



**World Health  
Organization**

REGIONAL OFFICE FOR **Europe**

## **Biennial Collaborative Agreement**

**between**

**the Government of Ukraine**

**and**

**the Regional Office for Europe  
of the World Health Organization**

**for 2022 - 2023**

*Nº 7*

**Signed by:**

*For the Government*

*Signature*

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*Date*

*20.01.2022*

*Title* Minister of Health

*For the WHO Regional Office for Europe*

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## **Introduction**

This document constitutes the Biennial Collaborative Agreement (BCA) between the Government of Ukraine represented by the Ministry of Health and the World Health Organization (WHO) Regional Office for Europe for the biennium 2022–2023 (hereinafter – the Parties, separately – the Party).

WHO's Thirteenth General Programme of Work, 2019–2023 (GPW 13), provides a high-level strategic vision for the work of WHO and provides an overall direction for the five-year period beginning in January 2019. WHO's Programme budget 2022–2023, as approved by the Seventy-fourth World Health Assembly, aims to turn the bold vision of GPW 13 into reality by delivering impact for people at the country level and incorporates the lessons learned from the experience in recent health emergencies caused by the COVID-19 pandemic, as well as the implementation of the programme budget 2020–2021. It is the second programme budget developed in line with GPW 13 and WHO's triple billion strategic priority approach, and a vital element for ensuring implementation of the strategy set forth in GPW 13. Its results framework (see Annex 1) demonstrates how its inputs and outputs translate into and are crucial for achieving the triple billion targets of GPW 13 and for maximizing impact on people's lives at the country level.

The operationalization of GPW 13 begins with the prioritization with Member States of its nine technical outcomes and the cross-cutting outcome on data and innovation for the duration of GPW 13, thus providing a medium-term strategic planning horizon agreed between WHO and Member States. The 2022–2023 BCAs are then planned, taking this GPW 13 outcome prioritization as the point of departure.

The BCA, grounded in GPW 13 and the 2030 Agenda for Sustainable Development, delivers on the concepts, principles and values underpinning Health 2020, the European policy framework for health and well-being, which was adopted by the WHO Regional Committee for Europe at its 62<sup>nd</sup> session. The BCA thus aims to support Ukraine in maximizing the opportunities for promoting population health and reducing health inequities, by taking an intersectoral, health-in-all-policies approach – involving the whole of society and the whole of government – which emphasizes the need to improve overall governance for health. The BCA proposes ways of achieving more equitable, sustainable and accountable health development, in line with Health 2020.

### **Description of the Biennial Collaborative Agreement**

This document constitutes a practical framework for collaboration. It has been drawn up in a process of successive consultations between national health authorities and the Secretariat of the WHO Regional Office for Europe.

The collaboration programme for 2022–2023 has started with the bottom-up GPW 13 outcome prioritization process undertaken by the country in cooperation with the Regional Office. This work was carried out as part of WHO's transformation in the overall context provided by GPW 13. The objective of the bottom-up planning exercise was to determine the priority health outcomes for WHO collaboration with the country during the period 2019–2023. This document further details the collaboration programme, including the prioritized outcomes, proposed outputs, and product and services deliverables.

The outcomes are the desired changes in the Member State's capacities that result in increased access to services and that ultimately contribute to sustainable changes in the health of populations. These changes in the health of populations are those that the Member State aims to achieve on the basis of its uptake of the WHO Secretariat's outputs, and hence they are a joint responsibility of the Member State and the Secretariat.

Achieving the prioritized outcomes as identified in this BCA is therefore the responsibility of both the WHO Secretariat and the Government of Ukraine.

Different modes of delivery are foreseen in the implementation of this BCA, ranging from country-specific (for outputs that are highly specific to the needs and circumstances of individual countries), to intercountry (addressing countries' common needs using Region-wide approaches) and multicountry (for subregional needs).

## **Terms of collaboration**

The agreed priorities provide a framework for collaboration for 2022–2023. The collaborative programme may be revised or adjusted during the biennium by mutual agreement, where prevailing circumstances indicate a need for change.

The biennial programme budget outputs for 2022–2023 may be amended by mutual agreement in writing between the WHO Regional Office for Europe and the Government as a result of, for example, changes in the country's health situation, changes in the country's capacity to implement the agreed activities, specific needs emerging during the biennium, changes in the Regional Office's capacity to provide the agreed outputs, or in the light of changes in funding. Either party may initiate amendments.

After the BCA is signed, the Ministry of Health will reconfirm/nominate a WHO national counterpart and national technical focal points. The national counterpart will be responsible for the overall implementation of the BCA on the part of the Ministry and will liaise with all national technical focal points on a regular basis. The WHO representative (WR) or the head of WHO country office (HWO) will be responsible for implementation of the BCA on behalf of WHO in close coordination with and overseen by the Regional Office, and will coordinate any required support from WHO headquarters.

The BCA workplan, including the planned programme budget outputs, products and services and implementation schedule, will be agreed on accordingly. Implementation will start at the beginning of the biennium 2022–2023.

The WHO budget allocation for the biennium indicates the estimated costs of delivering the planned work, predominantly at the country level. Funding will come from both WHO corporate resources and any other resources mobilized through WHO. These funds should not be used to subsidize or fill financing gaps in the health sector, to supplement salaries or to purchase supplies. Purchases of supplies and donations as part of crisis response operations or as part of demonstration projects will continue to be funded through additional mechanisms, in line with WHO rules and regulations.

The value of the contributions by WHO technical and management staff based in WHO headquarters, the Regional Office and in geographically dispersed offices (GDOs), and by the WR or the HWO and the staff of their respective offices, to the delivery of planned outputs and deliverables, are not reflected in the indicated budget. This support goes beyond the indicated budget and includes technical assistance and other inputs from WHO headquarters, the Regional Office, GDOs and unfunded inputs from country offices. The budget and eventual funding included in this Agreement are the Organization's funds allocated for Regional Office cooperation within the country workplan.

The value of the Government's input, other than that channelled through the WHO Secretariat, is also not included in the BCA and the indicated budget.

It should also be noted that this BCA is open to further development and contributions from other sources, in order to supplement the existing programme or to introduce activities that have not been included at this stage.

## PART 1. Prioritized GPW 13 outcomes for collaboration in 2022–2023

### 1.1 Health situation analysis

The population of Ukraine is around 42 million people (excluding temporarily occupied Autonomous Republic of Crimea and the city of Sevastopol), mainly urban (69,5%) with 53,7% of female population and an overall employment rate of around 65%. The life expectancy is 76.7 years for females and 66.7 years for males.

Non-communicable diseases (NCD) and chronic conditions comprise the bulk of mortality in Ukraine, especially among working-age males. In 2017, NCDs were linked to 91% of total deaths. The deaths from five major NCDs (CVDs, diabetes, cancers, chronic respiratory diseases and mental health conditions) contribute to almost 84% of all mortality cases in Ukraine. Among these, most of the deaths are caused by cardiovascular diseases (62%) and cancers (14%). Almost 30% of men who died in 2017 from NCDs are in the working-age group of 30-65 years. Deaths and injuries from traffic accidents are loss of life and health that can be prevented. The main reasons for disease burden in Ukraine are linked to behavioural risks and metabolic factors. The STEPS survey (2019) showed a high smoking prevalence among the population aged 18–69 years (33.9%). It demonstrated a significant gender gap in tobacco smokers, where half of all men (50.3%) and every sixth woman (16.7%). Among these, novel tobacco products (heated tobacco products and electronic cigarettes) were increasingly used, especially by younger population groups (18.7% of the population aged 18–29 years). Alcohol consumption is very high in Ukraine and is a matter of concern. Levels of physical activity, fruits and vegetable consumption are low, and more than half of the men always adding salt to their food.

In 2015, three-quarters of Ukrainians killed in traffic accidents were of working age, and 37.2% were aged 14–35. In 2019, more than 26% of killed and 15% injured in road accidents were pedestrians. Road accidents in Ukraine are the first most common cause of death of young people aged 15-24 years and the second most common cause of death of children aged 5-14 years. Notwithstanding high shares in mortality rates, NCD also accounts for the bulk of disability (70 %) in Ukraine of the 20 million disability-adjusted life-years in 2004. Efforts on combating non-communicable diseases include increased price and taxes, introducing a total ban on advertising, sponsorship and promotion of tobacco products (target 3.a), and a national strategy adopted in 2018 and strengthening surveillance data and evidence to address NCDs by implementation STEPS survey during 2019.

While reported cases of communicable diseases, notably HIV/AIDS and multi-drug resistant TB (MDR TB), continue to rise, the Ministry of Health of Ukraine, supported by WHO, has made significant progress in the implementation of TB control activities, resulting in the decreasing TB notification rate of new and relapse cases from over 127/100 000 population in 2004–2005 to 42.2/100 000 in 2020. The treatment success rate for MDR TB remains a concern, but Ukraine is increasingly following WHO guidelines. Reported cases of HIV have increased, in part due to significant progress in the number of people tested and diagnosed. HIV treatment coverage has also increased from 66, 409 in 2014 to over 113, 000 in 2019, with high rates of viral suppression in those treated (94%). Ukraine is increasingly following WHO guidance on hepatitis and using drugs with direct antiviral activity to treat hepatitis C, and access to these drugs has increased. In November 2019, the National Strategy on HIV, TB and Hepatitis (in line with WHO strategies and guidance) was approved by the Cabinet of Ministers, demonstrating commitment in line with SDGs to end HIV, TB and hepatitis as public health problems by 2030 (target 3.3). As a part of ongoing reforms in public health and primary health

care, screening for HIV, TB, and hepatitis became part of the medical benefits package provided by primary health care providers.

Routine vaccination coverage under young children remains low, but the situation significantly improved in 2020 compared to 2017. Ukraine is increasingly utilizing WHO guidance to include immunization against vaccine-preventable infections (VPIs) as an essential health service during the current COVID-19 pandemic. However, the system is vulnerable. According to the statistics of 2020, 80,1% of children received all three doses of vaccine against diphtheria-tetanus, 96,5 were fully vaccinated against hepatitis B, and 83% against polio (2017 among those antigens, the figures are 50%, 52%, 50% respectively). During 2017-2019, considerable outbreaks of measles have been reported. Therefore, the targets for Measles and Rubella elimination are not met. Efforts to improve child health (addressed under target 3.2) and tackle vaccine-preventable infections (target 3.b.1.) and critical communicable diseases, such as tuberculosis, HIV/AIDS and to lesser extent hepatitis (part of target 3.3), also benefited from increased attention and investment, leading to gradual but steady progress. There is increasing attention on antimicrobial resistance and infection prevention and control measures.

In implementing the 2030 Agenda, Ukraine builds on earlier successes on Millennium Development Goals (MDGs). In 2017 Ukraine issued the first SDG national report taking into account the principle of 'leave no one behind' and using a wide range of informational, statistical and analytical materials. In August 2019, the Government adopted a new resolution governing the data collection to monitor SDG indicators and provide a solid base for further planning of Ukraine's development. In 2020 following the Presidential Decree, Ukraine issued the first Voluntary National Review of progress towards achievement of the Sustainable Development Goals and highlighted the necessity to continue the health system reform and implement comprehensive measures to prevent diseases, ensure their early detection, diagnostics and treatment, which is accessible, timely and of acceptable quality, and create a health-promoting environment.

In 2015, the Government of Ukraine initiated massive reform of its entire health system to move towards universal health coverage (UHC) (SDG targets 3.8, 3.b and 3.c) and improve the population's health outcomes. A comprehensive reform strategy has been put forward with four key areas, including (1) health service and delivery; (2) health financing; (3) quality governance of the sector; and (4) ensuring essential health system inputs. On 30 March 2018, the Government of Ukraine established a new single purchasing agency, the NHSU, and approved the regulations required for the functioning of the agency. In 2018-2019, the healthcare reform was launched by introducing contracting and new provider payment methods at the primary healthcare level, based on the principle that "money follows patient". In April 2020, the next stage of reforms launched focused on outpatient specialist and inpatient care. Case-based payments were introduced for hospital services, shifting the focus from inputs to outputs. This, in turn, facilitates further dialogue on the restructuring of the oversized hospital infrastructure. However, in addition to financial incentives, regional hospital master plans must be developed to address the outdated service delivery model focused on specialized inpatient care, and licensing and accreditation must be strengthened. The Government Financial Guarantees of medical care (PMG) include emergency medical care; primary care; secondary (specialized) medical care; tertiary (highly specialized) medical care; palliative care; rehabilitation in the field of health care; medical care for children under 16; medical care in connection with pregnancy and childbirth. In 2020 PMG envisaged 27 packages of medical services, to which four packages were subsequently added to pay for Acute respiratory disease COVID-19 caused by SARS-CoV-2 coronavirus related services. PMG-2021 supplemented with seven new packages (preparedness for response to infectious diseases and epidemics; dental care for adults and children; pregnancy management in an outpatient setting; psychiatric care provided by mobile multidisciplinary mental health teams, others) and Acute respiratory disease COVID-

19 caused by SARS-CoV-2 coronavirus related services reflected in two packages (services for in-patient treatment of Acute respiratory disease COVID-19 caused by SARS-CoV-2 coronavirus patients and a package for Acute respiratory disease COVID-19 caused by SARS-CoV-2 coronavirus vaccination). As a part of ongoing reforms in public health and primary health care, screening for HIV, TB, and hepatitis became a part of the medical guarantees in 2021 to be provided by primary health care providers. Cardio-vascular diseases, maternity and neonatal care, and cancer remain a priority for PMG-2022.

To improve access to essential medicines, vaccines and diagnostics the government provides centralized public procurements through the transparent mechanisms by engagement of international specialized organizations since 2015, which are to be transferred to the central procurement agency "Medical Procurements of Ukraine" created in 2018. In parallel, to ensure access to safe, effective, quality and affordable essential medicines, the reimbursement program "Affordable Medicines" was launched in 2017 and implemented since 2019 by the NHSU using electronic prescriptions for treating patients with cardiovascular diseases, type II diabetes and bronchial asthma (target 3.8, 3.b.3), and is continuously expanded within the fiscal space provided.

Also, within PMG requirements for healthcare providers, health services and medical information management should be integrated into the eHealth system. eHealth was launched in 2016 and administrated by newly created State Enterprise "Electronic Health" (2018) while NHSU authorized for its maintenance and financing (2019). eHealth provides affordable digital medical services for more than 31 million Ukrainians, including electronic declarations with general practitioners - family doctors, issuing electronic prescriptions under the "Affordable Medicines" programme and electronic referrals, electronic medical records, etc. More than 4,500 healthcare facilities are connected to the system. eHealth is constantly developing based on approved 2020 the national eHealth concept to support patient-centred health system transformation, strengthen the management of health information services, support further improvement of services delivery and quality of care. Digitalization in health systems is an essential step forward in strengthening health systems and public health functions, including disease surveillance, early warning and risk assessment, and increasing access to health services and working towards achieving universal health coverage. The Acute respiratory disease COVID-19 caused by SARS-CoV-2 coronavirus pandemic has demonstrated an urgent need for practical digital tools and an unprecedented rush to implement eHealth services, including telemedicine consultation and digital contact tracing and, thus, affirms the need for longer-term strategic investment on digital solutions in health and scale-up digitally, post-pandemic approach to health service delivery to populations.

Against this forward-moving development, humanitarian and health-related needs in Donbas, particularly along the contact line, are steadily increasing, and the already overstretched health system can hardly respond to the needs of its citizens. More than 3.4 million people need health-related humanitarian assistance, including 854 thousand IDPs and 2 million people living close to the contact line requiring access to healthcare, life-saving and essential health services<sup>1</sup>. Women account for over half of people in need (56%) and over half a million children (more than 16% of people in need). Almost 15% of the population in areas close to the contact line has a disability, much higher than the average of 6% across Ukraine. Since 2014 at least 145 health facilities have been damaged or destroyed by shelling, making it impossible to manage health staff and medical services properly. In 2020 and 2021, the grave humanitarian crisis in eastern Ukraine was exacerbated by the Acute respiratory disease COVID-19 caused by SARS-CoV-2 coronavirus pandemic, which aggravates existing inequalities and discrimination against certain vulnerable groups, including people with severe

<sup>1</sup> According to the Ministry of Social Policy of Ukraine, the number of internally displaced persons (IDPs) is 1,473,000.



mental health conditions who require support from both health and protection sectors. Emergency medical and trauma care, psychosocial support integrated into primary health care services, and regular deliveries of essential emergency medical supplies will continue to be among the priorities. The country highly recognized health security and the need for strengthening capacity make a more resilient health system be adequately prepared for emergencies to ensure an appropriate response to health threats (target 3.d, 3.d.1, 11.a). Overall challenges remain related to slow economic growth, rising health care costs partly due to changing epidemiological patterns, deteriorating infrastructure, governance practices and inefficient institutions, and an outdated health information system.

On 30 January 2020, WHO Director-General Dr. Tedros Adhan Gebreyesus declared that the outbreak of acute respiratory disease COVID-19 caused by the coronavirus SARS-CoV-2 (COVID-19) was an international public health emergency in the field of public health (public health emergency of international concern, PHEIC). The first case in Ukraine was detected on February 29. Since early March 2020, with strong support from WHO, the Ministry of Health has been issuing and constantly updating public health measures and technical guidance to the public, other government agencies, private companies and health care providers. During 2020-2021 WHO, in close cooperation with the Ministry of Health and according to the national COVID-19 Strategic Preparedness and Response Plan (SPRP), provided constant technical and operational support to rapidly detect, diagnose and prevent the further spread of the virus, and ensure the continuity of essential services and systems during the outbreak. When preparing for 2022/23, the Director-General of WHO has determined that the Acute respiratory disease COVID-19 caused by SARS-CoV-2 coronavirus pandemic continues to constitute a PHEIC. To manage the outbreak in Ukraine the following areas need particular attention: strong public information campaign; coordinated approach among different levels of the government; good cooperation and information exchange among various ministries, government agencies and regional authorities involved in the response; enhanced surveillance systems, contact tracing and monitoring of Acute respiratory disease COVID-19 caused by SARS-CoV-2 coronavirus transmission; maintenance of equitable access to quality and safe testing, treatment and vaccination for Acute respiratory disease COVID-19 caused by SARS-CoV-2 coronavirus; progress in the rollout of Acute respiratory disease COVID-19 caused by SARS-CoV-2 coronavirus vaccines, particularly among health care workers and other frontline workers as well as vulnerable groups; technical guidance to providers on screening, triage, patient pathways and referral system for Acute respiratory disease COVID-19 caused by SARS-CoV-2 coronavirus; adequate capacity of service providers particularly in infection prevention control, testing strategy and supplies; ensuring continuation of essential health services, including mental health, routine immunization of children and other non-Acute respiratory disease COVID-19 caused by SARS-CoV-2 coronavirus related services; and further step up preparedness capacities, including the IHR core capacities, plan for the recovery phase and prepare for any future health emergencies.

## **1.2 Agreed areas for collaboration through GPW 13 prioritized outcomes**

### **1.2.1 GPW 13 prioritized outcomes and links to EPW and the 2030 Agenda in Ukraine**

Since 2015, Ukraine has made laudable steps to reform its health system to ensure universal health coverage (UHC) progress. The reforms which have been implemented over the past five years aim to achieve equal access to essential health services with a focus on primary health care, including financial risk protection, access to affordable, safe, effective medicines and vaccines (GPW13 targets 1-5, 31, 34, 35; SDG targets 3.8, 3.c, 3.b.3, 3.7, 5.1, 17.18). However, many challenges remain and require concerted actions towards designation a high-quality, affordable, equitable health service delivery system at all levels of the healthcare system that focuses on patients' best interests. Considering the challenges of the ongoing pandemic, the

focus needs to be maintained to balance the response to Acute respiratory disease COVID-19 caused by SARS-CoV-2 coronavirus with ensuring continuity of essential health services.

Besides health threats such as drug-resistant tuberculosis, HIV, hepatitis and antimicrobial resistance, the response to the needs of people suffering from (multiple) chronic illnesses is at the top of the service delivery reform agenda. Chronic illnesses have multiple impacts: they represent a considerable restraint on life quality, productivity and the functional state of people who suffer from them, they contribute significantly to morbidity and mortality rates, resulting in increased health and social costs.

Ukraine has also implemented a number of measures towards strengthening the public health system, population health improvement, and protection of individuals and populations from exposure to risk factors. It has also adopted the health-in-all-policies approach (GPW13 4.2; SDG 17.18). The governmental action plan on public health system development and numbers of sectoral policy documents prioritised objectives with particular focus on prevention and control of vaccine-preventable infections (GPW13 10,34,40; SDGs 3.3, 3.8.1, 3.b.1), key communicable diseases, such as HIV/AIDS, viral hepatitis and tuberculosis, to address antimicrobial resistance (GPW13 36,38,39,41,42; SDGs 3.3, 3.8., 3.b.3), to tackle non-communicable diseases and risk factors (tobacco, alcohol, nutrition, physical activity – GPW13 21-31,33; SDGs 2.2, 3.3-3.6) as well as on actions towards strengthening epidemiological surveillance, preparedness to health emergencies, in particular regarding highly pathogenic disease outbreaks, rapid detection, identification and response to health threats by increased preparedness and implementation of the International Health Regulations (GPW13 9, 10; SDG 3.d, 16.4, 16.7). To manage further COVID-19 response WHO will continue to provide technical and operational support to address key public health objectives through developing and implementation of Ukraine Country Preparedness and Response Plan to COVID-19, support the multisectoral coordination mechanism across agencies, sharing up-to-date technical guidance and expertise; effective risk communication, engagement and timely informing communities on the health measures, tailoring messages based on the findings of behavioral insights studies; strengthening surveillance, case investigation and rapid response capacities; improving national laboratory capacity for COVID-19 detection (testing) in line with optimal strategies; protection patients and healthcare workers through improvement of adherence to infection prevention and control (IPC) practices; improvement of case management and quality care for the patients with respiratory symptoms through improving clinical standards and workforce capacity; strengthening logistical management of essential supplies; provide psychosocial support to different groups of population during the outbreak; strengthening planning capacities to ensure continuity of delivery essential health services; coordination vaccine deployment, vaccination response and provided technical assistance on vaccine implementation.

WHO, in close collaboration with humanitarian actors and government, will continue to address the humanitarian situation in Donbas, particularly along the contact line, to ensure meaningful access to health care services for the conflict-affected population residing near the contact line and in temporarily NGCA by implementing practical measures to address challenges in terms of distance, cost of travel and accessibility for disabled IDPs (GPW13 1,2,4-5,9,28,36,39,41,45-46; SDGs 3.8, 3.d, 3.3, 3.4, 3.9, 6.1, 6.2, 16.7, 16.8). WHO supports coordination and leads the Health Cluster in Ukraine and provides policy advice, strategic guidance in key communicable and noncommunicable diseases thru the Health Cluster Working Groups on HIV and TB; and Mental Health and Psychosocial Support. In addition, the support is ongoing in GCA to improve health services and bridge the humanitarian and development actions.

The economic, social and environmental determinants of health need an inter-sectorial approach within the SDG framework. Ukraine, like other UN member states, has joined the global process

of sustainable development. To establish the strategic framework for Ukraine's national development for the period up to 2030, an inclusive process of adapting the Sustainable Development Goals has been initiated based on the principle "Leave no one behind". This will enable Ukraine to build upon the achievements and more systematically address health challenges, such as premature mortality from non-communicable diseases (target 3.4, 3.5 and 3.a, but also 2.1 and 2.2), communicable disease (targets 3.3, 3.8., 3.b.3) and road traffic injuries (target 3.6), in the coming decades. It will also empower the country to strengthen health systems, including access to affordable medicines, health workforce availability, emergency preparedness, and sustainable financing for health. This will contribute to achieving health targets 3.8, 3.b and 3.d, and targets related to ending poverty (SDG 1). Strengthening national institutions, partnership for development (both national and international), aid effectiveness, and intersectoral actions are essential to ensure improvement.

This BCA enables Ukraine to progress towards UHC, health protection and health promotion in line with movement towards achieving SDG targets to ensure healthy lives and promote well-being for all of all ages, but also address other goals on gender equality, food security, water and sanitation, climate change, air quality, inequalities and partnerships. Following the main lessons learned from the pandemic to bolster response capacities to health emergencies and continue building strong and resilient health systems through primary healthcare-oriented health system strengthening and the health security nexus, accelerate progress towards SDG.

### **1.2.2 Linkage of the BCA with national and international strategic frameworks for Ukraine**

This BCA for Ukraine supports the realization of Ukraine's national health policies and plans, such as legal frameworks and health-related concept papers "On the development of Public Health System in Ukraine", "On New Health Financing Mechanism", "On Affordable Medicines", "On eHealth development" as well as supportive to health sector ongoing reforms and policies on decentralization – the concept of local self-governance reform and territorial organization of power; environment – the concept of adaptation to climate changes. The BCA follows the vision of the Cabinet of Ministers action program and other strategic documents, including the National Economic Strategy for the period 2030. The BCA actions will provide the necessary impetus to strengthen the performance of the Ukrainian health system and improve the health outcomes of the Ukrainian population.

The BCA will support the continued implementation of the reforms and continued strengthening and modernization of Ukraine's health system in accordance with its laws. The adoption of key legislative acts by the Verkhovna Rada (Parliament) in 2017 and several Governmental Decrees have opened the process of the re-shaping of the Ukrainian health care system. Thus, on October 19, 2017, the Verkhovna Rada of Ukraine gave a start to the reform by adopting the Law of Ukraine On Government Financial Guarantees of of medical care (Law 2168) and amended the National Budget, and on November 14 adopted the Law of Ukraine On Improving Affordability and Quality of Medical Services in Rural Areas. This set of documents created a strong legal and political framework to implement new health financing arrangements. The BCA activities will support the continued implementation of these laws as well as contribute to the implementation of the number of national resolutions, programs, strategies and plans: the Medical Guarantees Programme, National NCD Action Plan for achieving SDGs up to 2030; National Action Plan on AMR control; National Strategy on HIV/AIDS, TB and viral hepatitis for the period up to 2030; State Strategy of the development TB medical care; State Strategy for the Implementation of the State Policy of Providing the Population with Medical Products for the period up to 2025 and Action Plan of its implementation; the State Drug Policy for 2019-2020; Concept on Mental Health for the period up to 2030; Concept on Emergencies Medical Service development; Strategy for medical education development; State Strategy on Regional development by 2020;

Strategy and Action Plan on immunization up to 2022; Biosafety and Biosecurity Strategy based on “One Health” approach for the period up to 2025; Action Plan to reduce the level of exposure from radon and its decay products, minimize long-term risks from radon exposure in residential, non-residential premises and workplaces; Concept on eHealth development; prioritized actions in the Presidential Decree 369/2021 “On Decision of the National Security and Defense Council of Ukraine as of July, 30, 2021 “On the Status of the National Health Care System and Urgent Measures to Provide Medical Assistance to Citizens of Ukraine”.

The BCA aims to support Government policy priorities in health, based on the country disease burden, regional and global evidence of what works, health system challenges and opportunities, and considering obligations under the EU-Ukraine Association Agreement. Ukraine has an opportunity to utilize the European Union standards harmonization (including in public health and security, access and quality of medicines, mobility of human resources, taxes on tobacco and alcohol products, food safety standards etc.) for health improvement. The BCA supported activities are in line with the WHO European Programme of Work, Roadmap to implement the 2030 Agenda for Sustainable Development, building on experience of Health 2020, and a number of key global or regional strategies. These include global health sector strategies for HIV, STIs and viral hepatitis 2016-2021, Action plans for the health sector response to HIV viral hepatitis and tuberculosis in the WHO European Region, End-TB Strategy 2016-2035, European Vaccine Action Plan 2015-2020, European Immunization Agenda 2030, Investing in Children: the European Child and Adolescent Health and Development Strategy 2015-2020, Regional Strategy on Sexual and Reproductive Health 2016-2020, European Mental Health Action Plan 2014-2020, the WHO Comprehensive Mental Health Action Plan 2013-2030, WHO European Framework for Action on Mental Health 2021-2025, Global Action Plan on Prevention and Control of Noncommunicable Diseases 2013-2020, Strategy and Action Plan for Healthy Aging in Europe 2012-2020, Roadmap of actions to strengthen implementation of the WHO Framework Convention on Tobacco Control in the European Region 2015-2025, European action plan to reduce the harmful use of alcohol 2012-2020, European Food and Nutrition Action Plan 2015-2020, the European Action Plan for Strengthening Public Health Services, the Operational Framework for Primary Health Care, Global Action Plan on Antimicrobial Resistance, Global Strategy on Woman and Child Health, internationally treaties (Convention on the Rights of Persons with Disabilities, Framework Convention on Tobacco Control, International Health Regulations, 2005), Global strategy on digital health 2020-2025, Action plan for health employment and inclusive economic growth (2017-2021) as a mechanism for coordinating and advancing the intersectoral implementation of the Commission’s recommendations and immediate actions in support of WHO’s Global Strategy on Human Resources for Health: Workforce 2030, Global Strategy for Women’s, Children’s and Adolescents’ Health (2016-2030), Global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children, United Nations Decade of Action on Nutrition (2016-2025), WHO Ministerial Conferences outcome documents, resolutions, norms and standards, and the list of the Ministry of Health priority areas for intervention, as set forth in the ministry’s strategic development plan.

Ukraine is eligible to receive funds under the Pandemic Influenza Preparedness (PIP) Framework Partnership Contribution as an international arrangement adopted by the World Health Assembly in May 2011 to improve global pandemic influenza preparedness and response.

Ukraine joined the International Health Partnership UHC2030 in 2019.

The BCA 2018-2019 has integrated the health-related key SDG targets and indicators and supports the implementation of the Ukraine UNPF 2018-2022.

### **1.2.3 Programmatic priorities for collaboration**

The collaboration programme for 2022–2023, as detailed in Annex 2, is grounded in the above analysis and was mutually agreed on and selected in response to public health concerns and ongoing efforts to improve the health status of the population of Ukraine. It seeks to facilitate strategic collaboration and enable WHO to make a unique contribution.

The programme budget outputs and related work on behalf of the WHO Secretariat are subject to further amendments as stipulated in the Terms of Collaboration of the BCA.

## **PART 2. Budget and commitments for 2022–2023**

### **2.1 Budget and financing**

The total budget of the Ukraine BCA is US\$ 9,098,000. All sources of funds will be employed to fund this budget as funds are mobilized by both parties and become available. Additionally, Ukraine will receive resources for activities under the Pandemic Influenza Preparedness (PIP) Framework.

In accordance with World Health Assembly resolution WHA74.3, the Director-General will make known the distribution of available funding, after which the Regional Director can consider the Regional Office's allocations to the BCAs.

The WHO Secretariat will report on its annual and biennial programme budget implementation to the Regional Committee.

### **2.2 Commitments**

The Government and the WHO Secretariat jointly commit to working together to mobilize the funds required to deliver this BCA.

#### **2.2.1 Commitments of the WHO Secretariat**

WHO agrees to provide, subject to the availability of funds and its rules and regulations, the outputs and deliverables defined in this BCA. Separate agreements will be concluded for any local cost subsidy or direct financial cooperation inputs at the time of execution.

#### **2.2.2 Commitments of the Government**

The Government shall engage in the required policy and strategy formulation and implementation processes, and when possible provide workspace, personnel, materials, supplies, equipment and local expenses necessary for the achievement of the outcomes identified in the BCA.

### **2.3 Final provisions**

2.3.1 The BCA is concluded for a period of 2 (two) years of the WHO's Programme budget 2022–2023, enters into force upon signing and valid until 31 December 2023.

2.3.2 The BCA may be amended and supplemented by written agreement of the Parties.

2.3.3 Any disputes concerning the interpretation and / or application of the provisions of the BCA shall be settled through negotiations between the Parties.

Done in duplicate, in the Ukrainian and English languages, all texts being equally authentic. In case of any divergence in the interpretation or application of the provisions of this BCA, the Parties shall refer to the English text.

## LIST OF ABBREVIATIONS

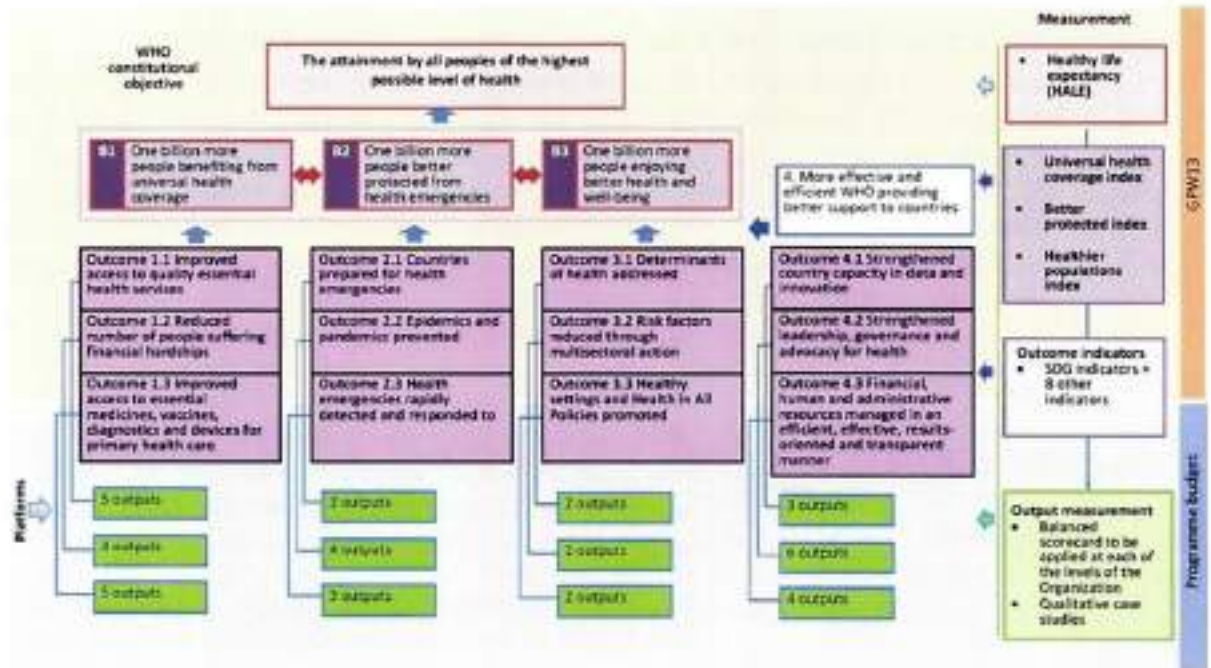
### General abbreviations

- BCA – biennial collaborative agreement
- GDO – geographically dispersed office
- GPW 13 – WHO Thirteenth General Programme of Work, 2019–2023
- HWO – head of WHO Country Office
- SDG – Sustainable Development Goals
- PIP – Pandemic Influenza Preparedness
- WR – WHO representative

### Technical abbreviations

- ACT-A – Access to COVID-19 Tools Accelerator
- AMR – Antimicrobial resistance
- COSI – WHO European Childhood Obesity Surveillance Initiative
- CPA – Central Procurement Agency
- CRP – Collaborative Registration Procedure
- CVDs – cardiovascular diseases
- eHealth – electronic health system
- EU – European Union
- GATS – Global Adult Tobacco Survey
- GBT – WHO Global Benchmarking Tool
- GPEI – Global Polio Eradication Initiative
- GYTS – Global Youth Tobacco Survey
- HIV – human immunodeficiency virus
- IDPs – internally displaced persons
- IHR – International Health Regulations
- IPC – Infection prevention and control
- MDR TB – Multi-drug resistant tuberculosis
- MDGs – Millenium Development Goals
- MERS – Middle East Respiratory Syndrome
- NCDs – noncommunicable diseases
- NEML – National Essential Medicines List
- NGCA – non-government-controlled area
- NHSU – National Health Service of Ukraine
- NRA – National Regulatory Authority
- PHC – primary health care
- PHEIC – public health emergency of international concern
- PMG – Programme of Medical Guarantees
- PSM – procurement and supply management
- RCC – European Regional Commission for Certification of Poliomyelitis Eradication
- SARS-CoV-2 – Severe acute respiratory syndrome-related coronavirus 2
- SPRP – Strategic Preparedness and Response Plan
- STEPS – WHO STEPwise approach to NCD risk factors surveillance
- TB – tuberculosis
- UHC – Universal Health Coverage
- UNPF – United Nations Partnership Framework
- VPI – vaccine preventable infection
- WASH – Safe Water, Sanitation and Hygiene
- WHO FCTC – WHO Framework Convention on Tobacco Control
- WHA – World Health Assembly

# ANNEX 1: GPW 13 RESULTS FRAMEWORK





## ANNEX 2: DESCRIPTION OF PRODUCTS AND SERVICES

Biennial Collaborative Agreement (BCA) 2022/23 - Ukraine		
Strategic Priority / Outcome	Output	Description of Products or Services for country needs
<b>SP 1. One Billion More People Benefiting from Universal Health Coverage</b>		
<b>1.1. Improved access to quality essential health services</b>	1.1.1. Countries enabled to provide high-quality, people-centered health services, based on primary health care strategies and comprehensive essential service packages	<p>Enhance the quality and accountability of primary health care, including services for complex patients through continuous improvement of the PHC model of care, supported by capacity development and a data-driven approach. Using global and regional guidelines and evidence from the assessment of primary health care (PHC) providers in COVID-19 in Ukraine, provide technical support on strengthening the position of PHC in maintaining access to essential health services.</p> <p>Provide strategic advice and technical assistance on models of care, support enabling legislation, strengthen governance, accountability, and coordination of services within and across sectors to develop an integrated health service delivery system, including among vulnerable populations.</p> <p>Promote continuity (from health promotion and disease prevention to treatment, rehabilitation and palliative care) and quality of health services across all levels of care through both public and private sectors.</p> <p>Support the development of primary care with enhanced quality and accountability, including services for complex, multimorbidity patients. Focus will be given to screenings; prevention, control and management of non-communicable and communicable diseases; care and services that promote, maintain and improve maternal, new-born, child and adolescent health; mental health; sexual and reproductive health; immunization; and evidence-based rehabilitation services imbedded in gender, equity and human rights.</p> <p>Work with the Ministry of Health and other health actors to develop mechanisms for a systematic approach to maintaining and improving the quality of patient care and effectiveness of service delivery, including technical advice, sharing of evidence, learning, events and review of documents.</p> <p>Strengthen the organization and capacity of the public health service as part of a strong and resilient health system and in the context of working towards Universal Health Coverage (UHC) and health security, including both technical assistance as well as capacity strengthening activities for the implementation of reforms and execution of essential public health functions and a strong emphasis on participatory processes (i.e. stakeholder engagement, co-creation of actions and fostering joint responsibility for implementation).</p>

		<p>Strengthen the Country's health system capacity to provide timely, quality rehabilitation and assistive technologies for all people experiencing functional limitation across the life course through coordination, conducting assessment and evidence generations, and facilitating rehabilitation professionals' competencies.</p> <p>Strengthen the integration of immunization programs into broader public health system at all levels and improve access to quality-assured vaccination services, extending primary healthcare system capacities and integrating services within all applicable networks, to ensure the most appropriate and effective means of reaching all age groups and high-risk populations, and through high-level advocacy, oversight and programmatic support for the implementation of National Immunization Strategy and Roadmap and COVID-19 National Deployment and Vaccination Plan.</p>
	<p>1.1.2. Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results</p>	<p>Provide technical assistance to support the scale-up of integrated approaches to disease prevention, emergency care, management, rehabilitation and palliative care for NCDs, mental health, CVDs, diabetes, and cancer, through adaptation of evidence-based guidelines, development of norms and regulations, capacity building activities, expert consultations, and strategic planning.</p> <p>Enhance country progress towards integrated, accessible, safe, effective and human rights-oriented mental health system through policy and service development and reinforced by the Mental Health Coalition: a WHO/Europe flagship initiative. This will be further supported by the WHO Special Initiative for Mental Health (2019-2023): Universal Health Coverage for Mental Health.</p> <p>Strengthen prevention and control of cardiovascular diseases with a specific focus on assessment and management of cardiovascular risk, including hypertension control and acute care and stroke rehabilitation.</p> <p>Provide technical assistance on the cancer control plan with costing and targeted support on paediatric cancer. Develop and conduct evaluation studies and other operational research on NCDs services, policies and interventions.</p> <p>Provide technical assistance and strategic advice to strengthen a coordinated and integrated Ukrainian health system to deliver on HIV, TB and viral hepatitis commitments, strategies and targets to ensure access and coverage of high-quality HIV, TB and viral hepatitis services, particularly for the most vulnerable and key populations in Ukraine, through advocacy, policy and clinically based guidance. Convene government, non-government and international partners and stakeholders.</p> <p>Support comprehensive reviews of the national HIV, TB and viral hepatitis programmes</p>

		<p>Provide technical assistance and strategic advice to improve HIV and TB surveillance, monitoring and evaluation, data collection and analysis at the regional and site level in the context of scaling up testing and treatment, health care reform and health systems strengthening</p> <p>Provide technical assistance and strategic advice to improve HIV, TB and viral hepatitis testing and treatment, including testing for HIV drug resistance, optimization of treatment regimens, integrated and decentralized people-centred services, simplified testing algorithms and patient pathways.</p> <p>Provide technical support, capacity building, and operational research on initiatives and innovations, including opioid substitution therapy (OST), the elimination of mother to child transmission (eMTCT) of HIV and syphilis, HIV pre-exposure prophylaxis (PrEP), modified fully oral shorter treatment for TB/MDR-TB and hepatitis B control.</p> <p>Provide technical assistance and strategic advice to improve HIV and TB laboratories through the appropriate inclusion of HIV and TB in overall laboratory strategy and networks and laboratory network optimization in the context of health care reform and health systems strengthening</p> <p>Provide technical assistance and strategic advice to develop Human Resources for HIV and TB Health Care and improve access to quality services and medicines as part of health system transformation.</p> <p>Support delivery and maintenance of essential HIV and TB services during COVID-19 pandemic and post COVID-19 recovery.</p> <p>Enhance country progress in achieving goals on measles and rubella elimination and polio-free status maintenance by identifying, consolidating, and disseminating in-country best practices under COVID-19 vaccination and overall pandemic response. Support capacity-building to perform high-quality laboratory-based vaccine-preventable infection surveillance within a broader health system.</p>
	<p>1.1.3. Countries enabled to strengthen their health systems to address population-specific health needs and barriers to equity across the life course</p>	<p>Provide technical assistance to strengthen the immunization system in Ukraine. Support towards the use of behavioural insights and research findings in framing appropriate immunization information and communication campaigns.</p> <p>Facilitate strategic advice on strengthening services for mothers, children and adolescents based on evidence-based guidelines, particularly addressing prescription and hospitalization patterns, modern approaches to developmental screening reducing harmful practices and stigmatization and providing quality care for adolescents.</p> <p>Intensify implementing data-driven decisions under the immunization program by scaling up data collection, analysis and use of immunization coverage, outbreaks, and behavioural</p>

		insights to identify the root causes of low coverage and address inequities and pockets of susceptible individuals.
	1.1.4 Countries' health governance capacity strengthened for improved transparency, accountability, responsiveness and empowerment of communities	<p>Provide technical assistance and guidance to develop a comprehensive national health strategy based on country priorities and global evidence.</p> <p>Support the Government of Ukraine with developing a monitoring and evaluation framework and adjusting its health statistics where needed to monitor the implementation of the national policies and strategies towards improved transparency, accountability, and health outcomes.</p> <p>Convene expert consultations and country missions to develop norms and standards for monitoring national universal health coverage policies and strategies, and strengthen the national monitoring system.</p> <p>Enhance awareness, capacity, and commitment of national authorities to develop and implement national strategies through convening national and regional dialogues on key health priorities, building the capacity of national and regional actors in health.</p> <p>Convene policy dialogue and partnership with parliamentarians to support laws and budgets for universal health coverage and health security based on regional and global evidence tailored to country context.</p> <p>Promote mechanisms to support whole-of-government and whole-of-society approaches, together with the Health in All Policies, through multisectoral and inclusive collaboration with national stakeholders and development partners.</p>
	1.1.5 Countries enabled to strengthen their health workforce	<p>Facilitate consultations across the health, education, finance and labour sectors and convene country missions to develop a health workforce strategy to respond to changing population needs and health system requirements.</p> <p>Provide technical guidance and contribute to various health training programmes and overall medical medication development.</p> <p>Convene expert consultations, country missions to strengthen institutional capacity in public health workforce planning, development, distribution and professional competencies to meet the public health system needs.</p>
<b>1.2. Reduced number of people suffering financial hardships</b>	1.2.1 Countries enabled to develop and implement equitable health financing strategies and reforms to sustain progress towards	<p>Provide country tailored global evidence to support policy dialogue on health financing policies following the needs and priorities of the Country.</p> <p>Build the Ministry of Health, Ministry of Finance, the National Health Service of Ukraine (NHSU) and local government units through expert advice, in-service training, in-country, regional and global workshops and other learning events.</p>

<p>universal health coverage</p>	<p>Contribute to annual budget dialogue and provide tools and evidence to the Ministry of Health to support the budget preparation for health, including the Medium-Term Expenditure Framework. Support integration of SDG targets and health system priorities into the Medium-Term Expenditure Framework.</p> <p>Support the establishment and annual updating of the NHSU corporate strategy to increase the institution's capacity, ensure accountability and enhance health financing reform.</p> <p>Support policies and practices to strengthen governance arrangement for strategic purchasing of health services, including governance of PMG. Provide technical support to the revision of PMG service packages, contracting mechanisms and provider payment systems.</p> <p>Support PHC costing and tracking PHC financing to broaden the scope of PHC and ensure equitable access to care.</p> <p>Provide strategic advice to decrease fragmentation in public health and various disease programmes health financing arrangements and address challenges of purchaser-provider split and decentralization reform through policy dialogue. Provide a regular review of health financing reforms (3rd issue) to facilitate policy dialogue on implementing the reforms.</p> <p>Provide technical assistance on financing health security, preparedness, and outbreak (including COVID-19) response to contribute to the dialogue on health system resistance.</p>
<p>1.2.2. Countries enabled to produce and analyse information on financial risk protection, equity and health expenditures and to use this information to track progress and inform decision-making</p>	<p>Produce regularly data on health expenditures, using the national System of Health Accounts, including programme-specific spending, spending on inputs (such as workforce and medicines), out-of-pocket spending and external aid. Build capacity in tracking health expenditure and use health accounts in policymaking.</p> <p>Provide policy-relevant analysis of household survey data to enable evidence-informed decision-making in developing equitable and efficient health policy arrangements.</p> <p>Facilitate data access and analysis for monitoring financial protection as part of the global efforts for monitoring progress towards UHC.</p>

<b>1.3. Improved access to essential medicines, vaccines, diagnostics and devices for primary health care</b>	1.3.1 Provision of authoritative guidance and standards on quality, safety and efficacy of health products, including through prequalification services, essential medicines and diagnostics lists.	<p>Provide leadership in the consolidation of good practices and initiate the development of a Single National Essential Medicines List (NEML) to ensure evidence-based treatment and support budget planning on safe and effective quality health products.</p> <p>Provide evidence and continue policy dialogue to ensure the adoption of WHO prequalification as a crucial quality criterion for medicines procured for strategic health programs.</p> <p>Build capacity and coordinate activities supporting the Government of Ukraine in the assessment of technologies and in selecting medicines, vaccines, diagnostics and medical devices for procurement and reimbursement based on evidence.</p>
	1.3.2. Improved and more equitable access to health products through global market shaping and supporting countries to monitor and ensure efficient and transparent procurement and supply systems	<p>Facilitate policy dialogue, generate evidence and advocate for equitable access to Programme on medical guarantees that include evidence-based medicines and health technologies.</p> <p>Build capacity of the Central Procurement Agency (CPA) in mastering their procurement and supply management (PSM) chain by providing PSM training to ensure an effective supply system and efficient procurement of health commodities.</p> <p>Facilitate the implementation of Pharmaceutical Quality System in CPA</p> <p>Support development of methodological tools and coordinate policies and activities across various public authorities and development partners to ensure synergistic approaches following WHO guidelines.</p> <p>Support participation of national health authorities and stakeholders in regional/sub-regional workshops to share evidence-based expertise and build national capacity on pharmaceutical policies related to pricing and reimbursement.</p> <p>Facilitate the development of equitable and sustainable models of access to new expensive medicines.</p> <p>Finalize the assessment and endorse the Childhood Cancer Medicines Fund Project to improve the supply chain and ensure access to innovative pharmaceutical products.</p> <p>Support access to quality-assured vaccine products through policy, capacity building and programmatic support to vaccine management within the public health system.</p>
	1.3.3. Country and regional regulatory capacity strengthened, and supply of quality-assured and safe health products improved	<p>Build capacity of the National Regulatory Authority (NRA) by convening the benchmark assessment of NRA using the WHO Global Benchmarking Tool (GBT) and in strengthening the post-market surveillance, monitoring substandard and falsified health products, and collecting safety data on adverse drug effects through global and regional training programmes and workshops.</p>

		<p>Facilitate the formulation of the NRA institutional development plan to build upon strengths and address the identified gaps through the GBT.</p> <p>Facilitate the Collaborative Registration Procedure (CRP) of WHO prequalified medicines.</p>
	<p>1.3.5 Countries enabled to address antimicrobial resistance through strengthened surveillance systems, laboratory capacity, infection prevention and control, awareness-raising and evidence-based policies and practices</p>	<p>Promote WHO approach to antimicrobial use and adopting the Access, Watch, Reserve (AWaRe) classification in NEML, clinical guidelines to reduce the use of Watch Group and Reserve Group antibiotics.</p> <p>Support for maintaining and strengthening monitoring of medicines use with a primary focus on antimicrobial medicines, promoting rationalization of the antimicrobial market and use.</p> <p>Engage in policy dialogue with the Ministry of Health to raise the profile of AMR and encourage its active involvement in the implementation of AMR National Action Plans.</p> <p>Strengthen the capacity of the national surveillance system that captures data on antimicrobial resistance, use and consumption.</p> <p>Provide technical support in AMR-specific and AMR-sensitive areas. Help identify and scale-up existing activities, such as promoting the responsible use of antimicrobials and optimizing the use of antimicrobials, reducing the incidence of infection (through IPC, water, sanitation and hygiene (WASH), and vaccination).</p> <p>Raise public awareness through targeted national efforts using innovative approaches and disseminate information on antimicrobial resistance for health workers. Continue policy dialogue on the implementation of the National Operating plan to combat AMR.</p>
<p><b>SP 2. One billion more people better protected from health emergencies</b></p>		
<p><b>2.1 Countries prepared for health emergencies</b></p>	<p>2.1.1. All-hazards emergency preparedness capacities in countries assessed and reported</p>	<p>Finalize the Joint External Evaluation (JEE) and report on Ukraine's capacities (including at sub-national level) for prevention, detection and response capacities to health emergencies, including COVID-19, and in line with international frameworks such as IHR (2005) and Sendai. Core capacities include laboratories, surveillance systems, emergency medical teams, preparedness at points of entry, multisectoral cooperation and coordination, safe hospitals, risk communication, foodborne and zoonotic diseases using the One Health approach, and institutional arrangements for risk management.</p>
	<p>2.1.2. Capacities for emergency preparedness strengthened in all</p>	<p>Provide technical support to strengthen leadership and management of national, subnational and local strategies for health emergencies such as COVID-19, including through</p>

	countries	<p>public health emergency operations centres and emergency medical services.</p> <p>Based on the results of the Joint External Evaluation and subsequent sub-national assessments, support development and strengthening of the core capacities, such as laboratories, surveillance systems, emergency medical teams, preparedness at points of entry, multisectoral cooperation and coordination, safe hospitals, risk communication, foodborne and zoonotic diseases using the One Health approach, and institutional arrangements for risk management, and mental health and psychosocial support (MHPSS).</p>
	2.1.3. Countries operationally ready to assess and manage risks and vulnerabilities	<p>Conduct mapping and prioritization of health emergency risks and strengthen early warning mechanisms for emerging/re-emerging high threat events. Support development of hazard-specific scenario-based contingency plans and simulations at National, sub-national and regional levels to address high, very high and imminent risks.</p> <p>Address foodborne and zoonotic diseases using the One Health approach</p> <p>Develop health and social cohesion programmes at the national level and in priority oblasts to assess and address contributions and risks to social cohesion in the health sector and improve citizens and practitioners trust in their health system.</p>
<b>2.2. Epidemics and pandemics prevented</b>	2.2.2. Proven prevention strategies for priority pandemic-/epidemic-prone diseases implemented at scale	<p>Support Ukraine in developing, reviewing, implementing strategies to prevent and control high-threat infectious hazards, including through the pandemic influenza preparedness programme</p> <p>Support implementing local prevention and control measures, ensuring access to life-saving interventions (for instance, vaccines, medicines and laboratory reagents), including through the ACT-A framework.</p>
	2.2.3. Mitigate the risk of the emergence and re-emergence of high-threat pathogens	<p>Support Ukraine in improving capacity against five main categories of disease: viral haemorrhagic fevers; respiratory pathogens including COVID-19, MERS and other coronaviruses; vector-borne diseases; biosecurity threats including plague and anthrax; the emergence of drug-resistant pathogens (antimicrobial resistance):</p> <ul style="list-style-type: none"> <li>- Prevent through infection prevention and control strategies</li> <li>- Detect and diagnose through laboratory technologies, and</li> <li>- Treat by ensuring that the medical countermeasures are adequate and timely developed.</li> </ul>



	2.2.4 Polio eradication and transition plans implemented in partnership with the Global Polio Eradication Initiative	Strengthen country performance on polio-free status maintenance through high-level advocacy and oversight under GPEI/RCC and policy and programmatic support to develop country-specific strategies and action plans and their implementation.
<b>2.3 Health emergencies rapidly detected and responded to</b>	2.3.1. Potential health emergencies rapidly detected, risks assessed and communicated	<p>Support Ukraine in developing a national sequencing capacity and referring samples for testing and sequencing at WHO collaborating centres.</p> <p>Support national and sub-national capacities to conduct epidemiological field investigations and community-based risk assessments.</p> <p>Support establishment of a mechanism to widely disseminate crucial public health information such as signals and risk assessments through various platforms and information products, including internal and public communications, scientific literature and social media.</p>
	2.3.2. Acute health emergencies rapidly responded to, leveraging relevant national and international capacities	<p>Production of rapid situation analysis (24h to 72h) in acute public health events to determine the nature and scale, the health consequences and risks, the gaps in available response and coordination capacities, and the need for operational response.</p> <p>Provide leadership in international acute humanitarian and public health emergency coordination in the health sector in Ukraine, following the Inter-Agency Standing Committee (IASC), the IHR (2005), and the relevant other international instruments.</p> <p>Establish WHO country office stand-by capacity to support the national response to any acute health emergencies through in-country human resources, contingency supply stocks, and operational field offices presence, and by mobilizing as needed international response networks such as Public Health Emergency Operations Centers Network, Emergency Medical Teams, Global Outbreak and Response Network.</p> <p>Support Ukraine in determining when an acute emergency has ended and when to change the focus to nexus, transition and recovery.</p>
	2.3.3. Essential health services and systems maintained and strengthened in fragile, conflict and vulnerable settings	<p>Reach the most vulnerable people, including in temporary non-governmental controlled areas, by filling critical gaps in access to essential health services, delivering and repairing critical life-saving supplies and equipment, technical support to health workers, or other required operational humanitarian activities.</p> <p>Leverage the coordination capacity of the health and nutrition cluster to ensure that vulnerable populations, including people with severe mental health conditions, have access to a minimum package of prioritized health services.</p>

		<p>Strengthen the national Emergency Medical Services for improved emergency care management.</p> <p>Implement the humanitarian-development-peacebuilding nexus to reduce fragmentation while building to improve existing systems.</p>
<b>SP 3. One billion more people enjoying better health and well-being</b>		
<b>Outcome 3.1. Safe And Equitable Societies Through Addressing Health Determinants</b>	3.1.1. Countries enabled to address social determinants of health across the life course	<p>Provide technical assistance, capacity building and conduct studies on behavioural insight to inform public health and other policy interventions.</p> <p>Convene dialogues, provide technical advice, guidance, policy tools to implement multisectoral policies to address social determinants of health across different life stages.</p> <p>Provide strategic support in the areas of preventing violence against children and women.</p> <p>Facilitate policy dialogue and provide technical assistance on road safety, falls and drowning prevention.</p>
	Output 3.1.2. Countries enabled to strengthen equitable access to safe, healthy and sustainably produced foods, also through a One Health approach.	<p>Cooperate with the enforcement authorities and laboratory networks to enable trans-fats monitoring in food products based on the WHO adopted guidelines.</p> <p>Facilitate policy dialogue on WHO-aligned standards for fortification of staple foods and condiments.</p> <p>Support the government, develop and engage in policy dialogue and promotion to increase tobacco and alcohol taxes and tax sugar-sweetened beverages.</p> <p>Facilitate policy dialogue with the private sector, including food producers to limit added salt.</p> <p>Facilitate One Health collaboration of WHO/FAO/OIE and among national authorities.</p> <p>Provide technical assistance CODEX Alimentarius related matters.</p> <p>Provide technical assistance in areas of food safety and increase awareness on food safety and zoonotic risks.</p>
<b>Outcome 3.2. Supportive And Empowering Societies Through Addressing Health Risk Factors</b>	3.2.1. Countries enabled address risk factors through multisectoral action	<p>Provide technical assistance to the health sector and multisectoral response in implementing population-based legislative interventions and prevention measures to address key risk factors causing high burden of disease, promoting a healthy diet and physical activity, and preventing overweight and obesity.</p> <p>Provide technical assistance to developing the implementation framework for new tobacco regulations and other WHO FCTC measures, including the FCTC ITP.</p>

		<p>Provide technical assistance to surveillance systems development focusing on NCDs, as STEPS, COSI and other relevant surveys informing evidence-based interventions.</p> <p>Conduct two national population surveys on tobacco use (GATS and GYTS) to strengthen national NCD surveillance and tobacco control evidence.</p> <p>Facilitate convening multisectoral policy dialogue, policy development, advocacy, expert consultations, capacity building activities, monitoring and evaluation around key NCDs risk factors, restricting marketing of unhealthy foods and beverages to children.</p> <p>Promote the application of the WHO developed frameworks and guidelines to address NCD risk factors, such as SAFER (alcohol control), RESOLVE (salt, potassium and sugar intake), REPLACE (trans-fats elimination).</p> <p>Through information and education campaigns, deliver communication materials and guidance for performing media campaigns to address risk factors and improve health literacy.</p> <p>Provide strategic advice to develop approaches using behavioural insight to improve health.</p>
	Output 3.2.2. Countries enabled to reinforce partnerships across sectors, as well as governance mechanisms, laws and fiscal measures	Support the government and engage in policy dialogue, support evidence generation and partner coordination across sectors towards improved diet, healthy lifestyle and minimize the negative impact of NCD risk factors, including smoking, harmful use of alcohol, high consumption of salt, sugar etc.
<b>Outcome 3.3. Healthy Environments To Promote Health And Sustainable Societies</b>	3.3.1. Countries enabled to address environmental determinants, including climate change	<p>Contribute to policy dialogue health sector leadership and coordinated action at all levels to enable an appropriate response to facilitate health improvement.</p> <p>Facilitate the implementation of WHO Air Quality Guidelines 2021, WHO's Breathe Life campaign raising awareness about air pollution, its health impacts and effective interventions, in cities in particular; as well other policies and tools to address air pollution.</p> <p>Facilitate monitoring of the national progress through WHO/United Nations Framework Convention on Climate Change climate and country health profiles.</p> <p>Facilitate knowledge and evidence exchange and provide technical guidance in developing and implementing environmental health policies to address environmental risk factors (air pollution, hazardous chemicals in the environment and consumer products, radiation).</p>

	Output 3.3.2. Countries supported to create an enabling environment for healthy settings	Engage selected cities to Healthy Cities network applying WHO corporate framework on healthy cities including the urban governance framework.  Facilitate initiatives for empowerment to make healthy choices, including community empowerment strategies to advance healthy settings.
<b>SP 4. More effective and efficient WHO providing better support to countries</b>		
<b>4.1. Strengthened country capacity in data and innovation</b>	4.1.1. Countries enabled to strengthen data, analytics and health information systems to inform policy and deliver impacts	Strengthen Civil Registration and Vital Statistics (CRVS) and cause of death reporting, enable disaggregation of data, examine inequalities in population health and their determinants, and provide support on classifications and standards on health data.  Provide strategic advice in areas of digital health, open data for health and eHealth, contribute to improving health information systems, national data monitoring and surveillance systems, provide capacity building activities, technical advice and expert consultations.  Strengthen routine facility reporting on primary health care, including patient monitoring systems and related administrative systems, including Immunization Information System within e-Health.  Strengthen the use of eHealth data to support policy decisions within the health sector on issues such as selecting hub hospitals for the capable network, optimizing care pathways, contents of the benefits package, and evaluating the effects of provider payment reform.
	4.1.2. GPW 13 impacts and outcomes, global and regional health trends, Sustainable Development Goals indicators, health inequalities and disaggregated data monitored	Provide technical support to the Country in collecting, analyzing and presenting the data related to GPW 13 impacts and outcomes, SDGs health-related indicators, as well as Global Action Plan for Healthy Lives and Well-being for all, coordinate partners around health-related SDGs and convene interministerial events to accelerate country progress on health-related SDGs.
	4.1.3 Strengthened evidence base, prioritization and uptake of WHO generated norms and standards and improved research capacity and the ability to effectively and sustainably scale up innovations,	Facilitate policy dialogue on health and research and contribute to capacity building on implementation research.  Technical assistance and expert support on standardized clinical guidelines and protocols to improve health outcomes and foster the dissemination of evidence-based practices in the health system.

	including digital technology, in countries	
<b>4.2. Strengthened WHO leadership, governance, and advocacy for health</b>	4.2.1. Leadership, governance and external relations enhanced to implement GPW 13 and drive impact in an aligned manner at the country level, strategic communications and in accordance with the Sustainable Development Goals in the context of United Nations reform	Provide technical assistance to strengthen the national and subnational capacity to implement the SDGs through more vital collaboration (global action plan for healthy lives and regional issue-based coalition for health and well-being).
	4.2.6. "Leave no one behind" approach on equity, gender and human rights progressively incorporated and monitored	<p>Supporting and developing a gender focus in planning, health system development, service delivery, equity and human rights approaches.</p> <p>Strengthen leadership role in health through evidence-based policy advocacy and technical collaboration to promote the systematic integration of gender-responsive, equity-oriented and human rights-based approaches in national health policies, legislation and programmes.</p> <p>Provide technical assistance in the adoption of frameworks, tools and guidance to the national context for mainstreaming gender, equity and human rights in health policies and programmes.</p>