ROLE OF THE DECENTRALIZATION REFORM

AND ITS IMPACT ON THE ACCESS TO HEALTHCARE SERVICES IN CONFLICT-AFFECTED AREAS OF DONETSK AND LUHANSK OBLASTS
ABOUT MDM

MdM is an independent international movement of active campaigners, who provide care, bear witness, and support social change.

MdM campaigns for a world without any barriers to healthcare, a world in which health is recognized as a fundamental right.

«Мédicos del Mundo» and «Ärzte der Welt» are respectively the Spanish and the German divisions of the international MdM network and jointly implement humanitarian assistance programmes in Luhansk and Donetsk Oblasts of Eastern Ukraine.

The MdM mission in Ukraine was established following the emergency assessment conducted in April 2015 and focused on changes in availability of and access to healthcare, particularly for the most vulnerable population, including the elderly and those with chronic diseases.

One of the main goals of MdM is extending the access of Ukrainian population to timely and quality primary healthcare (PHC), Sexual and Reproductive Health (SRH), Mental Health and Psychosocial Support (MHPSS) services and Gender Based Violence (GBV) prevention and response.

In Luhansk and Donetsk Oblasts MdM is targeting the most vulnerable communities through a mobile outreach unit approach covering remote locations in the area close to the Line of Contact, where the health system has been severely disrupted due to the armed conflict.

In Sievierodonetsk and Shchastia Raions 2 outreach teams consisting of a family doctor, a midwife, a nurse, a psychologist and a pharmacist are conducting daily visits to carry out consultations and provide essential medical services.

In Bakhmut Raion the outreach team consisting of a midwife and one psychologist, visits remote locations together with family doctors from the local PHC system.

In Stanytsia Luhanska town MdM provides MHPSS services (group and individual consultations) for host community and individuals coming arriving from NGCA.

In Luhansk and Donetsk Oblasts, both GCA and NGCA, MdM supports local health system through humanitarian assistance and COVID-19 related response:

- Donations of medical equipment, medication, and consumables to PHC and Secondary Health Care facilities in Donetsk and Luhansk (GCA). And donations of emergency medical equipment to key health facilities in Luhansk NGCA.
- Trainings and supervision to the healthcare staff on SRH, MHPSS, GBV, and COVID-19.
- Institutionalization of knowledge, establishing the community of practice through partnering with educational institutions for transfer of knowledge. Strengthening and empowering communities.
- Support of the healthcare system to respond to COVID-19.

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The Decentralization Reform and Healthcare Reform have been initiated in Ukraine in 2014/2018 and have been rolled out simultaneously over the past few years.

The reform implementation has had a systemic impact on the access of the conflict-affected population to essential healthcare services in the Donetsk and Lugansk Oblasts. Given that these two oblasts have been facing the challenges of conflict impact since 2015 and still remain accountable for the service delivery in the areas under the active conflict, the roll-out of reforms has been an additional factor of stressful transformation on the system and communities. The decentralization reform could have varying levels of success in achieving its intended effects on the healthcare system, such as equity in population health outcomes, health system efficiency, and health system resilience, including how community engagement influences these effects. It is important to understand the challenges of the process to optimize the positive and minimize the negative impacts of reforms on accessing the essential healthcare services by the conflict-affected population.
INTRODUCTION

The Decentralization Reform or reform of Local Government and Territorial Organization of Power initiated in 2014 was launched to create an efficient and responsible local governance system able to ensure a comfortable and safe living environment for people in Ukraine. New entities called Amalgamated Territorial Communities (ATCs) have been created as part of the reform since 2015. ATCs were also used as the basis for the new administrative-territorial system introduced by the reform in 2020.

The process of decentralization in Luhansk and Donetsk Oblasts resulted in the following changes:

- Reduction in the total number of districts (raions) (from 18 to 8 in Luhansk Oblast and from 18 to 8 in Donetsk Oblast);
- A new geographical decoupage of raions based on geographical areas of ATCs composing the raion. In some cases, new decoupage led to the incorporation of communities being part of an ATC into new raions, with which they had no previous linkages;
- The transfer from the previous to the new structures at the raion State Administration and ATCs level started in January 2021, resulting in a significant reduction of the number of administrative staff;
- While elections took place in most of the ATCs in Ukraine in 2020, electoral processes were canceled for security reasons in some areas along the contact line in Eastern Ukraine. Therefore, Civil-Military;
- Administrations (CMA) were established in 18 communities along the contact line. As of 31 May 2021, all eight Heads of CMAs were appointed in Luhansk Oblast, while in Donetsk Oblast, nominations of Heads of CMAs were finalized only for 5 out of 10 ATCs.

Prior to the Decentralization and Healthcare Reforms, health policies were developed mainly by the central government and further implemented by the regional health departments. The healthcare system was financed by the Ministry of Health that was distributing funds to administrative-territorial units by means of subsidies. In reality, local authorities had very limited power to influence the state of the health care system.

With the new health reform, the role of local government bodies in the implementation of health policy has fundamentally changed. Local authorities became the administrators of the network of medical institutions and in charge of the quality and availability of medical services. At the same time, medical services started to be remunerated in accordance with the programme of medical guarantees from the National Health Service of Ukraine (NHSU).

Important to note that, according to the sociological survey «Decentralization and the Reform of Local Government», 46% of the respondents named the creation of conditions for improving healthcare as a priority for the newly elected local authorities.

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1 An ATC is a special administrative-territorial entity formed (on the basis of the Law of Ukraine «On Voluntary Unity of Territorial Communities» and the Government Methodology for forming viable territorial communities in coordination with regional state and local authorities) during the decentralization reform in 2015-2020 by voluntary unity of adjacent territorial communities of villages, settlements, cities (corresponding village, settlement, and city councils). In June 2020, new territorial communities (TCs) were formed on the basis of the already formed ATCs.

2 At the same time, in July 2020, Resolution No. 3650 «On the Formation and Liquidation of Districts» was adopted, resulting in the liquidation of 490 districts and the formation of 136 new districts in Ukraine, with the exception of Donetsk and Luhansk NGCA.

3 Resolution No. 3650 «On the creation and liquidation of districts”, Verkhovna Rada

4 Civil-military administrations are temporary local government units concentrated on the territories of Donetsk and Luhansk oblasts of eastern Ukraine due to the ongoing conflict. They are created under the guise of the Anti-Terrorist Center of the Security Service of Ukraine. They are regulated by Law «On the civil-military administrations» which outlines their organization, jurisdiction, and order of activities for providing civil security, creating conditions for the normalization of life, enforcement of the rule of law, participation in combating sabotage manifestations and acts of terrorism, and the prevention a humanitarian disaster in territories where an anti-terrorist operation is being conducted.

This shows the need to improve the quality of health care and expectations from ATCs that the improvement of health care at the community level will be one of their priorities.

At the same time, Ukraine is in the process of transferring the common property of villages, settlements, and cities of the former raions to the community level or the newly formed raions; All these transformations produced an important impact on availability and accessibility of healthcare services in conflict-affected communities.

**METHODOLOGY**

THE ANALYSIS BELOW IS BASED ON THE REVIEW OF LEGISLATIVE DOCUMENTS, RECENT MDM ASSESSMENTS IN THE SETTLEMENTS ALONG THE LINE OF CONTACT (LOC), AVAILABLE ASSESSMENTS PRODUCED BY PARTNER ORGANIZATIONS AND INTERVIEWS WITH THE REPRESENTATIVES OF THE LOCAL AUTHORITIES AND HEALTH FACILITIES OF LUHANSK AND DONETSK OBLASTS (GCA).
THE DECENTRALIZATION REFORM AND ITS IMPACT ON THE ACCESS TO HEALTHCARE SERVICES IN THE CONFLICT-AFFECTED AREA:

Long process of transferring the ownership of health and social facilities to the newly created raions and ATCs

At the moment, local authorities are in the process of transferring facilities of common property from former raions to communal ownership of newly created raions and ATCs, including medical facilities. The legal successor of the district council is obliged to transfer facilities located on the territory of the ATC to this new entity. The transfer was supposed to be finalized once the former raions councils are restructured, but not later than 1 July, 2021.¹

As a result of this process, the following challenges have been observed:

1.1. Conflicts have arisen between some communities due to dissatisfaction with the processes of the division of property and its transfer. There are cases when the transfer was delayed whereas medical facilities and their staff found themselves in a situation of uncertainty.

1.2. Most communities became owners of secondary medical facilities, which created an additional burden on community budgets. When one raion hospital serves several ATCs, only the ATC that owns the health facility has an obligation to financially support it even though other ATCs use the institution. Moreover, the process of discussing joint financing by several ATCs is a rather complex and constantly recurring procedure. Under the current law, communities that are not the owners of medical facilities have no legal obligations to compensate the ATC that owns such an institution. At the same time, by law, there is also a possibility to transfer the ownership of the secondary and tertiary level health facilities to the newly formed raions or even oblast administrations. Therefore, to reduce the financial pressure on ATCs, it can be recommended:

- Either to introduce into the law an obligation for ATCs to compensate medical services received in the community that owns the health facility, to reduce their budgetary burden and provide better financing to the health facility, or
- transfer secondary and tertiary facilities to the raion or oblast levels, which could be beneficial as it would allow having a quality network of health centres organized by the oblast administration that would cover the needs of all ATCs.

¹ Law of Ukraine “On Local Self-governance in Ukraine” as of 21.05.1997 No. 280/97-BP (Para. 1—3 point. 10 section V)
Since decentralization is a new phenomenon in Ukraine, local authorities received extended powers to decide how health and social services are to be provided in the ATC. To do that, each ATC needs to conduct an assessment to define specific needs and resources available in the community, to make then proper strategic planning to make sure that there is an appropriate service purchased by each community, based on its specificities. Such processes require technical support, training and, most importantly, time. Therefore, a specific period dedicated to capacity building, assessment, and strategic planning should be included in the timeline of the reform implementation. In particular, specific delays for implementation should always be planned for the conflict-affected area, where the delay in nominations of the CMAs Heads produced a collapse of services provision in the first months of 2021.

Because of the changes produced by decentralization processes, local authorities and healthcare facilities have a poor understanding of their obligations related to the provision of services.

The following situations related to the poor understanding of obligations by the local authorities have been reported:

2.1. Some communities refused to cover costs related to utility bills of the PMSAC situated on their territory, explaining that the utility costs are covered by the NHSU funding, and that the PMSAC should cover utility bills on their own. PMSACs do not understand how to prove to the local authorities that the NHSU does not cover such costs and that the community has to pay for it. In 2018 the Ministry of Finance of Ukraine already provided clarifications on the obligation of local authorities to pay for utilities and energy commodities of healthcare facilities.²

2.2. Refusal of communities to maintain outpatient clinics, FAPs, or FPs. Since the NHSU pays for the medical services provided by the PMSAC, the latter, upon receipt of funds, has to ensure the proper functioning of all its structural units, including FAPs, FPs, PMSAC. Within the scope of their powers, local authorities can finance local programmes to develop and support public health facilities, but such funding is not their obligation by law. Thus, PMSACs do not receive funding for the maintenance of FAPs and FPs, and at the same time, they are responsible for ensuring access to PHC whereas local authorities in charge of the PMSAC have no direct obligations to maintain such FAPs and FPs. Therefore, the PMSAC has no other choice but to close certain FAPs in locations, where local authorities refuse to cover costs related to the maintenance, which leaves the most vulnerable settlements without medical staff.

2.3. Refusal of communities that use the services of the medical facility owned by another community to compensate for the services provided by the PMSAC. The conflict between communities primarily affects the ability of medical facilities to provide care and creates a risk of losing public access to health care.

2.4. Difficulties in formalization of relationships for the joint financing of PMSACs by several ATCs. There are cases when local authorities are ready to co-finance the PMSAC where their population receive healthcare services, but they do not know the correct legal form of the partnership to put in place, covering all the expenditures for the PHC, including local programmes and providing additional services to the population.

² Letter of the Ministry of Finance of Ukraine as of September 28, 2018, No. 07050-11-2/25432 «On payment for utilities and energy by health care institutions — communal non-profit enterprises that have entered into agreements with the National Health Service of Ukraine.».

Medicos del Mundo, June 2021
RESPONSIBILITIES OF ATCs

Local authorities have the following responsibilities:

- management of healthcare facilities, organization of their logistical and financial support;
- provision of accessible healthcare services on the free of charge or affordable basis, in the relevant territory within the given capacities;
- development of all types of medical care, including the capable network of healthcare facilities;
- assistance in the training of specialists.  

ATCs have the following expenditures:

- outpatient and inpatient care (general hospitals, specialized medical facilities, maternity hospitals, outpatient hospitals and dispensaries, general dental clinics, ambulatories);
- primary healthcare (medical ambulatories, feldsher-midwife points (FAP) and feldsher points (FP), primary medical sanitary aid centres (PMSAC);
- health education programmes (health centres and health education activities); other state programmes of medical and sanitary care (territorial medical associations, centres of medical statistics, automobile enterprises of sanitary transport, other programmes and activities);
- payment for utilities and energy commodities by public health facilities that provide primary healthcare, local programmes for the development and support of public health facilities that provide primary healthcare, and local programmes for the provision of primary healthcare services to the population;
- payment for utilities and energy commodities of communal healthcare facilities owned by the respective territorial communities to ensure the provision of medical services;
- local programmes of development and support of communal healthcare institutions which belong to the respective territorial communities, local programmes of providing medical services to the population in addition to the amount provided by the program of state guarantees of healthcare;
- local public health programmes.

The responsibilities of the local authorities should be clearly understood and endorsed by both local authorities and healthcare facilities as only through close cooperation between the local authorities and the head of the medical institution it is possible to provide affordable and quality healthcare on the community level.

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3 Law of Ukraine «On Local Self-Governance in Ukraine».
4 According to the provisions of the Art.89 of the Budget Code of Ukraine.
The necessity of re-arrangement of agreements for the providers of PHC

A declaration with a family doctor is the form of voluntary agreement between the two specific parties of civil law. Thus, mentioning third parties, namely the provider of PHC with which the family doctor has a separate agreement, requires correction. Changing the administrative-territorial structure or changing the names of local authorities does not require additional registration of ownership of real estate or undergoing the procedure of additional registration of the place of residence. Therefore, changing the name of the service provider in the context of administrative-territorial reform should not be a reason for the mandatory additional conclusion of the new agreements between the doctor and the patient. There is a need to amend the Order of the Ministry of Health of Ukraine as of 19.03.2018 No.503 «On the Approval of the Procedure for the Selection of a Primary Care Physician and the Form of Declaration on the Selection of a Primary Care Physician» concerning the form of the declaration and the data entries. In this document, it is important to mention the validity of all previously concluded declarations, despite the change of the provider of primary health care that takes place within the new administrative-territorial structure and decentralization.

Refusal of local authorities from PMSAC services

There are cases when ATCs decided to create their own PMSAC or a medical ambulatory. It is important to note that the community has the right to choose such a scenario of developing the network of healthcare facilities, but the community must have a clear understanding of the procedure for implementing such a decision, namely the need to obtain a license, equipment, staff (head, accountant, engineer, paramedics, driver, etc.). At the same time, in accordance with the provisions of the Order of the Ministry of Health of Ukraine as of 19.03.2018 No.503, the process of such reorganization of the system of PHC requires to conclude new agreements between the patients and doctors of PHC. The obligation to conclude new declarations with primary healthcare physicians for the majority of the community can lead to problems with the financing of primary healthcare facilities, significantly slow down the implementation of reforms and provision of services, especially during the COVID-19 pandemic.

Lack of financial resources of local authorities

Some communities have faced a situation when budget funds are insufficient to maintain medical ambulatories, FAPs, FPs, and the PMSAC serving the local community. Thus, such communities see the need for the functioning of structural units of the PMSAC, but they are currently unable to maintain them.

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5 https://zakon.rada.gov.ua/laws/show/z0347-18#Text
6 From the forum «Decentralization in the transformation of the health care system», 22.01.2021, Kharkiv.
Complicated process of establishing ATC at the LoC in Luhansk and Donetsk Oblasts

In October 2020, by the decision of the Central Electoral Commission of Ukraine, local elections in some areas near the LoC were cancelled due to the inability to guarantee the security of the election process. Therefore, instead of local government bodies at raion and local levels, CMAs were established in 18 settlements along the LoC. The appointment of the heads of the CMAs in the Donetsk and Luhansk Oblasts took long (as of 15.05.2021, the Head of Svitlodarsk CMA of Donetsk Oblast still has not been appointed). As a result, communal institutions and organizations were threatened with the termination of heating, electricity, and Internet access due to arrears of utility bills. At the same time, in the liquidated Stanitsa-Luhanska Raion, about 1,500 employees of social, education sector did not receive wages from January 1, 2021, to early March 2021. This situation negatively affected access to health care because:

- Payments for utilities (water supply and electricity) in the PMSAC of Stanitsa-Luhanska Raion Council and the Stanitsa-Luhanska Raion Territorial Medical Association were suspended.
- Funds for the purchase of fuel for cars were also allocated from the local budget of the PMSAC of Stanitsa-Luhanska Raion Council, but funding was suspended. Fuel supplies were running low, and there was a risk that doctors would stop visiting the patients.
- Medicines purchased at the expense of the raion (tuberculin, medicines for emergency care in FAPs and outpatient clinics) ran out in the medical institutions of Stanitsa-Luhanska Raion.

In addition, it is important to note that the communities where the CMAs established are in the process of transferring ownership. It is not clear how long the CMAs will exist, but once they are liquidated, these communities will again go through a phase of changing the ownership, which means that healthcare facilities located in the communities will undergo another reorganization process.

Insufficient accountability and transparency of local authorities and lack of comprehensive targeted health programmes

Analysis of certain aspects of the implementation of health policy of regional centres of Ukraine in 2017-2019 showed a number of serious problems, such as lack of strategic vision of healthcare development and lack of accountability and transparency in the implementation of relevant policies, which, in turn, significantly complicates the assessment of the activities of local authorities by the citizens. Low quality of targeted healthcare programmes and reports on their implementation may indicate that local authorities do not have a clear vision and plan for the development of the health system. This problem is caused by the lack of unified standards and requirements for these documents in the legislation.
Restricted ability of the doctors — private entrepreneurs — to participate in local healthcare programmes

One of the novelties of the healthcare reform was the involvement of private institutions and doctors registered as private entrepreneurs in the provision of primary healthcare along with state and municipal healthcare facilities. Relevant changes have been made not only to the legislation in the field of health care but also to the budget and other legislation. At the same time, there is still a need for the legal settlement of issues, in particular, regarding the participation of doctors registered as private entrepreneurs in the budget process and medical care. For instance, the Budget Code of Ukraine stipulates that a doctor, private entrepreneur, can be recipient of budget funds. However, consider private entrepreneurs are not included as recipients of budget funds by economic classification codes. Therefore, only healthcare facilities that are registered as legal entities can be the recipients of budget funds for local health programmes. Thus, the presence of contradictions in the budget legislation and the lack of coherence in different regulations currently do not allow doctors registered as private entrepreneurs to be remunerated by state funds and participate in local programmes healthcare.\(^\text{11}\)

Difficulties to create efficient network of PHC facilities

On the one hand, to form a viable PHC network, regional state administrations develop and approve, in coordination with the Ministry of Health, a plan for a viable PHC network (the PHC Plan).\(^\text{12}\) Such PHC plans were agreed and approved in 2018.\(^\text{13}\) At the same time, according to the current legislation, the existing network of such institutions cannot be reduced.\(^\text{14}\) On the other hand, local authorities are empowered to independently plan and develop a network of medical facilities. In reality, there is a situation when some healthcare facilities or their structural subdivisions already ceased to function, although they are specified in the approved PHC plan. PHC plans were created at the stage of community formation and did not include territorial peculiarities of their division, needs, and capabilities of the formed ATCs, so their relevance was lost.

\(^{11}\) «Can doctors, who are private entrepreneurs, take part in local healthcare programmes».Tamila Lepyoshkina, publication of the system «Expertus: Med. Facility»

\(^{12}\) The procedure of forming primary care networks is regulated by the order of the Ministry of Health and the Ministry of Regional Development «On the approval of the procedure for forming primary healthcare networks» of 02/06/2018 No.178 / 24 (the Procedure). According to the current legislation, a viable network of PHC is the one which is able to provide quality comprehensive continuous and patient-oriented PHC in accordance with the socio-demographic characteristics of the population and peculiarities of its presence in the relevant planning area. Achieving this goal is possible through the implementation of a set of measures in order to ensure the availability of PHC services of appropriate quality for the patients, to ensure the efficient use of resources, to monitor and process own capacity (point 3 of section I of the Procedure). The formation of viable networks of PHC provision is carried out taking into account the existing PHC networks by: developing plans of PHC networks and their approval in coordination with the Ministry of Health of Ukraine. Thus, the plan of the PHC network is developed by the relevant state administrations, approved by the Ministry of Health, and then can be approved at the regional level.

\(^{13}\) Order of Luhansk Regional State Administration of May 30, 2018, No. 423 «On the approval of the plan of a capable network of primary health care in Luhansk region».

RECOMMENDATIONS:

The difficulties faced by healthcare facilities and local authorities are the consequence of the natural process of change. In order to eliminate the negative consequences, it is extremely important to have a prompt response from both the legislative and executive branches of power. Taking into consideration the aforementioned, the need to refine the legislation by amending the existing statutes and regulations as well as the creation and adoption of additional statutes and regulations (1) are clear. It is also important to understand that the quality and accessibility of healthcare services in each community should be addressed separately. Demographic, environmental, infrastructural (and other) indicators must be taken into account together with the immediate needs of the population in order to ensure the effective work of the community healthcare system. Therefore, each community needs to be conscious and careful with the strategic planning of health programmes. The involvement of public activists and active participation of the population is a necessary component for creating accessible and effective healthcare for the population of the local community (2). It is important for healthcare managers to be aware of their role in planning healthcare programmes and to build the right dialogue with local health authorities (3). The role of humanitarian organisations should be focused on close cooperation with healthcare facilities and directly building the economic and human resource capacity of communities (4).

The analytical paper covers only some issues affecting access to primary healthcare services for the conflict-affected population. However, there is a need to continue to analyse the situation and promptly respond to new challenges related to the reform in Ukraine.

The proposed recommendations are only one of the options for solving the mentioned difficulties.

To state authorities (1):

- To finalize the legislation in terms of specifying the list of recipients of budget funds, including private individuals, and determining the legal basis for their activities by amending the relevant legislation on healthcare.
- To create and legally unify standards and requirements for programme documents of local authorities.
- To amend the Order of the Ministry of Health of Ukraine as of 19.03.2018 No.503 «On the Approval of the Procedure for the Selection of a Primary Healthcare Physician and the Form of Declaration on the Selection of a Primary Healthcare Physician» regarding the validity of all the previously concluded declarations, regardless of the change of the founder which may take place in case of the new administrative-territorial system and decentralization.
- To clarify the obligations of local authorities and healthcare facilities in terms of the structural units of healthcare facilities.
- To legislatively oblige the local authorities that receive services from healthcare facilities owned by other local authorities to commonly maintain such facilities.
- To provide support to local authorities by providing clarifications from the competent state authorities and organizing and conducting training for the officials of local authorities on healthcare development at the local level.
To local authorities (2):

- Oblast state administrations should amend the approved plans of a relevant network of PHC services provision, taking into consideration the interests of territorial communities and the new administrative-territorial structure.
- Local authorities should conduct the assessment of the state of the network of healthcare facilities as well as define the services necessary for the citizens of the respective community.\textsuperscript{15}

Bakhmut ATC analysed the work of FAPs and found that in some villages they exist only in theory. Some facilities are almost destroyed, others have no medical staff. In many places, there is no water and sewerage while paying the rent is mandatory. Most FAPs were closed. They left only 4 out of 8. However, now the community has rehabilitated and equipped all the premises. ATC has also set up temporary medical bases. According to the schedule, mobile units consisting of a family doctor and a paediatrician go there several times a week.\textsuperscript{16}

- Inform and involve the public in the development of local healthcare programmes. It is necessary to take into consideration the recommendations set out in the framework document «Participation of the Population in Local Policy-Making, Cooperation between Local Authorities and NGOs/Activists and HDP Nexus Decisions» in the section «Political Communication and Public Involvement in Local Policy-Making» and «Development of Public Competences.»

To the providers of health services (3):

- To actively participate in the local healthcare programmes
- To establish an effective dialogue with local authorities

To INGOs (4):

- To create programmes aimed at raising the competence and awareness of citizens and involving local authorities and the public in the dialogue.
- To create healthcare projects aimed at coordination among healthcare local government authorities.
- To create programmes to support local authorities in planning relevant networks of medical care. (For example, consultants who work with local authorities on a regular basis for strategic planning; organization of the exchange of success stories between the local authorities; etc.).
- To organize practical training for local authorities and medical facilities on planning and developing an effective health care network. All trainings should be conducted with further supervision and support of local authorities and medical facilities.
- To cooperate with local NGOs in supporting and developing local capacity.
- To collaborate with other INGOs on advocating for addressing healthcare issues.

\textsuperscript{15} According to the position of the NHSU, ATC is recommended to analyse and find answers to the following questions: What affects the quality and duration of life in their community? What are the needs for health services in the community? What should these services be like? Can they join forces with other communities to co-finance services and investments?

\textsuperscript{16} According to the materials of the NHSU.
To donors:

• To continue supporting the decentralization reform processes in Ukraine, considering the specificities of healthcare in the conflict-affected areas.
  ▶ Support the government in the harmonization of legislation related to decentralization reforms and health care reform.
  ▶ Support the local authorities in reconstruction of the infrastructure according to the most recent standards on inclusion — roads, public transportation, health, and social facilities, wash infrastructure — for long-term sustainable utilization.
  ▶ Support programmes in the Donetsk and Luhansk Oblasts that increase the autonomy and capacities of the local healthcare system to provide quality healthcare services in communities.
  ▶ Support advocacy initiatives of health humanitarian actors in discussions with the government and authorities.
  ▶ To finance the construction of a tertiary level oblast hospital in Luhansk GCA.

ABBREVIATION:

**ATC** — amalgamated territorial communities
**CMA** — Civil-Military Administrations
**CNE** — Communal non-commercial enterprise
**FAP** — feldsher-midwife points
**FP** — feldsher points
**GCA** — government-controlled areas
**LoC** — Line of Contact

**MdM** — Medicos del Mundo
**MOH** — Ministry of Health
**NGCA** — non-governmental controlled areas
**NGO** — non-governmental organization
**NHSU** — National Health Service Ukraine
**PHC** — primary health care
**PMSAC** — primary medical sanitary aid centres
In Ukraine MdM are operating with support:

- Funded by the European Union
- From the American People
- UHF
- Ukraine Humanitarian Fund
- German Cooperation
- German Humanitarian Assistance