

***OPPORTUNITIES FOR ENGAGING
CIVIL SOCIETY ORGANIZATIONS
TO ENSURE SUSTAINABLE
TB SERVICES IN UKRAINE***



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«Analytical report - Opportunities for Engaging Civil Society
Organizations to Ensure Sustainable TB Services in Ukraine» - TB
Europe Coalition, 2019

Publication of this material has become possible due to the grant provided in the framework of the TB-REP 2.0 project which is funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GF) and implemented by PAS Centre as the Principal recipient. The opinion of the author, expressed in this publication, may not necessarily coincide with the point of view of the GF, Principal recipient and other partners of TB-REP 2.0 Project.



Summary

The purpose of this analytical report is to provide a brief assessment of preparedness of the state and TB care system in Ukraine to a full-scale involvement of civil society organizations (CSOs) to provide social services of TB prevention, diagnosis and treatment through social contracting.

By social contracting, we mean the whole existing and potentially possible set of mechanisms allowing government, authorized bodies and institutions to delegate some of their responsibilities to provide social services for the people in the area of social security and public health. Key attributes of social contracting are public funding, diligent contract-based cooperation with performer's accountability and coordination with the customer.

Social contracting may be implemented as a government's social order, governmental procurement, providing grants for social projects, funding statutory activities of CSOs and/or individual workplaces, giving preferences or providing assets for ownership or use at preferential terms, etc., or as a combination of some or all of the above.

Contents

Introduction.....	4
State Policies and Priorities in TB Response.....	7
Legal regulation of social contracting and funding civil society organization.....	10
The role of non-government organizations in tuberculosis response.....	14
Successful cases of social contracting.....	17
Conclusions.....	19
Recommendations.....	21
Priority advocacy activities.....	24

Abbreviations

AIDS - Acquired immunodeficiency syndrome

CI - Communal Institution

CMU - Cabinet of Ministers of Ukraine

CSO - Civil society organization

DR TB - Drug-resistant tuberculosis

EU - European Union

GF - Global Fund to Fight AIDS, Tuberculosis and Malaria

HCF - Healthcare facility

HIV - Human immunodeficiency virus

IWG - Intersectoral working group

LoU - Law of Ukraine

MDR TB - Multidrug-resistant tuberculosis

MoH of Ukraine - Ministry of Health of Ukraine

NGO - Non-government organization

PHC - Ukrainian Public Health Centre of the Ministry of Ukraine

OSA - Oblast state administration

TB - Tuberculosis

UN - United Nations

WHO - World Health Organization

INTRODUCTION

Presently, TB is more than a health problem, it is also a sociopolitical problem reflecting socioeconomic situation in the country, its cultural and educational level, well-being and education of the people, development levels of healthcare as a whole and TB service in particular.

Having confirmed its commitment¹ to the Sustainable Development Goals adopted by the resolution of the UN GA no. 70/1 dd. 25 September 2015, Ukraine actually chose the vector of development of its healthcare system and targets in the area of updating and adjusting national legislation, including that aimed to achieve Goal 3: "Ensure healthy lives and promote well-being for all at all ages". The global plan to eliminate TB calls for a change in the paradigm of organization of TB services through shifting to active case finding, integrated service provision, investment optimization, and considering the rights and gender-oriented needs of people facing TB.

Ukraine remains a priority region in both global and regional contexts of TB response. Despite a certain progress in eliminating TB epidemic, Ukraine still lags significantly behind the targets set by WHO's End TB Strategy aimed at TB elimination by 2035.

E.g., to reach the target of reducing mortality by 95% by 2035, Ukraine must annually improve the existing indicator by 16%² annually starting in 2020. Should the existing rate of annual mortality reduction by 8.8% remain, the target in question will be achieved as late as 2048.

Ukraine, as well as some of the cities, has also joined Zero TB, a global initiative aimed at preparing countries to eradicate tuberculosis by focusing attention on local programs and, correspondingly, local authorities. Key activities under the initiative are finding and supporting local associations, developing comprehensive programs for local context, mobilizing extra funds and technical resources, sharing experience and assets to encourage cooperation and mutual support. Odesa became the first city in Ukraine and the whole Eastern Europe and Central Asia (EECA) region to join the initiative back in May 2017, and Kyiv signed the Zero TB initiative's declaration in December 2019.

With regard to reduction of incidence, the situation is even less optimistic: with the annual target of reducing TB incidence by 5%, the actual rate is twice as low; therefore, if the trend persists, the target incidence of 7.5 per 100 thousand people will only be reached by 2100.

While in the European region of the WHO they note fast reduction of both TB incidence and TB mortality, indicators of DR forms and HIV/TB co-infection keep deteriorating, which is in no small measure caused by the unstable situation in Ukraine³.

¹ Decree of the President of Ukraine "On Sustainable Development Goals of Ukraine until 2030" no. 722/2019 dd. 30 September 2019.

² The source of Ukrainian epidemiologic data for this section are programmatic data of the PHC.

³ Tuberculosis surveillance and monitoring in Europe 2018, Joint WHO/Europe and ECDC.

Effectiveness of TB treatment also leaves much to be desired. The cohort of patients with drug-susceptible TB of 2017 reached the treatment success rate of 75.4% (with the target of 80% for the 2020 cohort), while patients with MDR-TB of 2016 were treated successfully in less than a half of cases (49.4%)⁴.

The problem of new TB cases going undetected should also be mentioned; it concerns both general population where, according to WHO estimates, about 23% of cases go undetected annually, and children whose cases formed 2.9% of the total TB incidence in 2018 with the estimate for Ukraine ranging from 5 to 15%⁵.

Thus, the system of TB care which in 2018 included more than 12000 inpatient beds, 89 healthcare facilities and more than 500 TB offices (not including TB sanatoriums or specialized penitentiary institutions) needs urgent reforms, and it has been reflected in the official position papers of the Government issued in recent years⁶.

A full-fledged healthcare reform started with adoption of the government's ordinance⁷ that set up the basis of the new funding mechanism and changing the approach to providing care to general population by providing a guaranteed health benefit package. Implementation of the model of funding based on autonomization of healthcare facilities and contracting with a single state customer is the actual reform. However, despite this, its four-year development envisages developing other areas concerning the matters of care provision or potential improvement of TB care including revision of clinical protocols, implementation of reimbursement programs, development of electronic registries, streamlining patient pathways, etc.

One of the key aspects of the reform is optimization of existing assets and expanding outpatient TB care practice. Currently, the work on this component is just beginning. In 2018, only 23% of patients with susceptible TB and 13% of TB patients overall received outpatient care from day 1 of treatment. Yet the benefits of this approach are already clear, and some regions – such as Lviv and Luhansk oblasts – begin outpatient treatment right from the start for more than half of their patients.

The end goal of the reform and prioritization of outpatient TB care is not a purely Ukrainian initiative, it reflects international practices of TB treatment. The blueprint of a patient-centered model of TB care for Eastern Europe and Central Asia countries developed by the European WHO office in 2018⁸ centers the exemplary model around services' meeting patients' needs, taking into account social health determinants, flexible approach to needs of individual patients, availability of systems for patient referral to specialists, which is basically impossible in the context of the dominating inpatient care.

Outpatient care also enables a more meaningful involvement of CSOs in supporting TB prevention, diagnosis and treatment, and raises the issue of public funding of programs of CSOs' supporting TB patients; in the last 10 years, such programs have mostly been funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria.

⁴ «Tuberculosis in Ukraine. Analytical statistical reference book», SI "Public Health Center of the MoH of Ukraine", 2019, p. 34

⁵ «Tuberculosis in Ukraine. Analytical statistical reference book», SI "Public Health Center of the MoH of Ukraine", 2019, p. 19

⁶ <https://phc.org.ua/kontrol-zakhvoryuvan/tuberkuloz/likuvannya>

⁷ Ordinance of the Cabinet of Ministers of Ukraine "On Approval of the Concept of Healthcare Funding Reform" dd. 30 November 2016. No. 1013-p.

⁸ http://www.euro.who.int/__data/assets/pdf_file/0004/342373/TB_Content_WHO_PRO_eng_final.pdf

Having successful examples of social contracting in separate regions (Poltava and Sumy oblasts), the country needs to form a more comprehensive approach to reforming TB care system in order to enable universal access to the services that have to be guaranteed by the state. Another important aspect is the need to preserve successful practices of TB response programs produced by international technical assistance projects, and the extensive network of CSOs having many years of experience of providing care and support to TB patients and their families.

A promising factor for successful development of social contracting of TB CSOs is the growing leadership of the state in HIV/AIDS response. The MoH of Ukraine and the PHC, as the program coordinator, already have experience in implementation and funding of activities that used to be funded exclusively by donors. E.g., since 2017, Ukraine has switched to public funding of the substitution maintenance therapy ensuring procurement of the drugs for more than 12000 patients⁹. And since 2019, HIV prevention, as well as care and support for people living with HIV have been receiving financial support and own budget that in 2020 will exceed 200 million hryvnias, with implementation part to be provided mostly by NGOs.

Besides, according to the strategy, the National Health Services of Ukraine acting as the purchaser of the services and operator of the budget of the state medical guarantee program will begin developing medical reform starting the reform at primary care level and funding specialized care since the second quarter of 2020¹⁰, which, in turn, should also stimulate the system of TB care to promptly change and promote result-based work, which definitely leads to development of patient-centered care.

⁹Information about quantitative and qualitative non-identifiable characteristics of SMT patients as of 01.12.2019, SI "Public Health Center of the MoH of Ukraine", <https://phc.org.ua/kontrol-zakhvoryuvan/zalezhnist-vid-psikhoaktivnikh-rechovin/zamisna-pidtrimuvalna-terapiya-zpt/statistika-zpt>

¹⁰The Law of Ukraine "On State Financial Guarantees for Medical Services of the Population" dd. 19 October 2017 No. 2168-VIII.

STATE POLICIES AND PRIORITIES IN TB RESPONSE

The Ministry of Health of Ukraine has been designated as the chief executive authority responsible for shaping and implementation of state policies in healthcare and protection against socially dangerous diseases¹¹; in particular, the Ministry approves:

- the list and scope of procurement of TB medications;
- norms for equipment of laboratories of all levels;
- procedure for conducting prevention checkups;
- procedure for detecting and prevention of the disease among migrants;
- reporting forms; the Ministry also regulates the use of the TB Registry.

The Public Health Center, according to its Statute¹², acts as the main research and methodological institution for public health and TB response. It develops relevant policies and strategies, provides for epidemiological surveillance, promotes health, performs awareness raising and research activities.

The third important actor from the public sector is the National Health Service of Ukraine implementing state policy in the area of state financial guarantees of medical services for the population¹³.

At the local level, in addition to actual provision of care and program management, social care functions are delivered:

- determining the need of services and informing people about the list of social services, their scope and provision procedure;
- detecting vulnerable populations and persons/households in difficult life circumstances, and meeting their needs;
- maintaining the Service Recipient Registry.

Generally, organizational and financial principles for support of TB epidemic response and provision of care are regulated by the Law of Ukraine "On Combating Tuberculosis" dd. 5 July 2001 no. 2586-III which was last time substantially revised (disregarding technical amendments) in 2012.

Important documents that for the first time denoted state's responsibility for ensuring sustainability of services using public funds and for assuring the quality of the services were the "Strategy to Ensure a Sustainable Response to TB Epidemic, Including Drug-Resistant TB, and HIV/AIDS until 2020" and the action plan for implementation of the Strateg¹⁴.

¹¹ Resolution of the CMU "On Approval of the Regulations on the Ministry of Health of Ukraine" dd. 25 March 2015 no. 267.

¹² Order of the MoH of Ukraine "On Approval of the Statute of the State Institution 'Public Health Center of the MoH of Ukraine'" dd. 20 March 2018 no. 515.

¹³ Resolution of the CMU "On Establishing the National Health Service of Ukraine" dd. 25 December 2017 no. 1101.

¹⁴ Ordinance of the CMU dd. 22 March 2017 no. 248-p.

One of the objectives of the Strategy is the actual implementation of an effective mechanism for planning, procurement and provision of HIV and TB-related services, and providing mechanisms to compensate for Global Fund funding after the GF leaves the country. This approach is already being implemented with regard to HIV services, but has not yet been applied to TB response.

Until recently, the key tool for support of implementation of state policy and coordination of actors in the field of TB was development and adoption of government's targeted social programs as per the Law of Ukraine "On State Targeted Programs" dd. 18 March 2004 no. 1621-IV.

The last of active programs commissioned by the MoH of Ukraine expired in 2016¹⁵, and developing a new one created a two-year gap during which the Parliament of Ukraine failed to use their right to extend the previous program through legislation, yet main TB-related activities were not interrupted. As of today, the new Program for 2018-2021 still remains a draft law and a Concept¹⁶ approved by the Government, which raises concern because of absence of a strategic document, yet it does not affect implementation of TB-related activities.

Besides, similar programs can (and it does happen) be adopted at the oblast or city levels, providing for complementary funding and activities in support of the national program. The situation with the delay of approval of the new national program has affected local authorities' commitment to developing their own regional programs and allocating local funding.

A weakness of such programs is that they are mostly declarative in nature, lack flexibility or cohesion between planning and implementation or between financial needs of the program and actual allocation of funds. It should also be noted that such regional TB programs focus mostly on health services and do not envisage social services based on patient's need except, in rare cases, providing information to patients and/or community.

At the same time, late in 2019, the Cabinet of Ministers of Ukraine were able to agree several key documents listed below.

Medical Guarantees Program 2020 which starts in the 2nd quarter of 2020 and includes subcomponent "Treatment of adults and children with tuberculosis", which includes a requirement for healthcare facilities to provide opportunity to organize psychosocial support of patients and their individual management according to an approved plan. This creates new opportunities and an incentive for healthcare facilities to involve CSOs in provision of TB care.

National strategy for development of the TB care system developed, in particular, pursuant to the above Strategy to Ensure Sustainable Response. It provides for staged transition to outpatient TB care as a priority and envisages growing partnership and role of CSOs in implementation of TB response programs.

¹⁵ Law of Ukraine "On Approval of the National Targeted Social Programme for Tuberculosis Control for 2012-2016" dd. 16 October 2012 no. 5451-VI.

¹⁶ POOrdinance of the CMU "On Approval of the Concept of the National Targeted Social Program for Tuberculosis Control for 2018-2021" dd. 27 December 2017 no. 1011-p.

National Strategy for Combating HIV/AIDS, TB and Viral Hepatitis until 2030 which will be used as a basis for short-term Government's plans has de facto substituted the earlier National Targeted Social Program of HIV/AIDS Response and, in time, will also enable dispensing with approval of such programs in the field of TB. The national strategy is based on both experience of the targeted program and goals aligned with the WHO End TB Strategy.

One of the problems with determining the place of services in TB response domain and, therefore, with their positioning and funding advocacy is the lack of legislative definition of provision of different services.

Concept of "social services" is defined, first of all, in the Law of Ukraine "On Social Services" dd. 17 January 2019 no. 2671-VIII, where basic social services are determined against two key criteria: (1) services have to be commissioned by local authorities; (2) their purpose is prevention, overcoming or mitigation of consequences of difficult life circumstances. Considering the tuberculosis as illness generally responds to the definition of "difficult life circumstances", like any other condition affecting human health, it can be concluded that TB patients and their families are entitled to receiving social services.

A health service, or a medical care service¹⁷, in turn, can only be provided by a healthcare institution or individual entrepreneurs licensed to pursue medical practice, i.e. by a medical service subject. And though this very same Law of Ukraine clearly defines that "health service is not limited to medical care, but is directly related to it, in practice, there is an opinion that healthcare should concern only medical care, which is reflected in approaches to funding or organization of work of the institutions that perceive social services as something alien.

A possible way out to reset and change the perception of the problem of support of TB patients would be to define the concept of public health services which has not yet been detailed and is only mentioned in the Public Health System Development Concept¹⁸. The Law of Ukraine "On Public Health System", though submitted to public discussion back in June 2018, still remains a draft.

¹⁷ The Law of Ukraine "Fundamentals of the Legislation of Ukraine on Health Care" dd. 19 November 1992.

¹⁸ Ordinance of the CMU dd. 30 November 2016 no. 1002-p.

LEGAL REGULATION OF SOCIAL CONTRACTING AND FUNDING CIVIL SOCIETY ORGANIZATIONS

Models of CSOs involvement and funding

In the daily language and practice, the notion of social contracting is often substituted with social procurement – a term defined in the national legislation¹⁹, which is completely incorrect and substantially narrows the idea about possible involvement of CSOs in implementation of national programs and provision of contracted services paid for by the state.

The below table lists key (currently most common and most prospective) models of CSO involvement in the context of this analysis:

Mechanism	Social Procurement	Public procurement (open bidding)	Project competitions
Main document	Procedure for social procurement using public funds ²⁰	The Law of Ukraine «On Public Procurement» ²¹	Competition procedure ²²
Source of funding	Only local budgets	Money of recipients and administrators of public funds, state-owned companies, loan funds	State and local budget
Service providers	Non-public entities included in the Registry	Any entities meeting qualification criteria	Only civil society institutions
Participation procedure	Submission of bids	Submission of bids via electronic system	Submission and further presentation of proposals
Selection procedure	Rating by a standing commission	Auto-selection (if price is the only criterion)	By a commission operating in a voluntary capacity
Payment method	Post-factum, after service provision	Possible advance payment (as per contract)	Possible payment in instalments (as per contract)
Features	Services are provided according to approved standards	Non-discriminating requirements to suppliers, scope of services and description thereof are a part of bidding documents. In the absence of competition, multi-stage selection is possible	Only in case of co-financing from other sources. Ownership in common with the state

¹⁹ The Law of Ukraine "On Social Services" dd. 17 January 2019 no. 2671-VIII.

²⁰ Ordinance of the CMU dd. 29 April 2013 no. 324.

²¹ The Law of Ukraine dd. 25 December 2015 no. 922-VIII.

²² Ordinance of the CMU dd. 12 April 2011 no. 1049.

Below is a basic SWOT analysis²³ of the two priority models considered as the most prospective ones taking into account the specifics of TB service provision, program goals and possibility of CSO involvement:

Social Procurement

S – Strenghts

Overall experience of use on the country level.
Understanding and adopting the mechanism at the local level.
Less requirements to planning and management.
Easier to ensure continuity of services.

W – Weaknesses

Mechanisms inflexibility with regard to client needs.
Limited list of purchasers and funding opportunities.
A system of service procurement outside of health system.
Focus on social services.

O – Opportunities

Better fits the system of program forming and funding.
Administrative resources can be used.

T – Threats

Purchasers align bidding documents with their own interest.
Human factor of the commissions.
Providers not interested.

Public Procurement

S – Strenghts

Experience of use in the field of HIV.
No limites for purchasers, sources and levels of funding.
Transparent selection mechanisms.
Better opportunities for evaluation of effectiveness and outcomes.
Result-based payment.
Flexible payment.

W – Weaknesses

Higher technical requirements and a more complicated participation procedure.
Most CSOs lack experience.
Complex administration, specialist staff is required.

O – Opportunities

More client-oriented.
More opportunities for complementary funding or provision of extra services.
Clear scope and specifications of service provision.
Competitive price forming enabled.
Legal setting of budget expense categories possible.

T – Threats

Purchasers align bidding documents with their own interest.
Price dumping leading to quality deterioration.
Unfair competition.
Artificial competition.
Blocking implementation through contesting commission's decision.
Risks of delayed procedures.

Other mechanisms provided for in legislation provide less opportunities for a large-scale implementation based on universal coverage principle, but they may be used for meeting the needs of individual regions, or for certain subcomponents.

²³ SWOT analysis is a moethod of strategic planning involving identification of factors of external and internal environment of an organization, and allocating them to four categories: Strengths, Weaknesses, Opportunities, Threats.

The following of them should be noted:

- *subventions applied mostly for state support of all-Ukrainian associations, usually on a non-competitive basis.*
- *local "participation budgets" implemented on a competitive basis funded by local budgets, and supported community projects in the areas selected per budget year, which have been able to collect a certain number of signatures from residents of a territorial community.*
- *contract-based public-private partnership as a mechanism for long-term (5 to 50 years) cooperation between public and private partners to complete state's objectives.*

Additional incentives may include engaging (funding) CSO staff through employment centers, leasing premises on preferential conditions, providing equipment or materials for free use, etc.

Funding services

Considering that TB issue, despite being a severe social problem, is still a challenge, first of all, to healthcare and public health, the main source of nationwide funding should probably be healthcare budget.

After changes were introduced to the budget legislation, a new budget program in the budget request for 2020-2022 appeared: 2301040 "Public health and anti-epidemic measures" which does not directly provide for procurement of services of support, management or detection of TB patients – unlike those for HIV patients.

The main source of funding for the services (unlike procurement of medications that will be conducted within the framework of the above 2301040 program) is the program of state financial guarantees of medical services for the population (2308060), where more than 3 billion hryvnias are classified as "Social security" (code 2700), and, in terms of components, 44.5 billion goes for specialized care and more 19 billion – for primary care.

The medical guarantees program will be launched in the second quarter of 2020. Rates for TB-related health services are yet set for 2020 as a universal rate. Total approximate amount of contract between the NHSU and HCFs is calculated as planned number of patients to receive TB care multiplied by the rate.]

Planned number of patients is determined according to information provided by health care provider when submitting an application for a contract with the NHSU, taking epidemiologic situation in the account.

A list of requirements was developed for service providers, with the key ones being autonomization (an HCF may not be a publicly funded institution), medical license, and computerization to enable keeping electronic registries and synchronization with the eHealth system.

Besides, requirements have been set to staffing, equipment and service effectiveness.

A list of services to be procured includes:

- *TB detection (consultations and testing).*
- *Selecting a therapeutic approach, prescribing TB medications and treatment adjustment based on clinical score.*
- *Planning and observation (working on adherence, hospitalization whenever required, organization of outpatient treatment, reintegration and rehabilitation).*
- *Treatment monitoring (conducting tests and providing consultations with other specialists, adverse effect management, adherence control).*
- *Detecting, diagnosing and treating co-morbidities.*
- *Coordination in TB prevention and detection.*

Both of these programs can be the main source for national-level social contracting.

At the local level, the priority source of funding is still local budget programs for social services preserved at both regional and subregional levels in various forms: individual programs for TB patient management and support or comprehensive programs for public health or combating socially-dangerous diseases, or so-called population well-being programs.

THE ROLE OF NON-GOVERNMENT ORGANIZATIONS IN TUBERCULOSIS RESPONSE

In rule-of-law states, civil society is an equal partner of the state and business in resolving social problems. Such a power structure also follows from international documents and recommendations of the WHO and STOP TB Partnership which speak of strengthening collaboration between CSOs and the state²⁴ and involving CSOs in provision of people-centered TB services²⁵. At the same time, state commits to create favorable legal conditions for activities of civil society organizations, provides a substantial part of their funding and involves them in social service provision.

The key principles social contracting models are based and function upon are decentralization and subsidiarity.

According to these principles, social services must be decentralized, independently managed, be of good quality, while state's intervention in the process of service provision must be reduced to minimum.

Furthermore, social contracting must be based on a competitive approach to selection of service providers and result-based payment. Competition should promote selection of a provider with the best value for money and ensure client satisfaction and achieving program goals. Lack of results or direct correlation between the amount of allocated funds and achieved improvement of epidemic indicators undermines confidence in the program as a whole and affects advocacy efforts.

Long-standing experience of implementation of grants from international organizations allows stating that there is an extensive network of CSOs represented in every region of the country. Presently, there are more than 100 NGOs providing all sorts of social services in the fields of HIV and TB response.

At the same time, competition level varies, which implies additional risks. In case of oversaturation of the market, there is a risk of unfair competition, artificial delays in provider selection or interventions in service provision process after actual contracting of a selected organization.

Lack of competition, on the other hand, creates additional risks of legally required re-announcement of bidding or postponing bid submission deadlines. Besides, having a single provider affects their motivation to improve quality of services and self-develop, also increasing corruption risks.

²⁴ Political Declaration of the High-Level Meeting of the UN GA on TB of 28.09.2018.

²⁵ A People-Centered Model of TB Care. Blueprint for EECA countries (WHO, 2017).

CSOs are a large part of entities providing social services. Involvement of the organizations in social service provision has allowed receiving such an important advantage as added value, i.e. extra benefits for such services (price, quality, etc.). It is important to note that CSOs, as entities providing social services, can have a number of advantages the most important of which are:

- being close to service recipients and understanding their needs;
- being more flexible and having a better potential for innovations;
- better preparedness to work in conditions not typical for health facilities (outreach routes, irregular working hours, mixed or combined responsibilities, etc.);
- better preparedness to integrate social, health and other services;
- often – personal commitment of members of the organizations to resolving TB-related problems.

Considering all of the above, CSOs need to be considered as partners on the national and local levels and involved in shaping and implementation of social contracting policies: from determining what social services can be provided, their legal regulation and provision, to monitoring and evaluation of program implementation.

Civil society sector of Ukraine presently can undertake a significant share of functions in provision of TB-related social services to the people.

But, as implementation of the so-called Transition Plan for HIV has shown, when in 2019 more than 90 organizations participated in electronic bidding for provision of prevention services to key populations and care and support services for people living with HIV, most of organizations need substantial capacity building efforts to be able to compete for public funding regardless of the model of contracting.

Measures to prepare to transition need to include more than just training on registration on platform and/or preparation to submission of bids. Most CSOs also need to develop or draft internal policies for human resources, budget and programmatic planning, accounting, fundraising, etc.

The issue of capacity building concerns, of course, more than just non-government sector. It is relevant for purchasers of services – first of all, with regard to communications, data verification, monitoring and evaluation, contract follow up, etc.

The role of CSOs must not be limited to provision of services. For instance, shifting to people-centered TB care – following recommendations of the WHO – has already begun²⁶. Correspondingly, new recommendations speak about provision of services at locations convenient for patients, with involvement of civil society and community-based organizations, and about piloting new methods of care provision.

²⁶ A People-Centered Model of Tuberculosis Care - A Blueprint for Eastern European and Central Asian Countries, First Edition. – 2017.

Effective models of interaction between state and non-government sector envisage participation of the latter at all stages of program implementation – from assessment of the needs of population (communities)²⁷, policy-making, determining approaches, list of services, conditions for CSO involvement, monitoring selection and contracting processes, and implementation, to program monitoring and evaluation.

In Ukraine, the main tool of cross-sectoral mechanism – National Council for TB and HIV/AIDS – includes representatives of both organizations that combat TB and associations of people living with TB. Moreover, the Provision on the Coordination Council²⁸ provides for a position of a Deputy Chair for a representative of an association of people living with TB (or HIV).

Also, service organizations and communities have the right (and actually use it) to participate in development of national plans, strategies and drafts of laws and regulations by taking part in activities of working groups, other advisory bodies or public discussions as provided for in the law²⁹.

²⁷ Civil society and health: contributions and potential. WHO. – 2017.

²⁸ Ordinance of the CMU "Some issues of TB and HIV/AIDS response" dd. 11 July 2007 no. 926.

²⁹ Ordinance of the CMU "On ensuring public participation in state policy making and implementation" dd. 3 November 2010 no. 996.

SUCCESSFUL CASES OF SOCIAL CONTRACTING

Procurement of services

Region	Cherkasy oblast	Rivne oblast	Lviv oblast
Volume of financing	UAH 48 492	UAH 48 800	UAH 97 290
Purchaser	Cherkasy oblast TB dispensary	Rivne oblast TB dispensary	Lviv oblast TB dispensary
Services	Social support of TB patients	Psychosocial support of patients with TB (incl. DR TB), HIV/TB at the inpatient stage	Care, support and psychosocial aid for clients with susceptible TB (incl. outpatient)

Social Procurement

Region	Kherson	Kryvyi Rih
Volume of financing	UAH 135 000	UAH 48 800
Purchaser	Kherson oblast TB dispensary	Kryvyi Rih TB dispensary
Services	Palliative and hospice care, incl. for people living with HIV, TB and HIV/TB	Psychosocial support of patients with TB and HIV/TB

Purchasers of services in the above cases were TB healthcare facilities. However, in the context of the ongoing healthcare reform envisaging management of outpatient TB care by primary care doctors, the practice of social contracting must be spread to primary care facilities. Attracting public funds for provision of TB management through social contracting by healthcare facilities will ensure sustainability of the services.

A separate successful case at the national level is implementation of the already mentioned Transition Plan for HIV services that were switched to public funding.

It should be noted that piloting the Transition Plan in 2018 also included services of TB response in the pilot regions – Sumy and Poltava oblasts – using the public procurement mechanism. The funds then were provided from the national level (PHC) to Poltava Oblast State Administration and Sumy Oblast Public Health Center.

This model that could loosely be characterized as “decentralized” means high levels of preparedness and capacity at the regional level for program management, as the procurement and, therefore, contracting and contract follow up are performed by the purchaser (regional public health center or oblast-level TB facility).

In the HIV field, this practice was discontinued in 2019: it was replaced with a centralized approach where procurement for individual lots and components is conducted at the national level by the Public Health Center as the lower-level budget spending agency, as is stipulated in the legislation³⁰.

Simultaneously with piloting of both models, in the city of Poltava and Poltava oblast in 2018-2019, they provided services in addition to the ones procured through implementation of the Transition Plan.

Public procurement mechanism was used to provide:

- *social support of people in difficult life circumstances and in conflict with law (the purchaser was Poltava City Center of Social Services for Children and Youth);*
- *social support of patients receiving substitution maintenance therapy (the purchaser was Poltava Oblast Narcology Dispensary);*

Social procurement mechanism was used to provide:

- *social support/patronage, short-term consultations (the purchaser was the Department of Social Protection and ATO Issues of the Executive Committee of Kremenchuk City Council of Poltava oblast);*
- *comprehensive prevention services for people who inject drugs (the purchaser was Poltava Oblast Center for HIV Prevention and AIDS Response).*

Therefore, it is possible to successfully combine both different mechanisms for CSOs involvement and different budget levels.

³⁰ Ordinance of the CMU “Certain issues of provision of services to populations most vulnerable to HIV and people living with HIV” dd. 12 June 2019 no. 497.

CONCLUSIONS

Ukraine is at the beginning of its way to reforming TB care system, and is stepping up partnership with CSOs in response to socially dangerous diseases.

Concerns are raised by oftentimes declarative commitment of the state to stopping TB epidemic; lack of adopted regulations to detail and deepen changes in TB care system and directly describe mechanisms of CSOs involvement and role; secondary role of TB programs compared to HIV/AIDS response programs; different adherence and capacity of the regions; lack of rapid improvement of individual epidemiologic indicators – these problems can hinder Ukraine on its way to the status of a country free from tuberculosis.

Development of the public health system, preserving the network of NGOs providing TB response services, capacity and level of involvement of civil society in decision making, overall tendency to promoting people-centered service models, declaring adherence to the global sustainable development goals and successful practical cases of public partnership with CSOs – all this allows being optimistic about possibility of public funding and development of the role of non-government sector in provision of TB services as the key element of program sustainability.

The way to resolve the above problems is prioritization of TB issue through specific documents, commitments, actions, amounts of funding, and broad cooperation between all stakeholders at all stages of shaping and implementation of state policy on TB response aimed at ensuring universal access to services based on the principles of participation, transparency, evidence, accountability and cost effectiveness.

Social contracting in its various forms – as mechanisms some of which are widely spread in Ukraine, and some will likely be used in future – is the key way to support the reform process. The nature of social contracting itself that involves strengthening good-faith collaboration between the state and non-government sector, provides the best opportunity to resolve problems of health systems in transition from the so-called “Semashko system”.

Though accepting this may be difficult, socially dangerous diseases pose small interest for health services which, in conditions of high competition, autonomy, and with a pragmatic approach on behalf of the state (result-based payment), are forced to standardize their approach to care, minimize costs, or seek the ways to provide other services competing for patients.

Tuberculosis in this regard does not provide enough opportunities (because of vulnerability of most patients), length of treatment and the need to use many resources for daily management and support.

At the same time, realizing the importance of ensuring sustainable TB response, the state must propose ways to compensate or minimize costs of healthcare facilities related to TB care, and this is why social contracting seems like an effective mechanism allowing, together with healthcare system, resolving most problems that cannot be overcome by isolated healthcare systems. Besides, large-scale application of social contracting will have a positive social effect not just on treatment outcomes, but also on some related fields – including development of civil society, reducing stigmatization of patients and key populations, improving understanding and responsibility in the communities and among local authorities.

RECOMMENDATIONS

Below you will find general recommendations that may be adopted by representatives of the public sector or TB care institutions (for their practice), as well as by CSOs (as a tool for advocacy and awareness raising):

In the field of state policy and sustainability

Ensure fulfilment of the Strategy for development of people-centered TB care system, develop detailed implementation plans.

Ensure adoption of governmental and modern result-based plans of implementation of the State Strategy to Fight HIV/AIDS, TB and Hepatitis until 2030 for the TB component, providing for funding for TB-related social services.

Develop and pilot mechanisms for ensuring sustainability of the services through social contracting under the grant of the Global Fund for 2021-2023 with gradual transition to public funding.

Consider including individual budget lines for TB-related social services at both national and regional levels.

Ensure support of development and funding of local programs at the level of amalgamated territorial communities to enable comprehensive work with risk groups, including active TB case finding.

Concerning improvement of legal framework for social procurement

Update the list of high risk groups for TB (Order of the MoH of Ukraine dd. 15 May 2014 no. 327). Develop standards for TB patient management listing corresponding services, their scope, and requirements to provider organization to be engaged through social procurement.

Develop a methodology for calculation of the demand for individual TB-related social services.

Develop methodological documents allowing targeting existing social security services at persons or households affected by TB and moving the general broad range of social services closer to people's needs.

Concerning national program management, monitoring and evaluation

Conduct systemic analysis of epidemiologic data broken down by sex and age to identify gender-specific risks and vulnerability factors in order to timely respond to changes in epidemic trends and adjust goals of programs providing sociopsychological aid to people with TB.

Perform mapping and optimization of providers of social, medical and public health services and ensure exchange of information and mutual referrals.

Focus program development of people's needs in the field of TB care and access to healthcare services in general, especially for risk groups.

Ensure monitoring and assessment of effectiveness of implementation of the component "Treatment of adults and children with tuberculosis" of the medical guarantee program.

Concerning regional program management

Provide funding for engagement of CSOs for provision of TB patient management services.

Improve interagency coordination of TB prevention, diagnosis and treatment among healthcare facilities.

Implement informational campaigns on TB and TB/HIV aimed at raising awareness and reduction of stigma and discrimination among general public.

Introduce questionnaires for patients in order to identify high-risk group in TB context.

Introduce methodological and training materials for patients on receiving treatment, managing adverse effects of medications and educating family and closest circle.

Improve protection of confidentiality of patients receiving TB diagnosis and treatment services

Concerning involvement of CSOs, including partner organizations and organizations of communities affected by TB

Ensure active participation of CSOs in planning, implementation and monitoring of TB response programs.

Implement basic criteria for conditions and quality of TB services provided by CSOs (logistics, qualified staff, work experience as needed) to ensure compliance.

Propose/consider looking for international technical assistance (grants of the GF and/or other projects) for soft preparation of CSOs to gradual transition from 100% donor funding to public funding of TB services.

Create favorable conditions for building up capacity of CSOs and communities of people affected by TB in the area of TB response in order to improve effectiveness of results of early case funding and treatment outcomes.

PRIORITY ADVOCACY ACTIVITIES

Below are directions that should be the priorities for comprehensive advocacy activities of CSOs, networks and communities:

- Implementation of social contracting mechanisms, incl. to ensure increasing CSOs' role and share in provision of TB services.
- Ensuring sustainable funding of the services as a separate line of use of public budget funds.
- Development of strategic documents on TB control based on people-centered care model.
- Development of legislation allowing ensuring transparent criteria for service provision and funding (standardization and cost calculation).
- Development and implementation of mechanisms for attracting and implementation of community-based monitoring and evaluation of programs.
- Preserving and increasing CSOs' and communities' involvement in decision making.
- Supporting development of local healthcare services, including motivation and involvement of people in identification of needs and requests of territorial communities.
- Conducting express assessment / situational analysis of current condition of the TB care system.
- Revision of main terms and definitions for institutions and organizations providing TB services in order to harmonize them with national and international standards.
- Definition and development of respective technical documents (clinical guidelines, hospitalization criteria, etc.) for TB care system.

ANNEXES

Annex 1.

Procedure for implementation of state guarantees of medical services for the people under the medical guarantee program. Approved by Ordinance of the CMU dd. 27 November 2019 no 1124.

Procedure for implementation of state guarantees of medical services for the people under the medical guarantee program in 2020:

<https://zakon.rada.gov.ua/laws/show/%201124-2019-%D0%BF#Text>

Annex 2.

National Strategy of TB Care System Development:

<https://zakon.rada.gov.ua/laws/show/1414-2019-%D1%80>

Annex 3.

State Strategy of Response to HIV/AIDS, TB and Hepatitis until 2030:

<https://zakon.rada.gov.ua/laws/show/1415-2019-%D1%80>

