ORIGINAL ARTICLE

CONTENTS

Rethinking disability assessment: Shift to a functioning-based model

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ABSTRACT

Aim: To analyze the development and implementation of the new framework for assessing the functional status of disability in Ukraine, and to evaluate the results of the first year of the new system's operation.

Materials and Methods: Sociological method was used. The Ministry of Health has published an analytical report on the results of the first year of work by the expert teams assessing a person's daily functioning from January 1, 2025. Before the reform, the system was based on 328 commissions and 1267 doctors. In contrast, after the reform, more than 7000 physicians were involved in all regions of Ukraine. More than 1,300 expert teams have been formed, making more than 554000 decisions in a yearStatistical analysis included descriptive statistics of indicators. Statistical processing and graphical visualisation of the data were performed using Microsoft Excel (Microsoft Excel for Microsoft 365 MSO, version 2603, build 16.0.19822.20086, 64-bit).

Results: A new system focused on assessing functioning has been introduced into clinical practice. A comprehensive legal framework was developed, and the Center for Assessment of the Functional State of a Person was established in 2025. The system includes over 1300 expert teams and approximately 7000 doctors, operates nationwide, and is highly digitized via the Diia platform. Initial results show increased transparency, accessibility, and user satisfaction.

Conclusions: The reform aligns with international standards and represents a systemic step toward rights-based disability assessment. However, further improvements are needed in regulatory support, institutional capacity, digital infrastructure, and consistent law enforcement.

KEY WORDS: disability, reform, functioning assessment

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INTRODUCTION

In the current context of the development of the rule of law and the implementation of international standards in the field of human rights, ensuring the rights of persons with disabilities is of particular importance, especially through the creation of effective mechanisms for assessing their functional status and implementing social guarantees. The relevance of this issue stems from the need to transition from outdated approaches, based mainly on the medical model of disability, to a comprehensive approach that accounts for both a person's health status and the influence of the social environment on their life. Reforming the system for assessing a person's functional state in Ukraine is part of the broader process of harmonizing national legislation with international standards and implementing the principles of the rule of law, equality, and non-discrimination. In this context, it is important to analyze the legal foundations of the relevant reform and its practical implementation, as well as to identify problematic aspects that arise during law enforcement.

Ukraine signed the UN Convention on the Rights of Persons with Disabilities (hereinafter referred to as the UN Convention) and the Optional Protocol thereto on September 24, 2008, in New York. The Verkhovna Rada ratified the above-mentioned international legal acts on December 16, 2009, and the document entered into force for Ukraine on March 6, 2010, thereby enshrining the obligation to ensure the protection of the rights and freedoms of persons with disabilities without dis-

crimination. The Convention obliges signatory states to align their national legislation with international standards, ensuring the accessibility of infrastructure, education, employment, and justice for persons with disabilities [1–3].

The Convention establishes a fundamentally new approach to understanding disability, which is based on a combination of medical and social factors and involves a transition from an exclusively medical model to a biopsychosocial one. In this context, disability is considered the result of the interaction between a person and environmental barriers that prevent their full and effective participation in public life on an equal basis with others. Of particular importance are the provisions on equality before the law, non-discrimination, accessibility, and the right to independent living and integration into society.

The European Union has adopted and implemented the European Code of Social Security [4], which defines the fundamental principles of social security. International experience in the legal regulation of social security is highly valuable for Ukraine, particularly for its prospects for development and improvement. Undoubtedly, the problem of developing new legislation on the rights of persons with disabilities remains particularly acute. As of the end of 2025, there were over 3.4 million persons with disabilities in Ukraine, which indicates a significant increase of approximately 600000 people since the beginning of the full-scale war (from 2.8 million in 2022). Due to hostilities and disease, the number of people in need of rehabilitation and prosthetics is increasing every day [5].

As is known, the Constitution of Ukraine, proclaiming Ukraine a democratic, social, and legal state, establishes that current international treaties, the consent to which has been given by the Verkhovna Rada of Ukraine, are part of the national legislation of Ukraine [6].

The implementation of the UN Convention on the Rights of Persons with Disabilities in Ukraine is being carried out through legislative changes in inclusive education, accessibility, employment, and deinstitutionalization. This necessitates transforming outdated approaches, based mainly on the medical model of disability, into a comprehensive approach that accounts for both the individual's health status and the influence of the social environment on their life activities through the reform of medical and social assessments.

AIM

To analyze the development and implementation of the new framework for assessing the functional status of disability in Ukraine, and to evaluate the results of the first year of the new system's operation.

MATERIALS AND METHODS

The concept of reform of medical and social expertise in Ukraine was developed by the authors based on contemporary approaches to disability, particularly the biopsychosocial model, which provides assessment of functioning in accordance with the International Classification of Functioning, Disability and Health (ICF). The proposed framework formed the basis of the Resolution of the Cabinet of Ministers of Ukraine No. 1338 dated November 15, 2024, "Some Issues of the Implementation of the Assessment of a Person's Daily Functioning".

Sociological method was used. The Ministry of Health has published an analytical report on the results of the first year of work by the expert teams assessing a person's daily functioning from January 1, 2025. Before the reform, the system was based on 328 commissions and 1267 doctors. In contrast, after the reform, more than 7000 physicians were involved in all regions of Ukraine. More than 1,300 expert teams have been formed, making more than 554000 decisions in a yearStatistical analysis included descriptive statistics of indicators. Statistical processing and graphical visualisation of the data were performed using Microsoft Excel (Microsoft Excel for Microsoft 365 MSO, version 2603, build 16.0.19822.20086, 64-bit).

ETHICS

The study was approved by the Bioethics Commission of the State Institution "Ukrainian State Scientific Research Institute of Medical and Social Problems of Disability of the Ministry of Health of Ukraine". It was conducted in accordance with the principles of bioethics outlined in the Declaration of Helsinki, "Ethical Principles of Medical Research Involving Humans," and the "Universal Declaration on Bioethics and Human Rights" (UNESCO).

RESULTS

The previous system of medical and social expertise (MSE) revealed systemic defects that made it ineffective. In particular, the definition of disability was based primarily on medical diagnosis, indicating the dominance of the so-called diagnosis-centered approach. Assessment procedures were formalized and did not account for the person's actual level of functioning. It failed to adequately assess functional capacity or rehabilitation needs. In addition, the system was characterized by excessive bureaucracy, paper-based documentation,

Table 1. Number of processed cases by regions of Ukraine in 2025

Region	Total received
Vinnytsia	2183
Volyn	706
Dnipropetrovsk	2875
Donetsk	428
Zhytomyr	914
Zakarpattia	559
Zaporizhzhia	1222
Ivano-Frankivsk	472
Kyiv region	1104
Kirovohrad	614
Luhansk	227
Lviv	1620
Mykolaiv	2995
Odesa	1603
Poltava	1501
Rivne	551
Sumy	781
Ternopil	651
Kharkiv	3421
Kherson	102
Khmelnytskyi	1804
Cherkasy	574
Chernivtsi	681
Chernihiv	715
Kyiv	2075
TOTAL	**30880**

Source: compiled by the authors based on [10]

and lengthy case processing times. Also, there was a high risk of corruption and limited transparency in decision-making.

All the above circumstances indicated a systemic crisis in the previous model, necessitating its radical reform. The first steps of the reform of medical and social expertise in Ukraine were made in 2016-2018, when more than 40 legislative acts were amended, replacing the incorrect term "disabled" with "person with a disability". This was done to shift the focus from the medical diagnosis to the individual and existing barriers in society. The next steps on this path were the approval of the National Action Plan for the Implementation of the Convention for the Period up to 2025 [7], which identified specific actions to ensure accessibility and inclusion, and the National Strategy for Creating a Barrier-Free Space [8], which focused on physical, digital, informational, and social accessibility. A recent step was the liquidation of the medical and social expertise service since January 1, 2025 [9].

The new approach to medical and social expertise is person-centered. The new model of disability views disability not only as a medical problem, but as the result of the interaction of a person's health status with society. This approach allows not only to state the presence of a disease, but also to determine what support is needed for maximum participation in social life.

Reducing bureaucracy is one of the key areas of the reform, which aims to significantly simplify citizens' interaction with the system. So, the functions of medical and social expert commissions (MSECs) have been transferred to expert teams in multidisciplinary hospitals. A digital process of document submission and data exchange between hospitals was implemented, based on Diia.Engine, which simplifies the expertise process and enables more effective coordination across all stages of rehabilitation and social assistance.

The reform also strengthened patients' rights. This includes access to information on the case, the possibility of obtaining copies of documents, the right to a representative, recording the assessment process, and appealing decisions in the Center for the Assessment of the Functional State of a Person or in court. Starting in 2026, mandatory audio recording of procedures has been introduced. There is no more need to collect numerous paper documents, as all necessary data will be automatically transferred between institutions. Thanks to online applications and electronic registries, document processing was accelerated, and decision-making time was significantly reduced to 19 days on average, whereas previously it took almost half a year. Patients also gained the right to independently choose a medical institution for assessment.

The Ministry of Health has published an analytical report on the results of the first year of work by the expert teams assessing a person's daily functioning from January 1, 2025 [10]. Before the reform, the system was based on 328 commissions and 1267 doctors. In contrast, after the reform, more than 7000 physicians were involved in all regions of Ukraine. More than 1,300 expert teams have been formed, making more than 554000 decisions in a year.

The number of cases processed by region of Ukraine is shown in Table 1.

The distribution of cases by the verification of previous MSEC decisions is shown in Fig. 1, and Table 2 shows the aim of referring patients for functional assessment.

The formats for completing the procedure have also changed: in addition to in-person, a remote format has been introduced for certain conditions and for patients abroad. Dozens of training events for doctors were held, and amendments were made to legislative acts, in particular to 32 laws and over 120 government resolutions.

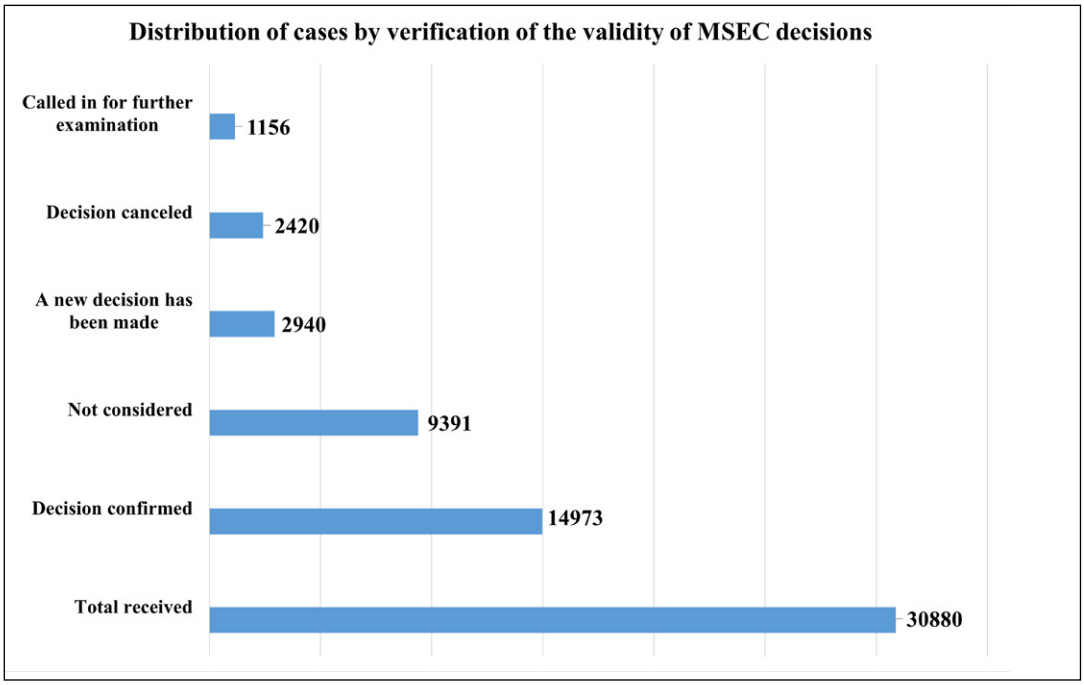

Fig. 1. Distribution of cases by the verification of previous MSEC decisions
Picture taken by the authors

Table 2. The aim of referring patients for the assessment of functioning

No.	Purpose of Referral	Number
1	Expiration of the period for which disability was established	293036
2	Establishment of disability	288742
3	Provision of assistive rehabilitation devices / medical devices	25681
4	Determination of the degree of loss of professional working capacity	24804
5	Re-assessment in case of changes in health condition	22926
6	Update of recommendations (part of the Individual Rehabilitation Program)	16028
7	Extension of temporary disability (sick leave)	14073
8	Determination of the need for permanent external care and other social services	8674
9	Need to change the cause of disability	7587
10	Determination of medical indications/contraindications for driving	1727
11	Establishing a causal link between disability and diseases suffered in childhood	1736
12	Referral to a residential care institution	879
13	Establishing a causal link between death and occupational disease/work injury/other health damage	162

Source: compiled by the authors of this study

In Table 3, you can see the number of cases reviewed via the electronic system, and in Fig. 2, the number of disability cases by nosological form.A patient survey conducted in late 2025 showed a generally positive perception of the changes. Most respondents noted that the procedure had become clearer, and almost half said that the new system worked better than the previous one. The significance of the reform is illustrated by the example of people who have undergone amputations. If, in the previous system, the key result was the establishment of a disability group, then in the new model, the level of functional limitations, the need for prosthetics and rehabilitation, and the possibility of further employment are determined, ensuring more effective integration of the person into society.

A comparative analysis of the previous and new systems indicates a radical transformation in approaches to assessment: from a medical model to a biopsychosocial one, from assessing the diagnosis to assessing functioning, from paper-based document flow to electronic, and from long review periods to significantly shorter ones. At the same time, there was a transition from a

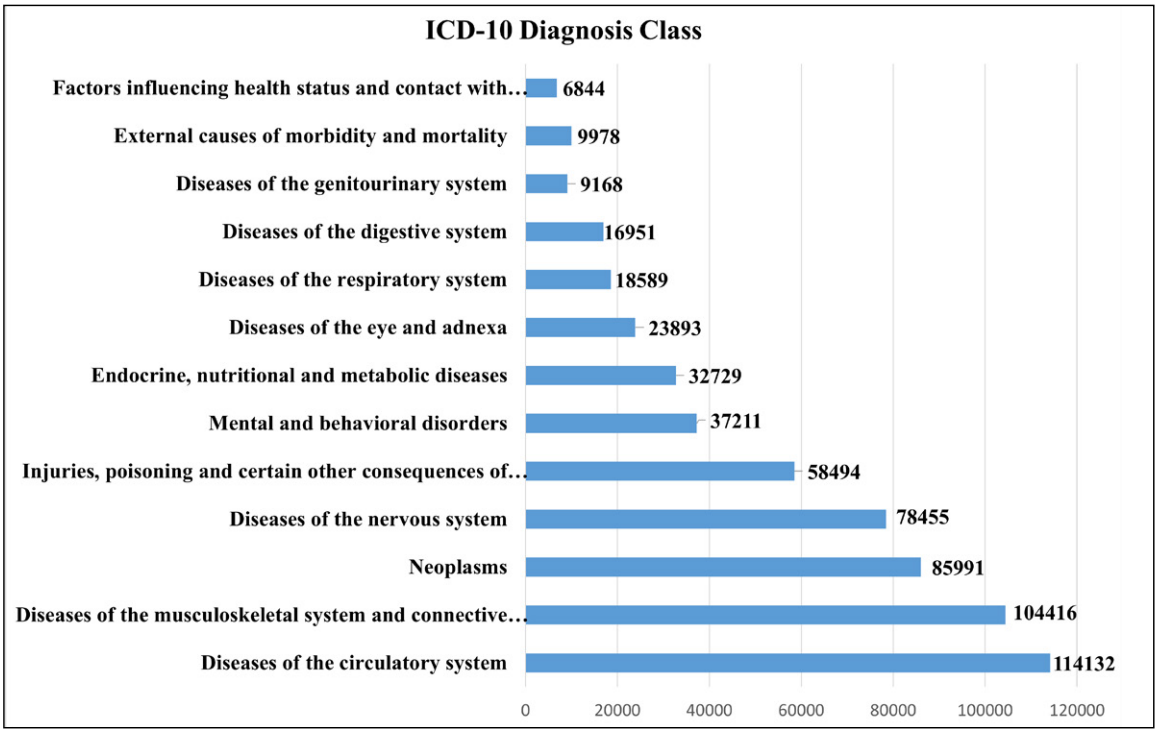

Fig. 2. Distribution of disability cases depending on nosology
Picture taken by the authors

Table 3. Number of cases reviewed in the electronic system

No.	Institution	Number of Cases
1	Center for Functional Status Assessment of Individuals	10845
2	MNPE "Vinnytsia Regional Clinical Hospital named after M.I. Pyrohov" of Vinnytsia Regional Council	9775
3	MNPE "Regional Clinical Hospital named after O.F. Herbachevskyi" of Zhytomyr Regional Council	9469
4	MNPE "Lviv Territorial Medical Association 'Multidisciplinary Clinical Hospital of Intensive Care and Emergency Medical Aid'"	8835
5	MNPE "City Clinical Hospital No. 11" of Odesa City Council	8150
6	ME "Poltava Regional Clinical Hospital named after M.V. Sklifosovskyi" of Poltava Regional Council	7530
7	MNPE "Zaporizhzhia Regional Clinical Hospital" of Zaporizhzhia Regional Council	6859
8	MNPE of Lviv Regional Council "Lviv Regional Clinical Hospital"	6820
9	MNPE "Regional Clinical Hospital of Ivano-Frankivsk Regional Council"	6648
10	MNPE of Lviv Regional Council "Lviv Regional Oncology Treatment and Diagnostic Center"	6629
11	MNPE "City Emergency and Ambulance Hospital" of Zaporizhzhia City Council	6607
12	MNPE of Lviv Regional Council "Lviv Regional Clinical Cardiology Treatment and Diagnostic Center"	5954
13	MNPE of Kharkiv Regional Council "Regional Clinical Hospital"	5338
14	MNPE "Khmelnytskyi Regional Hospital" of Khmelnytskyi Regional Council	5086
15	ME "Volyn Regional Clinical Hospital" of Volyn Regional Council	4888
16	MNPE of Lviv Regional Council "Lviv Regional Hospital for War Veterans and Repressed Persons named after Yu. Lypa"	4770
17	MNPE "Central City Clinical Hospital" of Chernivtsi City Council	4572
18	MNPE "Kyiv City Clinical Hospital No. 7" of the executive body of Kyiv City Council (Kyiv City State Administration)	4239
19	MNPE "Kyiv City Clinical Hospital No. 12" of the executive body of Kyiv City Council (Kyiv City State Administration)	4224
20	MNPE "Vinnytsia City Clinical Hospital No. 1"	4188

Source: compiled by the authors of this study

narrowly professional approach to a multidisciplinary one, which provides a more objective and comprehensive assessment of the person's condition.

The implementation of the reform demonstrates a significant increase in the role of the Center for the Assessment of the Functional State of a Person (CAFSO), which serves as a key element in quality control. During 2025, the Center received 31653 materials, of which 15806 were for validity verification, and 15349 were for appeal decisions, indicating a high level of system load. In total, about 66% of cases (21819) were processed. In comparison, the efficiency of considering appeals is higher (74%) than that of verifying validity (58%). An additional indicator of the legal load is the processing of 673 court cases, as well as thousands of lawyer requests (2474) and requests for information (2440), which form a significant amount of legal support for the Center's activities. At the same time, in 77% of cases, the previous expert teams' decisions remain unchanged. In 14% of cases, new decisions are made, confirming the significant role of the Center for the Review and Correction of Decisions as an institution.

DISCUSSION

Many countries have adopted the ICF as the basic framework for developing health and social policies and legislation on disability and related areas [11]. The ICF has wide application at the population, health, and social services levels [12]. However, in most countries worldwide, the ICF is used to determine the necessary rehabilitation measures for a patient, assess their effectiveness, and collect statistical information on the needs of people with disabilities. The use of the ICF as a tool for determining disability has been implemented only in Taiwan [13].

The reform of the functional assessment system in Ukraine establishes a new regulatory and methodological framework for assessing a person's functional status, integrating clinical, functional, and legal components. The integration of legal and regulatory, causal, and risk-based analytics increases decision quality and minimizes regulatory and judicial risks. The use of the International Classification of Functioning (ICF) provides a methodological basis for objectifying the functional state and establishing a transparent link between medical data and legal consequences. Thus, a new institutional model is being formed, within which the expert decision acquires the status of a legally significant document that determines the scope of social guarantees, rights, and responsibilities of the state towards an individual.

As noted by the Minister of Health, Viktor Lyashko, "Thanks to the joint work of doctors, medical institutions, and the state, we have managed to make a qualitative transition in approaches to assessing human functioning. What was previously declared at the level of regulatory and legal acts today actually works as a tool for determining the needs of a person with a disability. We are building a system that meets international standards for the rights of people with disabilities and is based not only on diagnosis but also on a person's everyday capabilities" [14].

It is worth noting that the development of a stable practice of judicial control over decisions in the new system remains in its early stages. In the future, it will contribute to increasing trust in the system and ensuring an appropriate balance between the discretionary powers of expert teams and the rights of individuals.

CONCLUSIONS

1. The reform of the assessment of a person's functioning in Ukraine took its first steps in 2016 and was finished on January 1, 2025, when the old system was canceled. The new model of disability views disability not only as a medical problem, but as the result of the interaction of a person's health status with society.
2. The new approach to medical and social expertise is person-centered, digitalized, transparent and allows to determine what support is needed for maximum participation of a person in social life. The reform of the assessment of a person's functioning is a comprehensive, systemic step towards implementing international human rights standards.
3. The reform involved a large number of physicians – more than 7000 doctors (1300 expert teams) take part in the assessment of a person's functioning, and during a year they made 554000 decisions.
4. The results of the first year of the implementation of the reform demonstrate the effectiveness of the new assessment system, while at the same time, further institutional and regulatory improvement is needed to achieve consistency and predictability of daily expertise practice.

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CONFLICT OF INTEREST

The Authors declare no conflict of interest

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