



**USAID**  
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PUBLIC PRIVATE PARTNERSHIP  
DEVELOPMENT PROGRAM



# Public – Private Partnerships in support of health services for IDPs in Ukraine

\*\* This report includes the initial portion of Dr. Wolfgang Amann's July 2015 report entitled “Facilitating Private Sector Participation in Delivery of Humanitarian Aid and Infrastructure Rehabilitation in the Housing Sector- Laying the Foundation for PPPs”.

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## **I. Introduction**

The Ukrainian Public-Private Partnership Development Program (P3DP), implemented by FHI 360, is funded by the United States Agency for International Development (USAID) and focuses on Public Private Partnership (PPP) development in Ukraine. Collaboration is provided through assistance to the Government of Ukraine at national and municipal levels to create a positive PPP environment. The initial phases of this collaboration focused on infrastructure (urban parking management, solid waste management, city park management, wastewater, municipal services) and health facilities. In response to an explosion in internally displaced persons (IDPs) resulting from the conflict in the Eastern parts of the country, P3DP extended its activities to the field of housing and health.

The authors of this document travelled to Government controlled Oblasts with high numbers of IDPs for consultation with some 30 public and private stakeholders directly involved in IDP health issues. Essentially all interviewed government officials expressed expiration in their ability to arrange for needed health services to the general population and specifically to the IDP population. Financial and logistical constraints were frequently listed along with structural issues in the allocation of responsibilities and authority between national, regional, city and local health authorities. Private and social sector representatives highlighted an unclear legal framework and uncertainties for the future of any investments they may make in the health sector. Although insufficient, high levels of family, community, social and private sector support for IDPs was evident. Essentially all expressed a desire for increased information on IDP needs and how they can effectively collaborate with government authorities for improved support to IDPs. The absence of an integrated health information management system was reported to contribute to the low levels of both transparency and collaboration between the various levels of health authorities.

In general, the IDP population in government controlled areas of Ukraine are highly integrated into the general population. PPP health initiatives with area health authorities are expected to equally assist IDPs and the general population. Because IDPs cannot be conveniently approached as a captive group, PPPs designed for the general population are proposed.

This study attempts to provide an overview of PPPs and Ukraine's current potential for private/social sector participation with health authorities. Notes on areas in the health sector where there exist possibilities for clear synergies are included. Models of collaboration which improve access/quality, reduce government outlays and also stimulate private/social sector growth are the goal.

USAID has a significant history in helping countries to establish public-private partnerships. Since 2001, USAID has helped establish some 1500 partnerships with an average annual total investment

of \$770 million.<sup>1</sup> Twenty-eight percent of USAID's initiated PPP projects have been in the health sector and account for twenty-two percent of the numerical total PPP projects initiated.<sup>2</sup>

In USAID's nomenclature, PPPs are a business relationship between 'implementing partners' and 'resource partners. The term “Public-Private Integrated Partnerships” or PPIP is utilized to include the provision of clinical services within the private sector scope of a PPP. Some partners are both implementing and resource partners. For the purpose of this study, the Ministry of Health can be either or both an implementing and a resource partner. Although USAID sometimes does contribute as a 'resource' partner, the focus of this study is on for-profit private sector collaboration with entities under the Ministry of Health. However under the current environment, donor seed funding may sometime be required to facilitate the building of working relationships between the private sector and health authorities.

“Unlike other PPPs, PPIPs go beyond private investment in buildings and maintenance. The private partners are also responsible for delivering all clinical and non-clinical services at the facilities, from surgery to immunization to ambulances. Most importantly, PPIPs aim to be “cost neutral” to patients, who incur the same out-of-pocket payments, usually zero or minimal, as they did in the previous dilapidated and poorly run public facilities.”<sup>3</sup>

PPIPs should ensure:

1. Cost Neutrality (no increase in out-of-pocket payments with the same government support);
2. Equity of Access
3. Improved Quality of CARE
4. Predictable Government Health Expenditures
5. System-wide Efficiency Gains

Although the characteristics of PPPs and PPIPs vary according to national differences and areas of implementation, the following are thought to promote their success:

- (1) Clearly specified, realistic and shared goals;
- (2) Clearly delineated and agreed roles and responsibilities;
- (3) Distinct benefits for all parties;
- (4) Transparency with independent monitoring and evaluation;
- (5) Active maintenance of the partnership;
- (6) Equality of participation;
- (7) Meeting agreed obligations.

1 <http://www.brookings.edu/~media/research/files/papers/2014/10/10-usaid-public-private-partnerships-ingram/ingram-ppp-fact-sheet-final.pdf>, page 4

2 Ibid, page 9

3 The Global Health Group, Focus on Public-Private Integrated Partnerships (PPIP); Global Health Sciences, Improving health and reducing inequities worldwide, University of California, San Francisco, CA.

## **II. The Potential for PPPs in Health**

### **A. The potential for PPPs and PPIPs to support IDPs and the general population.**

The following presents the three recommended key criteria for the PPP health sector proposals in Ukraine:

1. The resulting collaboration should improve access and the quality of health services offered to IDPs and to the general population with no increase in their out-of-pocket health expenditures.
2. Reduce/freeze government of Ukraine investments and/or continuing financial obligations in the health sector.
3. Provide a financial return to private sector investors/operators that is proportional to their investments and risk of project failure.

As noted in the references, IDPs report significant problems with their access to health care and their perception of the quality of health care provided. The availability of health services was also listed as a problem issue. Recent cases of Polio in Ukraine sound an alarm for the deteriorating level of primary health care. PPP initiatives which meet the above three criteria will help to meet the expressed needs of the IDP population in Ukraine.

Ukraine's recent multi-sector needs assessment report highlights the IDP population's need for improved quality cardiovascular services, essential drugs and psycho-social support.

The health system in Ukraine already employs PPPs in various forms without a clear legal framework. Examples include government payments for diagnostic services, pharmacy dispensing services in health facilities, patient/staff food services, emergency transport services, and mortuary services. Ukraine's excess health facility capacity can be used as part of its contribution to various new PPP arrangements for improved access and quality.

### **A few areas for potential PPPs and PPIPs:**

A. IDP mothers are reported to breast feed only one out of five new-borns. This alarming low rate is despite the high cost of breast milk substitutes, high unemployment rates among IDPs, difficulties in their obtaining safe water and reported logistical difficulties. PPPs with grocery store chains to promote breast feeding and a healthy diet for lactating mothers have successfully increased infant survival rates at a significantly reduced cost to new-born families.

B. Ukraine continues its historical support for parallel health systems to serve the employees of institutions and companies. Collaboration between, for example, the Ministry of Health and the Railway Health Units has the potential to both reduce overall cost yet also permit the provision of improved services to all. Ukraine has several parallel health systems that can benefit from collaboration. Joint contracting for high volumes of both specialized and even routine laboratory diagnostics and for high resolution medical imaging has the potential for to improved patient services at a reduced cost. The private sector has the flexibility to deliver the benefits of economies of scale.

C. Public-Social Partnerships for hospice and terminal care have the potential to improve the quality of life for terminal cancer patients (15% of deaths and an estimated 24% of hospital occupancy). NGO or even privately operated hospice programs working in collaboration with government hospitals can significantly reduce the cost of care to both the government and, more importantly, to the terminal

patient's family. Economical home based palliative care is often considered a human right and benefits all.

D. The paucity of psycho-social and rehabilitation support for IDPs is highlighted in several of the listed references as a common unmet IDP need. This reported need, particularly among the IDP population, was confirmed to the authors during almost all of their consultations. Given the high return on often low cost rehabilitation efforts, public-social or public-private initiatives in this service are expected to yield a high returns to all sectors. Government provided health facility space along with agreed payments for rehabilitation results to private, professional or social groups can return many to productive lives for the benefit of all.

E. Given the reported high levels of required unofficial out-of-pocket co-payments for health services and the limited possibilities for full official funding, Ukraine could benefit from the increased availability of health insurance and the initiation of a single payer system. Ukraine's Semashko health system model, even with its modifications, limits innovations. Public-private collaboration for risk pooling is an area with high synergistic potential.

## **B. The potential benefit of PPP to the private/social sector**

Ukraine's unemployment rate and constrained economic growth facilitate the availability of a qualified and motivated labor pool. Existing government health workers can be motivated to undertake activities which yield a higher social return and which additionally provide higher personal incomes.

Existing private health care facilities are motivated to provide high quality services to remain competitive. Patient payments to private health facilities support statements that these facilities provide higher levels of care.

### III. New and expected developments in Ukraine's legal framework for health PPP Ukraine Health System and PPP development

#### Current State:

- Ukraine has an oversized hospital sector, both in terms of beds as well as number of hospitals: over 400,000 hospital beds in the public sector in 2,400 hospitals and 8,300 polyclinics.
- Preventive primary care services, necessary to address NCDs, are underdeveloped.
- People enter and use the health system at all levels without any clear definition of functions and coordination of different services
- Input-based norms guide allocation of resources
- Human resource management practices are unreformed and largely corrupt
- Paper based, extremely poor, information management system
- Management of health facilities is devolved to local authorities (Oblasts, Municipalities, Rayons), without a clear definition of responsibilities, and, as a result, with duplications and fragmentation

**Opportunity:** New Government in new Ukraine at the period of profound reforms including Healthcare system

Strategic Advisory Group on healthcare reform in Ukraine has presented the final version of the [National Health Reform Strategy for Ukraine](http://healthsag.org.ua/en/2015/03/17/the-final-version-of-the-national-health-reform-strategy-for-ukraine-has-been-published/). (<http://healthsag.org.ua/en/2015/03/17/the-final-version-of-the-national-health-reform-strategy-for-ukraine-has-been-published/>). The Strategy, which has been being developed during the past 6 months by the leading international and Ukrainian experts, is designed for the next 5 years, namely 2015-2020 and is aimed at fundamental change of the post-Soviet healthcare system into a modern, which will be able to provide quality healthcare to the Ukrainian patients. The initiators of the group and the development of the Strategy, which would be used as a basis by the Ukrainian authorities, were the Government of Ukraine, International Renaissance Foundation and “Patients of Ukraine” CF. The draft Strategy has been presented in the Ukrainian regions, where experts, doctors and public opinion leaders could offer their ideas and vision, some of which are reflected in the Strategy.

Based on the above mentioned Strategy, Health Care Reform Laws package was developed by Ministry of Health and submitted by Cabinet of Ministers to the Verkhona Rada (Parliament of VR) in July 2015, but stopped by Health Care Committee of the Parliament, because another similar, but alternative laws submitted by peoples deputy, former Minister of Health Dr. Oleh Musiy in August 2015. Final decision of VR Health Care Committee with recommendations to approve or not Health Care Reforms Laws (and which one) will be made by September 11, 2015.

#### Needed Actions:

- Address structural imbalances in the organization of health care delivery system;
- Reform health financing, starting from criteria for budget allocations;
- Redefine content of prevention and treatment practices to respond to current needs;
- Change HR management policies and practices;
- Change information management policies and practices;
- Make procurement less corrupt and more efficient;
- Implement PPP mechanism for rehabilitation and building health care facilities.

Resources:

A. Centralize pooling of resources at the Oblast level for secondary and tertiary care, and transform Oblasts into strategic purchasers of services:

Oblasts Health Administrations should:

- Encourage integration and greater coordination among hospitals;
- Strengthen primary care, creating autonomous PHC centers, with branches in villages. Mixed polyclinics in urban areas;
- Progressively grant authority to hospital managers to transfer funds across inputs and services;

B. Change allocation criteria:

- Currently money goes where beds and staff are, independent of need and of performance; line item budgeting prevents any efficiency improvement.
- PRIMARY CARE: per capita payment (CP): Money should follow the patient; over time CP to be integrated with performance-related pay.

HOSPITAL CARE: payment linked to performance:

- Block budgets;
- Managers can retain savings;
- Over time, payment per treated case (DRG-based), with quality and efficiency standards.

C. Reduce out-of-pocket payments (OOP) in second phase of reforms:

- Legalize informal payments;
- Define benefit package of services to be financed by government;
- Control cost-effectiveness of new drugs and equipment.
- Over time, if economic and fiscal situation allows, develop health insurance mechanisms

FYI: World Bank health project starting from 2015 presents unique opportunity to tackle some of the issues described above and spearhead health reforms, but PPP development in health sector is not included into project portfolio.

### **Developing healthcare PPPs in Ukraine - prospective:**

- Generation of healthcare services sector open for all kinds of entities;
- Strict legal definition of which exactly medical services are free of charge for citizens and in what way delivery of such services is secured;
- Standards and scope of delivered services is guaranteed by the State;
- Attraction of PPP projects should assume private partner's capacity to make investments in projects with their further return;
- System of healthcare financing has to be reformed in direction of setting agreement relations between a customer and services provider;
- Amending Budget Code of Ukraine, laws, by-laws;
- Taking by a public partner long-term state financial obligations over PPP agreements, that foresee payments obligations (direct and e) that step outside of current budget;
- Fair compensation / reimbursement of losses to a private partner in case of early break of a contract;
- Train health care managers and economists for health sector for developing PPP projects.

#### Risks of PPPs in Ukraine Health Sector:

- The risk of interpretation of the PPP agreement as a contradiction to Art. 49 of the Constitution of Ukraine;
- Inability to guarantee long-term public financing by local self-government (partial) ;
- Misperceptions of a project from the leadership and medical personnel of the hospital.

#### Next steps in developing healthcare PPPs:

- Generation of healthcare services sector open for all kinds of entities;
- Strict legal definition of what exactly medical services are free of charge for citizens and in what way delivery of such services is secured;
- Standards and scope of delivered services guaranteed by state;
- Attraction of PPP projects should assume private partner's capacity to make investments in projects with their further return;
- System of healthcare financing has to be reformed in direction of setting agreement relations between a customer and services provider.

#### Amending Budget Code of Ukraine, laws, by-laws:

- Taking by a public partner long-term state financial obligations over PPP agreements, that foresee payments obligations (direct and indirect) that step outside of current budget;
- Fair compensation/reimbursement/sharing of losses to a private partner in case of early break of a contract.

#### **IV. Example PPP projects to support IDP health**

##### **Engineer Study and Preparation of PPP proposals for a National Center for Neuro-trauma and Neuro-rehabilitation in the state Romodanov Neurosurgery Institute, Kyiv Ukraine**

Name of Organization: Romodanov Neurosurgery Institute

Contact person, phone and email: Vasiliy Zvik, Deputy Director of Romodanov Neurosurgery Institute, Kyiv. Phone: +380504487393, e-mail: [zviki@ukr.net](mailto:zviki@ukr.net)

##### Activity Idea:

*Briefly describe the main activities and outputs of your idea. Please be as specific as possible, and include the numbers of participants, events or items that will be needed to complete the activity. Include a potential timeline and dates if known as well as specific locations of activities.*

The Romodanov Neurosurgery Institute is next to a 19% complete building that was planned as its new operational base in 1996. All government related approvals and endorsements have been given for this new facility that is intended to help meet Ukraine's growing backlog of urgent neuro-trauma cases. However, financial support for continued construction continues to be promised but unavailable.

Given the Government's initial investment in the new building, it is planned to prepare needed documents and proposals to attract private investors to complete the building and to operate a new national neuro-trauma center on a contractual basis or as a Public-Private Investment Partnership.

Funding is requested to assist the Romodanov-Neurosurgery Institute to first undertake a three month engineering assessment of the unfinished building to have assurances of its safety and current suitability for completion. If this engineering study does not find major faults with the current infrastructure, a second funding request is for the preparation over a four month time period of engineering plans, infrastructure and equipment plans with cost estimates for the building completion. These plans with cost estimates will serve as resource material for negotiations with interested investors for the joint operation of a new National Center for Neuro-trauma and Neuro-rehabilitation.

##### Costs:

*Please provide your overall expected budget figure and very briefly describe the main items that will make up the budget (personnel, materials, travel, etc.)*

- 25,000USD for a professional engineering study of the unfinished building, utility connections and the safety of existing structural beams. Engineering plans for the building's completion are to be reviewed and revised as appropriate.
- 25,000USD for the preparation equipment and staffing plans with initial and continuing cost and revenue estimates for use by the Government of Ukraine to negotiate with prospective PPIP investors. These documents will be additionally utilized to provide needed information to Ministry of Finance for inclusion as a priority in the new budget.

##### Rationale:

*Briefly explain why this activity is important now to Ukraine's transition, peace and stability. Include references to current events, surveys, or other relevant information that explains why this activity is important right now.*

Ukraine does not now have the capacity to provide needed neuro-trauma restorative treatment to an estimated 8,000 patients. Many require periodic visits for continuing services. As a joint public-private initiative, the service will not be free but will be available. The cost of this service will be much less than the benefit provided to both the public and to individuals who are again productive members of society.

Results:

*In one sentence explain the expected outcome of this activity. Answer the question, how will people act or think differently because of this activity?*

Much needed neuro-trauma and neuro-rehabilitation services will be available to the citizens of Ukraine through Government collaboration with private investors and clinic specialist.

Beneficiaries and participants:

*Briefly explain who will be project be serving and why it is an important group. Provide demographic or background details on the project background if necessary.*

All citizens of Ukraine, especially those with neuro-trauma, are expected to benefit from this proposed collaboration. There are currently some 8,000 patients who can benefit from this proposal. This number is growing as a result of the current conflicts and continuing automobile related accidents. The Government of Ukraine will benefit through a cost-sharing arrangement with independent monitoring and evaluation.

Linkages:

*Briefly explain what other organizations, groups, funding or initiatives this activity will leverage or support and include any coordination needs. You should also include how the activity will link to government if applicable.*

Since 2003, a wide range of high level government officials have endorsed the completion of this new facility and the provision of an urgently needed service. The current government has additionally given their endorsement. However, funding is not available. The documents and plans prepared under the second phase of this project will be utilized to explore collaboration with investors. University medical schools and international private health care organizations. Health care professionals in Ukraine are also likely investors. Private investments will stimulate government of Ukraine investments.

Media and outreach plan:

*Briefly explain how you plan to communicate about the activity, what mediums will be used, and who the audience is.*

Plans for the equipment, training and staff complement of the new national center will be widely distributed to prospective partners, investors and clinic operators. Investors from Turkey have already expressed interest in these completion and operational plans. When construction has been completed and initial staff selection and training initiated, senior government officials will be invited for an opening ceremony.

Background and Experience of your organization:

*Briefly explain the background and experience of your organization, and include relevant past activities, relationships or capacities.*

The Romodanov Neuro-surgery Institute has a long honourable history of serving the population in Ukraine. Despite a deteriorating budget, the center continues to provide a range of essential services to help victims of car accidents, trauma and war. However, its current facilities have continued to deteriorate due to unmet but needed patience and operational improvements.

## **Knocker in Odessa Region for public service information, questions and suggestions**

Name of Organization: Odessa Oblast Information and Analytical Center for Health Statistics  
Contact person, phone and email: Grigoriy Tyapkin, Odessa Oblast Information and Analytical Center for Health Statistics. Phone: +380674849920, e-mail: [greg\\_tyapkin@ukr.net](mailto:greg_tyapkin@ukr.net)

### Activity Idea:

*Briefly describe the main activities and outputs of your idea. Please be as specific as possible, and include the numbers of participants, events or items that will be needed to complete the activity. Include a potential timeline and dates if known as well as specific locations of activities.*

The City of Odessa and Odessa Oblast will enter into a Public-Private Partnership (PPP) with an information service company for the provision of information collection and automated dissemination in support of public services for the general population with special attention to the needs of IDPs in the Odessa area. This collaboration is intended to address one of the leading concerns expressed by IDPs and the general population to permit both: access to current services information by the population, and permit management decisions based upon current information. Increase public awareness of Odessa region public services along with Improved Odessa region resource planning and coordination are the expected outcomes of this PPP.

The City of Odessa is expected to assemble a catalogue of current service information within two months.

The software service company will establish a server base with needed software and internet connections within two months. One month's time will be required for Odessa region service information to be populated on the proposed Knocker information system.

Citizens of Odessa region will be able to access service information via smart phone, internet, and telephone. Citizens comments/suggestions/questions and criticism can be provided for public and City management review via the same communications modes.

### Costs:

*Please provide your overall expected budget figure and very briefly describe the main items that will make up the budget (personnel, materials, travel, etc.)*

- Information assembly by Odessa region will be undertaken on a no cost basis. Additionally, the City of Odessa will devote the full time efforts of at least one staff member to maintain service information current and to follow up questions and suggestions.
- The Knocker service provider will limit the cost of establishing the data bases and internet infrastructure to 100,000 UAH. [The funding amount requested in this proposal] The Knocker service provider will additionally maintain the needed software and hardware at no-cost to the City of Odessa.
- Ongoing cost to be paid by the City of Odessa is limited to 15,000 UAH per month as the operational and internet cost of the service.

### Rationale:

*Briefly explain why this activity is important now to Ukraine's transition, peace and stability. Include references to current events, surveys, or other relevant information that explains why this activity is important right now.*

The paucity of information on the availability of services has ranked high as a concern on essentially all surveys of IDPs and the general population of Ukraine. The current changing government policies and programs reinforces the need for a unified full source information repository. The inclusion of a convenient mechanism for citizens to offer comments and ask questions provides Odessa region with needed information and feedback on its services for management action.

Results:

*In one sentence explain the expected outcome of this activity. Answer the question, how will people act or think differently because of this activity?*

Citizens of Odessa region will know where to obtain up-to-date information on government services, where they can receive answers to their questions and where they can provide comments and suggestions that will be considered for government action.

Beneficiaries and participants:

*Briefly explain who will be project be serving and why it is an important group. Provide demographic or background details on the project background if necessary.*

All citizens of Odessa are expected to benefit from the availability of timely government information and the ability to conveniently address their concerns to City authorities. IDPs are expected to be among the population who are early users of the system for both information retrieval, questions and suggestions to government officials.

Linkages:

*Briefly explain what other organizations, groups, funding or initiatives this activity will leverage or support and include any coordination needs. You should also include how the activity will link to government if applicable.*

Although the primary end users of the proposed Klocker system are the citizens of Odessa, the city government will be responsible for maintaining the information data bases and promptly responding to citizen's information requests. After the system is operational, the City of Odessa may invite civil society groups and NGOs to also post details of their services for public use.

Media and outreach plan:

*Briefly explain how you plan to communicate about the activity, what mediums will be used, and who the audience is.*

The City government of Odessa will issue a press release inviting its citizens to explore the web enabled data bases and to provide their recommendations for government consideration. Additional public information on the system may include text message to local telecommunications subscribers along with the inclusion of the web site on official government correspondence.

Background and Experience of your organization:

*Briefly explain the background and experience of your organization, and include relevant past activities, relationships or capacities.*

The Klocker information exchange resource was created in 2014 in Odessa by Ihor Bazarskiy to keep its citizens informed about quality of any service. Since its early efforts to increase the availability and use of public health information, the Klocker has installed its software package for the provision of information collection and automated dissemination in support of any kind of public services.

## **Kharkiv City Paediatric Psychology and Neurorehabilitation Center**

Name of Organization: Kharkiv City and area psychologist and neurologist.

Contact person, phone and email: Olexander Dukhovskyy, Director City Center for Pediatric Neurosurgery, Kharkiv. Phone: +380 675 703 889, e-mail: alex\_duhneiro@me.com

### Activity Idea:

*Briefly describe the main activities and outputs of your idea. Please be as specific as possible, and include the numbers of participants, events or items that will be needed to complete the activity. Include a potential timeline and dates if know as well as specific locations of activities.*

The City of Kharkiv is host to a growing number of war affected children. Many of these children suffer from psychological or neurological problems. Currently 109 children are under the care of area psychologist and neurologist who must work without a supportive infrastructure. Many more children are suspected to be in need of related care but are unable to be assisted due to the very limited infrastructure.

The city of Kharkiv and area health specialist would like to enter into a collaborative arrangement to establish a fully operational centre which is known to the public that has the capacity to provide urgently needed psychological, social and neurological support to the general population and especially to affected IDP children.

Kharkiv has an unused and abandoned facility that can be refurbished to serve as a centre for needed services to children.

### Costs:

*Please provide your overall expected budget figure and very briefly describe the main items that will make up the budget (personnel, materials, travel, etc.)*

- The City of Kharkiv will provide all required office space with electricity and related utilities.
- Area psychologist, neurologist and social workers will provide non-surgical support to attending patients at no out of pocket cost to children.
- The City of Kharkiv will provide payments to the working staff in accordance with the normal and expected compensation rates.
- Donor support for some paint and plastering and to purchase and install basic office and essential rehabilitation equipment to permit the provision of professional psycho-social and neurological rehabilitation to children. [Estimated to cost 27,000\$]

### Rationale:

*Briefly explain why this activity is important now to Ukraine's transition, peace and stability. Include references to current events, surveys, or other relevant information that explains why this activity is important right now.*

Kharkiv is located in an anti-terror operations area and additionally received large numbers of IDPs from war affected areas. Many of these IDPs and their children are unable to obtain needed assistance and are suffering from the consequences of delayed care. Ukraine's investments in the rehabilitation of these children will facilitate, at an economical cost, a significantly reduced required long term support cost and additionally enable many to become productive members of society.

### Results:

*In one sentence explain the expected outcome of this activity. Answer the question, how will people act or think differently because of this activity?*

IDP children and the general population of Kharkiv City will have less of their children suffering from the long term effects of low cost delayed and missed psycho-social and neurological intervention which will significantly reduce the ongoing support cost for the care of children who were not treated in time.

### Beneficiaries and participants:

*Briefly explain who will be project be serving and why it is an important group. Provide demographic or background details on the project background if necessary.*

The population of Kharkiv will clearly benefit from access to a spectrum of non-surgical psycho-social and neurological support with a competent referral system. This benefit will be direct and indirect. The financial returns on society's investments in rehabilitation are well documented. Each assisted child is no longer a financial cost to society. A rehabilitated child will contribute to society and has the potential to be a great inventor and pay taxes.

### Linkages:

*Briefly explain what other organizations, groups, funding or initiatives this activity will leverage or support and include any coordination needs. You should also include how the activity will link to government if applicable.*

The city of Kharkiv will be the organizing authority for this effort. Ukraine is lucky to have the assistance of several international organizations that are also provide some levels of psycho-social support. IMC, Save the Children and UNICEF provide limited support. The implementations of this project will collaborate and coordinate with these providers.

### Media and outreach plan:

*Briefly explain how you plan to communicate about the activity, what mediums will be used, and who the audience is.*

The City of Kharkiv will issue a press release to make its citizens aware of this new service and will additionally work with NGOs and others assisting old and newly arrived IDPs. Ukraine's and international press and news media will be invited and given a tour of the new facility at a ribbon cutting ceremony with high level local and national government participation.

### Background and Experience of your organization:

*Briefly explain the background and experience of your organization, and include relevant past activities, relationships or capacities.*

The City of Kharkiv is committed to the success of this project. The health professionals in Kharkiv are similarly of high ethical standards and recognize the potential for a high social and economic return on their efforts to rehabilitate children.

## **Dnepropetrovsk -Endotehnomed (Garvis Clinic) Partnership for the provision of high quality tertiary services to population**

Name of Organization: Dnepropetrovsk Cith Health Department and Garvis Clinic.

Contact person, phone and email: Health Department Director and Garvis Clinic Director

### Activity Idea:

*Briefly describe the main activities and outputs of your idea. Please be as specific as possible, and include the numbers of participants, events or items that will be needed to complete the activity. Include a potential timeline and dates if know as well as specific locations of activities.*

The population of Dnepropetrovsk, surrounding villages and its large IDP population do not local access to needed specialty health care. Endotehnomed Medical Center has been providing limited secondary care to the population of Dnepropetrovsk for 18 years. The clinic is now a hospital and provides a full range of highly specialized services on a private basis.

In an effort to capitalize on available synergies, the City of Dnepropetrovsk and Garvis Clinic are proposed to utilize their resources in the most effective manner. To avoid the development and operational support cost for duplicate scarce resources, collaboration is proposed. A contractual relationship is proposed for Garvis Clinic to provide requested specialty care at a negotiated price with an additional procedure specific published out -of- pocket co-payment.

### Costs:

*Please provide your overall expected budget figure and very briefly describe the main items that will make up the budget (personnel, materials, travel, etc.)*

- The City of Dnepropetrovsk will negotiate a fee structure and referral arrangements for an agreed range of services that are uneconomical for the city to establish and maintain.
- Garvis Clinic will establish fee and out-of-pocket payment levels for the services requested by the City of Dnepropetrovsk.
- Donor support of Area psychologist, neurologist and social workers will provide non-surgical support to attending patients at no out of pocket cost to children.
- Some 25,000\$ is required to assist the City of Dnepropetrovsk to undertake a professional cost analysis of its existing health services and to make baseline projections for the future cost of its services to serve as a basis for negotiations with Garvis Clinic. This cost-accounting, demographic and health systems planning exercise is expected to require three month team work with international assistance.

### Rationale:

*Briefly explain why this activity is important now to Ukraine's transition, peace and stability. Include references to current events, surveys, or other relevant information that explains why this activity is important right now.*

The population of Dnepropetrovsk and its resident IDPs are entitled to the best available health services at an affordable cost. This proposal will help the population of Dnepropetrovsk to have the best available health care at the lowest possible cost to both the city and to individual patients.

### Results:

*In one sentence explain the expected outcome of this activity. Answer the question, how will people act or think differently because of this activity?*

IDPs and the general population of Dnepropetrvsrk will have access to high quality specialty health services at Garvis Clinic at a shared cost giving the city the possibility to establish a fixed or controllable budget level.

Beneficiaries and participants:

*Briefly explain who will be project be serving and why it is an important group. Provide demographic or background details on the project background if necessary.*

The population of Dnepropetrovsk and its high IDP population will clearly benefit for a synergistic use of scares financial and health system resources. The health care professionals and staff of Garvis Clinic will benefit from an increased flow of patients.

Linkages:

*Briefly explain what other organizations, groups, funding or initiatives this activity will leverage or support and include any coordination needs. You should also include how the activity will link to government if applicable.*

The City of Dnepropetrovsk, its medical school, medical institutes, professional associations and Garvis Clinic are all expected to collaborate, coordinate and cooperate in this initiative.

Media and outreach plan:

*Briefly explain how you plan to communicate about the activity, what mediums will be used, and who the audience is.*

Local news media and professional and civil society organizations will be invited to participate in an official opening of the service. Health care professional working in the area will be provided with guidelines and procedures for referrals and official clearance for the use of contracted patient care. A special effort will be made to inform IDPs and their primary health care providers of the possibility of referral to specialty care particularly funded by the City of Dnepropetrovsk.

Background and Experience of your organization:

*Briefly explain the background and experience of your organization, and include relevant past activities, relationships or capacities.*

The City of Dnepropetrovsk has a long history in medical science with its residents having contributed to modern medical procedures. Garvis Clinic has an eighteen year history of providing high level specialty care. The professional staff of the clinic is all affiliated with area medical schools and institutions.

## V. References

Bernard Rachel, Erica Richardson, and Martin McKee: Trends in Health Systems in the Former Soviet Countries, European Observatory on Health Systems and Policies, 2014

Boris A. Rozenfeld: The Crisis of Russian Health Care and Attempts at Reform, The Rand Cooperation.

Elias Mossialos, Govin Permanand, Rita Baeten and Tamara K. Hervey: Health Systems Governance in Europe, The Role of European Union Law and Policy, Health Economics Policy and Management, European Observatory on Health Systems and Policy, Cambridge University Press, 2010.

George M. Ingram, Julie Biau: A Data Picture of USAID Public-Private Partnerships: 2001-2014, Global Economy and Development, Brookings Institute, October 2014

Marc Mitchell, An Overview of Public Private Partnerships in Health, Harvard School of Public Health.

Report of the Asian Development Bank Institute conference on Public-Private Partnerships in the Social Sector, July, 1999 Tokyo, Japan

The Global Health Group, Focus on Public-Private Integrated Partnerships (PPIP); Global Health Sciences, Improving health and reducing inequities worldwide, University of California, San Francisco, CA, 2009

The Global Health Group (2009). Public-Private Investment Partnerships: An innovative approach for improving access, quality and equity in healthcare in developing countries. San Francisco: The Global Health Group, Global Health Sciences, University of California, San Francisco

The Global Health Group. Public-Private Investment Partnerships for Health: An Atlas of Innovation. San Francisco: The Global Health Group, Global Health Sciences, University of California, San Francisco.

Ukraine NGO Forum: Ukraine Multi-Sector Needs Assessment (MSNA) report, March 2015.

United Nations Office for the Coordination of Humanitarian Affairs (OCHA), Humanitarian Bulletin-Ukraine, Issue 01-31 August, 2015.

Valery Lekhan, Volodymyr Rudyi, Maryna, Shevchenko, Dorit Nitzan Kaluski and Erica Richardson: Ukraine Health System Review, Health System in Transition, the European Observatory on Health Systems and Policies, 2015.

Washington Post: Ukrainian soldiers ill-prepared for psychological toll of war, March 8, 2015

Challenges and proposed reforms in the Ukrainian Health Care System, Paolo Belli, Country Sector Coordinator, Human Development, Ukraine, Belarus, and Moldova, the World Bank.