



**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**

2020/2021

Signed by:

For the Government

Signature

Name Dr Maksym Stepanov

05.11.2020

Date

Title Minister of Health

For the WHO Regional Office for Europe

Signature

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05.11.2020

Date

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Introduction

This document constitutes the Biennial Collaborative Agreement (BCA) between the World Health Organization (WHO) Regional Office for Europe and the Government of Ukraine represented by the Ministry of Health for the biennium 2020–2021 (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 2020–2021, as approved by the Seventy-second World Health Assembly, aims to turn the bold vision of GPW 13 into reality by delivering impact for people at the country level. It is the first programme budget developed under GPW 13 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 2020–2021 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 62nd 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 2020–2021 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 2020–2021. 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 2020–2021 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 2020–2021.

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 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 2020–2021

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 (69,2%) with 53,7% of female population and overall employment rate of around 56%. The life expectancy is 76.7 years for females and 67 years for males.

Non-communicable diseases (NCDs) 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. In 2015, three quarters of Ukrainians killed in traffic accidents were of working age, and 37.2% were aged 14–35. Notwithstanding high shares in mortality rates, NCDs also account for the bulk of disability (70 percent) in Ukraine of the 20 million disability-adjusted life-years in 2004. Efforts on combating non-communicable diseases include increased price and taxes, introduced total ban on advertising, sponsorship and promotion of tobacco products (target 3.a) as well as 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 TB control activities, resulting in the decreasing TB notification rate of new and relapse cases from 80.5/100 000 population in 2013 to 62.3/100 000 in 2018. 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 for treatment of 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 Cabinet of Ministers demonstrating commitment in line with SDGs to end HIV, TB and hepatitis as public health problems by 2030. As a part of on-going reforms in public health and primary health care, screening for HIV, TB and hepatitis became part of the medical benefits package to be provided by primary health care providers.

Routine vaccination coverage under young children remains low. According to the statistics of 2017, only 50% of children received all three doses of vaccine against diphtheria-tetanus, only 52% were fully vaccinated against hepatitis B, and less than 50% - against polio; the statistic of 2018 wasn't improved significantly among those antigens and figures are 67,5%; 65,2%; 69,2% 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 diseases (target 3.b.1.) and key communicable diseases, such as tuberculosis, HIV/AIDS and to a 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 control measures.

In the implementation of the 2030 Agenda, Ukraine builds on earlier successes on Millennium Development Goals (MDGs). In 2017 Ukraine has issued the first SDGs 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 SDGs indicators and provide a solid base for further planning of Ukraine's development.

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 health outcomes of the population. 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 with introduction of contracting and new provider payment methods at primary healthcare level, based on the principle that "money follows patient". In April 2020, the plan is to launch the next stage of reforms with focused on outpatient specialist and inpatient care. Case-based payments will be introduced for hospital services, shifting the focus from inputs to outputs. This, in turn, will facilitate restructuring of the oversized hospital infrastructure. However, in addition to financial incentives, to address the issue of outdated service delivery model focused on specialized inpatient care, regional hospital masterplans have to be developed and licensing and accreditation have to be strengthened. Government Financial Guarantees include: primary care, emergency care, pediatric care, delivery, specialized outpatient and in-patient care, rehabilitation and palliative care. As part of the medical guarantees programme for 2020, cardio-vascular diseases, maternity and neonatal care, and cancer are included as priority conditions. As a part of on-going reforms in public health and primary health care, screening for HIV, TB and hepatitis became part of the medical guarantees to be provided by primary health care providers.

To improve access to essential medicines, vaccines and diagnostics the government provides public centralized 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" has been launched in 2019 and implemented by the NHSU using electronic prescriptions for treatment patients with cardiovascular diseases, type II diabetes and bronchial asthma (target 3.8, 3.b.3).

Against this positive 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 are in need of health-related humanitarian assistance, including 1.4 million IDPs and 2 million people living close to the contact-line. Since 2014 at least 145 health facilities have been damaged or destroyed by shelling making it impossible to ensure proper management of health staff and medical services. 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 of strengthening capacity, make a more resilient health system to be adequately prepared to emergencies to ensure appropriate response to health threats (target 3.d, 3.d.1, 11.a). Overall

challenges remain related to slow economic growth; rising health care cost partly due to changing epidemiological patterns, deteriorating infrastructure; governance practices and inefficient institutions; and an outdated health information system.

The WHO Director-General, Dr Tedros Adhanom Ghebreyesus, declared the novel coronavirus (2019-nCoV) outbreak a public health emergency of international concern (PHEIC) on 30 January 2020. The first case in Ukraine was detected on February 29. Since early March, 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. 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 and government agencies involved in the response, technical guidance to providers on patient pathways for those with COVID-19 symptoms, adequate capacity of service providers particularly in infection prevention control, testing strategy and supplies, and ensuring continuation of essential health services, including immunization of children, deliveries and other urgent procedures.

1.2 Agreed areas for collaboration through GPW 13 prioritized outcomes

1.2.1 GPW 13 prioritized outcomes and links to Health 2020 and the 2030 Agenda in Ukraine

Since 2015, Ukraine has made laudable steps reforming its health system to ensure progress universal health coverage (UHC). The reforms which have been implemented over the past four 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; SDGs 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 healthcare system that is focused on the best interests of patients.

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 public health system, population health improvement, and protection of individuals and population from exposure to risk factors. It has also adopted health-in-all-policies approach (GPW13 4.2; SDGs 17.18). The governmental action plan on public health system development prioritised objectives with special focus on prevention and control of vaccine-preventable diseases (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 noncommunicable 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; SDGs 3.d, 16.4, 16.7).

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 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, as well 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 as well bridge the humanitarian and development actions.

The economic, social and environmental determinants of health need an inter-sectorial approach within the SDGs 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 on the basis of 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 noncommunicable 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, availability of the health workforce, emergency preparedness and sustainable financing for health. This will contribute to achieving health targets 3.8, 3.b and 3.d, as well as targets related to ending poverty (SDG 1). The aspects of strengthening national institutions, partnership for development (both national and international) and aid effectiveness, and intersectorial 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 SDGs targets to ensure healthy lives and promote well-being for all at all ages, but also address other goals on gender equality, food security, water and sanitation, climate change, air quality, inequalities and partnerships.

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" 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 vision of the the Cabinet of Ministers action program and other strategic documents. The BCA actions will provide necessary impetus to strengthen the performance of the Ukrainian health system and improve 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, as well as several Governmental Decrees, have opened the process of the re-shaping 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 Public Medical

Services (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 programs, strategies and plans: the Medical Guarantees Programme, National NCDs 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.

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, 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, 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, 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), 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, Global Plan for the Decade of Action for Road Safety 2011–2020, 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 has joined to 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 2020–2021, 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 2020–2021

2.1 Budget and financing

The total budget of the Ukraine BCA is US\$ 6,060,000. 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 WHA72.1, 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.

2.2.3 Final provisions

2.2.3.1 The BCA is concluded for a period of 2 (two) years of the WHO's Programme budget 2020–2021, enters into force upon signing and valid until 31 December 2021.

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

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

Done in identical 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

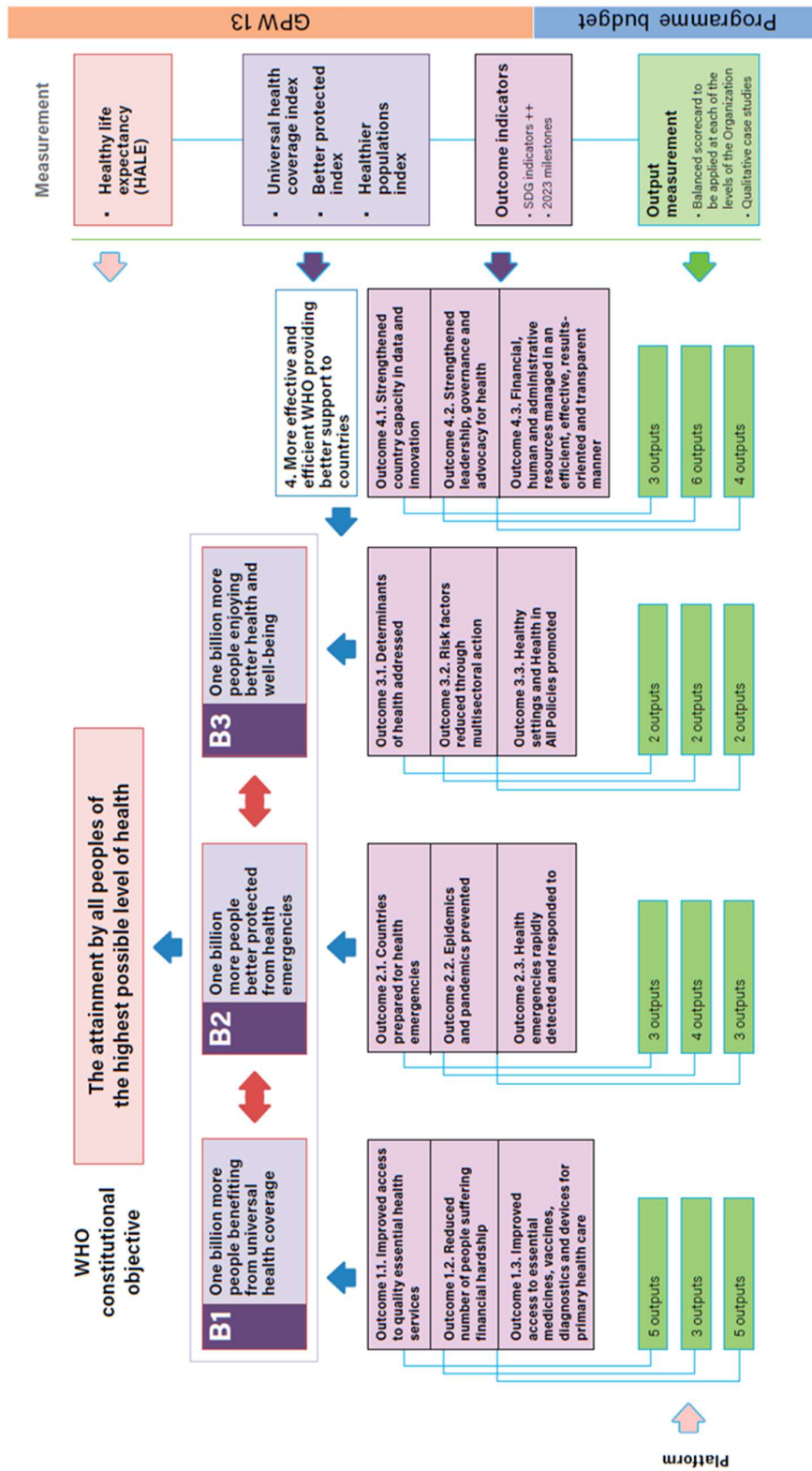
General abbreviations

BCA – Biennial Collaborative Agreement
GDO – Geographically Dispersed Office
GPW 13 – WHO Thirteenth General Programme of Work, 2019–2023
GCA – Government Control Area
NGCA – Non-Government Control Areas
HWO – Head of WHO Country Office
IDPs – internally displaced persons
SDG – Sustainable Development Goals
WR – WHO representative

Technical abbreviations

AMR – Antimicrobial resistance
AWaRe – Access, Watch, Reserve
CBRN – Chemical, biological, radiological and nuclear defence
COVID-19 – coronavirus disease
CPA – Central Procurement Agency
CRP – Collaborative Registration Procedure
CRVS – Civil Registration and Vital Statistics
CVDs – cardiovascular diseases
GBT – WHO Global Benchmarking Tool
GPEI – Global Polio Eradication Initiative
HALE – Healthy life expectancy
HIV – Human Immunodeficiency Virus
IHR – International Health Regulations
IPC – infection prevention and control
MDR TB - multi-drug resistant tuberculosis
NCDs – noncommunicable diseases
NEML – National Essential Medicines List
NRA – National Regulatory Authority
PHEIC – public health emergency of international concern
PHC – primary health care
PSM – procurement and supply management
RCC – European Regional Commission for Certification of Poliomyelitis Eradication
STEPS – WHO STEPwise approach to NCD risk factors surveillance
STIs – sexual transmitted diseases
TB – tuberculosis
TRIPS – Agreement on Trade-Related Aspects of Intellectual Property Rights
UHC – Universal Health Coverage
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:

Biennial Collaborative Agreement (BCA) - Ukraine		
Strategic Priority / Outcome	Output	Description of Products or Services for country needs
SP 1. One Billion More People Benefiting from Universal Health Coverage		
1.1. Improved access to quality essential health services	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>Provide strategic advice and technical assistance on models of care, support enabling legislation, strengthen governance and accountability, coordinating services within and across sectors, for the development of integrated health service delivery system, including among the vulnerable population.</p> <p>Using regional guidelines and evidence from the assessment of the role of primary health care (PHC) providers in COVID-19 in Ukraine, provide technical support on strengthening the role of PHC in outbreak response and maintenance of essential health services.</p> <p>Promote continuity (from health promotion and disease prevention to treatment, rehabilitation and palliative care) and quality of health services across levels of care through both public and private sectors, including among the vulnerable population.</p> <p>Facilitate knowledge exchange and evidence generation to support development of integrated multidisciplinary primary care, including but not limited to vaccination; screenings; prevention, control and management of noncommunicable and communicable diseases; care and services that promote, maintain and improve maternal, newborn, child and adolescent health; and mental health and sexual and reproductive health, and modern rehabilitation services.</p> <p>Strengthen the organization and capacity of the public health service as part of a strong health system and in the context of achievement towards Universal Health Coverage (UHC), including both technical assistance as well as capacity strengthening activities for the implementation of reforms and execution</p>

		<p>of the core public health functions, both with a strong emphasis on participatory processes (i.e. stakeholder engagement, co-creation of actions and fostering joint responsibility for implementation).</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, including mental health, CVDs, 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 support of policy and service development.</p> <p>Strengthen prevention and control of cardiovascular diseases with specific focus on assessment and management of cardiovascular risk, including hypertension control, and acute care and rehabilitation of stroke.</p> <p>Provide technical assistance on the cancer control plan with costing and targeted support on pediatric cancer. Develop and conduct evaluation studies and other operational research on NCDs policies and interventions.</p> <p>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.</p> <p>Provide technical assistance and strategic advice to strengthen the health system to deliver HIV, tuberculosis and viral hepatitis services particularly to key and marginalised populations.</p> <p>Provide technical support, capacity building, and operational research on initiatives and innovations; and convening</p>

		<p>of government, non-government and international partners and stakeholders.</p> <p>Strengthen integration of immunization program into broader public health system at all levels and improve access to quality-assured vaccination services within primary health care network through high-level advocacy, oversight and programmatic support for implementation of National Immunization Strategy and Roadmap.</p> <p>Enhance country progress to achieve measles and rubella elimination through Identifying, consolidating and dissemination of in-country best practices under measles outbreak response. Support capacity-building to perform high-quality laboratory-based vaccine-preventable disease 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 use of behavioural insights and research findings in framing appropriate immunization information and communication campaigns.</p> <p>Provide technical assistance to develop maternal and child health improvement strategy.</p> <p>Facilitate strategic advice on strengthening services for mothers, children and adolescents based on evidence based guidelines, particularly addressing over-prescription and over hospitalization, modern approaches to developmental screening reducing harmful practices and stigmatization, and providing quality care for adolescents.</p>
	<p>1.1.4 Countries' health governance capacity strengthened for improved transparency, accountability, responsiveness and empowerment of communities</p>	<p>Provide technical assistance and guidance to develop comprehensive national health strategy based on country priorities and global evidence.</p> <p>Work with Ministry of Health and other health actors to develop mechanisms for a systematic approach to maintaining and improving the quality of patient care, including through technical advice, sharing of evidence, learning events and review of documents.</p>

		<p>Convene expert consultations and country missions to develop norms and standards for monitoring national universal health coverage policies and strategies, strengthen national monitoring system.</p> <p>Convene policy dialogue and partnership with parliamentarians to support laws and budgets for universal health coverage, based on regional and global evidence tailored to country context. 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 all the 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 health workforce strategy to respond to changing population needs and health system requirements.</p> <p>Provide technical guidance and contribute to content development of various health training programmes, including on revision of the role of nurses in PHC.</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>
1.2. Reduced number of people suffering financial hardships	1.2.1 Countries enabled to develop and implement equitable health financing strategies and reforms to sustain progress towards universal health coverage	<p>Provide country specific and global evidence to support policy dialogue on health financing policies in accordance with needs and priorities of the country. Build capacity of the Ministry of Health, Ministry of Finance, local government units and the purchasing agency through expert advice, in-service training, in-country, regional and global workshops and other learning events.</p> <p>Contribute to annual budget dialogue through regular monitoring of budget allocation and execution at central and local levels and provide tools and evidence to the Ministry of Health to support the budget preparation for</p>

		<p>health, including the mid-term budget framework.</p> <p>Support policies and practices to strengthen strategic purchasing of health services, including new provider payment systems, tailoring payment mechanisms towards specific interventions, aligning payment systems with benefit entitlements, and ensuring governance of purchasing agencies and markets</p> <p>Provide strategic advice to decrease fragmentation in public health and various disease programmes health financing arrangements.</p> <p>Provide technical guidance and facilitate dialogue on hospital contracting and payment methods for COVID-19 to ensure they are well equipped, staffed and are prepared for the surge in COVID-19 patients needing acute and intensive care as cases continue to climb while ensuring adequate financing of other essential health services at secondary level.</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 budgetary space for health analysis to feed into the medium-expenditure framework 2021 – 2023 process in the context of COVID-19 macro-fiscal constraints.</p> <p>Produce regularly data on health expenditures, using the national System of Health Accounts, including programme-specific expenditures, spending on inputs (such as workforce and medicines), out-of-pocket expenditure and external aid.</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>

1.3. Improved access to essential medicines, vaccines, diagnostics and devices for primary health care	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.	Provide leadership in consolidation of good practices and in initiating 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. Provide evidence and continue policy dialogue to ensure the adoption of WHO prequalification as a key quality criterion for medicines procured for strategic health programs. 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.
	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	Facilitate policy dialogue, generate evidence and advocate for equitable access to Programme on medical guarantees that include evidence-based medicines and health technologies. Build capacity of the Central Procurement Agency (CPA) in mastering their procurement and supply management (PSM) chain by providing PSM training to ensure effective supply system and efficient procurement of health commodities. Support development of methodological tools and coordinate policies and activities across various public authorities and development partners to ensure synergistic approaches in accordance with WHO guidelines. Support participation of national health authorities and stakeholders in regional/sub-regional workshops for sharing evidence-based expertise and for building national capacity on pharmaceutical policies, in particular related to pricing and reimbursement. Support access to quality-assured vaccine products through policy, capacity building and programmatic support to vaccine management within the public health system
	1.3.3. Country and regional regulatory capacity	Build capacity of the National Regulatory Authority (NRA) by convening the

	<p>strengthened, and supply of quality-assured and safe health products improved</p>	<p>benchmark assessment of NRA using 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 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>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 capacity of the national surveillance system that captures data on antimicrobial resistance, use and consumption including laboratory.</p> <p>Provide technical support in AMR-specific and AMR-sensitive areas, help to identify and scale-up existing activities, such as promotion of responsible use of antimicrobials and optimizing 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 implementation of National Operating plan to combat AMR.</p>
<p>SP 2. One billion more people better protected from health emergencies</p>		

<p>2.1 Countries prepared for health emergencies</p>	<p>2.1.1. All-hazards emergency preparedness capacities in countries assessed and reported</p>	<p>Support monitoring and reporting of the all-hazards emergency preparedness capacities</p> <p>Strengthen prevention, detection and response capacities to emergencies, including COVID-19, through identifying gaps and providing concrete solutions.</p> <p>Conduct annual reporting and voluntary evaluation, after-action reviews and simulation exercises on emergency preparedness capacities, including in the context of COVID-19.</p> <p>Support continuous analysis of the capacity assessments, their regular updates in view of the evolving public health threats.</p> <p>Facilitate operationalization of the all-hazards health emergency and disaster risk management system with emphasis on the Sendai Framework for Disaster Risk Reduction 2015-2030.</p>
	<p>2.1.2. Capacities for emergency preparedness strengthened in all countries</p>	<p>Support strengthening implementation of the Sustainable Development Goals, the Sendai Framework for Disaster Risk Reduction 2015–2030, the Paris Agreement, the International Health Regulations (2005), Action Plan to Improve Public Health preparedness and response in WHO European Region 2018-2023.</p> <p>Provide technical support to develop, implement and monitor costed multisectoral action plan for health security in Ukraine based on assessment of country's capacities.</p> <p>Support a multisectoral policy dialogue on health emergency preparedness and response through facilitating collaboration among various national stakeholders, particularly in view of COVID-19.</p> <p>Provide a support to strengthen leadership and management of national, subnational and local strategies for health emergencies.</p> <p>Support development and strengthening of the core capacities, such as laboratories, efficient national surveillance systems, rapid response and</p>

		<p>emergency medical teams, preparedness at points of entry, multisectoral cooperation and coordination, safe hospitals and risk communication, including as part of the response plan to COVID-19.</p>
	<p>2.1.3. Countries operationally ready to assess and manage risks and vulnerabilities</p>	<p>Support Ukraine in identification of risks using standardized tools, such as vulnerability and risk analyses, assessments and risk mapping.</p> <p>Support monitoring of risks to identify operational and technical capacity gaps in operational readiness of the Ukrainian healthcare system and implement targeted activities to address the gaps.</p> <p>Conduct mapping and prioritization of health emergency risks and support strengthening surveillance, laboratory diagnostic capacity and alert mechanisms to ensure early warning of emerging/re-emerging high threat event.</p> <p>Provide support in conducting trainings and simulation exercises to improve readiness capacities at National, sub-national and regional levels.</p> <p>Support development of hazard-specific scenario-based contingency plans to address high, very high and imminent risks and support in securing the sufficient resources to implement the plans and readiness measures.</p>
<p>2.2. Epidemics and pandemics prevented</p>	<p>2.2.2. Proven prevention strategies for priority pandemic-/epidemic-prone diseases implemented at scale</p>	<p>Support Ukraine in implementation of the Global Influenza Strategy 2019-2030 Provide support in strengthening Ukraine’s core capacities for prevention, surveillance and control of epidemic- and pandemic-prone diseases.</p> <p>Provide technical support in developing, testing, implementation and updating the national pandemic influenza preparedness plan in the context of all-hazards preparedness and global health security.</p> <p>Support implementing local prevention and control measures, ensuring access to life-saving interventions (for instance, vaccines, medicines and laboratory reagents).</p>

	<p>2.2.3. Mitigate the risk of the emergence and re-emergence of high-threat pathogens</p>	<p>Support Ukraine to improve patient management and outbreak control through rapid and accurate identification of pathogens achieved through the provision of clear and up-to-date guidance on the selection and use of laboratory technologies to respond to outbreaks.</p> <p>Strengthen capacities to prevent, manage and treat diseases and scale up interventions across five main categories of disease.</p> <p>Support implementation of infection prevention and control strategies, particularly given the context of COVID-19, to ensure that core components are adequate and that sufficient water and sanitation facilities are in place in health care settings.</p> <p>Support Ukraine in ensuring that the medical countermeasures for outbreaks are adequate and timely developed.</p>
	<p>2.2.4 Polio eradication and transition plans implemented in partnership with the Global Polio Eradication Initiative</p>	<p>Strengthen country performance on polio free status maintenance through high-level advocacy and oversight under GPEI/RCC, and policy and programmatic support to development of country-specific strategies and action plans and their implementation.</p>
<p>2.3 Health emergencies rapidly detected and responded to</p>	<p>2.3.1. Potential health emergencies rapidly detected, risks assessed and communicated</p>	<p>Support development of the national surveillance system using WHO Institutional guidelines and other standards.</p> <p>Provide capacity building activities at the national and subnational levels to collect and identify new, potentially threatening pathogens with cutting-edge technology and research; identifying the corresponding sample referral system for analysis at WHO collaborating center.</p> <p>Support national capacities to conduct epidemiological field investigations and community-based risk assessments that systematically gather information on the hazard level, level of exposure and context of the event to provide the basis for action to manage and reduce the negative consequences of acute public health risks.</p>

		<p>Support establishment of a mechanism to widely disseminate information on signals and the results of risk assessments through a variety of platforms and information products, including internal and public communications, scientific literature and social media.</p>
	<p>2.3.2. Acute health emergencies rapidly responded to, leveraging relevant national and international capacities</p>	<p>Support to undertake a rapid situational analysis within 24 to 72 hours to determine the nature and scale of a health emergency, its health consequences and risks, the gaps in available response and coordination capacities, and the need for an operational response.</p> <p>Support to develop and finance multisectoral response plans and establish effective coordination mechanisms, including for COVID-19 preparedness and response.</p> <p>All-hazard and coordinated rapid response capacity building including through technical support to Ukraine’s emergency coordination and public health Emergency Operations Center, emergency workforce, trainings and technical support to Emergency Medical Teams, and specific action to mitigate health impacts including CBRN, prepositioning emergency medical supplies and equipment.</p> <p>Support Ukraine in determining when an acute emergency has ended and when to change the focus to transition and recovery.</p>
	<p>2.3.3. Essential health services and systems maintained and strengthened in fragile, conflict and vulnerable settings</p>	<p>Strengthen national resilience to reduce health risks and prevent, prepare for and respond to emergencies, including Emergency Care System and access to essential services, reducing fragmentation and building on existing systems in fragile environment.</p> <p>Ensure that vulnerable populations have access to a minimum package of prioritized health services; and, where needed, fill gaps in health systems functioning, such as centralized supply management and oversight of health-pooled financial resources for payments to health workers.</p>

		<p>Support Ukraine in identification of gaps and setting priorities for system strengthening in fragile environment.</p> <p>Support conducting county contextual analysis and country specific guidance on humanitarian-development-peacebuilding nexus and integrated emergency response plans.</p> <p>Support coordination of multi-sectoral response to protect and improve peoples' mental health and psychosocial well-being in emergency situations through the promotion of best mental health and psychosocial support practices in humanitarian response and support to the Government for their adoption as a part of formal mental health care system.</p>
SP 3. One billion more people enjoying better health and well-being		
3.1. Determinants of health addressed	3.1.1. Countries enabled to address social determinants of health across the life course	<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 the road safety.</p>
	3.1.2. Countries enabled to address environmental determinants of health, 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's BreatheLife 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, provide technical guidance in development and implementation of environmental health policies to address environmental risk factors (air pollution,</p>

		hazardous chemicals in the environment and consumer products, radiation).
3.2. Risk factors reduced through multisectoral action	3.2.1. Countries enabled to develop and implement technical packages to address risk factors through multisectoral action	<p>Provide technical assistance to health sector and to multisectoral response in implementation of population-based prevention measures to address the risk factors causing high burden of disease, promoting physical activity, and preventing overweight and obesity. Provide technical assistance to surveillance systems development with focus on NCDs, as STEPS and other relevant surveys informing evidence based interventions.</p> <p>Facilitate convening multisectoral policy dialog, policy development, advocacy, expert consultations, capacity building activities, monitoring and evaluation.</p> <p>Deliver communication materials and guidance for performing media campaigns to address risk factors and improve health literacy through information and education campaigns. Provide strategic advice to develop approaches using behavioural insight to improve health.</p>
SP 4. More effective and efficient WHO providing better support to countries		
4.1. Strengthened country capacity in data and innovation	4.1.1. Countries enabled to strengthen data, analytics and health information systems to inform policy and deliver impacts	<p>Strengthen Civil Registration and Vital Statistics (CRVS) and cause of death reporting, enable disaggregation of data and examine inequalities in population health and their determinants, and provide support on classifications and standards on health data.</p> <p>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 advise and expert consultations.</p> <p>Strengthen routine facility reporting on primary health care, including patient monitoring systems and related administrative systems, including Immunization Information System within e-Health.</p>

	<p>4.1.2. GPW 13 impacts and outcomes, global and regional health trends, Sustainable Development Goals indicators, health inequalities and disaggregated data monitored</p>	<p>Provide technical support to the country in analyzing and presenting the data related to GPW 13 impacts and outcomes, SDGs health-related indicators, as well as Global Action Plan for Health Lives and Well-being for all, coordinate partners for health-related SDGs and convene interministerial events to accelerate country progress on health-related SDGs.</p>
	<p>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, including digital technology, in countries</p>	<p>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 dissemination of evidence-based practices in health system.</p>
<p>4.2. Strengthened WHO leadership, governance, and advocacy for health</p>	<p>4.2.1. Leadership, governance and external relations enhanced to implement GPW 13 and drive impact in an aligned manner at the country level, on the basis of strategic communications and in accordance with the Sustainable Development Goals in the context of United Nations reform</p>	<p>Provide technical assistance to strengthen the national and subnational capacity to implement the SDGs through stronger collaboration (global action plan for healthy lives and the regional issue-based coalition for health and well-being).</p>