

## **Year 6 Report (2017 activities)**

An annex of the Specific Objectives (SO) and Expected Results (ER) has been prepared at the end of the document for your convenience

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### **Country: Ukraine**

EU-Luxembourg-WHO UHC Partnership

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**Reporting Period: 2017**

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## INTRODUCTION

The template is structured into IV sections.

### Section I: Results

We recommend completing section II prior to section I.

This section is to serve as an exhaustive listing of the results and outputs that have arisen from the UHC Partnership in 2017. Kindly relate these to Specific Objectives, SO I, SOII and SOIII (see Annex). Please note that this section focuses on results achieved through the (partial) completion of activities indicated in the roadmap, with activities having contributed directly or indirectly to listed results and outputs. In brief, section I puts emphasis on the results achieved; section II focuses on the activities per se. Hence our recommendation to complete section II prior to section I.

*To take an example, a result could be an improved health sector coordination (as measured or perceived by the actors), as part of an enhanced governance and leadership of the health sector by the MoH or the Government. An activity that has contributed to above-mentioned result could be holding regular meetings, or organization of the joint annual review on a regularly basis. Another example could be to get an increased share of the government budget allocated to the MoH, as a result of the elaboration and utilization of the Health Accounts (which is here considered as an activity).*

### Section II: Activities

This section includes four subsections pertaining to the roadmap activities.

The first subsection is a list of the activities completed or partially completed as per your country's roadmap in 2017. Please provide a more detailed overview of how activities were undertaken, including the role of the partnership, as well as key documents accomplished (finalized reports, plans, case studies etc.).

The second subsection is for information on any obstacles encountered, or changes in circumstances that affected your original plan as per the roadmap. Please also list here and report on all *additional* activities that were funded by the UHC Partnership which were not included in the original roadmap.

The third subsection serves to understand key takeaways and learning points as a result of the activities or changes this year.

The fourth and final subsection includes a summary and relevant evidence of how the programme activities or results have been communicated to the public.

### Section III: Impact Assessment

This section is intended to be a more in-depth exploration into one of the activities, or perhaps two to three interlinking activities that may showcase the impact of the UHC Partnership in a broader context beyond the specifics laid out in the roadmap. The purpose of this is to highlight the more intangible value of the UHC Partnership beyond the outlined metrics, and its contributions in wider scope towards universal health coverage, and should ideally include enough details to be understood by an external reader with no background knowledge of universal health coverage or the UHC Partnership.

## Section IV: Roadmap for 2018

The purpose of this section is to look forward and consider what the goals are for 2018 and how those may be reached. Please list the planned activities as well as the time frame for those activities for calendar year 2018, and relate activities to SO's and ER's (see Annex).

### SECTION I: RESULTS

#### Main results

*Put here all results as set in the Logical Framework and Roadmap and link them to SO I, SO II or SO III. You may also want to relate to the overarching dimensions of universal health coverage (coverage, financial protection, quality of care, equity etc.). Explain how activities implemented have contributed to the results achieved.*

*We advise filling out section II prior to filling out this section. The reasoning behind is that section II is a description of the activities undertaken, while section I is for the results achieved and the key outputs from those activities. Example, a result could be an improved handling of antibiotic usage, with a key documentation as to a finalized antibiotic guideline. An activity that has contributed to above-mentioned result is holding training workshops on rational use of medicines for providers on a regularly basis.*

Technical assistance and capacity building provided to Ukraine in 2017 by WHO under the EU-Luxembourg-WHO UHC Partnership built upon the work of previous year. While 2016 saw adoption on reform concept papers both for health financing and public health reforms, work in 2017 capitalised on the momentum of previous year as the **Law on State Financial Guarantees for Provision of Medical Services** was drafted and enacted. Additionally, the **bylaws for implementation of the new health financing system have been drafted** in 2017 along with the development of **governance and organisational structure** for the new health financing system has been put in place under the umbrella of the EU-Luxembourg-WHO UHC Partnership in Ukraine. In the area of public health, the new **Law on the Public Health has been drafted** along with new the organisational structure and the **Reform Implementation Action Plan** as well as the **Strategy on the Public Health Laboratory System** reform.

As a result, the EU-Luxembourg-WHO UHC Partnership has enabled reform planning for the sector-wide reform, creation of the strategic implementation plan and is now **moving fully into the phase of reform implementation** ideally supported by the EU-Luxembourg-WHO UHC Partnership also after the current round of funding.

## SECTION II: ACTIVITIES

### Main activities achieved and progress made:

Please estimate **approximate percentage of achievement** for each roadmap activity.

Please note which activities were undertaken with the technical support of WCO, potentially in collaboration with existing initiatives of UN agencies, NGOs etc.

What are some concrete and visible outputs of Partnership activities (e.g. annual review report, plans and strategies, case studies, publications)?

**Please relate all undertaken activities to SO I, SO II or SO III, to an expected result (ER1-ER6) and report progress on the indicators as per the roadmap. This can be presented in a table format or in bullet points.**

**SO I:** To support the development and implementation of robust national health policies, strategies and plans to increase coverage with essential health services, financial risk protection and health equity.

**ER 1:** Countries will have prepared/developed/updated/adapted their NHPSP through an inclusive policy dialogue process leading to better coverage with essential health services, financial risk protection and health equity.

**Roadmap Activity:**

WHO-led international expertise and support to MOH/UKR to **implement the Concept Paper “On Public Health System Development in Ukraine,”** and to contribute to the development, review and finalization of relevant public health documents

90% completed

- International technical assistance was provided to draft and review **Action Plan for the implementation** of the Concept Paper “On the Development of Public Health System in Ukraine,” with a proposal to establish high-level MOH-EC-WHO Steering Committee and 4 Task Forces to support the development of public health system.
- Technical support and review was provided to MOH/UKR in preparing **draft law “On Public Health in Ukraine.”**
- Seven **high-level consultations and technical meetings** were organized with MOH/UKR, Public Health Centre, Kyiv City Administration, other relevant international partners on the following topics: public health law, organizational development of public health system, surveillance and laboratory reform and the development of public health workforce to **prepare technical and policy documents.**
- Coordination and technical support provided to MOH/UKR in organizing and facilitating **2017 Annual Conference of European branch of the International Association of National Public Health Institutes**, followed up by a **joint MOH-WHO-IANPHI leadership workshop** for senior public health officials.
- WHO drafted, reviewed, contracted experts and facilitated dialogue with the European Public Health Education Associations that led to the finalization of the **Educational Competences for**

Key Outputs:

-Action Plan

-Draft law “On Public Health”

-Technical and policy documents

-Annual conference and leadership workshop

-MPH standards

<p><b>Master Degree in Public Health (MPH).</b></p> <ul style="list-style-type: none"> <li>• WHO co-organized and facilitated <b>national workshop on “Women and Leadership in Health”</b> to support MOH/UKR in gender mainstreaming and attaining gender-related SDGs</li> </ul>	
<p><b>Roadmap Activity</b> WHO-led international expertise and support to MOH/UKR on <b><u>organization and delivery of public health services</u></b></p>	85% completed
<p>Activities undertaken:</p> <ul style="list-style-type: none"> <li>• WHO provided technical input and review of documents, convened and facilitated 7 technical meetings that led to the development by MOH/UKR of the <b>List of notifiable communicable diseases of public health concern</b></li> <li>• WHO initiated the preparation and reviewed <b>Draft Strategy and Action Plan for the Development of Infectious Diseases Epidemiologic Surveillance System in Ukraine until 2020</b></li> <li>• WHO coordinated multi-partners work and reviewed technical documents, organized 5 multi-partner consultations that resulted in the <b>Matrix of Public Health functions distribution</b> on administrative levels</li> <li>• WHO supported MOH in planning and facilitating technical consultations that resulted in finalizing the <b>Calculation of HR needs</b> for public health services</li> <li>• WHO supported MOH and co-hosted meetings that led to the development of <b>Change management plan for introduction of new public health system</b></li> <li>• WHO supported MOH in launching the work on and provided technical review to finalize <b>Concept Paper on Reform of Public Health Laboratory Systems</b></li> <li>• WHO drafted, reviewed and supported MOH in finalizing the <b>List of criteria for Public Health Laboratories</b> on regional and interregional levels</li> </ul>	<p>Key Outputs:</p> <ul style="list-style-type: none"> <li>-List of diseases of public health concerns</li> <li>-Strategy and Action Plan</li> <li>-Matrix of public health functions</li> <li>-Change management plan</li> <li>-Criteria of public health laboratories</li> </ul>
<p><b>SO II:</b> To improve technical and institutional capacities, knowledge and information for health systems and services adaptation and related policy dialogue</p>	
<p><b>ER 3:</b> Countries requesting health financing (HF) support will have modified their financing strategies and systems to move more rapidly towards universal coverage (UC), with a particular focus on the poor and vulnerable.</p>	
<p><b>Roadmap Activity</b> WHO-led international expertise to review <b><u>Health Financing Concept</u></b>, contribute to its political discussion, and guide its implementation</p>	90% completed
<p>Activities undertaken:</p> <ul style="list-style-type: none"> <li>• WHO contracted <b>international experts to provide regular technical support and guidance on health financing principles and best practices</b> for translating principles and vision of Health Financing concept into legislative framework, implementation plan and organisational structure of new health financing system in Ukraine.</li> <li>• WHO provided technical assistance (including review of draft</li> </ul>	<p>Key Outputs:</p> <ul style="list-style-type: none"> <li>Law on State Financial Guarantees for Provision of Medical Services</li> </ul>

<p>legislation) which led to finalisation of <b>the draft Law on State Financial Guarantees for Provision of Medical Services</b> that was adopted by the Parliament and enacted by Presidential Decree on 27 Dec 2017.</p> <ul style="list-style-type: none"> <li>• WHO provided technical assistance (including review of draft legislation) which led to <b>drafting of subsidiary regulation</b> for implementation of the health financing law, including creation of the National Health Purchasing Agency</li> <li>• WHO conducted and prepared <b>financial protection study</b> to assist MOH in finalizing benefit package design WHO collected data for <b>health expenditures study</b> to assist MOH in monitoring and evaluating health financing reform</li> <li>• WHO drafted baseline <b>report for monitoring and evaluation of the Health Financing Reform</b></li> </ul>	<p>enacted</p> <p>Subsidiary regulations drafted</p> <p>Financial protection and expenditure studies</p> <p>M&amp;E report on reform progress</p>
<p><b>ER 4:</b> Countries receiving HF support will have implemented financing reforms to facilitate UC.</p>	
<p><b>Roadmap Activity</b> National transition team with 5-6 people nominated by the MOH prepares <b>options for the governance arrangement of the National Health Purchasing Agency (NHPA)</b> based on international experience and drafts legislation</p>	<p>100% completed</p>
<p>Activities undertaken:</p> <ul style="list-style-type: none"> <li>• Completed in previous year</li> </ul>	<p>Key Outputs: NA</p>
<p><b>Roadmap Activity</b> <b>Technical assistance to review the governance options of the NHPA</b>, discussing them with key stakeholders including the MOH and MOF, and reviewing draft legislation</p>	<p>100% completed</p>
<p>Activities undertaken:</p> <ul style="list-style-type: none"> <li>• Completed in previous year</li> </ul>	<p>Key Outputs: NA</p>
<p><b>Roadmap Activity</b> Technical assistance to the Health Financing WG established by the MOH to develop a <b>State Guaranteed Benefit Package</b> to share country examples, agree on benefit design parameters for Ukraine, guide the WG on calculations of affordability and needed fiscal space</p>	<p>85% completed</p>
<p>Activities undertaken:</p> <ul style="list-style-type: none"> <li>• WHO provided technical assistance to MoH on principles of benefit design parameters and shared country experiences for Ukraine which resulted in development of a <b>Green Paper on Benefit Package Design Options</b> that was submitted to the MoH</li> <li>• WHO provided technical assistance and support to policy dialogue on the Benefit Package design for Ukraine which resulted in development of a White Paper on Benefit Package Design that was submitted to the MoH</li> <li>• WHO provided technical assistance in development of <b>draft Ministerial Orders</b> creating the framework for design of the <b>national Benefit Package and Service Tariffs</b> in Ukraine</li> </ul>	<p>Key Outputs:</p> <p>Green and White Paper on Benefit Package Design</p> <p>Draft MoH Orders on benefit package design principles</p>

<b>ER 5:</b> Accurate, up-to-date evidence on what works and what does not work regarding health financing reforms for universal coverage is available and shared across countries.	
<b>Roadmap Activity</b> <b>Capacity building</b> of the health financing working group and key policy makers in health financing to ensure approval and timely implementation of the Health Financing Concept	66% completed
<p>Activities undertaken:</p> <ul style="list-style-type: none"> <li>• Four members of the national working group on Health Financing trained in the Annual WHO Barcelona course on Health Financing with a focus on UHC.</li> <li>• Four members of the national working group on Health Financing trained in the first ever Russian language WHO Barcelona course on Health Financing and Universal Health Coverage organized in Kyrgyzstan</li> <li>• Seven members of the national working group on Health Financing trained in a series of WHO organised webinars WHO on design and implementation of Benefit Package</li> </ul>	<p>Key Outputs:</p> <p>Additional members of the Health Financing working group trained</p>
<b>SO III:</b> To ensure international and national stakeholders are increasingly aligned around NHPSP and adhere to other aid effectiveness principles.	
NA.	
<p><b>Changes in circumstances or problems encountered that affected the original plan:</b></p> <p><i>Please provide information on activities eliminated, changed, postponed or added. Please list them and provide the reasons for each of them: obstacles encountered, remedial measures taken, etc.</i></p> <p><b>Activities eliminated, changed, postponed</b></p> <p>NA</p>	
<p><b>Lessons learned:</b></p> <p><i>Please describe the principal lessons learned during the last 12 months of the implementation of the UHC Partnership.</i></p> <ul style="list-style-type: none"> <li>• Solid technical work facilitated by WHO is much appreciated by national and international partners alike. The support provided by the Partnership enabled WHO to increase the scale of its technical support and match the fast-paced needs of a country deep in reform. This resulted in the adoption of the key health financing law in October 2017.</li> <li>• Solid technical work enables WHO to rely on its convening power to a greater extent and facilitate dialogues on politically sensitive issues. Inter-agency collaboration (WHO, EC, World Bank, USAID, CDC) is in place allowing to pool available resources to avoid duplications.</li> <li>• Observing good practices in aid effectiveness pays off and using one voice of partners is a powerful tool to shape national policies.</li> <li>• Strong impetus is given to the implementation and continued commitment of the Government to “EU-Ukraine Association Agreement, particularly with reference to</li> </ul>	

Chapter 22 (“Public Health”).

- Unique exposure to best European initiatives and programs on developing and strengthening public health system in Ukraine is in place, allowing MOH to better steer and coordinate health processes in the country.
- Sustainable collaboration with key international organizations and experts that provides opportunity to further intensify cross-country assistance and learn from the best examples.

### **Visibility and communication:**

*Please give a short overview of visibility and communication events that took place and attach evidence: scanned newspapers, pictures, brochures, etc.; also if only available in the local language. Please describe how communication of the programme results to the public has been ensured.*

Reference to and acknowledgement of EULUX support was made during meetings with MOH, national and international health partners and donor coordination meetings. During joint EC-WHO technical mission (April 2017), short interview with a news agency took place, during which EULUX project was mentioned and its scope briefly presented. Similarly, crucial role of EULUX project was communicated in enabling participation of Ukrainian counterparts in WHO Barcelona Course on Health Financing for Universal Health Coverage in Russian language that took place in Issyk-Kul, Kyrgyzstan.

## **SECTION III: IMPACT ASSESSMENT / RESULT CHAIN**

### **Impact assessment / results chain:**

*Please explain to which extent 1-3 country level activities have already contributed towards achieving the overall programme objectives. **Carrying out activities as per the roadmap is good. We would like to go beyond the activities and try to relate them to potential contribution of the Partnership to broader results or impact: better services for the population, improved health status of the population or a specific target group, better equity, contribution to health in all policies, contribution to lives saved, better access to care and services, improved financial risk protection, better coordination or involvement of the actors... The linkages might be direct (sometimes) or indirect (most of the time) but should be explained with as many details as possible to let an “external” reader understand the added value of the Partnership. If possible, those broader results should be supported by indicators.***

*Where possible, please use short stories /field voices box / quotes (MoH, district level officials, health workers etc.) / press releases to illustrate the impact and added value of the programme and WHO action in the policy dialogue process.*

SO 1: The adoption of the Concept Paper and the finalization of the implementation Action Plan paves the way to strengthen Ukraine’s public health system and enables MOH/UKR to lead on building health system that is effective at and capable of addressing the main burden of disease. Ongoing work on organizational development of public health, on optimizing laboratory network, on developing new, modern standards of service provision that are backed up by qualified public health workforce will help improve the health of the population and will support MOH ongoing efforts in shifting the focus of its activities from curative to preventive services rendered to the Ukrainian population. The work will be solidified by the

framework law on public health that fosters multi-sector collaboration between various Ministries and promotes health in all policies to improve health outcomes of the Ukrainian population.

SO 2: The principles and values of the Health Financing Concept have been successfully translated into the framework legislation on health financing of health care in Ukraine (the Law on State Financial Guarantees for Provision of Medical Services) and the single purchasing agency for health care services has been created. Thus, the reform has reached an implementation stage at it is possible to change fund flows. Reducing fragmentation in funding channels will allow improve efficiency and distribution and will have a direct impact on financial protection. The establishment of the NHPA will enable money follows the patient spending patterns rather than funding existing non-productive inputs. Changing historical line-item budgets into capitation and case-based payment will dramatically change to behaviour of health care providers. These are also the tools for initiating reforms in the area of health care service delivery which has accordingly started with the first steps in reforming and prioritizing primary health care in service delivery. Thus, current reforms in health financing have opened the possibility to significantly improve access to health care services, financial protection of the population and efficiency of health care service provision.

## SECTION IV: ROADMAP 2018

### Roadmap/timeline for 2018:

Please list here the work plan activities as well as the time frame for those activities for the calendar year 2018. **These activities should be related to SO's/ER's and have clear timeline and indicators.**

*If applicable, we also advise you to define key milestones for each activity, to be able to report on key achievements/progress made on the road towards completion of an activity. In this regard, an 'activity' means a distinct output of the UHC Partnership program, meaningful in terms of the UHC Partnership's overall specific objectives and expected results, and constituted by a report, a document, etc. A "milestone" means control points within an activity that help to chart progress. Milestones may correspond to the completion of a key sub-activity, allowing the next phase of the work to begin. They may also be needed at intermediary points so that, if problems have arisen, corrective measures can be taken. A milestone may be a critical decision point within an activity where, for example, the consortium must decide which of several options to adopt for further development.*

**SO I:** To support the development and implementation of robust national health policies, strategies and plans to increase coverage with essential health services, financial risk protection and health equity.

**ER 1:** Countries will have prepared/developed/updated/adapted their NHPSP through an inclusive policy dialogue process leading to better coverage with essential health services, financial risk protection and health equity.

#### **Roadmap Activity:**

1. WHO-led international expertise and support to MOH/UKR to contribute to strengthening public health system in Ukraine
  - 1.1. Four technical assistance missions in 2018 on legislation development, public health workforce, public health financing mechanism and laboratory network will be organized (Q1, Q2, Q3, Q4)
  - 1.2. 5 staff members of MOH will be attending European and international events on public health (Q1-Q3)
  - 1.3. Technical support to draft, review and finalize legal acts to strengthen public health system development (Q1-Q3).
  - 1.4. Technical support in relation to the process of the educational specialization "Public Health" (Q2-Q4).
  
2. WHO-led international expertise and support to MOH/UKR on organization and delivery of public health services and the development of robust public health workforce
  - 2.1 Study tours and visits for key national policy makers (Q2-Q4).
  - 2.2 Review of technical documents and workplans (Q1-Q3).
  - 2.3 Assessment of existing HR for public health service delivery and follow-up support (Q1-Q3)

**SO II:** To improve technical and institutional capacities, knowledge and information for health systems and services adaptation and related policy dialogue

<p><b>ER 3:</b> Countries requesting health financing (HF) support will have modified their financing strategies and systems to move more rapidly towards universal coverage (UC), with a particular focus on the poor and vulnerable.</p>
<ol style="list-style-type: none"> <li>1. WHO-led international expertise and support to MOH/UKR to contribute to political and policy discussion, and guide implementation of the Health Financing Concept <ol style="list-style-type: none"> <li>1.1. Regular technical assistance missions in 2018 on finalisation and enactment of the subsidiary legislation for implementation of the new health financing law (Q1, Q2, Q3, Q4)</li> </ol> </li> </ol>
<p><b>ER 4:</b> Countries receiving HF support will have implemented financing reforms to facilitate UC.</p>
<ol style="list-style-type: none"> <li>1. NA, Activity completed</li> <li>2. NA, Activity completed</li> <li>3. WHO-led international expertise and support to MOH/UKR to contribute to develop a State Guaranteed Benefit Package in Ukraine <ol style="list-style-type: none"> <li>3.1. Regular technical assistance missions in 2018 on development of the State Guaranteed Benefit Package (Q1, Q2, Q3, Q4)</li> <li>3.2. Technical assistance to finalise and enact the legislative documents on procedures of Benefit Package design and tariff setting (Q1; Q2)</li> <li>3.3. Technical assistance to implement the Benefit Package design and tariff setting procedures in the NHPA and MoH (Q2, Q3, Q4)</li> </ol> </li> </ol>
<p><b>ER 5:</b> Accurate, up-to-date evidence on what works and what does not work regarding health financing reforms for universal coverage is available and shared across countries.</p>
<ol style="list-style-type: none"> <li>1. WHO-led capacity building to support MOH/NHPA/UKR in implementation of the Health Financing Concept and strengthening health financing system in Ukraine <ol style="list-style-type: none"> <li>1.1. Additional members of the health financing working group and key policymakers are trained in WHO Barcelona training courses on health financing and universal health coverage (Q2, Q3)</li> <li>1.2. Capacity building to NHPA (and MoH) staff on Benefit Package design, tariff setting and service provider contracting will be provided in various formats including online webinars and seminars during technical assistance missions to Ukraine (Q1, Q2, Q3, Q4)</li> </ol> </li> </ol>
<p><b>SO III:</b> To ensure international and national stakeholders are increasingly aligned around NHPSP and adhere to other aid effectiveness principles.</p>
<p><b>NA</b></p>

## Annex:

### Specific Objectives and Expected Results of the EU-Luxembourg- WHO Universal Health Coverage Partnership

Specific objectives (SO)	Expected Results (ER)
<p><b>SO I.</b> To support the development and implementation of robust national health policies, strategies and plans to increase coverage with essential health services, financial risk protection and health equity.</p>	<p><b>ER 1.</b> Countries will have prepared/developed/updated/adapted their NHPSP through an inclusive policy dialogue process leading to better coverage with essential health services, financial risk protection and health equity.</p> <p><b>ER 2.</b> Countries will have put in place expertise, monitoring and evaluation systems and annual health sector reviews.</p>
<p><b>SO II.</b> To improve technical and institutional capacities, knowledge and information for health systems and services adaptation and related policy dialogue.</p>	<p><b>ER 3.</b> Countries requesting health financing (HF) support will have modified their financing strategies and systems to move more rapidly towards universal coverage (UC), with a particular focus on the poor and vulnerable.</p> <p><b>ER 4.</b> Countries receiving HF support will have implemented financing reforms to facilitate UC.</p> <p><b>ER 5.</b> Accurate, up-to-date evidence on what works and what does not work regarding health financing reforms for universal coverage is available and shared across countries.</p>
<p><b>SO III.</b> To ensure international and national stakeholders are increasingly aligned around NHPSP and adhere to other aid effectiveness principles.</p>	<p><b>ER 6.</b> At country level, alignment and harmonization of health aid according to national health plans is consolidated and accelerated.</p>