



EXECUTIVE SUMMARY

REGULATORY FRAMEWORK ANALYSIS FOR THE PUBLIC HEALTHCARE SECTOR IN UKRAINE

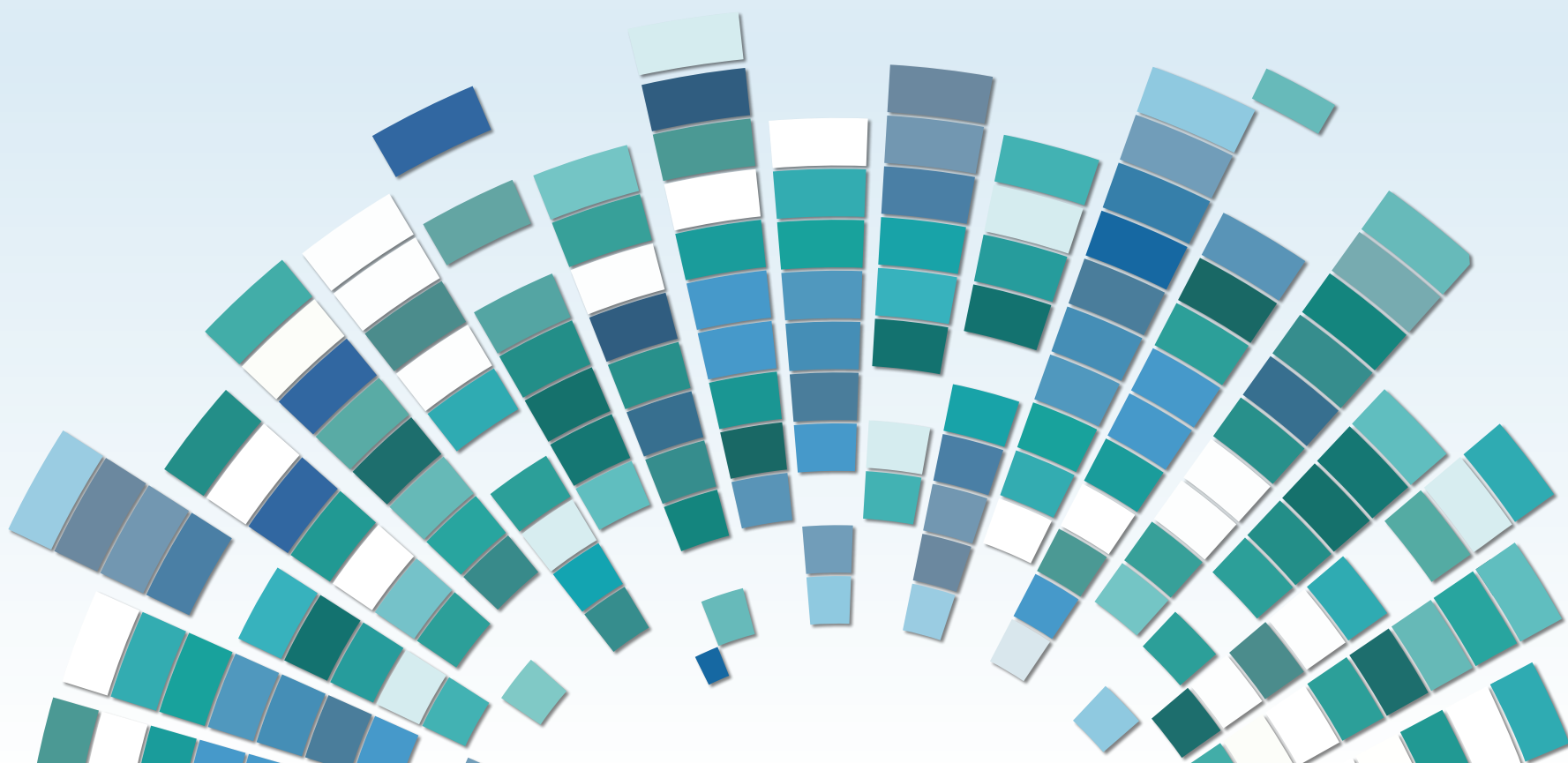
BASED ON THE COMMITMENTS OF THE POLITICAL
DECLARATION ON UNIVERSAL HEALTH COVERAGE

KYIV ▷ 2020

A NOTE FROM THE AUTHORS

This report was prepared as part of the 270 PITCH project with the financial support of Stichting Aidsfond – Soa Aids Nederland. The project aims to strengthen the capacity of key and vulnerable populations (including girls and adolescents) in terms of universal health coverage (UHC) by applying a **comprehensive human rights-based approach to implementing the national UHC plans** and linking said populations to services. The PITCH project contributes to empowering key and vulnerable populations for linkage and access to UHC.

This regulatory framework analysis for the public healthcare sector in Ukraine was made possible through engaging in discussion during a working meeting with a wide range of representatives from key organizations in Ukraine that are active in combating HIV/TB/hepatitis.



LIST OF ABBREVIATIONS

AIDS	Acquired immunodeficiency syndrome
Alliance	The International Charitable Foundation “Alliance for Public Health”
GPs	General Practitioners
HCV	Viral Hepatitis C
HIV	Human Immunodeficiency Virus
WHO	World Health Organization
UHC	Universal Health Coverage
UN	United Nations
LTBI	Latent Tuberculosis Infection
MoH	Ministry of Health of Ukraine
NHSU	National Health Service of Ukraine
OST	Opioid substitution treatment
PHC	State Institution “Public Health Center of the Ministry of Health of Ukraine”
Political Declaration	Political Declaration on Universal Health Coverage
PWID	Persons Who Inject Drugs
SDGs	Sustainable Development Goals
TB	Tuberculosis

PREAMBLE

The health of the population is the most important factor in a society's wellbeing. The current state of the health care system of Ukraine is characterized by high rates of morbidity, mortality, and disability, especially those associated with non-communicable diseases such as cancer, cardiovascular, cerebrovascular, and metabolic diseases. Combined with the outbound migration caused, among other things, by the military conflict in the east of the country, this has contributed to an ongoing demographic crisis in Ukraine. The vast majority of Ukrainians are affected by serious risk factors, such as smoking, alcohol abuse, poor nutrition, lack of physical activity, air and water pollution, and limited access to effective and quality health care. In addition, our citizens remain vulnerable to financial fallout in the event of illness, although Ukraine spends a significant amount of its budget on public healthcare.

In 2015, the Government of Ukraine initiated a transformational reform of the healthcare system in order to provide all citizens of Ukraine with equitable access to quality medical services and restructure the existing healthcare system into a patient-centered one. The National Strategy for Health Care Reform¹ in Ukraine for the period 2015–2020 (the "Strategy") is developed as part of the National Action Plan for Reform proclaimed by the Decree of the President of Ukraine of 12 January 2015 (No. 5 / 2015), On the Sustainable Development Strategy "Ukraine – 2020," and the Government of Ukraine (Program of Activities of the Cabinet of Ministers of Ukraine (the "Cabinet of Ministers"), which was approved by the Resolution of the Verkhovna Rada of Ukraine of 11 December 2014 (No. 26-VIII). The strategy is a framework document that defines the next

steps in reforming the Ukrainian healthcare system and serves as the basis for health policy development and decision-making, including decisions on the amount of funding and budgetary resources allocated for public healthcare needs.

Given the importance of health in the concept of human development, Ukraine, like other UN member states, has joined the global process towards achieving the **Sustainable Development Goals** (SDGs). WHO calls on world leaders to honor their commitments regarding the SDGs² and take specific steps to promote the health of all people, i.e., to ensure that everyone around the world has access to basic quality health services and does not experience financial difficulties in doing so. The Decree of the President of Ukraine, *On the Sustainable Development Goals of Ukraine for the period up to 2030*,³ reaffirmed the global SDGs proclaimed by the United Nations General Assembly Resolution and the results of their adaptation tailored to the specific context of Ukraine's development. The SDGs (**Good Health and Wellbeing**) aim to ensure healthy lives and promote well-being for all at all ages. But it is also cross-cutting so that progress in its implementation contributes to progress towards other Goals.

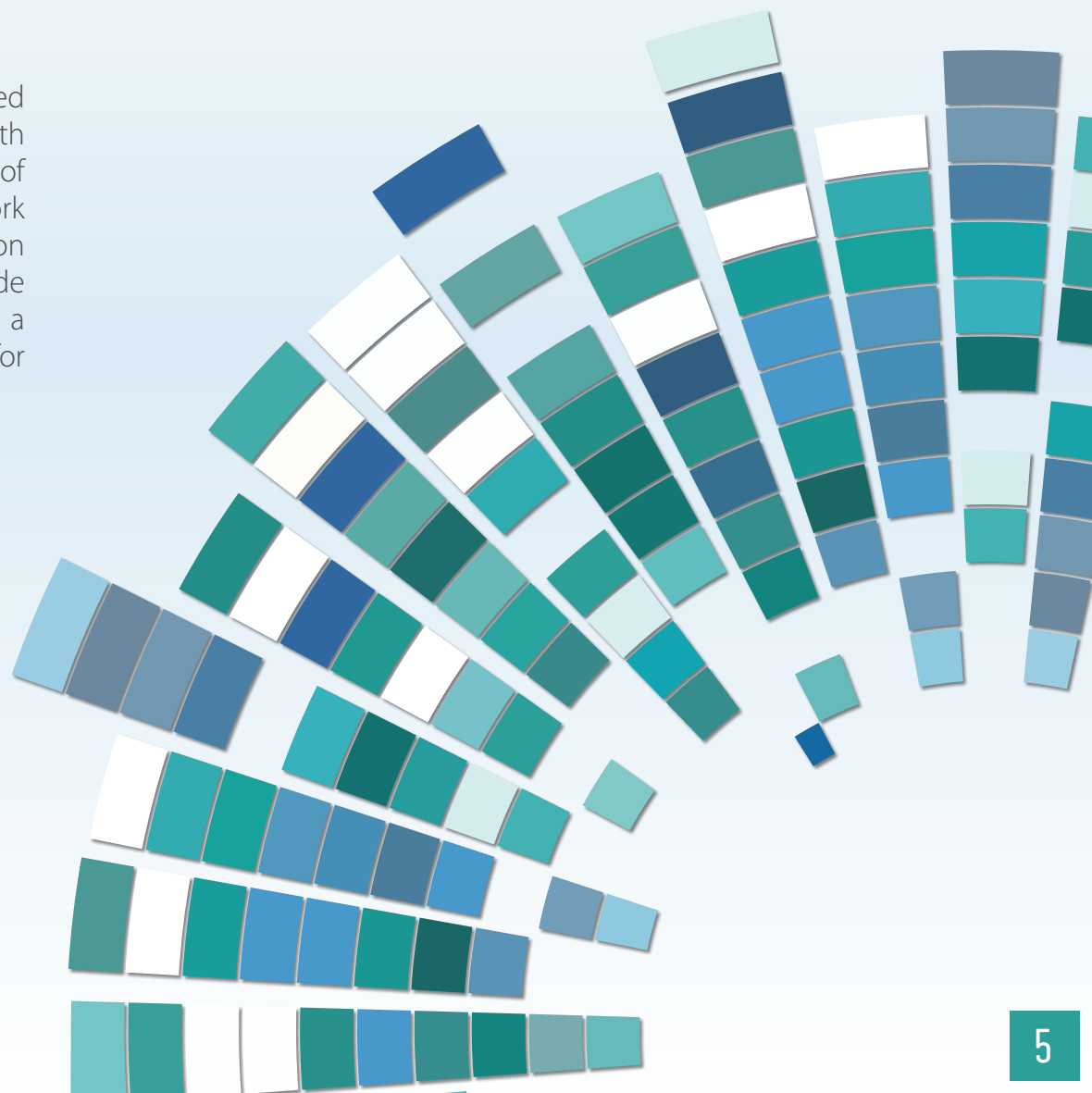
1 <https://moz.gov.ua/uploads/0/691-strategiya.pdf>

2 <https://www.iso.org/ru/sdgs.html>

3 <https://zakon.rada.gov.ua/laws/show/722/2019#Text>

The SDGs for the period up to 2030 serve as target action areas that drive the preparation of draft program documents and regulations with a view to balancing the economic, social, and environmental dimensions of sustainable development outcomes in Ukraine.

The Political Declaration adopted by world leaders at the United Nations General Assembly High-Level Meeting on Universal Health Coverage in September 2019 represents the most comprehensive set of health commitments ever adopted at this level, providing a framework for action on universal health coverage (UHC)⁴. The Political Declaration identifies key action areas to frame the political objectives, guide implementation and accelerate action toward UHC. It also outlines a number of tasks, which, taken altogether, shall establish a reliable basis for the further monitoring of these efforts.



KEY TARGETS TO BE THE RESULT OF ENHANCED EFFORTS SHALL INCLUDE

1 Financial risk protection








2 Resource mobilization

3 Public spending on health

4 Health workforce



KEY ASKS AND POLITICAL DECLARATION COMMITMENTS:

	KEY ASK	POLITICAL DECLARATION COMMITMENT
	Ensure Political Leadership Beyond Health	Commit to achieve UHC for healthy lives and well-being for all at all stages, as a social contract.
	Leave No One Behind	Pursue equity in access to quality health services with financial protection.
	Regulate and Legislate	Create a strong, enabling regulatory and legal environment responsive to people's needs.
	Uphold Quality of Care	Build quality health systems that people and communities trust.
	Invest More, Invest Better	Sustain public financing and harmonize health investments.
	Move Together	Establish multi-stakeholder mechanisms for engaging the whole of society for a healthier world.
	Gender Equality	Re-commit to gender equality, redress gender power dynamics and ensure women's and girls' rights as foundational principles for UHC.

The Political Declaration on UHC is of great moral and ethical significance for all UN member states and regarded as a guideline and blueprint for **action**.

Ukraine has joined this initiative and is now considering further steps to integrate it into its everyday activities.

Challenges that threaten the implementation of the main provisions of the Political Declaration in Ukraine:

- ▶ Sadly, today Ukraine is one of the leaders in the European region in terms of **HIV prevalence**. As of the beginning of last year, there were 244,000 HIV-positive people living in the country, one person in a hundred aged 15-49 being infected with HIV. In 2018, 50 new HIV infections, 24 new AIDS cases and 9 deaths from AIDS-related illnesses were reported daily in Ukraine.
- ▶ The **situation with tuberculosis (TB)** in our country gives major cause for concern as well. Every year more than 3,700 people in Ukraine die from TB, which translates to roughly 10 patients daily. This annually averages more than \$12 million in indirect economic losses caused by this situation. And although in recent years there has been a slight improvement, in 2019 alone, more than 22.5 thousand TB cases were recorded. At the same time, according to WHO estimates, about 23% of all cases in Ukraine are underdiagnosed, while drug-resistant TB, which requires longer and more costly therapy with a lower chance of successful treatment, remains a major challenge. The risks

of the spread of TB in the context of ongoing hostilities and the humanitarian crisis are continuing to rise; TB / HIV co-infections increasingly being reported.

- ▶ Also of significant concern is the spread of **viral hepatitis B and C**, which are currently the most common viral infections in the world. According to WHO estimates, in 2015, 1.34 million deaths from hepatitis-associated causes were reported, which is comparable with HIV and TB mortality rates. According to estimates, as of the end of 2019, 5 percent of the population of Ukraine (over 2 million people) were infected with HCV. Of these, a chronic course of HCV infection was observed in 3.6% (over 1.5 million), which may not even be aware of their status with the result that the risks of severe liver disease or transmission are present and threatening. Of the more than 80,000 people living with HCV, which are registered and linked to healthcare, about 30,000 are HIV/HCV co-infected.

All these challenges call for new systemic approaches. The direction of healthcare reform in Ukraine should be supported by alignment with the objectives of the Political Declaration, which may become a pivotal point in shaping the UHC agenda for the country's population.

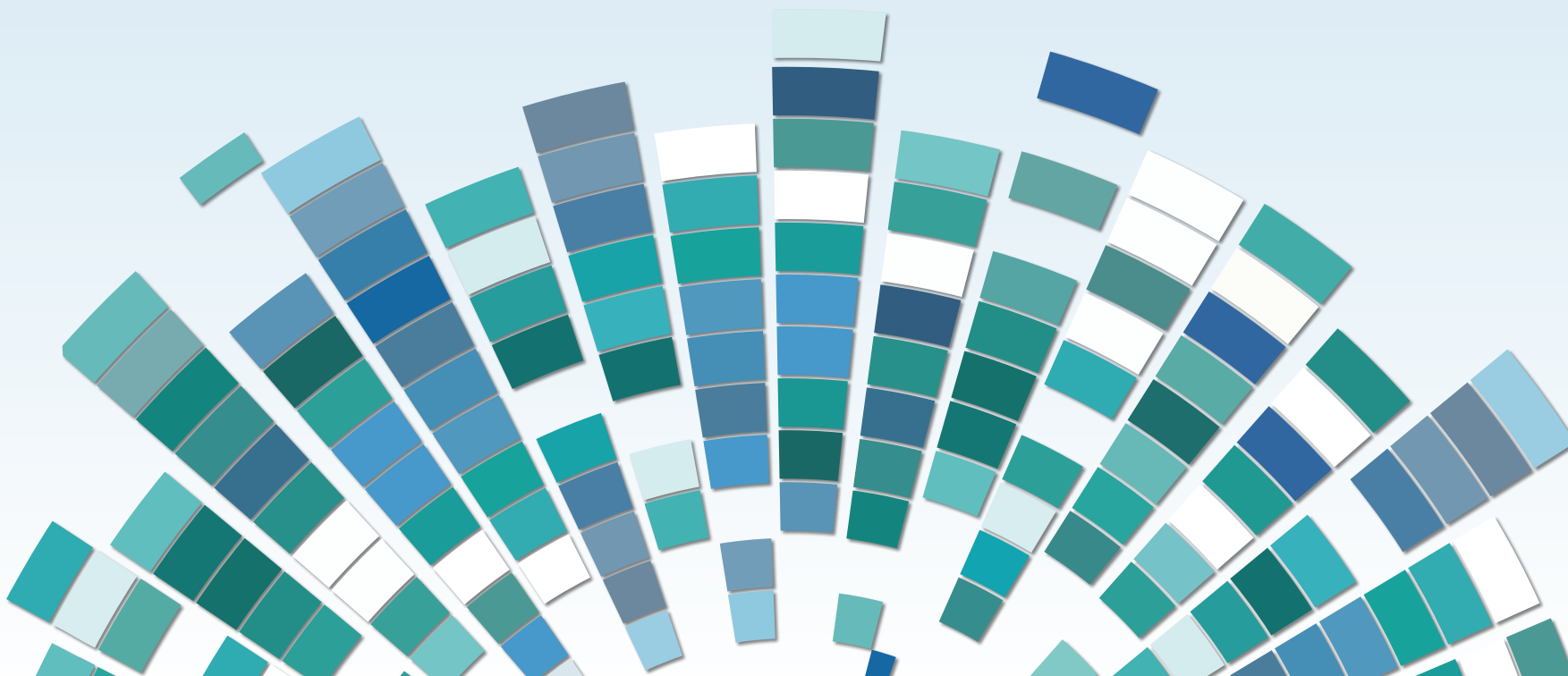
It is important for the implementation of the model of the health care system based on the Political Declaration that the relevant legally defined ground rules be established and adhered to by the actors of public policy. Such legislation is required to meet the criteria of quality so that equity in access to high quality and safe health services with financial protection is ensured for all health system users. A strong regulatory and legal framework establishes the ground rules on how the health care system should operate, as well as on how the funding is effectively and efficiently managed to ensure the implementation of UHC at the level of the country's entire population, thus reaching all people with expanded access to health care.

5. CONCLUSIONS AND RECOMMENDATIONS

The government public health regulation in Ukraine is currently characterized by a systematic approach to planning and implementing legislation. The adoption of the integrated long-term healthcare reform program became an important milestone in improving the legislation that regulates this sector. The SDGs of Ukraine for the period up to 2030 serve as target action areas that drive the preparation of draft forecast and program documents as well as draft regulatory legislation with a view to balancing the economic, social, and environmental dimensions of sustainable development outcomes in Ukraine.

Currently, the regulatory and legal environment of health care is in alignment and compliance with the goals, objectives, and principles of the Political Declaration. However, our analysis shows that legislative reform activities are primarily focused on individual laws rather than on creating an enabling regulatory environment for UHC, as there are collisions of policies and no systemic links between laws and regulations.

The gaps identified in the regulatory framework of health care have a significant impact on UHC in the country. Addressing these gaps in legal regulation will be aimed at continuing and deepening the ongoing health care reform as well as ensuring that it is fully standardized and completely legislated for achieving UHC.



RECOMMENDATIONS FOR CHANGES OF THE CURRENT LEGISLATION OF UKRAINE IN THE FIELD OF RESPONSE TO HIV / AIDS, TB, VIRAL HEPATITIS, AND IN THE CONTEXT OF ENSURING QUALITY HEALTH CARE FOR SOCIALLY VULNERABLE GROUPS IN ACCORDANCE WITH THE PROVISIONS OF THE POLITICAL DECLARATION OF THE UN HIGH-LEVEL MEETING ON UHC.

KEY RECOMMENDATION № 1

ENSURE POLITICAL LEADERSHIP BEYOND HEALTH

NEED FOR UHC-RESPONSIVE LEGISLATION	RECOMMENDED INTERVENTIONS	DESIRED OUTCOME
Legal, organizational, economic, and social aspects of public health system performance in Ukraine are not legislatively regulated.	In order to properly regulate the public health system and safeguard public health against epidemics and disease, appropriate regulatory and legislative instruments should be developed and the existing ones reviewed or revised to harmonize legislation on public health and disease control, resolve the mutual inconsistencies and conflicts between health care systems and public health objectives and applicable government public health policies both as a whole and as individual processes, programs, and projects in particular.	Commitment to achieving UHC for healthy lives and well-being for all at all stages, as a social contract demonstrated and confirmed.
There is no information strategy for UHC or its implementation guidelines.	Develop the information strategy and its implementation guidelines with a view to raising public awareness of UHC and meeting international commitments assumed by Ukraine.	
Efforts for the implementation of the State Strategy for the Development of the Anti-TB Public Health Care Framework not initiated.	Ensure the generation of an action plan for the implementation of the State Strategy for the Development of the Anti-TB Public Health Care Framework approved by the Cabinet of Ministers on 27 November 2019 (Directive No. 1414-r) providing for measures that facilitate the development of the Anti-TB Public Health Care Framework with a view to ending the TB epidemic in Ukraine, as well as define evaluation metrics, target performance outcomes, as well as funding sources and levels.	

NEED FOR UHC-RESPONSIVE LEGISLATION	RECOMMENDED INTERVENTIONS	DESIRED OUTCOME
No action plans for the implementation of the State Strategy on HIV/AIDS, TB and Viral Hepatitis for the Period up to 2030 developed until today's date.	Develop action plans for the implementation of the State Strategy on HIV/AIDS, TB and Viral Hepatitis for the Period up to 2030 that outline specific implementation steps and details.	Commitment to achieving UHC for healthy lives and well-being for all at all stages, as a social contract demonstrated and confirmed.
The action plan for the implementation of the Strategy for Ensuring a Sustainable Response to the Epidemics of TB, including drug-resistant TB, and HIV/AIDS, until 2020 does not incorporate measures for TB prevention, diagnosis and treatment, or TB infection control improvements.	Ensure the generation of action plans for the implementation of the Strategy for Ensuring a Sustainable Response to the Epidemics of TB, including drug-resistant TB, and HIV/AIDS, providing for measures that facilitate early TB case finding, reduce TB morbidity and mortality, increase treatment efficacy, as well as define evaluation metrics, target performance outcomes, as well as funding sources and levels.	
The criminalization of people living with TB, people living with HIV, and people who inject drugs leads to increased stigma in society, devalues the dignity of everyone, makes it difficult to detect TB and HIV through the fear of being criminally prosecuted, which constitutes a violation of the right to health.	Decriminalize exposure to HIV and TB transmission risks or unintentional infection, imposing criminal liability only for intentional infection with HIV and TB. Decriminalize possession of drugs without intent to distribute.	
Vulnerable populations can access free legal aid only if their income is below the subsistence level.	Exempt TB patients and low-income people most at risk from court fees in cases for protection of rights and legitimate interests during involuntary hospitalization and treatment in TB facilities.	
The functions of establishing standards of medical care and developing clinical recommendations / protocols are not clearly delineated or separated legislatively between appropriate institutions.	Define the mechanism and designate appropriate institutions responsible for the development and implementation of present-day clinical guidelines in accordance with the updated strategies for medical care.	

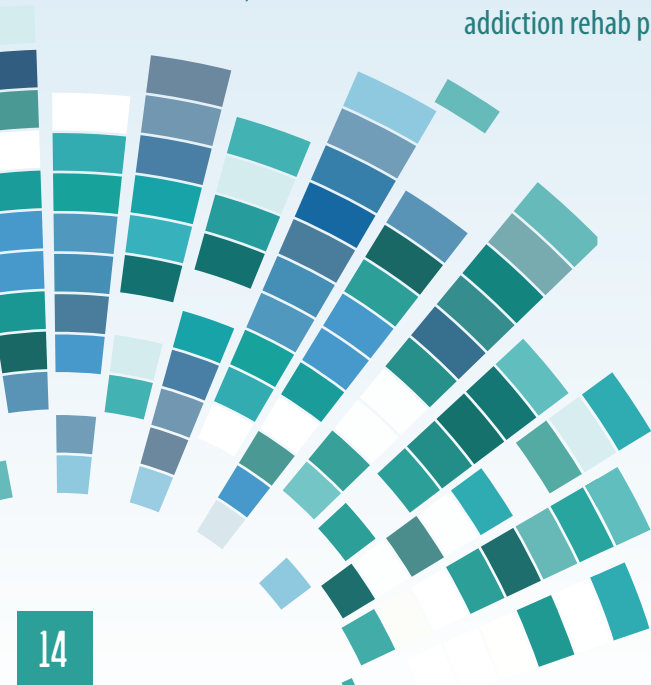


LEAVE NO ONE BEHIND

NEED FOR UHC-RESPONSIVE LEGISLATION	RECOMMENDED INTERVENTIONS	DESIRED OUTCOME
The patient's right to freely choose a doctor and a healthcare provider is not ensured. The patient's right to freely choose a doctor and a healthcare provider is not ensured.	<p>Expand the scope of rights for patients who have not signed the Patient Declaration Form for choosing a general practitioner and build it up until it is equivalent in scope to the rights available to patients who have access to the Program of State Financial Guarantees for Public Health Care.</p> <p>Provide for the changes required to ensure that Patient Declaration Forms can be signed by persons who temporarily do not have necessary documents and establish the procedure by which these people may access the full range of medical services until the patient declaration form has been signed.</p>	Equity in access to quality health services with financial protection ensured.
The rights of convicted prisoners for accessing the Program of State Financial Guarantees for Public Health Care are not ensured.	Provide for the necessary legislative changes to ensure the access of convicted prisoners to the Program of State Financial Guarantees for Public Health Care.	
Misalignment between the provisions of the Law of Ukraine On Fundamentals of the Legislation of Ukraine on Health Care regarding securing informed consent of legally authorized representatives acting on behalf of a minor or incapacitated person for medical intervention with the guiding principles of the Constitution of Ukraine.	Amend the Law of Ukraine On Fundamentals of the Legislation of Ukraine on Health Care by introducing the provision that minors and incapacitated persons may access medical care without the consent of their legally authorized representatives if such care meets the best interests of said persons and the failure to access it will cause more harm than its provision.	

NEED FOR UHC-RESPONSIVE LEGISLATION	RECOMMENDED INTERVENTIONS	DESIRED OUTCOME
<p>The specification for the provision of public health services for TB, HIV/AIDS does not include the list of medical services and medicines required for the delivery of services based on a certain type of healthcare provided subject to the uniform specifications, conditions of purchase, tariff (fee schedule) types and base rates payable by the National Health Service of Ukraine (NHSU) in accordance with the contract of service.</p>	<p>Implement the standards of medical care for TB patients and criteria for contracts to be entered into between NHSU and healthcare facilities that provide TB care to the public, define the package of medical services and service delivery requirements within the medical service guarantees under the program;</p> <p>Amend regulatory policies that provide for TB prevention, detection, diagnosis, outpatient treatment, and support for patients at the level of healthcare facilities as well as inform public health institutions regarding confirmed or suspected TB cases, controlled therapy, treatment monitoring, pharmacological surveillance, psychosocial patient support in coordination with the regional TB service with the involvement of various medical service providers and public health services that can engage in and carry out relevant activities.</p> <p>Introduce amendments to the List of Medical Interventions within the Medical Care Protocol for Most-At-Risk Patient Populations that shall require an increased frequency of TB screening surveys and ensure that such surveys cover a broader range of potential TB-vulnerable respondents.</p> <p>Develop and implement the diagnostic screening procedure for TB patients' contact persons with status non-disclosure arrangements.</p>	<p>Equity in access to quality health services with financial protection ensured.</p>
<p>The distribution of drugs for the treatment of HCV patients is not legislatively regulated at the local level with due regard for the quota for key populations.</p>	<p>To ensure that the distribution of drugs for the treatment of HCV patients is legislatively regulated at the local level with due regard for the quota for key populations.</p>	
<p>The right of children with TB to attend general educational institutions is not ensured.</p> <p>The mechanism through which people with active TB and HIV-associated TB may return to education is not regulated.</p>	<p>Introduce amendments to Part 3 of Art. 15 of the Law of Ukraine On Protection of the Population from Infectious Diseases regarding the right of children with non-active TB to attend general educational institutions, taking into account the provisions of the National Strategy for Reforming Institutional Care and Education for 2017-2026 that envisages a reduction in the number of institutional care and educational facilities.</p> <p>Approve the mechanism through which people with active TB and HIV-associated TB may return to education.</p> <p>Develop clear eligibility criteria and define conditions under which patients may return to education, as well as establish which forms of education are advisable for them (e.g., primarily distance learning for patients in the early stages of the disease or those with poor tolerance for antimycobacterial therapy).</p>	



NEED FOR UHC-RESPONSIVE LEGISLATION	RECOMMENDED INTERVENTIONS	DESIRED OUTCOME
Responsibility for refusing vaccination is not regulated.	Amend the laws that regulate vaccination and step up responsibility for refusing vaccination.	
The regulations on the administration of BCG and BCG-M vaccines against TB, which require re-vaccination of children aged 14 years, remain in force.	Revoke the regulations on the administration of BCG and BCG-M vaccines against TB or make relevant amendments to Ministry of Health Order No. 947 to abolish re-vaccination for children under 14 years of age.	
There are factors in incarcerated settings that contribute to TB incidence trends: the process of transfer and transportation of convicted offenders to a prison TB unit may be quite lengthy. Infection controls are difficult to enforce during prisoner transport.	<p>Revise the system of transfer and transportation between correctional facilities for people with TB by introducing their direct transfer by ambulance or hospital transport subject to a set of clearly defined and established terms of transport in compliance with infection control requirements.</p> <p>Develop a long-term strategy for maintaining infection control in correctional and detention facilities; bring detention centers' isolation units for infected patients into compliance with infection control and safety requirements.</p>	
<p>PWID who seek treatment may encounter violations or barriers in exercising their rights to privacy, the right to freedom from discrimination, as well as their right to physical integrity through the regulations that require a mandatory medical examination, registration on the books, court-ordered substance abuse treatment and addiction rehab programs.</p> 	<ol style="list-style-type: none"> 1. Decriminalize possession of drugs without intent to distribute. 2. To revoke the Instructions on the procedure for identifying and registering persons who illegally use narcotic drugs or psychotropic substances approved by a joint order of the Ministry of Health of Ukraine, the Ministry of Internal Affairs of Ukraine, the Prosecutor General's Office of Ukraine, the Ministry of Justice of Ukraine of 10 October 1997 (No. 306/680/21/66/5), which conflicts with the effective legislation of Ukraine (specifically that requiring that the lists of PWID be stored at the Passport Office located in their area of residence). 3. Eliminate the requirement of Joint Order No. 821/937/1549/5/156 that OST be continued through an OST-dispensing healthcare facility located within the territorial unit (city, district) where the detainees, persons taken into custody, administrative detainees, or convicted offenders are being kept. 4. Review administrative liability for «evading undergoing a medical assessment (certification) by a person who abuses drugs or psychotropic substances.» 5. Review the procedure according to which individuals who evade undergoing a medical examination or a medical assessment (certification) are brought to an addiction treatment facility by the National Police. 6. Review the grounds for court-ordered dismissal or termination of education for PWID being sent to compulsory treatment and rehabilitation. 	Equity in access to quality health services with financial protection ensured.

NEED FOR UHC-RESPONSIVE LEGISLATION	RECOMMENDED INTERVENTIONS	DESIRED OUTCOME
<p>Barriers that hinder homeless persons to obtain identity documents (the right to privacy and confidentiality being violated when applying for a domestic passport, a health certificate with sensitive information being kept by a homeless facility in a personal file so non-medical staff may have access to this information). There are no special requirements regarding the processing and protection of such personal data in the model charters of social protection facilities.⁵</p>	<p>Review Art. 197 of the Code of Ukraine on Administrative Offenses to address barriers that prevent homeless persons from obtaining identity documents.</p> <p>Prevent access to homeless individuals' medical records by non-medical staff of social protection facilities and ensure that relevant documents are stored in accordance with applicable legislation on personal data protection.</p>	
<p>At the sub-legislative level, the List of Occupational Diseases stipulates that TB is recognized as an occupational disease for healthcare facilities (such as infectious disease centers, TB treatment centers, donor sites, etc.)⁶ In other terms, the list includes not only TB treatment facilities, but also other healthcare facilities.</p> <p>According to the law, the institutions where insurance against occupational diseases is provided are only TB treatment centers, which are legal entities. Consequently, GPs / family doctors, as well as other individuals who are occupationally at increased risk of contracting TB and deliver services while not acting as a legal entity (specifically NGOs propose that appropriate social service providers that most often come into contact with people at risk be classified into this category) are deprived of appropriate additional social guarantees if TB is contracted in an occupational context.</p>	<p>Expand social guarantees to primary health care providers in the context of health care reform (especially self-employed persons with a medical license), as well as any other health care workers who are at increased risk of developing TB due to their professional exposure.</p> <p>Develop and approve the Strategy and the state-supported target program for upgrading health care in Ukraine that provides for the implementation of preventive measures against occupational diseases.</p>	<p>Equity in access to quality health services with financial protection ensured.</p>

5 *The procedure for interaction between social service providers working with homeless persons approved by Order No. 70/411/101/65/19/32 of the Ministry of Labor and Social Policy of Ukraine, the Ministry of Family, Youth and Sports of Ukraine, the Ministry of Health of Ukraine, the Ministry of Internal Affairs of Ukraine, the State Committee of Ukraine for Nationalities and Religions, the State Department of Ukraine for Enforcement of Sentences of 19 February 2009 (Section II, Subsection 2.3, Item 2.3.4.)*

6 *The list of occupational diseases approved by the resolution of the Cabinet of Ministers of 8 November 2000 (No. 1662, Section V, Item 1).*

NEED FOR UHC-RESPONSIVE LEGISLATION	RECOMMENDED INTERVENTIONS	DESIRED OUTCOME
Armed forces personnel in the areas affected by the Anti-Terrorist Operation / Joint Forces Operation (ATO/JFO) are not included in the List ⁷ as most at risk or at high risk for TB. Thus, the effective legislation of Ukraine does not envisage that this category of persons undergo mandatory medical examinations after returning from the areas affected by the ATO/JFO.	Develop and approve a joint order requiring that all armed forces personnel and volunteers undergo preventive medical examinations, including that for TB, upon return from the combat zone associated with the ATO/JFO.	Equity in access to quality health services with financial protection ensured.
The procedure for and scope of medical care to be provided to senior citizens in nursing homes are not defined by the law of Ukraine. Nor is there any procedure for the establishment and operation of private senior care facilities, thus leaving them outside of the state's control. The lack of a regulatory framework has led to a situation where no medical records are maintained in senior care facilities, whereas the illegal use of physical restraints and isolation are imposed in residential mental health facilities, thereby violating the patrons' right to health care and medical attention ⁸ .	<p>Develop and approve the procedure for delivering medical care to persons residing in senior care settings.</p> <p>Develop and approve the procedure for the establishment and operation of private senior care facilities.</p>	
Nutritional standards for TB patients during inpatient treatment are not defined in the fee schedule of medical services.	Review the Resolution of the Cabinet of Ministers of Ukraine (No. 1752) of 27 December 2001 and amend the fee schedule of medical services in the TB service package to show related nutritional information and fees.	

⁷ The list of persons classified into groups at increased risk of TB infection and disease approved by Order No. 327 of the Ministry of Health of Ukraine on 15 May 2014.

⁸ Annual Report of the Commissioner of the Verkhovna Rada of Ukraine for Human Rights on observance of human rights and freedoms in Ukraine for 2016, 2017, Art. 321.



REGULATE AND LEGISLATE

NEED FOR UHC-RESPONSIVE LEGISLATION	RECOMMENDED INTERVENTIONS	DESIRED OUTCOME
There is a conflict of laws regarding the free provision of medical services and health care reform regulations.	Bring the legislation of Ukraine on the free provision of medical services by state and municipal health care facilities into agreement with the Constitution of Ukraine.	A strong, enabling regulatory and legal environment responsive to people's needs created.
Misalignment between legislative provisions on the right to health care and the right to refuse treatment.	Introduce amendments to regulations for expanding the range of cases where medical care is provided without a patient's consent.	
The provisions of the Law of Ukraine On Combating Tuberculosis are not up to the present-day standards in the organization of medical care for patients with TB and measures to prevent its spread among the population.	Bring the provisions of the Law of Ukraine On Combating Tuberculosis into line with the present-day standards in the organization of medical care for patients with TB and measures to prevent its spread among the population, update the terminology.	
Article 39-1 of the Law of Ukraine On Fundamentals of the Legislation of Ukraine on Health Care conflicting with the provisions set forth in Part 2 of Article 32 of the Constitution of Ukraine regarding the patient's right to non-disclosure of health information.	Define in which cases patients' sensitive information may be disclosed and develop an appropriate procedure for its disclosure. Amend the legislation to regulate in detail how diagnosis-related data of TB patients should be protected from disclosure during the provision of medical care, notification of contacts, epidemiological investigations, case management, etc.	
The procedure for notifying patients with suspected TB and securing informed consent for treatment is not legislatively regulated.	Institutionalize the procedure for notifying patients with suspected TB and securing informed consent for treatment.	
Strategies for early TB detection and prevention at all levels of health require further improvements.	Approve the procedure for identifying LTBI in children and adults and providing related care and the procedure for TB epidemiological surveillance.	
Lack of agreement between the provisions of the Law of Ukraine On Fundamentals of the Legislation of Ukraine on Health Care regarding the scope of rights for individuals aged 14–18 in the field of health care.	Introduce amendments to the Law of Ukraine On Fundamentals of the Legislation of Ukraine on Health Care to enable individuals aged 14 through 18 to access information about their health.	

KEY RECOMMENDATION № 4

UPHOLD QUALITY OF CARE

NEED FOR UHC-RESPONSIVE LEGISLATION	RECOMMENDED INTERVENTIONS	DESIRED OUTCOME
Lack of a de jure systemic regulatory framework on medical service quality and related quality assessment.	Legislate the quality assurance of medical care and define the key concepts and principles to serve as the basis for the system of quality medical care delivery and other necessary standards.	Quality health systems that people and communities trust built and in place.

KEY RECOMMENDATION № 5

INVEST MORE, INVEST BETTER

NEED FOR UHC-RESPONSIVE LEGISLATION	RECOMMENDED INTERVENTIONS	DESIRED OUTCOME
The commitment that infection prevention and control measures in health care facilities be funded out of public spending on health not integrated into regulatory enactments.	Integrate into regulatory enactments the commitment that infection prevention and control measures in health care facilities be funded out of public spending on health and local budgets.	Sustainable public financing ensured and health investments harmonized.
Legal relationships resulting from the involvement and use of international technical assistance are not regulated by the relevant law of Ukraine.	Draft and enact the Law On International Technical Assistance in order to increase the efficacy of activities associated with the involvement and use of international technical assistance, and in accordance with Paragraph 4 of Section XV, Transitional Provisions, of the Constitution of Ukraine.	

KEY RECOMMENDATION № 6

MOVE TOGETHER

NEED FOR UHC-RESPONSIVE LEGISLATION	RECOMMENDED INTERVENTIONS	DESIRED OUTCOME
Legislated and in place.	Implement measures within the framework of applicable regulations.	Multi-stakeholder mechanisms for engaging the whole of society for a healthier world established.

KEY RECOMMENDATION № 7

GENDER EQUALITY

NEED FOR UHC-RESPONSIVE LEGISLATION	RECOMMENDED INTERVENTIONS	DESIRED OUTCOME
Applicable regulations on public health are not gender-sensitive.	<p>Provide for gender analysis for the regulations already approved to leverage them for mainstreaming gender equality through factoring in the needs and interests of different populations:</p> <ul style="list-style-type: none"> ▶ integrate the National Action Plan on Gender Equality into the action plan of the Ministry or another central executive body involved; ▶ introduce new forms of statistical and administrative reporting or revise the existing ones. <p>Empower women by promoting their employment opportunities and rights through revising the List of Heavy-Duty Jobs and Occupations Involving Harmful and Hazardous Working Conditions under Which the Employment of Women is Prohibited.</p>	Re-commitment to gender equality, redressing gender power dynamics and ensuring women's and girls' rights as foundational principles for UHC confirmed.

NEED FOR UHC-RESPONSIVE LEGISLATION	RECOMMENDED INTERVENTIONS	DESIRED OUTCOME
<p>The framework for publicly available government statistics on medical care and public health for relevant authorities and enterprises is not implemented.</p>	<p>Implement a framework for publicly available government statistics on medical care and public health for relevant authorities and enterprises disaggregated by region, residential area (locality), age, gender, ICD code type (demographics, morbidity, prevalence, disability, public health indicators). Introduce metrics such as the Disability-Adjusted Life Expectancy (DALE) / Health-Adjusted Life Expectancy (HALE) to measure the health of populations.</p>	
<p>The strategy for monitoring and evaluating the implementation efficacy of state regional policies includes “total patients with newly diagnosed active TB” as a performance indicator.</p>	<p>Introduce changes to the list of quarterly performance indicators of regional socio-economic development based on a decline in rating due to TB case finding by removing Para. 55 of Annex 2 of the Procedure for Monitoring and Evaluating the Implementation Efficacy of State Regional Policies.</p>	
<p>People with TB and HIV-associated TB who believe they have been discriminated against are required to provide proof that that discrimination is the only interpretation for relevant facts; and the probable violator must not prove that there was no discrimination, but that there is no factual evidence to support the claim.</p>	<p>Amend the Code of Civil Procedure of Ukraine to establish a valid presumption of discrimination throughout judicial proceedings and to shift the burden of proof to the party who is likely to have committed an act of discrimination.</p>	
<p>Insufficient legislative basis for job retention guarantees for people with TB and HIV-associated TB during treatment due to regulatory non-compliance with the principle of legal certainty.</p>	<p>Eliminate discrepancies through making amendments to the Laws of Ukraine On Protection of the Population From Infectious Diseases and On Combating TB to ensure job retention guarantees for people with any form of TB and HIV-associated TB during the entire course of treatment in hospital / outpatient settings, as well as treatment of TB-associated comorbidities in inpatient settings.</p> <p>Impose a direct ban on unreasonable refusals to hire people with TB and HIV-associated TB due to their health status in the Labor Code of Ukraine.</p> <p>Amend the effective legislation of Ukraine by eliminating the possibility of firing people with TB and HIV-associated TB due to their health condition, as well as that of recognizing them as permanently unfit due to their state of health for professional or other duties associated with an increased infection risk for people surrounding them, or the performance of certain government functions.</p>	<p>Re-commitment to gender equality, redressing gender power dynamics and ensuring women’s and girls’ rights as foundational principles for UHC confirmed.</p>



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