



**health
solutions**
for open society

Health Solutions for Open Society

Presentation of the foundation

Who is “Health Solutions for Open Society”?

It is an affiliate foundation of the International Renaissance Foundation and continuation of its multi-year program “Public Health”; at the same time, it’s an independent institution with its own charter, fund, and program.

Before the foundation was created:



"Health Solutions" was founded by:



**International
Renaissance
Foundation**



**Victoria
Tymoshevskaya**

head of the
foundation, since
2008 she headed
the "Public Health"
program at the IRF



**Tetyana
Gavrysh**

leading expert of the
foundation, leader of
the Kharkiv Expert
Group for Medical
Reform Support

Supervisory Board of the Foundation:



**Zurab
Alasania**

the first chairman of The Public Broadcasting Company of Ukraine "Suspilne", a serviceman of the Armed Forces of Ukraine



**Arsen
Zhumadilov**

the first chairman of the State Enterprise "Medical Procurement of Ukraine", a serviceman of the Armed Forces of Ukraine



**Yevhen
Hlibovytskyi**

co-founder of
pro.mova



**Tatiana
Margolin**

co-founder of the
Stroika.Inc.
foundation



**Olesya
Ostrovska-Lyuta**

director of Mystetskyi Arsenal
- Oleksandr Sushko, director
of the International
Renaissance Foundation



**Oleksandr
Sushko**

director of the
International
Renaissance
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**Svitlana
Hylyuk**

dean of the School
of Law of the
Ukrainian Catholic
University

The strategy was developed with participation of:



**Arsen
Zhumadilov**

political scientist, general director of national agency "Medical Procurement of Ukraine", serviceman of the Armed Forces of Ukraine



**Zurab
Alasania**

media expert, former head of "Suspilne" broadcasting and media company, serviceman of the Armed Forces of Ukraine



**Oleksandra
Ustinova**

political scientist, Member of Parliament



**Svitlana
Khyliuk**

director of School of Law, Ukrainian Catholic University



**Ivanna
Skyba-Yakubova**

managing partner of "Bagels&Letters" PR agency, culture manager



**Yuri
Bugai**

founder of learning advisor "Study Dive"



**Oleksandr
Sushko**

director of International Renaissance Foundation



**Oleksandra
Baklanova**

co-founder of pro.mova



**Yevhen
Hlibovytsky**

co-founder of pro.mova

The strategy was developed with participation of:



**Tetyana
Gavrysh**

managing partner of ILF legal company, leader of the Kharkiv expert group supporting medical reform



**Victoria
Tymoshevskya**

director of "Public Health" program of IRF



**Ksenia
Shapoval-Deinega**

director of "Citizen Fortitude" program of IRF



**Oleksandr
Elkin**

co-founder of educational movement "EdCamp Ukraine"



**Iryna
Matsevko**

historian, deputy rector of the Kharkiv School of Architecture



**Denis
Poltavets**

director of program development, Aspen Institute Kyiv



**Serhiy
Ponomaryov**

director of "Roma" program of IRF



**Oksana
Dashchakivska**

head of Western Ukraine branch of IRF



**Anna
Karashivska**

communications manager of "Public Health" program of IRF

We work to transition

from the paradigm

“to survive” to the

paradigm “to live” through

joint civil transformations

We declare:

Health is not the absence

of disease but the most

achievable level of life with

full integration into society

We must look at all processes
with the optics of health.

How does what we do help
a person / society
to become healthier?

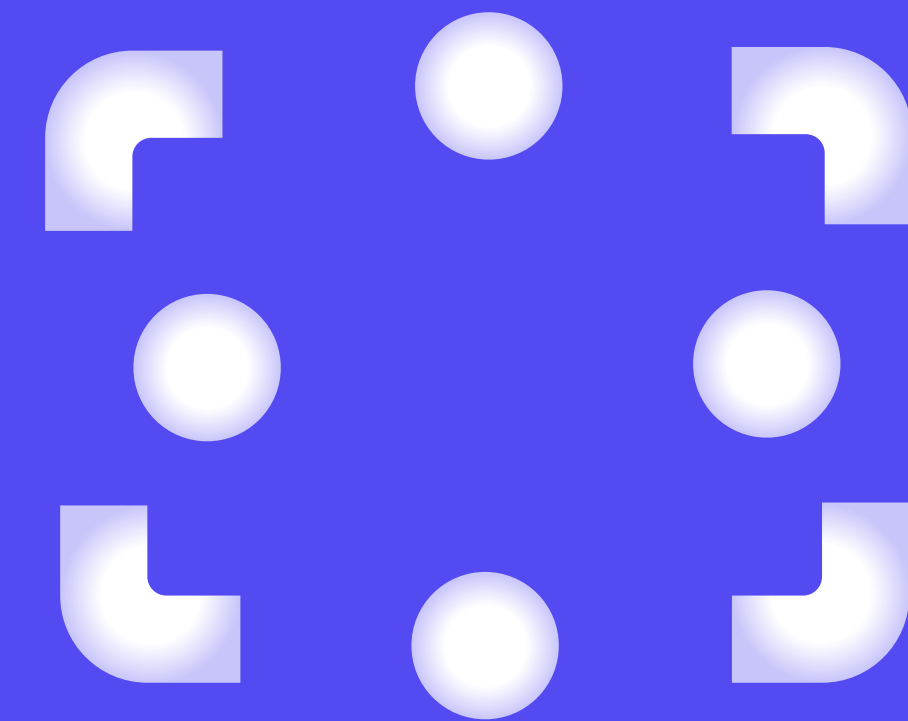
General tasks



Redefine the
notion "health"



Form demand
for health



Propose a model of
cooperation which preserves
dignity of all players

Strategic activities

- 1 Supporting capacity of new institutions**
for example,
monitoring program
for the National Health
Service of Ukraine
- 2 Supporting formation of doctor self-government**
- 3 Building new systems of community governance**
promoting “healthy
community” model
- 4 “Free doctor — free patient”**
bills, dialog
platforms,
advocacy of
new practices
- 5 Building people-centered systems in post-war times**
healthcare,
education, culture,
architecture, etc
- 6 Protecting patients’ rights**
creating a new
human rights
practice
- 7 Transforming the military medicine system**
according to
principles of
respecting human
dignity
- 8 Education, awareness, advocacy campaigns for media and NGOs**
- 9 Humanitarian programs**
- 10 Research**
that may become
the foundation
for
above-mentioned
activities

Supporting new institutions

Context:

new institutions (NHSU, Medical Procurement of Ukraine) - an island of steadfastness of reforms, sustainability of services in crisis periods, guarantee of the system stability

We are planning:

- pilot project for monitoring health institutions
- building capacity of personnel potential (joint strategy development)
- establishing criteria and legal support in strategic court cases defending patients' rights

We have done:

- design of monitoring system for terms of fulfillment of agreements in the program of medical guarantees
- advocacy of implementation of monitoring
- plan of implementation of monitoring, engaging patients, state institutions, and international donors

Supporting new institutions

Risks:

- absence of political support
- different opinions of stakeholders (from soft tools of cooperation between NHSU and healthcare institutions to punishment instruments)
- limited expert ability for technical implementation of monitoring in the interregional departments of NHSU
- corruption risks in conditions of insufficient financial compensation for NHSU employees

Potential impact:

- not only on treatment outcomes of individual patients but on the whole system of medical assistance, where rights and interests of patients, their friends and family, doctors are protected

Opportunities:

- political willingness of NHSU leadership
- demand from patient public organizations for constructive influence on healthcare institutions

Partners:

World Bank Ukrainian office, Reform implementation support project (Deloitte financed by USAID), WHO Ukrainian office

Doctor Self-Government

Context:

- hierarchical system - **part of totalitarian heritage**
- new cohort of military doctors, foreign experience of new / experienced doctors, - **opposition to existing hierarchy**
- old medical elites - **cementing of the vertical of power** (for example, licensing is “facilitated” by corruption schemes, while there is no real possibility to control safety)

We are planning:

- expert review of the bill on doctor self-government and medical practice
- legal support in the process of confirmations, committee hearings, and passing of bills
- strategic advocacy and broad communication with stakeholders
- formation of understanding of professional leadership
- implementation of deregulation model of medical practice
- development of a package of necessary normative acts
- external oversight and independent monitoring
- formation of a coalition of progressive medical leaders

Doctor Self-Government

Risks:

- antagonism of opponents inside professional community
- double play by political groups (adopting part of the bill on doctor self-government but blocking deregulation)

Opportunities:

- readiness of certain political forces for dialog
- active participation of young and progressive doctors

We have done:

- the bill on doctor self-government and medical practice
- advocacy with the Ministry of Healthcare, the specialized committee of Parliament, individual MPs and professional communities
- preparation of communications and advocacy activities
- preparation of familiarization and study visit to Germany of a high level delegation

Doctor Self-Government

Potential impact:

- introduction of individual certificates for medical practice in digital format
- opportunity to select a model of self-fulfillment and employment
- responsibility based on the risk of being deprived of the individual right to perform medical practice
- timely response to the needs of different communities
- possibility of quick relocation of working healthcare institutions and provision of continuous medical assistance

Partners:

- public organization "Medical Leaders"
- individual doctors of highly specialized medical assistance
- representatives of patient communities

Healthy Community

Context:

- **legacy:** a person as a resource for the state
- **Independence:** initiatives appear which have a vector of values
- **pandemic:** shifting the focus to medical solutions of problems
- **war:** strengthening the model of survival, destruction, migration - loss of human capital

We are planning:

- promote the concept of “healthy community” as a functional element
- develop decision-making on the basis of statistics, analytical data, and evidence based practices
- propose formats of participatory leadership
- create coalitions
- dissemination of practical models and solutions on the national level

Healthy Community

Risks:

- absence of ability to study experience
- absence of human and financial resources to implement such conceptual models
- attending to vulnerable groups after all others are served
- changing the landscape of functional healthcare institutions
- misunderstanding consequences of migration processes

Opportunities:

- communities reconsider their approaches, put people in the center
- more players are involved
- donor support

We have done:

- a pilot project on implementing participatory leadership in Bucha
- the cycle of situation analysis, problem prioritization, determining interventions
- communication and plans to cooperate with German experts
- preparation for intervention implementation

Military medicine

Context:

- potential number of people who care for the health of their relatives who joined the army - **4 million**
- **treating servicemen as "combat items"**, difficult access to medical services (separate situation in case of female personnel)
- considerable number of servicemen who **used to be civilians only recently**
- **different NATO standards**

We are planning:

- study the main problems, analyze systemic and legal obstacles
- determine potential financial and digital solutions
- optimize timely and effective transfer of information
- gradually transform attitude (studies, exchange of experience) - create free access to quality medical services on the basis of dignity

Military medicine

Risks:

- closed and rigid system
- secret (classified) documents
- focus on material issues (weapons, equipment)
- lack of experts inside Ukraine and limited ability to invite foreign experts

Opportunities:

- the topic is current and significant
- potential for public engagement

We have made:

- determined the focus of study and the circle of potential partners
- created a tentative design of the study

Potential impact:

- change of value vectors, increase of quality of medical assistance
- digitalization and improved exchange of medical data will bring better results of treatment and rehabilitation

Basics of Communication

We perceive **health as part of the general humanitarian discourse**, apply cultural optics and new rhetoric which demarginalizes the concept of health.

We speak about **health as an element of human capital**.

Today we support the **course of transformation of the healthcare** and public health system, designed after the Revolution of Dignity, **as well as transparent institutions of a new type** (NHSU, Medical Procurement), champion a reform of the secondary level of medicine, broadening of monitoring and other authority of NHSU, deregulation of provision of medical services, and doctor self-government in the future.

We **promote not the foundation as such but ideas and principles**, we share practices and stories. It is important for us to have communication bring about changes in society.

Priority Target Audiences

Communities

authorities,
businesses, informal
leaders

International policy makers

WHO, UN, EU, IMF, WB,
USAID, GIZ and other
donors, embassies and
partner states

National policy makers

Ministry of Healthcare, Ministry of
Social Policy, NHSU, Public Health
Center, regional administrations,
The Cabinet of Ministers of Ukraine,
Verkhovna Rada, President

Medical community

doctors, healthcare
workers, managers,
professors and students

Military personnel

Journalists, top bloggers

Opinion leaders in humanitarian sector

culture managers and
analysts, human rights
activists

Educators and community of active parents

Children and teenagers

Priority Target Audiences

those who make changes happen



Communities

authorities, businesses,
informal leaders



International policy makers

WHO, UN, EU, IMF, WB,
USAID, GIZ and other
donors, embassies and
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National policy makers

Ministry of Healthcare, Ministry of Social
Policy, NHSU, Public Health Center,
regional administrations, Cabinet of
Ministers, Verkhovna Rada, President



Communities

(authorities, businesses, informal leaders)

What message

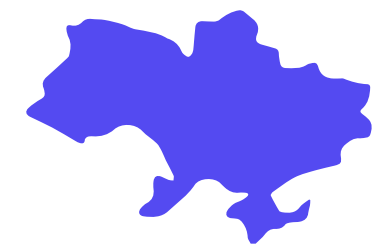
we want to convey:

- Community is responsible for health of its members (community-owner)
- Community may ask the foundation for solutions and count on our partnership

What community

needs:

- Implementation of strategic programs and financing
- Support of the medical network
- Places of healthy leisure (parks, swimming pools, bicycle lanes, etc.)
- Advocacy of needs:
 - a) on the state level;
 - b) on the inner level
- Urbanist and ecological solutions



National policy makers

(Ministry of Healthcare, Ministry of Social Policy, NHSU, Public Health Center, regional administrations, Cabinet of Ministers, Verkhovna Rada, President)

What we want from them:

- Legislation changes:
 - a) deregulation
 - b) doctor self-government
 - c) in the long term - the Medical Code
- Monitoring of quality of medical services
- Establishing intersectional cooperation
(Ministries of Healthcare, Education and Science, Social Policy)
- Program of postwar revival
- Transparent cooperation:
 - a) between the state and civil society
 - b) between the state and businesses
 - c) durability of reforms



International Policy Makers

What we want from them:

1. "Setting of barometers": comparing agendas. cooperation to form industry policies
2. United lobbying, influence on national policy makers (for example, pressure on the government to harmonize legislation and deregulate medical practice)
3. Perception of our foundation as a continuation of IRF and an independent player at the same time
4. Financing projects of revival and transformation
5. Cooperation with chambers and progressive units

Military Personnel

What message we want to convey / what is needed:

1. Military medicine is in need of urgent reform
2. Transition from the narrative “a serviceman is a tool and the task of medicine is to return him to the frontline as soon as possible” to the narrative of restoring dignity
3. Military experience is formative and gives (must give) social capitalization



Educators and community of active parents

What message

we want to convey:

Health is

- a) quality of life (value of oneself and everyone)
- b) a permanent process
- c) dependent on you and your actions
- d) dependent on the environment in the community

What we expect

from them:

- Education:
 - a) curriculum changes
 - b) narrative changes
 - c) integration of the topic of health in various courses
- personal examples (vicarious learning)
- being active in their communities
- modus operandi (specific activities, engagement)

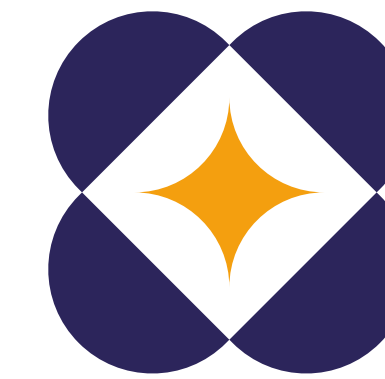
Society

What we want to declare:

Key messages:

- ✦ Everyone has the right to dignity, safety, freedom
- ✦ Healthy way of life is easier and cheaper than treatment
- ✦ Health is a cultural category
- ✦ Health is the responsibility of the person, the community, the state

Philosophy of corporate identity



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What's the idea behind the logo?

- a kaleidoscope at the moment of turning: we have focused and are ready for transformation
- a guiding star, a lighthouse
- a watchdog: an attentive gaze through the binoculars
- if you wish, there are two crossed adhesive plasters in the picture: this may hint at care and an idea that sometimes a problem may be solved by simple means
- an ornamental shape which is both local and traditional for a larger region (the Balkans and the Central Europe)
- a reference to Ukrainian modernism, which had a splendid time in Kharkiv in the 1920s
- a flower with a potential to blossom and develop

Philosophy of color scheme

Decisive
violet

#2C255B

Strong-willed
indigo

#544AF1

Healthy
deep yellow

#F49F0F

Violet

Color violet in heraldry is considered to be **the color of strength and dignity**, aristocratic power based not on privileges but **on responsibility** (aristocracy as responsibility).

In the Catholic tradition it is the color of inner concentration, moderate and balanced progress, self-restraint and deep spiritual work. It is also a "color of transformation", transitional states.

Orange-yellow

Orange-yellow (deep yellow) is the **color of life**, warmth, the Sun, care, childhood as a state of joy and development, lightness, a new look at usual things. At the same time, it's a solar color, **it means greatness and dignity**.

Orange/golden and violet/lilac are "liturgical colors" in different traditions, the basis for such perception (also when used in tandem) is **the idea of trust, calm, and dignity**.



Collaborations

WB and USAID/ Health Reform Project Support, implemented by Deloitte

Objective:

Donor and partner coalition: current issues of healthcare system reform and introduction of health as part of all policies

Areas:

Deregulation of medical sphere, doctor self-government (overcoming totalitarian hierarchical legacy), ability of communities to strategize and plan development of local policies and programs (development and preservation of human capital with focus on health and human rights)

Tools:

Analysis of normative acts followed by proposals and recommendations; public events with wide discussions on priority topics; closed meetings with stakeholders and key decision makers (Parliament specialized committee, Ministry of Healthcare, NHSU, Medical Procurement of Ukraine, Public Health Center).



Collaborations

ULEAD-GIZ project on Healthy Communities

Objective:

Promotion of local and participatory leadership in communities which suffered from the Russian aggression

Areas:

Analysis of existing programs and policies on health, people, social issues which determine decisions to return or relocate to these or other communities; joint search for financial solutions which can influence services and conditions to maintain health, ensure dignity and human rights, integration of internally displaced persons (IDP), veterans, and people with special needs.

Tools:

Establishing cooperation between disconnected stakeholders in communities; developing capacity in program planning and interventions devoted to health and needs of community members, aimed at preserving human capital.



Collaborations

Regional coalition with Georgia, Moldova, Kyrgyzstan and Armenia

Objective:

Formation of a powerful regional coalition with representatives of former public health programs and national foundations, which will become a platform for promoting people-centered changes in healthcare, deregulation and professional leadership on local and national levels.

Areas:

will be determined together with the partners.

Tools:

Forming a joint thematic portfolio of projects for the region; searching for foreign donors according to priority topics; jointly coordinated implementation of projects; communications and advocacy work aimed at the region and influencing national policies and practices; presentation of the region's experience at international forums and platforms.



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Thank you for being with us



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