

Year 5 Report (2016 activities) *Please see a reminder of Strategic Objectives (SO) and Expected Results (ER) at the end of the document*

Country: Ukraine

EU-Lux-WHO UHC Partnership

Date: January 12, 2017

Prepared by: WHO RO/CO

Reporting Period: January – December 2016

Main activities as planned in the Road Map.

Put here all activities as set in the roadmap and link them to SO I, SO II or SO III and to an expected result

Ukraine joined Round III of the Partnership in 2016 with the Roadmap agreed in the summer of 2016 and implementation began thereafter.

SO I. National health plans and policies

Activity 1 (ER1): HO-led international expertise to review **Public Health Concept**, contribute to its political discussion, and guide its implementation

Activity 2 (ER 1): Technical assistance to review the: options for **organizing the delivery and financing of public health services**, discussing them with key stakeholders including the MOH and MOF, and reviewing draft legislation; need for amending existing legislation, and or developing new legislation, in light of the organizational arrangements favored; and options for restructuring the public health workforce.

SO II Health financing

Activity 3 (ER3): WHO-led international expertise to review **Health Financing Concept**, contribute to its political discussion, and guide its implementation.

Activity 4 (ER5): **Capacity building** of the health financing working group and key policy makers in health financing to ensure approval and timely implementation of the Health Financing Concept.

Activity 5 (ER4): National transition team with 5-6 people nominated by the MOH prepares **options for the governance arrangement of the National Health Purchasing Agency** (NHPA) based on international experience and drafts legislation

Activity 6 (ER4): **Technical assistance to review the governance options of the NHPA**, discussing them with key stakeholders including the MOH and MOF, and reviewing draft legislation

Activity 7 (ER4): Technical assistance to the Health Financing WG established by the MOH to develop a **State Guaranteed Benefit Package** to share country examples, agree on benefit design parameters for Ukraine, guide the WG on calculations of affordability and needed fiscal space

SO III

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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?(ex: annual review report, key policy changes that may be under way as a result of the processes described; has there been or will there be any likely improvement in service delivery outputs?)

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. National health plans and policies

Activity 1 (ER1): Public Health Concept approved and implementation launched – 35%

- International technical assistance was provided to draft, review and finalize the Concept Paper “On the Development of Public Health Services in Ukraine,” with a proposed roadmap for the implementation of the Concept Paper.
- High-level consultations and technical meetings were organized with MOH, Public Health Center, Kyiv City Administration, other relevant international partners that are engaged with public health-related matters.
- 11 working groups meetings on public health were organized, with WHO providing both technical and secretariat support and ensuring appropriate follow-up on agreed action points and next steps.
- Four rounds of the peer-review of the Concept Paper “On the Development...” was provided prior to the submission of the Paper to the Cabinet of the Ministers.
- Technical assistance and expert opinion was provided to MOH for drafting, reviewing and finalizing the statute of the Public Health Center (officially established in September 2016).
- Review of the qualification requirements for the position of the Director of the Public Health Center was provided, leading to the transparent and open selection process. Further assistance is being provided on the review of the ToRs for the posts of the Deputies of the Center.
- The dialogue between the IANPHI and Public Health Center was facilitated, leading to the

inclusion of Public Health Center into IANPHI's European network. Consequently, 2017 Annual conference of European IANPHI branch will be taking place in Kyiv, Ukraine.

Activity 2 (ER 1): Organization and delivery of public health services – 33%

- Technical assistance to assess existing network of laboratories, with the consideration of their quality and efficiency.
- Technical missions to advise on the organizational structure of the Public Health Center to deliver its services on the national and regional levels.
- The discussions between MOH, WB and USAID-supported projected on the delivery of public health services were facilitated by WHO leading to the adoption by the Cabinet of the Ministers of the roadmap for 2017 activities of MOH in public health domain.
- High-level consultations with MOH on conducting gap and needs analysis took place, clarifying the need, methodology and purpose of such assessment for future effective delivery of public health services.

SO II Health financing

Activity 3 (ER3): Health Financing Concept approved and implementation launched – 33%

- International technical assistance was provided to review the draft Health Financing Concept in March 2016 with a detailed mission report documenting international evidence.
- Policy dialogue events were organized with technical and political stakeholders including the MOH, MOF, Treasury, governors and parliament.
- High level policy dialogue was hosted by the WHO Barcelona Office for Health Systems Strengthening in October 2016 to discuss political strategies for the approval of the Health Financing Concept and the approach of the High Level Health Financing Forum.
- A high level Health Financing Forum was held on November 18 hosted by the Prime Minister, attended by cabinet members, regional governors, experts and international partners. The Prime Minister expressed his support to the Concept and health financing reforms. International partners delivered a powerful joint statement praising the health financing concept and proposing their support to implementation. The Joint Statement and the organization of the Forum were facilitated by WHO and co-funded through the UHC Partnership and the SDC-funded Policy Dialogue Project of WHO.
- On November 30, 2016, the Cabinet approved the Health Financing Concept paving the way to its implementation.

Activity 4 (ER5): Capacity building in health financing carried out – 33%

- 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. This was followed by a study tour of Spain's health system and an in-depth look into the functioning of its fund flow and purchasing arrangements. The WG members provided essential input thereafter into the Health Financing Concept and the establishment of the NHPA.
- Deputy Minister of Health and the Head of Public Health Unit, along with 5 other staff members attended international conferences on matters pertinent to public health. The attendees provided essential input to the finalization of the Concept Papers on Public Health and Health Financing

Activity 5 (ER4): Options paper for governance arrangements of the NHPA developed – 100%

- A local team of experts was set up and tasked to develop contextually relevant options for Ukraine to set up a national health purchasing agency.
- The expert team developed an options paper following the webinar series for alternatives for Ukraine with their strengths and weaknesses.
- A technical note was produced by the expert team with regular online technical support of WHO experts detailing the governance arrangements of the agency.
- The technical note was turned into a government decree about the establishment of the agency.

Activity 6 (ER4): Technical assistance and policy dialogue on the NHPA - 100%

- In May – June, an online webinar series was organized and hosted by the WHO Barcelona Office for HSS to share experiences around the world on the governance arrangements of health purchasing agencies.
- International technical assistance was provided to review the options and facilitate dialogue around the preferred approach. This led to the selection of the organizational and legal form of “an executive agency” for the NHPA.
- The November 18, 2016 Health Forum facilitated by WHO discussed extensively the governance arrangements of the NHPA.
- The Cabinet decided to postpone establishment of a separate purchasing agency to 2017 and begin the work setting up new procedures and a shadow team inside the MOH. Although proposed activities had been completed, the outcome is not yet as expected and further investment in policy dialogue will be necessary in 2017/18. This can be accommodated under Activity 5.

Activity 7 (ER4): State Guaranteed Benefit Package – 10%

- Technical expert discussions took place to discuss the outline of the benefit package and it was agreed that it will be based on free primary care, referral care against copayment, and a positive list of outpatient medicines and high tech services. More intensive technical work will follow in 2017.

Please explain any changes in circumstances or programme implementation challenges encountered affecting the original plan:

Please provide information on activities eliminated, changed, added or postponed. Please list them and provide the reasons for each of them (obstacles encountered, remedial measures taken,...).

1. Although solid technical work had been completed, the Cabinet decided to postpone establishment of a separate purchasing agency and begin the work setting up new procedures and a shadow team inside the MOH. The main reason was fear and ambitious implementation schedule. Although proposed activities had been completed, the outcome is not yet as expected and further investment in policy dialogue will be necessary in 2017/18. This can be accommodated under Activity 5.

Proposed modifications to Programme Road Map resulting from changes above:

If the changes above have implications for future work, please attach the new roadmap to this report and confirm that the changes have been discussed with the MoH and EU delegation.

No modifications to the Roadmap are necessary.

Lessons learned:

Please describe the principal lessons learned during the last 12 months of implementation of the UHC Partnership:

- 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.
- Solid technical work enables WHO to rely on its convening power to a greater extent and facilitate dialogues on politically sensitive issues.
- Observing good practices in aid effectiveness pays off and using one voice of partners is a powerful tool to shape national policies.
- Strong impetus is given to the implementation and continued commitment of the Government to “EU-Ukraine Association Agreement, particularly with reference to 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.

Road Map and timeline for 2017:

Please list here the work plan activities as well as the time frame for those activities for the calendar year 2017. **These activities should be related to objectives/ER and have clear timeline and indicators.**

SO I. National health plans and policies

Activity 1 (ER1): Public Health Concept approved and implementation launched

- Four technical assistance missions on 2017 priority setting, on legal support, on HR for public health and gap analysis will be organized at the request of MOH (Q1, Q2, Q3, Q4)
- 5 staff members of MOH will be attending European and international events on public health (Q1-Q4).
- Technical support to draft, review and finalize legal acts on public health (Q1-Q4).
- Technical support in relation to the process of the establishment of the educational specialization “Public Health” (Q1-Q3).

Activity 2 (ER 1): Organization and delivery of public health services

- Annual conference of the European branch of IANPHI will take place in Kyiv, Ukraine (Q2).
- Gap and needs analysis of existing and future public health system and services to be delivered (Q2).
- Study tours and visits for key national experts (Q2-Q4).

SO II Health financing

Activity 3 (ER3): Health Financing Concept approved and implementation launched

- Four technical assistance missions with policy dialogue and media events will be organized to support implementation of the Health Financing Concept, setting up the NHPA, and introducing capitation payment into primary health care. (Q1, Q2, Q3, Q4)

Activity 4 (ER5): Capacity building in health financing carried out

- 6 members of the national working group on Health Financing will be trained in the Annual WHO Barcelona course on Health Financing with a focus on UHC. (Q2)

Activity 5 (ER4): Options paper for governance arrangements of the NHPA developed

- Completed no further activities are planned.

Activity 6 (ER4): Technical assistance and policy dialogue on the NHPA

- Completed no further activities are planned.

Activity 7 (ER4): State Guaranteed Benefit Package

- A local team of experts will be set up and tasked to develop contextually relevant options for Ukraine for a benefit package. (Q1)
- An online webinar series will be organized and hosted by the WHO Barcelona Office for HSS to share experiences around the world on benefit design. (Q1/Q2)
- The expert team will develop an options paper following the webinar series. (Q2/Q3)
- International technical assistance will be provided to review the options and facilitate dialogue around the preferred approach. (Q3)
- The expert team will produce regulatory documents with online technical assistance. (Q4)

Visibility and communication

Please give a short overview of visibility and communication events that took place and attach evidence (scanned newspapers, pictures, brochure,...). Please describe how communication of programme results to the public has been ensured

1. In-depth newspaper interview was published with Melitta Jakab, WHO Senior Health Economist in April 2016 on the Health Financing Concept. (interview in Ukrainian available at: <http://life.pravda.com.ua/health/2016/03/3/208937/>)
2. There was broad media coverage of the November 18 Health Forum with television, radio and newspaper events. Selected Internet coverage: <http://wb.moz.gov.ua/seminary-ta-robochini-narady.html?action=view&id=146>, https://www.youtube.com/watch?v=Z5XpY_B5324 (complete video recording that was disseminated among key national media and news channels), http://www.kmu.gov.ua/control/uk/publish/printable_article?art_id=249491429 (Cabinet of Ministers of Ukraine), <https://www.ukrinform.ua/rubric-politycs/2122270-grojsman-vidkriv-forum-prisvacenij-reformi-medicini.html> (National News Agency), <https://www.facebook.com/SecretariatUkraineCCM/posts/1190808711002307> (National Anti TB agency), all major Ukrainian news channels.
3. Throughout the process, the MOH has strong social media presence and has launched very active public discussions about ongoing health reforms activities (MOH Facebook account: <https://www.facebook.com/moz.ukr/?fref=ts>).

Impact assessment:

*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

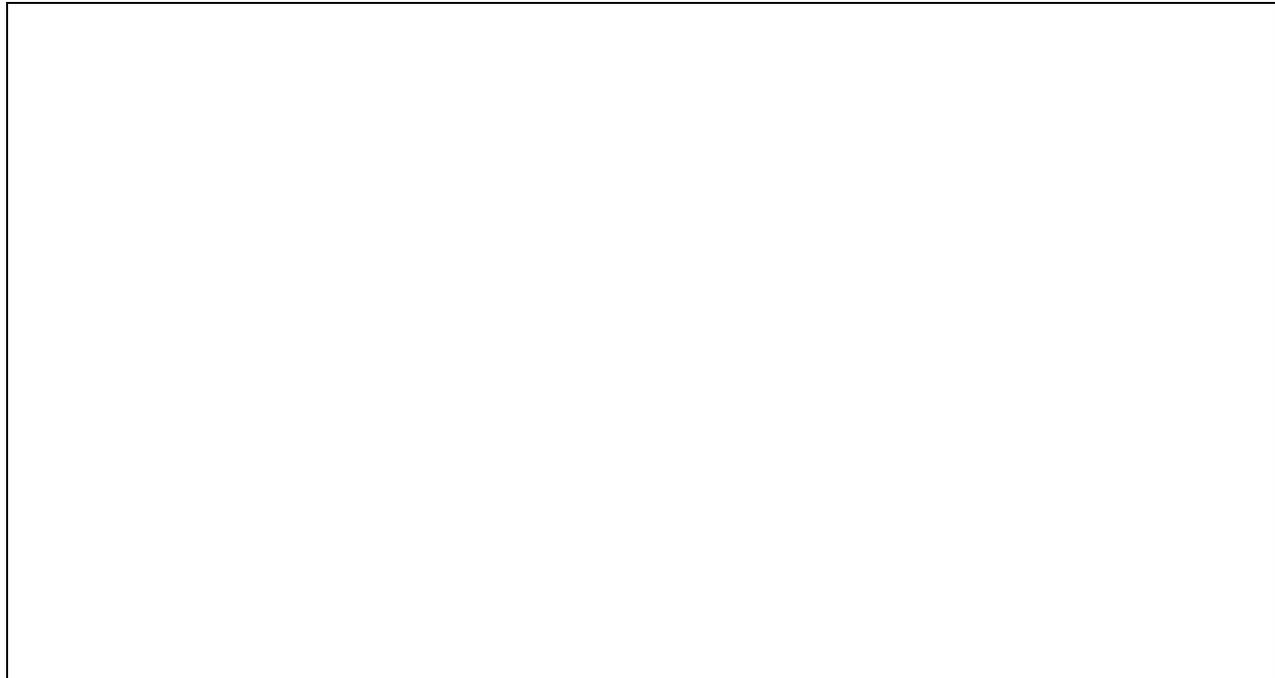
action in the policy dialogue process.

1. **SO I.** The public health concept paves the way to transform public health services to be effective at addressing the main burden of disease. This will help improve the health of the population and will support MOH decision to shift the focus of its activities from curative to preventive services rendered to the Ukrainian population. Additionally, optimization of the labs network of the former SES is being carried out that will lead to better utilization of both financial and human resources and, consequentially, better delivery of services.
2. **SO II.** The Health Financing Concept is a necessary instrument to change fund flows. Reducing fragmentation in funding channels will allow improve efficiency and distribution and will have a direct impact on financial protection.
3. **SO II.** 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 behavior of health care providers. The NHPA is a necessary instrument for this.

Linking activities to overall Objectives:

Please see below list of overall programme monitoring indicators and select the ones which apply to your country Road Map. Please describe if this target has been met and how.

- National Monitoring & Evaluation framework indicators developed and used
- Reduced share of direct out-of-pocket payments in total health expenditure by at least 10%
- Fall in the incidence of financial catastrophe and impoverishment due to out-of-pocket payments
- NHPSP is in line with JANS attributes
- **An agreed Health Financing (HF) strategy exists, linked to NHPSP, such that more rapid progress towards Universal Coverage (UC) is feasible**
- Increase in utilization of outpatient health services, particularly among the poor, or a more equitable distribution of public spending on health
- **Inclusive National Policy Dialogue exists, with a roadmap defined, agreed and rolled out**
- Proportion of identified bottlenecks which have been analysed and addressed during annual reviews (address the consistency between situation analysis and follow-up in Annual Review reports)
- Number of substantive policy changes achieved as a result of more effective and inclusive health sector reviews
- **Number of improved policy frameworks elaborated and implemented as a result of a truly representative multi-stakeholder consultation**
- Positive trend seen in stakeholders' alignment with NHPSP
- Existence and implementation of an IHP+ compact or equivalent at the country level
- Agreed or strengthened mutual accountability mechanisms such as joint annual reviews
- Positive trend in stakeholders overall performance on aid effectiveness performance scorecards, or equivalent
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Reminding Strategic Objectives and Expected Results of the EU-Lux/WHO UHC Partnership

Strategic objectives (SO)	Expected Results (ER)
<p>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;</p>	<p>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;</p> <p>ER 2. Countries will have put in place expertise, monitoring and evaluation systems and annual health sector reviews.</p>
<p>SO II. To improve technical and institutional capacities, knowledge and information for health systems and services adaptation and related policy dialogue;</p>	<p>ER 3. 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>ER 4. Countries receiving HF support will have implemented financing reforms to facilitate UC;</p> <p>ER 5. 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>SO III. To ensure international and national stakeholders are increasingly aligned around NHPSP and adhere to other aid effectiveness</p>	<p>ER 6. At country level, alignment and harmonization of health aid according to national</p>

principles.	health plans is consolidated and accelerated.
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