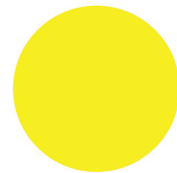




World Health
Organization

European Region

Case studies of health system recovery in Ukraine: focus on the role of the private sector





European Region

Case studies of health system recovery in Ukraine: focus on the role of the private sector

Abstract

On 24th February 2022, the Russian Federation launched a full-scale invasion of Ukraine, resulting in substantial civilian casualties, the displacement of millions of people, and widespread destruction of social and economic infrastructure. Despite immense pressures and ongoing attacks on healthcare, the health system in areas under the control of the Government of Ukraine has demonstrated resilience, maintained its functionality and it already undertaking efforts to rebuild and recover. This report documents four case studies of current modalities related to health system recovery in Ukraine and the role played by the private sector and other nongovernmental actors in this process. The report is intended to shed light on some of the important roles being played by different nongovernmental actors in the recovery and early rebuilding processes, outlining possibilities for future scale-up, critical issues to be addressed further and potential partnerships to be formed, in the attempt to “build back better” – creating a health system that progresses towards universal health coverage for the population of Ukraine.

Keywords

UKRAINE
HEALTH SYSTEM
ARMED CONFLICTS
STAKEHOLDER PARTICIPATION

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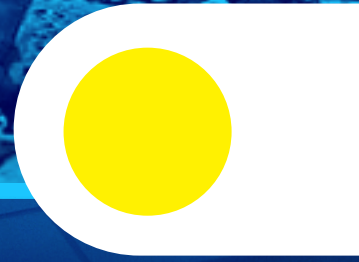
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Rebuilding of Mala Rohan ambulatory



FOREWORD

In June 2023, the international community will convene for the second time at the Ukraine Recovery Conference, this time in London. Much of the discussion will focus on the larger, long-term recovery and reconstruction priorities of Ukraine and the role of international organizations, including private sector organizations in realizing these. At the same time, observers at ground level are seeing that the health system has already demonstrated remarkable resilience in the face of the Russian Federation's full-scale invasion, attacks on health care and supporting functions – and is, indeed, already in the process of building back better. This is true even in the most conflict-affected oblasts, in settlements just a few kilometres from the frontline. Many damaged facilities have been or are being repaired and destroyed facilities are being rebuilt; while others are being reprofiled to meet new needs. In addition, countrywide, the reform agenda designed to progress towards universal health coverage for the whole population of Ukraine is continuing and even accelerating.



At the same time, there is a need for additional national and international support of various kinds (both financial and non-financial in nature) to bring about the institutional strengthening, enhanced capacity and easier access to capital that will be required to recover, rebuild and strengthen the health system moving forward.

WHO has supported the health system in Ukraine for many years, and this support has intensified since the onset of the full-scale invasion. Currently, support is given according to a flexible approach; addressing both the humanitarian needs of the areas most affected by war (including areas close to the frontline and those reclaimed by the Government of Ukraine from Russian military control) while maintaining the strategic outlook needed to continue health system development across the country. The aim of these case studies is to document some illustrative examples of recovery efforts and the different modalities through which the private sector and other nongovernmental organizations have been involved – as service providers, donors, investors or supervising intermediary organizations.

We believe that a lot can be learned from current efforts, many of which have the potential to be expanded or scaled up, while recognizing that solutions need to be tailored to the specific needs and circumstances of various geographical areas, types of services and modalities of engagement.

Jarno Habicht

WHO Representative and Head of the WHO Country Office in Ukraine



Rebuilding of Apteka 911 pharmacy

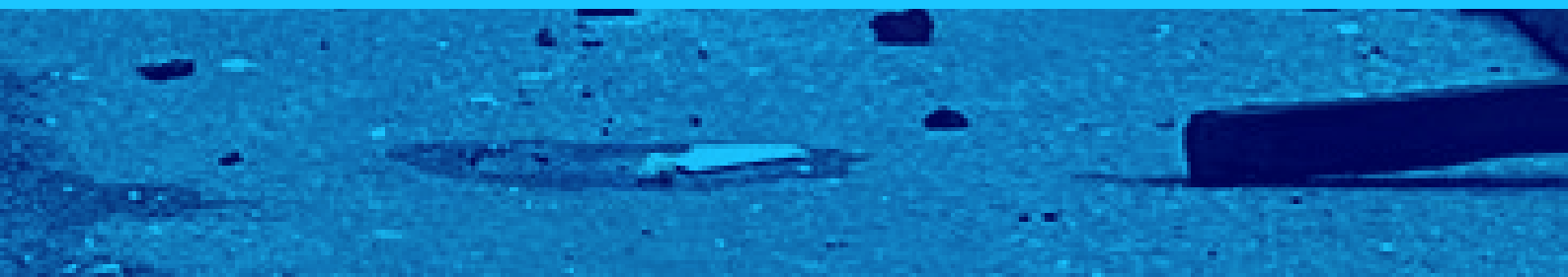
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The report documents four case studies of current modalities related to health system recovery in Ukraine and the role played by the private sector and other nongovernmental actors in this process. While the cases are illustrative of recovery efforts currently underway in Ukraine, neither they – nor the accompanying commentary – can fully capture the diversity and scale of such processes. The report is intended to shed light on some of the important roles being played by private sector and other nongovernmental actors in the recovery and early rebuilding processes, outlining possibilities for future scale-up, critical issues to be addressed further and potential partnerships to be formed, in the attempt to “build back better” – creating a health system that works for the whole population of Ukraine.



Rebuilding of Mala Rohan ambulatory



INTRODUCTION

On 24 February 2022, the Russian Federation launched a full-scale invasion of Ukraine, resulting in substantial civilian casualties,¹ the displacement of millions of people,² and widespread destruction of social and economic infrastructure³ – all of which have had severe implications for the health sector. As of 30 May 2023, over 1000 attacks on the health sector have been verified by WHO, including 896 attacks on facilities, 273 on health-care supply chain infrastructure and 121 on ambulances and other transportation assets,⁴ with the cost of direct damage estimated at US\$ 2.5 billion. The effects of the war extend beyond physical damage: the availability of health workers has been severely curtailed;⁵ the population's ability to pay for care has been undermined; and the prices of health products and services have increased.⁶ The pattern of health needs has also shifted. In terms of geography there are increased needs emerging in areas to which internally displaced people have relocated, and the nature of health-care requirements is also changing with the increased need for treatment of chronic conditions, emergency medical services, trauma and burns, rehabilitation and mental health conditions.

Despite these pressures, in areas under the control of the Government of Ukraine the health system has maintained its functionality. Even in the 10 most conflict-affected oblasts, some 90% of health facilities (including primary care and outpatient clinics, hospitals and pharmacies, blood centres and dental clinics) are functioning.⁷ Far-reaching reforms to the health sector, aimed at establishing a modern, single payer system headed by the National Health Service of Ukraine (NHSU) and providing free-at-the-point-of-use health services and affordable medicines are ongoing.⁸ Reconstruction efforts are under way: as of June 2023, more than 600 affected health-care assets have been partially or fully repaired, according to national

¹ Ukraine: civilian casualty update 10 April 2023. In: News [website]. Geneva: Office of the High Commissioner for Human Rights; 2023 (<https://www.ohchr.org/en/news/2023/04/ukraine-civilian-casualty-update-10-april-2023>, accessed 13 June 2023).

² Ukraine refugee situation: 24 May 2023. In: Operational Data Portal [online database]. Geneva: United Nations High Commissioner for Refugees; 2023 (<https://data2.unhcr.org/en/situations/ukraine>).

³ Ukraine rapid damage and needs assessment: February 2022 – February 2023 (English). Washington (DC): World Bank; 2023 (<https://documents.worldbank.org/en/publication/documents-reports/documentdetail/099184503212328877/p1801740d1177f03c0ab180057556615497>, accessed 13 June 2023).

⁴ Surveillance system for attacks on health care [online database]. Geneva: World Health Organization; 2023 (<https://extranet.who.int/ssa/Index.aspx>, accessed 13 June 2023).

⁵ Аналітичні панелі (Дашборди) [Analytical panels (dashboards)] [website]. Kyiv: National Health Service of Ukraine; 2023 (<https://edata.e-health.gov.ua/e-data/dashboard>, accessed 13 June 2023).

⁶ Health needs assessment of the adult population in Ukraine: survey report. Copenhagen: WHO Regional Office for Europe; 2023 (<https://apps.who.int/iris/handle/10665/366415>, accessed 13 June 2023).

⁷ HeRAMS Ukraine first round results November 2022 – January 2023. Geneva: World Health Organization; 2023 (<https://www.who.int/publications/m/item/herams-ukraine-first-round-results-nov-2022-jan-2023>, accessed 13 June 2023).

⁸ Principles to guide health system recovery and transformation in Ukraine. Copenhagen: WHO Regional Office for Europe; 2022 (<https://apps.who.int/iris/handle/10665/358446>, accessed 13 June 2023).

authorities.⁹ The Government of Ukraine has established several platforms to fundraise, coordinate and steer funding for recovery. One example is the United24 initiative of the President of Ukraine, which has channelled both public and private donations towards infrastructure reconstruction, including in the health sector.^{10,11} A National Recovery Agency has been created to plan and implement recovery efforts; and is currently in the process of selecting priority projects in health. A Central Procurement Agency (CPA) is channelling donations to procurement of equipment, goods and inpatient medicines for public facilities. Several other smaller local initiatives are underway.

In June 2023, the international community will convene at the annual Ukraine Recovery Conference in London. This year, the role of the private sector, as both a provider and a recipient of humanitarian assistance, development support and investment, will be a central theme of discussions. The purpose of this report is to help inform and focus those discussions as they relate to the Ukrainian health system. It does so by:

- outlining four illustrative case studies of recovery efforts currently underway in Ukraine's health system; and
- drawing on these to highlight some ways in which both state and non-state entities have been engaged in recovery.

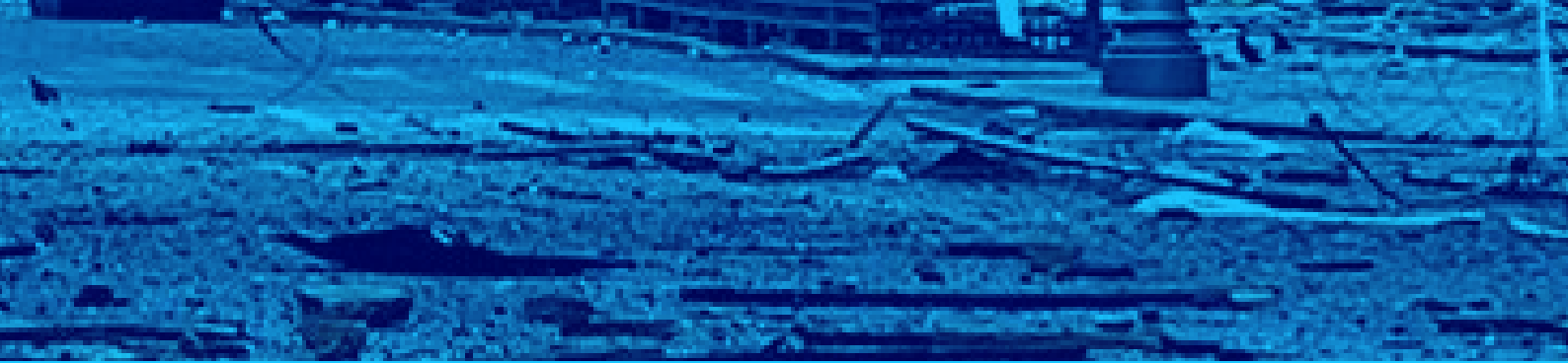
The case studies have been developed through site visits, document analyses and key-informant interviews. Accompanying commentary has been informed via interviews with representatives of Ukrainian state authorities (at the central, regional and local levels); owners and managers of public and private sector service providers/medicine retailers; patient associations; private foundations; multilateral development banks; and other international organizations.

Together, the cases serve to illustrate how recovery efforts are happening on the ground, today, through the activities of and engagements between public and private sector actors of various kinds, including investor-owned businesses involved in health-care provision such as service delivery and pharmacy retail and also, a broader set of non-state actors including civil society organization (CSOs) and private foundations.

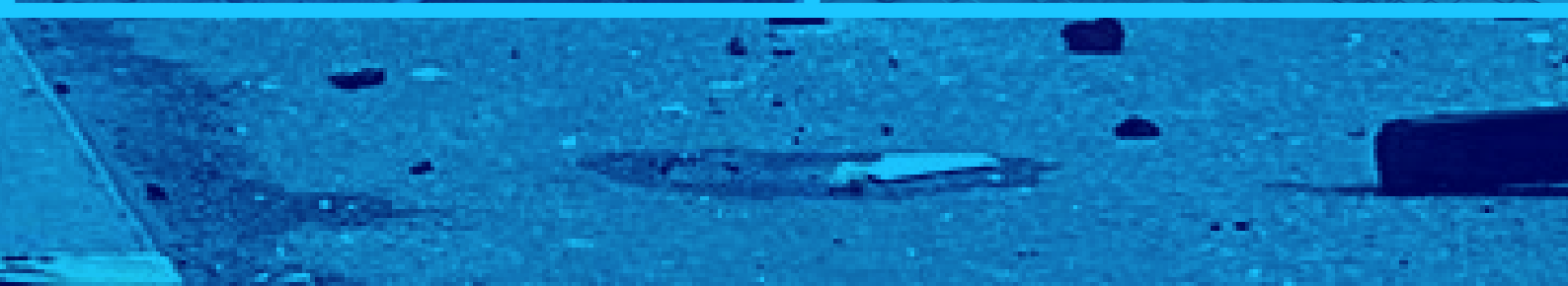
⁹ Radutskyi M. Medical facilities rebuilt in Ukraine [blog post]. Facebook. 2 June 2023 (https://m.facebook.com/story.php?story_fbid=pfbid0kQ251ZZpT2ey4uFvkCGau2Tcf34u8x7X8p3xuXcWZoj8FvHNANXVJsXSoboh8MVP&id=100063685930928, accessed 13 June 2023).

¹⁰ 37 243 038 UAH donated by the Bayer company will go towards the renovating a healthcare facility and purchasing medical equipment. United24. 10 January 2023 (<https://u24.gov.ua/news/bayer>, accessed 13 June 2023).

¹¹ The first results of the United24 project dedicated to restoring medical infrastructure. United24. 31 January 2023 (https://u24.gov.ua/news/restoring_medical_infrastructure, accessed 13 June 2023).



Rebuilding of Mala Rohan ambulatory



THE CASE STUDIES

Case study 1. The Adonis medical network

Focus: partial recovery and reprofiling (from a general outpatient clinic to a specialist rehab centre) funded by retained earnings; larger investments will be needed to restore a maternity hospital – for which there is no available financing source

The Adonis private medical group of companies owns a network of health facilities in Kyiv city and oblast. Prior to the Russian invasion, this network included a maternity hospital in the village of Buzova, and a multi-profile clinic in Bucha. The maternity hospital continued to receive women in labour during the first days of the invasion. However, Buzova's location alongside a key highway into Kyiv city made it a key objective for Russian troops as they sought to encircle the Ukrainian capital. During this period and despite the presence of invading forces less than 300 m away, 15 babies were born in the facility. The last birth took place on 27 February; three days after the onset of the invasion. On this day, the decision was taken to evacuate patients, including a baby on a ventilator. It was a risky decision, since the road was under constant shelling but it proved to be the correct one. In March, the hospital was directly hit by tank shells; following this, the facility was occupied by Russian forces and severely damaged, including by fire. Because of the need to ensure safe births and immediately focus on evacuating patients and personnel, the management of the facility had no opportunity to remove equipment, all of which was either destroyed or looted. As women and children represent the majority of the displaced population in Ukraine, the availability of modern mother and child services may represent an important variable in the population's decision to return to Kyiv region. Buzova was finally retaken by the armed forces of Ukraine on 31 March 2022; however, the maternity hospital, in which 524 babies were born in 2022, remains unfit for use; and given the owners' lack of access to capital, its future is uncertain.



Destroyed maternity hospital

BEFORE



AFTER



Bucha clinic turned into rehab center



Another facility in the Adonis network, a multi-profile outpatient clinic in Bucha, opened on 21 February 2022, just three days before the invasion. Bucha became the site of fierce fighting in the early days of the war, as the Russian military attempted to encircle Kyiv. After the invading forces were forced to withdraw from the city, photographic and video evidence of mass murder of civilians and prisoners of war came to light. The United Nations High Commission for Human Rights documented the unlawful killings, including summary executions, of at least 73 civilians in the city.¹² Adonis was forced to close its multi-profile clinic in Bucha for several months as it had sustained damage to windows and outside walls, while cash and laptops had been looted but, unlike the facility in Buzova, it remained viable and required relatively moderate investment to resume operations. In addition, many of the staff had remained in Bucha, and others quickly returned after the area was returned to the control of the Government of Ukraine. Adonis' owners invested their own funds to restore the facility and, in this way, the facility was reopened in June 2022, albeit with a modified focus, reflecting changes in the pattern of demand among the local population and in response to the closure of some areas of the network's activity. For example, due to the war, all income from facility's participation in clinical trials had been lost, as these were either put on hold or cancelled; even some payments for work performed were suspended. Subsequent disruptions were experienced in the winter of 2022–2023 as a result of the Russian military's targeting of energy infrastructure in Ukraine and the need to secure alternative sources of electricity and connectivity. The restored facility placed a greater emphasis on inpatient rehabilitation services, including for military personnel injured in the war. Their treatment is financed by domestic Ukrainian private foundations and individual Ukrainian donors (at a cost of around US\$ 2500 on average for a 28-day inpatient stay).

As the Adonis case illustrates, many private investments in recovery and reconstruction have not involved externally sourced funds. Due to capital constraints, many such investments have been financed via retained earnings such as the financial reserves held by the individual private entities concerned (see Case study 2 for another example). However, it is also apparent from the Adonis case that many reconstruction projects will require larger-scale financing, for which retained funds will not be insufficient, while external funds such as commercial or concessional loans are unavailable.

Private entities that have used retained funds to finance reopening their operations have shown commitment to their future role in the health system in Ukraine. In many cases, they are likely to be instrumental to its recovery, and either they or the local banks on which their access to capital in the long-term depends could be considered as important potential targets for financial, advisory or capacity-building support by international organizations, including private institutions.

¹² The situation of human rights in Ukraine in the context of the armed attack by the Russian Federation, 24 February to 15 May 2022. New York: United Nations Office of the High Commissioner; 2022 (<https://www.ohchr.org/en/documents/country-reports/situation-human-rights-ukraine-context-armed-attack-russian-federation>, accessed 13 June 2023).

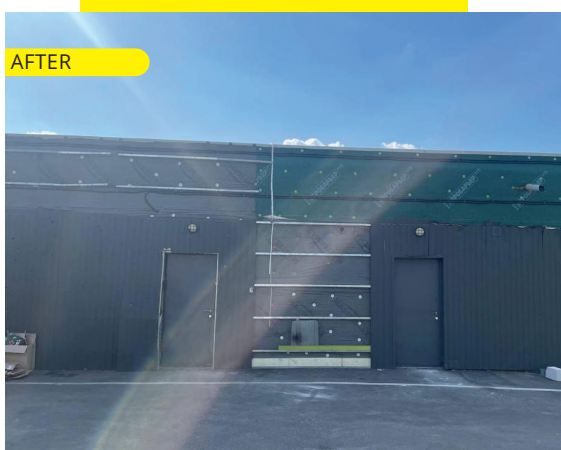
Case study 2. The Apteka 911 pharmacy network

Focus: self-financing of the partial reconstruction of a pharmacy network, adaptation to alternative business provision models

Apteka 911 is a national pharmacy chain headquartered in the Kharkiv oblast. The chain has 174 pharmacies in Kharkiv city and surrounding settlements, in addition to more than 1000 in the rest of the country. Much of the area around Kharkiv was under military control by the Armed Forces of the Russian Federation since 24 February 2022. The Russian armed forces were forced to withdraw from the city's surrounding settlements in mid-May 2022 and from the other major settlements of Kharkiv oblast in early September of that year. However, a campaign of bombardment and artillery shelling has continued to cause damage, as well as hundreds of civilian casualties. At least 58 Apteka 911 pharmacies have been damaged or destroyed; many members of staff have been injured; and two killed.

After returning to the control of the Government of Ukraine, and despite periodic disruptions to electricity, water and heating and forced changes in logistical routes, Apteka 911 has used its own retained funds to finance the restoration and reopening of pharmacies. Some facilities were reopened within three weeks of the host settlement returning to local authorities' control. Apteka 911 have access to their own logistics capacity, making them less dependent on disrupted supply chain infrastructure; and were supported by Ukrainian pharmaceutical manufacturers, who provided partial compensation for lost medicines. In many settlements, the re-established pharmacies have constituted – and still constitute – the only source of health care available to the population. Apteka 911 is engaged by the NHSU to deliver outpatient medicines under the governmentally funded Affordable Medicines Programme (AMP); and have become an important conduit for steering humanitarian supplies towards areas of high demand, using their logistics capacity and knowledge of local needs. The Apteka 911 network is involved in a range of innovative models, including mobile delivery of medicines, online consultations for patients in recently re-taken cities (where, in many cases, no health-care capacity is available due to the destruction of facilities); and deliveries of medicines by mail.

Despite the large-scale migration of pharmacists and other health sector workers to less conflict-affected oblasts or to other countries, its owners state that they have been able to recruit and retain a sufficient number of pharmacists to keep their pharmacies open.



The Apteka 911 pharmacy in Tsyркuny was under temporary military control of the Russian Federation from 24 February 2022. During this period the facility was extensively damaged; equipment and stocks were looted; and medical staff were forced to evacuate. Russian troops were forced out of the village in May 2022; however, the area remained a battleground until September 2022, at which point reconstruction began; however, the village is still regularly shelled by the Russian military. The Apteka 911 pharmacy in Tsyркuny is now the only pharmacy covering three villages and plays a critical role in ensuring population access to essential health care, in an area in which several local hospitals and primary care clinics have been completely destroyed.



Rebuilding of Apteka 911 pharmacy in central Kharkiv

As the Apteka 911 case highlights, private pharmacies and pharmacy chains have played an important role in re-establishing access to health care in war-damaged areas. This role has evolved over time. In the first 4–6 weeks of the acute phase of the war, many pharmacies closed, particularly in areas of active fighting and in the context of large-scale infrastructure damage, supply chain challenges and human resources constraints.¹³ However, by the middle of 2022, the supply of medicines by private pharmacies had recovered. Since then, private pharmacies have played an important role in ensuring access to medicines (inside and outside of state-financed arrangements), including in areas in which damage to, or looting of, health facilities, alongside the loss of health workers, has delayed the restoration of health facilities.

As the war evolves, it is likely that private pharmacies will retain this important role. It will be important that both national and international organizations continue to recognize their role, ensuring that pharmacies and pharmacy chains have access to the working capital, logistics and human resources they need to sustain access to medicines, particularly in war-affected areas.

¹³ Disruption of access to medicines and medical devices in Ukraine: February–June 2022. Copenhagen: WHO Regional Office for Europe; 2022 (<https://apps.who.int/iris/handle/10665/365414>, accessed 13 June 2023).

Case study 3. The Mala Rohan ambulatory (rural primary health care facility)

Focus: international grant funding and national NGO turnkey delivery of a substantially repaired public primary health care centre

Many primary care facilities have been damaged or destroyed by Russian military action. In many rural settings, such destruction removes the only source of health care available to local people, particularly for less mobile population groups. One such case is the Mala Rohan ambulatory, a public sector primary health care (PHC) facility in a rural village within the Kharkiv oblast, which was heavily damaged during the period of temporary Russian military control and subsequent fierce fighting. The facility has since been restored by the national non-governmental organization (NGO) Patients of Ukraine, drawing on funding from Crown Agents International Development (CAID) (a non-profit-making international development company). Despite the huge extent of the damage to the facility (see accompanying pictures), capital expenditure of around US\$ 43 000 was sufficient for the ambulatory to resume full operations. In addition, ongoing recurrent costs are met by the NHSU.

Under its agreement with CAID, Patients of Ukraine has managed the restoration of some 25 health facilities, playing a key role in agreeing and collaborating with the Ministry of Health alongside local owners and managers of health facilities. Often, the required investment is extremely small; even more so than the case at Mala Rohan. The average capital requirement is around US\$ 5000, ranging from US\$ 1500 to US\$ 50 000 and often focuses on basic repairs, such as fixing windows and doors and re-establishing access to utilities. Although modest in scale, such investments can make the difference between a facility being able to function or not. Local contractors and suppliers are largely chosen by the NGO managing the project to carry out required construction or repair work. In many cases, the NGO is also able to provide medicine and equipment to facilities via separate grants and agreements with other donors.

Patients of Ukraine works from a list of damaged or destroyed facilities compiled by the Ministry of Health; and prioritizes investment based on an algorithm involving estimates of local population return tendencies and demand (based on surveys of local population); the availability of health workers; and military advice concerning the security situation in the relevant area.

The experience of Mala Rohan ambulatory and of the wider programme of works managed by the NGO Patients of Ukraine is illustrative of the value that international organizations can secure by working with local non-state actors, in enabling a flexible approach to delivery of investment to where it is most needed.

Mala Rohan ambulatory was one of the largest projects managed by Patients of Ukraine using health facility restoration funding provided by CAID. The local village was for several months under Russian temporary military control; this was followed by fierce fighting as the area was reclaimed by the Ukrainian Armed Forces. The day after the Russian invasion, the facility lost access to electricity and mobile telephone signal. By mid-March, access to gas heating was also lost. Despite this, staff at the facility continued to provide care to the local community, including many people wounded by military action, alongside more routine cases (pregnant women, patients with chronic conditions, etc.) Later that month, as the Ukrainian forces pushed Russians away out of the Kharkiv region, the facility was directly hit by tank shelling, causing damage to walls, and the roof and equipment was looted or destroyed. After the area was retaken by Ukrainian forces, clinical staff returned and began to provide care in the facility once again, despite the lack of windows and the extensive damage to the facility's walls and roof. The local authority re-established access to electricity, and eventually heating. By July 2022, many people had returned to the village; and in September, Patients of Ukraine started rebuilding the facility's walls, windows and roof, a process that was completed within 6 weeks, enabling construction to be completed before the onset of winter.







As the Mala Rohan case illustrates, small-scale investment can generate considerable positive impact, making the difference between health facilities functioning or not. Investment focused on repairing windows, roofs and doors and restoring access to water, electricity and heating can be critically important. For such investment, the financing requirement is modest; but at the aggregate level, it is considerable. For international organizations, the high ratio of transaction costs to investment values at the individual project level can constitute a barrier to engagement.

Solutions to this are likely to involve the aggregation of projects and framework funding (in which many global and regional multilateral banks have experience) in order to reduce transaction costs associated with individual projects. In addition, as this case highlights, international organizations can work with national NGOs to aggregate support for micro-level projects, ensuring both:

- **flexibility of funding;** being able to work across multiple municipalities and oblasts, putting in place the required partnership arrangements with each relevant authority; and
- **targeting of funding** to specific geographical areas and individual projects within the Ministry of Health-provided list that stand the greatest chance of benefiting from investment.

Case study 4. The Makariv primary health care center

Focus: a private Ukrainian foundation raising funding and supervising turnkey delivery of a replacement PHC clinic

The Makariv PHC facility was first opened in 2020, under the Presidential Rural Medicine programme. It comprised 560 m² servicing a community of around 28 000 people. The facility was, as the accompanying pictures demonstrate, completely destroyed during a period of temporary control by the Russian military in the spring of 2022. It has since been fully restored through the technical advice and project management of the KSE Foundation, a private foundation created by the Kyiv School of Economics, which also organized a series of fundraising events to collect a range of small-scale private donations specifically for the project. Following the completion of rebuilding, operational costs are now met by the NHSU.

Throughout the early days of the Russian invasion, the facility was fully functional – providing the normal range of PHC services. However, in early March, as the Russian military entered the village as part of its attempt to encircle Kyiv, staff had to evacuate due to heavy shelling. On 28 March 2022, the facility was attacked by shell fire, as a result of which it eventually burned down, destroying it completely (see accompanying pictures).

I didn't believe that our ambulatory would be rebuilt at all, let alone built to be as beautiful as it was before the war.

Serhiy Solomenko, Director of Makariv PHC Centre

Just two months later, and following the return of the local area to Government of Ukraine control in late March 2022, the KSE Foundation began discussions with the Ministry of Health on plans to rebuild the facility. A quadrilateral agreement was signed, incorporating the KSE foundation, the PHC centre's management, the Ministry of Health and the local municipality, as the owner of the facility. The decision was made to replicate the previous facility's design, since developing a new plan would extend the timeline of the project. The construction contract was signed in September 2022 – and works were completed by the following March. The KSE foundation's role was to deliver a turnkey solution for the reconstruction of the facility – including the appointment of technical advisors, construction subcontractors and financial auditors. It undertook the management of project, fundraising, communications; and it now plans to continue supporting facility with educational support and capacity-building.



Minister of Health of Ukraine Viktor Liashko demonstrating the completely destroyed Makariv PHC during the visit of WHO Director-General Dr. Tedros Adhanom Ghebreyesuto to Ukraine in May 2022.

The total cost of reconstruction, including debris clearing, was approximately US\$ 800 000; two thirds of which came in the form of private foreign donations – mostly overseas donors and local businesses previously connected to the KSE Foundation via other projects.

As this case highlights, in the public sector, financial support from both national and international organizations has often been channelled through partnerships with domestic private foundations. These entities – alongside subnational authorities – can be seen as important targets for support and partnership, albeit (in the context of ongoing health system reforms and the emerging National Health Strategy 2030), it is important that these are undertaken in close partnership with national stakeholders in general and the Ministry of Health in particular.



Minister Liashko during the opening of a newly rebuilt Makariv PHC in April 2023.



FINAL REFLECTIONS

As the cases described in this report show, health sector recovery is happening at ground level in Ukraine, at the time of writing and even in areas in close proximity to the frontline. This recovery involves public and private sector actors of all kinds, including investor-owned businesses involved in health-care provision such as service delivery and pharmacy retail but also a broader set of non-state actors including CSOs and private foundations.

This diverse range of actors are engaged at all levels and stages of the process, not only as sources and recipients of support, but in supervising and implementing recovery projects on the ground. Many private institutions are donating directly to nationally established platforms such as the President's United24 initiative. Many international organizations are donating to nongovernmental actors such as Patients of Ukraine and the KSE Foundation, who aggregate support to public providers' recovery efforts, ensuring it is guided towards and applied to local needs. Organizations of all kinds are working with public and/or private health service providers on an individual or aggregated basis to enable re-establishment or scale-up of service delivery, including the local banks that provide capital for such providers.

Many challenges clearly still remain. The availability of capital to rebuild or repair facilities, or to establish or scale up service provision in areas reclaimed from temporary Russian military control by Ukrainian authorities, remains limited. Domestic resources and savings are limited - and will be depleted as the war drags on. Many investment projects in the most conflict-affected areas; that is, those closest to the front-line or in areas reclaimed from temporary Russian military control, may require additional support; for example, in the form of risk mitigation.

There is a general need for further institutional strengthening; for example, to ensure that providers of all sectors and forms of ownership operate in a robust regulatory and contractual environment, ensuring quality of care and consumer protection,¹⁴ in which international organizations can play a role; and for the creation of public goods that can reduce the cost and time of delivering recovery projects, including standardized designs for PHC facilities; development of human capital; and streamlining of procurement regulations. Finally, it is important that normal business operations continue in Ukraine, and that regular trade partners continue to conduct trade with Ukraine. This includes relationships that have been put on hold due to war;

¹⁴ Private provision of services in Ukraine: current challenges, future directions. Health policy papers series. Copenhagen: WHO Regional Office for Europe; 2023 (<https://apps.who.int/iris/handle/10665/369383>, accessed 19 June 2023)

all of which must be re-established as soon as possible; whether conducting clinical trials, providing support in building capacity of the national medicines regulatory authority to increase confidence in the quality of locally produced pharmaceutical products, or continuing to accelerate transfer of technologies.

All such recovery efforts must be undertaken in close partnership with national stakeholders in Ukraine and in a manner consistent with the principles articulated by its international partners, including WHO.¹⁵ Despite the war, transformational reform of the health system led by the Ministry of Health is ongoing, and it is essential that recovery efforts are aligned with this, and with the draft National Health Strategy 2030.¹⁶

¹⁵ Priorities for health system recovery in Ukraine: a joint discussion paper. Copenhagen: WHO Regional Office for Europe; 2023 (<https://www.who.int/europe/publications/m/item/priorities-for-health-system-recovery-in-ukraine-joint-discussion-paper>, accessed 13 June 2023).

¹⁶ [Draft Decree of the Cabinet of Ministers of Ukraine “On the approval of the Strategy for the development of the health care system until 2030 and the approval of the operational plan for its implementation in 2023”]. In: Ministry of Health [website]. Kyiv: Ukraine Ministry of Health; 2023 (in Ukrainian; <https://moz.gov.ua/strategija>, accessed 13 June 2023).

The WHO Regional Office for Europe

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World Health Organization Country Office in Ukraine

58, Yaroslavskaya str., Block B
Kyiv 04071, Ukraine
Tel: +380 44 428 5555
Email: eurowhoukr@who.int
Website: www.who.int/ukraine