

INFORMAL EDUCATION IN THE SYSTEM OF PUBLIC ADMINISTRATION IN THE CONDITIONS OF THE COVID-19 PANDEMIC AND THE WAR IN UKRAINE

Khozhylo I. I., Lypovska N. A., Antonova O. V.

INTRODUCTION

The growing public demands on the activities of persons serving the public interest are particularly acute at the level of local government. In the context of significant transformational changes in the functioning of public administration (the public administration reform and local self-government reform), and a number of sectoral reforms (medical, educational, land reforms) in Ukraine, there is a strengthening of democratic foundations for activities of local self-government bodies, which is largely reflected in the introduction of various forms of active citizen participation in local self-government. On the other hand, the reform of local self-government revealed certain contradictions between the declared intentions and the results of decentralization of power.

This contradiction is at the heart of the issue of division of powers and provision of adequate resources. This is especially acute in the health sector. Such inconsistencies make it difficult to fulfill the tasks, health care issues among them, for local self-government bodies including deputies of local councils as representatives of the interests of the territorial communities, voters in their constituencies. The medical reform is one of the most crucial reforms, whose success is linked to the expected improvement in the quality and living standards of citizens. Forming a local policy for ensuring the effective functioning of a network of infrastructure facilities in the health sector and providing quality medical services within the powers of local self-government is one of the main areas of deputies' activities, which requires relevant expertise in public health care issues from deputies of local councils. In this connection, the task of developing the Ukrainian system of professional education in the field of Public Administration is relevant, in particular, concerning educational needs of the deputies of local councils, and their inclusion in the process of lifelong education. The purpose of this study is to explore the possibility of using self-education to shape the expertise of local council deputies on the health care reform and conditions for validation of the acquired knowledge.

1. Theoretical and methodological aspects of informal education in the system of public administration

A number of research approaches contain the arguments in order to serve as a basis to understand the structural reforms in public health and health care system, but in discussion about impact of public administration and public policy the researchers pay main attention to managerial market-oriented approaches:

1) strategies for structural adjustment (fiscal and market-oriented reforms)¹, public management reform and administrative law in local public service²;

2) structural devolution through the “whole-of-government” initiatives and development of the collaborate public management³;

3) structural reforms of public healthcare systems with regional authorities or central government, involvement of the patient organizations for influence healthcare policies⁴; consequences from frequent changes in public organizations under structural reform⁵.

On the other hand, the issues for health care system coverage were appeared in R. Rosenblatt research⁶, in which the public government attempts to change existing structure health care were characterized in related with the demands of middle-income citizens and poor Americans. So, there were explored the issues of balanced the legal system through the USA courts’ practice, market values and ‘rights of participation’ in the health care reforming. Another vision of structural changes in public health was supposed by E.Kinney⁷ to fill the gap in coverage by health insurance of Americans under age sixty-five and employer-based health insurance and government’s efforts to resolve this situation in the administrative area. It’s

¹ Bresser Pereira, L.C. (1997). Managerial public administration: strategy and structure for a new state. *Journal of Post Keynesian Economics*, 20 (1): 7–23.

² McEldowney, J. (2003). Public management reform and administrative law in local public service in the UK. *International Review of Administrative Sciences*. <http://doi.org/10.1177/0020852303691006>

³ Christensen, T., and Legreid, P. (2007). The whole-of-government approach to public sector reform”. *Public Administration Review*, 67(6).

⁴ Rommetvedt, H., Vrangbaek, K. (2012). Organised interests, authority structures and political influence: Danish and Norwegian patient groups compared. *Scandinavian Political Studies* 35 (1). <http://doi.org/10.1111/j.1467-9477.2011.00274x>

⁵ Romoren, T.I., Torjesen, D.O., and Landmark, B. (2011). Promoting coordination in Norwegian health care. *International Journal of Integrated Care* 11.

⁶ Rosenblatt, R. (1978). Health care reform and administrative law: a structural approach. *The Yale Law Journal*, 88 (2): 243–264.

⁷ Kinney, E. (1995). Protecting consumers and providers under health reform: an overview of the major administrative law issues. *Health Matrix*, 5 (83).

obviously, that search of balanced administrative mechanism is continued today. The market and democracy values often dictate the considerations about the controllability of the health care system under medical (pharmaceutical) lobby⁸. J. McEldowney analyses the development of public services in local government in the UK and the complicated financial relations between local government and the local executive bodies, which formed by the consequences of decentralization and further devolution of local governments. In short, central government retains control through legal and economic instruments and provides local governments with limited autonomy. In such way local democracy remains in framework of the needs of local communities and regulations, guidance, audit systems of central government. In fact this idea is ground on the principals of financial and administrative law systems, and is maintained through the formalized culture (strict adherence of law, providing public service guarantees, courts' practice support and litigation, and etc.).

Thus, we can see the several mainstreams of research efforts in public health care reforming such as fiscal, managerial, and administrative law trends with continuous social effects. In countries with weak institutional capability the courts' practice and legal system cannot avoid the risks of political influences and hidden administrative lobby, especially in the area of medical services, contains the traditional forms, attitudes, structure of its supplement. Due to Ukrainian long-term structural reforms' particularities the actors, managerial thinking, rules of interaction between primary and secondary (hospital) districts and administrative mechanism to service in health care service are very uncertain until recently. Through this weak institutional position and incapability of central government to influent on the public health system the regional and municipal levels take the important place in the reform processes with their local financial and managerial resources. The similar situation took place in Norwegian health care and later it needed the modernization review about integration of public health policy, named by "Coordination Reform" (Romoren, Torjesen, Landmark 2011, 2-3). T. Christiansen⁹ deems that major structural reform of the Danish public sector in 2007, related with the reduction of number of administrative units at the regional and municipal level, allows to intend the private insurance and to change the way of financing health care, to give municipalities incentives to invest in health

⁸ McLean, T.R. (2001–2002). Application of administrative law to health care reform: the real politik of crossing the quality chasm. *Journal of Law and Health* 16 (65): 65–76.

⁹ Christiansen, T. (2012). Ten years of structural reforms in Danish healthcare. *Health Policy* 106 (2): 114–119. <http://doi.org/10.1016/j.healthpol>

prevention and health promotion. One of these incentives is the development of e-health. P. Kierkegaard¹⁰ writes about the importance of developing governance structures and policies precisely through e-technology. Such path was passed by the Danish healthcare system, which is conducted and related with the country's decentralization and centralized approach to e-health implementation. Success of Danish e-health is to be and 'act sensitive to the dynamic of governance, and specifically strive for the right balance between centralization and decentralization to nurture synergy and transparency between all stakeholders involved in the dissemination of e-health system'. In addition, it should be mentioned about Sweden 'Local care' ('chains of care') reform, the result of which was a formation of flexible hospital system.

Thus, we have obvious conclusions about educational trends of reform for structural changes in public health care. First, it may be connected with economical educational background of main reformers or dominated specialization of politicians. Second, there is powerful administrative lawyers' and courts' practice, so reformers have a legal education ground. Third mainstream obtains the open institutional (administrative) capability, which is built on the principle of spread involving the citizens (with different education basis and positions) to the structural reform as main stakeholders. Fourth trend is depended on innovative technologies' development of local administrative processes and its digitalization. Finally, we suppose that investments in education of local politicians and deputies clearly dominates in the first, second and fourth directions. Regarding the third direction, it should be noted that the level of development of civil society and legal culture in Ukrainian society do not allow us to talk about the reformers' taking into account the positions of patient associations. Within the framework of the European approach to lifelong learning, it is possible to invent a domestic model of forming the basic educational level of reformers in accordance with the local needs of citizens.

Basically coordination and structural changes in Ukrainian public healthcare is in touch with deputies' decision-making on the national, regional and municipal levels. And correspondently various aspects related to the training of deputies of local councils are covered in the contemporary work of such researchers as V. Bebyk, V. Kuybida¹¹, whose ideas are in the substantiation of professional approach to deputies' activities and the necessity of corresponding knowledge and skills.

¹⁰ Kierkegaard, P. (2015). Governance structures impact on eHealth. *Health Policy and Technology* 4: 39–46. <http://dx.doi.org/10.1016/j.hipt.2014.10.016>

¹¹Bebyk V. al. Deputy activity in the system of public governance: study guide. Kyiv: NADU, 2017. 368 p.

S. Gazarian¹² deems that professional training of representatives of state and local self-government bodies based on innovation, humanistic values, and lifelong learning. The group of researchers¹³ claims that humanization dimension of the public service development and professional training in this field are an important for understanding the modern challenge of globality. I. Shpektorenko writes about professional, activity, competence approaches in training and in-service training of the deputy corps of local councils and actualization of self-education. Despite considerable interest of scientists in the issues of professional training in the field of public administration, the branch of non-formal and self-education as an integral part of the unified system of professional training of officials of state authorities, local self-government, and deputies of local councils remains insufficiently researched today.

The following research methods were used in the study: desk research based on the traditional method of legislative analysis, and information-targeted analysis of information on the activities of commissions of regional councils on health care issues found on the official websites of Dnipropetrovsk, Zaporizhzhia, Kyiv, Lviv, Odessa and Kharkiv regional councils. The content analysis method was used to find out the quantitative and qualitative composition of the deputies of profile commissions and to study the possibilities of self-education related to the implementation of the medical reform. Also, according to a specially designed questionnaire, a sociological survey was conducted by the method of anonymous questioning on management style and management effectiveness during the period of the medical reform. The total sample included 91 respondents from the management staff of the health care system (Dnipropetrovsk and Zaporizhzhia region). All respondents (100%) have a degree in medicine, 2 persons – a second degree in Law. Respondents from different regions are not significantly different by age and gender ($p > 0.10$). The average length of service in the management positions is $12,3 \pm 8,4$ years.

The peculiarity of deputies' activity at the local level is taking more specific decisions, compared to those taken by the members of the Parliament, to solve issues as relevant to the public as possible. In Ukraine, the status of a deputy of a local council extends to a deputy of a village, settlement, city, city district, and a regional council¹⁴. Accordingly, there is a

¹² Gazarian, S. (2018). New high-quality professional training in public administration". *State building*, 2: 1–12. https://kbuapa.kharkov.ua/e-book/db/2018-2/doc/3/3_1.pdf

¹³ Serohin, S., Borodin, Ye., Lypovska, N. et al. (2015). *Humanization of public service in Ukraine: scientific and practical basics*. Dnipropetrovsk: DRIDU NADU.

¹⁴ Law of Ukraine of July 11, 2002, № 93-IV. *On the Status of Deputies of Local Councils*. <https://zakon.rada.gov.ua/laws/show/93-15>

specificity of their activity at local and regional levels according to the powers of local self-government bodies at different levels of local self-government.

Along with the importance of the mission of local council deputies in representing and protecting the interests of the territorial community and constituency voters, there are quite low rates of their participation in educational events organized by educational institutions, local government associations, and international technical assistance projects/programs. Thus, results of the study on the needs for professional training of representatives of local self-government bodies of Ukraine, which was carried out within the framework of the Council of Europe's program "Decentralization and reform of local self-government in Ukraine" from September 2018 to February 2019, revealed that during 2018 only about 11% of local council deputies participated in the training several times per quarter against 74% of heads of local self-governments and heads of structural units, and about 60% of specialists of local self-government authorities (Report 2019¹⁵). At the same time, the poll revealed the following components of expertise for local councils in need of development: general rights and responsibilities of a deputy; competence of local self-government bodies; ability to conduct a constructive dialogue, negotiations, and make approved decisions; local council regulations; budget process; strategic planning; and creating standards by local councils.

Emphasis on the professional approach to developing a training system for deputies of local councils is conditioned by the content of their activity in defining public norms for citizen behavior, which certainly needs the appropriate knowledge, skills and competencies. O. Samoilenko¹⁶ et al. also emphasize the important role of non-formal education in promoting civic responsibility, social policy implementation, and democratization of society.

For proper consideration of innovative approaches to the development of professional training of civil servants, officials of local self-government bodies, deputies of local councils, self-education as a component of holistic continuous education is of particular importance. The concept of self-education has been reflected in the European educational space (A Memorandum on Lifelong Learning of the European Union 2000) and

¹⁵ *The state of the system of vocational training of civil servants, heads of local state administrations, their first deputies and deputies, officials of local self-government, deputies of local councils (report)*. Kyiv. https://nads.gov.ua/storage/app/sites/5/preview_2019-07-16_block_dopovid_170x240.pdf

¹⁶ Samoilenko, O. Informal education in the system of adult education and professional development". *Bulletin of the T.H. Shevchenko National University "Chernihiv Colehium"*). <http://doi.org/10.5281/zenodo.2622637>

Ukrainian legislation (Law of Ukraine “On Education” 2017)¹⁷. The Memorandum identifies three types of educational activity: formal, non-formal and self-education, where self-education is defined as individual cognitive activity that accompanies our daily lives, and is not necessarily purposeful by nature (Law of Ukraine “On Education” 2017). The legislation of Ukraine considers self-education as such «that involves self-organized acquisition by a person of certain expertise, in particular, in the course of daily activities related to professional, social or other activities, family, or leisure» (Law of Ukraine “On Education” 2017). As we can see, the Ukrainian educational legislation in defining this term refers to the concept of expertise and specifying the types of daily individual’s activity.

Modern publications highlight the following advantages of self-education over formal and informal counterparts: orientation towards self-realization; focus on personal growth and management of one’s own educational space; consideration of personal interests, needs and opportunities; interpersonal interaction; flexibility, mobility, accessibility, regardless of gender and age; the possibility of satisfying personal and professional interests based on one’s own or someone else’s experience, the source of which is education; and a high degree of self-regulation. Considering self-education of the deputies of local councils, we also consider such characteristics of this form of education as the fact that it enriches formal and non-formal education, is an individual cognitive activity, accompanies a modern person in daily life, in particular, during formation of professional values and attitudes. It is its combination with formal and non-formal education that allows to prepare an individual (in our case, a deputy) for life and activity in the conditions of constant changes. Valuable characteristics that ensure efficiency of self-education should also include the following: equality and democracy; dialogue; goodwill; personal responsibility; mutual assistance as a prerequisite for achieving common goals; freedom of choice; lack of imposition of specific thoughts and practices; active life and civic position¹⁸.

It should be noted that operations of the deputy corps is a specific form of activity, since it requires not only professional knowledge, but also the ability to be creative in their application and constant enrichment (updating) in the period of rapid development of the society of knowledge and digital technologies, as well as internal and external challenges. The modern times requirement for making informed political decisions is the availability of

¹⁷ Law of Ukraine of September 5, № 2145-VIII. *On Education*. <https://zakon.rada.gov.ua/laws/show/2145-19>

¹⁸ Ogienko, O. (2009). Adult education: Scandinavian countries’ experience for Ukraine. *Scientific Bulletin of Chernivtsi University: Pedagogy and psychology*. <https://lib.iitta.gov.ua/6429/>

professional knowledge that will allow to professionally process large amounts of information in a short time, to use modern information technologies and media services as well as critical thinking skills, developed skills of effective interaction and communication, and creative approach.

In the period of socio-economic reforms self-education of adults in the political aspect performs an extremely important function at the national level, which lies in the formation of conscious attitude, acceptance, support and perception of these reforms. In the social aspect, according to the researcher, self-education engages adults in active social policy-making on the basis of social mobility and active participation in the preservation and creation of social values, the highest of which, according to the Constitution of Ukraine, is human life and health. Therefore, we can say that self-education performs a health-saving function. In the context of formation of the social and professional structure of Ukrainian society being transformed, it is self-education that promotes the acquisition of modern knowledge, advanced technologies and methods of production and management. According to N. Horuk¹⁹, in USA there are two directions in the organization of non-formal education: educational (dissemination of knowledge, information, and expertise) and reformist (change of social phenomena and improvement of living standards of the population). It is this direction for Ukraine that is most relevant in the current conditions of restructuring the national health care system.

2. Informal education in the system of public administration: aspects of theory and practice in modern Ukraine

In order to study the state of professional qualifications of the deputy corps for the implementation of the medical reform at the regional level, we selectively analyzed the level of profile education of the members of permanent commissions of regional councils, guided by the selection of the highest indicators of the total population in these regions and the largest network of medical institutions in comparison with other regions. Based on the content analysis of official web portals, we conclude that the highest level of expertise in the area of the medical sphere reformation in the region is found in the commission of Dnipropetrovsk Regional Council (Table 1).

This is explained by the fact that in 2011 this region was selected as a pilot region for a primary health care reform.

¹⁹ Horuk, N. Problems of women's nonformal education in the USA. *Thesis of PhD dissertation*, Drohobyt'skyi state pedagogical university named I. Franka.

Table 1

**Analysis of professional composition of standing committees
on health care issues in the context of individual regional councils
of Ukraine**

Name of the regional council / total population	Complete name of the standing committee	Quantitative composition of commission	Qualitative composition of commission (medical education)	Personal report of deputies on their activities
Dnipropetrovsk Regional Council (3176.6 thous pers)	On Health, Childhood and Maternity issues	9	8 (88%)	2 (22%)
Zaporizhzhia Regional Council (1687.4 thous pers)	On Health, Childhood and Maternity issues	7	2 (28%)	Not available
Kyiv Regional Council (1781.0 thous pers)	On issues of Health, Childhood, Maternity and Social Protection for Population and Pensioners	3	1 (33%)	Not available
Lviv Regional Council (2512.1 thous pers)	On Health, Maternity and Social Protection issues	9	7 (77%)	Not available
Odesa Regional Council (2377.0 thous pers)	On Healthcare and Social Policy issues	6	1 (16%)	Not available
Kharkiv Regional Council (2658.5 thous pers)	On issues of Social Policy, Health Care, Rehabilitation of Combatants and Anti-Terrorist Operation Participants	11	7 (63%)	Not available
Total		45	26 %	

***Source:** calculated by the authors based on data of the official websites of Dnipropetrovsk, Zaporizhzhia, Kyiv, Lviv, Odessa and Kharkiv regional councils (on health care)*

The pilot project of the region was successfully completed and its change management model was extended to other regions of Ukraine (Law of Ukraine of July 7 2011 № 3612)²⁰. In addition, the analysis showed that the overall indicator of professional orientation in the restructuring of the medical sector is quite low (26%), which opens considerable opportunities for introduction of various forms of self-education of the deputy corps in order to achieve certain goals of the reform in the healthcare sector of Ukraine.

The need to constantly update the knowledge of local councilors through various forms of self-education in order to increase the level of professionalism in making important decisions is extremely clear in the COVID-19 case. The rate of its epidemic spread should be considered as an external factor of national threat, which is already registered in more than 80 countries of the world (WHO report Coronavirus)²¹. Therefore, in order to make timely administrative decisions on anti-epidemic safety measures in Ukraine at the national level, the Government appointed the Chief Sanitary Doctor of Ukraine. At the regional level, deputies of regional councils become active participants in solving social problems on the basis of acquired knowledge in the field of self- education.

Table 2

**Up-to-date information on the status of anti-epidemic measures
on web pages of individual regional councils of Ukraine
(monitoring 03/03/2020)**

Name of the regional council	Presence/absence of public information on anti-epidemic measures taken
Dnipropetrovsk Regional Council Kyiv Regional Council Lviv Regional Council Kharkiv Regional Council	Available
Zaporizhzhia Regional Council Odesa Regional Council	Not available

According to the researchers, there is a direct correlation between community awareness (in our study, the level of demand and expansion of self- education among deputies), and the development of democracy as a key

²⁰ Law of Ukraine of July 7. 2011. № 3612. On the procedure of health care reform in Vinnytsia, Dnipropetrovsk, Donetsk regions and the city of Kiev. <https://zakon.rada.gov.ua/laws/show/3612-17>

²¹ WHO. Report. *Coronavirus*. <https://who.int/health-topics/coronavirus>

civic value. As of 03.03.2020, we analyzed information on the web-pages of regional councils about the state of preparedness of territories for anti-epidemic measures in connection with the coronavirus. The results of the monitoring of the deputies' reflection on the COVID-19 epidemic challenges are presented in Table 2.

The results of the regional councils monitoring for the study (Table 2) demonstrate the vast majority (66%) publicly reflect on the challenge of the epidemic and inform their voters about anti-epidemic measures taken. It should be noted that in Ukraine the health care system reform has been practically taking place since the declaration of independence. In its development it has passed several stages and attempts. The difficulty of its implementation is largely related to the fact that changing the organization of health care management without changing the funding model for medical institutions is a practically impossible task (Law of Ukraine of October 19 2017 № 2168)²². There are still many pressing issues in promoting the medical reform in Ukraine. Particularly noticeable are the challenges of organizational restructuring of the medical field at the local level. In our study, 91 individuals – health care managers and health care authorities – were interviewed.

They noted among the most significant reform issues the uncertainty of the methodology for reforming the local hospital care system (1), intransparent approaches to pricing policies for specialized and highly specialized medical services (2); and lack of a scientifically sound government strategy for the formation of hospital districts (3). Management issues of the medical reform at the regional level can also be attributed to poor staffing, poor quality of management, low level of informatization in the medical sector, and insufficient information and communication support (WHO Full report 2019)²³.

Implementation of the medical reform at the local level implies the availability of an adequate level of expertise of local government officials and deputies of local councils on health care reform issues, which includes the basics of regulatory, organizational, economic, and communication and information support for systemic changes in the field of health care. Thus, aspects of the legislative-making activity of the deputies of regional councils for the medical reform at the regional level envisage justification and development of a number of draft normative legal acts, which include:

²² Law of Ukraine of October 19, 2017, № 2168-VIII. *On State Financial Guarantees of Public Health Services*. <https://zakon.rada.gov.ua/laws/show/2168-19>

²³ WHO. Full report 2019. *Ukraine: review of health financing reforms 2016–2019*. <https://www.euro.who.int/en/countries/ukraine/publications/ukraine-review-of-health-financing-reforms-2016-2019.-summary>

a structure and capacity of the medical institution, a system of remuneration, a collective agreement, a possible list of paid services and calculation of their cost, public-private partnership contracts for the provision of medical care to patients, etc.

Aspects of decision-making by the regional council as a subject of management and the owner of a network of community-owned medical facilities that are to be reorganized require that local council members apply a certain algorithm for decision-making: for termination of operation of a medical institution – a budget institution and its transformation into a non-profit municipal enterprise; for approval by the commission and its chairman of the reorganization of the medical institution; for establishing the procedure and terms of applications of creditors to the medical institution being reorganized.

Aspects of communication and information support for systemic changes in health care are extremely important in the process of preparing organizational changes in the management of health care delivery. After all, it aims to form target groups of communicative influence and secure subjects to work with each target group of influence. Therefore, at the regional level, one of the target groups of communicative influence includes the deputies of local councils who make decisions on organizational changes in the health care system. The importance of using the electronic system of providing information to the public about the activities of the profile commission of the regional council was noted by the majority of respondents from the number of participants of our poll (74.5%). In addition, the target group of communicative influence includes members of the media, who should provide the public with objective information about future changes in the field of health care delivery to the population.

In the conditions of the war in Ukraine, informal education is also an urgent issue for the scientific and pedagogical staff of the higher school. This is an effective tool for teacher training. In 2022, the priority directions of informal education for university teachers, in which specialty 281 "Public management and administration" was opened, were as follows:

- pedagogical skill;
- scientific and digital competence;
- public management and administration;
- issues of accreditation of educational programs;
- academic integrity;
- organization of the educational process under martial law.

The information provided is relevant. We conducted a sociological survey of scientific and pedagogical staff of the Department of Public Administration and Local Self-Government of the National Technical University "Dnipro Polytechnic" and the Department of Public

Administration and Customs of the University of Customs and Finance. 37 people took part in the survey.

In practice, the most popular form of self-education is information and communication technologies. At the same time, the following forms of non-formal education are also important: training programs and courses (optional), trainings, projects, lectures, summer sessions, educational seminars, club meetings, educational conferences, museum exhibitions, reading clubs, creative workshops, and presentations. Among non-formal learning methods, narratives, autobiographies, personal stories, essays, case studies, role-playing games and simulations, written reflections, photo presentations, journaling, field notes during a particular activity are gaining popularity.

CONCLUSIONS

For the Ukrainian Health System, the issue raised by Rosenblatt, R. (1978) remains relevant, as the choice between structure and procedure has not yet been made by the Ukrainian government. The major problems of modern Ukrainian public healthcare system remain such as: the coordination weakness – ‘structural and cultural demensions’ (Wadmann, 2009); government incapability to forming the ‘integrative health policy’ (Romoren, Torjesen, Landmark, 2011) and historically traditional opposition of political elected representatives of local self-governments (regional councils and municipalities) with regional executives authorities. The market and unsustainable democratic values in government and the political environment do not allow for a clear administrative mechanism and administrative practice, to successfully counter the influence of the market and political agreements on publicly funded medical service. The integrative tool should be to increase public control, the transparency of all actors in the healthcare sector. Consumer needs and health care crisis in other countries contributed to the formation of the ‘right to participate’ (Rommetvedt, Vrangbaek, 2012) – procedural value in the development, discussion and decision-making process of significant public interest. Therefore, the market dictates the choice of administrative action. Structural reform has, in fact, failed, with a profound impact on regional authorities and municipalities, especially during the Covid-19 pandemic and the war. There is a strong need to create an expert environment as a continuation of discourse on regional impact groups. The socio-cultural environment (values) and a formalized legal culture – a steadfast adherence to laws and the provision of guarantees for public service, conducted by law and administrative justice, should be another way. An issue of decentralization and balance between centralization and decentralization, central government and regional authorities for Ukraine is updated by the in terms of resources.

SUMMARY

Research in the necessity and possibility of applying self-education for the deputies of local councils regarding the health care reform and appropriate conditions of validation of the acquired knowledge allows to formulate the following conclusions of the study:

1. Educational legislation of Ukraine needs further development and specification regarding self-education;

2. Self-education in Ukraine is becoming more and more widespread and popularized within the framework of the country's European integration course;

3. Self-education is an important tool for forming a civic position and competences for ensuring social and economic reforms in the context of the COVID19 pandemic and the war in Ukraine;

4. The most popular forms of self-education are those based on modern information and communication technologies (training from any point of IT access, remotely, at any time);

5. Validation of self-education for deputies of local councils is possible within the framework of the introduction of a special educational E-platform (based on the profile of the standing committee), and on the introduction of the education portfolio of the deputy;

6. This type of education is focused on individual cognitive activity and self-organization in the process of acquiring the necessary knowledge and skills, which is an important addition to formal and informal education for specialists in the field of public management and administration.

References

1. Bresser Pereira, L.C. (1997). Managerial public administration: strategy and structure for a new state *Journal of Post Keynesian Economics*, 20 (1): 7–23.

2. McEldowney, J. (2003). Public management reform and administrative law in local public service in the UK. *International Review of Administrative Sciences*. <http://doi.org/10.1177/0020852303691006>

3. Christensen, T., and Legreid, P. (2007). The whole-of-government approach to public sector reform. *Public Administration Review*, 67(6).

4. Rommetvedt, H., Vrangbaek, K. (2012). Organised interests, authority structures and political influence: Danish and Norwegian patient groups compared?. *Scandinavian Political Studies* 35 (1). <http://doi.org/10.1111/j.1467-9477.2011.00274x>.

5. Romoren, T.I., Torjesen, D.O., and Landmark, B. (2011). Promoting coordination in Norwegian health care. *International Journal of Integrated Care* 11.

6. Rosenblatt, R. (1978). Health care reform and administrative law: a structural approach. *The Yale Law Journal*, 88 (2): 243–264.
7. Kinney, E. (1995). Protecting consumers and providers under health reform: an overview of the major administrative law issues. *Health Matrix*, 5 (83).
8. McLean, T.R. (2001-2002). Application of administrative law to health care reform: the real politik of crossing the quality chasm. *Journal of Law and Health* 16 (65): 65–76.
9. Christiansen, T. (2012). Ten years of structural reforms in Danish healthcare. *Health Policy* 106 (2): 114–119. <http://doi.org/10.1016/j.healthpol>
10. Kierkegaard, P. (2015). Governance structures impact on eHealth. *Health Policy and Technology* 4: 39–46. <http://dx.doi.org/10.1016/j.hipt.2014.10.016>
11. Bebyk V. Deputy activity in the system of public governance: study guide. Kyiv: NADU, 2017. 368 p.
12. Gazarian, S. (2018). New high-quality professional training in public administration”. *State building*, 2: 1–12. https://kbuapa.kharkov.ua/e-book/db/2018-2/doc/3/3_1.pdf
13. Seryogin, S., Borodin, E., Lipovskaya, N. et al. (2015). *Humanization of public service in Ukraine: scientific and practical basics*. Dnipropetrovsk : DRIDU NADU.
14. Law of Ukraine of July 11, 2002, № 93-IV. *On the Status of Deputies of Local Councils*. <https://zakon.rada.gov.ua/laws/show/93-15>.
15. *The state of the system of vocational training of civil servants, heads of local state administrations, their first deputies and deputies, officials of local self-government, deputies of local councils (report)*. Kyiv. https://nads.gov.ua/storage/app/sites/5/preview_2019-07-16_block_dopovid_170x240.pdf
16. Samoilenko, O. Informal education in the system of adult education and professional development”. *Bulletin of the T.H. Shevchenko National University “Chernihiv Colehium”*). <http://doi.org/10.5281/zenodo.2622637>
17. Law of Ukraine of September 5, № 2145-VIII. *On Education*. <https://zakon.rada.gov.ua/laws/show/2145-19>
18. Ogienko, O. (2009) Adult education: Scandinavian countries’ experience for Ukraine. *Scientific Bulletin of Chernivtsi University: Pedagogy and psychology*. <https://lib.iitta.gov.ua/6429/>
19. Horuk, N. Problems of women’s nonformal education in the USA. *Thesis of PhD dissertation*, Drohobyttskyi state pedagogical university named I. Franka.
20. Law of Ukraine of July 7, 2011, № 3612. *On the procedure of health care reform in Vinnytsia, Dnipropetrovsk, Donetsk regions and the city of Kiev*. <https://zakon.rada.gov.ua/laws/show/3612-17>

21. WHO. Report. *Coronavirus*. <https://who.int/health-topics/coronavirus>

22. Law of Ukraine of October 19, 2017, № 2168-VIII. *On State Financial Guarantees of Public Health Services*. <https://zakon.rada.gov.ua/laws/show/2168-19>

23. WHO. Full report 2019. *Ukraine: review of health financing reforms 2016-2019*. <https://www.euro.who.int/en/countries/ukraine/publications/ukraine-review-of-health-financing-reforms-2016-2019.-summary>

Information about the authors:

Khozhylo Iryna Ivanivna

<https://orcid.org/0000-0001-8532-4108>

D.Sc. in Public Administration, full Professor,
Professor of Public Administration and Local Self-Government
Department
Dnipro University of Technology
19, Dmytro Yavornytskyi avenue, Dnipro, 49005, Ukraine

Lypovska Nataliia Anatoliivna

<https://orcid.org/0000-0002-9288-4733>

D.Sc. on Public Administration, full Professor,
Professor of Public Administration and Local Self-Government
Department
Dnipro University of Technology
19, Dmytro Yavornytskyi avenue, Dnipro, 49005, Ukraine

Antonova Olha Valeriivna

<https://orcid.org/0000-0002-3283-8938>

D.Sc. in Public Administration, Associate Professor,
Chief of Public Administration and Customs Department
University of Finance and Customs
2/4, Volodymyra Vernadskoho str., Dnipro, 49000, Ukraine