechanisms of implementation, institutional discoordination, resource constraints, regulatory and legal gaps, weakness of control mechanisms and a special problem of the status of school nurses – indicate the need for a systematic transformation of the health policy of schoolchildren. The transition from fragmented regulation to an integrated approach requires the development of an interdepartmental strategy with clear goals and indicators, the creation of a coordination council under the Cabinet of Ministers of Ukraine, the introduction of a targeted subvention for health-saving programs, the establishment of mandatory standards for staffing educational institutions by medical workers and psychologists, as well as the integration of students' health indicators into the system of assessing the quality of education. Without these changes, the declared priority of children's health will remain an entry in the preambles of laws, without a tangible impact on the real situation. The results of the study can serve as a basis for finalizing the mechanisms for the implementation of the state policy of children's health. It is advisable to direct further research to a comparative analysis of international practices of school medicine, assessment of various models of medical care in educational institutions and development of a practical system of indicators of a health-saving educational environment.

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