REPORT
ON SITUATIONAL ANALYSIS OF HEALTH CARE RESOURCES IN KRAMATORSK AND POKROVSK HOSPITAL DISTRICTS OF DONETSK OBLAST

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The views expressed herein are those of the author and may not necessarily reflect the official position of the UN Recovery and Peacebuilding Programme and the European Union.

The report is focused on assessments of existing international and national technical assistance; current projects funded by donors and technical assistance programmes; local and national initiatives in the health care sector; available national and international resources for cooperation; medical services provided for Ukrainian citizens living in the non-government controlled areas; stage of the health care reform implementation; deficiencies / restrictions faced by the local officials in their daily work.

The report reflects the results of the work carried out in Kramatorsk and Pokrovsk hospital districts of Donetsk oblast, as well as the current process of analysis and conversations with stakeholders and representatives of the international organizations.

The report may serve as a basis for further discussions, mapping donor assistance, creating detailed development plans for both health care institutions and hospital districts, as well as serve as a baseline for further work of the Health Care Group in the government-controlled areas of Donetsk oblast.

The United Nations Recovery and Peacebuilding Programme (UN RPP) is being implemented by four United Nations agencies: the United Nations Development Programme (UNDP), the UN Entity for Gender Equality and the Empowerment of Women (UN Women), the United Nations Population Fund (UNFPA) and the Food and Agriculture Organization of the United Nations (FAO).

The Programme is supported by eleven international partners: the European Union, the European Investment Bank and the governments of Canada, Denmark, Japan, the Netherlands, Norway, Poland, Sweden, Switzerland and the UK.
Ukraine spends 3.8% of its GDP for health care from the state budget.

The State Budget of Ukraine for 2019, adopted on November 23, 2018, allocated **98 billion UAH** to the health care system of Ukraine, 3.8% of the country’s GDP. The budget includes:

- **19.2 billion UAH**: Funding of the National Health Service of Ukraine (NHSU), including
  - **1 billion UAH**: Affordable Medicines Programme, including
  - **390 million UAH**: Treatment of the Ukrainian citizens abroad
  - **112 million UAH**: Transplantation
  - **15.2 billion UAH**: for providing primary health care
  - **250 million UAH**: Subvention to the local budgets
  - **750 million UAH**: NHSU expenses for administering this programme
  - **2 billion UAH**: Free Diagnostics Programme
  - **150 million UAH**: Procurement of angiographic equipment
  - **58.5 billion UAH**: Medical subvention

**REFORMS IN THE HEALTH CARE SECTOR OF UKRAINE**

- In 2017 the Law on State Financial Guarantees of Public Health Care was adopted.
- The National Health Service of Ukraine (NHSU) was established in March 2018 as the central executive body that implements state policy in the field of state financial guarantees for healthcare servicing of the population.
- The NSHU has signed agreements with 1028 municipal facilities, 135 private medical institutions, and 150 physicians-entrepreneurs, providing primary health care.¹
A national campaign, aimed at choosing family physicians, primary care doctors, and pediatricians, started in April 2018. More than 28 million Ukrainians have signed declarations on choosing their doctors.

By the end of 2019 it is planned to switch to the electronic document management: electronic medical cards for patients, prescriptions for “Affordable Medicines”, referrals to highly specialized doctors, and sickness certificates.

According to the development concept of the emergency medicine, adopted by the CMU in May 2019, the funds to the pilot project in six regions are contributed, and the procurement of the modern dispatching services throughout the country have been approved.

1 Electronic card of the National Health Service of Ukraine
https://nszu.gov.ua/gromadyanam/elektronna-karta-misc-nadannya-pmd

02// LOCAL CONTEXT

Donetsk oblast was included to the number of pilot regions for health care reforming in 2012-2014. This led to significant changes in the health care network in 2012. In general, the number of medical and preventive institution decreased by 121 and amounted to 371 institutions. The bed space was reduced by 752 units (445 in cities and 347 in districts).

The total number of the Primary health care facilities (PHCF) as of December 31, 2012

They consisted of

<table>
<thead>
<tr>
<th>Outpatient departments</th>
<th>Feldsher's stations (FS) and feldsher-midwife stations (FMS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>445</td>
<td>464</td>
</tr>
</tbody>
</table>
In the course of reforming the primary level the next institutions were liquidated as independent institutions:

<table>
<thead>
<tr>
<th>Type of Institution</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals of medical district</td>
<td>3</td>
</tr>
<tr>
<td>Child health clinics</td>
<td>2</td>
</tr>
<tr>
<td>City hospitals</td>
<td>15</td>
</tr>
<tr>
<td>Autonomous polyclinics</td>
<td>19</td>
</tr>
<tr>
<td>Narcological dispensaries</td>
<td>6</td>
</tr>
<tr>
<td>Facilities in cities</td>
<td>55</td>
</tr>
<tr>
<td>Facilities in rural areas</td>
<td>17</td>
</tr>
<tr>
<td>Outpatient departments</td>
<td>142</td>
</tr>
<tr>
<td>Operating rooms</td>
<td>439</td>
</tr>
<tr>
<td>FMSs</td>
<td>466</td>
</tr>
</tbody>
</table>

In 2012-2014 to improve the working conditions of the medical staff, needed in order to provide quality primary health to the population, **95.0 million UAH** by means of subvention were transferred from the state budget to the local institutions and was used to purchase 3,744 units of medical equipment, including:

<table>
<thead>
<tr>
<th>Type of Equipment</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Units of laboratory facilities</td>
<td>216</td>
</tr>
<tr>
<td>Niva cars</td>
<td>470</td>
</tr>
<tr>
<td>Bicycles</td>
<td>273</td>
</tr>
<tr>
<td>Automated doctor worksites</td>
<td>1,516</td>
</tr>
<tr>
<td>Automated registrar worksites</td>
<td>442</td>
</tr>
<tr>
<td>Servers</td>
<td>72</td>
</tr>
</tbody>
</table>

Since the beginning of the armed conflict in 2014, the majority of tertiary care hospitals have remained in the non-government controlled areas of Ukraine.
The Cabinet of Ministers of Ukraine approved the list and structure of the hospital districts of Donetsk Oblast by the order No. 995-R of December 27, 2017. Six hospital districts were created: Sloviansk, Bakhmut, Kramatorsk, Pokrovsk, Volnovakha, and Mariupol districts.

The hospital districts are created as “functional association of the health care institutions located within the relevant territory”. The health care institutions, covered by a hospital district, will remain owned and operated by local authorities.

**Kramatorsk hospital district includes:**

- **190,648 people**  
  City of Kramatorsk
- **72,888 people**  
  City of Kostiantynivka
- **67,987 people**  
  City of Druzhkivka
- **70,447 people**  
  City of Toretsk
- **18,600 people**  
  Oleksandrivka district
- **8,560 people**  
  Kostiantynivka district
- **9,553 people**  
  Illinivska ATC
- **3,817 people**  
  Andriivska ATC
- **2,964 people**  
  Shakhivska ATC

**Population of Kramatorsk hospital district:** 445,464 people
Secondary level hospitals funded by the local budgets, on the territory of Kramatorsk hospital district including:

9
Multi-disciplinary hospitals for adults
3  Kramatorsk
3  Druzhkivka
1  Kostiantynivka
1  Toretsk
1  Oleksandrivka

1
Child regional medical association
Kramatorsk

3
Dental polyclinics
2  Kramatorsk
1  Toretsk

1
Infectious hospital
Kramatorsk

Pokrovsk hospital district includes:

75,486 people
City of Pokrovsk

52,003 people
City of Selidove

61,575 people
City of Dobropillia

14,931 people
City of Novohrodivka

3,065 people
Pokrovsk district

49,846 people
City of Myrnohrad

21,516 people
City of Kurakhove

32,843 people
City of Avdiivka

81,890 people
Mariinka district

26,823 people
Yasynuvata district

11,327 people
Dobropillia district (without Shakhivska ATC and part of Andriivska ATC)

422,531 people
Population of Pokrovsk hospital district
Secondary level hospitals funded by the local budgets, on the territory of Pokrovsk hospital district, including:

The project plan for the development of Pokrovsk hospital district will establish the following facilities:

**POKROVSK CITY HOSPITAL**

- **4** Hospitals for intensive care
  (in Pokrovsk based on joint Pokrovsk CDH and Myrnohrad City Hospital; Dobropillia; Selidove; Kurakhove; and Avdiivka);

- **3** Hospitals for planned care
  (Pokrovsk City Hospital; Myrnohrad City Hospital; Mariinka Central District Hospital);

**RODYNsKE CITY HOSPITAL**

- **2** Hospitals for palliative care
  (Rodynske City Hospital and Novohrodivka City Hospital);

- **2** Rehabilitation hospitals
  (Myrnohrad City Hospital and Novohrodivka City Hospital);

- **3** It is planned to provide gerontological care in Rodynske City Hospital.

- **3** departments for hospice care
  on the basis of Novohrodivka City Hospital, Pokrovsk City Hospital, and Rodynske City Hospital;

In 2016-2018, **181.9 million UAH** were allocated to the health care institutions of Kramatorsk and Pokrovsk hospital districts of Donetsk oblast from the State Regional Development Fund (SFRD)\(^2\).

Furthermore, according to data on the website of the Ministry of Regional Development, Construction, Housing, and Municipal Services of Ukraine, in 2016-2018 the projects for the health care institutions of Kramatorsk and Pokrovsk hospital districts in Donetsk oblast were assessed and selected by the Regional Commission from SFRD at the amount of **88.3 million UAH**.

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\(^2\) According to data on the website of the Ministry of Regional Development, Construction, Housing, and Municipal Services of Ukraine: [http://dfrr.minregion.gov.ua/Projects-list](http://dfrr.minregion.gov.ua/Projects-list)
TOTAL FUNDING FOR THE PROJECTS OF THE MINISTRY OF REGIONAL DEVELOPMENT, CONSTRUCTION, HOUSING, AND MUNICIPAL SERVICES OF UKRAINE IN 2016-2018 ALLOCATED FROM SFRD AND LOCAL BUDGETS TO THE HEALTH CARE INSTITUTIONS OF KRAMATORSK AND POKROVSK HOSPITAL DISTRICTS, THOUSAND UAH

- **Kostiantynivka**
  - Total: 44,768.46
  - Allocations from SFRD: 40,291.614
  - Allocations from the local budgets: 50,334.584

- **Kramatorsk**
  - Total: 55,927.316
  - Allocations from SFRD: 50,334.584
  - Allocations from the local budgets: 5,592.732

- **Druzhkivka**
  - Total: 58,542.909
  - Allocations from SFRD: 52,598.347
  - Allocations from the local budgets: 5,944.562

- **Selidove**
  - Total: 14,326.218
  - Allocations from SFRD: 12,893.597
  - Allocations from the local budgets: 1,432.621

- **Oleksandrivka district**
  - Total: 8,374.258
  - Allocations from SFRD: 7,536.832
  - Allocations from the local budgets: 837.426
According to the Humanitarian Response Plan 2016 for Ukraine, the international organizations in 2016-2018 contributed about 9 million USD to provide humanitarian assistance for health and nutrition.
EXISTING INTERNATIONAL TECHNICAL ASSISTANCE

In total, in 2016-2018 and a half of 2019, an amount of **12,635,829 UAH** was allocated to Kramatorsk and Pokrovsk hospital districts according the survey data.

The international technical assistance was provided to 7 out of 21 health care institutions in Kramatorsk and Pokrovsk hospital districts.

AMOUNTS OF INTERNATIONAL TECHNICAL ASSISTANCE PROVIDED FOR KRAMATORSK AND POKROVSK HOSPITAL DISTRICTS

<table>
<thead>
<tr>
<th>Amount (UAH)</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>3,687,407</td>
<td>Premiere Urgence Internationale (PUI)</td>
</tr>
<tr>
<td>1,851,839</td>
<td>German Agency for International Cooperation (GIZ)</td>
</tr>
<tr>
<td>1,375,575</td>
<td>Arche Nova Ukraine</td>
</tr>
<tr>
<td>1,183,392</td>
<td>International Committee of the Red Cross (ICRC)</td>
</tr>
<tr>
<td>709,707</td>
<td>ADRA Ukraine</td>
</tr>
<tr>
<td>647,169</td>
<td>UNICEF</td>
</tr>
<tr>
<td>579,981</td>
<td>Doctors Without Borders (MSF)</td>
</tr>
<tr>
<td>515,642</td>
<td>OCHA</td>
</tr>
<tr>
<td>331,379</td>
<td>WHO</td>
</tr>
<tr>
<td>330,749</td>
<td>Australian Embassy, Ukraine</td>
</tr>
<tr>
<td>321,814</td>
<td>UNFPA</td>
</tr>
<tr>
<td>282,790</td>
<td>UNDP</td>
</tr>
</tbody>
</table>
269,996 UAH
Czech humanitarian organization People in Need

140,940 UAH
Polish Center for International Aid in Ukraine

129,180 UAH
German Consulate General

101,008 UAH
International Organization for Migration

81,140 UAH
International Charity Fund “Ukraine! I Am For You!”

30,497 UAH
International Association for Support of Ukraine

7,809 UAH
International Charitable Foundation Friends’ Hands

52,074 UAH
International Charity Fund AICM Ukraine

5,741 UAH
Charitable Fund Vsesvit

12,635,829 UAH
Total

PERCENTAGE RATIO OF INTERNATIONAL TECHNICAL ASSISTANCE PROVIDED

40%
Medical equipment, computer hardware, motor vehicle

44%
Construction materials, repairs, and reconstruction

14%
Medicines, hygiene products

2%
Food products
In total, in 2016-2018 and a half of 2019, an amount of \(61,071,955\) UAH of national technical and financial assistance was allocated to Kramatorsk and Pokrovsk hospital districts.

The national technical and financial assistance was provided to 6 out of 21 health care institutions in Kramatorsk and Pokrovsk hospital districts.

Construction materials, repairs, and reconstruction prevailed among the types of the national technical and financial assistance \(39,419,387\) UAH; a little less was allocated for medical equipment, computer hardware and other facilities \(12,349,030\) UAH; even less on medicines and hygiene products \(9,146,088\) UAH, and a very small amount was received for food and clothing according to the questionnaires of the health care institutions in Kramatorsk and Pokrovsk hospital districts \(157,450\) UAH.

**PERCENTAGE RATIO OF NATIONAL TECHNICAL AND FINANCIAL ASSISTANCE TYPES PROVIDED IN 2016-2018 FOR KRAMATORSK AND POKROVSK HOSPITAL DISTRICTS**

- **Construction materials, repairs, and reconstruction**: 65%
- **Medical equipment, computer hardware, motor vehicle**: 20%
- **Medicines, hygiene products**: 15%
- **Food, clothing**: 0%
RESULTS OF IN-DEPTH INTERVIEWS WITH CHIEF MEDICAL OFFICERS AND REPRESENTATIVES OF THE INTERNATIONAL ORGANIZATIONS

// Primary necessity for equipping hospitals with computer hardware and expensive medical equipment (US, CT, MRI etc.);

// Necessity for repairs in the health care institutions;

// Necessity for installment of Health Care Information System;

// The lack of personnel; doctors with subspecialties are of particular need;

// Uncertainty about further reforming the secondary health care sector and fear of losing funding by health care institutions, as well as bankruptcy of hospitals caused by incorrectly defined formulas of calculating cost of services;

// Trainings for the management staff of the health care institutions on strategic planning, effective management and fundraising; trainings for doctors on international standards and work procedures and prevention skills of professional burnout are required.

MEDICAL SERVICES PROVIDED FOR UKRAINIAN CITIZENS FROM NON-GOVERNMENT CONTROLLED AREAS

// According to the current legislation, “the citizens of Ukraine, foreigners, and stateless persons permanently residing within the territory of Ukraine, and persons recognized as refugees or those being in need for complementary protection have right to choose their family physician, primary care doctor or pediatrician”. These services are paid by the NHSU.

// There is no discrimination in getting access to these services by citizens from non-government controlled areas according to the interviews conducted.
DISADVANTAGES/RESTRICTIONS FACED BY LOCAL OFFICIALS IN THEIR DAILY WORK

// Deficit of qualified family physicians;
// Outdated medical equipment;
// Confusion of responsibilities between primary and secondary levels;
// Insufficient laboratory equipment, and reagents;
// Poor quality of roads affecting accessibility and promptness of the assistance provided;
// Lack of clear information about future steps of secondary health care reforming and uncertainty about the future reorganization of medical institutions.
## SWOT-Analysis of the Implementation of Health Care Reform According to the Interviews

<table>
<thead>
<tr>
<th>STRENGTHS</th>
<th>WEAKNESSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>// Pilot project experience on health care reform 2012-2014</td>
<td>// Lack of clear information about future steps of secondary health care reforming and uncertainty about future reorganization of the institutions;</td>
</tr>
<tr>
<td>// Availability of services for patients and closer communication with a doctor</td>
<td>// Lack of quality control of primary care provision;</td>
</tr>
<tr>
<td>// Opportunity for patients to choose a family physician</td>
<td>// Restricted National Medicines List, lack of necessary medicines therein;</td>
</tr>
<tr>
<td>// Primary doctors began to think over the principles of their work and follow the protocols, instructions, and standards</td>
<td>// Inability to retrain a large number of primary doctors to work under the new standards, with the most of them being close to retirement age;</td>
</tr>
<tr>
<td>// Freedom of recruitment and setting the salaries for the heads of the medical institutions.</td>
<td>// Reluctance of young doctors to come to the periphery and to the dangerous region;</td>
</tr>
<tr>
<td></td>
<td>// Placing both the PHCF and secondary polyclinics in the same building, without separating the patient flow;</td>
</tr>
<tr>
<td></td>
<td>// Inefficient use of resources in the health care institutions;</td>
</tr>
<tr>
<td></td>
<td>// Duplication of consulting physicians at primary and specialized levels (neurologist, ophthalmologist, etc.);</td>
</tr>
<tr>
<td></td>
<td>// Unmet need for expensive medical equipment;</td>
</tr>
<tr>
<td></td>
<td>// Lack of long-term planning (to be done by an institution in 5 years)</td>
</tr>
<tr>
<td>OPPORTUNITIES</td>
<td>THREATS</td>
</tr>
<tr>
<td>---------------------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
</tr>
<tr>
<td>// Reorganize and improve assistance delivery</td>
<td>// Underfunding</td>
</tr>
<tr>
<td>// Teach the chief medical officers financial planning, goal setting and quality control</td>
<td>// Allocation of funds from local budgets on a residual basis</td>
</tr>
<tr>
<td>// Expand the range of paid services at the legislative level.</td>
<td>// Outdated hospital buildings, their planning, inability to find financing for their reconstruction and re-equipment</td>
</tr>
<tr>
<td></td>
<td>// A number of departments involved in providing services (anatomic pathology, sterilization and other departments) receive no funding</td>
</tr>
<tr>
<td></td>
<td>// Lack of independent audit of the hospitals – impossible to know the adequate cost of services</td>
</tr>
<tr>
<td></td>
<td>// Bankruptcy of hospitals</td>
</tr>
</tbody>
</table>
CONCLUSIONS:

// 01
International and national technical and financial assistance is unevenly distributed among health care institutions.

// 02
Two thirds of the institutions that participated in the survey receive no international or national assistance.

// 03
International technical assistance in 2016-2018 in Kramatorsk and Pokrovsk hospital districts was mainly provided for construction materials, repairs and reconstruction, as well as for medical equipment, computer hardware, and other facilities.

// 04
Among national technical and financial assistance types provided in 2016-2018 for Kramatorsk and Pokrovsk hospital districts, assistance for construction materials, repairs, and reconstruction prevailed.

// 05
Services for the Ukrainian citizens of the non-government controlled areas of Donetsk Oblast are provided in Kramatorsk and Pokrovsk hospital districts to the extent required. Special registration of these services is not required, and statistics thereon is not gathered in all health care institutions.

// 06
There are more than 20 international organizations providing assistance in health care sector of Donetsk Oblast.

// 07
Most interviewees agree on necessity to coordinate activities among donors and heads of the health care institutions on the UN RPP platform.
According to the current legislation, “the citizens of Ukraine, foreigners, and stateless persons permanently residing within the territory of Ukraine, and persons recognized as refugees or those being in need for complementary protection have right to choose their family physician, primary care doctor or pediatrician”. These services are paid by the NHSU.

There is no discrimination in getting access to these services by citizens from non-government controlled areas according to the interviews conducted.