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
НТА	Health Technology Assessment
IDP	internally displaced person
МоН	Ministry of Health of Ukraine
NAMS	National Academy of Medical Science
NCDs	non-communicable diseases
NHSU	National Health Service of Ukraine
РНС	primary health care
PMG	Programme of Medical Guarantees
РРР	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 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

Live 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	 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	 the occurrence of individual outbreaks and epidemics of communicable diseases 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	 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
	e resolved in the relevant ana		
		e pressure due to the war. The Minis	
	-	rities are resolving challenging pro	-
order to ensure responding to	new needs for services car	used by the war, including the de	elivery of services in the
		ic needs of people affected by the	hostilities. This requires
making quick political and regula	atory decisions with insufficie	nt data and information.	
Managing the recovery plan re	quires consolidation of effort	s by the Ministry of Health of Ukra	ine and other authorities
responsible for the developm	ent and implementation of	f healthcare policy in order to	ensure the operational
management, coordination and	monitoring of the recovery pr	ocess.	

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.

resources, may become an addi	tional resource for the health	care system.	
Goal to be achieved to solve	• Ensure the	• Strengthen the	• Review the
the issue during each stage	national-level solution to	capacity of the healthcare	programming and
	the issue of the	central executive body in	funding models for all
1. Restoring, developing and	functioning of the	development of	the healthcare system
reforming the healthcare	healthcare system in the	evidence-based healthcare	components, including
system based on approved	temporarily occupied	policies	staff training, research
evidence-based policies that	territories of Ukraine	 Improve data 	and development,
take into account the needs	 Adopt the Law on 	collection mechanism for all	public health, payment
of the population during	amendments to certain	medical and operational data	for medical services
martial law and in the	laws and regulations of	generated during health	and medicines, based
post-war period	Ukraine on improving the	services provision, and for	on the healthcare
	provision of medical care	important information on	financing reform
	(r. No. 6306) to allow for	citizens' life activities.	launched in
	changing the approaches	Develop a new model	2017–2022;
	to creation of a capable	for programming and funding	• Evaluate the
	network of healthcare	science and research in the	National Health
	facilities and	healthcare system.	Strategy of Ukraine
	regionalization of medical	- Ensure legal	 Improve the implementation
	and rehabilitation care	regulation of the	implementation of
	provided to the	transformation of interaction between the	policies aimed at universal health
	populationDevelop a by-law	interaction between the institutes of the National	universal health coverage
	regulatory framework for	Academy of Medical	• Review the
	the activities of general,	Sciences of Ukraine and the	"Concept for the
	cluster and supercluster	MoH in accordance with	development of
	hospitals	best international practices	primary healthcare
		and objectives for the	and rehabilitation" in
		development of a new	the framework of
		model of programming and	expanding and
		funding health science,	optimizing the
		education and research.	healthcare services
		- Take into account,	model
		at the policy level, the	Conduct
		peculiarities of functioning	regular evaluations
		of the health system in the	and studies to
		areas of Ukraine	measure health system
		non-government controlled	effectiveness
		as of 24 February 2022.	
		• Develop, approve and	
		implement the National Health	
		Strategy of Ukraine	
		 Develop and implement a pationwide 	
		implement a nationwide platform for monitoring.	
		platform for monitoring, evaluation and review of the	
		National Health Strategy of	
		Ukraine	
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Risks related to the goal achievement Quality goal achievement indicator	Lack of political will, underfunding, active hostilities The draft law is adopted, the legislation is amended	 Ensure legal regulation of the functioning of the oblast units of the platform for monitoring, evaluation and review of the National Health Strategy of Ukraine. Ensure a system for monitoring policy implementation based on performance indicators. Ensure providing feedback on healthcare policy implementation services to public authorities Limited funding; understaffing; active hostilities, impossibility of long-term planning because of constant disruptions The legislation is amended The National Health Strategy of 	Limited funding; understaffing The legislation is amended
		Ukraine is adopted Monitoring system is implemented	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	 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. 	 Strengthening the MoH's capacity as a national health system governing authority through development of evidence-based policies and intersectoral cooperation. 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 	 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

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	for their participation in	
	development of the PMG	
	- 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	
	• 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 v stage	vithin the	June 2022 – December 2022	January 2023 – December 2025	January 2026 – December 2032
Risks relat goal achie		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 go achieveme indicator		The draft law is adopted, the legislation is amended	The national institutions are capable	
system of intersecto	e issue ch stage an effective ral on in place de to	 Strengthen Strengthen coordination between institutions involved in healthcare and social decision-making 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	 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 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. 	 Improve the current mechanism of intersectoral cooperation based on "Health in All policies" approach
Deadline v	vithin the	planning and decisions June 2022 – December	January 2023 – December 2025	January 2026 –
stage Risks relat goal achie		2022 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	December 2028 Limited funding; understaffing; active hostilities

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Quality goal achievement indicator	The draft law is adopted, the legislation is amended	 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	 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 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 	 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 Create digital services of public accountability of the impact of initiatives taking into account the introduction of mechanism to prevent conflict of interest 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 	

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		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	 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 acquis	• Ensure the compliance with the requirements of EU-Ukraine Association Agreement on the harmonization of healthcare legislation	• Constantly update Ukrainian legislation in line with EU legislation	• 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

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Quality goal	Amendments to the legislation aimed at harmonization	Amendments to the
achievement	with EU acquis are made, specifically:	legislation aimed at
indicator	• Article 21, Council Recommendation 2003/488/EU of	harmonization with
	18 June 2003;	EU acquis are made
	• Article 64, Annex V, Regulation (EU) No 1331/2008;	taking into account the
	• Article 64, Annex V, Regulation (EU) No 1333/2008;	reviews of the
	Article 64, Annex V, Commission Regulation (EU)	EU acquis
	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 Directive 53,11,122, 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, Directive 2000/54/E0, 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,	
	 Article 428, Annex XLI, Directive 2004/23/EU, Commission Directive 2006/86/EU, Annex XLI, Directive 	
	2004/23/EU;	

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•	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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Goal to be achieved to solve the issue during each stage 6. Improving healthcare system accountability and outcomes as a result of awareness and cooperation of the whole society	 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: 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 	 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 space Develop and approve the universal framework concession agreement for the healthcare sector 	 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 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
Deadline within the stage Risks related to the goal achievement	June 2022 – December 2022 Lack of understanding of the necessity of private sector engagement as an independent healthcare system actor by the political circles, underfunding, active hostilities	January 2023 – December 2025 Lack of understanding of the necessity of private sector engagement as an independent healthcare system actor by the political circles, limited funding, understaffing	January 2026 – December 2028 Lack of understanding of the necessity of private sector engagement as an independent healthcare system actor by the political circles Limited funding
Quality goal achievement indicator	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	 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 	A new favourable climate for civil society engagement is created A new style of public-private partnership is introduced

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	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. 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		 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 sector in accordance with the sector in accordance with associations in the work of commissions, expert and working groups, as well as standing or temporary advisory and other subsidiary bodies of the sector in accordance with associations in the work of commissions, expert and working groups, as well as standing or temporary advisory and other subsidiary bodies of the sector in accordance with associations in the work of temporary advisory and other subsidiary bodies of the sector in accordance with associations in the work of temporary advisory and other subsidiary bodies of the sector in accordance with the sector in accordance with the sector in accordance with the current legislation 	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	the MoH. January 2023 – December 2025	January 2026 – December 2032
Risks related to the goal achievement		• 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• 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: • Professional associations actively participate in the development of healthcare policy; • The list of forms of healthcare services delivery is expanded; • Healthcare system tasks are ensured; • The procedure for		 	DRAFI
indicator 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: Professional associations actively participate in the development of healthcare policy; Final development Healthcare services delivery is expanded; Healthcare professions are being developed; Quality control and other healthcare system tasks are ensured; The procedure for	Quality goal	• The necessary legal	The legislation is
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: • 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	achievement	framework is created.	amended
 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: 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 	indicator	Professional self-governance	
 A new healthcare self-government model is created that enables economic and professional actors to self-regulate their activities in the healthcare sector, namely: 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 		system for healthcare workers	
self-government model is created that enables economic and professional actors to self-regulate their activities in the healthcare sector, namely: • 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		is established.	
created that enables economic and professional actors to self-regulate their activities in the healthcare sector, namely: 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		• A new healthcare	
and professional actors to self-regulate their activities in the healthcare sector, namely: • 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		self-government model is	
 self-regulate their activities in the healthcare sector, namely: 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 		created that enables economic	
 the healthcare sector, namely: 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 		and professional actors to	
 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 		self-regulate their activities in	
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		the healthcare sector, namely:	
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		Professional	
 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 		associations actively participate	
 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 		in the development of	
 healthcare services delivery is expanded; Healthcare professions are being developed; Quality control and other healthcare system tasks are ensured; The procedure for 		healthcare policy;	
 expanded; Healthcare professions are being developed; Quality control and other healthcare system tasks are ensured; The procedure for 		• The list of forms of	
 Healthcare professions are being developed; Quality control and other healthcare system tasks are ensured; The procedure for 		healthcare services delivery is	
are being developed; ● Quality control and other healthcare system tasks are ensured; ● The procedure for		expanded;	
 Quality control and other healthcare system tasks are ensured; The procedure for 		Healthcare professions	
other healthcare system tasks are ensured; • The procedure for		are being developed;	
are ensured; The procedure for		• Quality control and	
The procedure for		other healthcare system tasks	
		are ensured;	
		• The procedure for	
starting a private practice is		starting a private practice is	
simplified		simplified	

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
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	 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; 	 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 National Health Care Strategy of Ukraine Resolution of the CMU on the functioning of regional departments of the National Health Care Strategy Order of the Ministry of Health on approval of success indicators 	 Regulatory act on revising the model of programming and financing of all components of the health care system
2. Implementing universal governance approaches and tools that ensure professional autonomy, sustainability and capacity of national healthcare institutions	 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 	 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 	

	for the recovery of the health care system of Ukraine from the consequences of the war for 2022 - 2032 • 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.	 Ministry of Health of Ukraine 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 	
3. Having an effective system of intersectoral cooperation in place to ensure nation-wide approach to addressing healthcare issues	 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 	 Draft Law on Assisted Reproductive Technologies Regulatory act on ensuring an effective crossectoral approach to solving health care issues in territories with different levels of health services' disruption 	 Regulatory act on improving the current mechanism of intersectoral cooperation based on the "health in all policies" principle

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	private institutio	ns;		
	public sector; do	nor		
	organizations; CI	νU		
	(ministries)			
	Regulatory act on	the		
	creation of	an		
	intersectoral platfo	rm		
	for the developm	ent		
	and implementat	ion		
	of policies in	the		
	health care syst	em		
	that requ	ire		
	intersectoral plann	ing		
	and solutions			
4. Establishing	 Legal act 	on 🕒	Resolution of the CMU on	
a system for	amendments to	the	approval of licensing	
effective	regulatory framew	ork	criteria and mechanisms,	
management of	regarding	the 🔸	Resolution of the CMU on	
healthcare	functioning of	the	approval of the concept of	
facilities that	supervisory boards	of	accreditation of health care	
ensures	health care facilit	es,	facilities	
accountability	in particular, regard	ing 🔸	Legal act on approval of	
to and	their compositi	on,	updated equipment	
oversight by	election and rotat	ion	reports.	
the public	procedures, function	ons 🕒	Legal act on approval of the	
	and responsibilities		system of effective control	
	Resolution of the Cl	νU	over the activities of health	
	on improving	the	care facilities.	
	management	•		
	mechanisms	of	criteria for monitoring and	
	hospital districts a		control of health care	
	the rules for form	-	facilities, including	
	an effective netwo	ork	accreditation criteria,	
	of facilities		indicators of efficiency,	
	U U	the	quality, etc.	
	national	•	Legal act on the	
	standards/guideline		introduction of	
	formation of	an	requirements for the	
	effective network		preparation and publication	
	health care facilit		by municipal health care	
	taking into accounts		facilities of reporting in line	
	the exist		with standards for the public sector	
		eds •	·	
	of each region in he			
	care		digital public reporting services to implement the	
	 Legal act on appro 		possibility of public and	
	of the mechanism		patient control over the	
		ind	availability and quality of	
	cooperation betwe		health services	
	local authorities a		Legal act on the approval of	
	local self-governm		the open register of	
	in matters of planni		Compassionate Medicines	
		ind	Provision Programs and	
	-	the	monitoring of their	
			implementation to ensure	
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	 network of health care facilities 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 	 information in the field of health care, the public and control Legal act on approving an application in the eHealth system to inform doctors in detail about clinical reserch 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	● Legal framework on	 Legal framework on updating 	• Legal framework on
5. Harmonizing Ukrainian legislation with	 Legal framework on approval of the list of acts of the Ministry of 	 Legal framework on updating the legislation of Ukraine in accordance with EU 	 Legal framework on updating the legislation of Ukraine in accordance with
relevant	Health of Ukraine in	legislation	EU legislation (review)
EU acquis	order to fulfill the	• Changes to the legislation,	
	requirements of the	with the aim of harmonizing	
	Association Agreement	with EU regulations, namely:	
	with the EU on the harmonization of	 Article 21, Council Recommendation 	
	legislation in the field of	2003/488/EU of 18 June	
	health care:	2003,	
	• Article 21, Council	• Article 64, Annex V,	
	Reccomendation	Regulation (EU) No	
	2003/488/EU of 18	1331/2008, ● Article 64, Annex V,	
	June 2003, • Article 64, Annex V,	Regulation (EU) No	
	Regulation (EU) No	1333/2008,	
	1331/2008,	• Article 64, Annex V,	
	• Article 64, Annex V,	Commission Regulation	
	Regulation (EU) No	(EU) No 231/2012,	
	1333/2008,	 Article 64, Annex V, Commission Regulation 	
	• Article 64, Annex V, Commission	(EU) No 234/2011,	
	Regulation (EU) No	• Article 64, Annex V,	
	231/2012,	Regulation (EU) No	
	• Article 64, Annex V,	1334/2008,	
	Commission	 Article 64, Annex V, Regulation (EU) No 	
	Regulation (EU) No 234/2011,	Regulation (EU) No 2065/2003,	
	 Article 64, Annex V, 	 Article 64, Annex V, 	
	Regulation (EU) No	Commission Regulation	
	1334/2008,	(EU) No 872/2012,	
	• Article 64, Annex V,	Article 64, Annex V, Commission Bogulation	
	Regulation (EU) No 2065/2003,	Commission Regulation (EU) No 873/2012,	
	 Article 64, Annex V, 	 Article 64, Annex V, 	
	Commission	Regulation (EU) No	
	regulation (EU) No	1332/2008,	
	872/2012,	 Article 64, Annex V, Regulation (EU) No 	
	• Article 64, Annex V, Commission	Regulation (EU) No 396/2005,	
		330,2003,	

Regulation (EU) No	•	Article 64, Annex V,	
873/2012,		Commission Regulation	
• Article 64, Annex V,		(EU) No 2023/2006,	
Regulation (EU) No	•	Article 64, Annex V, Council	
1332/2008,		Directive 82/711/EEC,	
• Article 64, Annex V,	•	Article 64, Annex V, Council	
Regulation (EU) No		Directive 85/572/EEC,	
396/2005,	•	Article 64, Annex V,	
• Article 64, Annex V,		Commission Decision	
Commission		2010/169/EU,	
Regulation (EU) No	•	Article 64, Annex V, Council	
2023/2006,		Directive 84/500/EEC,	
• Article 64, Annex V,	•	Article 64, Annex V,	
Council Directive		Commission Directive	
82/711/EEC,		2007/42/EU,	
• Article 64, Annex V,	•	Article 64, Annex V,	
Council Directive		Commission Regulation	
85/572/EEC,		(EU) No 1895/2005,	
• Article 64, Annex V,	•	Article 64, Annex V,	
Commission Decision		Commission Regulation	
2010/169/EU,		(EU) No 450/2009,	
• Article 64, Annex V,	•	Article 64, Annex V,	
Council Directive		Commission Regulation	
84/500/EEC,		(EU) No 10/2011,	
• Article 64, Annex V,	•	Article 64, Annex V,	
Commission Direcrtive		Commission Directive	
2007/42/EU,		93/11/CEC, Article 64 Apper V	
• Article 64, Annex V, Commission	•	Article 64, Annex V,	
		Commission Regulation	
Regulation (EU) No		(EU) No 284/2011, Article 64 Apper V	
1895/2005,Article 64, Annex V,	•	Article 64, Annex V, Regulation (EU) No 258/97,	
 Article 64, Annex V, Commission 		Article 64, Annex V,	
Regulation (EU) No	•	Directive 1999/2/EU,	
450/2009,		Article 64, Annex V,	
 Article 64, Annex V, 	[Directive 1999/3/EU,	
Commission	•	Article 64, Annex V,	
Regulation (EU) No		Commission Regulation	
10/2011,		(EU) No 282/2008,	
 Article 64, Annex V, 	•	Article 64, Annex V	
Commission Directive		Regulation (EU) No	
93/11/EEC,		396/2005,	
 Article 64, Annex V, 	•	Article 342, Annex XXVII,	
Commission		Council Directive	
Regulation (EU) No		2013/59/Euratom,	
284/2011,	•	Article 424, Annex XL,	
• Article 64, Annex V,		Council Directive	
Regulation (EU) No		83/477/EEC; Council	
258/97,		Directive 91/382/EEC;	
• Article 64, Annex V,		Directive 2003/18/EU,	
Directive 1999/2/EU,	•	Article 424, Annex XL,	
• Article 64, Annex V,		Directive 2004/37/EU,	
Directive 1999/3/EU,	•	Article 424, Annex XL,	
• Article 64, Annex V,		Directive 2000/54/EU,	
Commission	•	Article 424, Annex XL,	
Regulation (EU) No		Council Directive 98/24/EU,	
282/2008,			

•	Article 64, Annex V	•	Article 424, Annex XL,	
	Regulation (EU) No		Directive 2003/10/EU,	
	396/2005,	•	статті 420, 424, Annex XL,	
•	Article 342, Annex		Council Directive и	
	XXVII, Council		92/29/EEC,	
	Directive	•	Article 424, Annex XL,	
	2013/59/Euratom,		Directive 90/269/EEC,	
•	Article 424, Annex XL,	•	Article 428, Annex XLI,	
	Council Directive		Directive 2004/23/EU;	
	83/477/EEC; Council		Commission Directive	
	Directive		2006/17/EU; Commission	
	91/382/EEC;		Directive 2006/86/EU	
	Directive 2003/18/EU,	•	Article 428, Annex XLI,	
•	Article 424, Annex XL,	•	Directive 2004/23/EU;	
	Directive 2004/37/EU,		Commission Directive	
	Article 424, Annex XL,		2006/86/EU, Article 428,	
•				
	Directive 2000/54/EU,		Annex XLI, Directive	
•	Article 424, Annex XL,		2004/23/EU,	
	Council Directive	•	Article 428, Annex XLI,	
	98/24/EU,		Directive 2002/98/EU;	
•	Article 424, Annex XL,		Commission Directive	
	Directive 2003/10/EU,		2004/33/EU; Commission	
•	статті 420, 424,		Directive 2005/62/EU,	
	Annex XL, Council	•	Article 428, Annex XLI,	
	Directive 92/29/EEC,		Directive 2002/98/EU;	
•	Article 424, Annex XL,		Commission Directive	
	Directive		2005/61/EU,	
	90/269/EEC,	•	Article 428, Annex XLI,	
•	Article 428, Annex XLI,		Directive 2002/98/EU	
	Directive 2004/23/EU;	•	Article 428, Annex XLI,	
	Commission Directive		Recommendation	
	2006/17/EU;		2003/54/EU; Council	
	Commission Directive		Recommendation	
	2006/86/EU		2003/488/EU; Council	
•	Article 428, Annex XLI,		Recommendation	
	Directive 2004/23/EU;		2001/458/ EU; Council	
	Commission Directive		Recommendation 2007/C	
	2006/86/EU, Article		164/01	
	428, Annex XLI,	•	Article 368, Annex XXXII,	
	Directive 2004/23/EU,		Directive 2006/126/EU	
•	Article 428, Annex XLI,		(updated Council Directive	
	Directive 2002/98/EU;		91/439/EEC)	
	Commission Directive	•	Directive 2001/83/EU of	
	2004/33/EU;		the European Parliament	
	Commission Directive		and Council	
	2005/62/EU,	•	Delegated Commission	
•	Article 428, Annex XLI,		Regulation (EU) 2016/161	
	Directive 2002/98/EU;	•	Regulation (EU) No	
	Commission Directive		536/2014	
	2005/61/EU,	•	Implementing Commission	
•	Article 428, Annex XLI,		Regulation (EU) No	
	Directive 2002/98/EU		2017/556 of 24 March 2017	
•	Article 428, Annex XLI,	•	Implementing Commission	
	Recommendaion		Regulation (EU) No	
	2003/54/EU; Council		2017/1569 of 23 May 2017	
	Recommendation	•	Regulation (EU) No	
	2003/488/ EU; Council		726/2004	

	Recommendation
	2001/458/ EU; Council 2005/28/EU of 8 April 2005
	Recommendation
	2007/C 164/01 1901/2006
	Article 368, Annex Regulation (EU) 2017/745
	XXXII, Directive of the European Parliament
	2006/126/EU and Council
	(updated Council Regulation (EU)
	Directive 2017/746 of the European
	91/439/EEC) Parliament and Council
	Directive 2001/83/EU
	of the European
	Parliament and
	Council
	Delegated Commision
	Regulation (EU)
	2016/161
	Regulation (EU) No Sec (2011)
	536/2014
	Implementing
	Commission Regulation (EU) No.
	Regulation (EU) No 2017/556 of 24 March
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	Regulation (EU) No
	2017/1569 of 23 May
	2017 2017
	 Regulation (EU) №
	726/2004
	Commission Directive
	№ 2005/28/EU of 8
	April 2005
	Regulation (EU) №
	1901/2006
	• Regulation (EU)
	2017/745 of the
	European Parliament
	and Council
	Regulation (EU) 2017/746
	of the European
	Parliament and Council
	● Legal act on the ● Legal act on the
healthcare	involvement of civil implementation of
system	society in the public-private partnership in
accountability	development of the health care system in
and outcomes as a result of	legislation and certain directions monitoring of its • Legal act on simplifying the
awareness and	monitoring of its • Legal act on simplifying the implementation procedure for opening
	Legal act to implement private practices by doctors
the whole	an effective model of • Legal act on the introduction
society	public-private of mechanisms for public
	partnership in the reporting of national bodies
	health care system (MoH, NHSU, Public Health
	Centers, etc.) to the
B	

7. Establishing professional self-governance system for healthcare workers	 Draft Law on Amendments to the Law of Ukraine "On Concession" regarding the features of the concession in the field of health care 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 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
	forms of providing health services, which are currently limited to labor relations and individual entrepreneur with

	Priority 2. Ensuring the financial stability of the healthcare system
	the defined analysis area:
Key challenges	 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	 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	• 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

Priority 2. Ensuring the financial stability of the healthcare system

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	Stage 2: January 2023	Stage 3: January 2026
– end of 2022	– December 2025	– 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.

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Goal to be achieved to solve the issue during each stage 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	 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 	 Increase public spending on health care: 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 	 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
	-	,	
limitation of demand and access to services and	• Introduce flexible methods of health	and institutions of the National	mechanism for attracting non-state
catastrophic costs in the	financing	Academy of	funds to finance
catastrophic costs in the event of illness	 Gradually rebuild the healthcare infrastructure based on an assessment of the needs of the population and the network of facilities in each oblast 	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	 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



• Spend public financing long-term
resources in an care services based on
effective way: the developed model
- Conduct research of providing such
on the level of services with the
informal payments involvement of the
for priority types of private sector
health care • Expand the role of VHI
- 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:
- 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:
- Develop and
implement effective
payment methods for
health services for
internally displaced
persons
- Develop and
implement effective
methods of payment
for health services,

including the
performance-based
payments' indicators
- 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:
- 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

Deadline within the stage	June 2022 – end of 2022	 list of paid services provided by healthcare facilities outside the PMG 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 	January 2026 –
Risks related to the goal achievement	 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 	 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 	 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
Quality goal achievement indicator	 the network of healthcare facilities has been partially recovered 	 the annual amount of PMG financing is at least 5% of GDP 	 population to participate in the VHI the annual amount of PMG financing is at least 5% of GDP

The total amount of the	 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. PMG 2022: UAH 	 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 	 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
need for financial resources to achieve the goal	 Pixed 2022. OAH 157.3 billion (approved by the Law of Ukraine "On the State Budget of Ukraine for 2022") 	 2023. ОАН 240 billion 2024: UAH 276 billion 2025 року at least 6.5% of GDP 	GDP will be allocated to the healthcare system

List of legal acts to Priority 2

1. Ensuring • Legal act on the introduction protection to people when receiving state-guarantee d quality and affordable health.care services; significantly decreasing the level of out-of-pocket methods of imitation of demand and access to services and catastrophic • Legal act on the State Budget for the corresponding year • Law on the State Budget for the sepolation of the CMU on approving the PMG for the corresponding year • Legal act on the gradual affordable health.care services; services and catastrophic • Legal act on the gradual health care facilities of the Armed Forces of Ukraine (NAMS) into the PMG • Legal act on the miplementation of the mechanism for attracting non-state funds to finance the health care sector; the health care sector; taking into access to services and catastrophic • Legal act on the gradual inclusion in the tariffs for health services of the cost of mechanisms for attracting non-state funds to finance; • Legal act on the expansion of the list of services paid by the NHSU with reference to the actually provide health services of to the actually provide health services of the scaling cost in the resolutions of the CMU on the implementation of the list of services paid by the NHSU with reference to the actually provide health services of mechanisms for attracting into care as cost al services on the developed model of the actually provide health services of the actually provide health services of persons • Legal act on financing mechanisms of the list of services paid by the NHSU with reference persons • Legal act on financing mechanisms of the list of services paid by the NHSU with reference persons • Legal act on financing mechanisms of the list of services paid by the NHSU with reference persons • Legal act on financing mechanisms of the list of services paid by the NHSU	4	a lagal and the	6	Low on the State D. L. M.	6	Low on the Crate David of the
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 Resolution of the CMU on improving payment methods within the PMG, using a mixed system of 						
improving payment methods within the PMG, using a mixed system of						
methods within the PMG, using a mixed system of			•	Resolution of the CMU on		
using a mixed system of						
				methods within the PMG,		
navment for the readiness				using a mixed system of		
				payment for the readiness		
to provide health care, not				to provide health care, not		
tied to the number of				tied to the number of		
patients, including for burn				patients, including for burn		

· · · · · · · · · · · · · · · · · · ·			
		service, polytrauma and	
		disaster medicine	
	•	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	

Priority 3. Restoration and transformation of the healthcare facility network

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

1. Key issues to	b be solved within the framework of the Recovery Plan
	the defined analysis area:
Key challenges	 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, 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	 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	 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	Stage 2: January 2023	Stage 3: January 2026		
	– end of 2022	– December 2025	– 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.

other communities and he	althcare management at the	e oblast level.		
Goal to be achieved to	Provide continuous	 Increase the 	 Strengthen PHC as 	
solve the issue during	health and	capacity of primary	one of the main	
each stage	rehabilitation care in	healthcare to	components of the	
	wartime conditions	address most of the	health care system	
1. Improving people's	- Ensure the integration	patients' health	 Analyse the activity 	
health through the	of some services	issues, with special	of PHC providers	
implementation of an	currently provided	attention to the	based on electronic	
effective integrated	through humanitarian	sphere of	medical records in a	
model that ensures	assistance (short-term	prevention of NCDs	regular way	
balanced,	support for urgent	and support of	 Implement an 	
evidence-based and	needs) into expanded	patients with mental	expanded list of	
continuous provision of	PHC services	disorders and	functions and the	
safe and quality	- Create mechanisms for	chronic diseases.	scope of activities of	
services.	the additional	Expand the range of	nurses at the PHC	
	deployment of	PHC services	level to the	
	healthcare staff	Develop an expanded	requirements of the	
	members (surge	list of functions and	contract with the	
	capacity) - mobile	the scope of activities	National Health	
	points (brigades) for	of PHC nurses and	Service of Ukraine	
the provision of PHC,		implement them to	 Provide a constant 	
	taking into account	the requirements of	analysis of the	
	the needs of the	the contract with the	interaction of PHC	
	population for such	National Health	with the other levels	
	assistance in war	Service of Ukraine	of health care and	
	conditions, to	Implement new	developing	
	implement their	approaches to the	appropriate solutions	
		consultative process		
· · · · · · · · · · · · · · · · · · ·				
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	organizational	at the PHC level,		or integrated and
	support and staffing	including		omplex services
	 Identify additional 	strengthening mental		nsure integration of
	needs of the	health services		HC, public health
	population connected	- Develop and		nd social support
	with the war	implement a model		ervices
	 Initiate health 	of work of		nsure constant
	services according to	multidisciplinary		nprovement of the
	the identified	teams at the PHC		kills of PHC workers
	additional needs	level.		n determining the
	 Bring the network of 	 Prioritise prevention 	n	eeds of patients in
	healthcare providers	and early diagnosis		elation to their
	in line with people's	services		ealth and
	needs and resources	- Implement effective		dentifying risk
	available	disease prevention		actors for diseases
	- Develop national	programmes for the		nsure effective
	guidelines for the	most common chronic		nplementation of
	restoration of health	diseases and healthy		omprehensive
	care infrastructure at	lifestyle programmes		revention programs,
	the regional level	at the primary		s well as healthy
	(including the use of	healthcare level		festyle programs at
	eco-materials,	- Develop national		he PHC level
	renewable energy	screening programs		nplement national
	sources,	on the principles of		creening programs
	implementation of	evidence-based		or different age
	energy efficiency, etc.)	medicine	-	roups on the
	- Adopt comprehensive	- Provide funding for	-	rinciples of
	plans for the recovery	national prevention		vidence-based
	and transformation of	programs		nedicine
	regional health care	 Bring the network of 		vide funding for the
	networks (including PHC	healthcare providers		ational prevention
	facilities, emergency	in line with people's	-	rograms
	services and hospitals),	needs and resources		ring the network of
	starting with	available:		ealthcare providers
	war-affected areas.	- Implement	ir	n line with people's
	• Develop the provision	comprehensive	n	eeds and resources
	on vulnerable	plans for the	a	vailable:
	population groups	recovery and	- C	omplete the
	(including IDPs) in the	transformation of		nplementation of
	context of receiving	regional health care	C	omprehensive plans
	health and	-		or the recovery and
	rehabilitation care.	networks (including	tı	ransformation of
		PHC facilities,	re	egional health care
		emergency services,	n	etworks (including
		and hospitals),	Р	HC facilities,
		starting with	e	mergency services,
		war-affected areas	а	nd hospitals), for all
		 Synchronise the 	0	blasts
		transformation of	- Ir	nplement the
		hospital network	N	lational Plan for the
		with the	Т	ransformation of
		optimization of PMG	tl	he Hospital
		packages		letwork, including
				he development of
		- Develop and start		niversity hospitals
		the implementation		nd national

of the National Plan	specialized centres
for the	for high-tech
Transformation of	assistance (cardiac
the Hospital	surgery,
Network	neurosurgery,
- Develop the	transplantation,
concepts of	polytrauma, burn
university hospitals	treatment)
and national	 Expand a single
	healthcare space
specialized centres	- Provide barrier-free
for high-tech	transfer of health
assistance (cardiac	records between
surgery,	different countries in
neurosurgery,	the amount
transplantation,	necessary for the
polytrauma, burn	provision of health
treatment) within	and rehabilitation
the national	care to patients and
network of	for making
healthcare facilities	management
- Develop the	decisions
	 Ensure sustainability
sequence of actions for health care	of long-term care
	and treatment
facilities to create	services with annual
the supply chains,	analysis and
logistics and	publication of results
procurement of	 Ensure people's
medicines and	access to quality and
medical products,	safe health services:
including	- Ensure compliance
rehabilitation aids	with the requirements
- Develop algorithms	for the minimum set of
for health care	information that the
facilities regarding	health care facility is
the creation and	obliged to publish on its
operation of	website and information
hospital laboratories	on the territory of the
- Begin the process of	health care facility
transformation of	- Provide stable and
the outdated,	effective information
fragmented and	to people about the
inefficient system of	availability of health
health care	services at the
laboratories,	national, regional
Create a single	and local levels with
healthcare space	an annual
where unified rules	assessment of its
apply.	effectiveness
- Analyze, develop and	- Ensure regular
implement solutions	collection of research
to eliminate barriers	results regarding the
and discriminatory	availability of health
norms in the activities	and rehabilitation
	care, including

Late 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 healthDeadline within the stageJune 2022 - end of 2022January2023 - December 2025January2026 - December 2032	Deadline within the stage	June 2022 – end of 2022	 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 January 2023 – 	-
			 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 	and rehabilitation care through appropriate standards and
 Develop and implement requirements for health care facilities to identify and rehabilitation care through appropriate standards and contracting of NHSU 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 			 providers Provide the development of long-term care and treatment services (long-term care) Ensure people's access to quality and safe health 	 their publication on the website of the Ministry of Health of Ukraine Ensure compliance with the requirements for health care facilities regarding inclusive approaches in the

Risks related to the goal achievement	 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 	 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 	 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	 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 	 Provision of continuous health and rehabilitation care in the post-war period was ensured Comprehensiv e 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 Comprehensiv e prevention programs for the most common chronic diseases, as well as healthy lifestyle programs have been implemented at the PHC level. 	 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

		A National	the multiplice (
	receiving health and	National screening programs for	the principles of
	rehabilitation care	screening programs for	evidence-based
	National	different age categories	medicine are financed
	guidelines on the restoration of health	on the principles of	from the state budget
		evidence-based	• The
	care infrastructure at	medicine were	development of hospital
	the regional level have	developed and	networks is based on
	been developed	implemented	three-year plans
		• Long-term care	 Synchronization
		services have been	of the transformation of
		introduced	the hospital network
		Requirements	with the optimization of
		for health care facilities	PMG packages has been
		regarding inclusive	ensured
		approaches in the	• The stability of
		provision of health and	the data collection
		rehabilitation care	system for long-term
		through appropriate	care services for annual
		standards and	analysis and publication
		contracting of NSHU	of results is ensured
		have been introduced	Fulfilment of
		• The	requirements for health
		international ICF	care facilities regarding
		classification was	inclusive approaches in
		introduced	the provision of health
		Integration	and rehabilitation care
		and regionalization of	through appropriate
		health services was	standards and
		ensured at the regional	contracting of NHSU was
		level	ensured
		• A single	• A single
		healthcare space has	healthcare space with
		been created	European countries has
		Barrier-free transfer	been created
		of health records	Barrier-free
		between different	transfer of health
		healthcare providers	records between
		in the amount	healthcare providers of
		necessary for the	different countries is
		provision of health	ensured in the necessary
		and rehabilitation	amount for the provision
		care to patients and	of health and
		for making	rehabilitation care
		management	
		decisions was	
		ensured	
Connection with the		Priority 2 Financing	
other directions		- on the reconstruction	
		of the infrastructure	
		- on the transformation	
		of the health care	
		network	
		- on equipment	
		-for the PMG national	
		prevention programs:	

		 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

		-		
1. Improving	• Resolution of the CMU on	•	Legal act on expanding the	
people's health	the integration of some		range of PHC services	
through the	services currently	•	Legal act on approval of the	
implementatio	provided through		expanded list of functions	
n of an	humanitarian aid		and the scope of activities of	
effective	(short-term support for		PHC nurses and their	
integrated	urgent needs) into		implementation to the	
model that	extended PHC services		requirements of the contract	
ensures	• Legal act on the creation		with the NHSU	
balanced,	of a mechanism for the	•	Legal act on the	
evidence-based	additional deployment of		implementation of new	
and continuous	healthcare staff members		approaches to the	
provision of	(surge capacity) - mobile		consultative process at the	
safe and quality	points (brigades) for the		PHC level, including the	
services.	provision of PHC, taking		strengthening of mental	
	into account the needs of		health services	
	the population for such	•	Legal act on the	
	care in wartime		implementation of the work	
	conditions		model of multidisciplinary	
	• Legal act on the initiation		teams at the PHC level	
	of health services in	•	Legal act on implementation	
	accordance with the		at the PHC level of the most	
	identified additional		common comprehensive	
	needs		preventive programs	
	 Legal act on bringing the 	•	Legal act on the	
	network of healthcare		implementation at the PHC	
	service providers into line		level of comprehensive	
	with people's needs and		preventive programs for the	
	available resources		most common chronic	
	 Legal act on national 		diseases and programs for	
	recommendations for the		the healthy lifestyle	
	restoration of health care	•	Order of the Ministry of	
	infrastructure at the		Health of Ukraine on the	
	regional level (including		approval of national	
	the use of eco-materials,		screening programs on the	
	renewable energy		principles of evidence-based	
	sources, implementation		medicine	
	of energy efficiency, etc.)	•	Legal act on the	
	 Legal act on the approval 		synchronization of the	
	of comprehensive plans		transformed hospital	
	for the recovery and		network with the	
	transformation of regional		optimization of PMG	
	health care networks		packages	
	(including PHC facilities,	•	Legal act on the approval and	
	emergency services, and		implementation of the	
	hospitals), starting from		National Plan for the	
	the regions affected by		Transformation of the	
	the war		Hospital Network	
	 Legal act on approval of 	•	Legal act on approval of	
	provisions on vulnerable		algorithms for health care	
	population groups		facilities regarding the	
	(including IDPs) in the		creation of supply chains,	
	context of receiving		logistics and procurement of	
	health and rehabilitation		medicines and medical	
	care		medicines and medical	
		-		

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	products, including
	rehabilitation aids
	 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

Priority 4. Health services development to meet the needs of people (including IDPs, war veterans) caused by the war

Impact of the war on	the defined analysis area:
Key challenges	• 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	• 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	• 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

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

• 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	
1. 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 delivery system suffers from unsolved problems that existed before the war and continue to have a perative impact on the situation				
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				

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.

amputations, burns, etc. These services are needed now.					
Goal to be achieved to	Develop a multi-level	 Implement a 	 Ensuring the 		
solve the issue during	integrated model of	multi-level integrated	sustainable		
each stage	rehabilitation care	model of providing	functioning of the		
	provision and its	rehabilitation care and	multi-level integrated		
1. Ensuring the	financial support	its financial support	system of providing		
development of	• Develop a concept and	(rehabilitation aids for	rehabilitation care and		
rehabilitation care and	create specialized	patients; PHC	its financial support		
its integration into all	rehabilitation	packages; standards)	 Ensuring the 		
levels of health and	departments / facilities	Create specialized	sustainable		
	for patients with	rehabilitation	functioning of the		
rehabilitation care	complex needs	departments for	system of specialized		
	 Develop, within the 	patients with complex	rehabilitation		
	framework of the	needs; implement a	departments, analysis		
	PMG, additional	system of analysis and	and reporting of their		
	packages of	reporting of their	activities		
	rehabilitation services	activities	 Ensuring the 		
	to ensure the provision	- Revise the legislation	sustainable		
	of assistance for health	on sanatorium-resort	functioning of the		
	conditions that arise	treatment and	network of		
	during the war	unsubstantiated	rehabilitation care		
	• Synchronize the	rehabilitation from	providers, which is		
	development of the	Ukrainian legislation	synchronized with the		
	network of	and budget	system of hospital		
	rehabilitation care	programs, replacing it	districts, analysis and		
	providers with the	with rehabilitation	reporting of their		
	system of hospital	care within the	activities		
	districts - Conduct an audit of the	framework of PMG	 Integrating the provision of 		
	needs of IDPs and	 Implement the network of 	provision of rehabilitation care		
	servicemen in	rehabilitation care	into the PHC system -		
	rehabilitation care, taking	providers into the	PMG packages,		
	into account the	system of hospital	analysis and reporting		
	demographic and	districts; introducing a	system		
	infrastructural changes	system of analysis and	 Ensuring the 		
	that have occurred/may	reporting of their	sustainable		
	occur due to active	activities	functioning of		
	hostilities.	 Integrate the provision 	multidisciplinary		
	 Ensure the functioning 	of rehabilitation care	rehabilitation teams in		
	of multidisciplinary	into the PHC system;	all health care		
	rehabilitation teams in	implement a system of	facilities that provide		
	each health care	analysis and reporting	rehabilitation care		
	facility that provides	of their activities			
	inpatient rehabilitation	• Ensure the functioning			
	care	of multidisciplinary			
		rehabilitation teams as			
		the basis for the			
		provision of			
		rehabilitation services			
		in each health care			
		facility that provides			
		inpatient			

		rehabilitation care;	
		implement a system of	
		analysis and reporting	
		of their activities	
		• 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 –	January 2026 –
		December 2025	December 2032
Risks related to the goal	Continuation of the	Continuation of the	 Lack of state budget
achievement	war on the territory of	war on the territory of	resources
	Ukraine	Ukraine	 Lack of consent among stakeholders
	 Lack of state budget resources 	 Lack of state budget resources 	stakenolders
	 Lack of rehabilitation 	 Lack of consent among 	
	professionals	stakeholders	
	 Insufficient 	Lack of rehabilitation	
	professional level of	professionals	
	existing rehabilitation	 Insufficient 	
	professionals	professional level of	
		existing rehabilitation	
		professionals	
Quality goal	• A multi-level	• 6 new interregional	The sustainable
achievement indicator	integrated model of	rehabilitation centers	functioning of the
	providing rehabilitation care and its financial	were created on the basis of veterans'	multi-level integrated system of rehabilitation
	support is developed,	hospitals or	care delivery and its
	including mechanisms	rehabilitation	financial support is
	for providing patients	hospitals	ensured, including
	with rehabilitation aids	Rehabilitation care is	mechanisms for
	 A concept was 	integrated into each	providing patients with
	developed and at least	cluster and	rehabilitation aids
	3 specialized	supercluster hospital	
	rehabilitation	A multi-level	
	departments for	integrated model of	
	patients with complex needs were created	providing rehabilitation care and	
	 Each hospital district 	its financial support is	
	has an inpatient	introduced, including	
	post-acute and	mechanisms for	
	long-term	providing patients	
	rehabilitation	with rehabilitation	
	department in at least	aids	
	one cluster hospital	Specialized	
	• Each health care	rehabilitation	
	facility that provides	departments for	
	inpatient rehabilitation	patients with complex	
	care has a functioning	needs were created	

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multiprofile healthcare of mental health				
			-	
facilities services at the PHC		facilities	services at the PHC	

		I	I
	• Ensure the further	level; implement a	
	development of the	system of analysis and	
	PMG package	reporting of their	
	"Psychiatric care	activities	
	provided by mobile	Create psychiatric	
	multidisciplinary	departments at the	
	teams" as a key	level of cluster	
	structural unit of the	hospitals; implement a	
	psychiatric care	system of analysis and	
	system, as well as the	reporting of their	
	expansion of the range	activities	
	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		
Deadline within the stage	June 2022 – end of 2022	January 2023 –	January 2026 –
beaume within the stage		December 2025	December 2032
Risks related to the goal	Continuation of	Continuation of	Lack of state
achievement	the war on the territory	the war on the territory	budget resources
	of Ukraine	of Ukraine	 Influence of
	Lack of state	Lack of state	
			corruption factors ● lack of
	 budget resources Lack of consent 	 budget resources Influence of 	
			understanding in the political environment of
	among stakeholders	 corruption factors lack of 	the need to develop
			-
	1	understanding in the	mental health care

political environment of services and the the need to develop corresponding mental health care decision-making services and the initiatives Low capacity of corresponding decision-making executive bodies initiatives Lack of consent Low capacity of among stakeholders • executive bodies Lack of consent • among stakeholders Quality goal achievement The Concept of Mental The plan of actions for The plan of actions for • indicator **Health Care** the realization of the the realization of the Development in Concept of Mental Concept of Mental Ukraine for the period Health Care Health Care up to 2030 has been Development in Development in updated, taking into Ukraine for the period Ukraine for the period account the 2024-2026 has been 2026-2030 has been consequences of the implemented. implemented. war The package of mental The package of mental The scope of services health services at the health services at the was approved and a PHC level based on the PHC level based on the results of the previous package of mental results of the previous health services was implementation was implementation was developed at the PHC revised revised Provision of mental Provision of mental level health services at the health services at the PHC level is ensured PHC level is ensured Psychiatric Psychiatric departments have departments have been created at the been created at the level of cluster level of cluster hospitals hospitals The total amount of the PMG for 2022: UAH UAH 1,5 billion From 2026 not less than 157.3 billion (approved 7% of GDP need for financial resources to achieve the by the Law on State Budget for 2022) goal Connection of the goal Priority 2 Financing Priority 2 Priority 2 with other directions expansion of PHC - for equipment - expansion of PHC services expansion of PHC services services - for equipment Goal to be achieved to Develop the concept of Implement the Ensure sustainable • solve the issue during regionalization and concept of functioning of each stage organize the provision regionalization and traumatological and of traumatological and organize the provision orthopedic orthopedic services of traumatological and departments at the 3. Ensuring the within the hospital orthopedic services level of cluster development of cluster within the hospital hospitals, system of traumatological, Develop the concept of cluster; implement a analysis and reporting orthopedic, burn and regionalization and system of analysis and Ensure the sustainable • intensive care services create a national reporting of their functioning of burn network of burn activity centers, the system of Implement the centres analysis and reporting Develop the concept of concept of of their activity regionalization and regionalization and Ensure sustainable

create a national

create a national

functioning of

	network of reconstructive surgery centres Develop the concept of regionalization and organize the provision of intensive care services by levels within the hospital cluster	 network of burn centers; implement a system of analysis and report of their activity 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 	reconstructive surgery centers, the system of analysis and reporting of their activity • 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	Continuation of	Continuation of	 Lack of state
achievement	the war on the territory	the war on the territory	budget resources
	of Ukraine	of Ukraine	 Lack of consent
	 Lack of state 	Lack of state	among stakeholders
	budget resources	budget resources	
	 Lack of consent 	Lack of consent	
	among stakeholders	among stakeholders	
Quality goal achievement	 The concept of 	The provision of	 Sustainable functioning
indicator	regionalization of	traumatological and	of traumatological and
	trauma and orthopedic	orthopedic services is	orthopedic
	services within the	organized according to	departments at the
	hospital cluster was	the level of their	level of cluster
	developedThe concept of	complexity within the hospital cluster with a	hospitals, analysis and reporting system is
	regionalization of burn	clear system of their	ensured
	centers has been		 The sustainable
	developed	 A national network of 	functioning of burn
	-		, <u> </u>
	 The concept of 	burn centers with a	centers, the system of
	 The concept of regionalization of 	burn centers with a clear system of their	centers, the system of analysis and reporting
	regionalization of reconstructive surgery		-
	regionalization of reconstructive surgery centers was developed	clear system of their analysis and reporting has been created	analysis and reporting of their activity is ensured
	regionalization ofreconstructive surgerycenters was developedThe concept of	clear system of their analysis and reporting has been createdThe provision of	analysis and reportingof their activity isensuredSustainable functioning
	 regionalization of reconstructive surgery centers was developed The concept of regionalization of 	 clear system of their analysis and reporting has been created The provision of intensive care services 	 analysis and reporting of their activity is ensured Sustainable functioning of reconstructive
	 regionalization of reconstructive surgery centers was developed The concept of regionalization of intensive care services 	 clear system of their analysis and reporting has been created The provision of intensive care services by levels within the 	 analysis and reporting of their activity is ensured Sustainable functioning of reconstructive surgery centers,
	 regionalization of reconstructive surgery centers was developed The concept of regionalization of intensive care services by levels within the 	 clear system of their analysis and reporting has been created The provision of intensive care services by levels within the hospital cluster is 	 analysis and reporting of their activity is ensured Sustainable functioning of reconstructive surgery centers, analysis and reporting
	 regionalization of reconstructive surgery centers was developed The concept of regionalization of intensive care services by levels within the hospital cluster has 	 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 	 analysis and reporting of their activity is ensured Sustainable functioning of reconstructive surgery centers, analysis and reporting system is ensured
	 regionalization of reconstructive surgery centers was developed The concept of regionalization of intensive care services by levels within the 	 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 	 analysis and reporting of their activity is ensured Sustainable functioning of reconstructive surgery centers, analysis and reporting

			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	 Determine the range of special needs of veterans and improve PMG packages to take into account the needs of veterans and war victims 	 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 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 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 	• 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 –	January 2026 –
		December 2025	December 2032
Risks related to the goal	Continuation of	Continuation of	
achievement	the war on the territory	the war on the territory	
	of Ukraine	of Ukraine	
	Lack of state	Lack of state	
	budget resources	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	 PMG packages take into account the needs of veterans 	 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

	L	ist of legal acts Priority 4	
1. Ensuring the development of rehabilitation care and its integration into all levels of health and rehabilitation care	 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/institution s 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 	 Legal acts Priority 4 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 	 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
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	 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 	 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) 	

3. Ensuring the development of traumatological, orthopedic, burn and intensive care services	 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 Legal act on approval of the concept of regionalization 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 the concept of regionalization and creating a national network of the concept of regionalization and creating a national network of reconstructive surgery centers Legal act on approval of the concept of regionalization and creating a national network
	regionalization and organization of the provision of intensive care services by levels within the hospital
	cluster
	Resolution of the CMU Resolution of the CMU on
health services in	on the expansion of the improvement of PMG
accordance with	PMG packages to meet packages to take into
the needs of war	the special needs of account the needs of a
veterans and	veterans and victims of veteran (screening system;
persons affected	military actions primary provision of
by hostilities	rehabilitation aids; updated
	packages)
	provide the second seco

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

Impact of the war on Key challenges	 the defined analysis area: 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	 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
Key limitations	 among healthcare workers 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

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

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
1. Identified problem to	be resolved in the relevant a	analysis area	
The system of staff training in t	the field of health care has a	number of problems. Curre	ntly, there is no network of
strong medical universities. The training curricula are outdated and irrelevant, and the lack of modern and potent		lack of modern and potent	
university clinics and simulatio	n centers leads to insufficier	nt practical skills of future m	edical healthcare workers.
The COVID-19 pandemic has	revealed a shortage of hun	nan resources in the field c	of public health, particularly
epidemiologists. The uneven distribution, exacerbated by the war, is aggrevated 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 certair	n scope of services. Even bet	fore the war, the fragmente	d social protection of health

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.

key characteristics of human resources of the health care system: availability, acceptability and quality.			
Goal to be achieved to solve	 Develop and 	 Align the curricula of 	 Comply with the special
the issue during each stage	strengthen the critical	higher education	licensing requirements
1. Integration of healthcare	skills of health workers	institutions in the	for of higher education
sector education and	during the war and in	field of knowledge	institutions that
research into the current	the post-war period,	"22 Healthcare" with	prepare students in the
international context.	namely:	the European	field of knowledge "22
	- Provide extensive	requirements and	Healthcare", namely:
	mental health training	regularly review	- Ensure monitoring of
	for family doctors and	them:	the quality of the
	primary care nurses	- Conduct a	educational activities of
	- Provide extensive	comprehensive	higher education
	training in clinical and	assessment of the	institutions that train
	organizational issues of	organizational,	specialists in the field of
	trauma treatment and	financial and	knowledge "22 Health
	rehabilitation	personnel capacity	Care"
	 Stimulate the 	and infrastructural	 Provide conditions for
	evolution of new	capacity of the	acquiring practical skills
	forms of CPD for all	higher education	of healthcare workers
	healthcare	institutions (HEI) in	on the basis of modern
	professionals, which	the field of	university hospitals and
	are consistent with the	knowledge "22	simulation centers
	priorities of the	Health Care".	 Improve the
	healthcare system,	- Develop and	independent evaluation
	namely:	approve a road	system for the quality
	- Ensure the	map for creating an	of student training in
	organizational	effective network	the field of knowledge
	development of the CPD	of capable HEIs in	"22 Health care",
	Agency: develop an	the field of	namely:
	organizational structure,	knowledge "22	- Provide the analysis and
	detail functionality of	Health Care"	revision of the database
	key roles, develop basic	- Develop and	of test tasks of all
	business processes	approve a roadmap	components of the
	- Update/create a legal	of activities to bring	unified state qualification
	framework for modern	educational	exam and their updating
	postgraduate education	standards in the	on an ongoing basis
	of nurses	field of knowledge	- Implement a unified
		"22 Health Care"	international exam for

into line with the	applicants in the field of
European	knowledge "22 Health
requirements	care"
- Ensure the	• Implement a modern
development of	model of residency based
modern	on international
educational	experience, namely:
programs for the	- Develop and
training of doctors	implementing the unified
for obtaining	state qualification exam
secondary	for residency graduates
specialization	Plan pertinent
- Develop a concept	scientific topics
for the evolution of	(areas) in accordance
education for	with the state's needs
nurses, which will	in the field of
take into account	healthcare, ensure a
the differentiation	sufficient level of
of roles and	their financing and
functionality of	implementation of
nurses and include	achievements on the
requirements for	basis of modern
the content,	university clinics,
structure, level of	namely:
the institution	
	- Support the work of
where practical	scientific and practical
training should take	centers (science parks) for
place, etc.	the implementation of
- Develop	priority directions for the
requirements for	development of science in
creating a	the field of health care
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	
-0	
concept of healthcare	
and pharmaceutical	
education as a type of	

specialized education
and the powers of the
executive body, which
forms and implements
policy in the field of
health care
- 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
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

	- 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".
	· ·
	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
· · · · · · · · · · · · · · · · · · ·	

best global
practices
- 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

 the CPD Agency Develop and implement the procedure for passing CPD by rehabilitation 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 pratical 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 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 	
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training in clinical	
	training in clinical

		 and organizational issues of trauma treatment and rehabilitation 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 Risks related to the goal achievement	 June 2022 – end of 2022 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 	January 2023 – December 2025 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	 January 2026 – December 2032 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	 stakeholders 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 	stakeholders 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	 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

troume and	anagiolization	health care facilities
trauma and rehabilitation	specialization are developed	
 The organizational 	 A student-oriented 	in cooperation with the leading HEI, are
structure, functionality	environment has	flagships in the
of key roles and basic	been created in	provision of health
business processes of	higher healthcare	services
the CPD Agency have	education institutions	 A unified
been developed	Developed	international exam
• A regulatory and legal	mechanisms for	for applicants in the
framework has been	reducing corruption	field of knowledge
created for the	risks in the	"22 Health Care" has
introduction of	educational process	been introduced
modern postgraduate	(admission, training,	A unified state
education of nurses	distribution) minimize	qualification exam
	the occurrence of	was introduced for
	corruption in the	residency graduates
	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	

		implemented, taking	
		into account	
		international	
		experience	
		 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 contors (science) 	
		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		UAH 6,09 billion	UAH 14,210 billion
need for financial resources			
to achieve the goal			
Connection of the goal with	All human resources	Priority 2 Financing	All human resources
other directions	development tasks are	- on equipment for	development tasks are
	closely related to all	simulation centers	-
	-	Simulation Centers	closely related to all
	priorities, in particular,		priorities, in particular,
	such as ensuring the	All human resources	such as ensuring the
	financial stability of the	development tasks are	financial stability of the
	health care system and	closely related to all	health care system and
	the restoration and	priorities, in particular,	the restoration and
	transformation of the	such as ensuring the	transformation of the

DRAFT

	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	 Introduce healthcare system HR planning in line with the needs to ensure the delivery of quality services, namely: 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: Develop the mechanisms for motivating healthcare workers at the national and local levels to work in the regions most affected by the war 	 Introduce healthcare system HR planning in line with the needs to ensure the delivery of quality services, namely: 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: 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 	 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

I	
	areas or urban-type
	settlements
	 Ensure access to
	health services by
	involving
	non-healthcare
	workers and
	expanding the role
	of the nurse:
	- 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
	- 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

		and provide bast	
Deadline within the stage	June 2022 – end of 2022	and provide health and rehabilitation care on the territory of Ukraine - Simplify the procedure for granting permission to foreign specialists to practice in Ukraine January 2023 –	January 2026 –
		December 2025	December 2032
Risks related to the goal achievement	 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 	 Limited funding; Lack of understanding in the political environment of the need for the changes in approaches to health care staff training 	 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	 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 	 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 	 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	Requires calculation	Requires calculation	Requires calculation
to achieve the goal			
Connection of the goal with	All human resources	All human resources	All human resources
other directions	development tasks are	development tasks are	development tasks are
	closely related to all	closely related to all	closely related to all
	priorities, in particular,	priorities, in particular,	priorities, in particular,
	such as ensuring the	such as ensuring the	such as ensuring the
	financial stability of the	financial stability of the	financial stability of the
	health care system and	health care system and	health care system and
	the restoration and	the restoration and	the restoration and
	transformation of the network of health care	transformation of the	transformation of the
	facilities	network of health care facilities	network of health care facilities
Goal to be achieved to solve the issue during each stage 3. Creating conditions to	 Ensure decent pay and develop a flexible system of 	 Ensure decent pay and develop a flexible system of 	 Support and develop a comprehensive
ensure the professional	motivation and	motivation and	approach to the
well-being of healthcare	support for	support for	formation of the
workers	healthcare system	healthcare system	professional
	human resources	human resources,	well-being of the
		including through	healthcare system
		the introduction of	human resources at
		key performance	the level of health
		indicators and	care facilities
		optimum workload,	(safety, social and
		namely: - Develop fair	living conditions, burnout prevention,
		mechanisms for	professional
		financial motivation	development in the
		of healthcare	facility, etc.),
		workers and	namely:
		rehabilitation	- Provide support for
		professionals and	ongoing professional
		professionals with	burnout prevention
		higher	programs in health care
		non-healthcare education who work	facilities ● Introduce
		in the field of	 Introduce professional liability
		healthcare	insurance for
		- Develop the quality	healthcare workers
		indicators of work of	
		doctors,	
		rehabilitation	
		professionals, nurses	
		and professionals	

with higher
non-healthcare
education who work
in the field of health
care, with further
introduction of a
transparent system
of financial
motivation
- Introduce a
transparent system
of non-financial
motivation of health
care workers
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:
- 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,

			1
		 professional development in the facility, etc.) 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 	
Deadline within the stage	June 2022 – end of 2022	healthcare workers January 2023 –	January 2026 –
		December 2025	December 2032
Risks related to the goal achievement	 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 	 Limited funding; Lack of understanding in the political environment of the need to ensure the professional well-being of healthcare workers 	 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	 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. 	 Health care facilities have comprehensive programs to ensure professional well-being

· · · · · · · · · · · · · · · · · · ·			
		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		UAH 850 million	•
need for financial resources			-
to achieve the goal	All human recourses		
Connection of the goal with	All human resources	All human resources	All human resources
other directions	development tasks are	development tasks are	development tasks are
	closely related to all	closely related to all	closely related to all
priorities, in p such as ensuri financial stabil health care sys the restoration transformation network of he facilities	ng the such as ensuring t lity of the financial stability of stem and health care system n and the restoration an n of the transformation of	thesuch as ensuring theof thefinancial stability of them andhealth care system andndthe restoration andf thetransformation of the	
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List of legal acts to Priority 5

1 Integration la Logal act an arrest		logal act on approval of ourrieule of UEIs in the	
1. Integration• Legal act on approv of healthcareof healthcareof the organization		Legal act on approval of curricula of HEIs in the field of knowledge "22 Health care" according	 Legal act on approval of
sector structure, detail		to European requirements	unified state
education functionality of k		Legal act on the approval of the roadmap for	qualification
and research roles	-, [the creation of an effective network of capable	exam for
into the Legal act for mode	rn	HEIs in the field of knowledge "22 Health care"	residency
current postgraduate	•	Legal act on the approval of the roadmap of	graduates
international education of nurses		activities for bringing educational standards in	
context.		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	

2. The	 Legal act on the 	 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 Legal act on the implementation of effective 	
scope and	formation of	mechanisms for the fulfilment of the	
structure of	approaches to HR	obligations of HEI graduates who studied	
healthcare system HR	planning based on the optimal	under the state (regional) order and concluded agreements to work for at least three years in	
planning	workload and taking	rural areas or urban-type settlements	
meeting the	into account the	• Legal act on introducing access to health	
existing needs	level of the HCFLegal act on the	services by involving non-healthcare workers and expanding the role of the nurse	
	introduction of a	 Legal act on the introduction of a policy 	
	flexible system of	framework regarding the autonomization	
	incentives and	(expansion of powers and functional	
	rewards at both the national and local	responsibilities) of the nurse's role in the health care system.	
	levels to attract and	• Legal act on the introduction of a policy	
	retain health care	framework regarding the inclusion of a social	
	workers	worker in the health care services' deliveryLegal 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 on a member of a 	
		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	
	• Law on the State	• Law on the State Budget for the relevant year	
conditions to ensure the	Budget for the relevant year to	to ensure decent wagesLegal act on approval of financial motivation	
professional	ensure decent wages	mechanisms for healthcare workers and	
well-being of		rehabilitation professionals and professionals	
healthcare workers		with higher non-healthcare education working in the field of healthcare	
workers		 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	
L	1	ine new of nearth care, with fulfiller	

	introduction of a transparent system of	
	financial motivation	
•	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	

1. Key issues to be solved within the framework of the Recovery Plan		
Impact of the war on	the defined analysis area:	
Key challenges	 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	• 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	 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.	

Priority 6. Strengthening of the public health system and preparedness for health emergencies

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

.

The full-scale invasion Russian Federation of Ukraine has aggrevated 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	e resolved in the relevant a	nalysis area.	
Ukraine's public health syster	n has undergone a number	r of significant and substan	tial reforms. The State Sanitary
and Epidemiological Service (SES) has been dissolved an	d its functions have been	distributed among different
institutions and other bodies	ensuring the function of st	ate supervision (control) in	n the respective areas of activity.
The National Public Health Co	oncept approved by the Cal	binet of Ministers of Ukrai	ne in 2017 outlined the strategic
directions for the transforma	directions for the transformation of the public health system at all levels. Gradual progress has been reported in the		
transformation of the system	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			
			the functionality of the position

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.

Goal to be achieved to Adopt in the second Adopt the . Continue the implementation • • solve the issue during each reading and as a of measures to strengthen the Law of Ukraine on stage whole the Draft Law potential and practical skills of overcoming 1. **Ensuring the** on the Public Health workers in the field of public tuberculosis in Ukraine functioning of a capable System (r. No. 4142) health (national, regional Adopt the public health system aimed Develop the draft levels) in accordance with the Law of Ukraine on at preserving and resolution of the national plan. biological safety and Conduct a periodic promoting public health, CMU on approval of biological protection disease prevention and a new Strategy for assessment of the Ensure the timely detection of and the development of organizational, financial, and functioning and human resource capacity of response to health immunoprophylaxis implement monitoring challenges, creating a and protection of the oblast disease control and of the activity of the prevention centers to perform coordination mechanism in the population from the public health system communicable coordination the key operational functions diseases that can be in the field of public health in mechanism in the order to adjust measures for prevented through public health system at immunoprophylaxis the formation of the the national and for the period up to functional sustainability of the regional levels 2030 and a Plan for centers Enable the its implementation. Support adequate resource involvement of - Determine a division provision of public health employees of of responsibilities institutions at the national non-governmental regarding and regional level, in organizations without immunoprophylaxis particular public health healthcare education between authorized system laboratories to perform certain institutions in the • Ensure the functioning of an activities and functions sphere of public health efficient system for the in the public health in the regulatory and surveillance of public health legal field system with the status and indicators and the - Draft and approve a monitoring of risk factors definition of the road map for the affecting them by mechanisms of their development of a strengthening cross-sectoral involvement and network of regional cooperation under "One quality assessment disease control and Health" framework and standards prevention centers integrating public health and Ensure the Start primary healthcare services • operation and due implementation of using big data technologies. organizational, enhanced Promote the production of • financial and human (syndromic) diagnostic kits by national resource capacities of epidemiological institutes, their further the Public Health surveillance; purchase/use after validation Ensure the planning Center at the national and approval and implementation level as the main of public health expert institution in programs to meet the public health the challenges of sector wartime: Conduct an • Conduct an assessment of the assessment of the organizational, level of vaccination financial and human of children resource capacities of

	throughout the	the Public Health	
	country;	Center (baseline	
•	 Assess the damage 	assessment in the first	
	to vaccine storage	half of 2023, follow-up	
	infrastructure at	assessment in 2025);	
	the regional level;	- Implement	
	 Conduct a 	the road map to	
	communication campaign among	strengthen the	
	the population in	capacity of the Public	
	order to ensure the	Health Center;	
	population's access	- Prepare terms	
	to reliable	of reference and	
	information about	project estimates for	
	vaccination;	updating the	
	 Ensure proper 	infrastructural facilities	
	funding of public	of the Public Health	
	health	Center of the Ministry	
	programmes,	of Health of Ukraine,	
	allocation of		
	financial resources	including equipment	
		for the BSL-4(3) level	
	according to	public health	
	identified priorities	laboratory, the	
	for each area and	genomic center and	
	monitoring the use	the national reference	
	of budget(s) in	laboratory in	
	accordance with	accordance with the	
	the established	modern international	
	performance	standards and	
	indicators.	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,	

rr	
	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.
	- 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:
	- Develop a
	mechanism for
	periodic assessment of

Г	
	the organizational,
	financial, and human
	resources capacity of
	the Disease Control
	and Prevention
	Centres (DCPC);
	- 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

	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.
	- 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).
	Create the list of
	priority
	communicable
	diseases and
	especially dangerous
	communicable
	diseases for the
	purposes of
	epidemiological
	surveillance.
	- Ensure the
	availability of qualified
	specialists for the
	development and
	improvement of the
ll	

capacity of the
surveillance system,
including for NCDs and
the laboratory
network.
- 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

1	
	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.
	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
	- 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

	procedures for
	laboratories.
	- 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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- 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 Browntion scientific
Prevention, scientific
institutions,

	1		,
		non-governmental	
		organizations	
		conducting research in	
		the field of public	
		health, health care	
		facilities and individual	
		researchers.	
		- When	
		planning the research,	
		ensure the use of	
		modern laboratory	
		research methods and	
		their comparability	
		with international	
		practices.	
		 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	January 2023 -	January 2026 - December 2032
	2022	December 2025	
Risks related to the goal	 Continuation of the 	 Continuation of the 	• Lack of state budget resources
achievement	war on the territory of	war on the territory of	 Lack of consent among
	Ukraine	Ukraine	stakeholders
	 Lack of state budget 	• Lack of state budget	
	resources	resources	
	 Lack of consent 	 Lack of consent 	
	among stakeholders	among stakeholders	
Quality goal achievement	• An audit of the	 Normative and legal 	• Centers for disease control and
indicator	regulatory framework	regulation on disease	prevention throughout the country
	was conducted	prevention and control	are provided with resources,
	• The Draft Law on the	in accordance with EU	including for the needs of
	Public Health System (r.	acts is ensured	laboratories
	No. 4142) was adopted		
	was adopted		1

The total amount of the need for financial resources to achieve the goal Connection of the goal with	in the second reading and as a whole • A road map for the development of a network of regional disease control and prevention centers has been developed does not require additional costs	 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 	• 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
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.

health and well-being of Ukrainians.				
Goal to be achieved to	 Undertake actions to 	• Use a comprehensive	 Implement comprehensive 	
solve the issue during each	address the key risk	multisector approach	measures targeting the	
stage	factors for combating	integrated with primary	environmental determinants of	
2. Creating safe living	non-communicable	healthcare in	health, including climate change, in	
conditions and living	diseases	addressing the issues	order to create a safe, healthy	
environment contributing	 Create conditions for 	associated with the to	environment for human activities.	
to the preservation and	food systems that	risk factors for health at	 Undertake actions to address the 	
promotion of health	promote equal access to	different stages of	key risk factors for high burden of	
	safe, healthy and	human lifecycle to	diseases, including by strengthening	
	sustainable food	promote health equity	the introduction of best practices	
	throughout the life cycle	 Develop mechanisms 	("best-buys") to combat	
	 Implement measures 	for implementing the	non-communicable diseases.	
	to assess and reduce	"Health in all	 Create conditions for food 	
	environmental	policies"principle into	systems that promote equal access	
	hazards to health of	the process of state	to safe, healthy and sustainable	
	the population.	policy forming and the	food throughout the life cycle by	
	• Assess the risks and	development/approval	harmonizing Ukrainian legislation	
	vulnerability of the	of regulatory acts	with EU legislation in the field of	
	population to climate	• Take measures	sanitary and phytosanitary	
	change	to raise the level of awareness of various	standards, food safety.	
		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 		
		monitoring of water		
		quality in open water,		

1	r
	carried out by the DCPC
	by updating the
	laboratory base and
	developing an
	information mechanism
	of the population about
	its quality.
	• 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:
	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

Deadline within the stage Risks related to the goal	June 2022 - December 2022 • Insufficient funding	nutrition in educational institutions by conducting information campaigns • Implement measures to reduce the use of salt by the population of Ukraine. January 2023 - December 2025 • Continuation of	January 2026 - December 2032 • Insufficient funding
achievement	 Lack of necessary expertise Lack of understanding in the political environment of the need to create safe conditions and environment for human activity. 	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.	 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	• 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.	 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. 	• 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	UAH 1 million 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	UAH 422 million	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.

	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.		
The imperfection of the sone of the critical challers system for preventing t practice of developing at at the national, regional In order to proactively p	Development for 2021-20 Climate Change for the per o be resolved in the relevant system of preparedness and nges of the public health she occurrence, early detect and implementing emergent and health care facility level respond to biological, chern eeds to create a qualitative	eriod up to 2030. Int analysis area: I response to emergency s system of Ukraine in the c ction and effective respor cy preparedness and respo vels creates potential risks nical and radiation threats	f the Strategy for Human onmental Security and Adaptation to ituations in public health has become onditions of martial law. The lack of a use to emergency situations and the onse plans in the field of public health for the lives and health of Ukrainians. and overcome the consequences of of preparedness for and response to
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	 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; 	 Develop and approve a national plan, regional plans, and plans at the level of health care faccility 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 	 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.

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	situations in the field
	of public health
	• 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
	• Ensure the availability and
	effective functioning of
	key elements of the
	emergency
	preparedness and
	response system in
	accordance with the
	International Health
	Regulations
	(continued):
	- 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
<u>н</u>	

emergencies in the
field of public health
and safety to launch a
rapid response;
Develop and implement clear safety
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
• 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

	understanding in the political environment	expertise • Lack of	for an effective response to emergencies.
	understanding in the	evnertise	for an effective reconnecto
			-
	Lack of	 Insufficient funding Lack of necessary 	• Lack of understanding in the political environment of the need
achievennent	 Lack of necessary expertise 	 Insufficient funding 	 Lack of understanding in the
Risks related to the goal achievement	 Insufficient funding Lack of necessary 	 Continuation of hostilities 	 Insufficient funding Lack of necessary expertise
Risks related to the goal	2022 ● Insufficient funding	December 2025 • Continuation of	Insufficient funding
Deadline within the stage	June 2022 - December	January 2023 -	January 2026 - December 2032
		distributor	
		the basis of a national	
		medical products on	
		strategic stock of	
		public health; • Create of a	
		situations in the field of	
		extraordinary events or	
		development of	
		regarding the	
		and other models	
		 Improve prognostic 	
		modeling and forecasting;	
		system regarding	
		in the public health	
		capacity of specialists	
		• Strengthen the	
		emergencies	
		development of	
		modelling the	
		and analytical tools for forecasting and	
		 Create information and analytical tools for 	
		preparedness issues.	
		emergency	
		awareness of	
		an emphasis on public	
		communication with	
		improve health awareness and risk	
		partnerships to	
		cross-sector	
		activities, and ensure	
		communication	
		activities, social	
		Conduct educational	
		of health and safety.	
		situations in the field	
		informing the public during emergency	
		public relations,	
		facilities on issues of	
		healthcare, healthcare	
		departments of	
		and Prevention Center,	
		the Disease Control	

	effective response to emergencies	political environment of the need for an effective response to emergencies.	
Quality goal achievement indicator	 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. 	 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. 	• An effective public health protection system has been created through prevention, early detection and effective response to emergencies.

		• 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.

Goal to be achieved to solve• Create the National Transfusion Center as a specialized state institution in each stage• Create the National functioning of the National• 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 calculating the cost of donated4. Ensuring the functioning ofthe Ministry of Health of Ukraine, after the issuance of the Decree of the President of blood system to guarantee equal and timely and timely• Create and ensure the functioning of the National Transfusion Committee within the National Transfusion Center • Introduce the European of donor blood and its components 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 and high-quality• Create and ensure the functioning of the National Transfusion Committee within the National Transfusion Center • Introduce the European in order to ensure effective management of blood system entities and coordination of and high-quality• Create and ensure the functioning of the National Transfusion Committee within the National Transfusion Center • Introduce the European mandatory and separate blood system activities• Ensure an increase in the volume of donated blood and blood and its components of • Unify approaches to calculating the cost of donated• Create and ensure the functioning of the National Transfusion Committee within the National Transfusion Center • Introduce the European Blood Inspection System (EuBIS) • development and adoption of• Ensure an increase in the volume of donated blood comp
the issue during each stagespecialized state institution in the sphere of management of the Ministry of Health of Ukraine, after the issuance of blood system to guarantee equal and timely access of patients to safe entities and coordination of and high-qualityTransfusion Committee within the National Transfusion Center • Introduce the European standards of safety and quality of donor blood and its components in accordance with • Introduce regulation through mandatory and separate entities and coordination of and high-qualityblood 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 entities and coordination of blood system activitiesTransfusion Committee within the National Transfusion Center • Introduce the European of donor blood and its • Introduce regulation through mandatory and separate licensing based on the requirements of the European self-sufficiency of the state withthe issue during an entities and coordination of and high-quality components ofTransfusion Committee within the National Transfusion Center • Introduce the European • Introduce regulation through mandatory and separate licensing based on the requirements of the European Blood Inspection System (EuBIS)blood components collection due to an increase in the number of donors by implementing an effective communication components of the Suma of blood donation and blood components with the aim of self-sufficiency of the state with
each stagethe sphere of management of the Ministry of Health of Ukraine, after the issuance of the nationalthe National Transfusion Center Introduce the European standards of safety and quality of donor blood and its components of Introduce regulation through management of blood system to an increase in the number of donors by implementing an effective communication campaign and a system of encouraging voluntary blood and blood and its regulatory standards in the EU In order to ensure effective and high-quality components ofto an increase in the number of donors by implementing an effective communication campaign and a system of encouraging voluntary blood and blood and its of donor blood and its regulatory standards in the EU Introduce regulation through mandatory and separate licensing based on the requirements of the European solod Inspection System (EuBIS)to an increase in the number of donors by implementing an effective communication campaign and a system of encouraging voluntary blood and blood component donorsentities and coordination of and high-quality components ofunify approaches tolicensing based on the requirements of the European Blood Inspection System (EuBIS)of blood donation and blood self-sufficiency of the state with
4. Ensuring the functioning ofthe Ministry of Health of Ukraine, after the issuance of the national• Introduce the European standards of safety and quality of donor blood and its components ofdonors by implementing an effective communication campaign and a system of encouraging voluntary blood and blood system to Ukraine on the termination of the legal regime of martial law, in order to ensure effective and high-quality components of• Introduce the European standards of safety and quality of donor blood and its components in accordance with norder to ensure effective entities and coordination of blood system activities• Introduce the European standards of safety and quality of donor blood and its components in accordance with nanagement of blood system entities and coordination of blood system activities• Introduce regulation through mandatory and separate licensing based on the requirements of the European Blood Inspection System (EuBIS)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
functioning of the nationalUkraine, after the issuance of the Decree of the President of blood system to guarantee equal and timelystandards of safety and quality of donor blood and its components in accordance with regulatory standards in the EU In order to ensure effective entities and coordination of blood system activitieseffective communication campaign and a system of encouraging voluntary blood and blood component donorsand timely and timely and timely and timelyin order to ensure effective management of blood system entities and coordination of blood system activitiesIntroduce regulation through mandatory and separate licensing based on the requirements of the European Blood Inspection System (EuBIS)of blood donation and blood self-sufficiency of the state with
the national blood system to guarantee equal and timely access of patients to safe and high-qualitythe Decree of the President of Ukraine on the termination of in order to ensure effective entities and coordination of blood system activitiesof 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)campaign and a system of encouraging voluntary blood and blood component donorsthe legal regime of martial law, in order to ensure effective management of blood system entities and coordination of and high-quality• Introduce regulation through mandatory and separate licensing based on the requirements of the European Blood Inspection System (EuBIS)• Continue the implementation of blood donation and blood components with the aim of self-sufficiency of the state with
blood system to guarantee equal and timely access of patients to safe and high-qualityUkraine on the termination of management of blood system entities and coordination of blood system activitiescomponents 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)encouraging voluntary blood and blood component donors • Continue the implementation of measures for the development of blood donation and blood components of • Unify approaches to
guarantee equal and timelythe legal regime of martial law, in order to ensure effective management of blood system entities and coordination of blood system activitiesregulatory standards in the EU • Introduce regulation through mandatory and separateblood component donors • Continue the implementation of measures for the development of blood donation and blood components ofguarantee equal in order to ensure effective management of blood system entities and coordination of blood system activitiesIntroduce regulation through mandatory and separate licensing based on the requirements of the European Blood Inspection System (EuBIS)blood component donors of measures for the development of blood donation and blood components of the state with
and timely access ofin order to ensure effective management of blood system• Introduce regulation through mandatory and separate• Continue the implementation of measures for the developmentpatients to safe and high-quality components of• Introduce regulation through mandatory and separate• Continue the implementation of blood donation and blood requirements of the Europeanof blood system activities • Unify approaches to• Blood Inspection System (EuBIS)• Continue the implementation of measures for the development of blood donation and blood self-sufficiency of the state with
access ofmanagement of blood systemmandatory and separateof measures for the developmentpatients to safeentities and coordination oflicensing based on theof blood donation and bloodand high-qualityblood system activitiesrequirements of the Europeancomponents with the aim oformponents ofUnify approaches toBlood Inspection System (EuBIS)self-sufficiency of the state with
patients to safe and high-quality components ofentities and coordination of blood system activitieslicensing based on the requirements of the Europeanof blood donation and blood components with the aim of self-sufficiency of the state with
and high-quality components ofblood system activities • Unify approaches torequirements of the European Blood Inspection System (EuBIS)components with the aim of self-sufficiency of the state with
components of• Unify approaches toBlood Inspection System (EuBIS)self-sufficiency of the state with
donor blood in calculating the cost of donated - development and adoption of sufficient amounts of donor
sufficient blood and blood components the order of the Ministry of blood and blood components
quantities by the with the aim of transitioning Health of Ukraine regarding the • Conduct a periodic assessment
state to the reimbursement of the licensing of blood system of the organizational, financial
cost of blood components entities based on the and staff capacity of the national
within the PMG, as well as requirements of the European blood system in order to improve
forming the purchase price of Blood Institution Inspection public administration measures.
plasma for fractionation (EuBIS)
Introduce a unified Strengthen the functional
mechanism for the sale of capacity and increase the
donated blood and blood economic efficiency of blood
components between the system entities by standardizing
participants of the blood and streamlining the main
system technological processes,
planning activities and

	• Provide legal regulation of	performing tasks for	
	donor blood components	self-sufficiency of the state with	
	reimbursement within the	donated blood and blood	
	PMG	components under the	
	 Approve the procedure and 	coordination of the National	
	conditions for the contract	Transfusion Center.	
	production of blood products	 Ensure the functioning of the 	
	from plasma for fractionation,	blood system at the hospital	
	made by business entities	level in order to provide blood	
	producing blood products on	component transfusion services	
	the territory of Ukraine, with	 Establish surveillance 	
	the return of blood products	procedures to collect and	
	produced to the order of	evaluate information on serious	
	blood system entities of state	adverse events and serious	
	and communal forms of	adverse reactions in both donors	
	ownership, with the definition	and recipients.	
	prices, as well as the order of	 Establish a procedure for 	
	contract production of blood	investigating serious adverse	
	products	events and serious adverse	
	 Develop and submit to the 	reactions	
	Cabinet of Ministers of	 Develop, implement and 	
	Ukraine a draft resolution on	ensure the functioning of all	
	the functioning of the Blood	modules of the Blood System	
	System Information Space	Information Space for the	
	• Develop, implement and	proper functioning of the blood	
	ensure the functioning of at	system.	
	least two modules of the	,	
	Blood System Information		
	Space to ensure the		
	functioning of the blood		
	system.		
Deadline within	June 2022 - December 2022	January 2023 - December 2025	January 2026 - December 2032
the stage			
Risks related to	 Continuation of hostilities 	 Continuation of hostilities 	 Continuation of hostilities
the goal	 Destruction of 	 Destruction of existing 	 Destruction of existing
achievement	existing infrastructure	infrastructure	infrastructure
	 Insufficient funding 	 Insufficient funding 	 Insufficient funding
Quality goal	• The National Transfusion	• The activities of the National	• An effective blood system
achievement	Center was created as a	Transfusion Center are ensured	coordinated by the National
indicator	specialized state institution	 European standards of safety 	Transfusion Center at the
	in the sphere of	and quality of donated blood	national level has been created,
	management of the Ministry	and blood components have	which functions on the
	of Health of Ukraine, after	been introduced in accordance	principles of: voluntary free
	the issuance of the Decree of	with the EU regulation	donation of blood and blood
	the President of Ukraine on	 Regulation was introduced 	components; self-sufficiency of
	the termination of the legal	through mandatory and	the state's need for sufficient
	regime of martial law, with	separate licensing based on the	amounts of donated blood and
	the aim of ensuring effective	requirements of the European	blood components; economic
	management of subjects of	Blood Inspection System (EuBIS)	efficiency; state guarantee of
	the blood system and coordination of activities of	 The coordination activity of the National Transfusion Center 	equal and timely access of
			patients to safe and high-quality
	the blood system	has been ensured to strengthen	components of donated blood in
	 Issues of donor blood and 	the implementation of tasks for	sufficient quantity
	blood components value are	self-sufficiency of the state with donated blood and blood	• The annual rate of voluntary free blood donors is at least 90%
	settled in order to proceed to reimbursement of the	components.	of the total number

	blood components' cost	Hospital blood banks,	• The annual rate of		
	within the PMG, as well as	transfusion immunology	procurement of preserved		
	purchase prices of plasma for fractionation based on	laboratories, hospital transfusion committees in	donated blood by the blood		
		health care facilities that	entities is no less than 15,000 doses		
	reference pricing ●A single mechanism for	provide transfusion services of	 Annual indicator of the ratio of 		
	donated blood and blood	blood components have been	the number of doses of stored		
	components sale between	established	preserved blood to the number		
	blood entities, as well as to	 Hemomonitoring procedures 	of full-time staff of the blood		
	health care facilities	and the appropriate procedure	entity in the amount of at least		
	providing transfusion	for investigating adverse	100 per individual		
	services has been introduced	reactions and cases of both	• The annual rate of write-off of		
	• The procedure and	donors and recipients have	erythrocyte blood components		
	conditions of contractual	been introduced	(doses) after the expiration date		
	production of blood	• Support for the functioning of	by the blood entity is no more		
	preparations from plasma for	all modules of the Blood System	than 5%		
	fractionation in accordance	Information Space to ensure	• The percentage of unfulfilled		
	with the requirements of the	the functioning of the blood	applications of health care		
	legislation have been	system has been developed,	institutions that provide		
	approved, as well as the	implemented and provided	transfusion services by subjects		
	price of contract		of the blood system is no more		
	fractionation is determined		than 15%.		
	 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				
	Imformation Space have				
	been developed,				
	implemented and				
The total amount	maintained.		LIAH 2.8 hillion		
	UAH 666.6 million	UAH 1,35 billion	UAH 2.8 billion		
of the need for financial					
resources to					
achieve the goal					
Connection of	The planning of measures and t	heir implementation is closely relat	ed to the results of the		
the goal with					
other directions	2022.	implementation of the plan of measures of the National Blood System Development Strategy until 2022			
		/show/120-2019-%D1%80#n115			
		5			

List of legal acts to Priority 6

4 Encoder all a		Dueft Leve an the Dublic	-	Duraft Laws of Illumina an	
1. Ensuring the		Draft Law on the Public	•	Draft Law of Ukraine on	
functioning of a		Health System		biological safety and	
capable public		Draft rersolution of the		biological protection	
health system	(CMU on the approval of	•	Draft Law of Ukraine on	
aimed at		the Strategy for the		overcoming tuberculosis in	
preserving and		Development of		Ukraine	
promoting public	1	mmunoprophylaxis and			
health, disease	1	the Protection of the			
prevention and	1	Population from			
timely detection of	(Communicable Diseases			
and response to		Preventable through			
health challenges,		mmunoprophylaxis for the			
creating a		Period Until 2030 and the			
coordination		Approval of the Action Plan			
mechanism in the		for Its Implementation			
public health		Draft act of the CMU on			
		the implementation of the			
system		-			
		· [· · · · · · ·			
		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			
	1	territories with a high level			
	(of epidemic threat			
	•	Legal act on the			
		distribution of			
	1	responsibilities between			
		authorized institutions in			
	1	the field of health care in			
		relation to			
		mmunoprophylaxis			
		Legal act on defining the			
		coordination mechanism in			
		the public health system at			
		the national and regional			
		evels			
		Legal act on approval of			
		the road map for the			
		development of the			
		network of regional			
		disease control and			
		prevention centers			
2. Creating		Legal act on approval of	•	Legal act on approval of	
safe living		the Procedure for the use		the procedure for the use	
conditions and living		of flavorings in food		of food additives in food	
environment		products		products	
contributing to the		Legal act on approval of	•	Legal act on approval of	
preservation and	1	the Procedure for the use		technical requirements for	
promotion of health	(of enzymes in food		food additives	
	1	products in accordance	•	Legal act on approval of	
	`	with EU legislation		the List of food products	
		J			

	•	Legal act on approval of		and feed to which the	
		Requirements for food		maximum levels of	
		products and food		pesticide residues are	
		ingredients exposed to		applied, and the reduction	
		ionizing radiation		of such maximum levels	
	•	Legal act on approval of	•	Legal act on approval of	
		basic norms and rules of		the Procedure for the use	
		radiation safety for		of recycled plastic	
		handling materials		materials and products	
		containing radionuclides of		intended for contact with	
		natural origin		food products", as well as	
	•	Legal act on the approval		about eleven draft orders	
		of State sanitary standards		aiming at bringing	
		and rules "Radiation safety		measures applied to	
		standards of Ukraine.		recycled plastic materials	
		Ensuring the sanitary and		and products intended for	
		epidemic well-being of the		contact with food products	
		population in planned		into compliance with EU	
		exposure situations"		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	
3 Ensuring public			•	Resolution of the CMU on	
health protection				the approval of the	
through				National plan for	
prevention, early				emergency preparedness	
detection and				in the field of public health	
effective response			•	Legal act on defining the	
to emergencies				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,	
				communication strates,	

			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	
		•	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	
4. Ensuring the	• Legal act on the formation	•	Resolution of the CMU	
functioning of the	of the National Transfusion	-	approving the Procedure	
national blood	Center		for the procurement and	
	• Legal act on the approval		testing of donated blood	
	of the Methodology for		and blood components	
8	calculating the cost of		regardless of their final	
and timely access of patients to safe	donated blood and blood		destination, processing,	
	components produced by		storage, transportation,	
and high-quality	entities of the blood		distribution and sale of	
components of	system, to ensure the		donated blood and blood	
donor blood in	provision of blood		components intended for	
sufficient	transfusion services and/or		transfusion	
quantities by the	blood components	•	Resolution of the CMU on	
state	 Resolution of the CMU on 	Ī	licensing of entities of the	
	approval of the Procedure		blood system based on the	
	for the sale of donated		requirements of the	
	blood and blood		European Inspection of	
	components by entities of		Blood Institutions (EuBIS)	
	the blood system that	•	Legal act on collection and	
	collect, process, test, store,		evaluation of information	
	distribute and sell donated		on serious adverse events	
	blood and blood		and serious adverse events	
			reactions	
	componentsResolution of the CMU on	•	Resolution of the CMU on	
	approval of the Procedure		popularization and	
		I		1

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and conditions for the	development of blood and	
contract production of	blood components	
blood products from	donation, functioning of	
plasma for fractionation,	the blood system	
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		
• Resolution of the CMU		
approving the Procedure		
for contract production of		
blood products		

Priority 7. Developing the electronic healthcare and strengthening of cybersecurity

	the defined analysis area:
Key challenges	 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 heakthcare 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	 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.

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

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

Identified problem to be resolved in the relevant analysis area

The main problems that need to be solved today are:

insufficient efficiency of electronic healthcare system, which, in particular, is characterized by:

- 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.

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;

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.

	well as insumcient computer		
Goal to be achieved to	 Ensuring integration of 	• Conducting a thorough	 Harmonisation of national
solve the issue during	the e-health system with	analysis and preparing a	standards with common
each stage	the key public registers	visualised model of the	global standards and
		structure of the medical	classifications,
1. Developing a single		card in the electronic	introduction of
medical information		healthcare system taking	internationally recognised
space featuring		into account important	and wide-spread
national and		standards and	standards in Ukraine for
cross-border		requirements (HL7,	the further integration
interoperability and		FHIR, CDA) in the sector	with the global
end-to-end processes		and current regulatory	information space
and services		requirements, and	● Ensuring the
		implementing the	interoperability of the
		medical card	Ukrainian electronic
		• Developing,	healthcare system with
		implementing and	the electronic healthcare
		maintaining	systems of other countries
		interoperability and data	of Europe and the world
		exchange between the	of Europe and the world
		key information and	
		communication systems	
		-	
Deadline within the	lung 2022 December	and healthcare registers	January 2026 December
	June 2022 – December	January 2023 – December 2025	January 2026 – December
stage	2022		2032
Risks related to the	Lack of adequate financial	Lack of adequate financial	Lack of adequate financial
goal achievement	and human resources to	and human resources to	and human resources to
	implement tasks; lack of	implement tasks; lack of	implement tasks; lack of
	political will; active	political will; active	political will; active
	hostilities	hostilities	hostilities; lack of initiative
			from other countries of
			Europe and the world
Quality goal	• Integration of the	• A comprehensive	 National standards are
achievement indicator	e-health system with the	analysis is conducted	harmonised with common
	SFS (PFU) Workplace	and a visualised model	global standards and
	Register, Personal	of the structure of the	classifications, the
	Taxpayer Number	medical card in the	recognised and
	Register of the State Tax	electronic healthcare	wide-spread standards are
	Service, the Unified	system is prepared,	implemented in Ukraine.
	State Demographic	taking into account	 Technical conditions are
	Register and the State	important standards and	created and
		(1)	interoperability of the
	Register of Civil Status	requirements (HL7,	
	Register of Civil Status Acts is ensured	FHIR, CDA) in the sector	Ukrainian electronic
	0	-	
	0	FHIR, CDA) in the sector	Ukrainian electronic

Total funding requirement for the goal achievement	≈UAH 60 million	medical card is implemented • 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 ≈ UAH 600 million	10 countries of Europe and the world is ensured in accordance with the established standards and data exchange protocols, particularly the FHIR international standard
Links between the goal	Public Health and	Public Health and	Public Health and
and other directions	Digitalization	Digitalization	Digitalization
Goal to be achieved to solve the issue during each stage 2. Providing infrastructural and technical conditions for the provision of quality health services using information and communication systems at all the levels	• Development of key requirements to the technical infrastructure of healthcare providers and informatisation of healthcare facilities	 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 	• 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	
Deedline within the	lung 2022 December		
Deadline within the stage	June 2022 – December 2022	January 2023 – December 2025	January 2026 – December 2032
Risks related to the	Lack of adequate financial	Lack of adequate financial	Lack of adequate financial
goal achievement	and human resources to	and human resources to	and human resources to
	implement tasks; lack of	implement tasks; lack of	implement tasks; lack of
	political will; active	political will; active	political will; active
0 III	hostilities	hostilities	hostilities
Quality goal	• Key requirements to the	● 80% of healthcare	• Telemedicine and
achievement indicator	technical infrastructure	providers meet the	intelligent clinical decision
	of healthcare providers and informatisation of	indicators for the	making support systems,
	healthcare facilities are	implementation of modern national	big data processing systems and artificial
	developed	healthcare	systems and artificial intelligence technologies
	uevelopeu	informatisation	are implemented at all
		infrastructure.	levels.
		• 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	
Total funding	≈ UAH 1 million	≈UAH 2.5 billion	≈UAH 700 million
requirement for the			
goal achievement			
Links between the goal	Public Health and	Public Health and	Public Health and
and other directions	Digitalization	Digitalization	Digitalization
Goal to be achieved to	• Developing and starting	• Replacing the data	• Creating a data science
solve the issue during	implementation of the	model and enabling	centre and developing IT
each stage	healthcare digitalization	transition from	innovations using the
	roadmap	paper-based medical	advantages of big data
2 Transition to		documents to structured	automa for forecasting
--	----------------------------	---	---
3. Transition to		documents to structured electronic medical	systems for forecasting healthcare needs
paperless records and ensuring electronic		records	nearthcare needs
mechanisms for data		• Introduction of	
collection and quality		healthcare data	
control, visualisation		collection mechanisms	
and analysis of public		through information and	
data in the healthcare		communication systems,	
sector		including private	
Sector		healthcare providers, as	
		well as control of their	
		quality	
		• Re-organization of the	
		methodology of	
		healthcare statistical	
		analysis formulation	
Deadline within the	June 2022 – December	January 2023 – December	January 2026 - December
stage	2022 – December 2022	2025 2023 – December	January 2026 – December 2032
Risks related to the	Lack of adequate financial	Lack of adequate financial	Lack of adequate financial
goal achievement	and human resources to	and human resources to	and human resources to
goal achievenient	implement tasks; lack of	implement tasks; lack of	implement tasks; lack of
	political will; active	political will; active	political will; active
	hostilities	hostilities	hostilities
Quality goal	• The healthcare	•The data model is	• A centre for statistical and
achievement indicator	digitalization roadmap is	replaced and the	research analysis of
	developed and its	transition from	medical data and
	implementation is	paper-based medical	necessary technical
	started	and statistical	infrastructure ensuring
		documents to structured	data processing was
		electronic medical	established, in particular
		records is ensured.	for the following
		• Healthcare data	purposes:
		collection systems are	- receiving aggregated
		introduced through	population data for
		information and	decision-making while
		communication systems,	developing healthcare
		including private	policies;
		healthcare providers, as	providing access to
		well as control of their	depersonalised data for
		quality.	scientific and research
		• The re-organization of	purposes;
		the methodology of	- using the results of the
		healthcare statistical	analysis in the sphere of
		analysis formulation is	clinical research,
		performed	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
Total funding	≈ UAH 20 million	≈ UAH 400 million	≈UAH 300 million
requirement for the			
goal achievement			

	Dublin Unable and	Dubling the state	Dubling Unable and
Links between the goal	Public Health and	Public Health and	Public Health and
and other directions Goal to be achieved to	DigitalizationIntroduction of the first	Digitalization • Ensuring patients' access	Digitalization
solve the issue during	phase of the patient	to their personal data	
each stage	account (displaying and	and other functional	
each stage	signing declarations with	capacities of the	
4. Creating friendly	family doctors by the	electronic healthcare	
and transparent	patients)	system through the	
mechanisms for user	patients	electronic patient	
access to the		account	
comprehensive data		account	
on their health and			
management of this			
information			
Deadline within the	June 2022 – December	January 2023 – December	January 2026 – December
stage	2022	2025	2032
Risks related to the	Lack of adequate financial	Lack of adequate financial	
goal achievement	and human resources to	and human resources to	
	implement tasks; lack of	implement tasks; lack of	
	political will; active	political will; active	
	hostilities	hostilities	
Quality goal	The first stage of the	Patients' access to their	
achievement indicator	patient account has been	personal data and other	
	introduced (displaying and	functional capacities of	
	signing declarations with	the electronic healthcare	
	family doctors by the	system through the	
	patients)	electronic patient account	
		is ensured	
Total funding	≈ UAH 30 million	≈ UAH 100 million	
requirement for the			
goal achievement			
Links between the goal	Public Health and	Public Health and	
and other directions	Digitalization	Digitalization	
Goal to be achieved to	• Development of the	 Full implementation of 	● creating a system for
solve the issue during	healthcare cybersecurity	the healthcare	management and
each stage	concept; beginning of	cybersecurity concept at	maintenance of the
	creation of the sectoral	different levels and the	largest health information
5. Ensuring	Cybersecurity centre for	sectoral Cybersecurity	and communication
cybersecurity and	the coordination,	Centre	systems and registers
information	analysis and	• Ensuring the	using distributed registers
protection	development of	cybersecurity,	(blockchain) technology,
	healthcare cybersecurity	monitoring, protection	which will significantly
	policy, as well as for the	and analysis of potential	increase their resilience
	response to	interferences, losses and	
	cyberthreats	damages of healthcare	
		information and	
		communication systems	
		and registers	
Deadline within the	June 2022 – December	January 2023 – December	January 2026 – December
stage	2022	2025	2032
Risks related to the	Lack of adequate financial	Lack of adequate financial	Lack of adequate financial
goal achievement	and human resources to	and human resources to	and human resources to
	implement tasks; lack of	implement tasks; lack of	implement tasks; lack of
	political will; active	political will; active	political will; active
	hostilities	hostilities	hostilities

Quality	• The concept is	• The healthcare	• A system for management
Quality goal achievement indicator	 The concept is developed and a 	• The nealthcare cybersecurity concept is	 A system for management and maintenance of the
	sectoral Cybersecurity	implemented in full at	largest health information
	centre for the	different levels as well as	and communication
	coordination, analysis	the sectoral	systems and registers
	and development of	Cybersecurity Centre.	using distributed registers
	healthcare cybersecurity	• The cybersecurity,	(blockchain) technology to
	policy, as well as	monitoring, protection	significantly increase their
	responding to	and analysis of potential	resilience is created
	cyberthreats, is created	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 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	
Total fundi		are introduced	or 11411 E00 ms ¹¹¹ =
Total funding requirement for the	≈UAH 50 million	≈UAH 500 million	≈UAH 500 million
goal achievement			
Links between the goal	Public Health and	Public Health and	Public Health and
and other directions	Digitalization	Digitalization	Digitalization
Goal to be achieved to	 Disseminating 	 Introducing programmes 	• Updating the
solve the issue during	information materials to	and training on	requirements of the
each stage	facilitate developing of	cybersecurity and cyber	conceptual and reference
6 Douclonment and	digital competencies of	hygiene for users of	digital competency
6. Development and maintenance of digital	information technology	electronic medical technologies to ensure	framework for health professionals, taking into
maintenance of digital		technologies to ensure	professionals, taking into

competencies of	users in the healthcare	the compliance with	account innovative
information	sector	personal data storage	solutions and
technology users in	 Updating the general 	requirements and	technologies
the healthcare sector	qualification	standards.	
	requirements to	Improving digital	
	healthcare specialties	competence of	
	regarding the required	healthcare workers and	
	knowledge and skills of modern information	fully integrating the requirements of the	
	technologies	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	
Deadline within the	June 2022 – December	January 2023 – December	January 2026 – December
stage	2022	2025	2032
Risks related to the	Lack of adequate financial	Lack of adequate financial	Lack of adequate financial
goal achievement	and human resources to	and human resources to	and human resources to
	implement tasks; lack of	implement tasks; lack of	implement tasks; lack of
	political will; active hostilities	political will; active hostilities	political will; active hostilities
Quality goal	Information materials	• The programmes and	• The requirements of the
achievement indicator	for the development of	training on cybersecurity	conceptual and reference
	digital competencies of	and cyber hygiene for	digital competency
	information technology	users of information	framework for health
	users in the healthcare	technologies in the	professionals, taking into
	sector have been	sphere of healthcare to	account innovative
	disseminated.	ensure the compliance	solutions and
	 The general qualification requirements to 	with personal data storage requirements	technologies are updated
	healthcare specialties	and standards	
	regarding the required	• Digital competence of	
	knowledge and skills of	healthcare workers is	
	modern information	improved and the	
	technologies are	requirements of the	
	updated	conceptual and	
		reference digital competency framework	
		for health professionals	
		I IOI HEAILH DIOLESSIONAIS	
		is fully integrated into	

Total funding requirement for the	≈UAH 20 million	 training and professional development system, requirements for staff recruitment, attestation and certification, healthcare workers are incentivized Digital services of public accountability to enable public and patient oversight of the availability and quality of healthcare service are implemented ≈UAH 100 million 	≈UAH 5 million
goal achievement			
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 stage7.Sustainable institutions operating under a clearly defined management model ensuring flexibility and efficiency of e-health development	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

1. Developing a single medical information space featuring national and cross-border interoperability and end-to-end processes and services	 Legal act on the integration of the electronic health care system with key state registers 	 Legal act on introduction of interoperability and data exchange between key information and communication systems and registers in the field of health care 	 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
2. Providing infrastructural and technical conditions for the provision of quality health services using information and communication systems at all the levels	 Legal act on approval of basic requirements for the technical infrastructure of health service providers and informatization of health care facilities 	 Lega 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 	 Legal act on the introduction of telemedicine and intelligent clinical decision support systems, systems for processing big data, artificial intelligence
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	 Legal act on the implementation of the road map of depaperization in the field of health care 	 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 	 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
4. Creating friendly and transparent mechanisms for user access to	 Legal act on the introduction of the first stage of the patient's account (displaying and 		

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the	conclusion of		
comprehensive	declarations by		
data on their	patients with the		
health and	family doctor)		
management of			
this information			
5. Ensuring	 Legal act on 	• Legal act on the creation	 Legal act on the creation of a
cybersecurity	approval of the	of sectoral response	management system and
and information	concept of cyber	centers for cyber	maintenance of the largest
protection	security in the field	incidents (Security	information and communication
•	of health care and	operation center),	systems and registers in the field
	the beginning of the	sectoral CIRT groups in	of health care using the
	creation of an	the field of health care;	technology of distributed registers
	sectoral Cyber	 Legal act on the 	(blockchain), which will
	Security Center for	implementation of other	significantly increase their
	coordination,	programs and platforms,	
	analysis and in the	necessary for finding	sustainability
	field of healthcare	vulnerabilities in systems,	
	cybersecurity policy	programs, registers of the	
	formation, as well	health care sector, as well	
	as responding to	as conducting constant	
	cyber threats	monitoring	
6. Development	• Legal act on	• Legal act on approving	• Legal act on updating the
and maintenance	updating the	programs and training on	requirements of the conceptual
of digital	general qualification	cyber security and cyber	and reference framework of digital
competencies of	requirements for	hygiene of users of	competencies of healthcare
information	healthcare workers	electronic health	workers, taking into account
technology users	regarding the	technologies in order to	innovative solutions and
in the healthcare	required level of	comply with the	technologies
sector	knowledge and	requirements and	
	skills in the use of	standards of personal	
	modern information	data protection	
	technologies	 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	
7. Sustainable	 Legal act on the 		
institutions	initiation of the		
operating under	work of committees		
a clearly defined	for the		
management	management of		
model ensuring	electronic health		
flexibility and	care		
efficiency of			
e-health			
development			

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	 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	 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	 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
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. 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, 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 man Goal to be achieved to solve the issue during each stage 1. Developing and implementing quality assurance system elements in healthcare at the national level	 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 	 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 	 e 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

in the healthcare system • 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	 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 Establishing a draft Regulation On the Quality Assurance Agency in Healthcare Sector (goals, objectives, functions, powers) Establishing a quality assurance agency in healthcare sector (goals, objectives, functions, powers) 	 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 incorporating the quality standards, incorporating the quality standards, incorporating the evaluation against the set of indicators for "result-based payment" including functionality of the e-health system Developing a system of Health Technology Assessment, extending interventions and public health measures
	healthcare sector; identifying, substantiating and	 public health measures Ensuring HTA is conducting as a

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approving the organizational chart and staff structure, searching for/training of professionals - 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 assessment procedure - Launching a national awareness campaign for HCFs on the quality assessment system being introduced Introduced Introducing a contracting system within the NHSU in view of the quality of	prerequisite for centralised public procurement - 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/adaptati on of clinical recommendations on regular basis
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	

I	
	 Develop a system of Health Technology Assessment (HTA) extending it to service delivery models, clinical interventions and public health measures
	– 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
	–Harmonizing the
	regulatory framework on development/adapta tion and adoption of clinical recommendations in healthcare with the EU legislation
	–Introducing the
	systems to support clinical decision-making
	– Engaging
	professional

Deadline within the stage Risks related to the goal achievement	June 2022 – December 2022 Iack of understanding of ensuring quality system	associations, HCFs, patient associations to elaboration/adaptati on of clinical recommendations - Harmonising Technical Regulations on Medical Products of Ukraine with the EU Regulations January 2023 - December 2025 • Lack of funding • Lack of required expertise	January 2026 – December 2032 • Lack of funding • Lack of required expertise
	in the field of healthcare by the political circles	 lack of understanding of ensuring quality system in the field of healthcare by the political circles 	 lack of understanding of ensuring quality system in the field of healthcare by the political circles,
Quality goal achievement indicator	 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 	 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 	 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

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Total funding requirement	Does not require	reporting are established, (4) a state request for HTA is created before the launch of a central procurement • A clinical recommendation and standard development system is improved • Clinical decision-making support systems are introduced UAH 8 billion	≈ UAH 3.4 million
for the goal achievement Links between the goal	additional funding		
and other directions Goal to be achieved to address the issue at each stage 2. Developing and implementing quality assurance system elements in healthcare at the healthcare facilities level		 Introduce Clinical Management Systems in healthcare facilities 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 	 Ensure the use of Clinical Management Systems in healthcare facilities 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

• Introduce a	
monitoring and internal service quality assessment system	 Ensure regular internal quality assessment and ensure its control in
- Develop and	healthcare facilities
introduce an internal quality assessment procedure and tools	with mandatory public reporting of the results
 Provide training for healthcare 	 Engage and empower patients, families, and communities
professionals to be responsible for internal quality	-Collect feedback on a regular basis and
assessment – Introduce regular	evaluate patient satisfaction with their
internal quality assessment and	experiences of receiving healthcare and other services
ensure its control in healthcare facilities with mandatory	– Ensure the sustainable
public reporting of the results	involvement of patient communities
 Introduce first aid quality indicators 	in the corporate management of healthcare facilities,
– Introduce key	new service planning,
performance indicators for	local program evaluation, etc.
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	

 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

	1		
		practice in	
		healthcare	
Deadline within the stage	June 2022 – December	January 2023 –	January 2026 –
	2022	December 2025	December 2032
Risks related to the goal	Lack of funding	 Lack of funding 	 Lack of funding
achievement	• Lack of required	Lack of required	• Lack of required
	expertise	expertise	expertise
	 lack of 	 lack of 	 lack of
	understanding of	understanding of	understanding of
	ensuring quality system	ensuring quality system	ensuring quality system
	in the field of healthcare	in the field of healthcare	in the field of healthcare
	by the political circles,	by the political circles,	by the political circles,
Quality goal achievement		Clinical Management	• Healthcare facilities
indicator		Systems are	conduct regular
		introduced at the level	internal quality
		of healthcare facilities:	assessment with
		(1) clinical audit; (2)	results being publicly
		quality improvement	published
		tools; (3) IT solutions	• Patients, their families
		to support clinical	and communities are
		decisions, etc.	actively involved in the
		• Monitoring and	quality management
		service internal quality	system in healthcare
		assurance are	facilities, their
		implemented at HCF	opportunities are
		level	expanded, for example:
		• A number of incentive	(1) feedback is
		mechanisms for the	regularly collected,
		staff are introduced	including assessment
		• A unified register of	of patient satisfaction
		healthcare workers	with their experiences
		with multi-level access	of receiving health and
		is created	other services; (2)
		• The power of	patient community
		associations is	members are involved
		strengthened; they	in the corporate
		participate in the	management of
		elaboration of policies	healthcare facilities,
		and regulation of the	new service planning,
		quality assurance	local program
		system	evaluation, etc.
Total funding requirement	Does not require	≈ UAH 800 million	≈ UAH 600 million
for the goal achievement	additional funding		
Links between the goal		Priority 7	
and other directions		Information systems in	
		healthcare	

List of Legal acts to Priority 8

 L Developing L egal act on approval of the long-term concept of quality and safety of patients in the legal act more regarding quality in the health care and patient safety Draft Law on Amendments to the Legal act on the implementation of the risk management system and Legalsation of Ukraine on Healthcare of the quality in Health Care; definition, subjects and objects of external evaluation of the legal att on regarding quality in Health Care; definition, subjects and objects of of patients Legal act on the implementation of the quality addresses of the quality and safety Legal act on remove the legal att on restores of the quality addresses of external evaluation of the legal framework regarding quality in health care and patient safety Resolution of the CMU on the Agency for Quality Assurance in health care Legal act on the approval of the national quality indicators, to be harmonized with the Occes of the approval of the national quality indicators, to be harmonized in the ath care Legal act on the approval of the fact of the addresses of quality assessment and quality indicators, to be harmonized in the ath care Legal act on the implementation of a system of quality guality indicators of education and quality indicators, to be harmonized in the ath care Legal act on the implementation of a system of quality indicators, to be harmonized in the ath care of quality indicators, to be harmonized in the ath care of quality indicators, to be harmonized in the ath care of quality indicators of educational measures on the implementation of a system of quality indicators, to be harmonized in the ath care in th					
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				providers regarding the	

			implemented quality	
			assessment system	
		•	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	
2	•	•	Legal act on the introduction	● ● Legal act on approval,
Developing			of clinical audit processes,	evaluation of routes based on
and			clinical risk management	clinical recommendations with
implementing		•	Legal act on approving the	the involvement of patients/
quality			procedure for reporting	representatives of patient
assurance			risks/adverse events,	organizations
system			developing a culture of open	
elements in		•	reporting about them	
healthcare at the		•	Legal act on the introduction of monitoring and internal	
healthcare			assessment of the quality of	
facilities level			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	
			municipal health care facilities	
1			Iacilities	

Analysis area (of a specific component) within the direction:

Priority 9. Recovering pharmaceutical sector, improving accessibility and proper use of medicines			
	the defined analysis area:		
Key challenges	• 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	• 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	• 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	Stage 2: January 2023 –	Stage 3: January 2026 –
	of 2022	December 2025	December 2032
1. Identified	problem to be resolved in the	relevant analysis area	

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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.

Goal to be achieved to solve the issue during each stage 1. Recovering pharmaceutical sector, improving accessibility and proper use of medicines.	 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 "On Medicinal Products", 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 	 the healthcare sector, including 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 "On Medicinal Products" Adopt the draft Law of Ukraine "On Medical Devices" 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 	 Continue implementation of provisions of the new version of the Law of Ukraine "On Medicinal Products" Enforce provisions of the Law of Ukraine "On Medical Devices". Ensure regular update and actualization of the Positive List.
	of a strict regulatory	 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 	
Deadline within the stage	June 2022 – end of 2022	January 2023 – December 2025	January 2026 – December 2032
Risks related to the goal achievement	 Continuation of the war on the territory of Ukraine 	 Continuation of the war on the territory of Ukraine 	• Lack of resources in the State Budget to cover the needs of the population

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	 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 	 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 	 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	 The new version of the Law of Ukraine On Medicinal Products has been adopted; The National List of Medicines has been updated Benchmarking in line with WHO recommendations has been completed 	 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. 	 Provisions of the Law of Ukraine "On Medicinal Products" have been implemented. Provisions of the draft Law of Ukraine "On Medical Devices" 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		 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 	• Ensure launch and sustainable operation of the Health Technology Assessment Agency
		• Develop the Agency's staff list and budget	

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Risks related to the goal achievement	 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 	 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 	 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	-	 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. 	• 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,	 Adopt the draft Law "On Amendments to the Tax Code of Ukraine to Regulate Compassion-Based Provision of Medicines to Patients" (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 "On Amendments to the Criminal Code of 	 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 	 Adopt the draft Law of Ukraine "On Clinical Trials" Assess effectiveness of the tools introduced to stimulate R&D investments, localize new technologies for production of medicines, conduct clinical trials in Ukraine.

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full	Ukraine and the Code of	in the pharmaceutical sector	
implementation	Administrative Offenses	in compliance with the	
of the Bolar	of Ukraine Regarding	international and European	
exemption in the	Improved Liability for	standards, international	
national	Violation of the	commitments of Ukraine,	
legislation and	Established Procedures	and in view of the flexible	
other modern	of Preclinical Studies,	provisions of the TRIPS	
tools aimed at	Clinical Trials, and State	Agreement and Article 73 of	
reinforcing the	Registration/Re-registra	the TRIPS Agreement, as well	
sector	tion of Medicinal	as Article 219 "Patents and	
	Products" (No. 5815 of	Public Health" of the	
	21.7.2021).	EU-Ukraine Association	
	• Amend the procedures	Agreement.	
	for confirming	• Update the current	
	compliance of	legislation on clinical trials	
	production conditions	(CT) - amendments to the	
	of medicines with the	current Law of Ukraine "On	
	requirements of good	Medicinal Products" No.	
	manufacturing practice	123/96-VR (Article 8): to	
	(GMP), in view of the	shorten the terms of CT	
	conditions and	approval and establish the	
	limitations of their	general term - up to 25	
	implementation under	calendar days for	
	the martial law.	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 	
		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	
		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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		 taxation of investigators (without introduction of additional benefits); the cost of regulatory support, etc. Regulate in the law and introduce tax benefits for applicants of international clinical trials in Ukraine - benefit proportionality in accordance with the level of R&D investments into Ukraine. Introduce a tax calculator for R&D investments, in particular for international clinical trials. Develop the draft Law of Ukraine "On Clinical Trials". Develop and implement a plan for development of the national infrastructure for conducting clinical trials, including through public-private partnerships. Develop a plan for building a network of laboratories of various forms of ownership for quality control of medicines and conducting bioequivalence tests meeting the EU standards. Update requirements for functioning of control laboratories and determine sources of funding. Ensure continuous access for clinical trial experts to professional development 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	 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 	 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) 	 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)

·	i		DRA
	 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	• Amend the procedures for confirming compliance of production conditions of medicines with the good manufacturing practice (GMP) requirements, taking into acoount the conditions and limitations of their implementation under the martial law.	 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. 	

Deadline within	June 2022 – end of 2022	 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 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. 	
the stage Risks related to the goal achievement	 Continuation of the war on the territory of Ukraine 	• Continuation of the war on the territory of Ukraine	•

	i	i	DRA
	 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) 	 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	 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. 	 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. 	 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

			DRAF
Risks related to the goal achievement	 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) 	 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) 	 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-own ed pharmacy chain	 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. 	 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	 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) 	 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))

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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	-

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List of	legal	acts to	Priority	/ 9

		List of legal acts to Priority 9	
1. Harmonization	 Legal act on 	 Legal act on the transition 	
of state policies	updating the	from the National List of	
on access to	National List of	Essential Medicines to the	
medicines and	Essential Medicines	single Positive List of	
medical devices.	with new drugs in	Medicines procured with	
	accordance with the	public funds, and its regular	
	recommendations		
		updating accordingly.	
	provided as a result	Ū.	
	of the health	implementation of the	
	technology	provisions of the new	
	assessment	version of the Law of	
	 Law of Ukraine "On 	Ukraine "On Medicinal	
	Medicinal Products"	Products"	
	reg. No. 5547	 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.	
2. Establishing an		• Legal act on approval of the	
independent		road map for the creation of	
agency for health		an independent Agency for	
technology		the Health Technologies	
assessment as		-	
the single expert		Assessment (HTA)	
body that		• Resolution of the CMU	
ensures validity		approving the regulation on	
and evidence		the HTA Agency	
base for the		• Resolution of the CMU on	
selection and		the creation of an	
evaluation of the		independent HTA Agency.	
effectiveness of		 Legal act on approval of the 	
medicines and		Agency's staff list and	
medical devices,		budget	
and extending			
the PMG	a Draft Law #C		
3. Facilitating the	• Draft Law "On	• Legal act on adaptation	
development of	Amendments to the Tax	and approval of national	
the	Code of Ukraine to	guidelines on	
pharmaceutical	Regulate	bioequivalence based on	
industry with a	Compassion-Based		
focus on	Provision of Medicines		

		-		DI
fostering	to Patients" (No. 5737		European standards and	
investment in	of 6.7.2021) regarding		recommendations.	
R&D, localisation	reduction of the	•	Legal act on assigning the	
and other	financial burden on the		production of medicines to	
methods for	provider of		the priority sectors of the	
exploring new	compassion-based		economy	
technologies of	medicines distributed	•	Draft law on introduction	
the production of	free of charge (VAT	•	of the full functioning of	
medicines and	exemption of		•	
medical devices,	importation of		Bolar provision in the field	
promoting	medicines for such		of intellectual property	
organization of	purposes) and the		(provide for the possibility	
clinical trial in Ukraine,	financial burden on the patient who receives		of registering generic	
strengthening	free treatment.		drugs before expiration of	
control over	• Draft Law "On		patent protection, and the	
intellectual	Amendments to the	1	possibility of exporting to	
property rights,	Criminal Code of	1	third countries after	
full	Ukraine and the Code of	1	expiration of the main	
implementation	Administrative Offenses	1	patent).	
of the Bolar	of Ukraine Regarding	•	Draft Law on bringing	
exemption in the	Improved Liability for	1	requirements for	
national	Violation of the	1	protection of intellectual	
legislation and	Established Procedures	1	property rights in the	
other modern	of Preclinical Studies,		pharmaceutical sector in	
tools aimed at	Clinical Trials, and State		compliance with the	
reinforcing the	Registration/Re-registra		international and	
sector	tion of Medicinal		European standards,	
	<i>Products"</i> (No. 5815 of		international	
	21.7.2021).		commitments of Ukraine,	
	• Legal act on making amendments to the		and in view of the flexible	
	amendments to the procedure for		provisions of the TRIPS	
	confirming compliance		Agreement and Article 73	
	of production		of the TRIPS Agreement,	
	conditions of medicines		as well as Article 219	
	with the requirements			
	of good manufacturing		"Patents and Public	
	practice (GMP), in view	1	Health" of the EU-Ukraine	
	of the conditions and	1	Association Agreement.	
	limitations of their	•	Amendments to the Law	
	implementation under	1	of Ukraine "On Medicinal	
	the martial law.	1	Products" No. 123/96-VR	
		1	(Article 8)	
		•	Legal act on updating	
		1	clinical trials	
		•	Draft Law on stimulating	
		1	the development of the	
		1	field of clinical trials -	
		1	amendments to the Tax	
		1	Code of Ukraine: to	
		1	exempt from VAT imports	
		1	of medicines, medical	
		1	devices and related	
		1	materials for the purposes	
		1	of conducting clinical	
		1	trials; to exempt from VAT	
L		•	,	

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			services in clinical trials, etc.	
		•	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	
		Ē	updated requirements for	
			the operation of control	
			laboratories and	
			determining funding	
			sources	
4. Ensuring	• Legal on ammending	•	Legal on the transfer of	
harmonization of	to the procedure for		medical devices from the 3rd	
regulation of	confirming		order priority to the 2nd	
circulation of	compliance of the		order priority and including	
medicines with EU legislation,	production conditions of medicines with the		the pharmaceutical sector in the scope of the ACAA	
taking into	requirements of good		Agreement with the EU.	
account the	manufacturing	•	Legal act on improving the	
requirements of	practice (GMP), taking		procedure for confirming	
the EU-Ukraine	into account the		compliance of the production	
Association	conditions and		conditions of medicines with	
Agreement and	restrictions of its		the requirements of good	
the conditions of	implementation		manufacturing practice	
membership in	L			

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international	caused by the martial		(GMP), which meets the EU	
organizations,	law.		standards.	
including		•	Legal act on providing for the	
digitalization of			transition period, until the	
the relevant			procedures are fully brought	
procedures			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 &	
		1	PICS GMP).	
		•	Legal act on the	
		1	implementation into national	
		1	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	
		1	common technical document	
		1	(hereinafter — eCTD) and the	
		1	electronic portal, as well as the procedures for	
		1	the procedures for registration (re-registration)	
		1	of medicines, making changes to registration	
		1	materials for medicines,	
		1	approving holding of clinical	
		1	trials or significant	
			amendments to clinical trial	
		1	protocols (eSubmission).	
			Legal act on approval of the	
			state register of medical	
		1	devices.	
			Legal act on streamlining	
			marketing activities on the	
		1	pharmaceutical market,	
		1	harmonizing national	
		1		

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5. Ensuring public access to effective medicines by establishing a strict regulatory system in Ukraine in line with those existing at the international level	• 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.	 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 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. 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 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 EU verification system in accordance with EU and GS1 standards as a component of the EU verification system. 	

 accordance with the business activity licensing model based on a risk-based approach. 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/develope d 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				
		* Creating new jobs	Destand	Mall		Ctoto Dudget				
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2	IMPROVEMENT OF THE	* Creating new jobs.	Restored	MoH Ministry of Finance	54 million	State Budget				
		* Introducing progressive innovative	infrastructure:	Ministry of Finance		funds				
	CONDITIONS FOR	technologies (treatment and diagnostics,	* Creating a	International						
	THE PROVISION	rehabilitation, intensive care) on the basis of	healthcare facility	technical assistance		Funding in the				
	OF	scientific evidence-based medicine, and	providing	projects		framework of				
	COMPREHENSIVE	improving existing methods of diagnosis,	high-quality			international				
	MEDICAL AND	treatment, rehabilitation and habilitation.	diagnostics,			technical				
	PSYCHOLOGICAL	* Creating a methodological organisational	treatment,			assistance				
	REHABILITATION	and educational training centre for physical	rehabilitation,							
	CARE IN THE	and rehabilitation medicine physicians,	habilitation and							
	SCIENTIFIC AND	physical therapists, occupational therapists,	medical and							
	PRACTICAL	language and speech therapists,	psychological care							
	MEDICAL	psychologists, psychotherapists,	for patients with							
	REHABILITATION	rehabilitation nurses, as well as assistants	therapeutic,							
	AND	for physical therapists and occupational	pulmonary,							
	DIAGNOSTICS	therapists.	neurological, and							
	CENTRE OF THE	* Providing for the maximum possible	psychiatric							
	MINISTRY OF	standard of living for children with	pathologies, spine							
	HEALTH OF	congenital or acquired impairments or other	pathologies, persons							
	UKRAINE STATE	diseases.	with disabilities,							
	INSTITUTION		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							
		1			1					

disabilities; * Providing information support of the treatment, diagnosis and rehabilitation process. 3 **CREATING A** INCREASE: RECONSTRUCTION MoH State Budget MODERN * Creating 320 additional beds. OF BUILDINGS: **Ministry of Finance** 1.4 million funds CLINICAL BASE CREATE: Polyclinics of the International FOR THE * Creating a new supply base at the National radiological building, technical assistance Funding in the TREATMENT OF Cancer Institute and new departments, as clinical treatment projects framework of ONCOLOGY well as restructuring the existing building (Clinic international DISEASES AT THE departments, which will provide for: No. 2), main technical NATIONAL * Introducing new technologies of entrance of the assistance CANCER morphological diagnostics, diagnostic control point No. 1, INSTITUTE radiology and laboratory diagnostics of utility building No. 3 tumours and pre-tumour diseases; (sports complex), * Introducing and developing new laundry, utility and approached to treatment of all the forms of administrative malignant neoplasms; building, utility * Creating a system of physical, building No. 2, psychological and social rehabilitation of surgical building with patients; diesel power plant, * Creating an efficient palliative care system; radiographic film * Creating a single information network for archives, oxygen the treatment of patients (electronic card of warehouse a patient); (medicinal gases * Participating in international cooperation station), transformer substation, central programmes; * Expanding the possibilities of direct heat point, heat contact with international scientists, as well accounting station, utility warehouse as opportunities of training and internship in the leading clinics of the world for young and the utility professionals. warehouse of the control point No. 2 Restoration with

	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)		

4	Scientific and Practical Medical Rehabilitation and Diagnostics Centre of the MoH of Ukraine SI	Installation of the existing OPERA digital radiological system with technical capacities for digital and analogue radiography, tomography as well as continuous and pulse fluoroscopy. * 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.	Developing the design and budgetary documentation (phased design). * Reconstructing the diagnostic bloc (the diagnostic radiology buildings). * Installing the existing OPERA digital radiological system. Reconstructing the polyclinic's premises, as well as the clinical and diagnostic laboratory. * Purchasing and installing new state-of-art medical	MoH Ministry of Finance International technical assistance projects	1.7 million	State Budget funds Funding in the framework of international technical assistance	
			equipment. * Reconstructing the local computer network using technologies based on fibre optic				
5	National Centre	Expanding the range of rehabilitation	connection channels. * Modernisation and	MoH		State Budget	
5	for Veteran Mental Health and 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	* Nodernisation and thermal insulation of the facade * Site improvement to ensure the possibility of using	Mon Ministry of Finance International technical assistance projects	1.9 million	Funding in the framework of international	
			the recreational zone for rehabilitation (terrain cure,			technical assistance	

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	 * 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 	outdoor physical therapy, sports 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 yeteraps of war	MoH Ministry of Finance International technical assistance projects	103 millio n	State Budget funds Funding in the framework of international technical assistance	
			conditions for the complex				

7 Ukrainian Scientific and Practical Centre for Endocrine	* Developing and implementing unique methodologies of diagnostics, treatment and prophylaxis of endocrine system diseases*Expanding the range and scope of	Reconstruction implies expanding the range and improving the quality	MoHMinistry of FinanceInternationa I technical assistance projects	21 million	State Budget fundsFunding in the framework of international	
Surgery, Transplantation o Endocrine Organs and Tissues	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	of specialised healthcare, as well as purchasing modern treatment, diagnostics and rehabilitation equipment which is consistent with the European standards			technical assistance	

<u> </u>	1	1	1	1	i		
8	Heart Institute,	The first treatment and rehabilitation facility	The first specialised	МоН	55 million	State Budget	
	Irpin branch	in Ukraine for patients who underwent	treatment facility in	Ministry of Finance		funds	
	and Heart	organ transplantation and recipients in	Ukraine that will	International			
	Institute, Kyiv	critical condition who are waiting for	provide	technical assistance		Funding in the	
	branch	transplantation, providing for unique	comprehensive	projects		framework of	
		departments for the rehabilitation of	healthcare to			international	
		patients after heart and lung	patients with cardiac			technical	
		transplantation, rehabilitation of patients	and cerebral			assistance	
		after kidney transplantation, rehabilitation	disorders, created				
		of patients after liver and pancreas	both by means of				
		transplantation, departments of cardiac and	reconstruction of the				
		thoracic surgery, urology and nephrology	existing building and				
		with haemodialysis, diagnostic radiology,	creating innovative				
		intensive therapy for adults, etc., for the	technological				
		delivery of qualified healthcare to the	departments on the				
		population of the whole country.	basis of Kyiv branch				
			of Heart Institute of				
		Building a new high-tech treatment and	the Ministry of				
		rehabilitation building for the patients that	Health of Ukraine				
		underwent transplantation and recipients	State Institution				
		creates new opportunities of rapid and	focused on providing				
		systemic development of this healthcare	patients with				
		area, which is currently not developed at all.	specialised				
			healthcare:				
			neurology and				
			rehabilitation				
			department,				
			cardiorehabilitation				
			department,				
			intensive care				
			department for				
			adults, as well as				
			modernisation of the				
			diagnostic radiology				
			department.				

RECONSTRUCTIO **INCREASE:** RECONSTRUCTION MoH 360 State Budget **Ministry of Finance** million N OF THE Establishing the administrative and OF BUILDINGS: funds PREMISES OF L. I. laboratory complex of Biosafety and Laboratory and International MEDVED Development of Biotechnologies biocluster technical assistance Funding in the diagnostic building, SCIENTIFIC on the basis of L. I. Scientific Centre for general-purpose projects framework of CENTRE OF Preventive Toxicology and Food and block, administrative international PREVENTIVE Chemical Safety of the Ministry of Health of and laboratory technical building, TOXICOLOGY, Ukraine State Institution, taking into assistance FOOD AND account its existing capacities by means of experimental and CHEMICAL SAFETY strengthening existing capacities and laboratory block, OF THE MINISTRY creating new blocks. laboratory and OF HEALTH OF CREATE: diagnostic block ("A" UKRAINE, The project encompasses the creation of a letter), medical and INCLUDING single scientific laboratory and ecological block, CONSTRUCTION manufacturing complex including the laboratory and diagnostic block ("6" OF THE following blocks: ADMINISTRATION •block for ensuring the biosafety system letter) technical rooms ("Д" letter), with accredited virological and BUILDING, LABORATORY bacteriological reference laboratories. administrative building ("3" letter), BUILDING. block for ensuring circulation monitoring, PREVENTIVE as well as toxin detection and identification. control point ("K" CLINIC AND A experimental laboratory and letter), technical HOSTEL manufacturing block of diagnostic test rooms under canopy systems and immunobiological products. ("Л" letter), boiler • pre-clinical studies block. room ("H" letter), clinical studies block and endotoxicosis parking space ("" clinic. letter), engineering analytical, informational and educational and technical service block, block for the organisation of the building ("Ж" letter), activities of the cluster and its life support. fire-fighting water tank (No. "I"). NEW CONSTRUCTION: New construction of

a laboratory building, construction of an administrative

9

	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.	

10							1
10	Construction of a	INCREASE:	Building a modern	MoH	200	State Budget	
	modern	*Increasing the number of children	treatment and	Ministry of Finance	200 millio	funds	
	diagnostic and	receiving comprehensive treatment in	diagnostic complex	International	n		
	treatment	"Okhmatdyt" USCH almost 1.5-fold, and in	of "Okhmatdyt"	technical assistance		Funding in the	
	complex at	case of complex surgeries — by 50%;	Ukrainian Specialized	projects		framework of	
	"Okhmatdyt"	*Creating additional 336 beds.	Children's Hospital			international	
	Ukrainian	CREATE:	located at 28/1			technical	
	Specialized	Creating a new logistical base and new	Chornovola St. in			assistance	
	Children's	subdivisions in "Okhmatdyt" Ukrainian	Shevchenkivskyi				
	Hospital	Specialized Children's Hospital, which will	raion of Kyiv				
		create functional opportunities for:					
		*Expanding multidisciplinarity 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					
1		technologies (treatment and diagnostics,					
		education, telemedicine, medical					
1		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					
L	1		1	1			

modular hospitals in accordance with the destroyed. Creating modular healthcare function of porduction of production of standards in ukraine and joint construction. Among the benefits of this solution are: quick implementation terms (2-6 months); the "turnkey" character of the solution and joint production of such modular hospitals meeting European standards in standards in expected lifespan of 3-10 years. Localisation in portuction of diverse of such modules with the modular hospitals manufacturers in modules in partnership with international manufacturers in investment will be a practical solution. This will create opportunities for the rapid the provision of the provision of the restoration of healthcare services delivery to upopulation as standards in expected lifespan of 3-10 years. Localisation in urkanians, attract investment in our soon as possible for the period of tax revenes to the budgets of all levels, as werices to the soon as possible for the period of tax revenes to the budgets of all levels, as werices to the as project can be launched on the basis of the absist, board the destroyed future development of hospital network taking into account the demographic country, tobalt, provide theremodular hospitals manufactures in manufactures in the project can be launched on the basis of the recovery of the taking into account the demographic changes that took place during the war. The project can be launched on the basis of the register taking into account the demographic changes that took place during the war. The project can be launched on the basis of the register taking into account the demographic changes that took place during the war. The project can be launched on the basis of the register taking into account the demographic changes that t			· · · · · · · · · · · · · · · · · · ·			1	1	· · · · · · · · · · · · · · · · · · ·
11 Production of more prestigious. Production of more prestigious. Ministry of modular hospitals in accordance with the destroyed. Creating modular healthcare facilities have been damaged and more than 100 - completely destroyed. Creating modular healthcare facilities have been damaged and more than 100 - completely destroyed. Creating modular healthcare facilities have been damaged and more than 100 - completely destroyed. Creating modular healthcare facilities have been damaged and more than 100 - completely destroyed. Creating modular healthcare facilities have been damaged and more than 100 - completely destroyed. Creating modular healthcare facilities have been damaged and their further construction in the production of access of people to healthcare services as to popes of to long-term and expensive capital construction. Among the benefits of this solution are: quick implementation terms (2-6- months); the "urnaky" character of the solution and its functionality; and expected lifespan of 3-10 years. Localisation in judvita partnership with international manufacturers is modular hospitals in invostment will be a practical solution. This will create opportunities for the rapid sorts of such modules with the provision of investment in our county, create new jobs, ensure additional so function as soon as possible for the proid of tax revenues to the budgets of all levels, as well as to perform efficient planning of the destroyed future development of hospital network taking into account the demographic charges that took place during the war. The project can be launched on the basis of the industrial park in Knyv oblact, provide there Ministry of the count the demographic charges that took place during the war. The project can be launched on the basis of the industrial park in Knyv oblact, provide there Developin regulat acceute the project can be launched on the basis of the industrial park in Knyv oblact								
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			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.			from the local authorities.					

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	МоН	25 million	State budget funds; Funding in the framework of international technical assistance and	
	,		field of burn care is ensured			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 millio n	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	МоН	450 millio n	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	МоН	100 millio n	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	МоН	30 million	International technical assistance	

17	Establishing an	Ensuring the protection of public health by	Organizational	МоН, РНС	15 million	State budget	It is necessary to adopt:
1,	operational	prevention, early detection and effective	structure of the		15 1111011	funds;	- Public Health System
	information	response to emergencies	command system is			Funding in the	Law (No. 4142);
	mechanism for		approved. Standard			framework of	Biosafety and
	early warning of		Operating			international	Biosecurity Law.
	public health risks		Procedures for each			technical	Regulate the public
	and emergencies		position are			assistance and	health emergency
	integrated with		approved.			other donor	preparedness and
	other entities		Understanding of the			projects	response system.
	involved in		functions within the			· · · · · ·	Establishing of a
	responding to		responsibilities of				cross-sectoral
	emergencies and		prevention and				coordination platform
	international early		response system is				involving all
	warning system		improved. The				stakeholders in the
	(WHO, EU and		operation center				"One Health" initiative
	others).		facilities are				as an advisory body on
	- Establishing a		equipped.				health care during
	public health		Coordination is				emergencies
	emergency		strengthened.				Developing and
	command system,		Training curricula				approving a national
	defining functions		and training				public health
	and		activities are				emergency
	responsibilities		developed and				preparedness plan,
	within such a		approved. The staff				defining the roles and
	system, including		received the training				responsibilities of the
	a cross-sectoral		on the warning and				authorized bodies,
	coordination		response system.				including PHC and
	platform						regional disease control
	- Establishing a						and prevention centers
	public health						
	emergency						
1	operation center,						
1	synchronized with						
	national and						
	international						
1	(WHO and EU)						
	warning and						

	response systems - Conducting						
	simulation						
	exercises on the						
	early warning						
	system for public						
	health and						
	healthcare						
	workers						
18	Establishing a	Ensuring continuous access to essential	The established	МоН, РНС	90 million	State budget	It is necessary to
	national focal	health services during an emergency.	coordination center			funds; Funding	adopt:- Public Health
	point at the		allows for			in the	System Law (No.
	Centre for		coordinated			framework of	4142);Biosafety and
	Emergency		distribution of			international	Biosecurity
	Medical Care and		patients between			technical	Law.Regulate the public
	Disaster Medicine		HCFs during an			assistance and	health emergency
	to monitor and		emergency. There			other donor	preparedness and
	distribute		are regional reserves			projects	response
	patients, as well		and a clear				system.Establishing of a
	as to balance the		procedure for				cross-sectoral
	workload		requesting				coordination platform
	between		resources. The time				involving all
	healthcare		to obtain critical				stakeholders in the
	facilities, including		medicines and				"One Health" initiative
	creating a reserve		medical devices is				as an advisory body on
	stock of PPE,		reduced.				health care during
	priority medicines						emergenciesDevelopin
	and medical						g and approving a
	devices,						national public health
	antidotes,						emergency
	equipment and						preparedness plan,
	developing a						defining the roles and
	mechanism for						responsibilities of the
	collecting the						authorized bodies,
	needs and						including PHC and
	requesting						regional disease control
	resources for the	l					and prevention centers

	public health					
	emergency					
	preparedness and					
	response system					
19	Establishment of a	Ensuring the operation and due	МоН	50 million	International	It is necessary to adopt:
	national Training	organizational, financial and human			technical	- Public Health System
	Centre for the	resource capacities of the Public Health			assistance	Law (No. 4142);
	public health	Center at the national level as the main				Biosafety and
	system on the	expert institution in the public health sector,				Biosecurity Law.
	basis of the Public	which coordinates the network of oblast				Regulate the public
	Health Center for	disease control and prevention centres and				health emergency
	continuous	performs essential public health operational				preparedness and
	professional	functions				response system.
	development and					Establishing of a
	strengthening of					cross-sectoral
	practical skills of					coordination platform
	public health					involving all
	specialists					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	Ensuring the functioning of a capable public	МоН	150 millio	International	It is necessary to adopt:
1	national network	health system aimed at preserving and		n	technical	- Public Health System
	of public health	promoting public health, disease prevention			assistance	Law (No. 4142);
	laboratories with	and timely detection of and response to			ussistance	Biosafety and
	four laboratories	health challenges.				Biosecurity Law.
	with BSL-3 level	neutri enditenges.				Regulate the public
	(biosafety level)					health emergency
	and 1st chemical					preparedness and
	safety level for a					response system.
	24/7 national					Establishing of a
	response network					cross-sectoral
	(Kharkiv, Odesa,					coordination platform
	Lviv, Kyiv) and 21					involving all
	laboratories with					stakeholders in the
	BSL-2 level and					"One Health" initiative
	2nd chemical					
						as an advisory body on
	safety level					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

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

							1
	requirements, and						
	implementing the						
	model						
23	Developing,	There is a need in implementation and	Development,	MoH, NHSU, State	≈ UAH 600	State budget	Adoption of the
	implementing and	development of the key information and	implementation,	Service for	million	funds;	relevant acts of the
	maintaining	communication systems and healthcare	interoperability and	Medicines and Drug		Funding in the	Cabinet of Ministers of
	interoperability	registers, as well as in ensuring	data exchange	Control, other state		framework of	Ukraine and orders of
	and data	interoperability and data exchange between	between the key	institutions,		international	the MoH need to be
	exchange	them	healthcare	international		technical	approved, signing of
	between the key		information and	organizations,		assistance and	interoperability
	information and		communication	healthcare		other donor	agreements
	communication		systems, namely the	providers, legal		projects	
	systems and		electronic healthcare	entities and			
	healthcare		system and	individual			
	registers		electronic integrated	entrepreneurs that			
			infectious diseases	are medical			
			surveillance system	information			
			(EIDSS), SSD	systems' owners or			
			information system,	managers			
			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				

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

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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30	Full-fledged implementation of telemedicine and intelligent clinical decision making support systems, big data processing systems, artificial intelligence	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.	Telemedicine and intelligent clinical decision making support systems, big data processing systems and artificial intelligence technologies are implemented at all levels.	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 700 million	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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31	Developing and starting implementation of the healthcare digitalization roadmap	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	The healthcare digitalization roadmap is developed and its implementation is started	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	to be assessed	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
		digitalisation roadmap					

32	Replacing the data model and enabling transition from paper-based medical and statistical documents to structured electronic medical records	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	The data model is replaced and the transition from paper-based medical and statistical documents to structured electronic medical records is 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	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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33	Introduction of	In order to improve the quality of data	Healthcare data	MoH, NHSU, State	≈ UAH 150	State budget	Adoption of the
	healthcare data	collection and provide for real-time data	collection systems	Service for	million	funds;	relevant acts of the
	collection	receipt for efficient responding to current	are introduced	Medicines and Drug		Funding in the	Cabinet of Ministers of
	mechanisms	changes in healthcare sector	through information	Control, other state		framework of	Ukraine and orders of
	through		and communication	institutions, oblast		international	the MoH
	information and		systems, including	and Kyiv City		technical	
	communication		private healthcare	military		assistance and	
	systems, including		providers, as well as	administrations,		other donor	
	private healthcare		control of their	local		projects	
	providers, as well		quality; the	self-governance			
	as control of their		re-organization of	bodies,			
	quality;		the methodology of	international			
	re-organization of		healthcare statistical	organizations,			
	the methodology		analysis formulation	healthcare			
	of healthcare		is performed	providers, legal			
	statistical analysis			entities and			
	formulation			individual			
				entrepreneurs that			
				are medical			
				information			
				systems' owners or			
				managers			
				managers			

34	Creating a data	Enhancing statistical and analytical	1. A centre for	MoH, MDT, NHSU,	to be	State budget	Adoption of the
5.	science centre	capacities for decision-making in health	statistical and	State Service for	assessed	funds;	relevant acts of the
	and developing IT	policy-making, needs forecasting, resource	research analysis of	Medicines and Drug		Funding in the	Cabinet of Ministers of
	innovations using	planning, research and development goals	medical data and	Control, other state		framework of	Ukraine and orders of
	the advantages of	setting	necessary technical	institutions, oblast		international	the MoH
	big data		infrastructure	and Kyiv City		technical	
	processing and		ensuring data	military		assistance and	
	intelligent systems		processing was	administrations,		other donor	
	for forecasting		established, in	local		projects	
	healthcare needs		particular for the	self-governance			
			following purposes:	bodies,			
			receiving aggregated	international			
			population data for	organizations,			
			decision-making	healthcare			
			while developing	providers, legal			
			healthcare policies;	entities and			
			providing access to	individual			
			depersonalised data	entrepreneurs that			
			for scientific and	are medical			
			research purposes;	information			
			using the results of	systems' owners or			
			the analysis in the	managers			
			sphere of clinical				
			research,				
			biobanking, etc.				
			2. Development of IT				
			innovations and use				
			of the advantages of				
			big data processing				
			and intelligent				
			systems for				
1			forecasting				
			healthcare needs				
1			and resource				
			planning is ensured				

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

38	Ensuring cybersecurity, monitoring, protection and analysis of potential interferences, losses and damages of healthcare information and communication systems and registers	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	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	MoH, NHSU, 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
			required to detect vulnerabilities in systems,				

programmes, healthcare registers, and continuous monitoring of rapidly evolving cyberthreats are introduced Creating a system A system for MoH, NHSU, other State budget Adoption of the 39 There is a need to increase the resilience of to be for management health information and communication management and state institutions, assessed funds; relevant acts of the systems and registries Funding in the Cabinet of Ministers of and maintenance maintenance of the international framework of of the largest Ukraine and orders of largest health organizations, health information and healthcare international the MoH providers, legal information and communication technical systems and registers communication entities and assistance and using distributed individual systems and other donor registers (blockchain) entrepreneurs that registers using projects distributed technology to are medical registers significantly increase information systems' owners or (blockchain) their resilience is technology, which created managers will significantly increase their resilience

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

44	Establishment of a	Strengthening national- and local-level	A national quality	МоН	3 million	State budget	The following laws and
44	national	quality management system	assurance institution		5 11111011	funds;	regulations need to be
	institution for		is created Healthcare			Funds from the	developed and
	healthcare quality		standards are			newly	approved:
						established	- Draft Law on
	and patient safety		developed and				
	and ensuring		approved			special funds;	amending the
	regular external		Risk management			Funding in the	Fundamentals of the
	assessment of the		and damage			framework of	Legislation of Ukraine
	activities of HCFs		prevention system is			international	on Health Care
	with the		introduced at all			technical	concerning (1)
	publication of		levels			assistance (ITA)	healthcare quality
	results and		Health technology				assurance; (2) the
	implementation		assessment system is				definitions, subjects
	of healthcare		improved: (1) the				and objects of external
	quality assurance		legal framework is				assessment and
	system at all the		updated, (2)				examination of
	levels (national,		organizational				healthcare quality and
	regional and HCF		responsibility for HTA				patient safety
	levels)		is shared, (3)				(including "medical
			transparency of				error", "deficiency",
			processes and public				"incident", "low-quality
			reporting are				healthcare")
			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				

45	Ensuring the	prevention of recurring lack of critical	creating a state	MoH of Ukraine	300-350	State budget	Amendments to the
	strategic stock of	medicines and medical devices in the	network of		million	funds;	Law of Ukraine "On the
	critical medicines	hospital and pharmacy segments not only	pharmacies: a)			- Funding in the	Fundamentals of the
	and medical	under the circumstances of hostilities, but	10 pharmacies in			framework of	Health Care Legislation
	devices and their	also in case of unpredicted emergencies. It	Kyiv City within			international	of Ukraine";
	continuous	is planned to create a strategic stock of	12 months from the			technical	- Amendments to the
	accessibility for	medicines and medical devices controlled by	start of the			assistance (ITA):	Law of Ukraine "On
	the citizens of	the state that will be subject to further	implementation of			SafeMed/USAID	Rent of State-Owned
	Ukraine through a	distribution through the domestic network	the project provided			;	and Communal
	domestic	of pharmacies;	there is sufficient			- Charitable	Property";
	pharmacy	- creating new jobs by engaging citizens in	funding;			support (UN	- Amendments to the
	network by	working in new structural subdivisions of	b) a pharmacy in			agencies, in	Law of Ukraine "On
	means of	the enterprise and pharmacies;	each regional centre			particular	Medicinal Products"
	improvement of	- increasing investment attractiveness of the	within 24 months			UNICEF, WHO	- Amendments to the
	logistics and	state economic sector by means of	from the start of the			etc., World	Resolution of the
	distribution	improving awareness of the brand of the	implementation of			Bank, Global	Cabinet of Ministers of
	processes that will	state-owned enterprise and establishing	the project provided			Fund etc.)	Ukraine No. 902 of 14
	be performed by	confidence-based relations with the	there is sufficient			- Loans from	September 2005 "On
	UkrVaccina of the	manufacturers and suppliers of medicines	funding;			international	approval of the
	MoH of Ukraine	and medical devices;				financial	Procedure for the state
	State Enterprise	- digitalisation of all processes in	- reinforcing public			organisations;	quality control of
		warehouses at the central level and in	trust to the state			- Enterprise's	medicinal products
		individual pharmacies of the network in	through positive			own current	imported to Ukraine";
		order to control the movement of goods	attitude to the brand			funds	- Amendments to the
		and prevent the distribution of falsified	of state pharmacies;				Order of the Ministry of
		medicines, medical devices and/or					Health of Ukraine
		smuggled goods;	- lowering retail				No. 426 of 26.08.2005
		 integrating the domestic system with 	prices for medicines				"On approval of the
		external systems, such as eStock,	and medical devices;				Procedure for expert
		ePrescription, eHealth, etc., for citizens of					examination of the
		Ukraine to receive relevant information on	- creating new jobs:				authorizations for
		the remaining medicines and medical	+ 100 jobs as of the				medicinal products
		devices and their timely ordering;	end of the				undergoing state
		- reinforcing public trust to the state	implementation of				registration
		through positive attitude to the brand of the	the project;				(re-registration), as well
		state pharmacies					as expert examination
			- better healthcare				of the materials on

	system emergency		introducing changes in
	preparedness		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.