

DRAFT

**The National Council for the Recovery of Ukraine from the
Consequences of the War**

Draft Ukraine Recovery Plan

**Materials of the “Healthcare System” working
group**

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Abbreviations

CPD	continuous professional development
DCPC	Disease Control and Prevention Centre
HCF	healthcare facility
HEI	higher education institution
HTA	Health Technology Assessment
IDP	internally displaced person
MoH	Ministry of Health of Ukraine
NAMS	National Academy of Medical Science
NCDs	non-communicable diseases
NHSU	National Health Service of Ukraine
PHC	primary health care
PMG	Programme of Medical Guarantees
PPP	public private partnership
VHI	voluntary health insurance

Introduction

Situation in the healthcare sector before the war

Preservation, protection and promotion of public health are among the key priorities of the state that should be implemented by a healthcare system. Russia's full-scale invasion of Ukraine has put a critical strain on the national healthcare system associated not only with massive destruction of healthcare facilities, but also with increase of demand for various types of medical care and services that were not priority before the war among the citizens. The situation is further exacerbated by significant migration of the population and healthcare workers. Rebuilding a healthcare system that takes into account the current realities would contribute to the effective restoration of human resources, which is the foundation for rehabilitation of the country from the consequences of the war. Rebuilding destroyed healthcare infrastructure is not an end of the actions proposed below in itself. Recovery efforts should primarily focus on transforming the healthcare system in accordance with the needs of citizens and available public resources so that it is able not only to provide citizens with quality and timely medical care, but is also prepared to respond to health emergencies of various nature.

Key performance indicators of the healthcare system before the war

Life expectancy (according to a 2020 study) was 76 years for women and 66 years for men, which was one of the lowest levels in Europe.

Healthcare expenditures in Ukraine were growing annually, but were still not close to the global levels in terms of GDP proportion. For example, total expenditures on the Programme of Medical Guarantees (the PMG) in 2021 amounted to approximately 2.4% of GDP. At the same time, the level of patients' out-of-pocket payments was high: 49% of current healthcare costs.

Ukraine had excessive capacities in the hospital sector with the number of hospitals almost twice higher compared to that in the countries of the WHO European Region (42 hospitals per 1 million persons). At the same time, Ukrainian hospitals provided care of lower intensity: At least 20% of all inpatient cases could be managed in outpatient settings, and 57% of inpatient bed days could not be justified by the need for 24-hour inpatient hospital stay.

Non-communicable diseases (NCDs) were a major cause of premature mortality in Ukraine: NCDs accounted for 6 out of 10 main causes of death, 9 out of 10 causes of premature deaths and 84% of all annual deaths.

Major reforms implemented over the last years:

The full-scale transformation of the system started with the adoption of the Law of Ukraine "On the State Financial Guarantees of Healthcare Services to the Population" in 2017. In April 2018, a single national purchaser of healthcare services, the National Health Service of Ukraine (the NHSU), was established. Simultaneously, the process of healthcare facilities autonomization was launched, changing the principles of managing the facilities by transforming them from municipal budget-funded institutions into municipal non-profit enterprises, which laid the foundation for the improvement of transparency and accountability and, as a result, contributed to combatting corruption in the form of hidden patients' payments and irrational use of investment resources and current funds. In July 2018, the NHSU contracted the first autonomous primary healthcare providers on the basis of the capitation rate — amount of payment for the provision of healthcare services to one patient, laid down at the legislative level. People were given the right to independently choose their physicians. Public and private primary healthcare providers were given equal opportunities for the provision of services under the PMG. In April 2019, the NHSU began administering reimbursement of the costs of e-prescribed medicines. As of 18.02.2022, 444 medicines were subject to reimbursement under the Affordable Medicines Programme.

The reform of specialized healthcare began on 1 April 2020: most public expenditures on healthcare were centralised and integrated into the Programme of Medical Guarantees (the PMG) consisting of service (benefit) packages that define healthcare services and medicines which are paid for by the NHSU. There was a shift from item-by-item budgets of healthcare facilities to performance-based payments (i.e. payment for actually treated cases or the population assigned) in the autotomized facilities contracted by the NHSU. Thus, instead of following the infrastructure of healthcare facilities, money started to "follow the patient".

The COVID-19 pandemic exposed weaknesses of the public health and emergency response system, and, in some cases, a lack of national, regional and local emergency preparedness plans and procedures. The Ministry of Health of Ukraine (the MoH) established a Public Health Center, which marked the beginning of the transformation

of the public health system in the country. Over the past four years, Ukraine implemented a number of large-scale measures to digitalise the healthcare sector.

Situation during the war

The healthcare sector is one of the most affected by the war. As of 21.06.2022, 118 healthcare facilities were totally destroyed and 633 healthcare facilities were partially destroyed (2% to 90% of destruction). The pre-estimated damages amount to almost UAH 35 billion.

The Programme of Medical Guarantees does not fully represent the priority services packages that become of paramount importance during the war and the post-war period (treatment of injuries and burns, rehabilitation, mental health services). State healthcare programmes do not account for the losses of the healthcare system, damages incurred and the necessary changes of healthcare priorities (list of healthcare services and health conditions).

The healthcare system is also under particular pressure due to the migration of the population (approximately 7 million Ukrainians were forced to leave their homes), as well as the loss of healthcare professionals and their movement. 12 healthcare professionals have been killed and 47 have been wounded during the war. 2,372 employees of emergency medical care centres are currently in the occupied territories. 2,273 healthcare professionals have moved abroad (0.5 of the total number of healthcare professionals in the country), 1,714 physicians and 1,095 nurses changed their places of work due to the war. The lack of human resources and organisational capacities of the healthcare system for the provision of rehabilitation and mental health services exacerbates the situation with satisfying the needs of the citizens for high-quality and accessible services.

Future priorities

The main goal of the Health Recovery Plan is to restore and develop the healthcare system ensuring better quality and accessibility of services to meet the needs of citizens.

To achieve this goal, the Health Recovery Plan provides for:

- 1) **Strengthening policies and institutions of the national healthcare system to guide the recovery process** that envisages implementing universal approaches and governance tools that ensure professional autonomy, sustainability and capability of national health institutions; creating an effective system for intersectoral cooperation to ensure a unified national approach to healthcare based on approved evidence-based policies; creating a system for effective management of healthcare facilities that allows for public accountability and supervision.
- 2) **Ensuring financial stability of the healthcare system** by introducing flexible financing methods in the healthcare sector, expanding the programme of medical guarantees, developing the voluntary health insurance market;
- 3) **Recovering and transforming the healthcare facility network** in accordance with the approaches to hospital planning aimed at providing essential healthcare services by expanding primary health care, implementing multidisciplinary team model at the primary healthcare level, implementing long-term agreements between the National Health Service of Ukraine and healthcare facilities.
- 4) **Strengthening healthcare services to meet specific war-related needs of the population (including IDPs and veterans)**, which includes developing rehabilitation care, mental health services that are close to individuals and communities, trauma, orthopaedic, burn care and intensive care services, improving the benefit packages of the medical guarantees programme to take into account the needs of war veterans and survivors of the hostilities;
- 5) **Strengthening and reinforcing healthcare workforce** by implementing the efforts aimed at integrating health education and research in the current international context; planning and implementing healthcare system staffing in terms of staff number and structure in accordance with the needs of the system; creating conditions for ensuring the professional well-being of healthcare workers.
- 6) **Strengthening public health system and preparedness to healthcare emergencies**, which envisages ensuring the functioning of a capable public health system aimed at preserving and promoting public health, communicable and non-communicable diseases' prevention and timely detection of and response to health challenges; creating a coordination mechanism within the public health system; ensuring the functioning of the national blood system to guarantee equitable and timely access of the patients to safe and high-quality components of donor blood in sufficient quantities.

7) **Developing e-health system and reinforcing cybersecurity** by developing a single medical information space featuring national and cross-border interoperability and end-to-end processes and services; providing infrastructural and technical conditions for the provision of quality medical services using information and communication systems at all the levels; creating friendly and transparent mechanisms for user access to the comprehensive data on their health and management of this information.

8) **Strengthening national- and local-level quality management system**, which involves developing and implementing quality assurance system elements in healthcare at the national and healthcare facility level.

9) **Recovering pharmaceutical sector, improving accessibility and proper use of medicines** by harmonizing the state policies on access to medicines and medical devices; establishing an independent agency for health technology assessment as the single expert body that ensures validity and evidence base for the selection and evaluation of the effectiveness of medicines and medical devices; facilitating the development of the pharmaceutical industry with a focus on fostering investment in R&D, localisation and other methods for exploring new technologies of the production of medicines and medical devices, promoting organization of clinical trial in Ukraine, strengthening control over intellectual property rights, full implementation of the Bolar exemption in the national legislation (allowing to register generics in advance of the expiration of the originators' patents) and other state-of-art tools aimed at reinforcing the sector; ensuring public access to effective medicines by establishing a strict regulatory system in Ukraine in line with those existing at the international level.

Analysis area (of a specific component) within the direction:
Priority 1: Strengthening policies and institutions of the national healthcare system to guide the recovery process

1. Key issues to be solved within the framework of the Recovery Plan

Impact of the war on the defined analysis area:	
1. Key challenges	<ul style="list-style-type: none"> ● Particularly high burden on the healthcare system and key institutions due to the growing demand for healthcare services during the war ● The need to adapt and temporarily change approaches, methods of implementing state health policy, regulation of the healthcare system in the absence of reliable baseline data during the war ● Insufficient capacities and lack of clear division of roles of key healthcare institutions at national, regional and local level ● Insufficient financial capacity of communities to perform the facility owner's functions during the war and in the post-war period ● Weak participation of civil society in the management of the healthcare system, creation of parallel logistics systems and decision-making centres ● Low level of private sector involvement ● Weak intersectoral coordination with other areas ● Imperfection of the epidemiological surveillance system, in particular, forecasting the occurrence of individual outbreaks and epidemics of communicable diseases
2. Key possibilities	<ul style="list-style-type: none"> ● Acceleration of important political decision-making and adoption of healthcare legislation ● Improvement of intersectoral coordination to face the challenges posed by the war ● Engagement of international expertise into recovering/building a qualitatively new healthcare system ● Consolidation of the community and strengthening partnerships with the civil society and private sector in all governance areas of the healthcare system, significant demand for the transparency and accountability of healthcare facilities and institutions ● Radical review of the system for the regulation of healthcare activities, complete eradication of outdated rules and procedures, maximum harmonisation of the legislative framework in accordance with the EU requirements.
3. Key limitations	<ul style="list-style-type: none"> ● Lack of relevant and trustworthy data for strategic and operational decision-making, intensive dynamics of changes in the basic parameters of the population, infrastructure and healthcare needs, challenges in creating scenarios, assumptions and models of recovery and development ● Lack of international expertise for strengthening healthcare policies and institutions during armed conflicts of similar scale ● Lack of human resources for the implementation of policies and decisions made

2. Goals, tasks and stages of the Recovery Plan within the direction "Strengthening policies and institutions of the national healthcare system to guide the recovery process"

2.1. Goals aimed at resolving identified problems:

	Stage 1: June 2022 – end of 2022	Stage 2: January 2023 – December 2025	Stage 3: January 2026 – December 2032
<p>1. Identified problem to be resolved in the relevant analysis area</p> <p>The healthcare system of Ukraine is currently under immense pressure due to the war. The Ministry of Health of Ukraine, the NHSU and other national and regional healthcare authorities are resolving challenging problems on a daily basis in order to ensure responding to new needs for services caused by the war, including the delivery of services in the temporarily occupied territories and providing for the specific needs of people affected by the hostilities. This requires making quick political and regulatory decisions with insufficient data and information.</p> <p>Managing the recovery plan requires consolidation of efforts by the Ministry of Health of Ukraine and other authorities responsible for the development and implementation of healthcare policy in order to ensure the operational management, coordination and monitoring of the recovery process.</p>			

The lack of intersectoral coordination is a traditional weakness of healthcare system management in Ukraine, which is particularly true for issues requiring multi-sectoral solutions and interventions at national and local levels. This includes a number of public health issues such as emergency preparedness and response, providing for the social needs of vulnerable populations and their specific healthcare needs, including the ones related to HIV, tuberculosis, etc. These problems have been exacerbated by the war, particularly for internally displaced persons.

At the regional level, communities face new challenges due to the lack of financial resources, which interferes with their ability to properly fund healthcare facilities and ensure required oversight of local response efforts.

In order to improve the engagement of private sector, political decisions should also be made and regulatory acts and efficient mechanisms should be adopted, since the involvement of the private sector, as well as its experience and resources, may become an additional resource for the healthcare system.

<p>Goal to be achieved to solve the issue during each stage</p> <p>1. Restoring, developing and reforming the healthcare system based on approved evidence-based policies that take into account the needs of the population during martial law and in the post-war period</p>	<ul style="list-style-type: none"> ● Ensure the national-level solution to the issue of the functioning of the healthcare system in the temporarily occupied territories of Ukraine ● Adopt the Law on amendments to certain laws and regulations of Ukraine on improving the provision of medical care (r. No. 6306) to allow for changing the approaches to creation of a capable network of healthcare facilities and regionalization of medical and rehabilitation care provided to the population ● Develop a by-law regulatory framework for the activities of general, cluster and supercluster hospitals 	<ul style="list-style-type: none"> ● Strengthen the capacity of the healthcare central executive body in development of evidence-based healthcare policies ● Improve data collection mechanism for all medical and operational data generated during health services provision, and for important information on citizens' life activities. ● Develop a new model for programming and funding science and research in the healthcare system. <ul style="list-style-type: none"> - Ensure legal regulation of the transformation of interaction between the institutes of the National Academy of Medical Sciences of Ukraine and the MoH in accordance with best international practices and objectives for the development of a new model of programming and funding health science, education and research. - Take into account, at the policy level, the peculiarities of functioning of the health system in the areas of Ukraine non-government controlled as of 24 February 2022. ● Develop, approve and implement the National Health Strategy of Ukraine ● Develop and implement a nationwide platform for monitoring, evaluation and review of the National Health Strategy of Ukraine 	<ul style="list-style-type: none"> ● Review the programming and funding models for all the healthcare system components, including staff training, research and development, public health, payment for medical services and medicines, based on the healthcare financing reform launched in 2017–2022; ● Evaluate the National Health Strategy of Ukraine ● Improve the implementation of policies aimed at universal health coverage ● Review the "Concept for the development of primary healthcare and rehabilitation" in the framework of expanding and optimizing the healthcare services model ● Conduct regular evaluations and studies to measure health system effectiveness
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Risks related to the goal achievement	Lack of political will, underfunding, active hostilities	Limited funding; understaffing; active hostilities, impossibility of long-term planning because of constant disruptions	Limited funding; understaffing
Quality goal achievement indicator	The draft law is adopted, the legislation is amended	The legislation is amended The National Health Strategy of Ukraine is adopted Monitoring system is implemented	The legislation is amended The effectiveness is assessed
Goal to be achieved to solve the issue during each stage 2. Implementing universal governance approaches and tools that ensure professional autonomy, sustainability and capacity of national healthcare institutions	<ul style="list-style-type: none"> • Strengthen the capacity of the MoH of Ukraine as the manager of the national healthcare system during wartime • Create a mechanism for coordination of 2022–2032 Ukrainian Healthcare System Post-War Recovery Plan • Ensure stable functioning of the National Health Service of Ukraine during wartime • Strengthen the cooperation with regional healthcare departments and local authorities, particularly by means of clarifying roles and responsibilities of the national, regional and local healthcare levels • Assign the regional health departments the functions and responsibilities related to development and operation of a capable hospital network and a primary healthcare providers' network. 	<ul style="list-style-type: none"> • Strengthening the MoH's capacity as a national health system governing authority through development of evidence-based policies and intersectoral cooperation. <ul style="list-style-type: none"> - Review the model of interaction of the MoH of Ukraine with the expert community, non-governmental agencies and private sector for their participation in healthcare policy making - Develop the procedures for interaction in the healthcare system based on data and involvement of stakeholders - Develop and implement an institutional development plan for the MoH • Conduct an evaluation of the activities and ensure institutional strengthening of the National Health Service of Ukraine as the national strategic procurement agency. <ul style="list-style-type: none"> - Review the model of interaction of the NHSU with the expert community, non-governmental agencies and private sector 	<ul style="list-style-type: none"> • Continue the institutional development of the MoH, the NHSU and other key national agencies • Strengthen the role of regional and local health departments in development and implementation of local health policies and objectives

			<p>for their participation in development of the PMG</p> <ul style="list-style-type: none"> - Review the model of interaction between the NHSU and HCFs to introduce the practice of payment tariffs agreement - Gradually reduce the share of payment for hospital costs from global budgets and, accordingly, increase the share of payment for a case - Continuously update and improve the costing methodology for the formation of medical care tariffs <ul style="list-style-type: none"> ● Strengthening the accountability of the NHSU to the Government and the public ● Strengthen the cooperation with regional healthcare departments and local authorities, particularly by means of clarifying roles and responsibilities of the national, regional and local healthcare levels ● Ensure strengthening of human, material and technical capacities of the healthcare structural subdivisions of local state administrations ● Ensure regulatory and legal support of the coordination and activities of healthcare structural subdivisions for the purposes of effective cooperation with the MoH and self-governing bodies in the implementation of state healthcare policy ● Ensure the operation of Medical Procurement of Ukraine State-Owned Enterprise as a purchasing hub by using up-to-date procurement tools and methodologies at the national and regional level. ● Ensure the functioning of the State-Owned Enterprise "Ukrvaktsyna" of the Ministry of Health of Ukraine as a national logistician and 	
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			distributor of medicines with a network of pharmacies	
	Deadline within the stage	June 2022 – December 2022	January 2023 – December 2025	January 2026 – December 2032
	Risks related to the goal achievement	Lack of understanding of such a way of solving problems by the political circles, underfunding, active hostilities	Limited funding; understaffing; active hostilities	Limited funding; understaffing; active hostilities
	Quality goal achievement indicator	The draft law is adopted, the legislation is amended	The national institutions are capable	
	Goal to be achieved to solve the issue during each stage 3. Having an effective system of intersectoral cooperation in place to ensure nation-wide approach to addressing healthcare issues	<ul style="list-style-type: none"> • Strengthen coordination between institutions involved in healthcare and social decision-making at all management levels in order to ensure a harmonised and efficient approach to solving the problems faced by the population during martial law • Create a coordination council for healthcare system recovery, which would include, on equal footing, the representatives of: The Verkhovna Rada of Ukraine; the Office of the President of Ukraine; the MoH; the NHSU; scientific and educational state-owned and private institutions; civil society sector; donor organizations; the Cabinet of Ministers of Ukraine (Ministries). • Create an intersectoral platform for the development and implementation of healthcare policies requiring intersectoral planning and decisions 	<ul style="list-style-type: none"> • Strengthen coordination mechanisms between institutions involved in healthcare and social decision-making at all the management levels in order to ensure a harmonised and efficient approach to meeting the needs of vulnerable populations <ul style="list-style-type: none"> - Ensure participation in the development and implementation of the state policy for chemical safety and management of chemicals - Adopt the Draft Law “On Assisted Reproductive Technologies” - Ensure an effective intersectoral approach to resolving healthcare issues in the territories with different levels of healthcare services disruption and ongoing conflict or areas that are temporarily not government-controlled, taking into account the number of IDPs and returning persons, the number of healthcare professionals who keep working at healthcare facilities or in the region, the specificities of the transition from military to civilian management and the use of healthcare facilities, etc. 	<ul style="list-style-type: none"> • Improve the current mechanism of intersectoral cooperation based on “Health in All policies” approach
	Deadline within the stage	June 2022 – December 2022	January 2023 – December 2025	January 2026 – December 2028
	Risks related to the goal achievement	Lack of understanding of ensuring intersectoral cooperation in the field of healthcare in such a way by the political circles, underfunding, active hostilities	Limited funding; understaffing; active hostilities	Limited funding; understaffing; active hostilities

	Quality goal achievement indicator	The draft law is adopted, the legislation is amended	<ul style="list-style-type: none"> • Governmental decision-making is based on “Health in All Policies” approach • Clear intersectoral health cooperation mechanism is functional 	
	Goal to be achieved to solve the issue during each stage 4. Establishing a system for effective management of healthcare facilities that ensures accountability to and oversight by the public	<ul style="list-style-type: none"> • Complete changes of the regulatory framework concerning the operation of supervisory boards of healthcare facilities, particularly the ones related to the composition of the boards, procedures for appointment and rotation, and their functions and responsibilities • Improve the mechanisms for the management of hospital districts and rules for the establishment of an efficient network of facilities • Develop and implement national standards/guidelines, create an effective healthcare facilities’ network taking into account the existing demographic and infrastructural needs of each region in health care • Develop mechanisms for coordination and cooperation between local authorities and self-governing bodies in the planning, development and operation of the healthcare facilities’ network • Identify the role and status of healthcare facilities in hospital districts to build a capable health facilities’ network 	<ul style="list-style-type: none"> • Improve and regulate licensing criteria and mechanisms • Develop the concept for accreditation of healthcare facilities • Create the possibility of receiving a permit • Update the lists of equipment and provide for their regular revision • Develop a system for efficient control over the activities of healthcare facilities • Defining the criteria for monitoring and control of healthcare facilities, including accreditation criteria, performance and quality indicators, etc. • Introduce a requirement for the preparation and publication of reports corresponding to the public sector format standards by municipal healthcare facilities • Support engagement of patient organizations, local community and private sector in the governance of healthcare facilities and measurability of the impact of initiatives taking into account the introduction of mechanism to prevent conflict of interest • Create digital services of public accountability to enable public and patient oversight of availability and quality of medical services • Create an open registry of programmes for the provision of medicines for compassionate use and monitor their implementation in order to ensure informing the healthcare sector and the public and provide for control • Create an application within the eHealth system to 	

			provide physicians with detailed information on clinical studies which are planned or being held in Ukraine in order to enable them to engage patients in appropriate international clinical studies of innovative medicines, medical devices, etc.	
	Deadline within the stage	June 2022 – December 2022	January 2023 – December 2024	January 2026 – December 2028
	Risks related to the goal achievement	Lack of understanding of the necessity of creating supervisory boards at healthcare facilities by the political circles, underfunding, active hostilities	Limited funding; understaffing; active hostilities	Limited funding; understaffing; active hostilities
	Quality goal achievement indicator	The draft law is adopted, the legislation is amended	<ul style="list-style-type: none"> • 100% of municipal healthcare facilities separated the positions of medical director and administrator • 90% of municipal healthcare facilities established supervisory boards for the new management system • 90% of municipal healthcare facilities prepare and publish reports corresponding to the public sector format standards 	
	Goal to be achieved to solve the issue during each stage 5. Harmonizing Ukrainian legislation with relevant EU <i>acquis</i>	<ul style="list-style-type: none"> • Ensure the compliance with the requirements of EU-Ukraine Association Agreement on the harmonization of healthcare legislation 	<ul style="list-style-type: none"> • Constantly update Ukrainian legislation in line with EU legislation • Facilitate high-level consultations on the compliance with/ implementation of EU Directives in the area of healthcare and related areas that were not included in the scope of the Association Agreement • Facilitate legislative initiatives for implementation of defined EU regulations into Ukrainian legislation 	<ul style="list-style-type: none"> • Constantly review Ukrainian legislation in line with EU legislation
	Deadline within the stage	June 2022 – December 2022	January 2023 – December 2025	January 2026 – December 2028
	Risks related to the goal achievement	Lack of understanding of the necessity of ensuring the harmonisation of healthcare legislation by the political circles, underfunding, active hostilities	Limited funding; understaffing; active hostilities	Limited funding; understaffing; active hostilities

Quality goal achievement indicator	<p>Amendments to the legislation aimed at harmonization with EU <i>acquis</i> are made, specifically:</p> <ul style="list-style-type: none"> ● Article 21, Council Recommendation 2003/488/EU of 18 June 2003; ● Article 64, Annex V, Regulation (EU) No 1331/2008; ● Article 64, Annex V, Regulation (EU) No 1333/2008; ● Article 64, Annex V, Commission Regulation (EU) No 231/2012; ● Article 64, Annex V, Commission Regulation (EU) No 234/2011; ● Article 64, Annex V, Regulation (EU) No 1334/2008; ● Article 64, Annex V, Regulation (EU) No 2065/2003; ● Article 64, Annex V, Commission Regulation (EU) No 872/2012; ● Article 64, Annex V, Commission Regulation (EU) No 873/2012; ● Article 64, Annex V, Regulation (EU) No 1332/2008; ● Article 64, Annex V, Regulation (EU) No 396/2005; ● Article 64, Annex V, Commission Regulation (EU) No 2023/2006; ● Article 64, Annex V, Council Directive 82/711/EEC; ● Article 64, Annex V, Council Directive 85/572/EEC; ● Article 64, Annex V, Commission Decision 2010/169/EU; ● Article 64, Annex V, Council Directive 84/500/EEC; ● Article 64, Annex V, Commission Directive 2007/42/EU; ● Article 64, Annex V, Commission Regulation (EU) No 1895/2005; ● Article 64, Annex V, Commission Regulation (EU) No 450/2009; ● Article 64, Annex V, Commission Regulation (EU) No 10/2011; ● Article 64, Annex V, Commission Directive 93/11/EEC; ● Article 64, Annex V, Commission Regulation (EU) No 284/2011; ● Article 64, Annex V, Regulation (EU) No 258/97; ● Article 64, Annex V, Directive 1999/2/EU; ● Article 64, Annex V, Directive 1999/3/EU; ● Article 64, Annex V, Commission Regulation (EU) No 282/2008; ● Article 64, Annex V, Regulation (EU) No 396/2005; ● Article 342, Annex XXVII, Council Directive 2013/59/Euratom; ● Article 424, Annex XL, Council Directive 83/477/EEC, Council Directive 91/382/EEC, Directive 2003/18/EU; ● Article 424, Annex XL, Directive 2004/37/EU; ● Article 424, Annex XL, Directive 2000/54/EU; ● Article 424, Annex XL, Council Directive 98/24/EU; ● Article 424, Annex XL, Directive 2003/10/EU; ● Article 420, Annex XL, Council Directive 92/29/EEC; ● Article 424, Annex XL, Directive 90/269/EEC; ● Article 428, Annex XLI, Directive 2004/23/EU, Commission Directive 2006/17/EU, Commission Directive 2006/86/EU; ● Article 428, Annex XLI, Directive 2004/23/EU, Commission Directive 2006/86/EU, Annex XLI, Directive 2004/23/EU; 	Amendments to the legislation aimed at harmonization with EU <i>acquis</i> are made taking into account the reviews of the EU <i>acquis</i>
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		<ul style="list-style-type: none"> • Article 428, Annex XLI, Directive 2002/98/EU, Commission Directive 2004/33/EU, Commission Directive 2005/62/EU; • Article 428, Annex XLI, Directive 2002/98/EU, Commission Directive 2005/61/EU; • Article 428, Annex XLI, Directive 2002/98/EU; • Article 428, Annex XLI, Recommendation 2003/54/EU; Council Recommendation 2003/488/EU; Council Recommendation 2001/458/EU; Council Recommendation 2007/C 164/01; • Article 368, Annex XXXII, Directive 2006/126/EU (updated Council Directive 91/439/EEC); • Directive 2001/83/EU of the European Parliament and of the Council; • Commission Delegated Regulation (EU) 2016/161; • Regulation (EU) No 536/2014; • Commission Implementing Regulation (EU) 2017/556 of 24 March 2017; • Commission Delegated Regulation (EU) 2017/1569 of 23 May 2017; • Regulation (EU) No 726/2004 • Commission Directive 2005/28/EU of 8 April 2005 • Regulation (EU) No 1901/2006 • Regulation (EU) 2017/745 of the European Parliament and of the Council • Regulation (EU) 2017/746 of the European Parliament and of the Council 	
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	<p>Goal to be achieved to solve the issue during each stage</p> <p>6. Improving healthcare system accountability and outcomes as a result of awareness and cooperation of the whole society</p>	<ul style="list-style-type: none"> • Ensure the engagement of the civil society in development of the legislation and monitoring of its implementation • Ensure the engagement of the private sector as a full participant of the health system and, therefore: <ul style="list-style-type: none"> • Identify and develop a regulatory framework for implementation of an effective model of public-private partnership in the healthcare sector • Adopt the amendments to the Law of Ukraine “On Concession” as regards peculiarities of concessions in healthcare sector 	<ul style="list-style-type: none"> • Strengthen public-private partnership in the healthcare sector under the defined directions • Strengthen the engagement of the private sector as a full participant of the health system • Simplify the procedure for physicians to start their private practices • Develop and implement the mechanisms for the public accountability of the national authorities (the MoH, the NHSU, the Public Health Center, etc.) to the government and the population concerning the implementation of the policy and the use of allocated funds • Ensure the development of the state policy in the field of the development of private healthcare sector as an independent participant of the single healthcare space • Develop and approve the universal framework concession agreement for the healthcare sector 	<ul style="list-style-type: none"> • Assess civil society engagement • Assess the engagement of the private sector as a full participant of the health system • Conduct analysis of starting private practices and amend regulatory acts on the basis of such analysis, if necessary • Perform the monitoring of the public reporting mechanism and review the reporting format based on its results (if necessary) • Regularly monitor the engagement of the private sector in the healthcare system • Ensure evaluation of the implementation of a universal framework concession agreement in healthcare sector
	<p>Deadline within the stage</p>	<p>June 2022 – December 2022</p>	<p>January 2023 – December 2025</p>	<p>January 2026 – December 2028</p>
	<p>Risks related to the goal achievement</p>	<p>Lack of understanding of the necessity of private sector engagement as an independent healthcare system actor by the political circles, underfunding, active hostilities</p>	<p>Lack of understanding of the necessity of private sector engagement as an independent healthcare system actor by the political circles, limited funding, understaffing</p>	<p>Lack of understanding of the necessity of private sector engagement as an independent healthcare system actor by the political circles Limited funding</p>
	<p>Quality goal achievement indicator</p>	<p>The adopted law and the amended legislation provide for the creation of new conditions for the establishment of public-private partnership and private sector engagement as an</p>	<ul style="list-style-type: none"> • PPP legal framework is updated • Healthcare sector concession is implemented • Terms of the concession agreement are defined that are fair and mutually beneficial for investors 	<p>A new favourable climate for civil society engagement is created A new style of public-private partnership is introduced</p>

		independent actor within the healthcare system	and local authorities, including the responsibilities of the parties, the period of validity of the agreement and the guarantees of payment for the services provided by healthcare institutions on the basis of concession. <ul style="list-style-type: none"> The assessment of awareness of and satisfaction with healthcare services is performed on a quarterly basis, and its results are used as a source of data for policy adjustment 	A new public reporting mechanism that allows for providing quality feedback is introduced
	Goal to be achieved to solve the issue during each stage 7. Establishing professional self-governance system for healthcare workers		<ul style="list-style-type: none"> Adopt a law and related regulatory framework to regulate healthcare sector professional associations and therefore to: Adopt the Law on self-governance of health professions in Ukraine (comprehensive version) Extend the list of forms of healthcare services delivery, which are currently limited to labour relations and licensed individual entrepreneurs Provide for an opportunity to work on the basis of civil law contracts Ensure support of the functions defined for healthcare professional associations. Develop a regulatory framework for the involvement of professional healthcare associations into resolving urgent issues concerning the management of the sector in accordance with the current legislation Engage professional healthcare associations in the work of commissions, expert and working groups, as well as standing or temporary advisory and other subsidiary bodies of the MoH. 	Strengthen the mechanisms of professional associations' participation in the elaboration of the policies, development of the profession, quality improvement and performance of other healthcare system tasks
	Deadline within the stage	June 2022 – December 2022	January 2023 – December 2025	January 2026 – December 2032
	Risks related to the goal achievement		<ul style="list-style-type: none"> Lack of understanding of the necessity of introducing professional self-government by the political circles, underfunding, active hostilities 	Limited funding; understaffing; active hostilities

	Quality goal achievement indicator		<ul style="list-style-type: none"> ● The necessary legal framework is created. Professional self-governance system for healthcare workers is established. ● A new healthcare self-government model is created that enables economic and professional actors to self-regulate their activities in the healthcare sector, namely: <ul style="list-style-type: none"> ● Professional associations actively participate in the development of healthcare policy; ● The list of forms of healthcare services delivery is expanded; ● Healthcare professions are being developed; ● Quality control and other healthcare system tasks are ensured; ● The procedure for starting a private practice is simplified 	The legislation is amended
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[List of legal acts to Priority 1](#)

Goal to be achieved to solve the issue during each stage	Drafts of normative acts 2022	Drafts of normative act 2023 – 2025	Drafts of normative acts 2025 – 2032
<p>1. Restoring, developing and reforming the healthcare system based on approved evidence-based policies that take into account the needs of the population during martial law and in the post-war period</p>	<ul style="list-style-type: none"> ● Law on amendments to certain laws of Ukraine regarding improvement of health care provision ● Resolution on approval of the list of general, cluster and supercluster health care facilities; the list of types of health care provided in general, cluster and supercluster health care facilities; ● Regulatory act on improving the mechanism for collecting all medical and operational data generated during the provision of health care services; 	<ul style="list-style-type: none"> ● Regulatory act of the transformation of the interaction between the institutions of the National Academy of Medical Sciences of Ukraine and the Ministry of Health; ● Regulatory act on the approval of a new model of programming and funding of science and research in the health care system ● Resolution of the CMU on the approval and implementation of the National Health Care Strategy of Ukraine ● Resolution of the CMU on the creation and introduction of a state-wide platform for monitoring, evaluation and review of the National Health Care Strategy of Ukraine ● Resolution of the CMU on the functioning of regional departments of the monitoring, evaluation and review platform of the National Health Care Strategy ● Order of the Ministry of Health on approval of success indicators 	<ul style="list-style-type: none"> ● Regulatory act on revising the model of programming and financing of all components of the health care system
<p>2. Implementing universal governance approaches and tools that ensure professional autonomy, sustainability and capacity of national healthcare institutions</p>	<ul style="list-style-type: none"> ● Draft law on strengthening the potential of the Ministry of Health of Ukraine as the manager of the national health care system during wartime; evidence-based policy development and cross-sectoral collaboration. ● Order of the Ministry of Health on approval of the coordination mechanism of the Plan 	<ul style="list-style-type: none"> ● Regulatory act on approval of the model of interaction of the Ministry of Health of Ukraine with the expert community, non-governmental structures and the private sector for their participation in policy development in the health care system ● Regulatory act on approval and implementation of the plan of institutional development of the 	

	<p>for the recovery of the health care system of Ukraine from the consequences of the war for 2022 - 2032</p> <ul style="list-style-type: none"> ● Resolution of the CMU approving the procedure for the formation and operation of a capable hospital network and a network of primary health care providers and the responsibility of regional health care departments. 	<p>Ministry of Health of Ukraine</p> <ul style="list-style-type: none"> ● Regulatory act on revising the model of interaction of the NHSU with health care facilities for the implementation of the practice of payment rates' adjustment ● Regulatory act on reducing the share of payment of hospital expenses from global budgets and, accordingly, increasing the share of payment per case ● Regulatory act on updating and improving the methodology for calculating costs for the formation of tariffs for health care ● Regulatory act on ensuring the coordination and activity of departments on health care issues for effective interaction with the Ministry of Health and local self-government bodies in the implementation of state policy in the field of health care 	
<p>3. Having an effective system of intersectoral cooperation in place to ensure nation-wide approach to addressing healthcare issues</p>	<ul style="list-style-type: none"> ● Regulatory act on strengthening the mechanism of coordination between decision-making institutions in the field of healthcare and social care at all levels of government to ensure a harmonized and effective solution to public health problems during martial law ● Regulatory act on the establishment of a coordination council on the restoration of the health care system from among representatives of: the VRU; OPU; Ministry of Health; NHSU; scientific and educational state and 	<ul style="list-style-type: none"> ● Draft Law on Assisted Reproductive Technologies ● Regulatory act on ensuring an effective crosssectoral approach to solving health care issues in territories with different levels of health services' disruption 	<ul style="list-style-type: none"> ● Regulatory act on improving the current mechanism of intersectoral cooperation based on the "health in all policies" principle

	<p>private institutions; public sector; donor organizations; CMU (ministries)</p> <ul style="list-style-type: none"> ● Regulatory act on the creation of an intersectoral platform for the development and implementation of policies in the health care system that require intersectoral planning and solutions 		
<p>4. Establishing a system for effective management of healthcare facilities that ensures accountability to and oversight by the public</p>	<ul style="list-style-type: none"> ● Legal act on amendments to the regulatory framework regarding the functioning of the supervisory boards of health care facilities, in particular, regarding their composition, election and rotation procedures, functions and responsibilities ● Resolution of the CMU on improving the management mechanisms of hospital districts and the rules for forming an effective network of facilities ● Legal act on the national standards/guidelines, formation of an effective network of health care facilities taking into account the existing demographic and infrastructural needs of each region in health care ● Legal act on approval of the mechanism of coordination and cooperation between local authorities and local self-government in matters of planning, development and operation of the 	<ul style="list-style-type: none"> ● Resolution of the CMU on approval of licensing criteria and mechanisms, ● Resolution of the CMU on approval of the concept of accreditation of health care facilities ● Legal act on approval of updated equipment reports. ● Legal act on approval of the system of effective control over the activities of health care facilities. ● Legal act on approval of criteria for monitoring and control of health care facilities, including accreditation criteria, indicators of efficiency, quality, etc. ● Legal act on the introduction of requirements for the preparation and publication by municipal health care facilities of reporting in line with standards for the public sector ● Legal act on the approval of digital public reporting services to implement the possibility of public and patient control over the availability and quality of health services ● Legal act on the approval of the open register of Compassionate Medicines Provision Programs and monitoring of their implementation to ensure 	

	<p>network of health care facilities</p> <ul style="list-style-type: none"> Resolution of the CMU on the role and status of health care facilities in hospital districts to create a capable network of health care facilities 	<p>information in the field of health care, the public and control</p> <ul style="list-style-type: none"> Legal act on approving an application in the eHealth system to inform doctors in detail about clinical research planned or conducted in Ukraine, for the possibility of attracting patients to participate in relevant international clinical research of innovative medicines, medical devices, etc. 	
5. Harmonizing Ukrainian legislation with relevant EU <i>acquis</i>	<ul style="list-style-type: none"> Legal framework on approval of the list of acts of the Ministry of Health of Ukraine in order to fulfill the requirements of the Association Agreement with the EU on the harmonization of legislation in the field of health care: Article 21, Council Recommendation 2003/488/EU of 18 June 2003, Article 64, Annex V, Regulation (EU) No 1331/2008, Article 64, Annex V, Regulation (EU) No 1333/2008, Article 64, Annex V, Commission Regulation (EU) No 231/2012, Article 64, Annex V, Commission Regulation (EU) No 234/2011, Article 64, Annex V, Regulation (EU) No 1334/2008, Article 64, Annex V, Regulation (EU) No 2065/2003, Article 64, Annex V, Commission regulation (EU) No 872/2012, Article 64, Annex V, Commission 	<ul style="list-style-type: none"> Legal framework on updating the legislation of Ukraine in accordance with EU legislation Changes to the legislation, with the aim of harmonizing with EU regulations, namely: Article 21, Council Recommendation 2003/488/EU of 18 June 2003, Article 64, Annex V, Regulation (EU) No 1331/2008, Article 64, Annex V, Regulation (EU) No 1333/2008, Article 64, Annex V, Commission Regulation (EU) No 231/2012, Article 64, Annex V, Commission Regulation (EU) No 234/2011, Article 64, Annex V, Regulation (EU) No 1334/2008, Article 64, Annex V, Regulation (EU) No 2065/2003, Article 64, Annex V, Commission Regulation (EU) No 872/2012, Article 64, Annex V, Commission Regulation (EU) No 873/2012, Article 64, Annex V, Regulation (EU) No 1332/2008, Article 64, Annex V, Regulation (EU) No 396/2005, 	<ul style="list-style-type: none"> Legal framework on updating the legislation of Ukraine in accordance with EU legislation (review)

	<p>Regulation (EU) No 873/2012,</p> <ul style="list-style-type: none"> • Article 64, Annex V, Regulation (EU) No 1332/2008, • Article 64, Annex V, Regulation (EU) No 396/2005, • Article 64, Annex V, Commission Regulation (EU) No 2023/2006, • Article 64, Annex V, Council Directive 82/711/CEC, • Article 64, Annex V, Council Directive 85/572/CEC, • Article 64, Annex V, Commission Decision 2010/169/EU, • Article 64, Annex V, Council Directive 84/500/CEC, • Article 64, Annex V, Commission Directive 2007/42/EU, • Article 64, Annex V, Commission Regulation (EU) No 1895/2005, • Article 64, Annex V, Commission Regulation (EU) No 450/2009, • Article 64, Annex V, Commission Regulation (EU) No 10/2011, • Article 64, Annex V, Commission Directive 93/11/CEC, • Article 64, Annex V, Commission Regulation (EU) No 284/2011, • Article 64, Annex V, Regulation (EU) No 258/97, • Article 64, Annex V, Directive 1999/2/EU, • Article 64, Annex V, Directive 1999/3/EU, • Article 64, Annex V, Commission Regulation (EU) No 282/2008, 	<ul style="list-style-type: none"> • Article 64, Annex V, Commission Regulation (EU) No 2023/2006, • Article 64, Annex V, Council Directive 82/711/CEC, • Article 64, Annex V, Council Directive 85/572/CEC, • Article 64, Annex V, Commission Decision 2010/169/EU, • Article 64, Annex V, Council Directive 84/500/CEC, • Article 64, Annex V, Commission Directive 2007/42/EU, • Article 64, Annex V, Commission Regulation (EU) No 1895/2005, • Article 64, Annex V, Commission Regulation (EU) No 450/2009, • Article 64, Annex V, Commission Regulation (EU) No 10/2011, • Article 64, Annex V, Commission Directive 93/11/CEC, • Article 64, Annex V, Commission Regulation (EU) No 284/2011, • Article 64, Annex V, Regulation (EU) No 258/97, • Article 64, Annex V, Directive 1999/2/EU, • Article 64, Annex V, Directive 1999/3/EU, • Article 64, Annex V, Commission Regulation (EU) No 282/2008, • Article 64, Annex V Regulation (EU) No 396/2005, • Article 342, Annex XXVII, Council Directive 2013/59/Euratom, • Article 424, Annex XL, Council Directive 83/477/CEC; Council Directive 91/382/CEC; Directive 2003/18/EU, • Article 424, Annex XL, Directive 2004/37/EU, • Article 424, Annex XL, Directive 2000/54/EU, • Article 424, Annex XL, Council Directive 98/24/EU, 	
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	<p>Recommendation 2001/458/ EU; Council Recommendation 2007/C 164/01</p> <ul style="list-style-type: none"> • Article 368, Annex XXXII, Directive 2006/126/EU (updated Council Directive 91/439/CEC) • Directive 2001/83/EU of the European Parliament and Council • Delegated Commission Regulation (EU) 2016/161 • Regulation (EU) No 536/2014 • Implementing Commission Regulation (EU) No 2017/556 of 24 March 2017 • Implementing Commission Regulation (EU) No 2017/1569 of 23 May 2017 • Regulation (EU) No 726/2004 • Commission Directive No 2005/28/EU of 8 April 2005 • Regulation (EU) No 1901/2006 • Regulation (EU) 2017/745 of the European Parliament and Council <p>Regulation (EU) 2017/746 of the European Parliament and Council</p>	<ul style="list-style-type: none"> • Commission Directive No 2005/28/EU of 8 April 2005 • Regulation (EU) No 1901/2006 • Regulation (EU) 2017/745 of the European Parliament and Council • Regulation (EU) 2017/746 of the European Parliament and Council 	
<p>6. Improving healthcare system accountability and outcomes as a result of awareness and cooperation of the whole society</p>	<ul style="list-style-type: none"> • Legal act on the involvement of civil society in the development of legislation and monitoring of its implementation • Legal act to implement an effective model of public-private partnership in the health care system 	<ul style="list-style-type: none"> • Legal act on the implementation of public-private partnership in the health care system in certain directions • Legal act on simplifying the procedure for opening private practices by doctors • Legal act on the introduction of mechanisms for public reporting of national bodies (MoH, NHSU, Public Health Centers, etc.) to the 	

	<ul style="list-style-type: none"> ● Draft Law on Amendments to the Law of Ukraine "On Concession" regarding the features of the concession in the field of health care 	<p>government and the population regarding the implementation of policies and the use of allocated funds</p> <ul style="list-style-type: none"> ● Legal act on the inclusion of the issue of the formation of state policy in the field of the development of the private sector of health care, as a full participant of the unified health space ● Legal act on the approval of the framework universal agreement on the concession in the field of health care 	
<p>7. Establishing professional self-governance system for healthcare workers</p>		<ul style="list-style-type: none"> ● ● Law on professional self-governance of in the field of health care in Ukraine (integrated version) ● Legal act on expanding the forms of providing health services, which are currently limited to labor relations and individual entrepreneur with a license. ● Legal act on the involvement of professional healthcare associations in solving urgent issues of the sphere management in accordance with the requirements of current legislation 	

Priority 2. Ensuring the financial stability of the healthcare system

Impact of the war on the defined analysis area:	
Key challenges	<ul style="list-style-type: none"> ● Insufficient funding for healthcare to meet the needs of various groups of the population in health services, including additional needs arising from the war and hostilities ● Inefficient allocation of financial resources in healthcare, that may lead to underfunding or overfunding of certain services ● Programme of medical guarantees does not fully reflect the priority service packages that are of urgent importance during the war and in the post-war period (rehabilitation, mental health, etc.) ● Government programs do not take into account the losses of the healthcare system, the damages, the necessary changes in health care priorities (list of health services and conditions) ● Damage or destruction of health infrastructure, as well as loss of human resources, which restricts or prevents access to health care in areas that are or have been occupied, and areas affected by hostilities ● Limited funding for health care from non-governmental sources ● Inefficient funding mechanism for health and social services, which may lead to double funding or lack of funding for some services ● Inflexible payment systems under government programs, which may affect the quality and scope of health care provided in case of unforeseen events (military actions, natural disasters, humanitarian catastrophes, etc.)
Key possibilities	<ul style="list-style-type: none"> ● Implementation of international best practices in the health financing ● Introduction of flexible payment methods within the Programme of Medical Guarantees and procurement methods that will be based on the needs of the population in health care ● Rebuilding the health care infrastructure taking into account the approaches of hospital planning ● Significant reduction in the practice of informal payments for state-guaranteed health services under PMG ● Involvement of international experts in the health care recovery ● Improving coordination between stakeholders in health financing ● Creating an environment to involve the private sector in financing and providing health services ● Increase funding for the health care sector through non-governmental sources
Key limitations	<ul style="list-style-type: none"> ● Economic and social crisis caused by the full-scale war of the Russian Federation against Ukraine ● Unpredictable timing of the end of the war and the uncertain war impact on each region of the country ● Lack of additional state financial resources to cover additional health care needs ● Potentially insufficient institutional capacity of executive bodies to implement innovative solutions in the healthcare financing ● Lack of reliable and up-to-date data, as well as dynamic indicators that are constantly changing due to the impact of hostilities and the movement of population and human resources in the health care ● Uncertain and growing needs for health infrastructure reconstruction ● The need to restore health care in accordance with the modern standards and approaches

2. Goals, tasks, stages of the Recovery Plan within the priority "Ensuring the financial stability of the health care system"

2.1. Goals aimed at resolving identified problems:

	Stage 1: June 2022 – end of 2022	Stage 2: January 2023 – December 2025	Stage 3: January 2026 – December 2032

1. Identified problem to be resolved in the relevant analysis area

Preserving, protecting and promoting the health and well-being of citizens remain key priorities of the Ukrainian Government. In order to transform the health care system, the Government has been implementing health care reform since 2017, including the health financing. Starting from 2019, different types of health care and different types of health care providers (communal and private) were gradually included in the PMG.

However, the amount of funding for PMG remains quite low (does not correspond to the 5% of GDP declared by law), and national healthcare facilities have not been included in PMG, funding flows for health and social care have not been coordinated, and so on. In addition, there have been cases where the providers adjusted the scope of health services included in PMG, at their own discretion, forcing patients to pay in part for the care provided out of pocket. This somewhat hindered the implementation of the principle of reform "money follows the patient".

Due to the full-scale invasion of the Russian Federation, the health care system is undergoing significant changes that consist in damage or destruction of healthcare infrastructure, which limits or even prevents access to health care in the territories that are or have been occupied, and areas affected by hostilities. The losses from the war to the healthcare system are increasing every day, so it is important to respond quickly to the challenges that exist today and to ensure that measures are taken to help the healthcare system recover as soon as possible after the war. The war showed insufficient funding for healthcare, especially to cover additional healthcare needs; insufficient backup of material and technical resources. The filling of the healthcare budget and the expansion of the list of sources of filling is especially relevant given the martial law in the country and the conduct of hostilities.

Addressing the above mentioned issues of health financing needs to consolidate the efforts of society and public authorities at the national, regional and local levels, as well as the support of the international community.

<p>Goal to be achieved to solve the issue during each stage</p> <p>1. Ensuring financial protection to people when receiving state-guaranteed quality and affordable healthcare services; significantly decreasing the level of out-of-pocket payments and, thus, preventing limitation of demand and access to services and catastrophic costs in the event of illness</p>	<ul style="list-style-type: none"> ● Continue the implementation of healthcare reform and ensure public access to the healthcare ● Prepare proposals for the necessary amount of additional financial resources to cover additional health care needs from all possible sources ● Introduce flexible methods of health financing ● Gradually rebuild the healthcare infrastructure based on an assessment of the needs of the population and the network of facilities in each oblast 	<ul style="list-style-type: none"> ● Increase public spending on health care: <ul style="list-style-type: none"> - Ensure funding for PMG in the amount of not less than 5% of GDP of Ukraine - Update PMG annually - Gradually include state, sectoral healthcare facilities and institutions of the National Academy of Medical Sciences of Ukraine (NAMS) in PMG - Develop and implement the mechanisms to attract non-state funds to finance healthcare - Gradually include the cost of medicines, medical devices, including rehabilitation aids and consumables in the tariffs for health services 	<ul style="list-style-type: none"> ● Increase public spending on health care to the level of average European indicators ● Ensure financing of all healthcare facilities (except healthcare facilities of the Armed Forces of Ukraine) at the expense of PMG ● Implement a mechanism for attracting non-state funds to finance healthcare, taking into account priority services and conditions ● Create a state reserve fund to cover healthcare expenses that arise as a result of unforeseen events (war, natural disasters, humanitarian disaster, etc.) ● Ensure the integration of financial flows between health and social services ● Develop the mechanisms for
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		<ul style="list-style-type: none"> ● Spend public resources in an effective way: <ul style="list-style-type: none"> - Conduct research on the level of informal payments for priority types of health care - Strengthen monitoring and improve the system of penalizing health care providers for informal patient payments - Introduce control over financial and budgetary discipline in the healthcare facilities ● Take measures on the implementation of a clearer and more transparent process for the development, expansion and approval of PMG: <ul style="list-style-type: none"> - Change the PMG development procedure (review of PMG, calculation of tariffs, financing mechanisms, public discussion, etc.) - Involve healthcare facilities in the PMG development ● Extend the list of services that are paid for by the NHSU based on healthcare services actually provided ● Improve the payment methods in the framework of the PMG: <ul style="list-style-type: none"> - Develop and implement effective payment methods for health services for internally displaced persons - Develop and implement effective methods of payment for health services, 	<p>financing long-term care services based on the developed model of providing such services with the involvement of the private sector</p> <ul style="list-style-type: none"> ● Expand the role of VHI
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		<p>including the performance-based payments' indicators</p> <ul style="list-style-type: none"> - Include the utility costs and other elements to the PMG tariffs - Improve the payment methods in the framework of the PMG, using a mixed system concerning health service readiness despite of the quantity of patients, including burns, polytrauma and disaster medicine ● Implement multi-year contracts between the NHSU and the healthcare facilities according to their role in the capable network ● Provide additional revenues to the health care system through the introduction of taxation of sugar-sweetened beverages. ● Develop the market for voluntary health insurance (VHI), including complementary: <ul style="list-style-type: none"> - Ensure access of insurers to medical data of insured persons and persons who intend to enter into a VHI agreement, with their consent - Introduce credit benefits for the companies in order to stimulate VHI - Develop and adopt a Law on the development of the VHI ● Update the approval procedures and the 	
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		<p>list of paid services provided by healthcare facilities outside the PMG</p> <ul style="list-style-type: none"> ● Rebuild infrastructure and provide access to health services for lower-income households: ● Assess the cost of capital investment to reconstruct the damaged (lost) healthcare infrastructure based on a simulated network 	
Deadline within the stage	June 2022 – end of 2022	January 2023 – December 2025	January 2026 – December 2032
Risks related to the goal achievement	<ul style="list-style-type: none"> ● continuation of the war on the territory of Ukraine ● lack of state budget resources to meet the needs of the population ● Lack of understanding in the political environment of the need to increase funding for health care and relevant decision-making initiatives ● low capacity of executive bodies (central and local) ● lack of reliable data sources for economically sound calculations ● the emergence of unpredictable factors that will significantly affect the simulation results ● lack of consent among stakeholders 	<ul style="list-style-type: none"> ● continuation of the war on the territory of Ukraine ● lack of state budget resources to meet the needs of the population ● Lack of understanding in the political environment of the need to involve the private sector as a full participant in the health care system and relevant decision-making initiatives ● lack of reliable data sources for economically sound calculations ● the emergence of unpredictable factors that will significantly affect the simulation results ● lack of consent among stakeholders 	<ul style="list-style-type: none"> ● continuation of the war on the territory of Ukraine ● lack of state budget resources to meet the needs of the population ● Lack of understanding in the political environment of the need to involve the private sector as a full participant in the health care system and relevant decision-making initiatives ● lack of reliable data sources for economically sound calculations ● the emergence of unpredictable factors that will significantly affect the simulation results ● lack of consent among stakeholders ● low desire of the population to participate in the VHI
Quality goal achievement indicator	<ul style="list-style-type: none"> ● the network of healthcare facilities has been partially recovered 	<ul style="list-style-type: none"> ● the annual amount of PMG financing is at least 5% of GDP 	<ul style="list-style-type: none"> ● the annual amount of PMG financing is at least 5% of GDP

	<ul style="list-style-type: none"> • financing of facilities is based on the results of their activity • PMG packages have been updated in terms of rehabilitation services (including provision of prosthetic devices), mental health services, treatment of injuries, etc. 	<ul style="list-style-type: none"> • the network of healthcare facilities has been partially recovered • various resources have been consolidated to finance the health care system • tariffs for PMG are economically justified • the financing mechanism within the PMG, which includes performance indicators has been implemented • PMG has been updated in accordance with the needs of the population and state priorities • the level of informal payments for priority types of health care has been reduced • new approaches for VHI have been introduced 	<ul style="list-style-type: none"> • various resources have been consolidated to finance the health care system • PMG has been updated in accordance with the needs of the population and state priorities • tariffs for PMG are economically justified • the financing mechanism within the PMG, which includes performance indicators has been implemented • the procedure for introducing paid services has been updated • the level of informal payments for priority types of health care has been reduced • the level of informal payments for priority types of health care has been significantly reduced
<p>The total amount of the need for financial resources to achieve the goal</p>	<ul style="list-style-type: none"> • PMG 2022: UAH 157.3 billion (approved by the Law of Ukraine "On the State Budget of Ukraine for 2022") 	<ul style="list-style-type: none"> • 2023: UAH 240 billion • 2024: UAH 276 billion • 2025 poky at least 6.5% of GDP 	<p>From 2026, at least 7% of GDP will be allocated to the healthcare system</p>

List of legal acts to Priority 2

<p>1. Ensuring financial protection to people when receiving state-guaranteed quality and affordable healthcare services; significantly decreasing the level of out-of-pocket payments and, thus, preventing limitation of demand and access to services and catastrophic costs in the event of illness</p>	<ul style="list-style-type: none"> ● Legal act on the introduction of flexible methods of financing in the field of health care 	<ul style="list-style-type: none"> ● Law on the State Budget for the relevant year ● Resolution of the CMU on approving the PMG for the corresponding year ● Legal act on the gradual inclusion of state, sectoral health care facilities and institutions of the National Academy of Medical Sciences of Ukraine (NAMS) into the PMG ● Legal act on the implementation of mechanisms for attracting non-state funds to finance the health care sector ● Legal act on the gradual inclusion in the tariffs for health services of the cost of medicines, medical products, including rehabilitation aids and consumables ● Legal act on the expansion of the list of services paid by the NHSU with reference to the actually provided health services ● Amendments to the resolutions of the CMU on the implementation of effective methods of payment for health services for internally displaced persons - ● Resolution of the CMU on the introduction of effective methods of payment for health services, including payment-for-result indicators ● Resolution of the CMU on including the cost of utility services and other elements in PMG tariffs ● Resolution of the CMU on improving payment methods within the PMG, using a mixed system of payment for the readiness to provide health care, not tied to the number of patients, including for burn 	<ul style="list-style-type: none"> ● Law on the State Budget for the relevant year (increasing state spending on health care to the level of average European indicators) ● Law on ensuring financing of all health care facilities (except health care facilities of the Armed Forces of Ukraine) at the expense of PMG ● Legal act on the implementation of the mechanism for attracting non-state funds to finance the health care sector, taking into account priority services and conditions ● Legal act on the creation of a state reserve fund to cover expenses in the sphere of health care that arise as a result of unforeseen events (war, natural disasters, humanitarian catastrophe, etc.) ● Legal act on the integration of financial flows between health care and social services ● Legal act on financing mechanisms for long-term care services based on the developed model of providing such services, taking into account the involvement of the private sector
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		<p>service, polytrauma and disaster medicine</p> <ul style="list-style-type: none"> ● Resolution of the CMU on the implementation of multi-year contracts between NHSU and HCF in accordance with the role of HCF in a capable network ● Law on amendments to the legislation on the introduction of additional revenues into the health care system through the introduction of taxation of sugar-sweetened beverages ● Legal act on insurers' access to medical data of insured persons and persons intending to enter into an insurance contract, with their consent ● Legal act on the introduction of credit benefits for companies with the aim of stimulating VHI ● The Law on the Development of VHI ● Resolution of the CMU on updating the procedure for approval and the list of paid health care services outside the PMG 	
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Priority 3. Restoration and transformation of the healthcare facility network

1. Key issues to be solved within the framework of the Recovery Plan

Impact of the war on the defined analysis area:	
Key challenges	<ul style="list-style-type: none"> • The network of healthcare facilities, especially the hospital sector, does not meet the needs of the population and the epidemiological situation in the country • Excessive and outdated health care infrastructure, which did not have time to reform in the pre-war period, requires significant resources for its maintenance • Despite the high expenses on the healthcare infrastructure, the quality of services remains at a low level and requires additional patient costs • The damage during the war to the infrastructure of healthcare facilities and the migration of specialists led to an increase in disparities in the provision of health care both in the regional dimension and in terms of types of health care • Migration processes caused by the war require an assessment of the health needs of the population, the development of flexible mechanisms for the provision of services and a review of the network of healthcare facilities that existed before the war • Territorial communities, as the owners of health care facilities, do not have sufficient information about the range of health services needed by the population, as well as the necessary resources for infrastructure restoration. Decisions of individual owners, isolated from the other territorial communities, on the restoration of health care facilities may lead to fragmentation of the system of healthcare services delivery and the creation of excess capacity • The reform of primary health care, which has achieved significant shifts and changes since 2017, requires the continued expansion of the integrated service delivery model and the introduction of flexible financing models
Key possibilities	<ul style="list-style-type: none"> • Centralization of management and planning of the health care network at the national and oblast levels • Involvement of international expertise in the reconstruction/construction and transformation of a qualitatively new network of health care facilities • Use of hospital planning experience across all areas • Drafts of legislative and regulatory acts regarding hospital planning have been developed • Potential increase in funding for capital expenditures from international sources
Key limitations	<ul style="list-style-type: none"> • The economic and social crisis caused by the full-scale war of the Russian Federation against Ukraine • Unpredictable timing of the end of the war • Lack of experience in the design and construction of health care facilities taking into account modern approaches and technologies • Lack of healthcare professionals, including healthcare workers and rehabilitation specialists to restore the health care network • Opposition to the transformation of networks of health care facilities • Opposition of some PHC specialists to expanding of their functions • Lack of opportunities and/or reluctance of primary care physicians to take on new responsibilities

2. Goals, tasks, stages of the Recovery Plan within the priority "Restoration and transformation of the healthcare facility network "

2.1. Goals aimed at resolving identified problems:

	Stage 1: June 2022 – end of 2022	Stage 2: January 2023 – December 2025	Stage 3: January 2026 – December 2032:
2. Identified problem to be resolved in the relevant analysis area			

Ukraine suffered significant destruction of the health care infrastructure during the military aggression. However, in addition to the changes caused by the war, the health care system of Ukraine suffers from unsolved problems that existed before the war and continue to have a negative impact on the situation.

Despite the rapid changes and the introduction of new approaches in funding of primary and specialized health care in previous years, the network of health care facilities in Ukraine remains unreformed.

Ukraine has excess capacity in the hospital sector with almost twice as many hospitals compared to countries in the WHO European Region.

Ukraine has excessive capacities in hospital sector with the number of hospitals almost twice higher compared to that in the countries of the WHO European Region. Many of the hospitals are outdated, do not use modern technologies to a sufficient extent and have low capacity for providing intensive care in emergency situations such as stroke, myocardial infarction or severe injuries. While the multidisciplinary nature of hospitals can ensure a comprehensive set of services, higher quality and safety for patients, a significant share of the total number of hospitals are narrowly specialized hospitals (psychiatric/dependency, tuberculosis, infectious diseases and recreational facilities). There are almost no such hospitals in countries with more developed economies, since the best practice is their integration into multidisciplinary hospitals. Furthermore, many services offered by Ukrainian hospitals can be provided in primary healthcare settings, outpatient specialised healthcare settings in one-day facilities, or outside the healthcare system.

The processes of administrative and territorial reform and decentralization of healthcare facilities management feature some gaps in ensuring the capacity of territorial communities to manage the healthcare system at the local level. Upon obtaining greater authority, territorial communities represented by their leaders proved to be unprepared to manage the healthcare sector. This often leads to erroneous decisions concerning the development of healthcare facilities without regard to the needs and size of the population, healthcare safety, procurement of inappropriate equipment, construction works or establishment of new healthcare facilities. There is also a need for close cooperation between the territorial communities to support the healthcare facilities that provide services to their populations, which is currently a significant problem in practice. At the same time, there are large territorial communities with several or even dozens of healthcare facilities that are trying to develop them without interacting with other communities and healthcare management at the oblast level.

<p>Goal to be achieved to solve the issue during each stage</p> <p>1. Improving people's health through the implementation of an effective integrated model that ensures balanced, evidence-based and continuous provision of safe and quality services.</p>	<ul style="list-style-type: none"> ● Provide continuous health and rehabilitation care in wartime conditions - Ensure the integration of some services currently provided through humanitarian assistance (short-term support for urgent needs) into expanded PHC services - Create mechanisms for the additional deployment of healthcare staff members (surge capacity) - mobile points (brigades) for the provision of PHC, taking into account the needs of the population for such assistance in war conditions, to implement their 	<ul style="list-style-type: none"> ● Increase the capacity of primary healthcare to address most of the patients' health issues, with special attention to the sphere of prevention of NCDs and support of patients with mental disorders and chronic diseases. - Expand the range of PHC services - Develop an expanded list of functions and the scope of activities of PHC nurses and implement them to the requirements of the contract with the National Health Service of Ukraine - Implement new approaches to the consultative process 	<ul style="list-style-type: none"> ● Strengthen PHC as one of the main components of the health care system ● Analyse the activity of PHC providers based on electronic medical records in a regular way ● Implement an expanded list of functions and the scope of activities of nurses at the PHC level to the requirements of the contract with the National Health Service of Ukraine - Provide a constant analysis of the interaction of PHC with the other levels of health care and developing appropriate solutions
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	<p>organizational support and staffing</p> <ul style="list-style-type: none"> ● Identify additional needs of the population connected with the war ● Initiate health services according to the identified additional needs ● Bring the network of healthcare providers in line with people's needs and resources available <p>- Develop national guidelines for the restoration of health care infrastructure at the regional level (including the use of eco-materials, renewable energy sources, implementation of energy efficiency, etc.)</p> <p>- Adopt comprehensive plans for the recovery and transformation of regional health care networks (including PHC facilities, emergency services and hospitals), starting with war-affected areas.</p> <ul style="list-style-type: none"> ● Develop the provision on vulnerable population groups (including IDPs) in the context of receiving health and rehabilitation care. 	<p>at the PHC level, including strengthening mental health services</p> <ul style="list-style-type: none"> - Develop and implement a model of work of multidisciplinary teams at the PHC level. ● Prioritise prevention and early diagnosis services - Implement effective disease prevention programmes for the most common chronic diseases and healthy lifestyle programmes at the primary healthcare level - Develop national screening programs on the principles of evidence-based medicine - Provide funding for national prevention programs ● Bring the network of healthcare providers in line with people's needs and resources available: <ul style="list-style-type: none"> - Implement comprehensive plans for the recovery and transformation of regional health care networks (including PHC facilities, emergency services, and hospitals), starting with war-affected areas - Synchronise the transformation of hospital network with the optimization of PMG packages - Develop and start the implementation 	<p>for integrated and complex services</p> <ul style="list-style-type: none"> - Ensure integration of PHC, public health and social support services - Ensure constant improvement of the skills of PHC workers in determining the needs of patients in relation to their health and identifying risk factors for diseases - Ensure effective implementation of comprehensive prevention programs, as well as healthy lifestyle programs at the PHC level - Implement national screening programs for different age groups on the principles of evidence-based medicine - Provide funding for the national prevention programs ● Bring the network of healthcare providers in line with people's needs and resources available: <ul style="list-style-type: none"> - Complete the implementation of comprehensive plans for the recovery and transformation of regional health care networks (including PHC facilities, emergency services, and hospitals), for all oblasts - Implement the National Plan for the Transformation of the Hospital Network, including the development of university hospitals and national
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		<p>of the National Plan for the Transformation of the Hospital Network</p> <ul style="list-style-type: none"> - Develop the concepts of university hospitals and national specialized centres for high-tech assistance (cardiac surgery, neurosurgery, transplantation, polytrauma, burn treatment) within the national network of healthcare facilities - Develop the sequence of actions for health care facilities to create the supply chains, logistics and procurement of medicines and medical products, including rehabilitation aids - Develop algorithms for health care facilities regarding the creation and operation of hospital laboratories - Begin the process of transformation of the outdated, fragmented and inefficient system of health care laboratories, <ul style="list-style-type: none"> • Create a single healthcare space where unified rules apply. - Analyze, develop and implement solutions to eliminate barriers and discriminatory norms in the activities 	<p>specialized centres for high-tech assistance (cardiac surgery, neurosurgery, transplantation, polytrauma, burn treatment)</p> <ul style="list-style-type: none"> • Expand a single healthcare space - Provide barrier-free transfer of health records between different countries in the amount necessary for the provision of health and rehabilitation care to patients and for making management decisions • Ensure sustainability of long-term care and treatment services with annual analysis and publication of results • Ensure people's access to quality and safe health services: <ul style="list-style-type: none"> - Ensure compliance with the requirements for the minimum set of information that the health care facility is obliged to publish on its website and information on the territory of the health care facility - Provide stable and effective information to people about the availability of health services at the national, regional and local levels with an annual assessment of its effectiveness - Ensure regular collection of research results regarding the availability of health and rehabilitation care, including
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		<p>of various health care providers</p> <ul style="list-style-type: none"> ● Provide the development of long-term care and treatment services (long-term care) ● Ensure people's access to quality and safe health services: <ul style="list-style-type: none"> - Develop and implement requirements for health care facilities to identify and eliminate barriers to providing health and rehabilitation care - Standardize the requirements for the minimum set of information that the health care facility must publish on its website and information on the health care facility's territory - Provide a system of informing people of the availability of health services at the national, regional and local levels with an annual assessment of its effectiveness - Develop a user guide for the Ukrainian health care system with sequence of actions in various situations ● Apply inclusive approach when developing healthcare services, including electronic services ● Implement the national classifier 030:2022 Classifier of functioning, vital activities limitations and health 	<p>financial barriers and their publication on the website of the Ministry of Health of Ukraine</p> <ul style="list-style-type: none"> ● Ensure compliance with the requirements for health care facilities regarding inclusive approaches in the provision of health and rehabilitation care through appropriate standards and contracting of NHSU
Deadline within the stage	June 2022 – end of 2022	January 2023 – December 2025	January 2026 – December 2032

Risks related to the goal achievement	<ul style="list-style-type: none"> ● Continuation of the war on the territory of Ukraine ● Lack of state budget resources ● Absence of reliable sources of data and methodology for estimating the forecast amount number of population in terms of territorial communities ● Lack of consent among stakeholders 	<ul style="list-style-type: none"> ● Continuation of the war on the territory of Ukraine ● Lack of state budget resources ● Influence of corruption factors ● lack of understanding in the political environment of the need to solve problems in this way and the corresponding initiatives for decision-making ● Low capacity of executive bodies ● Lack of consent among stakeholders ● Different approaches to the planning and transformation of the network of health care facilities 	<ul style="list-style-type: none"> ● Lack of state budget resources ● Influence of corruption factors ● lack of understanding in the political environment of the need to solve problems in this way and the corresponding initiatives for decision-making ● Low capacity of executive bodies ● Lack of consent among stakeholders
Quality goal achievement indicator	<ul style="list-style-type: none"> ● Provision of continuous health and rehabilitation care in war conditions was ensured ● Additional needs of the population in connection with the war were identified and the provision of services to meet them was started ● An assessment of the damaged infrastructure in the liberated territories was carried out ● A rapid assessment of the availability of health services was carried out, with priority given to the affected areas ● Provision has been developed on vulnerable population groups (including IDPs) in the context of 	<ul style="list-style-type: none"> ● Provision of continuous health and rehabilitation care in the post-war period was ensured ● Comprehensive plans for the recovery and transformation of regional health care networks (including PHC facilities, emergency services, and hospitals) for all regions have been implemented ● The role of PHC as one of the main components of the health care system has been strengthened ● Comprehensive prevention programs for the most common chronic diseases, as well as healthy lifestyle programs have been implemented at the PHC level. 	<ul style="list-style-type: none"> ● A constant analysis of the interaction of PHC with the other levels of health care was introduced to support decisions regarding integrated and complex services in health care ● Integration of PHC, public health and social support services was ensured ● At the PHC level, there are comprehensive prevention programs for the most common chronic diseases, as well as healthy lifestyle programs, which are implemented in cooperation with public health institutions and the provision of social services. ● National screening programs for different age groups on

	<p>receiving health and rehabilitation care</p> <ul style="list-style-type: none"> National guidelines on the restoration of health care infrastructure at the regional level have been developed 	<ul style="list-style-type: none"> National screening programs for different age categories on the principles of evidence-based medicine were developed and implemented Long-term care services have been introduced Requirements for health care facilities regarding inclusive approaches in the provision of health and rehabilitation care through appropriate standards and contracting of NSHU have been introduced The international ICF classification was introduced Integration and regionalization of health services was ensured at the regional level A single healthcare space has been created Barrier-free transfer of health records between different healthcare providers in the amount necessary for the provision of health and rehabilitation care to patients and for making management decisions was ensured 	<p>the principles of evidence-based medicine are financed from the state budget</p> <ul style="list-style-type: none"> The development of hospital networks is based on three-year plans Synchronization of the transformation of the hospital network with the optimization of PMG packages has been ensured The stability of the data collection system for long-term care services for annual analysis and publication of results is ensured Fulfilment of requirements for health care facilities regarding inclusive approaches in the provision of health and rehabilitation care through appropriate standards and contracting of NHSU was ensured A single healthcare space with European countries has been created Barrier-free transfer of health records between healthcare providers of different countries is ensured in the necessary amount for the provision of health and rehabilitation care
<p>Connection with the other directions</p>		<p>Priority 2 Financing</p> <ul style="list-style-type: none"> - on the reconstruction of the infrastructure - on the transformation of the health care network - on equipment -for the PMG national prevention programs: 	

		<ul style="list-style-type: none">- expansion of PHC services- the optimization of PHC packages is synchronized with the transformation of the health care network	
The total amount of the need for financial resources to achieve the goal	UAH 500 million	UAH 122,4 billion	UAH 260 billion

List of legal acts to Priority 3

<p>1. Improving people’s health through the implementation of an effective integrated model that ensures balanced, evidence-based and continuous provision of safe and quality services.</p>	<ul style="list-style-type: none"> ● Resolution of the CMU on the integration of some services currently provided through humanitarian aid (short-term support for urgent needs) into extended PHC services ● Legal act on the creation of a mechanism for the additional deployment of healthcare staff members (surge capacity) - mobile points (brigades) for the provision of PHC, taking into account the needs of the population for such care in wartime conditions ● Legal act on the initiation of health services in accordance with the identified additional needs ● Legal act on bringing the network of healthcare service providers into line with people's needs and available resources ● Legal act on national recommendations for the restoration of health care infrastructure at the regional level (including the use of eco-materials, renewable energy sources, implementation of energy efficiency, etc.) ● Legal act on the approval of comprehensive plans for the recovery and transformation of regional health care networks (including PHC facilities, emergency services, and hospitals), starting from the regions affected by the war ● Legal act on approval of provisions on vulnerable population groups (including IDPs) in the context of receiving health and rehabilitation care 	<ul style="list-style-type: none"> ● Legal act on expanding the range of PHC services ● Legal act on approval of the expanded list of functions and the scope of activities of PHC nurses and their implementation to the requirements of the contract with the NHSU ● Legal act on the implementation of new approaches to the consultative process at the PHC level, including the strengthening of mental health services ● Legal act on the implementation of the work model of multidisciplinary teams at the PHC level ● Legal act on implementation at the PHC level of the most common comprehensive preventive programs ● Legal act on the implementation at the PHC level of comprehensive preventive programs for the most common chronic diseases and programs for the healthy lifestyle ● Order of the Ministry of Health of Ukraine on the approval of national screening programs on the principles of evidence-based medicine ● Legal act on the synchronization of the transformed hospital network with the optimization of PMG packages ● Legal act on the approval and implementation of the National Plan for the Transformation of the Hospital Network ● Legal act on approval of algorithms for health care facilities regarding the creation of supply chains, logistics and procurement of medicines and medical 	
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		<p>products, including rehabilitation aids</p> <ul style="list-style-type: none">• Legal act on approval of algorithms for health care facilities regarding the creation and operation of hospital laboratories• Legal act on the development of long-term care and treatment services (long-term care)• Legal act on the approval and implementation of requirements for health care facilities regarding the identification and elimination of barriers in the provision of health and rehabilitation care• Legal act on approving the requirements for the minimum set of information that the HCF must publish on its website and information on the territory of the health care facility• Legal act on the creation of a network of boarding houses for the elderly (25 boarding houses) – repurposing hospitals that have no prospects for effective use	
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Priority 4. Health services development to meet the needs of people (including IDPs, war veterans) caused by the war

2. Key issues to be solved within the framework of the Recovery Plan

Impact of the war on the defined analysis area:	
Key challenges	<ul style="list-style-type: none"> ● The war led to significant changes in the provision of health services, their fragmentation and partial inaccessibility for patients ● Among the most common experiences that affect health are: change of residence, separation from loved ones and anxiety for their well-being, loss of a source of income and limited access to basic services ● Modern warfare causes significant civilian casualties, so the public health consequences are as important as those caused by traumatic injuries. ● The system of health services, which did not have time to reform in the pre-war period, has significant disproportions due to a shortage of some services and an excess of the others ● The structure of health services does not correspond to the epidemiological situation and the needs of the population ● A significant part of health services uses outdated technologies and does not comply with the principles of evidence-based medicine ● The results of the migration of the population and health care professionals require a review of the availability of resources and the localization of providers ● The rehabilitation system has a significant lack of organizational and human resources capacity ● Certain types of health services require additional resources in the war and post-war periods
Key possibilities	<ul style="list-style-type: none"> ● Centralization of management and planning of the health care network at the national and regional levels ● Involvement of international expertise in the creation of new types of health services ● The possibility of international assistance for the transfer of knowledge and skills to Ukrainian healthcare workers and rehabilitation professionals ● Opportunity for Ukrainian professionals to study in clinical conditions of other countries ● Potential increase in funding for recovery from international sources
Key limitation	<ul style="list-style-type: none"> ● The economic and social crisis caused by the full-scale war of the Russian Federation against Ukraine ● Unpredictable timing of the end of the war ● Lack of carriers of clinical skills and conditions for training a significant number of healthcare workers and rehabilitation professionals ● The need to continue the development of most rehabilitation professions under martial law ● Lack of qualified staff to restore/create health services in certain areas

- **Goals, tasks, stages of the Recovery Plan within the direction «Health services development to meet the needs of people (including IDPs, war veterans) caused by the war»**

2.1. Goals aimed at resolving identified problems:

	Stage 1: June 2022 – end of 2022	Stage 2: January 2023 – December 2025	Stage 3: January 2026 – December 2032
<p>1. Identified problem to be resolved in the relevant analysis area</p> <p>Ukraine suffered significant destruction of the health care infrastructure during the military aggression. However, in addition to the changes caused by the war, the health care delivery system suffers from unsolved problems that existed before the war and continue to have a negative impact on the situation. Particular attention should be paid to healthcare services that were not being historically developed in Ukraine or did not comply with modern approaches to their provision. Protection of mental health in the conditions of</p>			

war and post-war times requires extraordinary decisions and large-scale measures in a very short time. The same applies to rehabilitation services. There is absolutely no reserve of time for the development of such types of health care as traumatology, intensive care, reconstructive surgery, treatment of burns and others related to the mass trauma of people during the war, and the development of specialized rehabilitation for spinal traumas, amputations, burns, etc. These services are needed now.

<p>Goal to be achieved to solve the issue during each stage</p> <p>1. Ensuring the development of rehabilitation care and its integration into all levels of health and rehabilitation care</p>	<ul style="list-style-type: none"> ● Develop a multi-level integrated model of rehabilitation care provision and its financial support ● Develop a concept and create specialized rehabilitation departments / facilities for patients with complex needs ● Develop, within the framework of the PMG, additional packages of rehabilitation services to ensure the provision of assistance for health conditions that arise during the war ● Synchronize the development of the network of rehabilitation care providers with the system of hospital districts - Conduct an audit of the needs of IDPs and servicemen in rehabilitation care, taking into account the demographic and infrastructural changes that have occurred/may occur due to active hostilities. ● Ensure the functioning of multidisciplinary rehabilitation teams in each health care facility that provides inpatient rehabilitation care 	<ul style="list-style-type: none"> ● Implement a multi-level integrated model of providing rehabilitation care and its financial support (rehabilitation aids for patients; PHC packages; standards) ● Create specialized rehabilitation departments for patients with complex needs; implement a system of analysis and reporting of their activities - Revise the legislation on sanatorium-resort treatment and unsubstantiated rehabilitation from Ukrainian legislation and budget programs, replacing it with rehabilitation care within the framework of PMG ● Implement the network of rehabilitation care providers into the system of hospital districts; introducing a system of analysis and reporting of their activities ● Integrate the provision of rehabilitation care into the PHC system; implement a system of analysis and reporting of their activities ● Ensure the functioning of multidisciplinary rehabilitation teams as the basis for the provision of rehabilitation services in each health care facility that provides inpatient 	<ul style="list-style-type: none"> ● Ensuring the sustainable functioning of the multi-level integrated system of providing rehabilitation care and its financial support ● Ensuring the sustainable functioning of the system of specialized rehabilitation departments, analysis and reporting of their activities ● Ensuring the sustainable functioning of the network of rehabilitation care providers, which is synchronized with the system of hospital districts, analysis and reporting of their activities ● Integrating the provision of rehabilitation care into the PHC system - PMG packages, analysis and reporting system ● Ensuring the sustainable functioning of multidisciplinary rehabilitation teams in all health care facilities that provide rehabilitation care
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		rehabilitation care; implement a system of analysis and reporting of their activities <ul style="list-style-type: none"> ● Assess the needs for rehabilitation aids when providing rehabilitation services ● Provide funding for the provision of rehabilitation aids, in particular prostheses when providing rehabilitation assistance 	
Deadline within the stage	June 2022 – end of 2022	January 2023 – December 2025	January 2026 – December 2032
Risks related to the goal achievement	<ul style="list-style-type: none"> ● Continuation of the war on the territory of Ukraine ● Lack of state budget resources ● Lack of rehabilitation professionals ● Insufficient professional level of existing rehabilitation professionals 	<ul style="list-style-type: none"> ● Continuation of the war on the territory of Ukraine ● Lack of state budget resources ● Lack of consent among stakeholders ● Lack of rehabilitation professionals ● Insufficient professional level of existing rehabilitation professionals 	<ul style="list-style-type: none"> ● Lack of state budget resources ● Lack of consent among stakeholders
Quality goal achievement indicator	<ul style="list-style-type: none"> ● A multi-level integrated model of providing rehabilitation care and its financial support is developed, including mechanisms for providing patients with rehabilitation aids ● A concept was developed and at least 3 specialized rehabilitation departments for patients with complex needs were created ● Each hospital district has an inpatient post-acute and long-term rehabilitation department in at least one cluster hospital ● Each health care facility that provides inpatient rehabilitation care has a functioning 	<ul style="list-style-type: none"> ● 6 new interregional rehabilitation centers were created on the basis of veterans' hospitals or rehabilitation hospitals ● Rehabilitation care is integrated into each cluster and supercluster hospital ● A multi-level integrated model of providing rehabilitation care and its financial support is introduced, including mechanisms for providing patients with rehabilitation aids ● Specialized rehabilitation departments for patients with complex needs were created 	<ul style="list-style-type: none"> ● The sustainable functioning of the multi-level integrated system of rehabilitation care delivery and its financial support is ensured, including mechanisms for providing patients with rehabilitation aids

	multidisciplinary rehabilitation team	<p>with a clear system of their analysis and reporting</p> <ul style="list-style-type: none"> • Each cluster hospital in each hospital district has an inpatient post-acute and long-term rehabilitation department with a clear system of their analysis and reporting • Each health care facility that provides inpatient rehabilitation care has a functioning multidisciplinary rehabilitation team • Rehabilitation care is integrated into the PMG system 	
The total amount of the need for financial resources to achieve the goal	Within the limits of the state budget 5% of PMG	UAH 840 million	from 2026 not less than 7% of GDP on PMG at least 5% of the PMG for rehabilitation packages
Connection of the goal with other directions	Priority 2	Priority 2 Financing - For the equipment	Priority 2
<p>The goal to be achieved to solve the problem at each stage</p> <p>2. Ensuring the development of mental health services that are close to the person and the community, and are also planned taking into account the needs of the community, in particular during the war and the recovery period</p>	<ul style="list-style-type: none"> • Integrate mental health services into PHC using evidence-based tools (such as mhGAP) • Develop a package of mental health services at the PHC level and provide training of PHC professionals, regulate the prescription of psychotropic medications, data entry in eHealth according to ICPC-2 together with international partners • Ensure the provision of mental health services at the PHC level • Create a PMG package of outpatient psychiatric care and stimulate its implementation in multiprofile healthcare facilities 	<ul style="list-style-type: none"> • Develop a model for the integration of mental health services at all levels of the health care system (update the concept; develop, implement the concept action plan; develop the regulatory acts; services in the community; IT for mental health; standards, service packages) • Develop a package of mental health services at the PHC level (review existing packages; develop universal screenings; approve a mental health package for PHC; contract for it) • Ensure the provision of mental health services at the PHC 	<ul style="list-style-type: none"> • Continue the implementation of the plan of actions for the realization of the Concept of Mental Health Care Development in Ukraine for the period until 2030 • Ensure sustainable provision of mental health services at the PHC level • Ensure sustainable functioning of psychiatric departments at the level of cluster hospitals, analysis and reporting of their activities

	<ul style="list-style-type: none"> • Ensure the further development of the PMG package "Psychiatric care provided by mobile multidisciplinary teams" as a key structural unit of the psychiatric care system, as well as the expansion of the range of services due to the inclusion of post-traumatic stress disorder • Improve the living conditions in inpatient psychiatric care facilities, as well as simultaneously create the competitive conditions for general health care facilities by submitting and implementing a package of inpatient psychiatric care in multiprofile facilities. • together with the Ministry of Social Policy of Ukraine and with the support of international partners, carry out piloting and implementation of transitional services (e.g. supported living), which are an alternative to psycho-neurological orphanages and provide assistance in a way that respects human rights and dignity 	<p>level; implement a system of analysis and reporting of their activities</p> <ul style="list-style-type: none"> • Create psychiatric departments at the level of cluster hospitals; implement a system of analysis and reporting of their activities 	
Deadline within the stage	June 2022 – end of 2022	January 2023 – December 2025	January 2026 – December 2032
Risks related to the goal achievement	<ul style="list-style-type: none"> • Continuation of the war on the territory of Ukraine • Lack of state budget resources • Lack of consent among stakeholders 	<ul style="list-style-type: none"> • Continuation of the war on the territory of Ukraine • Lack of state budget resources • Influence of corruption factors • lack of understanding in the 	<ul style="list-style-type: none"> • Lack of state budget resources • Influence of corruption factors • lack of understanding in the political environment of the need to develop mental health care

		<p>political environment of the need to develop mental health care services and the corresponding decision-making initiatives</p> <ul style="list-style-type: none"> • Low capacity of executive bodies • Lack of consent among stakeholders 	<p>services and the corresponding decision-making initiatives</p> <ul style="list-style-type: none"> • Low capacity of executive bodies • Lack of consent among stakeholders
Quality goal achievement indicator	<ul style="list-style-type: none"> • The Concept of Mental Health Care Development in Ukraine for the period up to 2030 has been updated, taking into account the consequences of the war • The scope of services was approved and a package of mental health services was developed at the PHC level 	<ul style="list-style-type: none"> • The plan of actions for the realization of the Concept of Mental Health Care Development in Ukraine for the period 2024-2026 has been implemented. • The package of mental health services at the PHC level based on the results of the previous implementation was revised • Provision of mental health services at the PHC level is ensured • Psychiatric departments have been created at the level of cluster hospitals 	<ul style="list-style-type: none"> • The plan of actions for the realization of the Concept of Mental Health Care Development in Ukraine for the period 2026-2030 has been implemented. • The package of mental health services at the PHC level based on the results of the previous implementation was revised • Provision of mental health services at the PHC level is ensured • Psychiatric departments have been created at the level of cluster hospitals
The total amount of the need for financial resources to achieve the goal	PMG for 2022: UAH 157.3 billion (approved by the Law on State Budget for 2022)	UAH 1,5 billion	From 2026 not less than 7% of GDP
Connection of the goal with other directions	Priority 2 - expansion of PHC services	Priority 2 Financing - for equipment - expansion of PHC services	Priority 2 - expansion of PHC services - for equipment
<p>Goal to be achieved to solve the issue during each stage</p> <p>3. Ensuring the development of traumatological, orthopedic, burn and intensive care services</p>	<ul style="list-style-type: none"> • Develop the concept of regionalization and organize the provision of traumatological and orthopedic services within the hospital cluster • Develop the concept of regionalization and create a national network of burn centres • Develop the concept of regionalization and create a national 	<ul style="list-style-type: none"> • Implement the concept of regionalization and organize the provision of traumatological and orthopedic services within the hospital cluster; implement a system of analysis and reporting of their activity • Implement the concept of regionalization and create a national 	<ul style="list-style-type: none"> • Ensure sustainable functioning of traumatological and orthopedic departments at the level of cluster hospitals, system of analysis and reporting • Ensure the sustainable functioning of burn centres, the system of analysis and reporting of their activity • Ensure sustainable functioning of

	<p>network of reconstructive surgery centres</p> <ul style="list-style-type: none"> • Develop the concept of regionalization and organize the provision of intensive care services by levels within the hospital cluster 	<p>network of burn centers; implement a system of analysis and report of their activity</p> <ul style="list-style-type: none"> • Implement the concept of regionalization and create a national network of reconstructive surgery centers; implement a system of analysis and reporting of their activity • Implement the concept of regionalization and organize the provision of intensive care services by levels within the hospital cluster; implement a system of analysis and reporting of their activity 	<p>reconstructive surgery centers, the system of analysis and reporting of their activity</p> <ul style="list-style-type: none"> • Ensure sustainable functioning of intensive care units by levels within the hospital cluster, the system of analysis and reporting of their activity
Deadline within the stage	June 2022 – end of 2022	January 2023 – December 2025	January 2026 – December 2032
Risks related to the goal achievement	<ul style="list-style-type: none"> • Continuation of the war on the territory of Ukraine • Lack of state budget resources • Lack of consent among stakeholders 	<ul style="list-style-type: none"> • Continuation of the war on the territory of Ukraine • Lack of state budget resources • Lack of consent among stakeholders 	<ul style="list-style-type: none"> • Lack of state budget resources • Lack of consent among stakeholders
Quality goal achievement indicator	<ul style="list-style-type: none"> • The concept of regionalization of trauma and orthopedic services within the hospital cluster was developed • The concept of regionalization of burn centers has been developed • The concept of regionalization of reconstructive surgery centers was developed • The concept of regionalization of intensive care services by levels within the hospital cluster has been developed 	<ul style="list-style-type: none"> • The provision of traumatological and orthopedic services is organized according to the level of their complexity within the hospital cluster with a clear system of their analysis and reporting • A national network of burn centers with a clear system of their analysis and reporting has been created • The provision of intensive care services by levels within the hospital cluster is organized with a clear system of their analysis and reporting 	<ul style="list-style-type: none"> • Sustainable functioning of traumatological and orthopedic departments at the level of cluster hospitals, analysis and reporting system is ensured • The sustainable functioning of burn centers, the system of analysis and reporting of their activity is ensured • Sustainable functioning of reconstructive surgery centers, analysis and reporting system is ensured • Sustainable functioning of intensive care units by levels within the

			hospital cluster, the analysis and reporting system is ensured
The total amount of the need for financial resources to achieve the goal	Within the limits of the state budget	UAH 1.5 billion	from 2026 not less than 7% of GDP
Connection of the goal with other directions		Priority 2 Financing - for equipment - expansion of PMG services	Priority 2 Financing - for equipment - expansion of PMG services
Goal to be achieved to solve the issue during each stage 4. Developing health services in accordance with the needs of war veterans and persons affected by hostilities	<ul style="list-style-type: none"> Determine the range of special needs of veterans and improve PMG packages to take into account the needs of veterans and war victims 	<ul style="list-style-type: none"> Improve the PMG packages to take into account the veteran's needs (screening system; primary provision of rehabilitation aids; updated packages) Provide veterans with the full scope of necessary rehabilitation care Ensure the provision of rehabilitation care that comply with the evidence-based principles Ensure the presence of a veteran's route in the integrated system of rehabilitation care Reorganize networks of health care facilities in order to ensure the veteran's route in the rehabilitation system Ensure the provision of rehabilitation services to the veteran based on the bio-psychosocial model of needs, and not on the basis of the disability status within the framework of the integrated route of the veteran in the rehabilitation system Develop a veteran-oriented system of providing rehabilitation aids Provide a mechanism for interaction and involvement of the 	<ul style="list-style-type: none"> Provide veterans with the full scope of necessary rehabilitation care

		employment sector and the social sector	
Deadline within the stage	June 2022 – end of 2022	January 2023 – December 2025	January 2026 – December 2032
Risks related to the goal achievement	<ul style="list-style-type: none"> Continuation of the war on the territory of Ukraine Lack of state budget resources 	<ul style="list-style-type: none"> Continuation of the war on the territory of Ukraine Lack of state budget resources Influence of corruption factors Lack of understanding in the political environment of the need to develop health services for veterans and relevant decision-making initiatives 	
Quality goal achievement indicator	<ul style="list-style-type: none"> PMG packages take into account the needs of veterans 	<ul style="list-style-type: none"> PMG packages take into account the needs of veterans Veterans receive a full range of rehabilitation services 	
The total amount of the need for financial resources to achieve the goal	State budget funds PMG 2022: UAH 157.3 billion	UAH 2,9 billion	From 2026 not less than 7% of GDP
Connection of the goal with other directions	Priority 2 Financing - expansion of PMG services	Priority 2 Financing - for equipment - expansion of PMG services	Priority 2 Financing - expansion of PMG services

List of legal acts Priority 4

<p>1. Ensuring the development of rehabilitation care and its integration into all levels of health and rehabilitation care</p>	<ul style="list-style-type: none"> • Legal act on the approval of a multi-level integrated model of rehabilitation care provision and its financial support • Resolution of the CMU on approval of the concept and creation of specialized rehabilitation departments/institutions for patients with complex needs • Resolution of the CMU on the approval of additional packages of rehabilitation services within the framework of the PMG to ensure the provision of assistance for health conditions that arise during the war • Legal act on the functioning of multidisciplinary rehabilitation teams in each health care facility that provides inpatient rehabilitation care 	<ul style="list-style-type: none"> • Legal act on the creation of 6 new interregional rehabilitation centers on the basis of veterans' hospitals or rehabilitation hospitals • Legal framework (law, by-laws) on the replacement of sanatorium-resort treatment and unsubstantiated rehabilitation with rehabilitation assistance within the framework of PMG 	<ul style="list-style-type: none"> • Legal act on the approval of the PMG for the relevant year regarding the integration of the provision of rehabilitation care into the PHC system
<p>2. Ensuring the development of mental health services that are close to the person and the community, and are also planned taking into account the needs of the community, in particular during the war and the recovery period</p>	<ul style="list-style-type: none"> • Legal act on integration of mental health services in PHC using evidence-based tools (such as mhGAP) • Resolution of the CMU on approving the PMG for the relevant year - a package of mental health services at the PHC level and, together with international partners, to provide training for PHC specialists • Resolution of the CMU on approving the PMG for the relevant year - the package of PHC for outpatient psychiatric care and stimulating its implementation in general health care facilities 	<ul style="list-style-type: none"> • Legal act on approving the model of integration of mental health services at all levels of the health care system (update the concept; implement the concept action plan; standards, service packages) • Legal act on approving a package of mental health services at the PHC level (review of existing packages; development of universal screenings) 	

	<ul style="list-style-type: none"> • Legal act on piloting and implementing transitional services (e.g. supported living) that are an alternative to psycho-neurological orphanages and provide care in a way that respects human rights and dignity 		
<p>3. Ensuring the development of traumatological, orthopedic, burn and intensive care services</p>	<ul style="list-style-type: none"> • Legal act on approval of the concept of regionalization and organization of the provision of traumatological and orthopedic services within the hospital cluster • Legal act on approving the concept of regionalization and creating a national network of burn centers • Legal act on approving the concept of regionalization and creating a national network of reconstructive surgery centers • Legal act on approval of the concept of regionalization and organization of the provision of intensive care services by levels within the hospital cluster 		
<p>4. Developing health services in accordance with the needs of war veterans and persons affected by hostilities</p>	<ul style="list-style-type: none"> • Resolution of the CMU on the expansion of PMG packages to meet the special needs of veterans and victims of military actions 	<ul style="list-style-type: none"> • Resolution of the CMU on the improvement of PMG packages to take into account the needs of a veteran (screening system; primary provision of rehabilitation aids; updated packages) 	

Priority 5. Consolidation and strengthening of human resources of the healthcare system

3. 1. Key issues to be solved within the framework of the Recovery Plan

Impact of the war on the defined analysis area:	
Key challenges	<ul style="list-style-type: none"> ● The training curricula are outdated and irrelevant, which leads to a lack of practical skills, clinical thinking and change management in future healthcare workers. ● The uneven distribution of human resources in health care was exacerbated by the migration of healthcare workers during the war to the western regions and abroad ● Lack of staff planning mechanisms at the level of the facility and the region, which makes it impossible to understand the necessary quantity of specialists to provide a certain scope of services, which is aggravated by the lack of data on the real amount of the population that needs services in the most affected areas during the war ● Lack of an effective system of motivation for local authorities to attract healthcare workers and rehabilitation professionals to the most affected areas during the war ● Absence/limitation of a transparent/fair system of recruitment, support and career development of healthcare workers within the health care facility ● Limited powers of nurses in providing health services ● Absence/limited mechanisms for involving non-healthcare workers (social workers) in the provision of health care services ● Absence/limited critical skills of health workers to provide services in trauma care, rehabilitation care, mental health, and facility management during wartime and postwar period
Key possibilities	<ul style="list-style-type: none"> ● Modern approaches to hospital planning determine the need and requirements for staffing of healthcare facilities ● Availability of a tool for planning the workforce based on activity (activity-based planning), which was tested in the field of public health ● High motivation of ordinary workers to change/reform the health care system ● Involvement of international experts in the restoration of the health care system ● Competition between facilities for the patient ● Motivation of healthcare workers and rehabilitation professionals to develop in the modern context ● Broad opportunities to study using online formats ● Awareness of heads of facilities that money is not the only motivation to work among healthcare workers
Key limitations	<ul style="list-style-type: none"> ● Ongoing full-scale military aggression of the Russian Federation against Ukraine ● Limited funding caused by the economic crisis caused by the war ● Corruption in the education system in health care ● The outflow of human resources from the regions that suffered the greatest destruction

2. Goals, tasks, stages of the Recovery Plan within the direction "Consolidation and strengthening of human resources of the healthcare system"

2.1. Goals aimed at resolving identified problems:

	Stage 1: June 2022 – end of 2022	Stage 2: January 2023 – December 2025	Stage 3: January 2026 – December 2032
<p>1. Identified problem to be resolved in the relevant analysis area</p> <p>The system of staff training in the field of health care has a number of problems. Currently, there is no network of strong medical universities. The training curricula are outdated and irrelevant, and the lack of modern and potent university clinics and simulation centers leads to insufficient practical skills of future medical healthcare workers. The COVID-19 pandemic has revealed a shortage of human resources in the field of public health, particularly epidemiologists. The uneven distribution, exacerbated by the war, is aggravated by the lack of staff planning mechanisms at the facility and regional level, which makes it impossible to determine the required quantity of specialists to provide a certain scope of services. Even before the war, the fragmented social protection of health</p>			

care workers did not contribute to their general well-being, which directly affected the level of work in providing health and rehabilitation care to the population and ensuring public health functions. The procedure for passing continuous professional development (CPD) by rehabilitation professionals has not been implemented. During the war and in the post-war period, when a large part of the infrastructure in Ukraine is destroyed, and access to doctors and rehabilitation specialists is significantly complicated, the role of nurses becomes especially important. The modern health care system indicates the expediency of shifting the boundary between the professions of doctor and nurse in the direction of giving nurses greater powers, expanding their clinical and managerial functionality. The involvement of social workers in the health care system becomes especially relevant during the war and the post-war period. The absence of social workers in the staff of healthcare facilities indicates that the functions that they could perform are currently performed by nurses, and some of the functions related to care fall on the shoulders of relatives or are not performed at all. Modern training programs for primary care specialists in the management of PTSD and other mental health disorders associated with the consequences of military operations should be introduced into the curricula of educational institutions. In addition, the growing role of the physician demands to expand his knowledge and skills on various issues. Special attention should be given to the acquisition of new clinical skills by doctors with a special emphasis on the treatment of physical injuries in war victims (eg techniques in reconstructive surgery), and therefore appropriate training programs should be initiated and operated to meet the demand. At all stages, the implementation of measures to strengthen human resources should be aimed at achieving the key characteristics of human resources of the health care system: availability, acceptability and quality.

<p>Goal to be achieved to solve the issue during each stage</p> <p>1. Integration of healthcare sector education and research into the current international context.</p>	<ul style="list-style-type: none"> ● Develop and strengthen the critical skills of health workers during the war and in the post-war period, namely: <ul style="list-style-type: none"> - Provide extensive mental health training for family doctors and primary care nurses - Provide extensive training in clinical and organizational issues of trauma treatment and rehabilitation ● Stimulate the evolution of new forms of CPD for all healthcare professionals, which are consistent with the priorities of the healthcare system, namely: <ul style="list-style-type: none"> - Ensure the organizational development of the CPD Agency: develop an organizational structure, detail functionality of key roles, develop basic business processes - Update/create a legal framework for modern postgraduate education of nurses 	<ul style="list-style-type: none"> ● Align the curricula of higher education institutions in the field of knowledge "22 Healthcare" with the European requirements and regularly review them: <ul style="list-style-type: none"> - Conduct a comprehensive assessment of the organizational, financial and personnel capacity and infrastructural capacity of the higher education institutions (HEI) in the field of knowledge "22 Health Care". - Develop and approve a road map for creating an effective network of capable HEIs in the field of knowledge "22 Health Care" - Develop and approve a roadmap of activities to bring educational standards in the field of knowledge "22 Health Care" 	<ul style="list-style-type: none"> ● Comply with the special licensing requirements for of higher education institutions that prepare students in the field of knowledge "22 Healthcare", namely: <ul style="list-style-type: none"> - Ensure monitoring of the quality of the educational activities of higher education institutions that train specialists in the field of knowledge "22 Health Care" ● Provide conditions for acquiring practical skills of healthcare workers on the basis of modern university hospitals and simulation centers ● Improve the independent evaluation system for the quality of student training in the field of knowledge "22 Health care", namely: <ul style="list-style-type: none"> - Provide the analysis and revision of the database of test tasks of all components of the unified state qualification exam and their updating on an ongoing basis - Implement a unified international exam for
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		<p>into line with the European requirements</p> <ul style="list-style-type: none"> - Ensure the development of modern educational programs for the training of doctors for obtaining secondary specialization - Develop a concept for the evolution of education for nurses, which will take into account the differentiation of roles and functionality of nurses and include requirements for the content, structure, level of the institution where practical training should take place, etc. - Develop requirements for creating a student-oriented environment in higher healthcare education institutions - Develop an effective mechanism for reducing corruption risks in the educational process (admission, training, distribution) • Introduce special licensing requirements for higher education institutions in the field of knowledge "22 Healthcare". - Define at the legislative level the concept of healthcare and pharmaceutical education as a type of 	<p>applicants in the field of knowledge "22 Health care"</p> <ul style="list-style-type: none"> • Implement a modern model of residency based on international experience, namely: <ul style="list-style-type: none"> - Develop and implementing the unified state qualification exam for residency graduates • Plan pertinent scientific topics (areas) in accordance with the state's needs in the field of healthcare, ensure a sufficient level of their financing and implementation of achievements on the basis of modern university clinics, namely: <ul style="list-style-type: none"> - Support the work of scientific and practical centers (science parks) for the implementation of priority directions for the development of science in the field of health care
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		<p>specialized education and the powers of the executive body, which forms and implements policy in the field of health care</p> <ul style="list-style-type: none"> - Ensure monitoring of the quality of the educational activities of higher education institutions that train specialists in the field of knowledge "22 Health Care" - Provide conditions for the acquisition of practical skills of healthcare workers and rehabilitation professionals on the basis of modern university hospitals and simulation centers of HEI - Develop provisions on the institution that has the status of "University hospital" with the definition of criteria and obligations of health care facility and HEI. - Develop an algorithm for creating a university hospital and transparent procedures for assigning and suspending the status of "University Hospital" - Develop a transparent mechanism for the management of university hospitals and ensure openness of data on the activities of university hospitals 	
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		<ul style="list-style-type: none"> - Create university hospitals on the basis of the most potent healthcare facilities in cooperation with leading HEI - Developing requirements for simulation centers for teaching practical skills of students of higher education institutions - Equip the simulation centers with the modern simulation equipment - Improve the independent evaluation system for the quality of student training in the field of knowledge "22 Healthcare". - Provide analysis and revision of the database of test tasks of all components of the unified state qualification exam and their updating on an ongoing basis - Revise «STEP-3» and bring it into line with the sample internship training programs - Introduce a unified international exam for applicants in the field of knowledge "22 Health care" - Implement a modern model of residency based on international experience - Develop and approve the "Regulations on Residency" taking into account the 	
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		<p>best global practices</p> <ul style="list-style-type: none"> - Determine licensing requirements for institutions that will train resident doctors - Determine the list of specialties of resident doctors - Develop the samples of training programs at the residency - Stimulate the development of quality education of managers in the field of health care - Review training programs for managers with health and non-healthcare education according to the best European practices - Train the existing management teams and supervisory boards of the healthcare facilities in the skills of financial and strategic management of the institution - Stimulate the development of new forms of CPD for all healthcare professionals, which are consistent with the priorities of the healthcare system - Ensure the organizational development of the CPD Agency: involvement of the professional community in the creation and development of 	
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		<p>expert councils at the CPD Agency</p> <ul style="list-style-type: none"> - Develop and implement the procedure for passing CPD by rehabilitation professionals - Develop and implement the procedure for passing CPD by nurses, pharmacists and pharmacist assistants - Plan pertinent scientific topics (areas) in accordance with the state's needs in the field of healthcare - Create scientific and practical centers (science parks) to implement priority areas of science development in the field of health care - Develop and strengthen the critical skills of healthcare workers and rehabilitation professionals in the post-war period - Create training centers for the development of clinical skills of doctors and nurses on the basis of potent healthcare facilities - Provide extensive training of family doctors and nurses of primary health care institutions in accordance with the requirements of the Procedure for the provision of primary health care - Provide extensive training in clinical 	
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		<p>and organizational issues of trauma treatment and rehabilitation</p> <ul style="list-style-type: none"> - Provide free access to the world's best online learning platforms for healthcare professionals, professionals with higher non-healthcare education who work in the field of health care and rehabilitation professionals - Provide the state-ordered training of professionals in the following specialties: Epidemiology, laboratory diagnostics, microbiology and virology 	
Deadline within the stage	June 2022 – end of 2022	January 2023 – December 2025	January 2026 – December 2032
Risks related to the goal achievement	<ul style="list-style-type: none"> ● Limited funding; ● Lack of understanding in the political environment of the need for the development of health care education and science; ● Continuation of the war on the territory of Ukraine ● Lack of consent among stakeholders 	<ul style="list-style-type: none"> ● Limited funding; ● Lack of understanding in the political environment of the need for the development of health care education and science; ● Lack of consent among stakeholders 	<ul style="list-style-type: none"> ● Limited funding; ● Lack of understanding in the political environment of the need for the development of health care education and science; ● Lack of consent among stakeholders
Quality goal achievement indicator	<ul style="list-style-type: none"> ● Family doctors, nurses of primary healthcare institutions have the knowledge and skills to provide mental health care ● Healthcare workers gained knowledge and skills in matters of organization of care and treatment of 	<ul style="list-style-type: none"> ● Curricula of higher education institutions in the field of knowledge "22 Healthcare" are brought in line with the European requirements ● Modern educational programs for the training of doctors for obtaining secondary 	<ul style="list-style-type: none"> ● Monitoring of the quality of the educational activities of higher education institutions that train specialists in the field of knowledge "22 Health Care" is ensured ● University hospitals, created on the basis of the most potent

	<p>trauma and rehabilitation</p> <ul style="list-style-type: none"> • The organizational structure, functionality of key roles and basic business processes of the CPD Agency have been developed • A regulatory and legal framework has been created for the introduction of modern postgraduate education of nurses 	<p>specialization are developed</p> <ul style="list-style-type: none"> • A student-oriented environment has been created in higher healthcare education institutions • Developed mechanisms for reducing corruption risks in the educational process (admission, training, distribution) minimize the occurrence of corruption in the higher healthcare education institutions • There are special licensing requirements for the higher education institutions that train students in the field of knowledge "22 Healthcare" • Monitoring of the quality of the educational activity of higher education institutions that train specialists in the field of knowledge "22 Health Care" is ensured on the basis of the created center/agency for monitoring the quality of educational activity of higher education institutions that train specialists in the field of knowledge "22 Health Care" • Modern university hospitals have been established and are operating • A unified international exam for applicants in the field of knowledge "22 Health Care" has been introduced • A modern residency model has been 	<p>health care facilities in cooperation with the leading HEI, are flagships in the provision of health services</p> <ul style="list-style-type: none"> • A unified international exam for applicants in the field of knowledge "22 Health Care" has been introduced • A unified state qualification exam was introduced for residency graduates
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		<p>implemented, taking into account international experience</p> <ul style="list-style-type: none"> ● Expert councils at the CPD Agency were created to analyze the work of CPD providers ● The CPD system of rehabilitation specialists has been introduced ● CPD systems have been introduced for nurses/doctors, pharmacists and pharmacist assistants ● Scientific and practical centers (science parks) have been organized to implement the priority areas of science development in the field of health care ● Training/simulation centers have been created for the development of clinical skills of doctors and nurses on the basis of powerful healthcare facilities ● Healthcare workers and specialists with higher non-healthcare education who work in the field of healthcare have received free access to the world's best online educational platforms 	
The total amount of the need for financial resources to achieve the goal		UAH 6,09 billion	UAH 14,210 billion
Connection of the goal with other directions	All human resources development tasks are closely related to all priorities, in particular, such as ensuring the financial stability of the health care system and the restoration and transformation of the	<p>Priority 2 Financing - on equipment for simulation centers</p> <p>All human resources development tasks are closely related to all priorities, in particular, such as ensuring the</p>	All human resources development tasks are closely related to all priorities, in particular, such as ensuring the financial stability of the health care system and the restoration and transformation of the

	network of health care facilities	financial stability of the health care system and the restoration and transformation of the network of health care facilities	network of health care facilities
Goal to be achieved to solve the issue during each stage 2. The scope and structure of healthcare system HR planning meeting the existing needs	<ul style="list-style-type: none"> ● Introduce healthcare system HR planning in line with the needs to ensure the delivery of quality services, namely: <ul style="list-style-type: none"> - Develop approaches to HR planning based on optimal workload and taking into account the level of the facility ● Develop and implement a flexible system of incentives and rewards at both the national and local levels to attract and retain health care workers in areas that are understaffed in order to provide health and rehabilitation care and in areas that have suffered the most during the war, namely: <ul style="list-style-type: none"> - Develop the mechanisms for motivating healthcare workers at the national and local levels to work in the regions most affected by the war 	<ul style="list-style-type: none"> ● Introduce healthcare system HR planning in line with the needs to ensure the delivery of quality services, namely: <ul style="list-style-type: none"> - Ensure planning of health care human resources at the regional level based on the hospital plan ● Develop and implement a flexible system of incentives and rewards at both the national and local levels to attract and retain health care workers in areas that are understaffed in order to provide health and rehabilitation care and in areas that have suffered the most during the war, namely: <ul style="list-style-type: none"> - Implement local programs to motivate healthcare workers to work in the regions most affected by the war - Provide effective mechanisms for the fulfilment of the obligations of HEI graduates who studied under the state (regional) order and concluded agreements to work for at least three years in rural 	<ul style="list-style-type: none"> ● Support and develop a flexible system of incentives and rewards at both national and local levels to attract and retain health care workers in areas that are understaffed in order to provide health and rehabilitation care

		<p>areas or urban-type settlements</p> <ul style="list-style-type: none"> ● Ensure access to health services by involving non-healthcare workers and expanding the role of the nurse: <ul style="list-style-type: none"> - Develop a policy framework regarding the autonomization (expansion of powers and functional responsibilities) of the nurse's role in the health care system. - Determine the differentiation of the roles of the nurse and provide the corresponding functionality in health care facilities ● Develop a policy framework regarding the inclusion of a social worker in the healthcare services delivery <ul style="list-style-type: none"> - Review the models of services delivery by a social worker in the health care system - Develop a model of financing of services delivery by a social worker in the health care system - Develop and implement appropriate training for the inclusion of a social worker as a member of a multidisciplinary team in the provision of services in the health care system ● Create a transparent and clear admission system for foreign doctors and rehabilitation professionals to conduct training 	
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		and provide health and rehabilitation care on the territory of Ukraine - Simplify the procedure for granting permission to foreign specialists to practice in Ukraine	
Deadline within the stage	June 2022 – end of 2022	January 2023 – December 2025	January 2026 – December 2032
Risks related to the goal achievement	<ul style="list-style-type: none"> • Limited funding; • Lack of understanding in the political environment of the need for the changes in approaches to health care staff training • Continuation of the war on the territory of Ukraine 	<ul style="list-style-type: none"> • Limited funding; • Lack of understanding in the political environment of the need for the changes in approaches to health care staff training 	<ul style="list-style-type: none"> • Limited funding; • Lack of understanding in the political environment of the need for the changes in approaches to health care staff training
Quality goal achievement indicator	<ul style="list-style-type: none"> • Approaches to HR planning have been developed based on the optimal workload and taking into account the level of the facility • Mechanisms have been developed to motivate health care workers at the national and local levels to work in the regions most affected by the war 	<ul style="list-style-type: none"> • Planning of health care human resources which is based on the approaches of optimal workload and take into account the level of the facility is implemented in healthcare facilities • Programs have been introduced at the national and local levels to motivate healthcare workers and rehabilitation professionals to work in the most affected regions and regions that are in need of healthcare workers and rehabilitation professionals • A system of differentiation of nurse roles was introduced • Social workers are involved in the services delivery in the health care system • A transparent system of admission of 	<ul style="list-style-type: none"> • Health care facilities are provided with properly trained staff

		foreign doctors and rehabilitation professionals to conduct training and provide health and rehabilitation care on the territory of Ukraine has been created	
The total amount of the need for financial resources to achieve the goal	Requires calculation	Requires calculation	Requires calculation
Connection of the goal with other directions	All human resources development tasks are closely related to all priorities, in particular, such as ensuring the financial stability of the health care system and the restoration and transformation of the network of health care facilities	All human resources development tasks are closely related to all priorities, in particular, such as ensuring the financial stability of the health care system and the restoration and transformation of the network of health care facilities	All human resources development tasks are closely related to all priorities, in particular, such as ensuring the financial stability of the health care system and the restoration and transformation of the network of health care facilities
Goal to be achieved to solve the issue during each stage 3. Creating conditions to ensure the professional well-being of healthcare workers	<ul style="list-style-type: none"> Ensure decent pay and develop a flexible system of motivation and support for healthcare system human resources 	<ul style="list-style-type: none"> Ensure decent pay and develop a flexible system of motivation and support for healthcare system human resources, including through the introduction of key performance indicators and optimum workload, namely: <ul style="list-style-type: none"> - Develop fair mechanisms for financial motivation of healthcare workers and rehabilitation professionals and professionals with higher non-healthcare education who work in the field of healthcare - Develop the quality indicators of work of doctors, rehabilitation professionals, nurses and professionals 	<ul style="list-style-type: none"> Support and develop a comprehensive approach to the formation of the professional well-being of the healthcare system human resources at the level of health care facilities (safety, social and living conditions, burnout prevention, professional development in the facility, etc.), namely: <ul style="list-style-type: none"> - Provide support for ongoing professional burnout prevention programs in health care facilities Introduce professional liability insurance for healthcare workers

		<p>with higher non-healthcare education who work in the field of health care, with further introduction of a transparent system of financial motivation</p> <ul style="list-style-type: none"> - Introduce a transparent system of non-financial motivation of health care workers • Introduce transparent and competitive procedures for attracting and retaining medical, managerial and other staff at the level of healthcare facilities, as well as for their career development and professional growth: <ul style="list-style-type: none"> - Develop modern approaches to the organization of the HR system in health care facilities - Organize training for employees of HR departments and managers of health care facilities on the implementation of new approaches to the involvement and development of health care workers • Introduce a comprehensive approach to the development of professional well-being of HCS HR at the level of healthcare facilities (safety, social conditions, burnout prevention, 	
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		<p>professional development in the facility, etc.)</p> <ul style="list-style-type: none"> - Determine legislatively the obligation of the owner of the healthcare facility to create safe and comfortable working conditions - Introduce permanent programs for the professional burnout prevention in health care facilities • Introduce professional liability insurance for healthcare workers - Develop financial approaches and legal framework for providing professional liability insurance for healthcare workers 	
Deadline within the stage	June 2022 – end of 2022	January 2023 – December 2025	January 2026 – December 2032
Risks related to the goal achievement	<ul style="list-style-type: none"> • Limited funding; • Lack of understanding in the political environment of the need to ensure the professional well-being of healthcare workers • Continuation of the war on the territory of Ukraine 	<ul style="list-style-type: none"> • Limited funding; • Lack of understanding in the political environment of the need to ensure the professional well-being of healthcare workers 	<ul style="list-style-type: none"> • Limited funding; • Lack of understanding in the political environment of the need to ensure the professional well-being of healthcare workers
Quality goal achievement indicator	Healthcare workers receive a guaranteed salary	<ul style="list-style-type: none"> • There are fair financial motivation mechanisms for healthcare workers, rehabilitation professionals and professionals with higher non-healthcare education working in the field of health care. 	<ul style="list-style-type: none"> • Health care facilities have comprehensive programs to ensure professional well-being

		<ul style="list-style-type: none"> • Performance indicators of doctors, rehabilitation professionals, nurses and professionals with higher non-healthcare education working in the field of health care have been introduced • A transparent system of non-financial employee motivation has been introduced in health care facilities • Transparent and competitive procedures for attracting, retaining, career development and professional growth of health care workers, managerial and other staff have been introduced in health care facilities • Health care facilities have implemented measures to ensure the safety, social conditions and professional development of healthcare workers and to prevent professional burnout • Professional liability insurance for healthcare workers has been introduced 	
The total amount of the need for financial resources to achieve the goal		UAH 850 million	•
Connection of the goal with other directions	All human resources development tasks are closely related to all	All human resources development tasks are closely related to all	All human resources development tasks are closely related to all

	priorities, in particular, such as ensuring the financial stability of the health care system and the restoration and transformation of the network of health care facilities	priorities, in particular, such as ensuring the financial stability of the health care system and the restoration and transformation of the network of health care facilities	priorities, in particular, such as ensuring the financial stability of the health care system and the restoration and transformation of the network of health care facilities
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List of legal acts to Priority 5

<p>1. Integration of healthcare sector education and research into the current international context.</p>	<ul style="list-style-type: none"> • Legal act on approval of the organizational structure, detailed functionality of key roles • Legal act for modern postgraduate education of nurses 	<ul style="list-style-type: none"> • Legal act on approval of curricula of HEIs in the field of knowledge "22 Health care" according to European requirements • Legal act on the approval of the roadmap for the creation of an effective network of capable HEIs in the field of knowledge "22 Health care" • Legal act on the approval of the roadmap of activities for bringing educational standards in the field of knowledge "22 Health Care" into line with European requirements • Legal act on the approval of modern educational programs for the training of doctors for obtaining secondary specialization • Legal act on approval of the concept of development of education for nurses • Legal act on approval of requirements for creating a student-oriented environment in healthcare HEIs • Legal act on the approval of an effective mechanism for reducing corruption risks in the educational process (admission, training, distribution) • Legal act on approval of special licensing requirements for higher education institutions that prepare students in the field of knowledge "22 Health care" • Draft Law on Amendments to the Introduction of the Concept of Healthcare and Pharmaceutical Education as a Type of Specialized Education • Legal act on the approval of the regulation on the institution that has the status of "University hospital" with the definition of criteria and obligations of health care facilities and HEI • Legal act on approval of the algorithm for the creation of a university hospital and transparent procedures for assigning and suspending the status "University hospital" • Legal act on approving the management mechanism of university hospitals and ensuring the openness of data on the activities of university hospitals • Legal act on approval of requirements for simulation centers for teaching practical skills of students of higher education institutions • Legal act on the introduction of unified international exam for applicants in the field of knowledge "22 Healthcare" • Legal act on the approval of the "Regulations on Residency" • Legal act on approval of the list of specialties of resident doctors • Legal act on approving of samples of training programs in residency 	<ul style="list-style-type: none"> • Legal act on approval of unified state qualification exam for residency graduates
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		<ul style="list-style-type: none"> • Legal act on approving the procedure for passing CPD by rehabilitation professionals • Legal act on approval of the procedure for passing CPD by nurses, pharmacists and pharmacist assistants • Legal act on the creation of scientific and practical centers (science parks) for the implementation of priority directions for the development of science in the field of health care • Legal act on the creation of training centers for the development of clinical skills of doctors and nurses on the basis of potent healthcare facilities 	
<p>2. The scope and structure of healthcare system HR planning meeting the existing needs</p>	<ul style="list-style-type: none"> • Legal act on the formation of approaches to HR planning based on the optimal workload and taking into account the level of the HCF • Legal act on the introduction of a flexible system of incentives and rewards at both the national and local levels to attract and retain health care workers 	<ul style="list-style-type: none"> • Legal act on the implementation of effective mechanisms for the fulfilment of the obligations of HEI graduates who studied under the state (regional) order and concluded agreements to work for at least three years in rural areas or urban-type settlements • Legal act on introducing access to health services by involving non-healthcare workers and expanding the role of the nurse • Legal act on the introduction of a policy framework regarding the autonomization (expansion of powers and functional responsibilities) of the nurse's role in the health care system. • Legal act on the introduction of a policy framework regarding the inclusion of a social worker in the health care services' delivery • Legal act on the introduction of a model of financing of services' delivery by a social worker in the field of health care • Legal act on the introduction of training for the inclusion of a social worker as a member of a multidisciplinary team in the provision of services in the health care system • Legal act on the introduction of a transparent and clear admission system for foreign doctors and rehabilitation professionals to conduct training and provide health and rehabilitation care on the territory of Ukraine 	
<p>3. Creating conditions to ensure the professional well-being of healthcare workers</p>	<ul style="list-style-type: none"> • Law on the State Budget for the relevant year to ensure decent wages 	<ul style="list-style-type: none"> • Law on the State Budget for the relevant year to ensure decent wages • Legal act on approval of financial motivation mechanisms for healthcare workers and rehabilitation professionals and professionals with higher non-healthcare education working in the field of healthcare • Legal act on approving the indicators of the quality of work of doctors, rehabilitation professionals, nurses and professionals with higher non-healthcare education working in the field of health care, with further 	

		<p>introduction of a transparent system of financial motivation</p> <ul style="list-style-type: none">• Legal act on the introduction of modern approaches to the organization of the HR system in health care facilities• Draft Law on Amendments to Legislative Acts on Defining the Obligation of the HCF Owner to Create Safe and Comfortable Working Conditions• Legal act on the introduction of permanent programs for the professional burnout prevention in health care facilities• Legal act on the introduction of professional liability insurance for healthcare workers	
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Priority 6. Strengthening of the public health system and preparedness for health emergencies

1. Key issues to be solved within the framework of the Recovery Plan

Impact of the war on the defined analysis area:	
Key challenges	<ul style="list-style-type: none"> ● Imperfectness of the system of preparedness and response to emergency situations in public health ● Inadequacy of epidemiological surveillance system, in particular in forecasting the individual outbreaks and epidemics ● Low rates of vaccination coverage, increasing resistance to antimicrobial drugs, risks of outbreaks of infectious diseases ● Environmental pollution, lack of access to safe drinking water and food, hygiene and sanitation related to hostilities. ● High risks of chemical and radiation-nuclear threats.
Key possibilities	<ul style="list-style-type: none"> ● Involvement of international expertise in rebuilding/building a qualitatively new public health system. ● Improvement of the legal framework and procedures. Maximum harmonization of the legislative framework with the EU regulations. ● Increasing coordination and cross-sectoral cooperation during martial law. ● Implementation of the best global practices in the transformation of the system. ● Rapid development of the public health system in response to the growing need for an effective health emergency response system.
Key limitations	<ul style="list-style-type: none"> ● Ongoing military aggression of the Russian Federation against Ukraine; ● Unfinished reform of the public health system in Ukraine; ● Shortage of qualified human resources for the effective functioning of the public health system; ● Fragmentation of the public health system of Ukraine and the EU countries and the duplication of individual public health services by various institutions without ensuring proper coordination; ● The need to build/modernize the infrastructure of the public health system in accordance with modern standards, approaches and practices; ● Economic and social crisis caused by hostilities.

The full-scale invasion Russian Federation of Ukraine has aggravated gaps in the health care system and created new challenges that require rapid response and solutions.

The challenges of strategic planning and war emergency response are compounded by a lack of knowledge and information related to threats and challenges to human health. The war also aggravated the problems of public health surveillance and monitoring of environmental factors.

2. Goals, tasks, stages of the Recovery Plan within the direction "Strengthening of the public health system and preparedness for health emergencies"

2.1. Goals aimed at resolving identified problems:

	Stage 1: June 2022 - end of 2022	Stage 2: January 2023 - December 2025	Stage 3: January 2026 - December 2032
1. Identified problem to be resolved in the relevant analysis area.			
<p>Ukraine's public health system has undergone a number of significant and substantial reforms. The State Sanitary and Epidemiological Service (SES) has been dissolved and its functions have been distributed among different institutions and other bodies ensuring the function of state supervision (control) in the respective areas of activity. The National Public Health Concept approved by the Cabinet of Ministers of Ukraine in 2017 outlined the strategic directions for the transformation of the public health system at all levels. Gradual progress has been reported in the transformation of the system and integration of parallel public health systems under the supervision of the Public Health Centre (PHC). However, some problems remain unresolved, in particular, the organization of the public health system at oblast and local levels. In addition, the comprehensive transformation of the public health system was not supported by significant amendments to the legislation, and the Law on Public Health has not yet been adopted, creating legal barriers to the implementation of the reform. Moreover, the spheres of biological safety, biological protection, chemical and radiation safety require legislative regulation. The response of the system to the COVID-19 pandemic has somewhat improved the consolidation of management and updated the functionality of the position</p>			

of the state sanitary doctor and the establishment of coordination mechanisms in the network of public health institutions. The start of a full-scale war also revealed gaps in the surveillance system, the work of the network of health laboratories, the readiness of the system to detect and respond to biological, chemical and radiation threats, including those related to their insufficient funding in recent years.

<p>Goal to be achieved to solve the issue during each stage</p> <p>1. Ensuring the functioning of a capable public health system aimed at preserving and promoting public health, disease prevention and timely detection of and response to health challenges, creating a coordination mechanism in the public health system</p>	<ul style="list-style-type: none"> ● Adopt in the second reading and as a whole the Draft Law on the Public Health System (r. No. 4142) ● Develop the draft resolution of the CMU on approval of a new Strategy for the development of immunoprophylaxis and protection of the population from communicable diseases that can be prevented through immunoprophylaxis for the period up to 2030 and a Plan for its implementation. <ul style="list-style-type: none"> - Determine a division of responsibilities regarding immunoprophylaxis between authorized institutions in the sphere of public health in the regulatory and legal field - Draft and approve a road map for the development of a network of regional disease control and prevention centers ● Start implementation of enhanced (syndromic) epidemiological surveillance; ● Ensure the planning and implementation of public health programs to meet the challenges of wartime: ● Conduct an assessment of the level of vaccination of children 	<ul style="list-style-type: none"> - Adopt the Law of Ukraine on overcoming tuberculosis in Ukraine - Adopt the Law of Ukraine on biological safety and biological protection - Ensure the functioning and implement monitoring of the activity of the coordination mechanism in the public health system at the national and regional levels - Enable the involvement of employees of non-governmental organizations without healthcare education to perform certain activities and functions in the public health system with the definition of the mechanisms of their involvement and quality assessment standards - Ensure the operation and due organizational, financial and human resource capacities of the Public Health Center at the national level as the main expert institution in the public health sector - Conduct an assessment of the organizational, financial and human resource capacities of 	<ul style="list-style-type: none"> ● . Continue the implementation of measures to strengthen the potential and practical skills of workers in the field of public health (national, regional levels) in accordance with the national plan. <ul style="list-style-type: none"> - Conduct a periodic assessment of the organizational, financial, and human resource capacity of the oblast disease control and prevention centers to perform the key operational functions in the field of public health in order to adjust measures for the formation of the functional sustainability of the centers - Support adequate resource provision of public health institutions at the national and regional level, in particular public health system laboratories ● Ensure the functioning of an efficient system for the surveillance of public health status and indicators and the monitoring of risk factors affecting them by strengthening cross-sectoral cooperation under “One Health” framework and integrating public health and primary healthcare services using big data technologies. ● Promote the production of diagnostic kits by national institutes, their further purchase/use after validation and approval
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	<p>throughout the country;</p> <ul style="list-style-type: none"> ● Assess the damage to vaccine storage infrastructure at the regional level; ● Conduct a communication campaign among the population in order to ensure the population's access to reliable information about vaccination; ● Ensure proper funding of public health programmes, allocation of financial resources according to identified priorities for each area and monitoring the use of budget(s) in accordance with the established performance indicators. 	<p>the Public Health Center (baseline assessment in the first half of 2023, follow-up assessment in 2025);</p> <ul style="list-style-type: none"> - Implement the road map to strengthen the capacity of the Public Health Center; - Prepare terms of reference and project estimates for updating the infrastructural facilities of the Public Health Center of the Ministry of Health of Ukraine, including equipment for the BSL-4(3) level public health laboratory, the genomic center and the national reference laboratory in accordance with the modern international standards and requirements. (Reconstruction work is expected to begin in 2024) - Develop and approve a national comprehensive plan for strengthening the staff potential and practical skills of employees in the field of health and safety and start the implementation of such measures; - Create a National Training Center for the public health system on the basis of the Public Health Centre; - Implement measures to improve the supply system, 	
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		<p>logistics, and procurement procedures (equipment, medical products, materials, personal protective equipment) for the public health system throughout the country, including implementing the development of 3-year procurement plans for the public health system.</p> <ul style="list-style-type: none"> - Ensure the updating of an effective vaccine storage and transportation system ("cold chain") as well as modernization of the capacities of of the State-Owned Enterprise "Ukrvactsyna" of the Ministry of Health of Ukraine as the national logistician in terms of storage and transportation of vaccines; - Provide stock management of vaccine residue managing at the national level (setting up a system for online monitoring of residue and vaccine logistics in live time mode). - Resource the network of disease control and prevention centres in accordance with the system's needs to perform the essential public health operational functions: <ul style="list-style-type: none"> - Develop a mechanism for periodic assessment of 	
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		<p>the organizational, financial, and human resources capacity of the Disease Control and Prevention Centres (DCPC);</p> <ul style="list-style-type: none">- Start the implementation of measures to strengthen the practical skills of the employees of the Disease Control and Prevention Centers in accordance with the national plan.- Ensure the creation of public health laboratories of BSL-3 level (biosafety level) and 1st chemical safety level for the national 24/7 response network (Kharkiv, Odesa, Lviv, Kyiv) at Public Health Centre and 3 regional Disease Control and Prevention Centers, including the development of a concept, project estimates, construction and full equipment of centers according to the standards and requirements of laboratories of this level and biosafety and biosecurity standards.- Create public health laboratories BSL-2 (biosafety level) and 2nd level of chemical safety in all Disease Control and Prevention Centres as part of the national network of public health laboratories, including the development of the	
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		<p>concept, project estimates, construction and full equipment according to the standards and requirements of the laboratories of such level and standards of biosafety and biosecurity.</p> <ul style="list-style-type: none"> - Create an immunization module. ● Develop and ensure the functioning of an electronic information and analytical system for the surveillance of public health status and indicators and the monitoring of risk factors affecting them considering cross-sectoral cooperation under “One Health” framework and integrating public health and PHC services using big data technologies (including development of a technical task and IT product, staff training, equipment provision and system launch). <p>Create the list of priority communicable diseases and especially dangerous communicable diseases for the purposes of epidemiological surveillance.</p> <ul style="list-style-type: none"> - Ensure the availability of qualified specialists for the development and improvement of the 	
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		<p>capacity of the surveillance system, including for NCDs and the laboratory network.</p> <ul style="list-style-type: none"> - Strengthen the capacity of the system to detect communicable diseases, in particular, tuberculosis, viral hepatitis and HIV, with a particular focus on the territories that were temporarily occupied and most affected by the aggression of the Russian Federation - Strengthen surveillance system for healthcare-associated infections, including antimicrobial resistance. - Train epidemiologists and other specialists of the Disease Control and Prevention Center in modern epidemiological approaches, including on issues of conducting epidemiologic surveillance for NCDs. - Implement the use of analytical epidemiology and statistical analysis methods for surveillance purposes on a routine basis, as well as the use of epidemiological data to forecast reagent needs and the load on the laboratory network. - Identify the laboratories of the 	
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		<p>health care system and the veterinary service for the detection of particularly dangerous communicable diseases both among people and among animals according to the "One Health" principle.</p> <ul style="list-style-type: none">● Create a laboratory network that meets biosafety and biosecurity standards in accordance with WHO Laboratory Biosafety Manual, 4th edition.● Strengthen the capacity of the laboratory network to identify, verify and report public health threats and hazards in a timely manner<ul style="list-style-type: none">- Define functions and tasks for each level of laboratories, including clinical ones.- Determine the redirection system for test samples, in particular, the cases that require redirection, the level of the laboratory for redirection.- Develop procedures for the internal quality management system of public health laboratories, ensuring compliance with metrological requirements.- Develop standard operating	
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		<p>procedures for laboratories.</p> <ul style="list-style-type: none"> - Ensure the participation of laboratories in external quality assessment. - Ensure the accreditation of laboratories, in particular, in accordance with the ISO17025 standard. - From 2024, provide for regular maintenance of equipment, in particular, through the creation of an appropriate division or by purchasing services. - Review, update, develop, ensure regulatory and reagent provision of laboratory algorithms for case confirmation of surveillance diseases and infections of concern - Establish requirements for diagnostic capabilities (list of necessary laboratory tests, etc.) in the system of public health laboratories at each level, in accordance with the list of diseases subject to supervision - . Evaluate the existing laboratory system, develop a recovery and development plan, including a plan for the recovery (improvement) of the infrastructure, provision of human resources and necessary equipment 	
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		<ul style="list-style-type: none"> - Ensure reporting of laboratory data on disease cases to European surveillance systems (TESSY, EUCAST, etc.) - Provide the Disease Control and Prevention Center with the mobile laboratories, on a wheeled base with increased cross-country ability, with appropriate laboratory equipment for conducting express research for the purpose of prompt response to hazards of biological, chemical and physical (radiation) nature. - Implement the right of the Public Health Centre to access to the existing databases of in other spheres without personal data of individuals and taking into account the confidentiality of information, in particular in the areas of ecology, veterinary medicine, justice, crop production, water resources and others - Legislatively ensure the exchange of data and research results, conduction of joint research, access to the necessary infrastructure for conducting research between the Public Health Centre, the Disease Control and Prevention, scientific institutions, 	
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		<p>non-governmental organizations conducting research in the field of public health, health care facilities and individual researchers.</p> <p>- When planning the research, ensure the use of modern laboratory research methods and their comparability with international practices.</p> <ul style="list-style-type: none"> • Ensure the planning and implementation of public health programmes to be developed on the basis of evidence concerning the health status of the population and the burden of diseases focused the determinants of health • Determine priorities in the field of public health based on a regional analysis of the causes of morbidity, disability and mortality, taking into account the state-wide (national) strategic goals of promoting the health of the population. 	
Deadline within the stage	June 2022 - December 2022	January 2023 - December 2025	January 2026 - December 2032
Risks related to the goal achievement	<ul style="list-style-type: none"> • Continuation of the war on the territory of Ukraine • Lack of state budget resources • Lack of consent among stakeholders 	<ul style="list-style-type: none"> • Continuation of the war on the territory of Ukraine • Lack of state budget resources • Lack of consent among stakeholders 	<ul style="list-style-type: none"> • Lack of state budget resources • Lack of consent among stakeholders
Quality goal achievement indicator	<ul style="list-style-type: none"> • An audit of the regulatory framework was conducted • The Draft Law on the Public Health System (r. No. 4142) was adopted 	<ul style="list-style-type: none"> • Normative and legal regulation on disease prevention and control in accordance with EU acts is ensured 	<ul style="list-style-type: none"> • Centers for disease control and prevention throughout the country are provided with resources, including for the needs of laboratories

	<p>in the second reading and as a whole</p> <ul style="list-style-type: none"> • A road map for the development of a network of regional disease control and prevention centers has been developed 	<ul style="list-style-type: none"> • The functioning and due organizational, financial, and human resources capacity of the Public Health Centre is ensured at the national level • The network of oblast disease control and prevention centres effectively perform the key operational functions of public health at the regional level and is provided with the necessary resources • The functioning of an effective system for epidemiologic surveillance of public health status and indicators is ensured and risk factors affecting them are monitored • The capacity of the laboratory network to identify, verify and report public health threats and hazards in a timely manner has been strengthened • Planning, financing and implementation of public health programs are ensured 	<ul style="list-style-type: none"> • Epidemiological surveillance for infectious and non-infectious diseases has been improved and strengthened • A laboratory network that meets WHO biosafety and biosecurity standards is provided
The total amount of the need for financial resources to achieve the goal	does not require additional costs	UAH 5.0 billion	UAH 800 million
Connection of the goal with other directions	The goal is related to the implementation of the Human Development Strategy for 2021-2023		

2. Identified problem to be resolved in the relevant analysis area

The war aggravated the problems with the ability to cover a significant number of the population with vaccination and exacerbated the challenges associated with the incidence of tuberculosis, HIV, viral hepatitis, resistance to antimicrobial drugs, and outbreaks of communicable diseases. The hostilities resulted in damage to both public health facilities (centers and laboratories) and the destruction of critical infrastructure facilities, such as damage to centralized water supply and sewerage. In some areas, due to unbearable living conditions, a catastrophic lack of drinking water and food, chaotic burials within settlements, lack of access to hygiene and sanitation, the risk of individual outbreaks and epidemics of communicable diseases, including particularly dangerous diseases (for example, cholera) has increased. Prolonged stay in bomb shelters, shelters with unsatisfactory nutrition, physical activity, hygienic procedures, lack of

anti-epidemic measures, on the one hand, and environmental pollution, on the other hand, will lead to distant public health problems related to non-communicable diseases. Therefore, in the Recovery Plan, it is important to concentrate efforts on restoring safe conditions and environment for human activities, as well as to implement measures to minimize the impact of hostilities and other risk factors on the health and well-being of Ukrainians.

<p>Goal to be achieved to solve the issue during each stage</p> <p>2. Creating safe living conditions and living environment contributing to the preservation and promotion of health</p>	<ul style="list-style-type: none"> ● Undertake actions to address the key risk factors for combating non-communicable diseases ● Create conditions for food systems that promote equal access to safe, healthy and sustainable food throughout the life cycle ● Implement measures to assess and reduce environmental hazards to health of the population. ● Assess the risks and vulnerability of the population to climate change 	<ul style="list-style-type: none"> ● Use a comprehensive multisector approach integrated with primary healthcare in addressing the issues associated with the to risk factors for health at different stages of human lifecycle to promote health equity ● Develop mechanisms for implementing the "Health in all policies" principle into the process of state policy forming and the development/approval of regulatory acts ● Take measures to raise the level of awareness of various population groups on the prevention of non-communicable diseases ● Implement comprehensive measures targeting the environmental determinants of health, including climate change ● Strengthen the health care system readiness for emergency events related to climate change (extreme temperatures, other climate changes not typical for the territory of Ukraine). ● Strengthen and improve the surveillance system for communicable diseases whose outbreaks may be associated with extreme temperatures. ● Improve the monitoring of water quality in open water, 	<ul style="list-style-type: none"> ● Implement comprehensive measures targeting the environmental determinants of health, including climate change, in order to create a safe, healthy environment for human activities. ● Undertake actions to address the key risk factors for high burden of diseases, including by strengthening the introduction of best practices ("best-buys") to combat non-communicable diseases. ● Create conditions for food systems that promote equal access to safe, healthy and sustainable food throughout the life cycle by harmonizing Ukrainian legislation with EU legislation in the field of sanitary and phytosanitary standards, food safety.
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		<p>carried out by the DCPC by updating the laboratory base and developing an information mechanism of the population about its quality.</p> <ul style="list-style-type: none"> ● Improve atmospheric air quality monitoring systems carried out by the DCPC by updating the laboratory base and develop a system for early notification of the population, including measures to reduce the impact on health. ● Ensure the implementation of measures to address key risk factors that cause a high burden of disease. ● Improve the legislation regarding the prohibition of advertising and other types of promotion of the sale of alcoholic beverages, foods with an excessive amount of salt or sugar ● Conduct an information campaign among the population regarding the importance of increasing physical activity. ● Create conditions for food systems that promote equal access to safe, healthy and environmentally friendly food throughout life: <ul style="list-style-type: none"> ● Promote breastfeeding ● Harmonize Ukrainian legislation with the EU legislation in the field of sanitary and phytosanitary standards, food safety. ● Continue the implementation of the principles of healthy 	
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		<p>nutrition in educational institutions by conducting information campaigns</p> <ul style="list-style-type: none"> ● Implement measures to reduce the use of salt by the population of Ukraine. 	
Deadline within the stage	June 2022 - December 2022	January 2023 - December 2025	January 2026 - December 2032
Risks related to the goal achievement	<ul style="list-style-type: none"> ● Insufficient funding ● Lack of necessary expertise ● Lack of understanding in the political environment of the need to create safe conditions and environment for human activity. 	<ul style="list-style-type: none"> ● Continuation of hostilities ● Insufficient funding ● Lack of necessary expertise ● Lack of understanding in the political environment of the need to create safe conditions and environment for human activity. 	<ul style="list-style-type: none"> ● Insufficient funding ● Lack of necessary expertise ● Lack of understanding in the political environment of the need to create safe conditions and environment for human activity.
Quality goal achievement indicator	<ul style="list-style-type: none"> ● An assessment of the environmental danger to the life and health of the population was carried out and a plan of measures to reduce such a threat was developed. 	<ul style="list-style-type: none"> ● Comprehensive multisector approach integrated with primary healthcare in addressing the issues associated with the social determinants of health is applied ● Comprehensive measures aimed at environmental determinants of health have been implemented ● Increased excise duties on tobacco products, expanded taxation of alcoholic products, introduced an excise tax on sugar-sweetened beverages. 	<ul style="list-style-type: none"> ● Residents of Ukraine have access to safe living conditions and environments that contribute to preserving and strengthening health and increasing the average life expectancy of Ukrainians.
The total amount of the need for financial resources to achieve the goal	<p>UAH 1 million</p> <p>If no action is taken, over the next three decades the burden of NCDs will reach trillions of dollars in lost resources through direct health care costs and indirect costs through wasted human and social capital. However, feasible and</p>	<p>UAH 422 million</p>	<p>It requires calculation, because the implementation of measures to reduce the impact of environmental and social determinants on health requires the involvement of other state bodies, in particular the Ministry of the Regions, the Ministry of the Environment, the Ministry of Agriculture, the Ministry of Economy, the Ministry of Energy, the Ministry of Social Policy.</p>

	<p>cost-effective interventions to reduce the burden and negative impact of NCDs exist, and sustained interventions to prevent risk factors and improve health care can prevent millions of preventable premature deaths.</p>		
<p>Connection of the goal with other directions</p>	<p>The goal is directly related to the implementation of the Strategy for Human Development for 2021-2023, the Strategy for Environmental Security and Adaptation to Climate Change for the period up to 2030.</p>		
<p>3. Identified problem to be resolved in the relevant analysis area: The imperfection of the system of preparedness and response to emergency situations in public health has become one of the critical challenges of the public health system of Ukraine in the conditions of martial law. The lack of a system for preventing the occurrence, early detection and effective response to emergency situations and the practice of developing and implementing emergency preparedness and response plans in the field of public health at the national, regional and health care facility levels creates potential risks for the lives and health of Ukrainians. In order to proactively respond to biological, chemical and radiation threats and overcome the consequences of such threats, Ukraine needs to create a qualitatively new functional system of preparedness for and response to emergency situations in the field of public health.</p>			
<p>Goal to be achieved to solve the issue during each stage 3. Ensuring public health protection through prevention, early detection and effective response to emergencies</p>	<ul style="list-style-type: none"> ● Establish a coordination cross-sectoral platform with the involvement of all stakeholders in the field of the "One Health" initiative as an advisory body on health issues in emergency situations ● Ensuring the availability and efficient functioning of the key elements of an emergency preparedness and response system in line with International Health Regulations for wartime needs: ● Implement a human resource development strategy that includes the selection, motivation, and staff training to support the public health emergency preparedness and response system; 	<ul style="list-style-type: none"> ● Develop and approve a national plan, regional plans, and plans at the level of health care facility on preparedness for emergency situations in the field of public health, define the roles and responsibilities of authorized bodies, including the Public Health Center and regional disease control and prevention centers; ● Improve the electronic integrated system of monitoring and routine surveillance of all communicable diseases at all levels, ensuring coordinated analysis of epidemiological surveillance data and laboratory data. ● Determine and approve mechanism for early warning of risks and emergency 	<ul style="list-style-type: none"> ● Ensure effective functioning of key elements of the emergency preparedness and response system in accordance with the International Health Regulations: - Ensure the implementation of measures to introduce the strategy for the prevention of diseases with pandemic/epidemic potential and implement measures to reduce the risk of the appearance of pathogens with a high degree of danger ● Ensure the functioning of a mechanism for activating rapid funding and actions to prevent and mitigate the consequences of emergencies ● Provide efficient and high-quality crisis communication, taking into account behavioural research data, including non-targeted alerts of citizens or their groups on public health events. ● Ensure the functioning of information and analytical tools for forecasting and modelling the development of emergencies.

		<p>situations in the field of public health</p> <ul style="list-style-type: none"> ● Create an operational center for emergency situations in the field of public health, synchronized with national and international (WHO, EU) warning and response systems; ● Conduct simulation training for public health and health care workers on the early warning system. ● Ensure the availability and effective functioning of key elements of the emergency preparedness and response system in accordance with the International Health Regulations (continued): <ul style="list-style-type: none"> - Take into account the needs of people from risk groups, as well as communities, in emergency response plans and ensure their participation in the development of such plans; - Improve regional and national reporting systems on key indicators of preparedness and response to ensure prioritization of funding and technical assistance. ● Implement strategies for the prevention of diseases with pandemic/epidemic potential and introducing measures to reduce the risk of emergence of highly dangerous pathogens: ● Create an early warning system about 	
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		<p>emergencies in the field of public health and safety to launch a rapid response;</p> <ul style="list-style-type: none"> ● Develop and implement clear safety protocols for exposure to animal-borne infections; ● Ensure the functioning of a mechanism for activating rapid funding and actions to prevent and mitigate the consequences of emergencies: ● Improve the procedure for the formation and use of state funds in the direction of responding to emergency situations in the field of public health; ● Develop a strategy for crisis communication taking into account the data of behavioral studies, including non-targeted alerts of citizens or their groups, in the field of public health and a plan of measures for its implementation ● Provide effective and high-quality crisis communication, taking into account the data of behavioral studies, including untargeted alerts of citizens or their groups regarding events in the field of public health: ● Develop GESI (Gender Equality and Social Inclusion) language to warn of the threat of sexual or exploitative violence in times of crisis. ● Appoint and conduct training of officials of 	
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		<p>the Disease Control and Prevention Center, departments of healthcare, healthcare facilities on issues of public relations, informing the public during emergency situations in the field of health and safety.</p> <ul style="list-style-type: none"> ● Conduct educational activities, social communication activities, and ensure cross-sector partnerships to improve health awareness and risk communication with an emphasis on public awareness of emergency preparedness issues. ● Create information and analytical tools for forecasting and modelling the development of emergencies ● Strengthen the capacity of specialists in the public health system regarding modeling and forecasting; ● Improve prognostic and other models regarding the development of extraordinary events or situations in the field of public health; ● Create of a strategic stock of medical products on the basis of a national distributor 	
Deadline within the stage	June 2022 - December 2022	January 2023 - December 2025	January 2026 - December 2032
Risks related to the goal achievement	<ul style="list-style-type: none"> ● Insufficient funding ● Lack of necessary expertise ● Lack of understanding in the political environment of the need for an 	<ul style="list-style-type: none"> ● Continuation of hostilities ● Insufficient funding ● Lack of necessary expertise ● Lack of understanding in the 	<ul style="list-style-type: none"> ● Insufficient funding ● Lack of necessary expertise ● Lack of understanding in the political environment of the need for an effective response to emergencies.

	effective response to emergencies	political environment of the need for an effective response to emergencies.	
Quality goal achievement indicator	<ul style="list-style-type: none"> ● A coordination cross-sectoral platform was created with the involvement of all stakeholders in the field of the "One Health" initiative ● A strategy for the development of human resources (selection, motivation, staff training) was implemented to support the system of preparedness and response to emergencies in the field of public health ● regular forums for healthcare workers to share practices on emergency response and crisis management has been established. 	<ul style="list-style-type: none"> ● An operational information mechanism for early warning of risks and emergencies in the field of public health was created ● Availability and effective functioning of key elements of the emergency preparedness and response system in accordance with International Regulations is ensured. ● Strategies for the prevention of priority diseases with pandemic/epidemic potential have been implemented and measures to reduce the risk of pathogens with a high degree of danger have been implemented ● A systematic review, analysis, and assessment of the system's ability to prepare for and respond to emergencies and the potential of natural disaster risk management were conducted ● Effective and high-quality crisis communication is provided, in particular, regarding events in the field of health and safety ● Information and analytical tools for forecasting and modeling the development of emergencies have been created. 	<ul style="list-style-type: none"> ● An effective public health protection system has been created through prevention, early detection and effective response to emergencies.

		<ul style="list-style-type: none"> A strategic stock of medical products was created on the basis of a national distributor 	
The total amount of the need for financial resources to achieve the goal	UAH 100 million	UAH 2.5 billion	UAH 440 million
Connection of the goal with other directions	The goal is related to the implementation of the Biosafety and Biological Protection Strategy, put into effect by the Decree of the President of Ukraine No. 668 of 12/17/2021 and the actions of the National Security and Defence Council of Ukraine.	Priority 2 Financing -to create a coordination center -on equipment	Priority 2 Financing - to create an operational center - on equipment

4. Identified problem to be resolved in the relevant analysis area:

Ensuring the development of the national blood system based on voluntary free donation of blood and blood components in accordance with the European safety and quality standards by creating a single centralized, cost-effective blood system under the management and coordination of the Ministry of Health of Ukraine, which guarantees the self-sufficiency of the state in blood components in peacetime and wartime. Formation and implementation of an informational component in the field of blood donation and blood components.

<p>Goal to be achieved to solve the issue during each stage</p> <p>4. Ensuring the functioning of the national blood system to guarantee equal and timely access of patients to safe and high-quality components of donor blood in sufficient quantities by the state</p>	<ul style="list-style-type: none"> Create the National Transfusion Center as a specialized state institution in the sphere of management of the Ministry of Health of Ukraine, after the issuance of the Decree of the President of Ukraine on the termination of the legal regime of martial law, in order to ensure effective management of blood system entities and coordination of blood system activities Unify approaches to calculating the cost of donated blood and blood components with the aim of transitioning to the reimbursement of the cost of blood components within the PMG, as well as forming the purchase price of plasma for fractionation Introduce a unified mechanism for the sale of donated blood and blood components between the participants of the blood system 	<ul style="list-style-type: none"> Create and ensure the functioning of the National Transfusion Committee within the National Transfusion Center Introduce the European standards of safety and quality of donor blood and its components in accordance with regulatory standards in the EU Introduce regulation through mandatory and separate licensing based on the requirements of the European Blood Inspection System (EuBIS) - development and adoption of the order of the Ministry of Health of Ukraine regarding the licensing of blood system entities based on the requirements of the European Blood Institution Inspection (EuBIS) Strengthen the functional capacity and increase the economic efficiency of blood system entities by standardizing and streamlining the main technological processes, planning activities and 	<ul style="list-style-type: none"> Ensure an increase in the volume of donated blood and blood components collection due to an increase in the number of donors by implementing an effective communication campaign and a system of encouraging voluntary blood and blood component donors Continue the implementation of measures for the development of blood donation and blood components with the aim of self-sufficiency of the state with sufficient amounts of donor blood and blood components Conduct a periodic assessment of the organizational, financial and staff capacity of the national blood system in order to improve public administration measures.
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	<ul style="list-style-type: none"> • Provide legal regulation of donor blood components reimbursement within the PMG • Approve the procedure and conditions for the contract production of blood products from plasma for fractionation, made by business entities producing blood products on the territory of Ukraine, with the return of blood products produced to the order of blood system entities of state and communal forms of ownership, with the definition prices, as well as the order of contract production of blood products • Develop and submit to the Cabinet of Ministers of Ukraine a draft resolution on the functioning of the Blood System Information Space • Develop, implement and ensure the functioning of at least two modules of the Blood System Information Space to ensure the functioning of the blood system. 	<p>performing tasks for self-sufficiency of the state with donated blood and blood components under the coordination of the National Transfusion Center.</p> <ul style="list-style-type: none"> • Ensure the functioning of the blood system at the hospital level in order to provide blood component transfusion services • Establish surveillance procedures to collect and evaluate information on serious adverse events and serious adverse reactions in both donors and recipients. • Establish a procedure for investigating serious adverse events and serious adverse reactions • Develop, implement and ensure the functioning of all modules of the Blood System Information Space for the proper functioning of the blood system. 	
Deadline within the stage	June 2022 - December 2022	January 2023 - December 2025	January 2026 - December 2032
Risks related to the goal achievement	<ul style="list-style-type: none"> • Continuation of hostilities • Destruction of existing infrastructure • Insufficient funding 	<ul style="list-style-type: none"> • Continuation of hostilities • Destruction of existing infrastructure • Insufficient funding 	<ul style="list-style-type: none"> • Continuation of hostilities • Destruction of existing infrastructure • Insufficient funding
Quality goal achievement indicator	<ul style="list-style-type: none"> • The National Transfusion Center was created as a specialized state institution in the sphere of management of the Ministry of Health of Ukraine, after the issuance of the Decree of the President of Ukraine on the termination of the legal regime of martial law, with the aim of ensuring effective management of subjects of the blood system and coordination of activities of the blood system • Issues of donor blood and blood components value are settled in order to proceed to reimbursement of the 	<ul style="list-style-type: none"> • The activities of the National Transfusion Center are ensured • European standards of safety and quality of donated blood and blood components have been introduced in accordance with the EU regulation • Regulation was introduced through mandatory and separate licensing based on the requirements of the European Blood Inspection System (EuBIS) • The coordination activity of the National Transfusion Center has been ensured to strengthen the implementation of tasks for self-sufficiency of the state with donated blood and blood components. 	<ul style="list-style-type: none"> • An effective blood system coordinated by the National Transfusion Center at the national level has been created, which functions on the principles of: voluntary free donation of blood and blood components; self-sufficiency of the state's need for sufficient amounts of donated blood and blood components; economic efficiency; state guarantee of equal and timely access of patients to safe and high-quality components of donated blood in sufficient quantity • The annual rate of voluntary free blood donors is at least 90% of the total number

	<p>blood components' cost within the PMG, as well as purchase prices of plasma for fractionation based on reference pricing</p> <ul style="list-style-type: none"> • A single mechanism for donated blood and blood components sale between blood entities, as well as to health care facilities providing transfusion services has been introduced • The procedure and conditions of contractual production of blood preparations from plasma for fractionation in accordance with the requirements of the legislation have been approved, as well as the price of contract fractionation is determined • Project Resolutions on the functioning of the Blood System Information Space has been developed and submitted to the Cabinet of Ministers of Ukraine • At least two modules of the Blood System Information Space have been developed, implemented and maintained. 	<ul style="list-style-type: none"> • Hospital blood banks, transfusion immunology laboratories, hospital transfusion committees in health care facilities that provide transfusion services of blood components have been established • Hemomonitoring procedures and the appropriate procedure for investigating adverse reactions and cases of both donors and recipients have been introduced • Support for the functioning of all modules of the Blood System Information Space to ensure the functioning of the blood system has been developed, implemented and provided 	<ul style="list-style-type: none"> • The annual rate of procurement of preserved donated blood by the blood entities is no less than 15,000 doses • Annual indicator of the ratio of the number of doses of stored preserved blood to the number of full-time staff of the blood entity in the amount of at least 100 per individual • The annual rate of write-off of erythrocyte blood components (doses) after the expiration date by the blood entity is no more than 5% • The percentage of unfulfilled applications of health care institutions that provide transfusion services by subjects of the blood system is no more than 15%.
The total amount of the need for financial resources to achieve the goal	UAH 666.6 million	UAH 1,35 billion	UAH 2.8 billion
Connection of the goal with other directions	<p>The planning of measures and their implementation is closely related to the results of the implementation of the plan of measures of the National Blood System Development Strategy until 2022.</p> <p>https://zakon.rada.gov.ua/laws/show/120-2019-%D1%80#n115</p>		

List of legal acts to Priority 6

<p>1. Ensuring the functioning of a capable public health system aimed at preserving and promoting public health, disease prevention and timely detection of and response to health challenges, creating a coordination mechanism in the public health system</p>	<ul style="list-style-type: none"> ● Draft Law on the Public Health System ● Draft resolution of the CMU on the approval of the Strategy for the Development of Immunoprophylaxis and the Protection of the Population from Communicable Diseases Preventable through Immunoprophylaxis for the Period Until 2030 and the Approval of the Action Plan for Its Implementation ● Draft act of the CMU on the implementation of the updated WHO International Medical and Sanitary Regulations for the purpose of strengthening the sanitary protection of territories, in particular the protocols of medical examination of citizens returning from territories with a high level of epidemic threat ● Legal act on the distribution of responsibilities between authorized institutions in the field of health care in relation to immunoprophylaxis ● Legal act on defining the coordination mechanism in the public health system at the national and regional levels ● Legal act on approval of the road map for the development of the network of regional disease control and prevention centers 	<ul style="list-style-type: none"> ● Draft Law of Ukraine on biological safety and biological protection ● Draft Law of Ukraine on overcoming tuberculosis in Ukraine 	
<p>2. Creating safe living conditions and living environment contributing to the preservation and promotion of health</p>	<ul style="list-style-type: none"> ● Legal act on approval of the Procedure for the use of flavorings in food products ● Legal act on approval of the Procedure for the use of enzymes in food products in accordance with EU legislation 	<ul style="list-style-type: none"> ● Legal act on approval of the procedure for the use of food additives in food products ● Legal act on approval of technical requirements for food additives ● Legal act on approval of the List of food products 	

	<ul style="list-style-type: none"> • Legal act on approval of Requirements for food products and food ingredients exposed to ionizing radiation • Legal act on approval of basic norms and rules of radiation safety for handling materials containing radionuclides of natural origin • Legal act on the approval of State sanitary standards and rules "Radiation safety standards of Ukraine. Ensuring the sanitary and epidemic well-being of the population in planned exposure situations" 	<p>and feed to which the maximum levels of pesticide residues are applied, and the reduction of such maximum levels</p> <ul style="list-style-type: none"> • Legal act on approval of the Procedure for the use of recycled plastic materials and products intended for contact with food products", as well as about eleven draft orders aiming at bringing measures applied to recycled plastic materials and products intended for contact with food products into compliance with EU legislation • Legal act on the approval of Requirements for the release of N-nitroamines and N-nitrosates from rubber and elastomer nipples and pacifiers • Legal act on approval of the Requirements for the import of plastic tableware made of polyamide and melamine, which is manufactured or shipped from the People's Republic of China or the Hong Kong Special Administrative Region" • Amendments to the laws regarding the prohibition of advertising and other types of promotion of the sale of alcoholic beverages, food products with an excessive amount of sugar, salt 	
<p>3. . Ensuring public health protection through prevention, early detection and effective response to emergencies</p>		<ul style="list-style-type: none"> • Resolution of the CMU on the approval of the National plan for emergency preparedness in the field of public health • Legal act on defining the mechanism of early notification of risks and emergency situations in the field of public health • Legal act on the approval of the Crisis Communication Strategy, 	

		<p>taking into account the data of behavioral studies, including untargeted alerts of citizens or their groups, in the field of public health and the plan of measures for its implementation</p> <ul style="list-style-type: none"> • Legal act on the creation of a national Training Center for the public health system on the basis of the Public Health Center • Legal act on the creation of a BSL-3 public health laboratory (biosafety level) and chemical safety level 1 for the national 24/7 response network • Legal act on approval of the Procedure for the use of recycled plastic materials and products intended for contact with food products • Legal act on bringing measures applied to recycled plastic materials and products intended for contact with food products into compliance with EU legislation 	
<p>4. Ensuring the functioning of the national blood system to guarantee equal and timely access of patients to safe and high-quality components of donor blood in sufficient quantities by the state</p>	<ul style="list-style-type: none"> • Legal act on the formation of the National Transfusion Center • Legal act on the approval of the Methodology for calculating the cost of donated blood and blood components produced by entities of the blood system, to ensure the provision of blood transfusion services and/or blood components • Resolution of the CMU on approval of the Procedure for the sale of donated blood and blood components by entities of the blood system that collect, process, test, store, distribute and sell donated blood and blood components • Resolution of the CMU on approval of the Procedure 	<ul style="list-style-type: none"> • Resolution of the CMU approving the Procedure for the procurement and testing of donated blood and blood components regardless of their final destination, processing, storage, transportation, distribution and sale of donated blood and blood components intended for transfusion • Resolution of the CMU on licensing of entities of the blood system based on the requirements of the European Inspection of Blood Institutions (EuBIS) • Legal act on collection and evaluation of information on serious adverse events and serious adverse reactions • Resolution of the CMU on popularization and 	

	<p>and conditions for the contract production of blood products from plasma for fractionation, made by business entities producing blood products on the territory of Ukraine, with the return of blood products produced to the order of blood system entities of state and municipal forms of ownership, with price determination</p> <ul style="list-style-type: none">• Resolution of the CMU approving the Procedure for contract production of blood products	<p>development of blood and blood components donation, functioning of the blood system</p>	
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Priority 7. Developing the electronic healthcare and strengthening of cybersecurity

1. Key issues to be solved within the framework of the Recovery Plan

Impact of the war on the defined analysis area:	
Key challenges	<ul style="list-style-type: none"> • The development of electronic healthcare gave rise to an increase in the number of information and communication systems and registers, volume of data and, consequentially, the number of attacks at them; • the risks of losing or compromising personal and healthcare data of the patients are rising; • the war continues resulting in aggressive actions against critical information infrastructure; • the attackers use advanced methods and multiple ways of cyberattacks, ransomware cyberattacks and attacks via IT service providers has become the most common methods; • IDPs and Ukrainians, who have been forced to move abroad, have no access to the data of their electronic medical histories, which content must meet international standards and legal requirements at the new place of residence; • in cases where healthcare workers have been displaced or changed their workplaces, communication between a family doctor and patients becomes complicated and requires their remote interaction or a patient must choose a new family doctor and remotely issue a new declaration; • due to remote interaction between patients and doctors, the number of telemedicine consultations is expected to increase, and the scope of health services, in addition to traditional ones, will include increased demand for rehabilitation services and mental health services. It is important for healthcare facilities to receive feedback from their patients about the quality of health services provided. • the rapid development of donation of blood and blood components and the national blood system operation demand the use of new specialized electronic tools; • Healthcare facilities require maximum efficient management of medicines and medical devices stock using an electronic record-keeping system; • there is a large number of existing electronic registers and databases in healthcare sector, and in order to use them efficiently, optimization is required.
Key possibilities	<ul style="list-style-type: none"> • The use of information and communication systems in healthcare sector has become an integral part of healthcare reform, which has significantly changed the principles of providing and financing health care in Ukraine. Russia's full-scale invasion has posed new challenges related to the need to improve cyberdefense of information and communication systems and to develop an electronic healthcare system in general. • Improvement and extension of the functions of the electronic healthcare system and other healthcare information and communication systems using the widespread international standards and classifications will enable the implementation of the priority areas of state healthcare policy. • Improving and expanding the functionality of electronic healthcare system and other healthcare information and communication systems using modern artificial intelligence technologies, telemedicine and other innovative solutions will allow ensuring the quality and accessibility of healthcare, as well as the transparency and efficiency of management decisions based on received data. • Analysis of existing forms of medical and statistic documents in the healthcare sector and a gradual transition from paper-based medical records to structured electronic medical records will improve the quality of data collection and ensure their receipt in real-time mode to effectively respond to current changes in the healthcare sector, as well as reduce the burden on healthcare workers.

	<ul style="list-style-type: none"> Improving the analytical capabilities of healthcare institutions and implementing innovative solutions will contribute to further development of data use. Implementing electronic patient account and ensuring patients' access to their personal data and other functional capacities of the electronic healthcare system. Strengthening the social and economic connections between the EU and Ukraine and the intensive migration of the population will result in the necessity of the integration with the global healthcare information space with cross-border interoperability of the Ukrainian electronic healthcare system and electronic healthcare systems of other countries of Europe and the world. The widespread introduction of telemedicine services in healthcare facilities will improve the availability of healthcare services in remote areas.
Key limitations	<ul style="list-style-type: none"> Insufficient level of computerization, ensuring high-speed Internet connection, digital competence of healthcare system human resources, as well as coverage by electronic medical information systems of healthcare service providers, in particular private ones. Healthcare consumers also have limited digital competence, under-informed about healthcare issues and the use of medical data. The use of electronic healthcare system and other information and communication systems data is limited in the healthcare sector of Ukraine, and the decision-making system based on the data obtained is not widely used. Special risks associated with processing of personal and sensitive patient's data and compliance with national legislation on the protection of personal data should be taken into account. The continuation of a full-scale war results in limitations imposed on project implementations throughout Ukraine. Human resources are limited, some cybersecurity specialists are involved in ensuring national defence; Due to the martial law and the condition of the national economy, there are certain limitations on budget financing of the projects and support for the existence and development of information and communication systems, their cyberdefense.

2. Goals, tasks and stages of the Recovery Plan within the direction "Developing the electronic healthcare and strengthening of cybersecurity"

2.1. Goals aimed at resolving the identified problems:

	Stage 1: June 2022 – end of 2022	Stage 2: January 2023 – December 2025	Stage 3: January 2026 – December 2032
Identified problem to be resolved in the relevant analysis area			
<p>The main problems that need to be solved today are: insufficient efficiency of electronic healthcare system, which, in particular, is characterized by:</p> <ul style="list-style-type: none"> doctors' lack timely and standardized patients' information, which leads to duplication of consultations, laboratory tests, other health services at various levels of health care provision and to spending resources in an inefficient manner; the use by healthcare professionals and healthcare facilities of inefficient tools related to maintenance of lots of paper-based medical documentation forms and collection of statistic data that needs to be reviewed and evaluated in terms of its impact on health care system's operational performance; extensive form of keeping medical records and insufficient information about the patient's health. <p>Information about the patient's health is fragmented: primary health records are stored by various healthcare service providers, mainly in a paper-based form, which leads to administrative burden on healthcare workers and time-consuming processes; lack of the information about the patient's health outside the relevant healthcare</p>			

<p>facility, high probability of its loss, low capacities for monitoring, controlling and managing healthcare services quality; limited accessibility of health services. The regions of Ukraine differ by their coverage by the network of healthcare facilities, a lack of qualified healthcare workers, a disproportionate territorial distribution of healthcare human resources (concentration in cities, insufficient human resources in rural areas), resulting in the demand for healthcare via means of remote communication. Collection and formation of medical statistics are disconnected from each other in the process, there is no reliable validation and verification of primary data used to generate statistical reporting. Underdeveloped national healthcare IT infrastructure, in particular staff capacities and level of digital competence of healthcare workers, as well as insufficient computerisation of healthcare facilities.</p>			
<p>Goal to be achieved to solve the issue during each stage</p> <p>1. Developing a single medical information space featuring national and cross-border interoperability and end-to-end processes and services</p>	<ul style="list-style-type: none"> Ensuring integration of the e-health system with the key public registers 	<ul style="list-style-type: none"> Conducting a thorough analysis and preparing a visualised model of the structure of the medical card in the electronic healthcare system taking into account important standards and requirements (HL7, FHIR, CDA) in the sector and current regulatory requirements, and implementing the medical card Developing, implementing and maintaining interoperability and data exchange between the key information and communication systems and healthcare registers 	<ul style="list-style-type: none"> Harmonisation of national standards with common global standards and classifications, introduction of internationally recognised and wide-spread standards in Ukraine for the further integration with the global information space Ensuring the interoperability of the Ukrainian electronic healthcare system with the electronic healthcare systems of other countries of Europe and the world
Deadline within the stage	June 2022 – December 2022	January 2023 – December 2025	January 2026 – December 2032
Risks related to the goal achievement	Lack of adequate financial and human resources to implement tasks; lack of political will; active hostilities	Lack of adequate financial and human resources to implement tasks; lack of political will; active hostilities	Lack of adequate financial and human resources to implement tasks; lack of political will; active hostilities; lack of initiative from other countries of Europe and the world
Quality goal achievement indicator	<ul style="list-style-type: none"> Integration of the e-health system with the SFS (PFU) Workplace Register, Personal Taxpayer Number Register of the State Tax Service, the Unified State Demographic Register and the State Register of Civil Status Acts is ensured 	<ul style="list-style-type: none"> A comprehensive analysis is conducted and a visualised model of the structure of the medical card in the electronic healthcare system is prepared, taking into account important standards and requirements (HL7, FHIR, CDA) in the sector and current regulatory requirements, and the 	<ul style="list-style-type: none"> National standards are harmonised with common global standards and classifications, the recognised and wide-spread standards are implemented in Ukraine. Technical conditions are created and interoperability of the Ukrainian electronic healthcare system with the electronic healthcare systems of at least

		<p>medical card is implemented</p> <ul style="list-style-type: none"> • Development, implementation, interoperability and data exchange between electronic healthcare system and electronic integrated infectious diseases surveillance system (EIDSS), SSD information system, blood information system, the state single transplantation information system, MedData information and analytical system and eStock electronic system for the management of stocks of medicines and medical devices are ensured 	<p>10 countries of Europe and the world is ensured in accordance with the established standards and data exchange protocols, particularly the FHIR international standard</p>
Total funding requirement for the goal achievement	≈UAH 60 million	≈ UAH 600 million	≈UAH 400 million
Links between the goal and other directions	Public Health and Digitalization	Public Health and Digitalization	Public Health and Digitalization
<p>Goal to be achieved to solve the issue during each stage</p> <p>2. Providing infrastructural and technical conditions for the provision of quality health services using information and communication systems at all the levels</p>	<ul style="list-style-type: none"> • Development of key requirements to the technical infrastructure of healthcare providers and informatisation of healthcare facilities 	<ul style="list-style-type: none"> • Ensuring development of the national healthcare informatisation infrastructure that includes proper computerisation conditions, and ensuring access to fast internet for healthcare providers. • Extending the functional capacities of the electronic healthcare system and other healthcare information and communication systems for ensuring quality and accessibility of health services • Ensuring the accessibility of electronic healthcare services for users/patients with visual, hearing musculoskeletal, speech and intellectual 	<ul style="list-style-type: none"> • Full-fledged implementation of telemedicine and intelligent clinical decision making support systems, big data processing systems and artificial intelligence technologies

		development impairments, as well as patients with various combinations of impairments	
Deadline within the stage	June 2022 – December 2022	January 2023 – December 2025	January 2026 – December 2032
Risks related to the goal achievement	Lack of adequate financial and human resources to implement tasks; lack of political will; active hostilities	Lack of adequate financial and human resources to implement tasks; lack of political will; active hostilities	Lack of adequate financial and human resources to implement tasks; lack of political will; active hostilities
Quality goal achievement indicator	<ul style="list-style-type: none"> Key requirements to the technical infrastructure of healthcare providers and informatisation of healthcare facilities are developed 	<ul style="list-style-type: none"> 80% of healthcare providers meet the indicators for the implementation of modern national healthcare informatisation infrastructure. The functional capacities of the electronic healthcare system and other healthcare information and communication systems are extended, more than 30 new electronic services are introduced for ensuring quality and accessibility of health services. Requirements on ensuring adherence to the DSTU ISO/IEC 40500:2015 “Information technologies. Guidelines on the accessibility of web-content W3C (WCAG) 2.0” standard are included in the terms of reference for the development of electronic healthcare software 	<ul style="list-style-type: none"> Telemedicine and intelligent clinical decision making support systems, big data processing systems and artificial intelligence technologies are implemented at all levels.
Total funding requirement for the goal achievement	≈ UAH 1 million	≈UAH 2.5 billion	≈UAH 700 million
Links between the goal and other directions	Public Health and Digitalization	Public Health and Digitalization	Public Health and Digitalization
Goal to be achieved to solve the issue during each stage	<ul style="list-style-type: none"> Developing and starting implementation of the healthcare digitalization roadmap 	<ul style="list-style-type: none"> Replacing the data model and enabling transition from paper-based medical and statistical 	<ul style="list-style-type: none"> Creating a data science centre and developing IT innovations using the advantages of big data processing and intelligent

<p>3. Transition to paperless records and ensuring electronic mechanisms for data collection and quality control, visualisation and analysis of public data in the healthcare sector</p>		<p>documents to structured electronic medical records</p> <ul style="list-style-type: none"> • Introduction of healthcare data collection mechanisms through information and communication systems, including private healthcare providers, as well as control of their quality • Re-organization of the methodology of healthcare statistical analysis formulation 	<p>systems for forecasting healthcare needs</p>
<p>Deadline within the stage</p>	<p>June 2022 – December 2022</p>	<p>January 2023 – December 2025</p>	<p>January 2026 – December 2032</p>
<p>Risks related to the goal achievement</p>	<p>Lack of adequate financial and human resources to implement tasks; lack of political will; active hostilities</p>	<p>Lack of adequate financial and human resources to implement tasks; lack of political will; active hostilities</p>	<p>Lack of adequate financial and human resources to implement tasks; lack of political will; active hostilities</p>
<p>Quality goal achievement indicator</p>	<ul style="list-style-type: none"> • The healthcare digitalization roadmap is developed and its implementation is started 	<ul style="list-style-type: none"> • The data model is replaced and the transition from paper-based medical and statistical documents to structured electronic medical records is ensured. • Healthcare data collection systems are introduced through information and communication systems, including private healthcare providers, as well as control of their quality. • The re-organization of the methodology of healthcare statistical analysis formulation is performed 	<ul style="list-style-type: none"> • A centre for statistical and research analysis of medical data and necessary technical infrastructure ensuring data processing was established, in particular for the following purposes: <ul style="list-style-type: none"> - receiving aggregated population data for decision-making while developing healthcare policies; - providing access to depersonalised data for scientific and research purposes; - using the results of the analysis in the sphere of clinical research, biobanking, etc. • Development of IT innovations and use of the advantages of big data processing and intelligent systems for forecasting healthcare needs and resource planning is ensured
<p>Total funding requirement for the goal achievement</p>	<p>≈ UAH 20 million</p>	<p>≈ UAH 400 million</p>	<p>≈ UAH 300 million</p>

Links between the goal and other directions	Public Health and Digitalization	Public Health and Digitalization	Public Health and Digitalization
Goal to be achieved to solve the issue during each stage 4. Creating friendly and transparent mechanisms for user access to the comprehensive data on their health and management of this information	<ul style="list-style-type: none"> Introduction of the first phase of the patient account (displaying and signing declarations with family doctors by the patients) 	<ul style="list-style-type: none"> Ensuring patients' access to their personal data and other functional capacities of the electronic healthcare system through the electronic patient account 	
Deadline within the stage	June 2022 – December 2022	January 2023 – December 2025	January 2026 – December 2032
Risks related to the goal achievement	Lack of adequate financial and human resources to implement tasks; lack of political will; active hostilities	Lack of adequate financial and human resources to implement tasks; lack of political will; active hostilities	
Quality goal achievement indicator	The first stage of the patient account has been introduced (displaying and signing declarations with family doctors by the patients)	Patients' access to their personal data and other functional capacities of the electronic healthcare system through the electronic patient account is ensured	
Total funding requirement for the goal achievement	≈ UAH 30 million	≈ UAH 100 million	
Links between the goal and other directions	Public Health and Digitalization	Public Health and Digitalization	
Goal to be achieved to solve the issue during each stage 5. Ensuring cybersecurity and information protection	<ul style="list-style-type: none"> Development of the healthcare cybersecurity concept; beginning of creation of the sectoral Cybersecurity centre for the coordination, analysis and development of healthcare cybersecurity policy, as well as for the response to cyberthreats 	<ul style="list-style-type: none"> Full implementation of the healthcare cybersecurity concept at different levels and the sectoral Cybersecurity Centre Ensuring the cybersecurity, monitoring, protection and analysis of potential interferences, losses and damages of healthcare information and communication systems and registers 	<ul style="list-style-type: none"> creating a system for management and maintenance of the largest health information and communication systems and registers using distributed registers (blockchain) technology, which will significantly increase their resilience
Deadline within the stage	June 2022 – December 2022	January 2023 – December 2025	January 2026 – December 2032
Risks related to the goal achievement	Lack of adequate financial and human resources to implement tasks; lack of political will; active hostilities	Lack of adequate financial and human resources to implement tasks; lack of political will; active hostilities	Lack of adequate financial and human resources to implement tasks; lack of political will; active hostilities

Quality goal achievement indicator	<ul style="list-style-type: none"> The concept is developed and a sectoral Cybersecurity centre for the coordination, analysis and development of healthcare cybersecurity policy, as well as responding to cyberthreats, is created 	<ul style="list-style-type: none"> The healthcare cybersecurity concept is implemented in full at different levels as well as the sectoral Cybersecurity Centre. The cybersecurity, monitoring, protection and analysis of potential interferences, losses and damages of healthcare information and communication systems and registers are ensured, namely: <ul style="list-style-type: none"> sectoral cyberthreat response centres (Security operation centres) and sectoral healthcare CIRT groups are created SIEM (Security information and event management) systems for monitoring and analysis of cyber incidents and SOAR (Security Orchestration, Automation and Response) automatic healthcare cyber incident response systems are implemented; other programmes and platforms required to detect vulnerabilities in systems, programmes, healthcare registers, and continuous monitoring of rapidly evolving cyberthreats are introduced 	<ul style="list-style-type: none"> A system for management and maintenance of the largest health information and communication systems and registers using distributed registers (blockchain) technology to significantly increase their resilience is created
Total funding requirement for the goal achievement	≈UAH 50 million	≈UAH 500 million	≈UAH 500 million
Links between the goal and other directions	Public Health and Digitalization	Public Health and Digitalization	Public Health and Digitalization
Goal to be achieved to solve the issue during each stage	<ul style="list-style-type: none"> Disseminating information materials to facilitate developing of digital competencies of information technology 	<ul style="list-style-type: none"> Introducing programmes and training on cybersecurity and cyber hygiene for users of electronic medical technologies to ensure 	<ul style="list-style-type: none"> Updating the requirements of the conceptual and reference digital competency framework for health professionals, taking into
6. Development and maintenance of digital			

competencies of information technology users in the healthcare sector	<p>users in the healthcare sector</p> <ul style="list-style-type: none"> Updating the general qualification requirements to healthcare specialties regarding the required knowledge and skills of modern information technologies 	<p>the compliance with personal data storage requirements and standards.</p> <ul style="list-style-type: none"> Improving digital competence of healthcare workers and fully integrating the requirements of the conceptual and reference digital competency framework for health professionals to professional standards, training and professional development system, requirements for staff recruitment, attestation and certification, incentivizing healthcare workers Implementing digital services of public accountability to enable public and patient oversight of the availability and quality of healthcare services 	<p>account innovative solutions and technologies</p>
Deadline within the stage	<p>June 2022 – December 2022</p>	<p>January 2023 – December 2025</p>	<p>January 2026 – December 2032</p>
Risks related to the goal achievement	<p>Lack of adequate financial and human resources to implement tasks; lack of political will; active hostilities</p>	<p>Lack of adequate financial and human resources to implement tasks; lack of political will; active hostilities</p>	<p>Lack of adequate financial and human resources to implement tasks; lack of political will; active hostilities</p>
Quality goal achievement indicator	<ul style="list-style-type: none"> Information materials for the development of digital competencies of information technology users in the healthcare sector have been disseminated. The general qualification requirements to healthcare specialties regarding the required knowledge and skills of modern information technologies are updated 	<ul style="list-style-type: none"> The programmes and training on cybersecurity and cyber hygiene for users of information technologies in the sphere of healthcare to ensure the compliance with personal data storage requirements and standards Digital competence of healthcare workers is improved and the requirements of the conceptual and reference digital competency framework for health professionals is fully integrated into professional standards, 	<ul style="list-style-type: none"> The requirements of the conceptual and reference digital competency framework for health professionals, taking into account innovative solutions and technologies are updated

		<p>training and professional development system, requirements for staff recruitment, attestation and certification, healthcare workers are incentivized</p> <ul style="list-style-type: none"> • Digital services of public accountability to enable public and patient oversight of the availability and quality of healthcare service are implemented 	
Total funding requirement for the goal achievement	≈UAH 20 million	≈UAH 100 million	≈UAH 5 million
Links between the goal and other directions	Public Health and Digitalization	Public Health and Digitalization	Public Health and Digitalization
<p>Goal to be achieved to solve the issue during each stage</p> <p>7. Sustainable institutions operating under a clearly defined management model ensuring flexibility and efficiency of e-health development</p>	Launching committees into operation to manage e-health	Ensuring the development of sustainable institutions with a clearly defined management model and sustainable resource support for e-health capable of responding to rapid changes and emergencies	
Deadline within the stage	June 2022 – December 2022	January 2023 – December 2025	January 2026 – December 2032
Risks related to the goal achievement	Lack of adequate financial and human resources to implement tasks; lack of political will; active hostilities	Lack of adequate financial and human resources to implement tasks; lack of political will; active hostilities	
Quality goal achievement indicator	Committees for e-health management are launched into operation	Sustainable institutions with a clearly defined management model and sustainable resource support for e-health capable of responding to rapid changes and emergencies are developed	
Total funding requirement for the goal achievement	no need	≈UAH 10 million	
Links between the goal and other directions	Public Health and Digitalization	Public Health and Digitalization	

List of legal acts to Priority 7

<p>1. Developing a single medical information space featuring national and cross-border interoperability and end-to-end processes and services</p>	<ul style="list-style-type: none"> • Legal act on the integration of the electronic health care system with key state registers 	<ul style="list-style-type: none"> • Legal act on introduction of interoperability and data exchange between key information and communication systems and registers in the field of health care 	<ul style="list-style-type: none"> • Legal act on the harmonization of national standards with standards and classifiers common in the world, to implement internationally recognized and common standards in Ukraine for further integration with the global information space
<p>2. Providing infrastructural and technical conditions for the provision of quality health services using information and communication systems at all the levels</p>	<ul style="list-style-type: none"> • Legal act on approval of basic requirements for the technical infrastructure of health service providers and informatization of health care facilities 	<ul style="list-style-type: none"> • Legal act on expanding the functionality of the electronic health care system and other information and communication systems in the field of health care to ensure the quality and availability of health services. • Legal act on ensuring the accessibility of electronic health services for user/patients with visual, hearing, musculoskeletal system, speech and intellectual development impairments, as well as patients with various combinations of impairments 	<ul style="list-style-type: none"> • Legal act on the introduction of telemedicine and intelligent clinical decision support systems, systems for processing big data, artificial intelligence
<p>3. Transition to paperless records and ensuring electronic mechanisms for data collection and quality control, visualisation and analysis of public data in the healthcare sector</p>	<ul style="list-style-type: none"> • Legal act on the implementation of the road map of depaperization in the field of health care 	<ul style="list-style-type: none"> • Legal act on approval of the data model and the transition from forms of medical and statistical accounting documentation to structured electronic medical records. • Legal act on implementation of data collection mechanisms in the field of health care through information and communication systems, including private providers of health services, as well as control of their quality 	<ul style="list-style-type: none"> • Legal act on the creation of a Data science center and the development of IT innovation and use of the advantages of big data processing and intelligent systems for forecasting health care needs
<p>4. Creating friendly and transparent mechanisms for user access to</p>	<ul style="list-style-type: none"> • Legal act on the introduction of the first stage of the patient's account (displaying and 		

<p>the comprehensive data on their health and management of this information</p>	<p>conclusion of declarations by patients with the family doctor)</p>		
<p>5. Ensuring cybersecurity and information protection</p>	<ul style="list-style-type: none"> Legal act on approval of the concept of cyber security in the field of health care and the beginning of the creation of an sectoral Cyber Security Center for coordination, analysis and in the field of healthcare cybersecurity policy formation, as well as responding to cyber threats 	<ul style="list-style-type: none"> Legal act on the creation of sectoral response centers for cyber incidents (Security operation center), sectoral CIRT groups in the field of health care; Legal act on the implementation of other programs and platforms, necessary for finding vulnerabilities in systems, programs, registers of the health care sector, as well as conducting constant monitoring 	<ul style="list-style-type: none"> Legal act on the creation of a management system and maintenance of the largest information and communication systems and registers in the field of health care using the technology of distributed registers (blockchain), which will significantly increase their sustainability
<p>6. Development and maintenance of digital competencies of information technology users in the healthcare sector</p>	<ul style="list-style-type: none"> Legal act on updating the general qualification requirements for healthcare workers regarding the required level of knowledge and skills in the use of modern information technologies 	<ul style="list-style-type: none"> Legal act on approving programs and training on cyber security and cyber hygiene of users of electronic health technologies in order to comply with the requirements and standards of personal data protection Legal act on the introduction of electronic public reporting services to implement the possibility of public and patient control over the availability and quality of health services 	<ul style="list-style-type: none"> Legal act on updating the requirements of the conceptual and reference framework of digital competencies of healthcare workers, taking into account innovative solutions and technologies
<p>7. Sustainable institutions operating under a clearly defined management model ensuring flexibility and efficiency of e-health development</p>	<ul style="list-style-type: none"> Legal act on the initiation of the work of committees for the management of electronic health care 		

Priority 8. Strengthening national- and local-level quality management system

1. Key issues to be solved within the framework of the Recovery Plan

Impact of the war on the defined analysis area:	
Key challenges	<ul style="list-style-type: none"> ● Unsatisfactory situation with regard to quality of health services provided ● Fragmentation and lack of certain important elements of the quality assurance system in the healthcare sector ● Ignoring world's best practices in many aspects of quality management ● Lack of a holistic vision of the quality system among various stakeholders ● Decentralisation-related risks
Key possibilities	<ul style="list-style-type: none"> ● Centralization of healthcare facilities network management at the national and regional levels ● Engagement of international expertise into recovering/building a qualitatively new healthcare system ● Potential funding from international sources
Key limitations	<ul style="list-style-type: none"> ● Economic and social crisis caused by the full-scale war of the Russian Federation against Ukraine ● Unpredictable finishing date of the war ● Lack of qualified personnel to build a quality management system at all levels of the system

2. Goals, tasks and stages of the Recovery Plan within the direction "Strengthening national- and local-level quality management system"

2.1. Goals aimed at resolving the identified problems:

	Stage 1: June 2022 – end of 2022	Stage 2: January 2023 – December 2025	Stage 3: January 2026 – December 2032
<p>The quality management system in the healthcare sector was fragmented in the pre-war period, while during the war, the focus is on the availability of health care.</p> <p>Quality should be ensured by the management system at the national, regional and local levels and should be a measurable category. According to these dimensions, the healthcare in Ukraine should become safer, more efficient, timely, cost-effective, fair and human-centric. To this end, an appropriate environment should be created through improvement of registration and licensing processes, external quality assessment, contracting based on healthcare institution performance, clinic management, public reporting and comparative analysis, training of healthcare professionals and mentoring system. Prevention of damage during provision of healthcare and rehabilitation services will be ensured by inspecting of healthcare facilities, introducing of safety checklists and protocols, improvement of the system of registration of undesirable events during receiving healthcare services. To improve in-patient health care, it is necessary to widely implement clinical guidelines, standards, protocols and clinical routes; creation of quality groups at facilities, the introduction of tools such as clinical audit and quality improvement cycles. Engagement and empowerment of patients and their families to participate in the processes of creating, providing and improving health services should also become important elements of the quality management system, as well as striving to control all aspects of their own health.</p>			
<p>Goal to be achieved to solve the issue during each stage</p> <p>1. Developing and implementing quality assurance system elements in healthcare at the national level</p>	<ul style="list-style-type: none"> ● Developing and coordinating between stakeholders a long-term concept of quality and patient safety in the healthcare system. – Delineating the areas of responsibility among stakeholders and approving the concept of quality and safety of patients 	<ul style="list-style-type: none"> ● Approving a long-term concept of quality and patient safety in the healthcare system. – Identifying, elaborating and implementing the list of healthcare standards – Introducing the risk management system and damage prevention at all levels 	<ul style="list-style-type: none"> ● Ensuring implementation of a long-term concept of quality and patient safety in the healthcare system. – Continuously adhering to healthcare standards – Ensuring sustainable operation of the risk management and damage prevention system at all levels

	<p>in the healthcare system</p> <ul style="list-style-type: none"> ● Updating and harmonising with the EU legislation of the regulatory framework regarding quality and patient safety -Elaborating a Draft Law On Amending the Fundamentals of the Legislation of Ukraine on Healthcare concerning healthcare quality assurance; the definitions, subjects and objects of external assessment of healthcare quality and patient safety 	<ul style="list-style-type: none"> -Creating a single register of doctors, rehabilitation professionals and nurses with multilevel access ● Updating and harmonising with the EU legislation of the regulatory framework regarding quality and patient safety -Reviewing current regulations and adopting new ones that will ensure compliance with the EU acquis communautaire -Adopting a Law On Amending the Fundamentals of the Legislation of Ukraine on Healthcare concerning healthcare quality assurance; the definitions, subjects and objects of external assessment of healthcare quality and patient safety ● Establishing a national institution for healthcare quality and patient safety and ensuring regular external assessment of HCFs with the publication of results -Elaborating a draft Regulation On the Quality Assurance Agency in Healthcare Sector (goals, objectives, functions, powers) -Establishing a quality assurance agency in healthcare sector; identifying, substantiating and 	<ul style="list-style-type: none"> ● Ensuring a regular external evaluation of the healthcare facility activities with the evaluation results published -Developing a national agency for healthcare quality and patient safety -Conducting a baseline quality evaluation in HCFs -Creating the rating of HCFs -Launching a regular HCF evaluation process -Ensuring sustainable updating of the rating of HCFs based on the evaluation findings ● Ensuring sustainable contracting within the NHSU in view of the quality of services provided by healthcare facilities -Reviewing the PMG packages with incorporating the quality standards, incorporating them in contracts with HCFs -Ensuring a system of reporting and verification against the set of indicators for "result-based payment" including functionality of the e-health system ● Developing a system of Health Technology Assessment, extending it to service delivery models, clinical interventions and public health measures -Ensuring HTA is conducting as a
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		<p>approving the organizational chart and staff structure, searching for/training of professionals</p> <ul style="list-style-type: none"> -Elaborating a national quality assessment system (quality indicators to be harmonised with the OECD and integrated into the e-health system) -Developing and implementing educational activities on quality issues: launching a quality management system at the facility level; quality standards; quality assessment procedure -Launching a national awareness campaign for HCFs on the quality assessment system being introduced • Introducing a contracting system within the NHSU in view of the quality of services provided by healthcare facilities -Developing the PMG packages incorporating quality standards, incorporating them into the contracts with HCFs -Ensuring a system of reporting and verification against the set of indicators for the introduction of "result-based payment" including functionality of the e-health system 	<p>prerequisite for centralised public procurement</p> <ul style="list-style-type: none"> -Building of staff capacity with HTA at the national level • Improving a clinical recommendation and standard development system -Ensuring sustainable use of clinical decision-making support systems -Engaging professional associations, HCFs, patient associations to elaboration/adaptation of clinical recommendations on regular basis
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		<ul style="list-style-type: none"> ● Develop a system of Health Technology Assessment (HTA) extending it to service delivery models, clinical interventions and public health measures <ul style="list-style-type: none"> - Expanding, supplementing and harmonising the HTA-related regulatory framework based on the international practices - Clearly splitting up responsibility between organisations for HTA, transparency of processes and public reporting of organizations dealing with HTA - Forming a state request with HTA before the launch of centralized procurement, - Building the staff capacity with HTA at the national level ● Improving a clinical recommendation and standard development system <ul style="list-style-type: none"> - Harmonizing the regulatory framework on development/adaptation and adoption of clinical recommendations in healthcare with the EU legislation - Introducing the systems to support clinical decision-making - Engaging professional 	
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		<p>associations, HCFs, patient associations to elaboration/adaptation of clinical recommendations</p> <p>– Harmonising Technical Regulations on Medical Products of Ukraine with the EU Regulations</p>	
Deadline within the stage	June 2022 – December 2022	January 2023 – December 2025	January 2026 – December 2032
Risks related to the goal achievement	<ul style="list-style-type: none"> • lack of understanding of ensuring quality system in the field of healthcare by the political circles 	<ul style="list-style-type: none"> • Lack of funding • Lack of required expertise • lack of understanding of ensuring quality system in the field of healthcare by the political circles 	<ul style="list-style-type: none"> • Lack of funding • Lack of required expertise • lack of understanding of ensuring quality system in the field of healthcare by the political circles,
Quality goal achievement indicator	<ul style="list-style-type: none"> • Areas of responsibility among stakeholders and the concept of quality and safety of patients in the healthcare system are approved • Draft Law On Amending the Fundamentals of the Legislation of Ukraine on Healthcare concerning healthcare quality assurance; the definitions, subjects and objects of external assessment of healthcare quality and patient safety is elaborated 	<ul style="list-style-type: none"> • The regulatory framework regarding quality and patient safety is updated and harmonised with the EU legislation • A national quality assurance institution is created • Healthcare standards are developed and approved • Risk management system and damage prevention is introduced at all levels • A national quality assessment system is developed, which is harmonised with the OECD and integrated into the e-health system, including a system of quality indicators • Health technology assessment system is improved: (1) the legal framework is updated, (2) organizational responsibility for HTA is shared, (3) transparency of processes and public 	<ul style="list-style-type: none"> • The standards required to ensure the proper functioning of the healthcare system are introduced • A regular external evaluation of the healthcare facility activities is ensured with the evaluation results and the rating of healthcare facilities published • A contracting system within the NHSU is introduced in view of the quality of services provided by healthcare facilities • Evidence-based (EBP) and value-based (VBP) practices are routinely applied in the daily operations of healthcare facilities as part of clinical management

		<p>reporting are established, (4) a state request for HTA is created before the launch of a central procurement</p> <ul style="list-style-type: none"> • A clinical recommendation and standard development system is improved • Clinical decision-making support systems are introduced 	
Total funding requirement for the goal achievement	Does not require additional funding	UAH 8 billion	≈ UAH 3.4 million
Links between the goal and other directions			
<p>Goal to be achieved to address the issue at each stage</p> <p>2. Developing and implementing quality assurance system elements in healthcare at the healthcare facilities level</p>		<ul style="list-style-type: none"> • Introduce Clinical Management Systems in healthcare facilities <ul style="list-style-type: none"> - Introduce clinical audit and clinical risk management procedures - Involve patients/patient organisations in the development and evaluation of routes based on clinical recommendations - Introduce quality improvement tools involving staff (quality assurance groups, peer groups, etc.) - Use IT solutions to support clinical decisions - Support and apply evidence-based (EBP) and value-based (VBP) practices - Develop risk/adverse event reporting procedures developing the culture of open reporting 	<ul style="list-style-type: none"> • Ensure the use of Clinical Management Systems in healthcare facilities <ul style="list-style-type: none"> - Ensure the development and evaluation of routes based on clinical recommendations involving patients/patient organisation members - Ensure the sustainable use of the quality improvement tools involving staff - Promote the use of IT solutions to support clinical decisions - Apply evidence-based (EBP) and value-based (VBP) practices on a regular basis - Introduce risk/adverse event reporting procedures developing the culture of open reporting • Ensure that the quality of services is controlled and internally assessed

		<ul style="list-style-type: none"> ● Introduce a monitoring and internal service quality assessment system - Develop and introduce an internal quality assessment procedure and tools - Provide training for healthcare professionals to be responsible for internal quality assessment - Introduce regular internal quality assessment and ensure its control in healthcare facilities with mandatory public reporting of the results - Introduce first aid quality indicators - Introduce key performance indicators for managers of healthcare facilities in public and communal ownership ● Introduce quality-oriented HR management approaches - Introduce a number of incentive mechanisms for the staff (individual contracts, grades, etc.) - Strengthen the ability of associations to proactively participate in the elaboration of policies and regulation of the quality assurance system in healthcare 	<ul style="list-style-type: none"> - Ensure regular internal quality assessment and ensure its control in healthcare facilities with mandatory public reporting of the results ● Engage and empower patients, families, and communities - Collect feedback on a regular basis and evaluate patient satisfaction with their experiences of receiving healthcare and other services - Ensure the sustainable involvement of patient communities in the corporate management of healthcare facilities, new service planning, local program evaluation, etc.
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		<ul style="list-style-type: none"> ● Engage and empower patients, families, and communities – Provide training for healthcare workers to ensure the building of relationships of trust and partnership with patients and their families – Collect feedback on a regular basis and evaluate patient satisfaction with their experiences of receiving healthcare and other services – Involve patient communities and community members in the corporate management of healthcare facilities, new service planning, and local program evaluation – Introduce a mechanism for the involvement of the united territorial community's residents in the planning and management of healthcare services through public hearings – Ensure the independence of the forensic medical examination with it being controlled by the Ministry of Justice rather than the Ministry of Health of Ukraine – Introduce individual licences for doctors and rehabilitation professionals to 	
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		practice in healthcare	
Deadline within the stage	June 2022 – December 2022	January 2023 – December 2025	January 2026 – December 2032
Risks related to the goal achievement	<ul style="list-style-type: none"> • Lack of funding • Lack of required expertise • lack of understanding of ensuring quality system in the field of healthcare by the political circles, 	<ul style="list-style-type: none"> • Lack of funding • Lack of required expertise • lack of understanding of ensuring quality system in the field of healthcare by the political circles, 	<ul style="list-style-type: none"> • Lack of funding • Lack of required expertise • lack of understanding of ensuring quality system in the field of healthcare by the political circles,
Quality goal achievement indicator		<ul style="list-style-type: none"> • Clinical Management Systems are introduced at the level of healthcare facilities: (1) clinical audit; (2) quality improvement tools; (3) IT solutions to support clinical decisions, etc. • Monitoring and service internal quality assurance are implemented at HCF level • A number of incentive mechanisms for the staff are introduced • A unified register of healthcare workers with multi-level access is created • The power of associations is strengthened; they participate in the elaboration of policies and regulation of the quality assurance system 	<ul style="list-style-type: none"> • Healthcare facilities conduct regular internal quality assessment with results being publicly published • Patients, their families and communities are actively involved in the quality management system in healthcare facilities, their opportunities are expanded, for example: (1) feedback is regularly collected, including assessment of patient satisfaction with their experiences of receiving health and other services; (2) patient community members are involved in the corporate management of healthcare facilities, new service planning, local program evaluation, etc.
Total funding requirement for the goal achievement	Does not require additional funding	≈ UAH 800 million	≈ UAH 600 million
Links between the goal and other directions		Priority 7 Information systems in healthcare	

List of Legal acts to Priority 8

<p>1. Developing and implementing quality assurance system elements in healthcare at the national level</p>	<ul style="list-style-type: none"> ● Legal act on harmonization with EU legislation of the legal framework regarding quality in health care and patient safety ● Draft Law on Amendments to the Fundamentals of the Legislation of Ukraine on Healthcare on Ensuring Quality in Health Care; definition, subjects and objects of external evaluation of the quality and safety of patients 	<ul style="list-style-type: none"> ● Legal act on approval of the long-term concept of quality and safety of patients in the health care system ● Legal act on implementation of the list of healthcare standards ● Legal act on the implementation of the risk management system and damage prevention at all levels ● Legal act on creation of a single register of doctors, rehabilitation professionals and nurses with multi-level access ● Legal act on harmonization with EU legislation of the legal framework regarding quality in health care and patient safety ● Resolution of the CMU on the establishment of a national agency for quality assurance in health care and patient safety and ensuring regular external evaluation of health care facilities with publication of results ● Resolution of the CMU on the Agency for Quality Assurance in Health Care ● Legal act on the approval of the national quality assessment system (quality indicators, to be harmonized with the OECD and integrated into the e-health system) ● Legal act on the implementation of educational measures on quality issues: construction of a system of quality management at the level of the facility; quality standards; quality assessment procedure ● Legal act on the launch of a national communication campaign for health care providers regarding the 	
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		<p>implemented quality assessment system</p> <ul style="list-style-type: none"> • Legal act on changes to the legal framework regarding the implementation of contracting of health care facilities taking into account the quality of health care services • Legal act on approval of PMG taking into account quality standards, to be provided in contracts with health care facilities • Legal act on expanding, supplementing and harmonizing the regulatory framework for HTA in accordance with international practice • Legal act on harmonization with EU legislation of the regulatory framework regarding the development/adaptation and adoption of clinical recommendations in health care • Legal act on harmonization of Technical regulations on medical devices of Ukraine with EU regulations 	
<p>2. Developing and implementing quality assurance system elements in healthcare at the healthcare facilities level</p>	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • Legal act on the introduction of clinical audit processes, clinical risk management • Legal act on approving the procedure for reporting risks/adverse events, developing a culture of open reporting about them • Legal act on the introduction of monitoring and internal assessment of the quality of services • Legal act on implementation of the procedure, tools of internal quality assessment • Legal act on the approval of indicators of the quality of PHC provision • Legal act on approval of key performance indicators for managers of state and municipal health care facilities 	<ul style="list-style-type: none"> • • Legal act on approval, evaluation of routes based on clinical recommendations with the involvement of patients/representatives of patient organizations

Analysis area (of a specific component) within the direction:**Priority 9. Recovering pharmaceutical sector, improving accessibility and proper use of medicines**

Impact of the war on the defined analysis area:	
Key challenges	<ul style="list-style-type: none"> • Dangerous environment and impossibility for pharmaceutical sector operators to conduct operations within the occupied territories • Destruction of critical infrastructure within the de-occupied territories and potential danger of shelling regardless of the location make it impossible to ensure normal production, storage, distribution and creation of conditions for access of patients to medicines • Large-scale evacuation and emigration of the population caused a sharp decline in the number of healthcare workers in the regions. • Additional internal displacement of the population resulted in the disbalance in the demand for certain categories of pharmaceutical products and the need for the provision of associated services compared to the pre-war period in a number of regions • A significant increase in the demand and use of emergency and life-saving medicines compared to the pre-war period resulted in a sharp drop in the stocks of such products • Complicated access to the remaining stock of pharmaceutical products purchased out of state budget funds at the central and regional levels, on the one hand, and the period required to form a proper humanitarian aid distribution system, on the other hand, resulted in the lack medicines in healthcare facilities on a number of cases • Increasingly limited access to vital treatment for patients with chronic and socially significant diseases may result in increased morbidity, the development of resistance to certain groups of therapeutic schemes and irreparable consequences for the health of patients in case of disease decompensation • Limited access to fuel, national currency volatility, political and regulatory processes introduced under martial law in Ukraine
Key possibilities	<ul style="list-style-type: none"> • The national healthcare system transformation processes are introduced and partially implemented, including those in the pharmaceutical sector, which currently creates a great potential for further process improvement/renewal. • The overall political course regarding the acceleration of Ukraine's accession to the European Union prioritising the harmonisation of the legal framework with European practices and standards. • Expansion and active interaction with the international community to strengthen the scientific, technical and procedural potential in the area of production, distribution and control of pharmaceutical product circulation. • Continued institutionalisation of health technology assessment processes in accordance with the concepts as developed and approved.
Key limitations	<ul style="list-style-type: none"> • Completely or partially destroyed production infrastructure and supply chains; limited access of patients to medicines. • Lack of relevant and trustworthy data for strategic and operational decision-making, intensive dynamics of changes in the basic parameters of the population, infrastructure and needs in medicines, challenges in creating scenarios, assumptions and models of recovery and development • Lack of international expertise for strengthening healthcare policies and institutions during armed conflicts of similar scale • The need to strengthen the procurement option at the regional level • Shortage of human resources required to harmonise national practices with the EU, including, but not limited to, the implementation of strict regulatory practice standards, bioequivalence and a national medicines verification system.

2. Goals, tasks and stages of the Recovery Plan within the direction “Recovering pharmaceutical sector, improving accessibility and proper use of medicines”

2.1. Goals aimed at resolving the identified problems:

	Stage 1: June 2022 – end of 2022	Stage 2: January 2023 – December 2025	Stage 3: January 2026 – December 2032
1. Identified problem to be resolved in the relevant analysis area			

Since the beginning of the Russian invasion of Ukraine, the access of patients to pharmaceutical products has become increasingly difficult, regardless of the source of distribution - a government procurement system or a pharmaceutical retail sector. First of all, the war caused a shortage of key medicines, especially vital. A severely damaged and in some cases destroyed distribution infrastructure is a major factor in drastically limiting access to therapeutics in both the public and private pharmaceutical sectors. The need to harmonise national policies with the best global practices and the introduction of innovative sectoral mechanisms to improve patients' access to effective, safe and high-quality medicines are of paramount importance for the pharmaceutical sector. Eventually, it is necessary to facilitate the development of the pharmaceutical industry in Ukraine with a focus on fostering investment in R&D, localisation and other methods for exploring new technologies of the production of medicines and medical devices, promoting clinical research in Ukraine and other modern tools aimed at reinforcing the sector:

The damage to the healthcare system caused by the war, including the pharmaceutical sector, is increasing every day, so it is important to ensure a quick response to the challenges existing today and the implementation of measures contributing to the speedy recovery of the healthcare sector, including the pharmaceutical sector.

<p>Goal to be achieved to solve the issue during each stage</p> <p>1. Recovering pharmaceutical sector, improving accessibility and proper use of medicines.</p>	<ul style="list-style-type: none"> ● Update the National List of Essential Medicines with new drugs in line with recommendations made as a result of health technology assessment ● Adopt as a whole the new version of the Law of Ukraine “<i>On Medicinal Products</i>”, r. No. 5547 of 21.5.2022. ● Complete and finalize benchmarking in line with WHO recommendations regarding establishment of a strict regulatory system in Ukraine 	<ul style="list-style-type: none"> ● Ensure transition from the National List of Essential Medicines to the single Positive List of Medicines procured with public funds, and its regular updating, accordingly. ● Ensure implementation of provisions of the new version of the Law of Ukraine “<i>On Medicinal Products</i>” ● Adopt the draft Law of Ukraine “<i>On Medical Devices</i>” ● Ensure full functioning of such instruments to access innovative treatments as managed access contracts and the PMG expansion due to HTA. ● Create an independent HTA Agency as a single expert body that ensures validity and evidence base for selection and efficacy assessment of medicines, medicinal products, as well as the PMG expansion. 	<ul style="list-style-type: none"> ● Continue implementation of provisions of the new version of the Law of Ukraine “<i>On Medicinal Products</i>” ● Enforce provisions of the Law of Ukraine “<i>On Medical Devices</i>”. ● Ensure regular update and actualization of the Positive List.
<p>Deadline within the stage</p>	<p>June 2022 – end of 2022</p>	<p>January 2023 – December 2025</p>	<p>January 2026 – December 2032</p>
<p>Risks related to the goal achievement</p>	<ul style="list-style-type: none"> ● Continuation of the war on the territory of Ukraine 	<ul style="list-style-type: none"> ● Continuation of the war on the territory of Ukraine 	<ul style="list-style-type: none"> ● Lack of resources in the State Budget to cover the needs of the population

	<ul style="list-style-type: none"> ● Lack of resources in the State Budget to cover the needs of the population ● Lack of political will and relevant initiatives to take decisions ● Appearance of unpredictable factors that will significantly affect results of the simulation ● Lack of consensus among stakeholders 	<ul style="list-style-type: none"> ● Lack of resources in the State Budget to cover the needs of the population ● Lack of political will and relevant initiatives to take decisions ● Appearance of unpredictable factors that will significantly affect results of the simulation ● Lack of consensus among stakeholders 	<ul style="list-style-type: none"> ● Lack of political will and relevant initiatives to take decisions ● Appearance of unpredictable factors that will significantly affect results of the simulation ● Lack of consensus among stakeholders
Quality goal achievement indicator	<ul style="list-style-type: none"> ● The new version of the Law of Ukraine <i>On Medicinal Products</i> has been adopted; ● The National List of Medicines has been updated ● Benchmarking in line with WHO recommendations has been completed 	<ul style="list-style-type: none"> ● The single Positive List of Medicines procured with public funds has been approved and updated on the regular basis; ● An independent HTA Agency has been established as a single expert body ● The norms of the Law of Ukraine "On Medicinal Products" are being implemented. 	<ul style="list-style-type: none"> ● Provisions of the Law of Ukraine "<i>On Medicinal Products</i>" have been implemented. ● Provisions of the draft Law of Ukraine "<i>On Medical Devices</i>" have been implemented ● The Positive List of Medicines has been updated.
Total funding requirement for the goal achievement	No additional costs needed	State Budget and/or local budgets, in particular, expenses for PMG	No additional costs needed
2. Establishing an independent agency for health technology assessment as the single expert body that ensures validity and evidence base for the selection and evaluation of the effectiveness of medicines and medical devices, and extending the PMG		<ul style="list-style-type: none"> ● Develop and approve a road map to set up the independent Agency for Health Technology Assessment (HTA) ● Develop provisions on the Agency for Health Technology Assessment, ● Establish the independent HTA Agency. ● Ensure integration of operational, technical, financial, legal, institutional, and communication processes into the structure of the health care system. ● Ensure transfer of the functionalities from the HTA department to the agency established ● Develop the Agency's staff list and budget 	<ul style="list-style-type: none"> ● Ensure launch and sustainable operation of the Health Technology Assessment Agency
Deadline within the stage	June 2022 – end of 2022	January 2023 – December 2025	January 2026 – December 2032

Risks related to the goal achievement	<ul style="list-style-type: none"> Continuation of the war on the territory of Ukraine Lack of resources in the State Budget to cover the needs of the population Lack of political will and relevant initiatives to take decisions Appearance of unpredictable factors that will significantly affect results of the simulation Lack of consensus among stakeholders 	<ul style="list-style-type: none"> Continuation of the war on the territory of Ukraine Lack of resources in the State Budget to cover the needs of the population Lack of political will and relevant initiatives to take decisions Appearance of unpredictable factors that will significantly affect results of the simulation Lack of consensus among stakeholders 	<ul style="list-style-type: none"> Lack of resources in the State Budget to cover the needs of the population Lack of political will and relevant initiatives to take decisions Appearance of unpredictable factors that will significantly affect results of the simulation Lack of consensus among stakeholders
Quality goal achievement indicator	-	<ul style="list-style-type: none"> The road map to set up the independent Agency for Health Technology Assessment (HTA) has been approved Provisions on the Agency for Health Technology Assessment have been developed. The independent HTA Agency has been established. 	<ul style="list-style-type: none"> Sustainable operation of the HTA Agency has been supported
Total funding requirement for the goal achievement	-	State Budget and/or local budgets	State Budget and/or local budgets
3. Facilitating the development of the pharmaceutical industry with a focus on fostering investment in R&D, localisation and other methods for exploring new technologies of the production of medicines and medical devices, promoting organization of clinical trial in Ukraine, strengthening control over intellectual property rights,	<ul style="list-style-type: none"> Adopt the draft Law “<i>On Amendments to the Tax Code of Ukraine to Regulate Compassion-Based Provision of Medicines to Patients</i>” (No. 5737 of 6.7.2021) regarding reduction of the financial burden on the provider of compassion-based medicines distributed free of charge (VAT exemption of importation of medicines for such purposes) and the financial burden on the patient who receives free treatment. Adopt the draft Law “<i>On Amendments to the Criminal Code of</i> 	<ul style="list-style-type: none"> Adapt and approve national bioequivalence guidelines based on the European standards and recommendations. Include production of medicines into priority sectors of the economy. Develop and adopt a draft law on introduction of the full functioning of Bolar provision in the field of intellectual property (provide for the possibility of registering generic drugs before expiration of patent protection, and the possibility of exporting to third countries after expiration of the main patent). Adopt the Law on bringing requirements for protection of intellectual property rights 	<ul style="list-style-type: none"> Adopt the draft Law of Ukraine “<i>On Clinical Trials</i>” Assess effectiveness of the tools introduced to stimulate R&D investments, localize new technologies for production of medicines, conduct clinical trials in Ukraine.

<p>full implementation of the Bolar exemption in the national legislation and other modern tools aimed at reinforcing the sector</p>	<p><i>Ukraine and the Code of Administrative Offenses of Ukraine Regarding Improved Liability for Violation of the Established Procedures of Preclinical Studies, Clinical Trials, and State Registration/Re-registration of Medicinal Products</i>” (No. 5815 of 21.7.2021).</p> <ul style="list-style-type: none"> Amend the procedures for confirming compliance of production conditions of medicines with the requirements of good manufacturing practice (GMP), in view of the conditions and limitations of their implementation under the martial law. 	<p>in the pharmaceutical sector in compliance with the international and European standards, international commitments of Ukraine, and in view of the flexible provisions of the TRIPS Agreement and Article 73 of the TRIPS Agreement, as well as Article 219 "Patents and Public Health" of the EU-Ukraine Association Agreement.</p> <ul style="list-style-type: none"> Update the current legislation on clinical trials (CT) - amendments to the current Law of Ukraine “<i>On Medicinal Products</i>” No. 123/96-VR (Article 8): to shorten the terms of CT approval and establish the general term - up to 25 calendar days for international CTs that are approved in countries with a strict regulatory system (EU, USA, etc.), up to 40 calendar days for all CTs; to withdraw part 8, which was erroneously preserved when amending this article on insurance; to regulate the requirements for inclusion into CTs individuals under the age of 18; to regulate in the Law opportunities to introduce the latest technologies for holding CTs in Ukraine (application of telemedicine, conducting procedures and providing services within CTs at the trial subjects’ place of residence/stay, remote monitoring and data verification, etc.). Adopt legislation on stimulating development of clinical trials - amendments to the Tax Code of Ukraine: to exempt from VAT imports of medicines, medical devices, and related materials for the purposes of holding CTs; to exempt from VAT services within CTs (researchers, HCFs, service organizations) for the period of 10 years; to regulate 	
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Deadline within the stage	June 2022 – end of 2022	January 2023 – December 2025	January 2026 – December 2032
Risks related to the goal achievement	<ul style="list-style-type: none"> ● Continuation of the war on the territory of Ukraine ● Lack of resources in the State Budget to cover the needs of the population ● Lack of political will and relevant initiatives to take decisions ● Appearance of unpredictable factors that will significantly affect results of the simulation 	<ul style="list-style-type: none"> ● Continuation of the war on the territory of Ukraine ● Lack of resources in the State Budget to cover the needs of the population ● Lack of political will and relevant initiatives to take decisions ● Appearance of unpredictable factors that will significantly affect results of the simulation ● Lack of consensus among stakeholders (interested parties) 	<ul style="list-style-type: none"> ● Lack of resources in the State Budget to cover the needs of the population ● Lack of political will and relevant initiatives to take decisions ● Appearance of unpredictable factors that will significantly affect results of the simulation ● Lack of consensus among stakeholders (interested parties)

	<ul style="list-style-type: none"> ● Lack of consensus among stakeholders (interested parties) 		
Quality goal achievement indicator	The legislation is amended	The legislation is amended	The law adopted The effectiveness is assessed
Total funding requirement for the goal achievement	no additional costs needed	no additional costs needed	no additional costs needed
4. Ensuring harmonization of regulation of circulation of medicines with EU legislation, taking into account the requirements of the EU-Ukraine Association Agreement and the conditions of membership in international organizations, including digitalization of the relevant procedures	<ul style="list-style-type: none"> ● Amend the procedures for confirming compliance of production conditions of medicines with the good manufacturing practice (GMP) requirements, taking into account the conditions and limitations of their implementation under the martial law. 	<ul style="list-style-type: none"> ● Transfer medical devices from the 3rd order priority to the 2nd order priority list and include the pharmaceutical sectors in the scope of the ACAA Agreement with the EU. ● Improve the procedures for confirming compliance of the conditions of production of medicines with the good manufacturing practice (GMP) requirements, which meets the EU standards. ● Include Ukraine into centralized and decentralized registration procedures of EU medicines. ● For the transition period - until the procedures for confirming compliance of production conditions of medicines with good manufacturing practice (GMP) requirements and mutual recognition of inspection certificates are fully aligned with the European standards - develop and propose to the European counterparts a two-tier approach to GMP certification (EU GMP & PICS GMP). ● Implement into the national legislation provisions of the Council of Europe Convention on the Counterfeiting of Medical Products and Similar Crimes involving Threats to Public Health (Medicrime Convention), including in the area of illegal Internet trade in medicines and other medical products. 	

		<ul style="list-style-type: none"> • Develop and approve amendments to legislation on criminal and administrative liability for counterfeiting of medical products, which will ensure effective enforcement of the relevant provisions. • Introduce the format of the electronic common technical document (hereinafter — eCTD) and the electronic portal, as well as the procedures for registration (re-registration) of medicines, making changes to registration materials for medicines, approving holding of clinical trials or significant amendments to clinical trial protocols (eSubmission). • Develop a state register of medical products. • Regulate marketing activities in the pharmaceutical market, harmonize the national legislation with Directive 2001/83/EC of the European Parliament and of the Council of 6 November 2001 regarding activities of medical representatives of pharmaceutical companies. • Establish due liability for bribery of a health professional by a representative of a pharmaceutical company, as well as for extortion of illegal remuneration for wholesale and retail sale of medicines. • Obtain the status of an ICH member state for the regulatory authority of Ukraine. • Consolidate mutual recognition of GMP certificates and inspection results with a separate document at the level of the Ukrainian Government and the European Union. 	
Deadline within the stage	June 2022 – end of 2022	January 2023 – December 2025	
Risks related to the goal achievement	<ul style="list-style-type: none"> • Continuation of the war on the territory of Ukraine 	<ul style="list-style-type: none"> • Continuation of the war on the territory of Ukraine 	<ul style="list-style-type: none"> •

	<ul style="list-style-type: none"> ● Lack of resources in the State Budget to cover the needs of the population ● Lack of political will and relevant initiatives to take decisions ● Appearance of unpredictable factors that will significantly affect results of the simulation ● Lack of consensus among stakeholders (interested parties) 	<ul style="list-style-type: none"> ● Lack of resources in the State Budget to cover the needs of the population ● Lack of political will and relevant initiatives to take decisions ● Appearance of unpredictable factors that will significantly affect results of the simulation ● Lack of consensus among stakeholders (interested parties) 	
Quality goal achievement indicator	The law adopted The legislation is amended	The legislation is amended	
Total funding requirement for the goal achievement	no additional costs needed	no additional costs needed	
5. Ensuring public access to effective medicines by establishing a strict regulatory system in Ukraine in line with those existing at the international level	<ul style="list-style-type: none"> ● Develop a plan to expand the “Affordable Medicines” reimbursement program regarding selection of respective nosologies and INNs (International Nonproprietary Name), while in the future — of medical devices as well. 	<ul style="list-style-type: none"> ● Establish a new central executive body with a special status to implement the national policy in the field of development, market admission, circulation, quality control, safety, and effectiveness of medicines ● Develop and implement approaches to advertising of medical products in line with the European practice. ● Ensure functioning of the electronic prescription for prescription drugs. ● Develop a road map for development and implementation of a drug verification system in compliance with EU and GS1 standards as a component of the EU verification system. ● Update the medicines quality control system in accordance with the business activity licensing model with a risk-based approach. ● Introduce a national verification system for medicines becoming a part of the EU verification system. 	<ul style="list-style-type: none"> ● Assess the current status of proving therapeutic effectiveness of generic drugs, conduct additional trials in accordance with modern international standards, and revise the registration status of generic drugs that will not confirm the specified effectiveness level
Deadline within the stage	June 2022 – end of 2022	January 2023 – December 2025	January 2026 – December 2032

Risks related to the goal achievement	<ul style="list-style-type: none"> Continuation of the war on the territory of Ukraine Lack of resources in the State Budget to cover the needs of the population Lack of political will and relevant initiatives to take decisions Appearance of unpredictable factors that will significantly affect results of the simulation Lack of consensus among stakeholders (interested parties) 	<ul style="list-style-type: none"> Continuation of the war on the territory of Ukraine Lack of resources in the State Budget to cover the needs of the population Lack of political will and relevant initiatives to take decisions Appearance of unpredictable factors that will significantly affect results of the simulation Lack of consensus among stakeholders (interested parties) 	<ul style="list-style-type: none"> Lack of resources in the State Budget to cover the needs of the population Lack of political will and relevant initiatives to take decisions Appearance of unpredictable factors that will significantly affect results of the simulation Lack of consensus among stakeholders (interested parties)
Quality goal achievement indicator	The Plan adopted; The law adopted	The legislation is amended	The legislation is amended
Total funding requirement for the goal achievement	State Budget and/or local budgets	State Budget and/or local budgets	
6. Establishment of a national state-owned enterprise for distribution of medicines and a state- and municipally-owned pharmacy chain	<ul style="list-style-type: none"> Ensure the institutional and resourceful strengthening of a state-owned enterprise “Ukrvaktsyna” of the MoH of Ukraine as a national distributor of medicines holding the pharmacy network. 	<ul style="list-style-type: none"> Ensure full-fledged functioning of the state-owned enterprise for distribution of medicines and state- and municipally-owned pharmacy chain 	
Deadline within the stage	June 2022 – end of 2022	January 2023 – December 2025	January 2026 – December 2032
Risks related to the goal achievement	<ul style="list-style-type: none"> Continuation of the war on the territory of Ukraine Lack of resources in the State Budget to cover the needs of the population Lack of political will and relevant initiatives to take decisions Appearance of unpredictable factors that will significantly affect results of the simulation Lack of consensus among stakeholders (interested parties) 	<ul style="list-style-type: none"> Continuation of the war on the territory of Ukraine Lack of resources in the State Budget to cover the needs of the population Lack of political will and relevant initiatives to take decisions Appearance of unpredictable factors that will significantly affect results of the simulation Lack of consensus among stakeholders (interested parties))

Quality goal achievement indicator	A state-owned enterprise "Ukrvaktsyna" of the MoH has been reorganized and provided with sufficient material and technical support, for distribution of medicines holding the pharmacy network	Full-fledged functioning of the state-owned enterprise for distribution of medicines and a state- and municipally-owned pharmacy chain has been ensured	-
Total funding requirement for the goal achievement	UAH 200 million	UAH 350 million	-

List of legal acts to Priority 9

<p>1. Harmonization of state policies on access to medicines and medical devices.</p>	<ul style="list-style-type: none"> ● Legal act on updating the National List of Essential Medicines with new drugs in accordance with the recommendations provided as a result of the health technology assessment ● Law of Ukraine "On Medicinal Products" reg. No. 5547 	<ul style="list-style-type: none"> ● Legal act on the transition from the National List of Essential Medicines to the single Positive List of Medicines procured with public funds, and its regular updating accordingly. ● Legal act on the implementation of the provisions of the new version of the Law of Ukraine "On Medicinal Products" ● Law of Ukraine "On Medical Devices" ● Legal act on the functioning of instruments of access to innovative treatment as managed access contracts and PMG expansion due to HTA. ● Legal act on the establishment of an independent HTA Agency as a single expert body that ensures the validity and evidence base of the selection and evaluation of the effectiveness of medicines, medical devices, as well as the PMG expansion. 	
<p>2. Establishing an independent agency for health technology assessment as the single expert body that ensures validity and evidence base for the selection and evaluation of the effectiveness of medicines and medical devices, and extending the PMG</p>		<ul style="list-style-type: none"> ● Legal act on approval of the road map for the creation of an independent Agency for the Health Technologies Assessment (HTA) ● Resolution of the CMU approving the regulation on the HTA Agency ● Resolution of the CMU on the creation of an independent HTA Agency. ● Legal act on approval of the Agency's staff list and budget 	
<p>3. Facilitating the development of the pharmaceutical industry with a focus on</p>	<ul style="list-style-type: none"> ● Draft Law "On Amendments to the Tax Code of Ukraine to Regulate Compassion-Based Provision of Medicines" 	<ul style="list-style-type: none"> ● Legal act on adaptation and approval of national guidelines on bioequivalence based on 	

<p>fostering investment in R&D, localisation and other methods for exploring new technologies of the production of medicines and medical devices, promoting organization of clinical trial in Ukraine, strengthening control over intellectual property rights, full implementation of the Bolar exemption in the national legislation and other modern tools aimed at reinforcing the sector</p>	<p><i>to Patients”</i> (No. 5737 of 6.7.2021) regarding reduction of the financial burden on the provider of compassion-based medicines distributed free of charge (VAT exemption of importation of medicines for such purposes) and the financial burden on the patient who receives free treatment.</p> <ul style="list-style-type: none"> ● Draft Law “<i>On Amendments to the Criminal Code of Ukraine and the Code of Administrative Offenses of Ukraine Regarding Improved Liability for Violation of the Established Procedures of Preclinical Studies, Clinical Trials, and State Registration/Re-registration of Medicinal Products</i>” (No. 5815 of 21.7.2021). ● Legal act on making amendments to the procedure for confirming compliance of production conditions of medicines with the requirements of good manufacturing practice (GMP), in view of the conditions and limitations of their implementation under the martial law. 	<p>European standards and recommendations.</p> <ul style="list-style-type: none"> ● Legal act on assigning the production of medicines to the priority sectors of the economy ● Draft law on introduction of the full functioning of Bolar provision in the field of intellectual property (provide for the possibility of registering generic drugs before expiration of patent protection, and the possibility of exporting to third countries after expiration of the main patent). ● Draft Law on bringing requirements for protection of intellectual property rights in the pharmaceutical sector in compliance with the international and European standards, international commitments of Ukraine, and in view of the flexible provisions of the TRIPS Agreement and Article 73 of the TRIPS Agreement, as well as Article 219 "Patents and Public Health" of the EU-Ukraine Association Agreement. ● Amendments to the Law of Ukraine “<i>On Medicinal Products</i>” No. 123/96-VR (Article 8) ● Legal act on updating clinical trials ● Draft Law on stimulating the development of the field of clinical trials - amendments to the Tax Code of Ukraine: to exempt from VAT imports of medicines, medical devices and related materials for the purposes of conducting clinical trials; to exempt from VAT 	
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		<p>services in clinical trials, etc.</p> <ul style="list-style-type: none"> ● Draft Law on the introduction of tax benefits for applicants of international clinical research in Ukraine - the benefit proportionality in accordance with the level of R&D investments in Ukraine. ● Legal act on the introduction of a tax calculator for R&D investments, in particular for international clinical research. ● Draft Law of Ukraine "On Clinical Trial". ● Resolution of the CMU on the implementation of the national infrastructure development plan for conducting clinical trials, including through public-private partnership. ● Legal act on approval of the plan for the development of a network of laboratories of various forms of ownership for quality control of medicines and conducting bioequivalence studies that meet EU standards. ● Legal act on approving updated requirements for the operation of control laboratories and determining funding sources 	
<p>4. Ensuring harmonization of regulation of circulation of medicines with EU legislation, taking into account the requirements of the EU-Ukraine Association Agreement and the conditions of membership in</p>	<ul style="list-style-type: none"> ● Legal on amending to the procedure for confirming compliance of the production conditions of medicines with the requirements of good manufacturing practice (GMP), taking into account the conditions and restrictions of its implementation 	<ul style="list-style-type: none"> ● Legal on the transfer of medical devices from the 3rd order priority to the 2nd order priority and including the pharmaceutical sector in the scope of the ACAA Agreement with the EU. ● Legal act on improving the procedure for confirming compliance of the production conditions of medicines with the requirements of good manufacturing practice 	

<p>international organizations, including digitalization of the relevant procedures</p>	<p>caused by the martial law.</p>	<p>(GMP), which meets the EU standards.</p> <ul style="list-style-type: none"> • Legal act on providing for the transition period, until the procedures are fully brought into line with European standards, confirming compliance of the production conditions of medicines with the requirements of good manufacturing practice (GMP), and mutual recognition of inspection certificates, developing and proposing to the European side a two-level approach to GMP-certification (EU GMP & PICS GMP). • Legal act on the implementation into national legislation of the provisions of Council of Europe Convention on the Counterfeiting of Medical Products and Similar Crimes involving Threats to Public Health (Medicrime Convention), including in the area of illegal Internet trade in medicines and other medical products. • Draft Law on amendments to legislation on criminal and administrative liability for counterfeiting of medical products, which will ensure effective enforcement of the relevant provisions • Legal act on introduction of the format of the electronic common technical document (hereinafter — eCTD) and the electronic portal, as well as the procedures for registration (re-registration) of medicines, making changes to registration materials for medicines, approving holding of clinical trials or significant amendments to clinical trial protocols (eSubmission). • Legal act on approval of the state register of medical devices. • Legal act on streamlining marketing activities on the pharmaceutical market, harmonizing national 	
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		<p>legislation with Directive 2001/83/EC of the European Parliament and of the Council of 6 November 2001 regarding activities of medical representatives of pharmaceutical companies</p> <ul style="list-style-type: none"> ● Draft Law establishing liability for bribery of a healthcare worker by a representative of a pharmaceutical company, as well as for demanding illegal remuneration for the wholesale and retail sale of medicines. ● Intergovernmental Agreement on establishing mutual recognition of GMP certificates and inspection results by a separate document at the level of the Government of Ukraine and the European Union. 	
<p>5. Ensuring public access to effective medicines by establishing a strict regulatory system in Ukraine in line with those existing at the international level</p>	<ul style="list-style-type: none"> ● Legal act on approval of the plan to expand the "Affordable Medicines" reimbursement program regarding the selection of relevant nosologies and INNs, and in the future also medical products. 	<ul style="list-style-type: none"> ● Resolution of the CMU on the formation of a central executive body with a special status that implements state policy in the field of creation, market admission, circulation, quality control, safety and effectiveness of medicines ● Legal act on the introduction of approaches to the advertising of medicines in line with European practice. ● Legal act on the functioning of the electronic prescription for prescription drugs. ● Legal act on approval of the road map for the purpose of creation and implementation of the drug verification system in accordance with EU and GS1 standards as a component of the EU verification system. ● Legal act on updating the quality control system of medicinal products in 	

		<p>accordance with the business activity licensing model based on a risk-based approach.</p> <ul style="list-style-type: none">• Legal act on the introduction of the national system of verification of medicinal products, which is part of the EU verification system.)	
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Annexes

All-national projects under the HEALTHCARE Recovery plan

No	Project title and description	Rationale	Performance criteria/indicators, suggestions	Main responsible public authority	Cost, USD million	Funding sources	Legal and normative regulation
1	Recovery and development of healthcare facilities infrastructure as a capable network (including rehabilitation centres)	The flagship project for the recovery and development of healthcare infrastructure from the consequences of military aggression and ensuring access to healthcare services for the population and households. Number and types of facilities in a capable hospital network: General hospitals (50–80 thousand persons) — 215 hospitals Cluster hospitals (150–250 thousand persons) — 165 hospitals Supercluster (oblast) hospitals — 52 hospitals	Capital investment costs Number of recovered/developed HCFs within the capable network Population covered by the quality healthcare services	MoH Ministry of Finance International technical assistance projects	10.5 billion	State Budget funds Funding in the framework of international technical assistance	

<p>2</p>	<p>IMPROVEMENT OF THE CONDITIONS FOR THE PROVISION OF COMPREHENSIVE MEDICAL AND PSYCHOLOGICAL REHABILITATION CARE IN THE SCIENTIFIC AND PRACTICAL MEDICAL REHABILITATION AND DIAGNOSTICS CENTRE OF THE MINISTRY OF HEALTH OF UKRAINE STATE INSTITUTION</p>	<ul style="list-style-type: none"> * Creating new jobs. * Introducing progressive innovative technologies (treatment and diagnostics, rehabilitation, intensive care) on the basis of scientific evidence-based medicine, and improving existing methods of diagnosis, treatment, rehabilitation and habilitation. * Creating a methodological organisational and educational training centre for physical and rehabilitation medicine physicians, physical therapists, occupational therapists, language and speech therapists, psychologists, psychotherapists, rehabilitation nurses, as well as assistants for physical therapists and occupational therapists. * Providing for the maximum possible standard of living for children with congenital or acquired impairments or other diseases. 	<p>Restored infrastructure:</p> <ul style="list-style-type: none"> * Creating a healthcare facility providing high-quality diagnostics, treatment, rehabilitation, habilitation and medical and psychological care for patients with therapeutic, pulmonary, neurological, and psychiatric pathologies, spine pathologies, persons with disabilities, children and adolescents. * Reducing the social burden on the Ukrainian society concerning the provision of clinical rehabilitation, medical and psychological care and habilitation of patients with severe diseases, especially the ones with the status of persons with disabilities and children with 	<p>MoH Ministry of Finance International technical assistance projects</p>	<p>54 million</p>	<p>State Budget funds</p> <p>Funding in the framework of international technical assistance</p>	
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			<p>disabilities; * Providing information support of the treatment, diagnosis and rehabilitation process.</p>				
3	<p>CREATING A MODERN CLINICAL BASE FOR THE TREATMENT OF ONCOLOGY DISEASES AT THE NATIONAL CANCER INSTITUTE</p>	<p>INCREASE: * Creating 320 additional beds. CREATE: * Creating a new supply base at the National Cancer Institute and new departments, as well as restructuring the existing departments, which will provide for: * Introducing new technologies of morphological diagnostics, diagnostic radiology and laboratory diagnostics of tumours and pre-tumour diseases; * Introducing and developing new approached to treatment of all the forms of malignant neoplasms; * Creating a system of physical, psychological and social rehabilitation of patients; * Creating an efficient palliative care system; * Creating a single information network for the treatment of patients (electronic card of a patient); * Participating in international cooperation programmes; * Expanding the possibilities of direct contact with international scientists, as well as opportunities of training and internship in the leading clinics of the world for young professionals.</p>	<p>RECONSTRUCTION OF BUILDINGS: Polyclinics of the radiological building, clinical treatment building (Clinic No. 2), main entrance of the control point No. 1, utility building No. 3 (sports complex), laundry, utility and administrative building, utility building No. 2, surgical building with diesel power plant, radiographic film archives, oxygen warehouse (medicinal gases station), transformer substation, central heat point, heat accounting station, utility warehouse and the utility warehouse of the control point No. 2 Restoration with</p>	<p>MoH Ministry of Finance International technical assistance projects</p>	<p>1.4 million</p>	<p>State Budget funds Funding in the framework of international technical assistance</p>	

			<p>adaptation to current needs: Public House — clinical building No. 1 of the laboratory building with conference hall (clinical profile) NEW CONSTRUCTION: New radiological centre with clinical building No. 3 for the creation of clinical base for the treatment of oncological diseases at the National Cancer Institute (33/43 Lomonosova St. in Holosiivskyi District of Kyiv City)</p>				
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4	Scientific and Practical Medical Rehabilitation and Diagnostics Centre of the MoH of Ukraine SI	<p>Installation of the existing OPERA digital radiological system with technical capacities for digital and analogue radiography, tomography as well as continuous and pulse fluoroscopy.</p> <ul style="list-style-type: none"> * Increasing the number and expanding the range of biochemical tests, haemostasis system, glycated haemoglobin testing method using modern medical laboratory diagnostic equipment. * Creating jobs. * Implementing new technologies: modern medical and computer equipment providing for quick access to the database and patient navigation in the healthcare information system, implementation of digitalisation. 	<p>Developing the design and budgetary documentation (phased design).</p> <ul style="list-style-type: none"> * Reconstructing the diagnostic bloc (the diagnostic radiology buildings). * Installing the existing OPERA digital radiological system. <p>Reconstructing the polyclinic's premises, as well as the clinical and diagnostic laboratory.</p> <ul style="list-style-type: none"> * Purchasing and installing new state-of-art medical equipment. * Reconstructing the local computer network using technologies based on fibre optic connection channels. 	MoH Ministry of Finance International technical assistance projects	1.7 million	State Budget funds Funding in the framework of international technical assistance	
5	National Centre for Veteran Mental Health and Rehabilitation	Expanding the range of rehabilitation services, both physical and mental, aimed at the inclusion of the patients, as well as the expansion of active treatment and rehabilitation interventions. Training Centre operation	<ul style="list-style-type: none"> * Modernisation and thermal insulation of the facade * Site improvement to ensure the possibility of using the recreational zone for rehabilitation (terrain cure, 	MoH Ministry of Finance International technical assistance projects	1.9 million	State Budget funds Funding in the framework of international technical assistance	

			outdoor physical therapy, sports rehabilitation)				
6	Reconstruction of the treatment and rehabilitation building No. 3 of the Ukrainian State Healthcare and Social Centre for Veterans of War in Tsybli village of Boryspil raion of Kyiv oblast	<ul style="list-style-type: none"> * Expanding the range and improving the quality of rehabilitation services for patients with musculoskeletal and neurological diseases * Creating adequate conditions for patients, including low-mobility patients using wheelchairs * Equipping a modern surgery block of the orthopaedic, trauma and neurosurgical profile, intensive care wards and post-surgery wards, equipping the physical rehabilitation department for kinesiotherapy and occupational therapy; creating conditions for psychological rehabilitation 	Reconstruction implies expanding the range and improving the quality of specialised healthcare services, purchasing modern treatment, diagnostics and rehabilitation equipment which is consistent with the European standards, creating appropriate conditions for the complex rehabilitation of veterans of war — ATO/JFO participants, and alignment the conditions on inpatient hospital stay with the modern standards	MoH Ministry of Finance International technical assistance projects	103 million	State Budget funds Funding in the framework of international technical assistance	

7	Ukrainian Scientific and Practical Centre for Endocrine Surgery, Transplantation of Endocrine Organs and Tissues	<p>* Developing and implementing unique methodologies of diagnostics, treatment and prophylaxis of endocrine system diseases*Expanding the range and scope of high-quality medical services*Introducing a multidisciplinary approach to the treatment of diabetic foot syndrome*Correcting the post-surgery dysphonic disorders*Performing organ-sparing thyroid surgeries in case of neoplasms*Performing laparoscopic adrenalectomy*Performing metabolic surgeries*Performing hybrid lower extremity vessel surgeries*Performing surgical treatment of endocrine orbitopathy*Performing gynaecological and breast surgeries*Performing laser ablation of non-malignant thyroid neoplasms*Performing sclerotherapy of occasional iodine-negative metastases of papillary thyroid carcinoma*Performing cell culture transplantation</p>	Reconstruction implies expanding the range and improving the quality of specialised healthcare, as well as purchasing modern treatment, diagnostics and rehabilitation equipment which is consistent with the European standards	MoHMinistry of FinanceInternational technical assistance projects	21 million	State Budget fundsFunding in the framework of international technical assistance	
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8	Heart Institute, Irpin branch and Heart Institute, Kyiv branch	<p>The first treatment and rehabilitation facility in Ukraine for patients who underwent organ transplantation and recipients in critical condition who are waiting for transplantation, providing for unique departments for the rehabilitation of patients after heart and lung transplantation, rehabilitation of patients after kidney transplantation, rehabilitation of patients after liver and pancreas transplantation, departments of cardiac and thoracic surgery, urology and nephrology with haemodialysis, diagnostic radiology, intensive therapy for adults, etc., for the delivery of qualified healthcare to the population of the whole country.</p> <p>Building a new high-tech treatment and rehabilitation building for the patients that underwent transplantation and recipients creates new opportunities of rapid and systemic development of this healthcare area, which is currently not developed at all.</p>	<p>The first specialised treatment facility in Ukraine that will provide comprehensive healthcare to patients with cardiac and cerebral disorders, created both by means of reconstruction of the existing building and creating innovative technological departments on the basis of Kyiv branch of Heart Institute of the Ministry of Health of Ukraine State Institution focused on providing patients with specialised healthcare: neurology and rehabilitation department, cardiorehabilitation department, intensive care department for adults, as well as modernisation of the diagnostic radiology department.</p>	MoH Ministry of Finance International technical assistance projects	55 million	<p>State Budget funds</p> <p>Funding in the framework of international technical assistance</p>	
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<p>9</p>	<p>RECONSTRUCTION OF THE PREMISES OF L. I. MEDVED SCIENTIFIC CENTRE OF PREVENTIVE TOXICOLOGY, FOOD AND CHEMICAL SAFETY OF THE MINISTRY OF HEALTH OF UKRAINE, INCLUDING CONSTRUCTION OF THE ADMINISTRATION BUILDING, LABORATORY BUILDING, PREVENTIVE CLINIC AND A HOSTEL</p>	<p>INCREASE: Establishing the administrative and laboratory complex of Biosafety and Development of Biotechnologies biocluster on the basis of L. I. Scientific Centre for Preventive Toxicology and Food and Chemical Safety of the Ministry of Health of Ukraine State Institution, taking into account its existing capacities by means of strengthening existing capacities and creating new blocks. CREATE: The project encompasses the creation of a single scientific laboratory and manufacturing complex including the following blocks:</p> <ul style="list-style-type: none"> •block for ensuring the biosafety system with accredited virological and bacteriological reference laboratories. •block for ensuring circulation monitoring, as well as toxin detection and identification. •experimental laboratory and manufacturing block of diagnostic test systems and immunobiological products. •pre-clinical studies block. •clinical studies block and endotoxigenesis clinic. •analytical, informational and educational block, block for the organisation of the activities of the cluster and its life support. 	<p>RECONSTRUCTION OF BUILDINGS: Laboratory and diagnostic building, general-purpose block, administrative and laboratory building, experimental and laboratory block, laboratory and diagnostic block (“A” letter), medical and ecological block, laboratory and diagnostic block (“B” letter) technical rooms (“Д” letter), administrative building (“З” letter), control point (“К” letter), technical rooms under canopy (“Л” letter), boiler room (“H” letter), parking space (“И” letter), engineering and technical service building (“Ж” letter), fire-fighting water tank (No. “I”). NEW CONSTRUCTION: New construction of a laboratory building, construction of an administrative</p>	<p>MoH Ministry of Finance International technical assistance projects</p>	<p>360 million</p>	<p>State Budget funds Funding in the framework of international technical assistance</p>	
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			building, construction of a co-working centre with a conference hall for developer companies, as well as other objects necessary for the life support of the bio-cluster.				
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10	Construction of a modern diagnostic and treatment complex at “Okhmatdyt” Ukrainian Specialized Children’s Hospital	<p>INCREASE:</p> <ul style="list-style-type: none"> *Increasing the number of children receiving comprehensive treatment in “Okhmatdyt” USCH almost 1.5-fold, and in case of complex surgeries — by 50%; *Creating additional 336 beds. <p>CREATE:</p> <p>Creating a new logistical base and new subdivisions in “Okhmatdyt” Ukrainian Specialized Children’s Hospital, which will create functional opportunities for:</p> <ul style="list-style-type: none"> *Expanding multidisciplinary and further development of “Okhmatdyt” USCH providing a high quality of the treatment and diagnostic process in order to provide care to children with different diseases; *Ensuring the possibility of providing complex healthcare in one treatment facility using modern technologies, diagnostics and treatment; *Introducing and developing the areas of paediatric surgery that are underdeveloped in Ukraine, namely paediatric transplantology, antenatal surgery, endoscopic surgery, etc. *Ensuring 100% coverage with modern diagnostics, including diagnostics with radioisotopes, of sick children to detect different types of pathologies; * Introducing progressive innovative technologies (treatment and diagnostics, education, telemedicine, medical multimedia and medical visualisation systems, robotic surgical systems, modern IT complexes) on the basis of scientific evidence-based medicine, and improving existing methods of diagnostics and 	Building a modern treatment and diagnostic complex of “Okhmatdyt” Ukrainian Specialized Children’s Hospital located at 28/1 Chornovola St. in Shevchenkivskyi raion of Kyiv	MoH Ministry of Finance International technical assistance projects	200 million	State Budget funds Funding in the framework of international technical assistance	
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		treatment; *Lowering state budget expenditures for the treatment of children abroad and making Ukrainian system of children’s healthcare more prestigious.					
11	Production of modular hospitals in accordance with the European standards Localisation in Ukraine and joint production of modular hospitals meeting European standards in partnership with international manufacturers in order to restore the provision of healthcare services to the population as soon as possible for the period of recovery of destroyed healthcare facilities.	Since the beginning of Russian aggression, 628 healthcare facilities have been damaged and more than 100 — completely destroyed. Creating modular healthcare facilities is a means for the rapid restoration of access of people to healthcare services as opposed to long-term and expensive capital construction. Among the benefits of this solution are: quick implementation terms (2–6 months); the “turnkey” character of the solution and its functionality; and expected lifespan of 3–10 years. Localisation in Ukraine and joint production of such modules in partnership with international manufacturers of such modules with the involvement of western technologies and investment will be a practical solution. This will create opportunities for the rapid restoration of healthcare services delivery to Ukrainians, attract investment in our country, create new jobs, ensure additional tax revenues to the budgets of all levels, as well as to perform efficient planning of the future development of hospital network taking into account the demographic changes that took place during the war. The project can be launched on the basis of the industrial park in Kyiv oblast, provided there are investment stimuli and state support from the local authorities.	Production of modular hospitals in Ukraine is localised and their further construction in the territory of the country is ensured.	Ministry of Economy, Ministry of Health	200 million	State budget funds, local budgets’ funds, international financial assistance, grants, donor funds, private investment	Developing regulatory acts concerning the public procurement of the products of modular hospitals manufacturers; concessional lending to modular hospitals manufacturers;

12	Creating a national network of burn care centres in Ukraine (4 to 5 interregional centres)	Strengthening healthcare services to meet specific war-related needs of the population (including IDPs and veterans)	Sustainable operation of burn care centres capable to meet the most specialised healthcare needs of the patients in the field of burn care is ensured	MoH	25 million	State budget funds; Funding in the framework of international technical assistance and other donor projects	
13	Project for the recovery of the infrastructure of scientific and research institutions of the NAMS of Ukraine caused by the military aggression by the Russian Federation	Destruction as a result of military aggression by the Russian Federation	Recovery after destruction resulting from the military aggression by the Russian Federation	NAMS of Ukraine	307 million	State budget funds; funding in the framework of international technical assistance and other donor projects	According to the laws and regulations
14	Project aimed at providing medical healthcare workers with opportunities to acquire practical skills on the basis of modern university hospitals and simulation centres	Integration of healthcare sector education and research into the current international context	Simulation centres for the training of practical skills of higher educational institutions students meet the requirements and are equipped with modern simulation equipment	MoH	450 million	International technical assistance, State Budget	Develop a regulation on the status of “University hospitals” defining the criteria and responsibilities of higher educational institutions. Develop requirements to simulation centres for the training of practical skills of higher educational institutions students

15	Organisation of the work of scientific and practical centres (scientific parks) for the implementation of priority development areas of medical science	Integration of healthcare sector education and research into the current international context	Scientific and practical centres (scientific parks) for the implementation of priority development areas of medical science are established	MoH	100 million	International technical assistance	
16	Creating training centres for development of clinical skills of the nurses at capable healthcare facilities	Development of skills of healthcare workers in the post-war period	Training centres for development of clinical skills of the nurses are created at capable healthcare facilities	MoH	30 million	International technical assistance	

<p>17</p>	<p>Establishing an operational information mechanism for early warning of public health risks and emergencies integrated with other entities involved in responding to emergencies and international early warning system (WHO, EU and others). - Establishing a public health emergency command system, defining functions and responsibilities within such a system, including a cross-sectoral coordination platform - Establishing a public health emergency operation center, synchronized with national and international (WHO and EU) warning and</p>	<p>Ensuring the protection of public health by prevention, early detection and effective response to emergencies</p>	<p>Organizational structure of the command system is approved. Standard Operating Procedures for each position are approved. Understanding of the functions within the responsibilities of prevention and response system is improved. The operation center facilities are equipped. Coordination is strengthened. Training curricula and training activities are developed and approved. The staff received the training on the warning and response system.</p>	<p>MoH, PHC</p>	<p>15 million</p>	<p>State budget funds; Funding in the framework of international technical assistance and other donor projects</p>	<p>It is necessary to adopt: - Public Health System Law (No. 4142); Biosafety and Biosecurity Law. Regulate the public health emergency preparedness and response system. Establishing of a cross-sectoral coordination platform involving all stakeholders in the “One Health” initiative as an advisory body on health care during emergencies Developing and approving a national public health emergency preparedness plan, defining the roles and responsibilities of the authorized bodies, including PHC and regional disease control and prevention centers</p>
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	<p>response systems - Conducting simulation exercises on the early warning system for public health and healthcare workers</p>						
18	<p>Establishing a national focal point at the Centre for Emergency Medical Care and Disaster Medicine to monitor and distribute patients, as well as to balance the workload between healthcare facilities, including creating a reserve stock of PPE, priority medicines and medical devices, antidotes, equipment and developing a mechanism for collecting the needs and requesting resources for the</p>	<p>Ensuring continuous access to essential health services during an emergency.</p>	<p>The established coordination center allows for coordinated distribution of patients between HCFs during an emergency. There are regional reserves and a clear procedure for requesting resources. The time to obtain critical medicines and medical devices is reduced.</p>	<p>MoH, PHC</p>	<p>90 million</p>	<p>State budget funds; Funding in the framework of international technical assistance and other donor projects</p>	<p>It is necessary to adopt:- Public Health System Law (No. 4142);Biosafety and Biosecurity Law.Regulate the public health emergency preparedness and response system.Establishing of a cross-sectoral coordination platform involving all stakeholders in the “One Health” initiative as an advisory body on health care during emergenciesDevelopin g and approving a national public health emergency preparedness plan, defining the roles and responsibilities of the authorized bodies, including PHC and regional disease control and prevention centers</p>

	public health emergency preparedness and response system						
19	Establishment of a national Training Centre for the public health system on the basis of the Public Health Center for continuous professional development and strengthening of practical skills of public health specialists	Ensuring the operation and due organizational, financial and human resource capacities of the Public Health Center at the national level as the main expert institution in the public health sector, which coordinates the network of oblast disease control and prevention centres and performs essential public health operational functions		MoH	50 million	International technical assistance	It is necessary to adopt: - Public Health System Law (No. 4142); Biosafety and Biosecurity Law. Regulate the public health emergency preparedness and response system. Establishing of a cross-sectoral coordination platform involving all stakeholders in the “One Health” initiative as an advisory body on health care during emergencies Developing and approving a national public health emergency preparedness plan, defining the roles and responsibilities of the authorized bodies, including PHC and regional disease control and prevention centers

20	Establishment of a national network of public health laboratories with four laboratories with BSL-3 level (biosafety level) and 1st chemical safety level for a 24/7 national response network (Kharkiv, Odesa, Lviv, Kyiv) and 21 laboratories with BSL-2 level and 2nd chemical safety level	Ensuring the functioning of a capable public health system aimed at preserving and promoting public health, disease prevention and timely detection of and response to health challenges.		MoH	150 million	International technical assistance	It is necessary to adopt: - Public Health System Law (No. 4142); Biosafety and Biosecurity Law. Regulate the public health emergency preparedness and response system. Establishing of a cross-sectoral coordination platform involving all stakeholders in the “One Health” initiative as an advisory body on health care during emergencies Developing and approving a national public health emergency preparedness plan, defining the roles and responsibilities of the authorized bodies, including PHC and regional disease control and prevention centers
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21	Ensuring integration of the e-health system with the key public registers	Integrating the electronic healthcare system with key public registers will ensure the automatization of the processes of verification of information in the central database registers of the electronic healthcare system, as well as the management of data relevance, particularly the detection of irrelevant, inaccurate or incomplete information	Ensuring integration of the e-health system with the SFS (PFU) Workplace Register, Personal Taxpayer Number Register of the State Tax Service, the Unified State Demographic Register and the State Register of Civil Status Acts	MoH, Ministry of Digital Transformation (MDT), National Health Service of Ukraine (NHSU), other state institutions, international organizations, legal entities and individual entrepreneurs that are medical information systems' owners or managers	≈ UAH 60 million	State budget funds; Funding in the framework of international technical assistance and other donor projects	Adoption of the relevant acts of the Cabinet of Ministers of Ukraine and orders of the MoH need to be approved, signing of interoperability agreements
22	Conducting a thorough analysis and preparing a visualised model of the structure of the medical card in the electronic healthcare system taking into account important standards and requirements (HL7, FHIR, CDA) in the sector and current regulatory	There is a need to conduct a thorough analysis and preparing a visualised model of the structure of the medical card in the electronic healthcare system taking into account important standards and requirements (HL7, FHIR, CDA) in the sector and current regulatory requirements, and implementing the medical card	A visualised model of the structure of the medical card in the electronic healthcare system taking into account important standards and requirements (HL7, FHIR, CDA) in the sector and current regulatory requirements, and implementing the medical card	MoH, NHSU, other state institutions, international organizations, legal entities and individual entrepreneurs that are medical information systems' owners or managers	to be assessed	Funding in the framework of international technical assistance and other donor projects	No laws or regulations are currently needed

	requirements, and implementing the model						
23	Developing, implementing and maintaining interoperability and data exchange between the key information and communication systems and healthcare registers	There is a need in implementation and development of the key information and communication systems and healthcare registers, as well as in ensuring interoperability and data exchange between them	Development, implementation, interoperability and data exchange between the key healthcare information and communication systems, namely the electronic healthcare system and electronic integrated infectious diseases surveillance system (EIDSS), SSD information system, blood information system, the state single transplantation information system, MedData information and analytical system and eStock electronic system for the management of stocks of medicines and medical devices are ensured	MoH, NHSU, State Service for Medicines and Drug Control, other state institutions, international organizations, healthcare providers, legal entities and individual entrepreneurs that are medical information systems' owners or managers	≈ UAH 600 million	State budget funds; Funding in the framework of international technical assistance and other donor projects	Adoption of the relevant acts of the Cabinet of Ministers of Ukraine and orders of the MoH need to be approved, signing of interoperability agreements

<p>24</p>	<p>Harmonisation of national standards with common global standards and classifications, introduction of internationally recognised and wide-spread standards in Ukraine for the further integration with the global information space</p>	<p>Improving and extending the functions of the electronic healthcare system and other healthcare information and communication systems using the widespread international standards and classifications will enable the implementation of the priority areas of state healthcare policy</p>	<p>National standards are harmonised with common global standards and classifications, the recognised and wide-spread standards are implemented in Ukraine</p>	<p>MoH, MDT, NHSU, State Service for Medicines and Drug Control, other state institutions, international organizations, healthcare providers, legal entities and individual entrepreneurs that are medical information systems' owners or managers</p>	<p>to be assessed</p>	<p>State budget funds; Funding in the framework of international technical assistance and other donor projects</p>	<p>Adoption of the relevant acts of the Cabinet of Ministers of Ukraine and orders of the MoH</p>
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25	Ensuring the interoperability of the Ukrainian electronic healthcare system with the electronic healthcare systems of other countries of Europe and the world	Strengthening the social and economic connections between the EU and Ukraine and the intensive migration of the population will result in the necessity of the integration with the global healthcare information space with cross-border interoperability of the Ukrainian electronic healthcare system and electronic healthcare systems of other countries of Europe and the world	Technical conditions are created and interoperability of the Ukrainian electronic healthcare system with the electronic healthcare systems of at least 10 countries of Europe and the world is ensured in accordance with the established standards and data exchange protocols, particularly the FHIR international standard	MoH, MDT, NHSU, other state institutions, international organizations, healthcare providers, legal entities and individual entrepreneurs that are medical information systems' owners or managers	≈ UAH 200 million	State budget funds; Funding in the framework of international technical assistance and other donor projects	Adoption of the relevant Laws of Ukraine, acts of the Cabinet of Ministers of Ukraine and orders of the MoH
26	Development of key requirements to the technical infrastructure of healthcare providers and informatisation of healthcare facilities	Underdeveloped national medical infrastructure for informatisation, in particular insufficient level of computerisation, availability of high-speed Internet connection to health care providers	Key requirements to the technical infrastructure of healthcare providers and informatisation of healthcare facilities are developed	MoH, MDT, NHSU, other state institutions, oblast and Kyiv City military administrations, local self-governance bodies, healthcare providers	≈ UAH 1 million	Funding in the framework of international technical assistance and other donor projects	Adoption of the relevant acts of the Cabinet of Ministers of Ukraine and orders of the MoH

27	Development of the national healthcare informatisation infrastructure that includes proper computerisation conditions, and ensuring access to fast internet for healthcare providers	Underdeveloped national medical infrastructure for informatisation, in particular insufficient level of computerisation, availability of high-speed Internet connection to health care providers	80% of healthcare providers meet the indicators for the implementation of modern national healthcare informatisation infrastructure	MoH, MDT, NHSU, State Service for Medicines and Drug Control, other state institutions, oblast and Kyiv City military administrations, local self-governance bodies, international organizations, healthcare providers, legal entities and individual entrepreneurs that are medical information systems' owners or managers	≈ UAH 2 billion	State and local budgets' funds; Funding in the framework of international technical assistance and other donor projects	Adoption of the relevant acts of the Cabinet of Ministers of Ukraine and orders of the MoH
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28	Extending the functional capacities of the electronic healthcare system and other healthcare information and communication systems	Extending the functional capacities of the electronic healthcare system and other healthcare information and communication systems will contribute to ensuring quality and accessibility of medical services	The functional capacities of the electronic healthcare system and other healthcare information and communication systems are extended, more than 30 new electronic services are introduced	MoH, MDT, NHSU, State Service for Medicines and Drug Control, other state institutions, international organizations, healthcare providers, legal entities and individual entrepreneurs that are medical information systems' owners or managers	≈ UAH 500 million	State budget funds; Funding in the framework of international technical assistance and other donor projects	Adoption of the relevant acts of the Cabinet of Ministers of Ukraine and orders of the MoH
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29	Ensuring the accessibility of electronic healthcare services for users/patients with visual, hearing musculoskeletal, speech and intellectual development impairments, as well as patients with various combinations of impairments	Ensuring the accessibility of healthcare services for people with special needs	Requirements on ensuring adherence to the DSTU ISO/IEC 40500:2015 "Information technologies. Guidelines on the accessibility of web-content W3C (WCAG) 2.0" standard are included in the terms of reference for the development of electronic healthcare software	MoH, MDT, NHSU, State Service for Medicines and Drug Control, other state institutions, oblast and Kyiv City military administrations, local self-governance bodies, international organizations, healthcare providers, legal entities and individual entrepreneurs that are medical information systems' owners or managers	to be assessed	State budget funds; Funding in the framework of international technical assistance and other donor projects	Adoption of the relevant acts of the Cabinet of Ministers of Ukraine and orders of the MoH
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<p>30</p>	<p>Full-fledged implementation of telemedicine and intelligent clinical decision making support systems, big data processing systems, artificial intelligence</p>	<p>Improving and expanding the functionality of electronic healthcare system and other healthcare information and communication systems using modern artificial intelligence technologies, telemedicine and other innovative solutions will allow ensuring the quality and accessibility of healthcare, as well as the transparency and efficiency of management decisions based on received data, etc.</p>	<p>Telemedicine and intelligent clinical decision making support systems, big data processing systems and artificial intelligence technologies are implemented at all levels.</p>	<p>MoH, MDT, NHSU, State Service for Medicines and Drug Control, other state institutions, international organizations, healthcare providers, legal entities and individual entrepreneurs that are medical information systems' owners or managers</p>	<p>≈ UAH 700 million</p>	<p>State and local budgets' funds; funding in the framework of international technical assistance and other donor projects</p>	<p>Adoption of the relevant acts of the Cabinet of Ministers of Ukraine and orders of the MoH</p>
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<p>31</p>	<p>Developing and starting implementation of the healthcare digitalization roadmap</p>	<p>Developing a mid-term healthcare digitalisation map that would include:- a list of paper-based forms of healthcare documentation that are duplicated in digital form and need to be cancelled first of all;- modelling of the processes for the phased transition from paper-based forms of healthcare documentation and their replacement by appropriate structured records in the electronic medical card in the eHealth;- appropriate drafts of regulations and normative acts that need to be adopted, amended or cancelled in order to provide for the transition from paper-based forms to electronic forms in eHealth;- a comprehensive analytical report on the results of work conducted with the description of modelling the transition from the list of healthcare documentation forms to the electronic structure of records in the electronic medical card in the eHealth system; - a comprehensive action plan on the implementation of healthcare digitalisation roadmap</p>	<p>The healthcare digitalization roadmap is developed and its implementation is started</p>	<p>MoH, NHSU, State Service for Medicines and Drug Control, other state institutions, international organizations, healthcare providers, legal entities and individual entrepreneurs that are medical information systems' owners or managers</p>	<p>to be assessed</p>	<p>Funding in the framework of international technical assistance and other donor projects</p>	<p>Adoption of the relevant acts of the Cabinet of Ministers of Ukraine and orders of the MoH</p>
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<p>32</p>	<p>Replacing the data model and enabling transition from paper-based medical and statistical documents to structured electronic medical records</p>	<p>Information about the patient’s health is fragmented: primary health records are stored by various healthcare service providers, mainly in a paper-based form, which leads to administrative burden on healthcare workers and time-consuming processes; lack of the information about the patient’s health outside the relevant healthcare facility, high probability of its loss, low capacities for monitoring, controlling and managing healthcare services quality. Replacing the data model and transition from paper-based medical and statistical documents to structured electronic medical records will allow introducing an integrated electronic medical record that constitutes a systematised and standardised list of a patient’s medical notes in the electronic form and can be created in different healthcare facilities or links to records that can be stored in other information and communication systems</p>	<p>The data model is replaced and the transition from paper-based medical and statistical documents to structured electronic medical records is ensured</p>	<p>MoH, NHSU, State Service for Medicines and Drug Control, other state institutions, international organizations, healthcare providers, legal entities and individual entrepreneurs that are medical information systems’ owners or managers</p>	<p>to be assessed</p>	<p>State budget funds; Funding in the framework of international technical assistance and other donor projects</p>	<p>Adoption of the relevant acts of the Cabinet of Ministers of Ukraine and orders of the MoH</p>
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33	Introduction of healthcare data collection mechanisms through information and communication systems, including private healthcare providers, as well as control of their quality; re-organization of the methodology of healthcare statistical analysis formulation	In order to improve the quality of data collection and provide for real-time data receipt for efficient responding to current changes in healthcare sector	Healthcare data collection systems are introduced through information and communication systems, including private healthcare providers, as well as control of their quality; the re-organization of the methodology of healthcare statistical analysis formulation is performed	MoH, NHSU, State Service for Medicines and Drug Control, other state institutions, oblast and Kyiv City military administrations, local self-governance bodies, international organizations, healthcare providers, legal entities and individual entrepreneurs that are medical information systems' owners or managers	≈ UAH 150 million	State budget funds; Funding in the framework of international technical assistance and other donor projects	Adoption of the relevant acts of the Cabinet of Ministers of Ukraine and orders of the MoH
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<p>34</p>	<p>Creating a data science centre and developing IT innovations using the advantages of big data processing and intelligent systems for forecasting healthcare needs</p>	<p>Enhancing statistical and analytical capacities for decision-making in health policy-making, needs forecasting, resource planning, research and development goals setting</p>	<p>1. A centre for statistical and research analysis of medical data and necessary technical infrastructure ensuring data processing was established, in particular for the following purposes: receiving aggregated population data for decision-making while developing healthcare policies; providing access to depersonalised data for scientific and research purposes; using the results of the analysis in the sphere of clinical research, biobanking, etc. 2. Development of IT innovations and use of the advantages of big data processing and intelligent systems for forecasting healthcare needs and resource planning is ensured</p>	<p>MoH, MDT, NHSU, State Service for Medicines and Drug Control, other state institutions, oblast and Kyiv City military administrations, local self-governance bodies, international organizations, healthcare providers, legal entities and individual entrepreneurs that are medical information systems' owners or managers</p>	<p>to be assessed</p>	<p>State budget funds; Funding in the framework of international technical assistance and other donor projects</p>	<p>Adoption of the relevant acts of the Cabinet of Ministers of Ukraine and orders of the MoH</p>
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35	Introduction of the first phase of the patient account (displaying and signing declarations with family doctors by the patients)	The first planned step within the framework of introducing the patient account is displaying the declaration with the family doctor and an option that would enable the patient to choose their family doctor and to submit a declaration to become their patient	The first stage of the patient account is introduced (displaying and signing declarations with family doctors by the patients)	MoH, MDT, NHSU, other state institutions, international organizations, healthcare providers, legal entities and individual entrepreneurs that are medical information systems' owners or managers	≈ UAH 30 million	Funding in the framework of international technical assistance and other donor projects	Adoption of the relevant acts of the Cabinet of Ministers of Ukraine and orders of the MoH
36	Ensuring patients' access to their personal data and other functional capacities of the electronic healthcare system through the electronic patient account	In accordance with the CMU Regulation No. 411 of 28 April 2018 "On several issues concerning the electronic healthcare system", the task of the electronic healthcare system (eHealth) is, in particular, to provide patients with an opportunity to use electronic services to exercise their rights. The second step for the introduction of patient account is providing the patient with the opportunity of accessing their healthcare data (trace the appointment of doctors, electronic prescriptions, referrals, etc. and other functional opportunities (introducing service functions of the account that simplify access to healthcare, create conditions for various information services and free choice of healthcare providers)	Patients' access to their personal data and other functional capacities of the electronic healthcare system through the electronic patient account is ensured	MoH, MDT, NHSU, other state institutions, international organizations, healthcare providers, legal entities and individual entrepreneurs that are medical information systems' owners or managers	≈ UAH 100 million	State budget funds; Funding in the framework of international technical assistance and other donor projects	Adoption of the relevant acts of the Cabinet of Ministers of Ukraine and orders of the MoH

37	Development and introduction of the healthcare cybersecurity concept; creating the sectoral Cybersecurity centre for the coordination, analysis and development of healthcare cybersecurity policy, as well as for the response to cyberthreats	The importance of cyberthreats rises. An increase in such influence on the functioning of management structures forms a new security situation. The Russian Federation remains one of the foremost sources of threats to the national and international cybersecurity; such destructive activity creates a real threat of committing acts of cyberterrorisms and cybersabotage against national information infrastructure	A sectoral Cybersecurity centre for the coordination, analysis and development of healthcare cybersecurity policy, as well as responding to cyberthreats, is created	MoH, MDT, NHSU, other state institutions, international organizations, healthcare providers, legal entities and individual entrepreneurs that are medical information systems' owners or managers	to be assessed	State budget funds; Funding in the framework of international technical assistance and other donor projects	Adoption of the relevant acts of the Cabinet of Ministers of Ukraine and orders of the MoH
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<p>38</p>	<p>Ensuring cybersecurity, monitoring, protection and analysis of potential interferences, losses and damages of healthcare information and communication systems and registers</p>	<p>The development of electronic healthcare gave rise to an increase in the number of information and communication systems and registers, volume of data and, consequentially, the number of attacks on them; the risks of losing or compromising personal and healthcare data of the patients are rising</p>	<p>The cybersecurity, monitoring, protection and analysis of potential interferences, losses and damages of healthcare information and communication systems and registers are ensured, namely: sectoral cyberthreat response centres (Security operation centres) and sectoral healthcare CIRT groups are created SIEM (Security information and event management) systems for monitoring and analysis of cyberincidents and SOAR (Security Orchestration, Automation and Response) automatic healthcare cyberincident response systems are implemented; other programmes and platforms required to detect vulnerabilities in systems,</p>	<p>MoH, NHSU, other state institutions, international organizations, healthcare providers, legal entities and individual entrepreneurs that are medical information systems' owners or managers</p>	<p>≈ UAH 500 million</p>	<p>State budget funds; Funding in the framework of international technical assistance and other donor projects</p>	<p>Adoption of the relevant acts of the Cabinet of Ministers of Ukraine and orders of the MoH</p>
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			programmes, healthcare registers, and continuous monitoring of rapidly evolving cyberthreats are introduced				
39	Creating a system for management and maintenance of the largest health information and communication systems and registers using distributed registers (blockchain) technology, which will significantly increase their resilience	There is a need to increase the resilience of health information and communication systems and registries	A system for management and maintenance of the largest health information and communication systems and registers using distributed registers (blockchain) technology to significantly increase their resilience is created	MoH, NHSU, other state institutions, international organizations, healthcare providers, legal entities and individual entrepreneurs that are medical information systems' owners or managers	to be assessed	State budget funds; Funding in the framework of international technical assistance and other donor projects	Adoption of the relevant acts of the Cabinet of Ministers of Ukraine and orders of the MoH

40	Introducing programmes and training on cybersecurity and cyberhygiene for users of electronic medical technologies to ensure the compliance with personal data storage requirements and standards.	Underdeveloped national healthcare IT infrastructure, in particular staff capacities and level of digital competence of healthcare workers	The programmes and training on cybersecurity and cyberhygiene for users of electronic medical technologies to ensure the compliance with personal data storage requirements and standards	MoH, MDT, NHSU, other state institutions, international organizations, healthcare providers, legal entities and individual entrepreneurs that are medical information systems' owners or managers	≈ UAH 20 million	State budget funds; Funding in the framework of international technical assistance and other donor projects	Adoption of the relevant acts of the Cabinet of Ministers of Ukraine and orders of the MoH
41	Improving digital competence of healthcare workers and fully integrating the requirements of the conceptual and reference digital competency framework for health professionals to professional standards, training and professional development system, requirements for	Underdeveloped national healthcare IT infrastructure, in particular staff capacities and level of digital competence of healthcare workers, as well as insufficient computerisation of healthcare facilities.	Digital competence of healthcare workers is improved and the requirements of the conceptual and reference digital competency framework for health professionals is fully integrated into professional standards, training and professional development system, requirements for staff recruitment, attestation and certification,	MoH, MDT, NHSU, other state institutions, international organizations, healthcare providers, legal entities and individual entrepreneurs that are medical information systems' owners or managers	to be assessed	State budget funds; Funding in the framework of international technical assistance and other donor projects	Adoption of the relevant acts of the Cabinet of Ministers of Ukraine and orders of the MoH

	staff recruitment, attestation and certification, incentivizing healthcare workers		healthcare workers are incentivized				
42	Implementing digital services of public accountability to enable public and patient oversight of the availability and quality of healthcare services	Enabling public and patient oversight of the availability and quality of healthcare services	Digital services of public accountability to enable public and patient oversight of the availability and quality of healthcare service are implemented	MoH, NHSU, other state institutions, international organizations, healthcare providers, legal entities and individual entrepreneurs that are medical information systems' owners or managers	to be assessed	State budget funds; Funding in the framework of international technical assistance and other donor projects	Adoption of the relevant acts of the Cabinet of Ministers of Ukraine and orders of the MoH

<p>43</p>	<p>Developing sustainable institutions with a clearly defined management model and sustainable resource support for e-health capable of responding to rapid changes and emergencies</p>	<p>The aim is to increase the efficiency of management and use of resources in the sector</p>	<p>Sustainable institutions with a clearly defined management model and sustainable resource support for e-health capable of responding to rapid changes and emergencies are developed</p>	<p>MoH, MDT, NHSU, State Service for Medicines and Drug Control, other state institutions, international organizations, healthcare providers, legal entities and individual entrepreneurs that are medical information systems' owners or managers</p>	<p>to be assessed</p>	<p>State budget funds; Funding in the framework of international technical assistance and other donor projects</p>	<p>Adoption of the relevant acts of the Cabinet of Ministers of Ukraine and orders of the MoH</p>
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44	Establishment of a national institution for healthcare quality and patient safety and ensuring regular external assessment of the activities of HCFs with the publication of results and implementation of healthcare quality assurance system at all the levels (national, regional and HCF levels)	Strengthening national- and local-level quality management system	A national quality assurance institution is created Healthcare standards are developed and approved Risk management and damage prevention system is introduced at all levels Health technology assessment system is improved: (1) the legal framework is updated, (2) organizational responsibility for HTA is shared, (3) transparency of processes and public reporting are established, (4) a state request for HTA is created before the launch of a central procurement. Monitoring and service internal quality assurance are implemented at HCF level	MoH	3 million	State budget funds; Funds from the newly established special funds; Funding in the framework of international technical assistance (ITA)	The following laws and regulations need to be developed and approved: - Draft Law on amending the Fundamentals of the Legislation of Ukraine on Health Care concerning (1) healthcare quality assurance; (2) the definitions, subjects and objects of external assessment and examination of healthcare quality and patient safety (including “medical error”, “deficiency”, “incident”, “low-quality healthcare”)
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<p>45</p>	<p>Ensuring the strategic stock of critical medicines and medical devices and their continuous accessibility for the citizens of Ukraine through a domestic pharmacy network by means of improvement of logistics and distribution processes that will be performed by UkrVaccina of the MoH of Ukraine State Enterprise</p>	<p>prevention of recurring lack of critical medicines and medical devices in the hospital and pharmacy segments not only under the circumstances of hostilities, but also in case of unpredicted emergencies. It is planned to create a strategic stock of medicines and medical devices controlled by the state that will be subject to further distribution through the domestic network of pharmacies;</p> <ul style="list-style-type: none"> - creating new jobs by engaging citizens in working in new structural subdivisions of the enterprise and pharmacies; - increasing investment attractiveness of the state economic sector by means of improving awareness of the brand of the state-owned enterprise and establishing confidence-based relations with the manufacturers and suppliers of medicines and medical devices; - digitalisation of all processes in warehouses at the central level and in individual pharmacies of the network in order to control the movement of goods and prevent the distribution of falsified medicines, medical devices and/or smuggled goods; - integrating the domestic system with external systems, such as eStock, ePrescription, eHealth, etc., for citizens of Ukraine to receive relevant information on the remaining medicines and medical devices and their timely ordering; - reinforcing public trust to the state through positive attitude to the brand of the state pharmacies 	<p>creating a state network of pharmacies: a) 10 pharmacies in Kyiv City within 12 months from the start of the implementation of the project provided there is sufficient funding;</p> <p>b) a pharmacy in each regional centre within 24 months from the start of the implementation of the project provided there is sufficient funding;</p> <ul style="list-style-type: none"> - reinforcing public trust to the state through positive attitude to the brand of state pharmacies; - lowering retail prices for medicines and medical devices; - creating new jobs: + 100 jobs as of the end of the implementation of the project; - better healthcare 	<p>MoH of Ukraine</p>	<p>300–350 million</p>	<p>State budget funds;</p> <ul style="list-style-type: none"> - Funding in the framework of international technical assistance (ITA): SafeMed/USAID ; - Charitable support (UN agencies, in particular UNICEF, WHO etc., World Bank, Global Fund etc.) - Loans from international financial organisations; - Enterprise’s own current funds 	<p>Amendments to the Law of Ukraine “On the Fundamentals of the Health Care Legislation of Ukraine”;</p> <ul style="list-style-type: none"> - Amendments to the Law of Ukraine “On Rent of State-Owned and Communal Property”; - Amendments to the Law of Ukraine “On Medicinal Products” - Amendments to the Resolution of the Cabinet of Ministers of Ukraine No. 902 of 14 September 2005 “On approval of the Procedure for the state quality control of medicinal products imported to Ukraine”; - Amendments to the Order of the Ministry of Health of Ukraine No. 426 of 26.08.2005 “On approval of the Procedure for expert examination of the authorizations for medicinal products undergoing state registration (re-registration), as well as expert examination of the materials on
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			system emergency preparedness				introducing changes in the authorizations during the period of validity of the marketing authorization”; - Amendments to the Procedure of sale of medicinal products and medical devices from pharmacies and their business units approved by the Order of the MoH of Ukraine No. 360 of 19.07.2005.
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