health solutions
for open society

Annual Activity Report of the Charitable Foundation "Health Solutions"

2024

Times of Crisis, Times of Opportunity

The post–Cold War world is approaching a turning point. The rise of far-right politicians, shifts in geopolitical power, the erosion of international law, the entrenchment of post-truth, and the largest war in Europe in eighty years — all these challenges are testing the resilience of established democracies. And unfortunately, not all are passing the test. We are witnessing a crisis of institutions, a crisis of mechanisms, and a crisis of leadership.

Ukraine, standing at the center — or rather, the frontline — of these tectonic shifts, offers a crucial insight: in moments like these, the most effective investment is in civil society. When the state fails, protesters during the Revolution of Dignity defend democracy. Volunteers in times of war support the army. Activists drive reforms at every level. An informed and engaged society serves as both a safeguard and a driver of government accountability.

That is why the "Health Solutions" Charitable Foundation places people at the heart of everything we do. We believe that Ukrainians, as a dignity-based society, deserve better. Not a post-Soviet model of survival marked by reactive solutions, generalized approaches, shifting responsibility, stagnant state institutions, and a "minimum required" mindset. Sadly, these approaches persist in Ukraine. Even more concerning, our experience shows that not everyone sees a reason to change them.

"Health Solutions" strives instead to bring health to the center of state policy and public discourse — not as the passive "absence of disease," but as active well-being. As a cultural value. As a shared responsibility between individuals, communities, and the state.

Every strategic decision in this direction can yield a powerful, emergent effect.

For example, the "Health Solutions" Charitable Foundation is working on the issue of restoring healthcare to Ukrainian territories temporarily occupied by Russia. The healthcare system is often among the first sectors to fall under repressive control by occupying forces, as it serves as a means of exerting pressure on local populations. We, however, believe that introducing a renewed, value-based healthcare system after de-occupation can not only improve people's lives but also serve as a vital force for reintegration.

The path to de-occupation is being courageously paved by Ukrainian soldiers — and their health is one of our top priorities. At the onset of the full-scale invasion, military medicine had to scale rapidly. But its development remains uneven, hampered by outdated governance systems. That's why our foundation is committed to bridging these systemic gaps, analyzing the best international practices, and bringing to light uncomfortable yet vital issues — such as addiction among service members and veterans. We cannot abandon our heroes just because certain conversations make us uneasy.

Indeed, awareness is a fundamental prerequisite for making informed and healthy choices. That is why the "Health Solutions" Charitable Foundation has conducted its Health Index research for the sixth year in a row. This annual study explores how Ukrainians perceive their health, navigate the healthcare system, and engage with institutions. While this year's results show mostly positive trends, the lingering Soviet legacy remains visible — particularly in the low prioritization of disease prevention and mental health.

Perhaps the clearest legacy of the Soviet past is the lack of agency among Ukrainian doctors. Or more precisely, the systemic suppression of that agency. In the Soviet era — and to a large extent, still today — a doctor is not viewed as an independent professional, but rather as mere extensions of the institutions in which they work — almost like functions of the building itself. We want to change that. We want doctors to be empowered to make their own decisions, take personal responsibility, remain mobile professionals, and be treated with dignity. Unfortunately, the current system is so deeply entrenched and conformist that there is still no strong demand for such reform. That is why the "Health Solutions" Charitable Foundation engages in a complex, two-pronged advocacy effort — both with policymakers and with medical professionals themselves.

Ultimately, even the best strategies and policies are just words unless there are people ready to implement and defend them. That is why "Health Solutions" works closely with local communities. Communities, which, under decentralization, are in the best position to drive change on the ground, understanding their own needs and challenges. We've seen that grassroots initiatives in Ukraine hold immense transformative potential. But people must be supported in moving beyond outdated conceptions of health.

On the other end, we cooperate with national-level actors and emerging institutions capable of implementing systemic reforms — such as the National Health Service of Ukraine, the Ministry of Defense's Department of Health, and the State Logistics Operator. Our goal is to help build an integrated health system in Ukraine, one where every decision is grounded in the interests and needs of the people.

They say times of crisis are also times of opportunity. If that's true, then Ukraine may be one of the most promising countries in the world. We already have a strong, active society that is hungry for change, driven by an existential need to evolve. What the system still lacks are shared, thoughtful, and optimal solutions. We are committed to uncovering and implementing them.

Structure of the "Health Solutions" Charitable Foundation

DE-OCCUPATION AND REINTEGRATION
Restoration of Ukraine's healthcare system in de-occupied territories and ensuring its effective functioning in the post-war period.

MILITARY MEDICINE
Transforming the military healthcare system and its principles to reflect the values of human dignity.

VETERAN REHABILITATION
Facilitating the reintegration of veterans into civilian life. Conducting research to support the reform of Ukraine's national veteran rehabilitation system, with a focus on the specific needs of both male and female veterans.

HEALTH INDEX
An annual study aimed at assessing the actual level of public satisfaction with healthcare services among the citizens of Ukraine.

HEALTHY COMMUNITY
Developing and promoting the Healthy Community model while fostering political leadership in territorial communities by emphasizing health as a key component of human capital.

NEW INSTITUTIONS
Supporting newly established institutions and improving the accessibility and quality of healthcare services in cooperation with the Ministry of Health of Ukraine and the National Health Service of Ukraine.

WOMEN'S LEADERSHIP
Women's health and leadership. Advancing gender equality by ensuring women's full and equal participation in social processes.

FREE DOCTOR
Redefining the role of doctors within the healthcare system by ensuring economic independence, professional autonomy, and personal accountability. Free doctor — free patient.

HUMANIZATION OF STATE DRUG POLICY
Reforming drug policy to align with human rights principles, emphasizing harm reduction, decriminalization of people who use drugs, and broader access to support and care services.

Reintegration of De-Occupied Territories

May 2023. Ukraine lives in anticipation of a new counteroffensive, recalling the successful de-occupation of parts of Ukrainian territories in 2022.

At this pivotal moment, the Ministry of Health approached the "Health Solutions" charitable foundation with a critical request: to explore how Ukraine's healthcare system could effectively return to territories that had experienced occupation — whether recently liberated or under long-term occupation.

Since World War II, the world has witnessed the emergence of occupied regions — most of which have been seized by Russia. Yet today, Ukraine is pioneering the first modern experience of full-scale de-occupation and sovereign restoration. There is no existing global blueprint.

We began our work immediately — not only to support the state but most importantly to safeguard the well-being of patients and medical workers still residing in temporarily occupied areas.

Restoring Trust in Ukraine through Healthcare Reform.

We aimed to create a scenario that would provide Ukrainians with a history of occupation access to quality healthcare — and through that, help quickly restore or reinforce their trust in Ukraine.

The healthcare reform has been implemented in Ukraine since 2017. It moves the country away from the inherited Soviet policies and toward a human-centered model. This reform emphasizes dignity and health preservation, it directs public funding to follow the individual, not the institution.

After the liberation of Kharkiv and Kherson oblasts in the autumn of 2022, people there were eager for the return of Ukrainian medicine.

The International Renaissance Foundation played a key role in shaping this reform. The "Health Solutions for Open Society" Charitable Foundation inherited its mission, continuing to support newly established public institutions, doctors, and patients alike.

We envisioned that liberated cities and villages would receive this value-based model — a stark contrast to the one imposed for over a decade in Crimea, and parts of Luhansk and Donetsk oblasts.

We also sought to develop healthcare recovery models that could be universal — applicable not only to Ukraine but also to other nations facing similar crises. Because international organizations, including the Red Cross, have proven largely unprepared for the unprecedented challenges that Ukraine is now confronting.

Different Scenarios for Different Territories

Today, Ukraine is divided into several types of territories depending on their experience of occupation:

- Occupied in the spring of 2022;
- Liberated in summer or autumn 2022;
- Under occupation since 2014.

Each type of territory presents unique challenges and calls for tailored approaches to reintegrating healthcare systems. There is a significant difference in the process of restoring the healthcare system in territories occupied after 2022 and those under occupation since 2014.

We explored key questions that defined our approach, shaped our analysis, and formed the basis for the solutions we proposed:

1. **What takes priority: reclaiming land or restoring communities?** Should national efforts focus solely on territorial control, or should they focus on creating conditions for residents to return and thrive?
2. **What is our true objective?**
   (a) To recover territory?
   (b) To recover territory along with its people?
   (c) To recover people, regardless of territory?
   (d) To forgo de-occupation in exchange for security guarantees?
3. **Does Ukraine's political and legal framework need to evolve to reclaim and reintegrate these territories?**
4. **How will the issue of occupied territories affect Ukraine's prospects of joining the EU and NATO?**

Each question is linked to the deep societal and state-level challenges of de-occupation and reintegration. These are painful, complex processes. Public skepticism about reclaiming territories, reverse migration to occupied areas, the sorrow of losses, and fatigue from prolonged war all make dialogue difficult. However, it remains essential for developing scenarios for a just peace and societal renewal. In our search for effective solutions, we:

- **Conducted research** on the needs and challenges of de-occupied areas, and presented findings to the Ministry for Reintegration and the Ministry of Health;
- **Held expert roundtables** with both national and international stakeholders, including those involved in Ukraine's healthcare reform and decentralization efforts;
- **Consulted with communitie**s on the aspects of restoring healthcare systems;
- **Organized** a national expert discussion on the challenges of territories occupied by Russia; Held a major conference titled "Shaping Ukraine's Policy on Occupied Territories";
- **Contributed to the development of a talent pool** for future work in de-occupied regions;
- **Studied case examples from Kherson and Zaporizhzhia oblasts**, examining how healthcare services were restored;
- **Presented our work on the international stage**, including the presentation "In the Shadow of Occupation: Human Security and Constitutional Democracy in Ukraine" at Brussels.

Integrating Various Systems

Healthcare policies are not standalone — they affect every life from birth to death and intersect with sectors such as justice, social services, language, education, territorial governance, security, etc. Therefore, the reintegration of the healthcare system in de-occupied territories requires close coordination among various state institutions. Key areas include:

1. **Validation** of Ukrainian citizens with occupation experience in state registers, to ensure they can access free medical care;
2. **Legal rehabilitation of healthcare professionals** who worked under occupation, and their adaptation to Ukrainian medical standards and the ongoing reform of the system;
3. **Language used in providing healthcare in de-occupied areas**. Most doctors and patients there, especially those who have been under occupation since 2014, have long been using Russian. However, the entire Ukrainian system, from clinical guidelines to medical reports, operates in Ukrainian. According to international standards, for the effectiveness of medical care, it should be provided in a language understood by the patients. Therefore, retraining or refreshing the language skills of healthcare workers, as well as ensuring communication translation during the transition period, is an essential part of adaptation;
4. **Medical care for non-citizens** in liberated areas: determining the procedures, scope, and financial conditions under which it should be provided;
5. **Collaboration stigma**: Despite protections under the Geneva Convention, Ukrainian society generally harbors mistrust toward doctors who had provided care under occupation. Therefore, discussions on professional ethics, recruitment policies for doctors with long experience under occupation, and rehabilitation mechanisms are crucial;

6. **Infrastructure and assets**: Most buildings and equipment that remain the legal property of Ukrainian healthcare facilities have been seized by occupying forces — often damaged or destroyed. Inventorying these assets, assessing their usability, and developing alternative solutions (such as modular hospitals or new construction) require clear policy frameworks and significant resource support. Another important issue is how to approach newly built infrastructure established by occupation authorities, such as the Semashko Hospital in Simferopol;
7. **Patient pathways**: Due to destroyed infrastructure and disrupted logistics, it is essential to ensure rapid access to quality medical care for patients in de-occupied areas. Therefore, actionable scenarios and the necessary resources must be prepared in advance — well before the liberation takes place;

8. **Demographic data and statistics**: Reliable data remains difficult to obtain due to disrupted access and limited reporting from formerly occupied areas. That's why we continuously seek out and analyze diverse sources of information to develop up-to-date forecasts.

Our partners and contributors to the solution-seeking consultations:

- The Office of the President of Ukraine in Crimea;
- Ministry of Finance of Ukraine;
- Ministry of Health of Ukraine;
- National Health Service of Ukraine;
- World Health Organization;
- Ministry for Reintegration of Temporarily Occupied Territories;
- The World Bank;
- EdCamp Ukraine educational project;
- Committee of the Verkhovna Rada of Ukraine
- Ukrainian Education Ombudsman;
- Ministry of Education of Ukraine;
- Ukrainian Catholic University (UCU);
- The Frontier Institute
- Association of Local Governments;
- Ukrainian Healthcare Center (UHC).
- We worked closely with colleagues from Georgia and Moldova to learn from their experience in rebuilding public institutions.

You can explore the results of our joint work here:

Discursive Protocol "Problems of Ukrainian Territories Occupied by the Russian Federation"

Discursive Protocol: "Developing Ukraine's Policy Toward the Occupied Territories"

We also developed draft regulatory acts to embed the strategy in Ukrainian legislation. These include a draft Cabinet of Ministers Resolution on the approval of the "Concept for the Return of the Ukrainian Healthcare System to the Temporarily Occupied Territories (Autonomous Republic of Crimea, and certain areas of Donetsk and Luhansk oblasts occupied since 2014)".

A specific focus of the study was placed on Crimea. We developed a dedicated strategy for the region in cooperation with Crimean organizations that were forced to leave the peninsula following the occupation.

We proposed to the Ministry of Health and international partners that Crimea be considered as a potential platform for innovative solutions in health system management. In particular, we proposed introducing a new approach to corporate governance in healthcare institutions, establishing effective coordination between primary and specialized care, and creating an incentive system for investment in the healthcare system, particularly from private investors.

As a result, some communities developed strategies to establish their branches in de-occupied territories. They are ready to provide healthcare services in liberated regions using new approaches.

Our work also demonstrated that most international organizations offer short-term support solutions for the initial months following de-occupation. Their role and resources are vital for the state exhausted by war. However, sustained involvement in the reconstruction of systems — particularly the healthcare system — should be integrated into the core policies of such organizations.

Building on our experience in developing strategies for the restoration of institutions in de-occupied territories, other central executive authorities began adopting similar approaches within their respective mandates.

Our strategy also demonstrated the potential for these approaches to be applied in other countries with territories under Russian occupation — particularly Georgia and Moldova.

Challenges

The continued occupation creates further demographic challenges. The number of Ukrainians in these areas is decreasing due to migration, while they are being replaced by citizens of the occupying country and other nations. This creates challenges in planning the design and security of the healthcare system upon the return to the de-occupied territories.

The constant movement of people both within Ukraine and in the occupied territories creates significant challenges for patient routing and the placement of medical facilities. This necessitates the search for flexible solutions that will allow the system to quickly adapt to changes.

Moreover, the issue of de-occupation is being deprioritized in the public and political agenda. Maintaining the focus of national and international stakeholders on the interests of Ukrainians under occupation is a crucial task for our team.

Therefore, we will:

- **continue to engage with government institutions**, including the Ministry of Health, the Ministry of Social Policy, the Ministry of Education and Science, and the Office of the President of Ukraine in Crimea;
- **continue to engage with international organizations**, political leaders, and representatives of countries with occupied territories;
- **advocate for changes in state policies** which regulating the work of doctors, the accessibility and quality of medical care, and the integration of military and civilian medicine into a unified system;
- **continue to keep the attention** of politicians, society, and international partners focused on the interests of Ukrainians in Russian-occupied territories;
- **involve non-governmental organizations** in discussions and advocacy campaigns; as civil society organizations established by Ukrainians from Crimea, Donbas, Kherson, and Zaporizhzhia, patient organizations, and professional medical associations are vital partners in the dialogue on de-occupation and systemic transformations.

Insights

1. By occupying new territories, Russia primarily exerts control over two systems that enable comprehensive oversight of individuals' lives: healthcare and education. This situation renders individuals and their families vulnerable to the occupying regime. Access to medical records provides sensitive information not only about health status but also about experiences, such as participation in combat operations on behalf of Ukraine, for instance.

2. Often, access to medical treatment is critical for survival; therefore, the occupiers exploit this leverage by coercing individuals into obtaining Russian passports. In such a system, both patients and doctors are devalued, stripped of their agency. This contrasts with the Ukrainian approach, where the patient remains the focal point despite systemic shortcomings. Our research findings confirm the trust Ukrainians in occupied territories place in Ukrainian doctors and the healthcare system.

3. During advocacy campaigns and surveys, we discovered that there are many motivated doctors in Ukraine willing to work in liberated territories. A significant barrier to this is the legacy of Soviet-era legislation, which still keeps doctors institutionally dependent and restricts their professional mobility.

4. Integrating civilian and military medicine is vital. Military doctors are typically the first to arrive in newly liberated towns and villages. They can serve as a crucial resource not only for providing emergency medical assistance to civilians but also as integral members of teams delivering routine medical care in these regions.

Military Medicine

The ongoing Russo-Ukrainian war is redefining long-standing norms developed over decades of NATO medical advancement. Doing so under immense "strain". On the one hand, Ukraine is integrating modern international standards of military healthcare, leveraging advanced equipment and technologies. On the other, it remains burdened by inherited, outdated, and conservative systems of state governance.

Since the beginning of the full-scale invasion, over one million civilians — both men and women — have joined the Defense forces of Ukraine. The prolonged and unpredictable nature of this war means that any citizen may find themselves in military service.

This new reality necessitates the transformation of all public systems, institutions, and policies. Everyone must comprehend their role during emergencies and acquire appropriate training, skills, and knowledge. The objective is to preserve life and health — and, whenever possible, to assist others.

A responsive and resilient system must be built, capable of swiftly transitioning between civilian and military modes of operation. One that delivers quality, dignified, and accessible healthcare — equally to civilians and service members.

Building New Modern Institutions

Meeting this challenge requires the creation and development of institutions capable of responding to complex demands. That is why one of our key priorities in 2024 was to support the newly established Department of Health and Medicine at the Ministry of Defense, which emerged as a result of our advocacy efforts.

At the department's request, the "Health Solutions" Charitable Foundation facilitated training, engaged external experts, organized meetings with international military medical institutions, and hosted consultations and strategic planning sessions. We involved the architects of Ukraine's medical reform in developing the department's strategy.

We studied how NATO medical standards are implemented across member states and learned from the post-conflict experiences of countries such as Kosovo during visits and international conferences.

In 2024, the Ministry of Defense held Ukraine's first Military Medical Forum, bringing together the country's top military doctors and international partners. "Health Solutions" played a key role in the forum, providing partner support and engaging global allies.

Tackling Significant Yet Silient Issues

We also focus on urgent and complex topics that have long remained taboo or ignored. These include substance use among military personnel and veterans — the causes, diagnosis, timely care, and prevention — as well as advocacy for treatment and rehabilitation services, medical staff training, and shifting public attitudes. We work to influence national policies on the social protection, medical rehabilitation, and reintegration of military personnel and veterans. This includes advocating for the highest standards in pain management and treatment of psychological trauma.

Key Challenges We're Tackling

1. **Training a new generation of leaders in military medicine**: We focus on developing commanders of medical units — at the company, battalion, and brigade level — who are not only professionals but also agents of systemic change. A strong professional community is essential, one that deeply understands NATO standards, efficient management practices, and advanced treatment and rehabilitation methods. We have already created a platform for military medics seeking peer support, knowledge exchange, and solutions that prioritize the health and survival of those in uniform.

2. **Integrating military and civilian healthcare**: This is crucial for ensuring continuity of care, resource optimization, and effective response to the needs of both military and civilian populations.
3. **Rehabilitating and reintegrating service members and veterans affected by substance use disorders**: This deeply complex and often stigmatized issue is compounded by silence and the lack of informed communication. We are investigating the scale and impact of this phenomenon to shape humane and effective policies.
4. **Ensuring equality for women in the armed forces: Nearly 100,000 women serve in Ukraine's defense forces**. Yet, they remain largely invisible in medical policy planning. We aim to rectify this imbalance by ensuring that women receive the care and recognition they deserve — according to modern standards, and equal rights.

Above all, the core challenge is achieving political agreement to build a new governance model for both civilian and military medicine in the context of prolonged war.

Ukraine's Impact on NATO's Medical Systems

Our international advocacy has not only garnered interest in Ukraine's medical reform from global partners but has also helped reshape the understanding of how modern warfare is viewed — and the evolution of medical systems in NATO countries. This shift in thinking has led to a series of joint initiatives focused on training and knowledge exchange between Ukrainian and international military medical professionals and health service leaders. In particular, last autumn marked the first joint mission the first joint mission to train Ukrainian and German military medical officers.

Insight

A driving force for change is the new generation of military medics and commanders who joined the Defense Forces after 2014. That's why the formation of progressive medical teams within hospitals and military medical facilities will be a key area of our cooperation with partners.

Health Index

Amid the full-scale war, we conducted the first independent study to assess the health status of Ukrainians. The "Health Index 2023" stands out as a unique initiative, both in terms of the conditions under which it was conducted and in comparison to global precedents.

This is the only publicly available nationwide data that provides insight into people's behavior and their relationship with the healthcare system — from outpatient and inpatient care to medication purchases and self-treatment. The research also reflects public awareness of healthcare reform and its impact on daily life, presented in comparison with data from previous years to highlight evolving trends.

This was the sixth wave of our regular survey. The "Health Index" was launched in 2016 by the International Renaissance Foundation and the World Bank. The 2023 study was carried out with financial support from the World Bank, the WHO, and the Charitable Foundation Health Solutions. The "Kyiv International Institute of Sociology" (KIIS) has conducted the fieldwork and data analysis for all waves of the study.

The "Health Index" is our contribution to strengthening and governing the healthcare system. It enhances transparency and provides a tool for monitoring changes — both for national and international stakeholders. In particular, Ukraine's international partners can rely on this data to develop evidence-based policies.

Key Focus Areas

1. **Ukrainians' self-assessment of their health**, approaches to care, response to illness, early disease detection, and prevention (including attitudes toward vaccination);
2. **Outpatient care** — frequency of visits, out-of-pocket spending, provider choices, and care-seeking behavior.
3. **Inpatient care** — hospitalization rates, use of laboratory and diagnostic services during hospital stays, provider selection, and evaluations of hospital services, etc.;
4. **Access to medicines** — experiences with the "Dostupni liki" ("Affordable Medicines") program, self-medication practices in both outpatient and inpatient services, and total spending on medications;
5. **Satisfaction with care and perceptions of healthcare reform** — including awareness of service delivery changes, perceptions of systemic problems, views on who is responsible for them, and evaluations of family doctors;

Insights

1. The findings demonstrate the war's impact on the health of Ukrainians, changes in their health-seeking behavior, and potential consequences for the country. This helps identify key issues and areas for improvement in the healthcare system.
2. On a positive note, 49.7% of Ukrainians rated their health as 'good' or 'very good.' However, regional disparities were significant: the highest positive ratings were in Rivne (60.1%) and Ivano-Frankivsk (60%), while the lowest — in Kharkiv (32.8%). The share of the population reporting psychological stress as a key negative factor has surged — 59.5% in 2023 compared to just 8.9% in 2017.
3. Nearly 48.5% of respondents reported experiencing mental health issues, but only 9.2% sought professional help. The most vulnerable regions were Kherson (78.7%), Zaporizhzhia (77.1%), and Kharkiv (73.7%).
4. Access to medical services has significantly improved, with fewer people paying out-of-pocket. The percentage of respondents who paid for outpatient care decreased from 62.6% in 2019 to 40.8% in 2023. Likewise, the prevalence of treatment refusal due to lack of funds dropped from 24.5% to 16%
5. Self-medication remains a significant concern, with 39.7% of respondents choosing to treat themselves. Meanwhile, the proportion of people consulting family doctors increased to 28.8%. The "'Dostupni Liky'' (Affordable Medicines) program reached 21.6% of patients, three-quarters of whom reported improved access to medications.
6. Satisfaction with healthcare is increasing. More than 75% of respondents reported being either fully or partially satisfied with medical care. The highest satisfaction levels were observed among patients of pediatricians (82.6%), emergency services (82.4%), and dentists (81.5%).

Challenges

Despite positive trends, the healthcare system faces several pressing issues:

- Immediate interventions are needed to improve mental health services and enhance access to psychological care;
- Public awareness of disease prevention remains low (e.g., only 7.8% of respondents could identify stroke symptoms);
- Medication costs remain prohibitively high for many, particularly for vulnerable populations.

To implement effective healthcare solutions, we must prioritize data-driven decision-making. This calls for regional-level discussions, involving representatives from health departments, interregional units of the National Health Service, healthcare providers, and civil society organizations. By working together, they can assess trends and develop solutions tailored to local contexts.

With our partners, we have committed to continuing this research on a **biannual basis**, which will allow us to better understand the dynamics of change. The next Health Index report is expected in **2025**.

#Free Doctor - Free Patient

Currently, Ukrainian doctors are not fully empowered within the healthcare system. They lack the freedom to build their careers independently, open private practices, or provide quality services without being tied to a specific institution.

This not only restricts their professional freedom but also negatively impacts the quality of the healthcare system. A doctor who cannot independently manage one's practice is forced to adhere to administrative rules that may not always align with the needs of patients.

To address this challenge, the "Public Health" program of the International Renaissance Foundation launched the project "Free Doctor – Free Patient." This initiative became one of the first key focus areas for the "Health Solutions" Charitable Foundation.

The Core of the Reform

The overarching reform aims to liberate doctors who are still "enslaved" by the system — deprived of professional autonomy, economic freedom, and the ability to choose where and how to work.

The reform seeks to redefine doctor-patient relationships based on mutual respect and dignity, while also fostering the development of a self-governing medical community.

Crucially, greater professional freedom must be accompanied by increased responsibility.

Currently, Ukrainian doctors are not personally accountable for the quality of their work, as their decisions are often constrained by internal regulations of institutions. In the new system we are working on, each doctor will bear personal responsibility for their professional decisions. This will not only improve the quality of healthcare services but also strengthen the trust between doctors and patients.

Transforming the regulation of medical practice is not merely about eliminating bureaucratic barriers; it is a deep transformation of the medical profession in Ukraine and a continuation of healthcare reform.

Our goal is to legalize and implement new licensing approaches that enable doctors to practice independently from specific institutions. This will ensure flexibility and mobility in healthcare delivery, especially in times of war and in the process of rebuilding and reintegrating de-occupied territories.

Reforming Without a Mandate from the Medical Profession

Unfortunately, the demand for change did not come from the medical community itself. As with healthcare financing reform, it became clear that the system could not reform itself.

Over the 30 years of independence, Ukraine has not dared to change its Soviet-era legislation, significantly missing opportunities to transform the role of doctors in society. Thus, our task was not only to find the necessary regulatory solutions but also to conduct complex advocacy work to ensure doctors would accept the potential changes.

Last year, we set the goal of going beyond the professional medical community and involving as many people from various sectors as possible to create a demand for changes in doctor-patient relationships. teamed up with the NGOs "Patients of Ukraine" and "Medical Leaders" to spread the idea of freeing doctors and jointly advocate for changes in legislation.

We aimed to prevent legal amendments that would have solidified the current monopoly of the medical elite and instead proposed an acceptable alternative.

We actively engaged not only with Ukrainian partners but also with European ones, adapted best practices in medical regulation, analyzing the need for harmonization with European standards, and utilizing European Union directives as part of Ukraine's European integration commitments. As part of a government delegation to Germany, we met with members of the Bundestag Health Committee and representatives of German and European medical chambers.

Together with the "Patients of Ukraine" NGO, we studied the example of Kosovo's newly created Medical Chamber — one of the most modern in Europe. We are advocating for involving both politicians and policymakers in the international dialogue.

Legislative Progress

In June 2024, Ukraine's parliament passed the first reading of the bill on the self-governance of medical professions in Ukraine, with amendments resulting from the joint efforts of the "Health Solutions' Charitable Foundation team in cooperation with the NGOs 'Patients of Ukraine' and 'Medical Leaders.'

During this process, we thoroughly analyzed existing regulatory mechanisms, consulted experts from various countries, and developed a package of changes that will allow doctors to work more flexibly while ensuring high-quality medical services.

Together with the alliance's experts, we proposed over 400 amendments (out of 1200) to the bill. Over the year, we became a platform for discussions and consultations with the medical community, lawmakers, government representatives, and patient organizations. This enabled us to find compromises and align on the key provisions for reforming medical practice.

Work continues to build political consensus for the final choice of the forms and methods of reform, particularly regarding the design of professional self-governance in healthcare in Ukraine. We continue to explore ways to engage in dialogue with doctors and patients to understand their needs throughout the reform process.

In addition to our national efforts, we expanded our regional activities. We met with doctors in Vinnytsia and Rivne and received feedback about their meetings with colleagues to discuss self-governance.

We conducted a series of public lectures, including sessions at the Ukrainian Catholic University, the Kyiv-Mohyla Academy, and the National Forum "Women in Medicine: Professional Growth and Leadership". We also participated in public discussions of the draft law on the self-governance of medical professions at the "Public Health" International Exhibition.

In addition to advocating for the draft law, we also pushed for another crucial change. Given the ongoing migration of Ukrainians, particularly healthcare professionals, as well as disruptions to patient care routes and the urgent healthcare needs of people in frontline and de-occupied territories, we initiated discussions on reducing the approval timeline for opening new medical practices and greater mobility for healthcare personnel. As a result, we succeeded in shortening the approval process for new medical licenses from three months to just two weeks.

Exploring Alternative Pathways

The political context has changed. The initial draft law has become stuck in a political impasse. The future of the document now depends on the balances within parliament and the influence of interest groups. Therefore, we began developing alternative mechanisms for implementing the reform. The Ministry of Health approached us with a request to develop an alternative approach to medical regulation.

We proposed changes to the licensing system that would allow doctors to practice independently of specific institutions and create mechanisms for the mobility of medical professionals. We involved international experts to analyze and develop proposals for the draft law. In addition to our visit to Germany, we organized meetings with representatives from the London School of Economics, the University of Edinburgh, and experts from Austria.

These meetings allowed us to incorporate the best international practices into the reform development process.

We paid special attention to Kosovo's experience – a country that, in the aftermath of war, successfully rebuilt its healthcare system and implemented medical self-governance. During our field visit to Kosovo, we met with representatives of local Medical Chambers, military doctors, and independent experts. We studied how they communicated with doctors when building the self-governing system and the challenges Kosovo's healthcare institutions faced in post-war reconstruction. This experience has been crucial in understanding the potential challenges Ukraine might face during the deregulation and reform of the medical sector.

Create Freedom within the System of Dependence on the State

In the classical scenario, medical self-governance either forms a political decision in the context of democratic development or emerges as a bottom-up demand from the doctors themselves. In Ukraine, both of these factors are currently absent, which significantly complicates the reform process.

How can we make doctors free when, for the last century, during the Soviet Union and in independent Ukraine, they have remained part of a centralized system and lacked experience in professional freedom and self-governance?

We understood that changes must occur in two directions: forming a demand for reforms from the doctors themselves and simultaneously working with political actors to explain the value of this transformation. However, both directions turned out to be difficult.

Our outreach activities and public speeches showed that the demand for medical freedom exists, but it is still insufficiently formed and lacks enough support. Among young doctors, we observed significant interest in change, but their older colleagues often remain within the established model of belonging to hospitals, which simultaneously serves as a "cover" for the lack of real professional responsibility and informal income.

On the other hand, working with politicians revealed serious challenges related to the lack of understanding of the specifics of medical self-governance. Our negotiations with representatives of different political factions showed that many of their opinions are shaped by medical advisors who belong to influential medical elites. This leads to the fact that discussions about the reform are often based on emotions rather than arguments.

We understand that achieving change will take time. We observe that the demand for change is steadily growing, and the conversations surrounding the reform are becoming more focused and constructive. The key is to continue advocacy, maintaining a balance between the interests of doctors, patients, and the state.

What's next

We plan to continue advocating for the reform and to expand in-person meetings with doctors across the regions. We see strong potential in working directly with the medical community — as only personal contact and clear explanations can truly shift entrenched perceptions of the system.

We are also working on new approaches to communicating the reform, including the "Bolyache" project, which will feature real-life stories from doctors and patients to reveal systemic problems and demonstrate the need for change.

We will continue cooperating with international partners. In cooperation with **Liberale Moderne**, annual trips to Germany are planned for 2025–2026 for members of the Ukrainian parliamentary health committee, the Ministry of Health, and doctors interested in self-governance.

Two online meetings are also planned between the parliamentary committees of Ukraine and Germany, along with joint work on legal documents that may support the draft law's preparation for its second reading, and help shape new approaches to regulating medical practice in the context of European integration.

One of the key tasks will be to develop six concise policy papers that highlight the most relevant aspects of the reform. This will allow us to present our proposals and arguments in a more structured way to Ukrainian politicians and international partners.

We are planning two large-scale events in Ukraine that will involve not only representatives of the Bundestag's parliamentary committee but also experts specializing in individual licensing, deregulation, and medical self-governance. This will help raise awareness among Ukrainian legislators and the medical community about potential models for healthcare system reform.

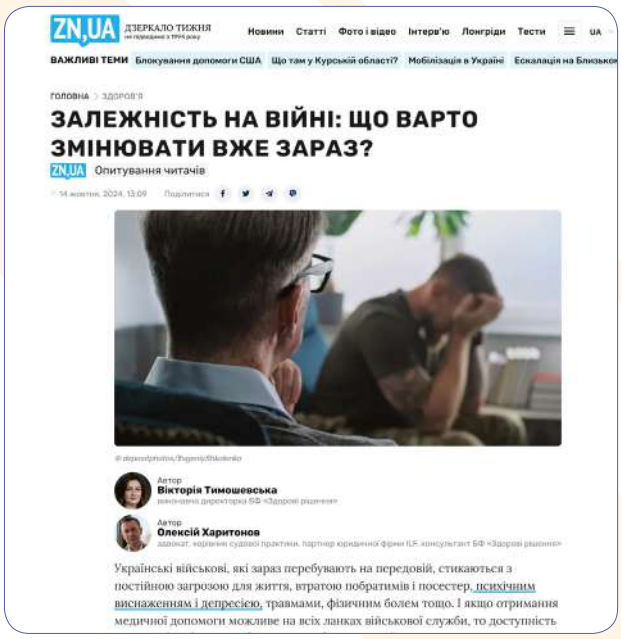
Publications and media outreach will remain an important part of our strategy. We will continue creating materials that explain the essence of the changes, provide analysis of best global practices, and generate public demand for reform.

Insights

1. Medical elites, who wield significant influence over political processes, remain one of the greatest barriers to implementing the reform.
2. Nearly a decade of healthcare reform has created conditions for a new generation of doctors to emerge — doctors who recognize the value of professional freedom and respect for patients. This applies not only to young specialists but also to mid-career doctors seeking greater autonomy. One example of such a progressive professional community is OncoHub (OncoHub Oncology Network) — an association of young oncologists who prioritize professionalism, knowledge-sharing, and a patient-centered approach. They work to raise the standards of medical care, introduce modern treatment methods, and educate patients about their rights — including the right to informed consent for medical interventions.
3. Our field workshop sessions confirmed that support for the reform strongly depends on doctors' professional experience. Those with experience in the private sector or international medical programs showed greater openness to change. In contrast, doctors who have spent their entire careers in the public healthcare system often perceived the reform as a threat.
4. One of the key challenges is finding the right terminology and crafting an effective communication strategy. We have yet to find the right language to convey complex changes in simple, accessible terms. Part of the challenge stems from the nature of the reform — it is complex and touches on many different aspects of the system. Another part lies in the traditional perception of medicine as a domain reserved for specialists alone. As a result, people often fail to recognize that this reform directly affects the quality of their lives.

Drug Policy (Humanization of state drug policy)

One of the most pressing consequences of military actions is the increased suicide rate among soldiers and veterans. Due to the lack of effective support mechanisms, not only is the level of addiction rising, but so is the risk of severe mental health disorders, depression, and suicide.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Новини Статті Фото і відео Інтерв'ю Лонгріди Тести UA

ВАЖЛИВІ ТЕМИ Блокування допомоги США Що там у Курській області? Мобілізація в Україні Ескалація на Близьком

ГОЛОВНА › ЗДОРОВ'Я

ЗАЛЕЖНІСТЬ НА ВІЙНІ: ЩО ВАРТО ЗМІНЮВАТИ ВЖЕ ЗАРАЗ?

ZN.UA Опитування читачів

Автор
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Автор
Олексій Харитонов

Українські військові, які зараз перебувають на передовій, стикаються з постійною загрозою для життя, втратою побратимів і посестер, психічним виснаженням і депресією, травмами, фізичним болем тощо. І якщо отримання медичної допомоги можливе на всіх ланках військової служби, то доступність

The problem is further exacerbated by the stigma surrounding addiction and mental health in society. Drug policy is not merely a legacy of the "Public Health" program we inherited, but a fundamental part of our philosophy of rethinking health. Society must view health not just as the absence of illness but as a comprehensive concept encompassing physical, mental, and social well-being.

We are not focused on creating individual services or rehabilitation centers – our focus is on the strategic level, shaping national policy in this area. It is crucial to fill the void in the field of state drug policy and develop effective solutions that address the real needs of soldiers, veterans, and their families.

These are not individuals who find themselves in difficult life circumstances due to social insecurity, poverty, or a criminalized environment. These are individuals who have suffered significant psychological and physical trauma due to combat, which has profoundly affected their emotional state, behavioral responses, and stress-coping mechanisms.

The Military System Turns a Blind Eye

Currently, the military system turns a blind eye to this issue. This is evidenced by the following:

- The 402nd Mobilization Order does not include effective mechanisms for assessing the mental health and level of addiction of service members.
- There is no systematic screening for drug use or other psychoactive substances before, during, or after service.
- The Ministry of Defense's medical facilities lack a developed addiction treatment service.
- Addiction is still considered part of psychiatry, which only exacerbates the stigma and complicates access to help.

Although psychological services within military structures have started to develop, and PTSD has become part of the public discourse, drug treatment remains in a "blind spot." The issue is not officially recognized, as doing so would require decisions regarding testing, removing addicted personnel from combat duties, and sending them for treatment. The state ignores this problem because the country cannot afford a significant reduction in personnel.

Communities and Law Enforcement

The focus of the shift in drug policy is not only on service members and veterans but also on the broader society, including the families of soldiers and the communities affected by the war. This includes addressing addiction, mental health issues, and the social maladaptation of residents.

When military personnel return home to their communities with psychological and physical trauma, they often find themselves unable to continue working or contributing to their communities, which creates additional challenges for local government.

Communities lack both sufficient quality services and the necessary support programs for these individuals. As a result, there is an increase in domestic violence, suicides, and the marginalization of those who could otherwise remain active members of society.

The law enforcement system plays a critical role in this problem. At present, Ukrainian law enforcement agencies are focusing on punitive measures against addicts instead of offering effective treatment and social support.

It is essential to shift the focus from criminal prosecution to medical-social assistance. This shift would not only enable more effective treatment of addiction but also relieve pressure on the penitentiary system.

Furthermore, global statistics show that individuals incarcerated for drug-related crimes typically emerge with worsened physical and mental health, greater marginalization, and a higher likelihood of reoffending. We aim to change this approach so that:

- Addicted individuals are not incarcerated but instead receive the necessary support.
- The judicial system is not overwhelmed by criminal cases involving drug users.
- Law enforcement can focus on combating organized criminal groups rather than prosecuting individuals who require medical care (according to statistics, drug-related crimes rank third among all criminal offenses in Ukraine, and 87% of convictions in drug-related cases involve users, not organized distribution networks).

The Soviet Legacy

Currently, Ukraine's law enforcement system operates based on principles inherited from the Soviet era, where drug addiction is regarded as a criminal offense rather than a medical condition. As a result, individuals who use drugs or medications face criminal prosecution instead of receiving medical treatment. To transition drug policy from a punitive to a medical-social approach, it is crucial to:

- Amend legislation so that addicts are recognized not as criminals but as individuals who require treatment and rehabilitation.
- Develop and implement alternative responses for people with addiction – instead of imprisonment, there should be treatment, social support, and psychotherapy.
- Ensure interagency coordination between the Ministry of Health, the Ministry of Internal Affairs, the judiciary, and social services for coordinated efforts.

We understand that direct advocacy and pressure will not achieve the desired effect. The law enforcement system has long operated within the paradigm of a punitive approach, which means new arguments are needed that resonate with its representatives. The key questions we have sought answers to are:

- How can we find arguments that are acceptable to law enforcement?
- How can we motivate them to redirect resources towards combating major drug cartels, rather than pursuing minor users?
- How can we ensure that drug users are not incarcerated but instead receive treatment?

Minimizing Punitive Pressure on Addicts

Throughout the year, we have worked with government agencies, civil society organizations, international experts, and law enforcement representatives. It was crucial to develop and advocate for approaches that would minimize punitive pressure on individuals with addiction and shift state policy toward treatment, support, and social rehabilitation.

We worked to ensure that such an approach was reflected in all policies, laws, and regulations governing drug control and controlled substances.

Special attention was given to the fact that addiction among military personnel and veterans is not limited to illegal drugs, but is closely tied to uncontrolled access to painkillers, psychotropic drugs, and other controlled substances. Military personnel obtain these substances through doctors, volunteers, relatives, or on their own, and this situation requires not prohibitions, but clear regulation and professional support.

Drug Policy Strategy to 2030

One of our key achievements was the finalization and submission of amendments to the draft decree of the Cabinet of Ministers, approving Ukraine's Drug Policy Strategy to 2030 and its accompanying action plan. We significantly enhanced and clarified the content of the strategy, defining its objectives. Subsequently, it was approved by the Ministry of Health.

At our initiative, measures for addicted service members were incorporated. All four operational goals of the strategy were expanded to address issues directly related to military personnel and veterans. At the request of civil society organizations, we revised the terminology of the strategy and eliminated inconsistencies that conflicted with European legislation.

Additionally, we prepared comparative tables and explanatory notes regarding amendments to the following Ukrainian laws:

- The Law on the Circulation of Narcotic Drugs, Psychotropic Substances, and Precursors;
- The Law on Measures to Combat the Illegal Circulation of Narcotic Drugs and Precursors;
- Draft amendments to Ministry of Health regulations №770 and №306.

The Foundation's expert, Viktoriya Nazarenko, coordinates our work with the Ministry of Health in preparing analytical and regulatory documents in the field of drug policy.

Partnership with Government and International Partners

We held negotiations with the Ministry of Health, the Public Health Center, civil society organizations, and representatives of the judicial and law enforcement systems. We conducted a comprehensive study analyzing the harmonization of Ukrainian drug legislation and policy in the context of EU integration, as well as the legal barriers to access to prescriptions and treatment with controlled substances in Ukraine, specifically in the areas of mental health, behavioral disorders, and pain management.

For the first time in Ukraine, drug policy was examined through the lens of the new challenges posed by the war and the need to align Ukrainian legislation with EU standards. Based on this analysis, we prepared strategic recommendations for the Ministry of Health and partner organizations. We also organized a series of meetings and expert discussions with judges, representatives of the National Police, the General Prosecutor's Office, and the Supreme Court.

In particular:

1. **We facilitated a visit by a Ukrainian delegation to Warsaw**, which included representatives from the Supreme Court, the Prosecutor General's Office, and the National Police, where we discussed drug policy reforms in Central and Eastern European countries.
2. **We organized discussions at the regional harm reduction conference**, where law enforcement officers had the opportunity to engage with European colleagues and learn about successful reform models. We involved law enforcement in the development of the National Drug Policy Strategy, allowing them to present their perspectives and propose cooperation mechanisms.
3. **We participated in 11 international and national conferences** where we presented our research findings. Key events included:

- Presentations at international forums in Warsaw and Kyiv, discussing drug policy reform in the context of war and post-war recovery;
- Conferences organized by the Ministry of Health and the Public Health Center, where we presented approaches to demarginalizing drug policy and integrating mental health issues into programs supporting military personnel and veterans.

One of the important areas of our work was the study of drug addiction among military personnel within the "Kharkiv with You" project. Within this project, we conducted:

- An analysis of existing rehabilitation and addiction treatment services in military units and hospitals;
- Interviews with military personnel and veterans about their experiences with addiction;
- Development of recommendations for adapting drug policy to meet the needs of military personnel and veterans.

The results served as the basis for our advocacy initiatives and policy proposals.

In general, we worked closely with partners from both the public and civil society sectors. **Key partners include:**

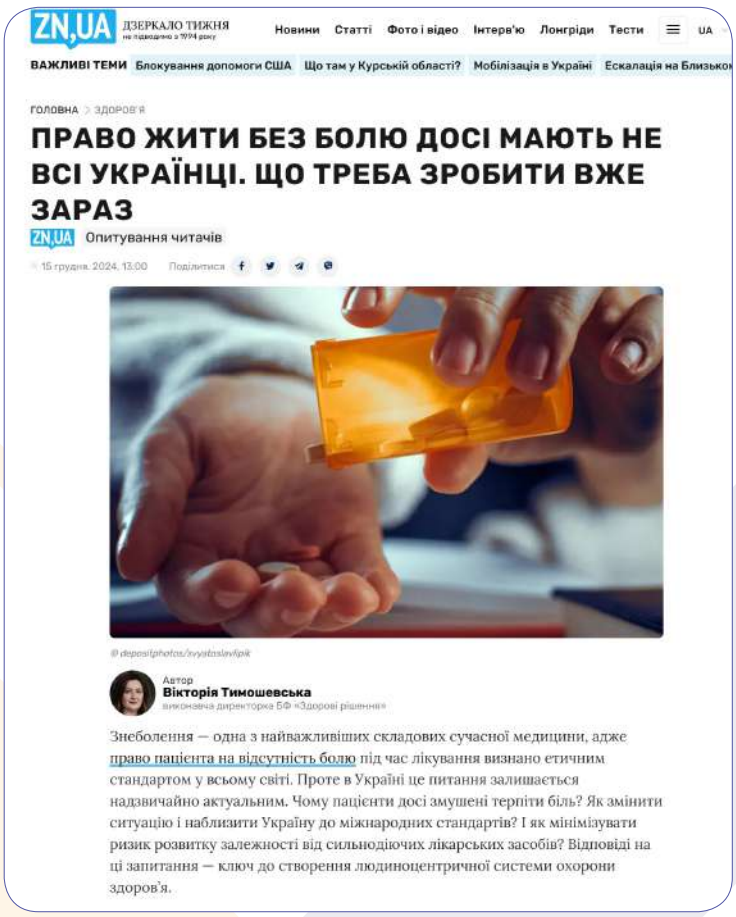
- Ministry of Health of Ukraine
- Public Health Center of the Ministry of Health of Ukraine
- "VOLNA" Charitable Foundation
- Regional Commission on Drug Policy for Central and Eastern Europe and Central Asia (ECECACD)
- "Free Zone" Charitable Organization
- "Health Advocacy" Platform
- Joint United Nations Programme on HIV/AIDS (UNAIDS)
- Veterans' unions and organizations

Obstacles

1. Despite extensive work, revisions, and consultations, the drug policy strategy was not approved. The main reason is institutional resistance from state authorities, particularly law enforcement agencies, which block any changes that propose the decriminalization of drug users and the reform of the repressive model. The Ministry of Health lacks sufficient political leverage to promote the strategy, and the influence of law enforcement remains decisive.
2. So far, we have not succeeded in establishing effective communication with Deputy Minister of Health Ihor Kuzin. Although formally responsible for drug policy, the Ministry of Health does not perform this function in practice and is not an independent actor in this area.
3. At the start of the project, there were no systemic studies on addiction among military personnel in Ukraine. The state lacks real data on the scale of the problem – there are no official statistics on the number of military personnel living with substance dependence. As a result, any advocacy efforts encounter the argument: "No problem – no solution."
4. Even when we began raising this issue, we encountered barriers: the Ministry of Health, the Ministry of Defense, and other institutions were reluctant to provide information that could spark public concern. Military personnel are afraid to speak openly about the issue, fearing it could jeopardize their reputation, careers, or financial benefits.

Insights

1. Previously, advocacy for humane drug policy in Ukraine was largely confrontational toward law enforcement, the judicial system, and the prosecutor's office. These institutions were seen solely as repressive mechanisms that criminalized people who use drugs. Our communication approach has since shifted. We began engaging in dialogue that acknowledged the expertise and role of these institutions within the system. This allowed us to demonstrate that the outdated punitive model is ineffective — law enforcement spends enormous resources on minor drug offenses, while organized crime remains largely unaddressed.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Новини Статті Фото і відео Інтерв'ю Лонгріди Тести UA
ВАЖЛИВІ ТЕМИ Блокування допомоги США Що там у Курській області? Мобілізація в Україні Ескалація на Близько
ГОЛОВНА > ЗДОРОВ'Я
ПРАВО ЖИТИ БЕЗ БОЛЮ ДОСІ МАЮТЬ НЕ ВСІ УКРАЇНЦІ. ЩО ТРЕБА ЗРОБИТИ ВЖЕ ЗАРАЗ
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Автор
Вікторія Тимошевська
виконавча директорка БФ «Здорові рішення»
Знеболення — одна з найважливіших складових сучасної медицини, адже право пацієнта на відсутність болю під час лікування визнано етичним стандартом у всьому світі. Проте в Україні це питання залишається надзвичайно актуальним. Чому пацієнти досі змушені терпіти біль? Як змінити ситуацію і наблизити Україну до міжнародних стандартів? І як мінімізувати ризик розвитку залежності від сильнодіючих лікарських засобів? Відповіді на ці запитання — ключ до створення людиноцентричної системи охорони здоров'я.

2. Our analysis showed that the judicial and law enforcement systems are ill-equipped to address the evolving challenges of drug policy. Over the past two years alone, more than 20,000 criminal cases have been registered for possession of small quantities of drugs (without intent to sell). The average amount seized per arrest was 10–15 grams of cannabis. Meanwhile, the number of identified drug trafficking groups and arrests of major dealers has remained stagnant — or even declined.

3. We identified two primary pathways through which military personnel develop substance dependence:

- **Proactive use** — increased drug availability on the frontlines and intentional use of substances to cope with the horrors of war.
- **Reactive use** — self-medication of pain, stress, and psychological trauma caused by combat. This includes the use of opioid painkillers following injuries and concussions, psychotropic medications to manage stress and insomnia, and self-treatment after returning from the front, due to a lack of proper medical care.

4. Despite being the official policymaker in the field of drug policy, the Ministry of Health (MOH) holds minimal real influence. In practice, law enforcement agencies — particularly the National Police, the Security Service of Ukraine, and the Prosecutor General's Office — impose their agenda on the MOH and obstruct progressive reforms.

5. There is no effective oversight of medication use within military units, which results in widespread unregulated and inappropriate use. As a result, the MOH fails to fulfill its role in shaping evidence-based and effective drug policy — contributing to a deeper systemic crisis.

Next Steps

We plan to finalize and publish the report on legislative harmonization, and engage in negotiations with the Ministry of Health to establish an intersectoral platform for harmonizing legislation in public health and drug policy (negotiations with the Deputy Minister of Health for Eurointegration).

We will continue discussions on cooperation with veterans' unions and organizations to address substance use in the military (November 2024 – March 2025).

In partnership with civil society organizations, we will initiate a conference and two roundtables to identify legal barriers to accessing treatment with medications containing narcotic and psychotropic substances.

We will work with media outlets to raise awareness about drug dependence, harm reduction, and opioid substitution therapy.

Healthy Community

The most important factor for a healthy life is not the quality of healthcare, but the surrounding environment and living conditions. Healthcare plays a role, but it is the least influential factor.

Traditionally, the development of infrastructure for a healthy lifestyle, social support, and environmental care has been considered the responsibility of communities rather than the state.

What Ukrainian Communities (Hromadas) Are Facing in Practice

The administrative-territorial reform has brought both new opportunities and serious challenges for communities. They became responsible for a vast network of healthcare facilities — hospitals, paramedic stations, and outpatient clinics. In practice, these are old, often neglected Soviet-era buildings. Communities are now tasked with maintaining and developing these facilities, recruiting medical personnel, securing equipment, and making urgent decisions during the COVID-19 pandemic and the war.

Amid the war, Ukrainians are constantly migrating, and communities may become frontline areas — occupied or recently de-occupied. Due to safety risks, medical staff and equipment relocate to safer regions, while some people remain at home near the frontlines. They need medical assistance, so mobile medical units operate there.

The demographic makeup of communities is shifting: young families with children often leave for cities, while elderly residents and internally displaced persons (IDPs) remain behind. Veterans return home and often require lifelong rehabilitation and support to reintegrate into civilian life.

Meanwhile, over the past five years, the government has been continuously adjusting healthcare policies:

- created hospital boards (which have yet to function effectively)
- develops a capable network of cluster and super-cluster hospitals, which will fundamentally transform healthcare facilities in small towns,
- raising the standards for the quality and quantity of equipment and medical personnel in hospitals as a requirement for receiving state funding.

Local authorities find it extremely difficult to respond to these challenges. Their role within the healthcare system remains undefined, and most communities continue to operate based on a model inherited from the communist era — one that discourages community engagement, neglects data-driven decision-making, and fails to prioritize the efficient use of resources. This approach is rooted in a legacy of reactive behavior, where individuals are expected to follow orders rather than take initiative, and is further compounded by the absence of genuine leadership at the community level.

The Model of a Healthy Community in Ukraine

March 2022. The "Public Health" program of the International "Renaissance" Foundation supports the initiative of the Kharkiv Expert Group on healthcare reform to implement a Healthy community model. The "Health Solutions" team continues to build such communities, which form the foundation of most of our projects.

The model of a Healthy community that we are adapting for Ukraine was created and implemented by German family doctors with the help of Optimedis GmbH experts in the Kinzigtal community over thirty years ago.

Doctors aimed to shift the focus from treating diseases to preventing them and redefine the role of family doctors in the community. Thanks to investments in these changes, the Kinzigtal community saves approximately 5 million euros annually on treatment, and the number of years of quality life there continues to increase.

We significantly adapted this model for Ukraine as we have a different state model for financing healthcare services.

By engaging Optimedis experts, we, together with the Kharkiv Expert Group, supported the launch of pilot interventions in seven communities: Mukachevo, Kramatorsk, Skvyra, Bucha, Fastiv, Yasinya, Zlatopil.

We aim to assist in implementing new approaches that will enable:

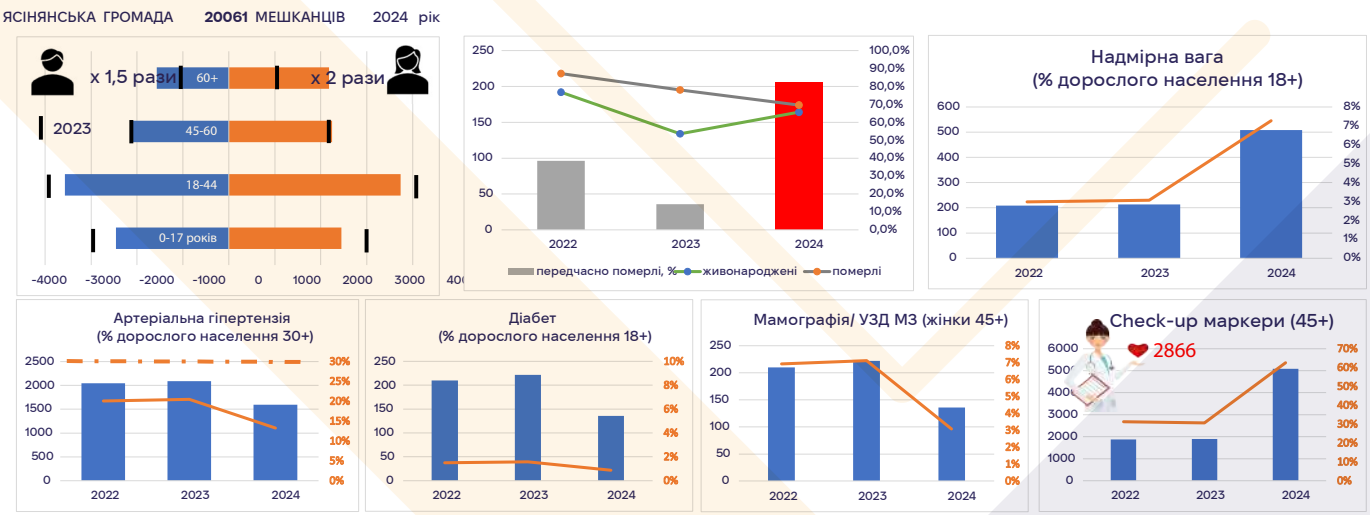
- Local authorities to create **high-quality local policies** focused on the health of residents,
- Doctors to **acquire knowledge and skills to build trust** with residents,
- **Local community initiatives to become part of decision-making processes** that influence the quality of life in their community.

The Biggest Challenge: Explaining the Priority of Health

Each community has its characteristics and challenges, which is why we apply different approaches in each case. However, the biggest challenge has been prioritizing health in community policies and involving not just doctors, but also patients, social workers, teachers, employers, homeowners' associations, and NGOs in the discussions.

For instance, one challenge was convincing community leaders, through data analysis, that it would be more effective to redirect budget funds from the funeral aid program to interventions focused on preserving the health of community residents, who could also attract investments and contribute to community development.

To help communities collect, analyze, and compare health data on residents, we launched an experimental dashboard.



Thanks to this tool, all relevant stakeholders can analyze the factors that impact the quality of life and health in communities.

When Communities Are Changed by the Concerned Citizens

Another important area of change in communities is 'grassroots movements' — when the call for change comes from residents. In particular, last year, with the support of the "Health Solutions" Charitable Foundation, our partners from the Change Agency "Perspective" worked with the Yasinya and Fastiv communities (hromadas).

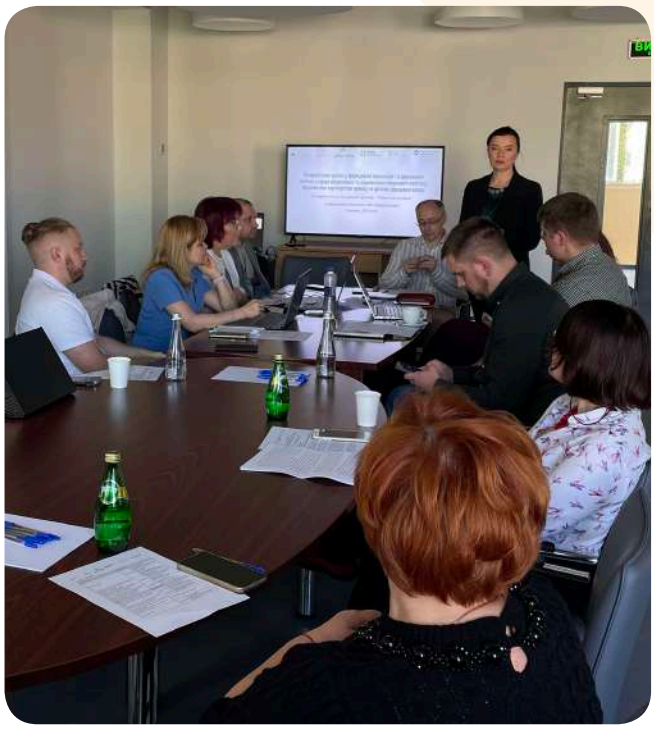
They advocated for the Healthy Communities model among local NGOs, self-organizing groups, and business associations. **We supported this project both technically and financially through a small grant system for local health initiatives**. We helped form strategic groups in cooperation with local authorities, involved in the development of local policies.

In 2024, we supported the sustainability of the Healthy community projects in Mukachevo, Skvyra, Bucha, Kramatorsk, and Zlatopil by backing the work of the strategic groups (Integrators) formed there and the planned interventions. We also worked on including the Fastiv and Yasinya communities in this initiative.

Our team stays in constant communication and does not leave communities to face the challenges they encounter when working with the Integrator alone. We remain by their side, helping them resolve issues. Local community organizations need support in institutional development; they are often led by individual leaders and do not yet have a culture of democratic decision-making and influence-building.

Examples of Interventions Successfully Implemented in Healthy Communities:

- Mobile Checkup: Doctors from 'Community Health Centers' (CHCs) visited local enterprises and villages of the communities to check up on people, provide prevention, and address issues such as diabetes and cardiovascular diseases.
- Establishing a sports ground for physical activities at the Social Service Center;
- Creating designated ''Nordic walking'' areas;
- A training program on cardiovascular health and diabetes, titled "Public Health Ambassadors';'
- Purchasing sports equipment for competitions among school students.



Particularly noteworthy is the Mobile Medical Assistance project in Kramatorsk, which was implemented in cooperation with the Family Medicine Center No. 1 of Kramatorsk, with funding and assistance from the humanitarian organization CARE.Ukraine. This project ensured access to quality healthcare for residents of remote areas, particularly those affected by infrastructure destruction caused by the war. Using mobile ambulances, over 5,000 patients, including people with disabilities and those who had long avoided medical care, received assistance. The project not only provided treatment but also contributed to the training of medical staff, the creation of practical recommendations, and the generation of research that became valuable resources for other communities seeking to implement similar initiatives.

Our goal is to find an effective mechanism for the organic spread of the Healthy community model in Ukraine, which is why we study experiences that can help. One such experience is EdCamp. The team we're working with has built a community of over 50,000 teachers over the past ten years.

Together with the Kharkiv School of Architecture, we launched the "Spatial First Aid Kit" initiative and a podcast series titled "Architecture That Heals."

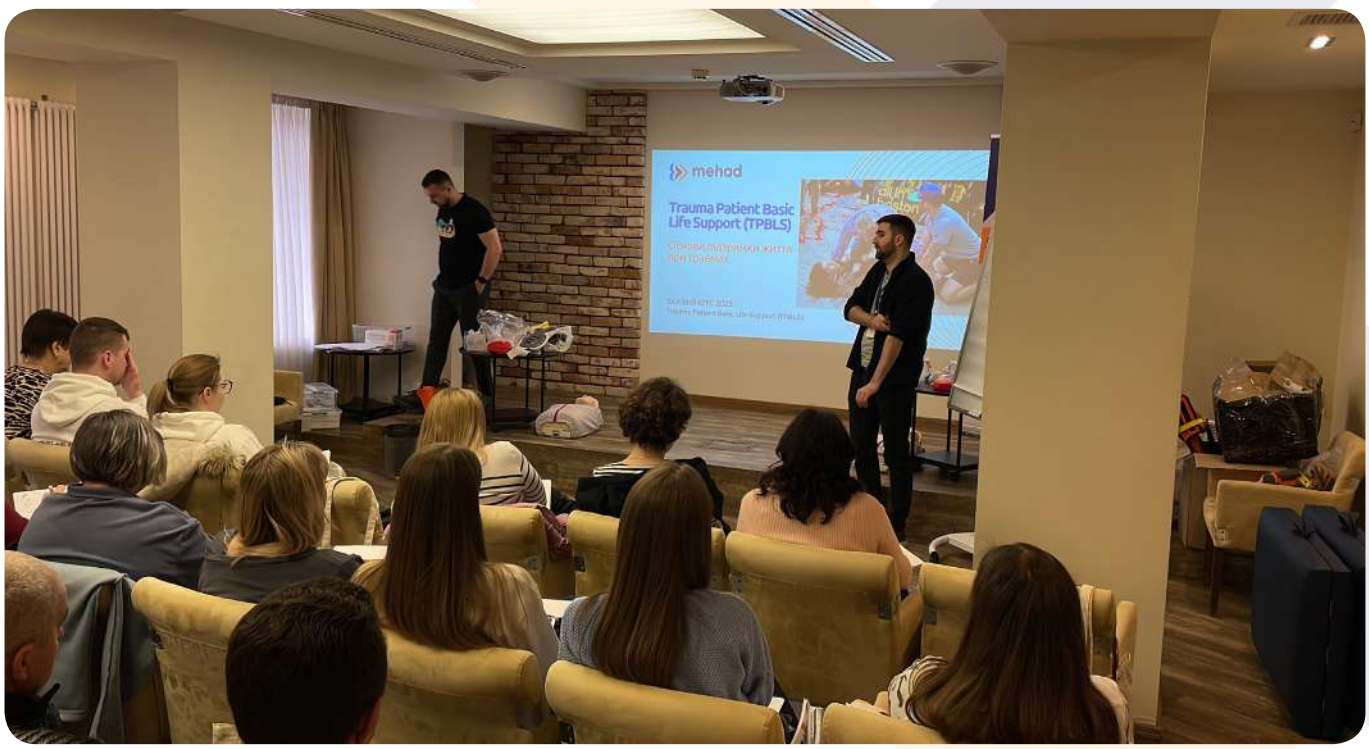
The "Healthy Community" website is now live.

We already see visible results. The most important thing is that communities are beginning to prioritize health in their strategies and focus efforts on finding resources for their implementation.

Below are the priorities for one of the Healthy Communities for 2025:

Healthy Communities

Mental Health and Psychosocial Support during the War	· Establishment of the Veteran Hub · «Ask a Practical Psychologist»
Movement as the Key to Health	· «Five Minutes of Exercise» · «Nordic Walking for Women 45+
Enhancement of Healthcare Services	· Online Appointment Scheduling with a Family Doctor · «Health Tent»



The Biggest Challenge and What's Next

Our main challenge at the moment is selecting communities for cooperation. Launching such a project in a community requires significant team efforts, so it is important to start these transformations where there is a demand for change.

We believe the best approach is to promote the organic spread of this model among communities through interaction and the sharing of best practices. We aim to establish an Alliance of Healthy Communities, comprising 50 communities by 2027.

In partnership with our German colleagues from OptiMedis, we plan to launch the 'Healthy Community Academy' for continuous team training. We also plan to advocate to donors supporting Ukraine for the idea that we must collectively transform the strategy for managing health and well-being in communities.

We plan to broaden the focus of our goals and pilot interventions. Specifically, in 2025, we will focus on the rehabilitation and reintegration of veterans, as well as supporting individuals with addictions and their families. Another key focus of our work with communities will be families with children and women.

The state's drive for the centralization of decisions and influences limits communities' freedom to plan. How should responsibility be shared among all stakeholders? This is the focus of our analytical and advocacy efforts. We will continue to examine international experiences and involve experts from the NHSU, the Ministry of Health, and the Ministry of Social Policy in discussions.

Insights

1. Communities have varying experiences, management practices, and cultural characteristics. However, when we encourage them to prioritize people's interests in decision-making, we see similar results that quickly spread across communities.
2. People tend to rely more on their personal experiences, often equating health with medicine. This keeps them trapped in a cycle and prevents them from stepping outside the boundaries to understand the real issues people face and alternative solutions to address them.
3. In some communities, we have seen that, despite more promising projects from NGOs, the Integrator opts for municipal institutions.
4. Traditionally, communities focus more on the process itself rather than on the results. They are currently unable to measure the return on investment in terms of outcomes.
5. In the context of a prolonged war, however, decentralization, when paired with a participatory decision-making approach and a solid data foundation, has a significant impact on preserving health and improving people's quality of life.

Support for New Institutions

For meaningful change, it's not enough to simply update policies; it is equally important to establish institutions capable of implementing them. In this regard, our work is built upon the legacy of the "Public Health" program, which played a pivotal role in transforming Ukraine's healthcare system.

Thanks to this program, healthcare reform was launched, and new institutions were created, such as the National Health Service of Ukraine (NHSU) and the State Enterprise "Medical Procurements of Ukraine." These became the foundation for transparent management of finances, resources, and healthcare services.

These steps allowed us to shift from an outdated, bureaucratic system to a modern, people-centered healthcare model. We continue this process because the war has altered approaches to resource management, logistics, and medical care. Only by establishing new structures can we build a system that places people — whether soldiers, veterans, or civilians — at the heart of its decisions.

Our goal is to create a comprehensive, integrated state system that ensures the quality of life, health, and safety for citizens, both in peacetime and during wartime. This is why we are working with the Ministry of Health, Ministry of Defense, Ministry of Veterans Affairs, and other state bodies to strengthen Ukraine's institutional capacity, incorporating the best international practices in management, supply, and support. New institutions are the foundation for lasting change that will remain in the state system, not only during the war but also as a cornerstone for its post-war development.

State Operator for Non-Lethal Acquisition

The State Operator for Non-Lethal Acquisition is a critically important institution for ensuring military personnel are provided with quality food, tactical clothing, equipment, and basic living conditions. We support the work of the State Operator for Non-Lethal Acquisition because military personnel cannot effectively carry out combat tasks without proper nutrition, quality uniforms, or being placed in inadequate conditions (when there is an opportunity to create proper ones).

The war has shown that the physical and psychological state of soldiers largely depends on the organization of rear-area logistics. A lack of quality food or ammunition directly affects fatigue levels, increases the risk of injury, and can reduce combat readiness.

The State Operator for Non-Lethal Acquisition enables greater transparency, effective resource management, and the implementation of supply standards that align with the best global practices. This approach involves systemic updates to rear-area logistics and the creation of supply standards for the military that meet not only the demands of wartime but also the broader needs of the personnel. We have supported strategic sessions for the State Operator for Non-Lethal Acquisition, focused on developing effective strategies for organizing rear-area supply and integrating the best international practices into this field.

This reform is a contribution to the transformation of state governance, aimed at improving

the efficiency of budget spending, combating corruption, and implementing NATO standards. Establishing a transparent and effective system is not only crucial for defense capabilities but also reflects respect for those who risk their lives daily for Ukraine's future.

National Health Service of Ukraine (NHSU)

The National Health Service of Ukraine is the central institution responsible for implementing state policy in healthcare financing. It ensures the effective distribution of public funds, guaranteeing patients' access to quality and free medical care.

In the context of the war, the NHSU has faced new challenges, including the need to provide medical services to soldiers and veterans, integrate state hospitals into the broader healthcare reform system (the Medical Guarantee Program), and adapt the system to crisis conditions.

The "Health Solutions" Charitable Foundation has supported the NHSU in its strategic planning and capacity-building processes. We have worked closely with the NHSU team to strengthen its role not only as a fund administrator but also as an entity that influences the quality of medical services through monitoring systems.

We have contributed to implementing mechanisms for controlling the effectiveness of medical service spending, developing internal regulations, and helping shape policies that incentivize hospitals to improve their standards of operation.

One of the key insights was realizing that the expectations of the NHSU, both from society and the government, are significantly higher than its actual capabilities. High staff turnover, insufficient funding, and limited legal authority prevent the NHSU from fully realizing all of its assigned functions. Nevertheless, the NHSU remains the primary custodian of healthcare reform and the preservation of patient-centered principles.

In 2025, we will continue to support the NHSU by strengthening its communication with both international partners and the Ukrainian government. Specifically, we will focus on implementing a quality monitoring system, improving the NHSU's interaction with healthcare facility owners (communities), and further integrating state hospitals into the Medical Guarantee Program.

Department of Health of the Ministry of Defense of Ukraine (DOH MoD)

The Department of Health of the Ministry of Defense of Ukraine is the key institution responsible for shaping military medical policy and coordinating medical support for the Armed Forces of Ukraine.

"Health Solutions" supported the DOH MoD during its initial phase of establishment, assisting in shaping the strategic vision for the development of military medicine, the integration of military and civilian healthcare systems, and the implementation of people-centered principles in providing medical services to the military.

We organized strategic sessions and training, brought in leading experts, and contributed to building the department's institutional capacity, laying the groundwork for future reforms. Our goal was to establish the core values and approaches that should guide the department's activities.

However, after the initial phase of the department's formation, we did not actively participate in its further operations, instead observing the process and assessing its development in terms of implementing the declared principles and adherence to international standards.

The "Health Solutions" Charitable Foundation will continue to support the reform of military medicine, ensuring that human dignity and the interoperability of civilian and military healthcare systems remain at the forefront, promoting resilience and the capacity to address challenges during both peacetime and wartime.

Rehabilitation and Reintegration of Veterans into Civilian Life

The current policy on veterans in Ukraine is based on the Law of Ukraine "On the Status of War Veterans and the Guarantees of Their Social Protection" No. 3551-XII, dated October 22, 1993.

This law was enacted before the adoption of the Constitution of Ukraine as a compromise measure to regulate the social legacy of obligations towards veterans of various wars in which the USSR was involved.

Amendments to the law, made by Ukrainian lawmakers at various stages of independence, particularly after the start of the Russian-Ukrainian war, focused on introducing new categories of individuals and/or benefits. **However, these changes were not fundamental, and the underlying ideology remained unchanged.**

One of the reasons for this preservation is the sensitivity of the issue, as veterans have always been a sacralized category, shaped by Soviet-era propaganda.

The law in question pertains to 54 categories of veterans from various wars in which the Soviet Union was involved (e.g., the war in Afghanistan).

Ukrainian society has also been shaped by certain views of veterans for a long time. For instance, in August 2022, one-third of Ukrainians, when asked "Who do you consider a veteran?", recalled veterans of World War II.

The main flaw in the approach outlined in the law mentioned below and other laws defining the status of veterans in Ukraine is the **creation of an exclusionary model**, which separates them from full inclusion in society.

At the level of state policy, these laws prioritize benefits and material support over the social integration of veterans, limiting their full participation in everyday life and the economy.

This paternalistic approach, inherited from Soviet doctrine, fosters a reactive attitude among veterans and society, which is no longer suitable in the modern context.

Most of the military personnel defending Ukraine during the Russian-Ukrainian war are civilians who have joined the Defense Forces. Upon their return, veterans have the potential to make a valuable contribution to the development of society, the state, and local communities. However, this can only happen if they receive proper rehabilitation and support for their reintegration into civilian life. Millions of men and women of working age will require opportunities for self-fulfillment, recognition, and dignified employment. To achieve this, it is crucial to significantly redefine national and local policies, **transitioning from an exclusive to an inclusive approach in veteran policy.**

The exclusive approach is costly: in addition to the direct high expenses associated with providing benefits and payments, the socio-economic effectiveness of which is questionable, there are also significant consequences. For instance, excluding veterans from socio-economic development processes results in lost income for communities and the state, negative impacts on family relationships, increased crime rates, and so on.

Therefore, the development of a new veteran policy, based on an inclusive approach, must be a transparent, clear, and balanced process that involves veterans and their families. This process should be grounded in an analysis of the current experiences of countries that have undergone or are undergoing wars, as well as the best practices of established Ukrainian businesses and NGOs with experience in supporting, rehabilitating, and reintegrating veterans into civilian life.

We must establish a new, comprehensive definition of veterans that fully aligns with the modern context and responds to the evolving needs of society.

However, this must be preceded by the development of a national strategy that will establish Ukraine's security framework for the coming decades. This will enable the formation of a new vision for the role of veterans: will they, by definition, become reservists in times of prolonged threat, or will the state allow them to permanently relinquish their military status in favor of civilian life, with gratitude for their service? This framework will shape the creation of all systems surrounding veterans and serve as the foundation for developing such a policy.

Another challenge, which is likely to encounter significant political opposition, will be the reform of central executive authorities that hold the authority and budgets necessary to implement veteran policies, along with the corresponding departmental infrastructure.

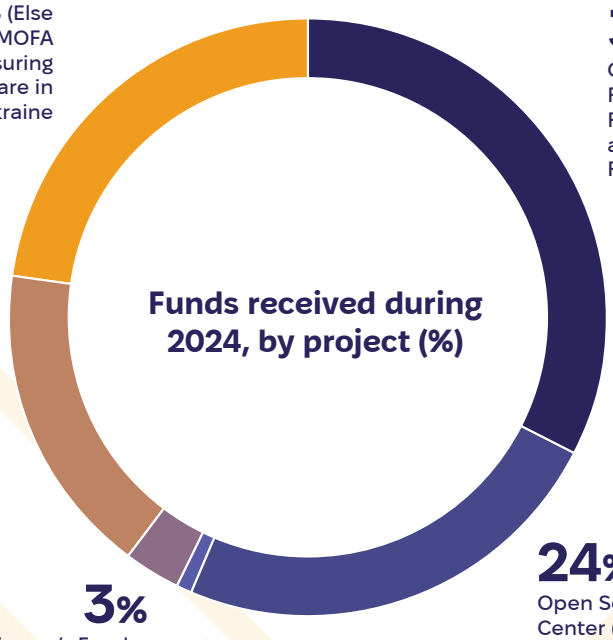
Currently, there are 22 Central Executive Bodies (CEBs), and their activities are not coordinated from a central point, making it difficult to assess the effectiveness of their work. There are several hundred facilities under the jurisdiction of various ministries and departments that are responsible for veteran rehabilitation. Unlike reformed healthcare institutions contracted with the National Health Service of Ukraine (NHSU), the quality of services provided by these departmental facilities cannot be monitored or evaluated. Their funding is non-transparent, meaning that money follows the bed rather than the individual, and they are managed according to the principles of state institutions, which prevents flexible responses to the needs of individuals.

Thus, this entire sector must undergo substantial reforms, unification, and integration into a cohesive system — a human-centered super-system designed for rehabilitation, social protection, and the reintegration of veterans into civilian life.

We must not allow veterans of the Russian-Ukrainian war to gradually become an invisible category. A long path lies ahead in uniting efforts to overcome the Soviet legacy in veteran policy; difficult conversations with veterans, their families, and military personnel, who must understand the guarantees of their reintegration into civilian life; numerous discussions, research, and advocacy campaigns. We are responsible for guiding the transformations of society and the nation, which will become the foundation of our resilience and Victory, ensuring justice for those who have fought and continue to fight for future generations of Ukrainians.

Research findings:

Фінанси



23%
EKFS (Else Kröner-Fresenius-Stiftung) / MOFA Luxembourg (Care) – Ensuring access to vital medical care in eastern Ukraine

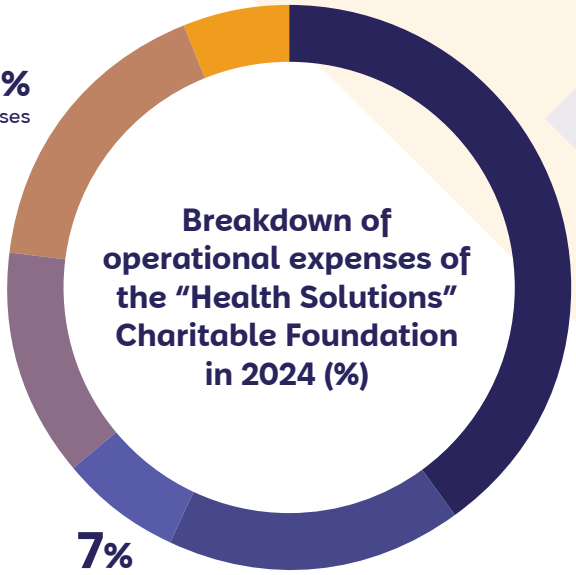
33%
Open Society Foundations (FPOS) – Funding for the statutory activities of the Foundation

17%
International Renaissance Foundation – Ensuring the right to mental health and access to treatment for civilians and veterans during and after the war

24%
Open Society Policy Center (OSPC) – Support for policy development and advocacy aimed at the social advancement of Ukraine's de-occupied territories

3%
Ukrainian Women's Fund – Women's Voice and Leadership – Ukraine, Phase 2

0.1%
NGO "Ednannia" (ISAR) – A human-centered model for a unified system of rehabilitation, social protection, and reintegration of veterans into Ukrainian society



17%
Office renovation costs

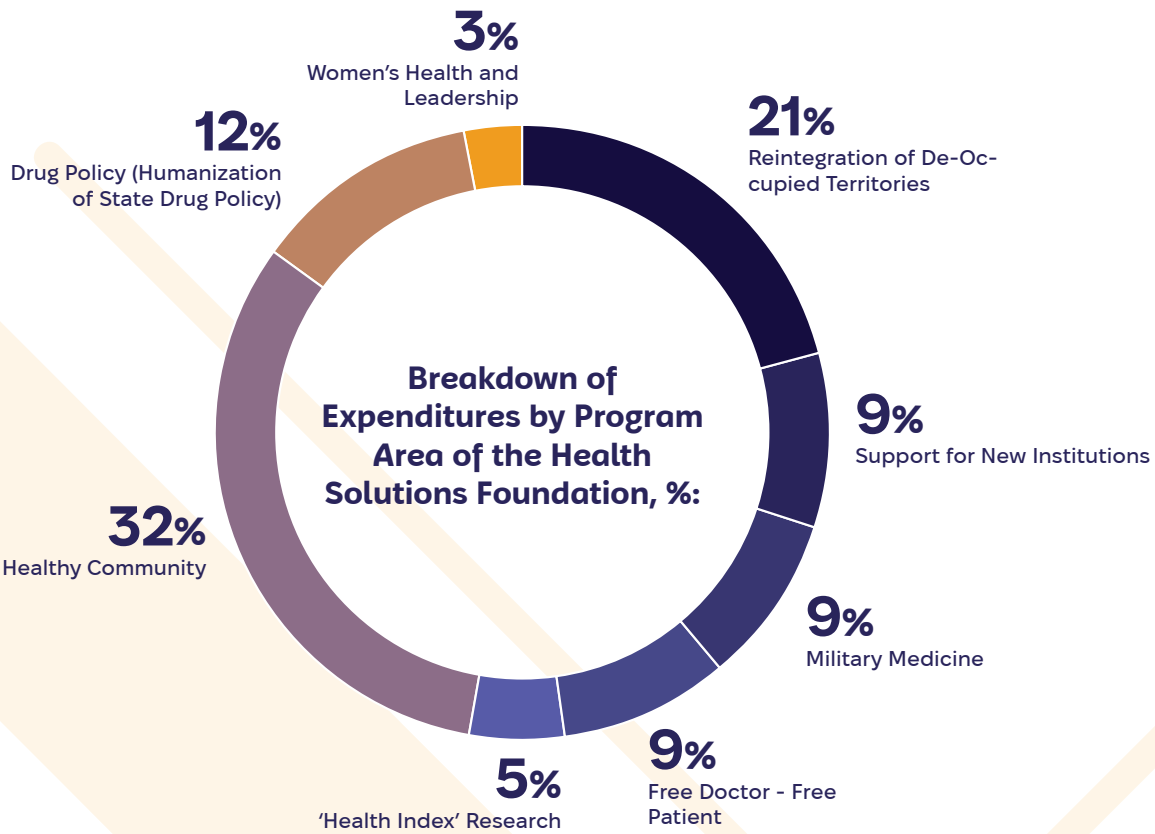
17%
Administrative expenses

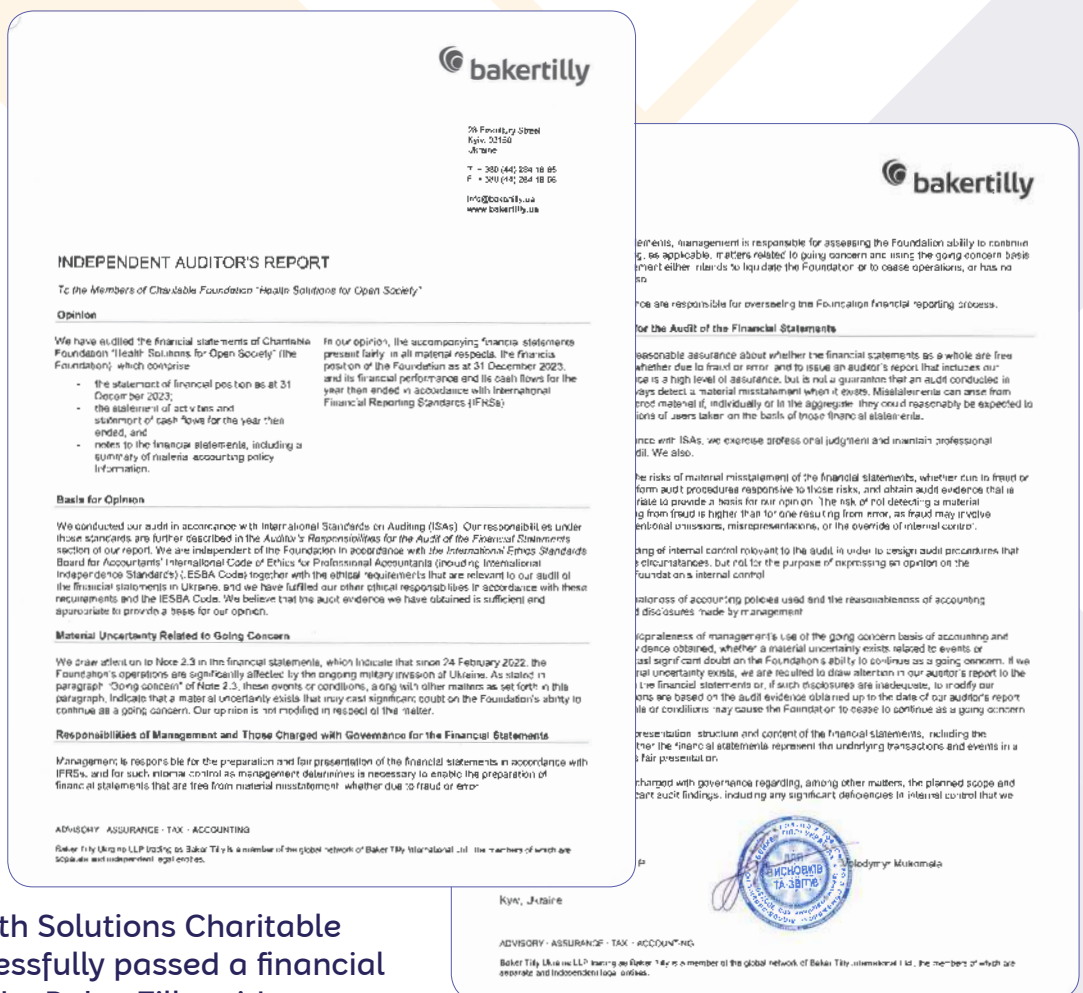
40%
Research activities and expert support

13%
Awarded grants

7%
Procurement of medical supplies and equipment

17%
Advocacy and communications (events and training sessions)





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INDEPENDENT AUDITOR'S REPORT

To the Members of Charitable Foundation "Health Solutions for Open Society"

Opinion

We have audited the financial statements of Charitable Foundation "Health Solutions for Open Society" (the Foundation), which comprise

- the statement of financial position as at 31 December 2023;
- the statement of activities and statement of cash flows for the year then ended, and
- notes to the financial statements, including a summary of material accounting policy information.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Foundation as at 31 December 2023, and its financial performance and its cash flows for the year then ended in accordance with International Financial Reporting Standards (IFRSs).

Basis for Opinion

We conducted our audit in accordance with International Standards on Auditing (ISAs). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are independent of the Foundation in accordance with *the International Ethics Standards Board for Accountants'* International Code of Ethics for Professional Accountants (including International Independence Standards) (IESBA Code) together with the ethical requirements that are relevant to our audit of the financial statements in Ukraine, and we have fulfilled our other ethical responsibilities in accordance with these requirements and the IESBA Code. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Material Uncertainty Related to Going Concern

We draw attention to Note 2.3 in the financial statements, which indicate that since 24 February 2022, the Foundation's operations are significantly affected by the ongoing military invasion of Ukraine. As stated in paragraph "Going concern" of Note 2.3, these events or conditions, along with other matters as set forth in this paragraph, indicate that a material uncertainty exists that may cast significant doubt on the Foundation's ability to continue as a going concern. Our opinion is not modified in respect of this matter.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with IFRSs, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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Kyiv, Ukraine

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In 2024, the Health Solutions Charitable Foundation successfully passed a financial audit conducted by Baker Tilly, with no remarks or findings.


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