SAFEMed Activity Quarterly Progress Performance Report

Safe, Affordable, and Effective Medicines for Ukrainians (SAFEMed) Activity PY4 Q2 Quarterly Report (1 January 2021 – 31 March 2021)

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I. ACRONYMS AND ABBREVIATIONS

ACC  American Chamber of Commerce in Ukraine
ARV  antiretroviral drug
BE   bioequivalence
CMU  Cabinet of Ministers
CPA  Central Procurement Agency
CPH  Center of Public Health
DTG  dolutegravir
EBA  European Business Association
EML  essential medicines list
EU   European Union
GCLP good clinical laboratory practice
GCP  good clinical practice
GDP  good distribution practices
GLP  good laboratory practice
GMP  good manufacturing practice
GOU  Government of Ukraine
HTA  health technology assessment
MAT  medication-assisted therapy
MEA  managed entry agreement
MMD multi-month dispensing
MOH  Ministry of Health
MOU memorandum of understanding
MSH  Management Sciences for Health
NGO  non-governmental organization
NHSU National Health Service of Ukraine
PEPFAR President’s Emergency Plan for AIDS Relief
PPE  personal protective equipment
PPP  public-private partnership
PrEP  pre-exposure prophylaxis
PY   project year
SAFEMed Safe, Affordable, and Effective Medicines for Ukrainians (Activity)
SEC  State Expert Center
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
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<tr>
<td>SOP</td>
<td>standard operating procedure</td>
</tr>
<tr>
<td>TLD</td>
<td>tenofovir/lamivudine/dolutegravir</td>
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<tr>
<td>UAH</td>
<td>Ukrainian hryvnia</td>
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<tr>
<td>UNICEF</td>
<td>United Nations International Children’s Emergency Fund</td>
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<tr>
<td>USAID</td>
<td>US Agency for International Development</td>
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II. CONTEXT UPDATE

In this reporting period, Ukraine has continued to experience the health, economic, and political consequences of the on-going COVID-19 pandemic. Uncontrolled increases in new cases of COVID-19 across the country is leading to high hospitalization rates and stressing already fragile health systems and overburdened health care providers. On March 20, Kyiv and several other high-risk regions announced lockdowns to try to slow the rate of transmission.

The COVID-19 response overall and the roll-out of their plan to vaccinate half the population by 2022 are among the highest priorities for the Government of Ukraine (GOU). Beginning at the end of 2020, the government has scrambled -- along with many other countries worldwide -- to contract with vaccine suppliers to achieve their ambitious vaccination targets. The first batch of vaccines to arrive in Ukraine was the government-procured AstraZeneca/Oxford vaccine (through the India-based Serum Institute) following a high-level delegation visit to India. The first vaccination took place on February 23 among health professionals working in health facilities dedicated to serving COVID-19 patients across all regions, and the numbers of people vaccinated continues to grow, albeit slowly. Also in January, the Ministry of Health (MOH) began negotiating with COVAX, formally known as the COVID-19 Vaccines Global Access Facility, to receive donations of the Pfizer/BioNTech vaccine (a vaccine with more sophisticated supply chain requirements). Throughout the reporting period, health authorities continued high level engagement with COVAX, USAID, and other partners to prepare, with SAFEMed support, for the arrival of the vaccines. The government has already confirmed approximately 2.7 million doses of COVAX-supported vaccines from Pfizer as well as AstraZeneca to arrive in the country over the next several months.

As the COVID-19 response continues, the GOU and its key stakeholders continue to proceed with health care and procurement reforms. The annual procurement and budgeting season kicked off with the Central Procurement Agency (CPA) taking on additional responsibilities with a budget that expanded 11 percent over the previous year. January saw the passage of the Managed Entry Agreements (MEA) decree, No. 61, setting the stage for the MOH and CPA to use this innovative contracting mechanism to gain greater access to life-saving medicines for vulnerable populations. The government commitment to reach epidemic control of HIV and address the growing TB crisis remains steadfast. Gaps in Ukraine’s ability to ensure a stable supply of quality-assured HIV and TB medicines threatens to stymie progress in these essential public health programs, while health authorities, together with their international partners, work to put in place the necessary legal, policy, and information systems reforms.

At the same time, several contextual challenges threaten to slow the pace of health and procurement reforms and ultimately impact the health status of Ukrainians. The on-going COVID-19 pandemic draws attention and resources away from other critical health priorities and creates an opportunity to slow or reverse the ambitious reform agenda towards a more transparent, equitable health system. Further, some leadership transitions at several health institutions necessitate renewed efforts to make the case for continuing along the path of reform and the rebuilding of client relationships. In February, Roman Rodyna was appointed the new General Director of the Center for Public Health (CPH), and the National Health Service of Ukraine (NHSU) continues to operate with a temporary leader while a public recruitment is underway.
III. EXECUTIVE SUMMARY

A. Key Narrative Achievements

SAFEMed is a five-year (September 2017–September 2022) US Agency for International Development (USAID) activity in Ukraine and is implemented by Management Sciences for Health (MSH), a US-based non-profit organization. It aims to improve transparency and cost-efficiency of pharmaceutical public procurement that will foster increased access to safe, affordable, and quality medicines for Ukrainians. In pursuit of our goal and through close collaboration with the MOH, NHSU, CPA, CPH, and State Expert Center (SEC), SAFEMed is guided by three project objectives:

1. Strengthen governance within the pharmaceutical sector of Ukraine
2. Optimize the financing of the pharmaceutical sector
3. Increase the availability and appropriate use of medicines in Ukraine

All project activities are implemented via technical, financial, and legal assistance in the work streams of public procurement, reimbursement, health priority setting, and supply chain as well as quality assurance with a focus on bioequivalence of generic medicines coupled with communication as a cross-cutting area. When combined, work streams and activities collectively strengthen the existing system from all angles, from selecting medicines for public coverage to forecasting and procurement and/or reimbursement, to establish a more effective, transparent, and corruption-free supply chain continuum in Ukraine.

1.0 Policy Priority Setting: Health Technology Assessment (HTA) and Essential Medicines List (EML)

Despite COVID-19 limitations, while building capacity of the HTA department at the SEC, SAFEMed has continued its efforts in promoting HTA to be included in all relevant processes to ensure evidence-based health policy making. To this end, during this reporting period, SAFEMed:

- Supported the approval of MOH approved Order No. 593 “On the approval of the guideline on the state health technology assessment for medicines” which became the first methodological document for HTA for medicines. The guidelines were developed with continuous support of SAFEMed taking into account Ukraine’s strategy to harmonize with European Union (EU) requirements and worldwide best practices of HTA while adapting to the local healthcare system.
- Held four HTA Around the Globe webinars with speakers from Italy and the United Kingdom. Through these webinars, SAFEMed aims to strengthen the enabling environment and capacity of key stakeholders to fully implement HTA in Ukraine.
- Supported the MOH with two stakeholder events on:
  - HTA implementation in Ukraine and roadmap development.
  - Positive list concept and further steps needed for implementation.

2.0 Advancing Public Procurement Instruments and Operations, Regionally and Centrally

SAFEMed continued to support the CPA to ensure that the newly formed agency continues to grow and perform adequately in its preparation for taking over the procurement of life-savings medicines from international organizations. To this end, SAFEMed:
- Continued to support in the recruitment, evaluation, selection, and funding of key personnel seconded at the CPA for business continuity, with 13 of the 15 agreed positions currently in place.
- Actively supported the CPA in the preparations for the 2021 public procurements through market analysis of prices, attracting potential tender participants from local and international markets, drafting category strategies with specific focus on HIV/AIDS and TB treatment programs which were delegated to CPA in 2021.
- Developed and provided several training events tailored to CPA operational needs on *Effective procurement planning to treat HIV, tuberculosis, and other diseases.*
- Supported the approval of the Cabinet of Ministers of Ukraine (CMU) MEA Decree, approved on January 27, 2021, and supported the MOH in the development of a scoring methodology to identify the initial candidates for the implementation of MEA in Ukraine.
- Held several online events to increase awareness of CPA's services in the regions and the latest enhancements to the procurement procedures.

3.0 Strengthening NHSU Pharmaceutical Policy

SAFEMed has provided continuous technical assistance to the NHSU to further advance its capacity in the management and promotion of the state reimbursement program. More specifically, SAFEMed:

- Supported the expansion of the reimbursement medicines list for the third time and added three medicines for the treatment of cardiovascular disease: warfarin, nifedipine, and acetylsalicylic acid. This is the most tangible reimbursement expansion since the program’s launch.
- Held a National Reimbursement Forum that addressed the expansion of the reimbursement program to cover diabetes patients at little or no cost under a single payer, the National Health Insurance Fund.
- Continued to support further development of NHSU ePrescription anti-fraud functionalities.

4.0 Optimizing PEPFAR Supply Chain Contributions

During this reporting period, as part of the overall improvement of the HIV and TB supply chain continuum, SAFEMed and local counterparts at the MOH, CPH, and CPA:

- Began operationalizing the expansion of the PPP logistic pilot for HIV, TB, and hepatitis B and C medicines to all 24 regions of Ukraine and Kyiv. Successfully coordinated the first two deliveries to Odesa and Mykolaiv regions made by the national logistic operator FM Logistic in March 2021.
- Selected a private firm to conduct an assessment of the existing distribution centers that store ARV, TB, viral hepatitis medicines at the regional level. The assessment will review regional distribution centers’ existing capacities and gaps.
- Participated in the work of Ukrainian National Headquarters on the COVID-19 response by:
  - Assisting in communication with national and international counterparts.
  - Coordinating supply chain activities.
  - Reporting and collecting data on stock levels and needs of the hospitals responsible for management of COVID-19 infected patients.
- Supported the MOH in the logistics of COVID-19 vaccines, especially those that require ultra-low temperature cold chain. SAFEMed contracted Farmasoft, a private logistics company selected in an open competitive tender process, to provide warehousing and distribution services for the COVID-19 vaccine produced by Pfizer/BioNTech.
5.0 Quality of Medicines: Bioequivalence and Serialization
SAFEMed continued to support MOH, SEC, and the pharmaceutical industry in the implementation of a bioequivalence (BE) strategy that aims to ensure availability of quality generic medicines. SAFEMed performed an assessment of Ukrainian organizations that can perform BE studies. The aim was to estimate the capacity, availability of appropriate resources, and competencies for conducting BE studies or their elements in accordance with national and internationally recognized standards. As a result of the assessment, we discovered that the total capacity across all organizations to conduct BE studies (completely and/or partly) is at least 34 per year.

6.0 Strategic Communications
During this reporting period, SAFEMed communications activities included a variety of soundbites; two success stories; 12 media monitoring releases related to public procurement; three bilingual monthly newsletters; 6 infographics on CPA’s overall impact as an organization and MEA implementation; 4 infographics on HTA advancement in Ukraine; press releases; and visual materials that provide the MOH, CPA, and NHSU with high-caliber communication products in the project’s work streams.

B. Activity Administration
The newly appointed Chief of Party arrived in Ukraine in January and undertook a rapid onboarding exercise designed to identify and move forward priority activities and build working relationships with key stakeholders. SAFEMed submitted and received approval for a revision to the annual implementation plan to incorporate support to the MOH and CPH in the launch of the COVID-19 vaccination campaign.

C. Subsequent Reporting Period
SAFEMed will continue to progress in its project activities despite the disruption being caused by the expanding threat of COVID-19 in Ukraine and the high priority attention paid to the national vaccination campaign. The project will focus on being flexible in supporting government counterparts to control the spread of COVID-19 while also moving forward with the majority of the project’s planned activities to prevent disruption and ensure continuous access to life saving medications such as ARVs.

IV. KEY NARRATIVE ACHIEVEMENTS
SAFEMed applies health system strengthening best practices to create evidence-based interventions and strengthen Ukraine’s pharmaceutical system in line with the MOH’s health care reform objectives. It aims to improve access to appropriate, quality medicines to maximize availability within the MOH’s budgetary constraints. In pursuit of its goal, SAFEMed has three project objectives: Strengthening governance within the pharmaceutical sector of Ukraine, optimizing the financing of the pharmaceutical sector, and increasing the availability and appropriate use of medicines in Ukraine.

All project activities are implemented via technical, financial, and legal assistance (Section XIII) in the work streams of health priority setting, public procurement, reimbursement program, and supply chain as well as quality assurance with a focus on bioequivalence and verification. When combined, work streams and activities collectively strengthen the system from all angles, from medicines selection to forecasting to actual procurement to ensuring quality.
In addition, SAFEMed is contributing directly to two President’s Emergency Plan for AIDS Relief (PEPFAR) goals that aim to maintain life-saving treatment for individuals and to accelerate progress toward controlling the pandemic through optimization of antiretroviral drug (ARV) regimens for adults and pediatrics, including transition to dolutegravir (DTG)-based regimens, and phasing out legacy regimens, and adoption and implementation of differentiated service models, including multi-month dispensing (MMD) and decentralized drug distribution. In utilizing a thorough, consultative process and through close collaboration with the MOH, CPA, NHSU, CPH, SEC, patient groups, other USAID implementing partners, and the private sector, SAFEMed interventions work to institutionalize evidence-based medicine selection, strengthen and systematize public procurement of pharmaceuticals and commodities, support sustainable public-sector pharmaceutical financing, and strengthen the pharmaceutical supply chain. SAFEMed’s approach relies on direction from its government counterparts and aligns with Ukraine’s National Health Care System Reform and the partnership agreement between Ukraine and the EU that requires pharmaceutical reforms to align with EU standards. The project is guided by the robust, transformative vision of Ukraine’s pharmaceutical system as more transparent and cost efficient with more medicines of better quality available to the Ukrainian public, contributing to the GOU’s goal of a health care system that produces better health outcomes and sustained epidemic control.

1.0 Policy Priority Setting: HTA and EML

Establishment of an HTA function in Ukraine has been a top priority to ensure evidence-based health care policymaking and aid decision makers in selecting health technologies that provide the best value for the Ukrainian health care system. In December 2020, CMU approved Decree No. 1300 “About the approval of the State Health Technology Assessment Procedure”, serving as the main legislative document in the Ukrainian HTA ecosystem. While passage of the HTA decree was a major success, continued close engagement and interaction with all stakeholders remains necessary to sustain the political will necessary to develop and institutionalize an independent HTA function.

Immediately following the approval of the HTA Decree, SAFEMed supported the HTA Department to draft guidelines and update the HTA Roadmap along with the changes brought by the decree. In addition, SAFEMed took part in several MOH and NHSU working groups to engage the HTA vision for decision making in different areas of focus; supported the development of shortlist of medicines for potential managed entry agreements in 2021; spoke at several meetings to promote using HTA in different processes of the market access of pharmaceuticals; reestablished momentum on the creation of a single positive list of medicines for state coverage; and initiated the eCTD (Electronic Common Technical Document) snapshot analysis to support a modernized market authorization procedure in Ukraine.

Approval of the State HTA Guidelines for Medicines

The major success in this quarter has been the approval of MOH Order No. 593 “On the approval of the guideline on the state health technology assessment for medicines”, as of March 29, 2021. The formulation of these guidelines was mandated by the December 2020 Decree that state HTA procedures to be released within six months. The approval came earlier than planned to prevent any possible disruption to market access of innovative medicines that need to go through the new processes. The guidelines are the first methodological document for HTA for medicines. They will serve as the main technical document providing recommendations for planning and conducting HTA, including presentation of trial results in the applications and dossiers for the inclusion of medicines into regulatory lists used for public procurement, preparation of conclusions and recommendations.
by authorized institutions in Ukraine based on the results of applications and dossiers assessment, and the use of HTA recommendation for decision-making and in real clinical practice.

The MOH and SEC received continuous support from SAFEMed to develop the guidelines taking into account Ukraine’s strategy to harmonize with EU requirements and worldwide best practices of HTA while adapting to the local healthcare system. The HTA working group, with SAFEMed support, drafted the guidelines and consulted extensively with a broad range of stakeholders in a transparent manner, taking into account all comments and recommendations with further discussion on critical points to achieve consensus. Guideline approval was endorsed by all stakeholders including patients and industry representatives who will use this technical document in their daily activities. Next actions include drafting and approval of the MOH order outlining the decision-making process based on HTA recommendations and the drafting of HTA guidelines for medical devices.

**Capacity-Building and Stakeholder Events**

**SAFEMed Webinar Series 2.0: HTA Around the Globe**

Building on the success of the webinar series held in May 2020, HTA Around the Globe, SAFEMed hosted a continuation of the webinar series in February-March 2021. The four online seminars covered:

- HTA in the United Kingdom, with speaker Meindert Boysen, Deputy Chief Executive and Director of the Centre for Health Technology Evaluation, NICE.
- HTA in Italy, with speaker Prof. Americo Cicchetti, Professor of Management, Faculty of Economics, Università Cattolica del Sacro Cuore, Past President and Founder of the Italian Society of Health Technology Assessment.
- Two HTA webinars on “HTA and Patients’ Access to Innovative Medicines” with speakers Neil Bertelsen, Former Chair of Patient and Citizen Involvement Group, HTAi, Germany and Ann Single, Chair of Patient and Citizen Involvement Group, HTAi, Australia.

The HTA Webinar Series 2.0 will continue in the next quarter. Through these webinars, SAFEMed aims to strengthen the enabling environment and capacity of key stakeholders to fully implement HTA in Ukraine.


In January 2021, at the initiative of the MOH and with SAFEMed support, a roundtable on HTA implementation in Ukraine brought together more than 110 participants across sectors including: Government officials (MOH, the SEC, and the NHSU), international development agencies (USAID and WHO), and representatives of the local pharmaceutical industry, patients’ advocacy groups (Orphan Diseases of Ukraine and Patients of Ukraine), and professional associations such as:

- Association of Medical Operators for Medical Devices
- The European Business Association (EBA)
- American Chamber of Commerce in Ukraine (ACC)
- Ukrainian Medical Logistics Association
- The Association of Pharmaceutical Research and Development
- Association of International Manufacturers of Pharmaceuticals
- HTA Academy
During the round table, stakeholders presented an updated HTA Roadmap that will guide work over the next year in accordance with the Government Resolution of the CMU of December 2020, No. 1300 and discussed opportunities and next steps for the advancement of HTA in Ukraine.

**Stakeholders Begin Dialogue on the Introduction of the Positive List Concept in Ukraine**

The MOH continuously supports the development of HTA to build a consistent and robust decision-making ecosystem. For these reasons, government officials recognize the need to rationalize existing utilized lists of medicines to create a single positive list, based on evidence and aligned processes. On March 26, 2021, the MOH and SAFEMed organized an HTA Roundtable to discuss the concept and further steps needed with all stakeholders.

A lively panel discussion followed the introductory presentations of the experts. Before the roundtable all registered participants received the concept for review and to provide any feedback during the roundtable. Panels included participants from NHSU, the HTA Department, SEC, CPA, academia, patient representatives, and the local and international pharmaceutical industry. Key takeaways from the discussion included:

- Patients should always be in the center of all the processes in the health care field.
- Other stakeholders’ engagement should be consistent and continuously improved.
- Processes should be transparent and equitable.
- Digitalization is an important step in building the robust and clear system.

Next steps include the approval of the positive list concept by the MOH, and further development of a detailed roadmap for its implementation. In general, during the roundtable, there was a consensus that a single positive list is needed, and the concept should be approved to move forward.

**2.0 Advancing Public Procurement Instruments and Operations, Regionally and Centrally**

As the CPA prepares for the upcoming procurements of 2021, they have received approval on their proposed staffing plan with no major objections from the MOH and the MOF, however, they still eagerly await the final approval from the MOH on the budget of passports that will enable them to officially start recruiting additional staff and publish tenders. SAFEMed is supporting the CPA to work with the MOH and CPH to address issues that may affect ARV and TB procurement in 2021, such as donor-raised concerns over the quality of medicines procured locally. SAFEMed continues to support CPA to address or adapt to issues as they emerge to ensure a consistent supply of medicines and medical devices to Ukrainian patients.

The WHO and UNDP finalized recent capacity assessments that documented important progress in CPA’s evolution as a new and growing national procurement agency, and highlighted targeted areas for improvement. A key recommendation from the WHO assessment was the need for CPA to continue strengthening its quality assurance systems and processes – a finding that aligns well with several elements of SAFEMed’s comprehensive capacity building framework for CPA.
Increasing Capacity and Improving the Business Process

*Human Resources Management*

SAFEMed continued to support CPA in the rigorous recruitment process of project-funded consultants that serve as essential staff. SAFEMed and CPA conducted interviews, evaluations, and selected candidates for three newly created consultants for a variety of IT transformational developments that will enable enhanced demand and supply planning, integration with supplier systems, transportation management, and tracking of products throughout the supply chain. SAFEMed is currently funding 13 out of the 15 consultants budgeted to support CPA this year. An additional five positions that were funded by USAID through SAFEMed last year are now fully embedded within and funded by the CPA. The workforce for CPA continues to grow, with a total of 154 planned for 2021, compared to 95 in 2020.

*Category Strategies & Supply Planning*

In PY4 Q2, SAFEMed actively supported the CPA in the preparations for the 2021 public procurements through market analysis of prices, attracting potential tender participants from local and international markets, drafting category strategies with specific focus on HIV/AIDS and TB treatment programs which were delegated to CPA in 2021.

With the support and training session provided by SAFEMed, CPA continues to enhance their supply chain planning practices to better forecast, reduce stockouts, and meet the demand of public hospitals and facilities across Ukraine more effectively and efficiently. CPA has implemented processes that better balance supply and demand, coordinate with other stakeholders such as CPH on ARV and TB related commodities, and to optimize the delivery of medicines and medical devices from suppliers to regional health authorities. SAFEMed provided strategic and tactical planning support and multiple training sessions to help deal with forecasting, supply, distribution, and scheduling.

*Understanding the Patent Process*

SAFEMed developed and provided several training events tailored to CPA operational needs on *Effective procurement planning to treat HIV, tuberculosis and other diseases.* CPA received a total of 17 hours of training divided into four theoretical and practical events. Training themes focused on:

1. The types and methods for receiving a patent in Ukraine and internationally.
2. How to extend an existing patent in Ukraine and internationally.
3. How to identify and validate the patent received from suppliers.
4. How to select criteria, search and interpret the results of existing patents in Ukraine and internationally.

All of the category managers actively participated during all the training events. Participants completed post-training evaluations and reported consistently that they considered the information very useful for their category strategy development, received comprehensive feedback and answers to all their questions, and feel comfortable implementing the acquired knowledge in practice.

*Business Intelligence & Data-Driven Decisions*

SAFEMed has been supporting CPA to be able to develop and use best practice dashboards (Figure 1) and other tools and techniques in the area of Business Intelligence. The activity encouraged collaboration and a culture of innovation to create practical tools that enabled CPA to enhance data-
driven decision-making. This reporting period, the second phase of dashboards are complete and have been introduced into practice, especially in preparation for the 2021 procurements. The dashboards transfer data from a variety of sources into easy-to-use graphic and table formats that facilitates fast and informed decision-making. The tool is a dynamically updated registration library for Category Managers that has become their "handbook". It enables:

- Analyzing the competitive environment of the category as a whole and each SKU individually including supply information on Ukrainian registrations.
- Prioritizing the work direction of category’s manager to more effectively capitalize on market opportunities.
- Increasing awareness of patent existence in Ukraine and internationally to support enhanced category strategies and better identify the optimal time to launch a “campaign for more manufacturers” for a particular SKU.
- Preparing for market consultations, meetings, and negotiations.

Figure 1. Pricing dashboard for two or more nosologies

Introducing Managed Entry Agreements

The CMU successfully approved the MEA Decree on January 27, 2021. In parallel, SAFEMed developed the required amendments to the Laws of Ukraine “On Public Procurement” and “Basic Principles on Healthcare in Ukraine” that were considered and registered on January 28, 2021, by the Committee
of Verkhovna Rada. The amendments still need to be reviewed by the Economic Committee, among others, before the final voting in the Verkhovna Rada.

SAFEMed also supported the MOH in the development of a scoring methodology to identify the initial candidates for the implementation of MEA in Ukraine. The scoring methodology will be used as an instrument for the transition period before the national HTA function is fully set into force. As well, answering a request from the MOH, SAFEMed developed a media campaign targeting a variety of the counterparts impacted by the implementation of MEA, including the public, to help emphasize the advantages of the newly introduced instrument to the national healthcare system. Planning is underway with the launch of the campaign set to take place in late April.

**Using Technology in the Procurement Cycle**

**E-Catalogue for Health Facilities**

In PY4 Q2, CPA’s e-catalogue has expanded rapidly, providing health care facilities with a quick, easy, and innovative solution for smaller purchases that fall under a 200,000 UAH threshold. The e-catalogues team successfully added 755 products during this quarter, enabling the tool to offer a total of 4,580 available high-quality products since its inception in December 2019. More than 1,361 health care facilities are currently actively using the tool, with total sales amounting to 2,868,676 UAH (USD 103,562) vs. 1,177,586 UAH (USD 42,512) during the same period last year.

**Regional Outreach Efforts**

**Increasing Awareness of CPA’s Services to Public Facilities**

SAFEMed supported the CPA in hosting three regional outreach events in February aimed at increasing the awareness of the e-catalogue tool. The events showcased the available medical products on the e-catalogue tool, administered by CPA, provided information on the use of framework agreements, and presented the latest legislative changes to central and regional procurement practices.

In total, over 216 attendees registered for the events with follow-up surveys revealing that 98% of the participants considered the information shared as either informative or very informative for further implementation in their procurement practices. The surveys also demonstrated an increased adoption rate throughout the campaign with only 8% of participants in the first event indicating that they were aware of the tool to 80% of the participants in the last event indicating that they used the tool in the past.

**CPA Online Conference on Key Organization and Procedures**

With technical support from SAFEMed, CPA has undertaken a number of critical activities to prepare for the 2021 centralized procurements including extensive supplier consultations. As part of
this work, CPA hosted an online conference on March 25, 2021 to create awareness among potential suppliers and provide clear explanations on requirements for participation. During the conference CPA leadership presented key achievements of 2020 and the latest enhancements to the procurement procedures. These enhancements include an updated version of the contract to be used in the 2021 procurement cycle and a new dashboard for suppliers that is designed to simplify interactions with CPA. Special attention was devoted to the anti-corruption policies and procedures implemented and followed by CPA, highlighting a pivotal CPA principle known as “ZERO tolerance to corruption.”

The total number of participants exceeded 200, 85 percent representing local markets and the remainder international markets. A productive Q&A session lasted about an hour and CPA leadership responded to more than 50 questions. A follow-up survey revealed that 100% of respondents were planning to participate in their upcoming tenders.

3.0 Strengthening NHSU Pharmaceutical Policy

After three years of successful implementation, the Ukrainian Affordable Medicines Reimbursement Program today serves as an example of a transparent, government-led, public-private partnership designed to improve access to medicines.

In February 2021, SAFEMed supported the expansion of the Affordable Medicines Program implemented by the NHSU to cover three additional medicines for the prevention of strokes and heart attacks among new patients and those who have previously suffered from these diseases (Acetylsalicylic acid, Nifedipine and Warfarin). This brings the number of medicines covered in the register to 297 items, of which 93 are accessible by patients completely free of charge.

Inspired by its success, Ukrainian health authorities have been exploring ways to further expand and strengthen the program. To that end, SAFEMed worked with the MOH, NHSU, and relevant stakeholders to outline the various options to consider as they move toward expanding the program. This work culminated in the National Expansion Strategy, submitted to USAID this reporting period.

The National Reimbursement Expansion Strategy has the ultimate goal of increasing patients’ access to affordable quality medicines, with priority placed on medicines targeting chronic conditions and reducing out-of-pocket expenses by Ukrainians receiving outpatient care. In formulating the strategy, SAFEMed and key stakeholders took into account the dimensions of availability, affordability, quality, accessibility (especially geographic), and acceptability (rational selection and use) while also considering international best practices, early successes of the program especially around ePrescription, and the broader pharmaceutical reforms underway (e.g., a new pricing policy, positive list implementation, HTA, and others).

The Expansion Strategy outlines the following recommendations:

- Strengthen the program through better tracking and use of available data.
- Align the program with the secondary health care level prescriptions and state guaranteed benefits packages.
- Cooperate with the HTA Department to expand coverage of evidence-based medicines.
- Ensure quality of generics through requiring that covered medicines demonstrate bioequivalence.
- Align program expansion with national priority disease conditions, including those of public health concern such as HIV, TB, and hepatitis.
Reimbursement National Forum

On March 10th, 2021, the NHSU and SAFEMed hosted the “REIMBURSEMENT 2021” national forum. The forum addressed the expansion of the reimbursement program to cover diabetes’ patients at little or no cost under a single payer, the National Health Insurance Fund. “Our goal is to make insulin available to all who need these drugs”, explained Andriy Vilenskyi, Acting Head of NHSU. The forum brought together more than 200 people, including representatives from pharmacies, family doctors, and insulin producers, as well as the Chairman of Verkhovna Rada Healthcare Committee, Mykhailo Radutsky, and Deputy Minister of Health of Ukraine for European Integration, Ihor Ivashchenco.

The key focus of the forum’s agenda was on attaining universal health coverage and the importance to patients of medical guarantees. SAFEMed, a trusted and long-term partner of the GOU in the implementation of the medicine reimbursement program, has supported NHSU in the development of the new categorization of insulin drugs, a new route for patients with diabetes, a new pricing module for insulin, and updated NHSU contracting and IT solutions.

The national forum demonstrated the government’s strong commitment to furthering the reimbursement expansion. As a next step, SAFEMed will continue to support both the development of the legislative framework for insulin reimbursement under the NHSU and the resulting necessary normative documents through the MOH.

Anti-fraud Activities within ePrescription

SAFEMed continues to support further development of NHSU ePrescription anti-fraud functionalities. During PY4 Q2, NHSU, together with SAFEMed, led active discussions of the first iteration of the fraud detection approach for the reimbursement program, tested the machine learning algorithms, sought agreement of the ways to enrich the approaches, and outlined the project’s next steps. With regard to the ML algorithms for fraud detection, the team made the selection of the best approach to use based on ease-of-use and simplicity (the approach selected is the Local Outlier Factor versus K-Means or DBSCAN). SAFEMed will continue to work with NHSU on the necessary next steps to integrate ML algorithms into ongoing business processes.

4.0 Optimizing PEPFAR Supply Chain Contributions

Public-Private Partnership (PPP) Logistics Pilot

During the reporting period, SAFEMed worked on expanding the PPP logistic pilot to all 24 regions of Ukraine and Kyiv. The vision for the original pilot was to demonstrate that private sector providers could provide high-quality logistics services for the transportation of HIV, TB and viral hepatitis commodities from the regional level to service delivery points ("last mile” delivery), utilizing specialized transport and in accordance with Good Distribution Practice (GDP) standards. Following successful implementation of the pilot in Odesa, the MOH requested the expansion of the PPP pilot to all regions of the country to further generate evidence around and ownership of the model across the different regions of the country.

SAFEMed undertook an open tender to identify private logistics providers available for the national expansion using two models: a national provider for some regions and regional providers for other regions. According to tender results, the national logistics operator became FM Logistic, a well-known international logistics provider with activities in 14 countries. The national logistic operator will cover 15 regions of Ukraine. For the regional model, covering the remaining regions, FM Logistic and PharmWay Trading won the tender. PharmWay is a company that has experience in the storage
and delivery of pharmaceutical products to more than 450 pharmacies throughout Ukraine. SAFEMed describes in more detail the proposed models for 'last mile' distribution of key commodities in the report *Optimal Models for ‘Last Mile’ Distribution.*

As a next step in the pilot, SAFEMed is signing Memoranda of Understanding (MOUs) with each of the regional healthcare administrations. MOUs are essential to gain commitment from and clarify roles of the regional authorities. In addition, as agreed with the MOH in order to foster ownership and local buy-in, all regions appointed regional coordinators responsible for supervision of PPP activities. SAFEMed has been instrumental in engaging and getting buy-in from local leadership; in only 6 months 23 MOUs have been signed.

After the MOU signing, a three-party contract is signed between SAFEMed, the logistic partner, and the regional health facility that is the owner of commodities on regional level. There are different models for management of HIV, TB, and hepatitis services and commodities across the regions. Some regions operate one facility for all three programs as is the case for Odesa which has a regional center of socially dangerous diseases. Some regions combine HIV and hepatitis, but many maintain separate entities. Depending on the structure, SAFEMed will sign anywhere from one to three contracts per region. During this reporting period, 15 contracts have been signed and the remaining are in progress.

The national logistic operator FM Logistic made the first two deliveries to Odesa and Mykolayiv regions in March 2021, and further made deliveries from the regional centers to the service delivery points in the same month. In April 2021 10 regions will start utilizing the services of private logistic partners and rest of regions will join the PPP Pilot in May-June 2021.

Moreover, starting from April 1 family doctors will provide health service packages for PLHIV in terms of contracts signed between NHSU and facilities at primary healthcare level. These services will include but are not limited to prescribing and dispensing ARVs. PHC will carry out the analysis of the NHSU database to understand how many family doctors concluded the contracts, how many of them were previously trained on ART and how many of them are ready to be included into the delivery routes. Upon fulfilment of these preconditions, it is expected that primary health care facilities will be also included in the nationwide logistics pilot.

**Assessment of Regional Distribution Centers**

To enable better understanding of regional level logistics capacity in order to develop a more comprehensive national logistics model for Ukraine, SAFEMed is conducting an assessment of the existing distribution centers that store ARV, TB, and viral hepatitis medicines at the regional level. The assessment will review regional distribution centers’ existing capacities along with gaps. Through an open tender, SAFEMed selected a private firm to conduct the assessment. The winner is Kreston GCG, the Ukrainian branch of the leading international network Kreston International. Kreston has extensive experience performing comprehensive audits on compliance with the Good Practices of leading pharmaceutical companies and regulatory authorities in Eastern Europe and Central Asia.

The CPH, SAFEMed, and Kreston GCG developed a comprehensive checklist that will be used during onsite monitoring visits to all 77 regional distribution centers across Ukraine next quarter. SAFEMed sought input on the checklist from CPA and coordinated across the supply chain and procurement work streams to ensure the tool reflected the needs of the CPA as well.
The assessment recommendations to the MOH, CPH, CPA and regional health administrations will be instrumental in reinforcing a more robust comprehensive national logistics system for Ukraine and will include identification of opportunities for private sector engagement in the warehousing field.

**Quantification Support to the CPH**

During this reporting period, SAFEMed continued its work on the development of a modern e-tool for ARV demand quantification with further inclusion of TB, Hepatitis C, and medication-assisted therapy (MAT) commodities. This activity has been delayed due to the deep engagement of CPH in the COVID-19 response and change in the CPH management. However, in March 2021, SAFEMed met with the new CPH general director to present the progress made thus far by CPH and CPA experts together with SAFEMed technical support. The general director reaffirmed CPH's commitment to the new e-tool and initiated a meeting with CPA to discuss the matter. During their discussion, they agreed to use the MedData system as a master system for the e-tool which will improve interorganizational collaboration and leverage existing investments. Additionally, CPH initiated the modification of the existing quantification methodology adjusting it to the future needs to use MedData. The MOH, together with CPH, are drafting amendments to the MOH Order establishing the working group responsible for methodology development. Working group membership will expand to include new members from CPH, CPA, and SAFEMed. Once the formal MOH Order is signed, CPH will draft the terms of reference for the future quantification tool.

SAFEMed continued its ongoing support in analyzing patient and stock data, creating dashboards, visuals, and preparing presentations for CPH and the Public Supply Chain (PSM) working group meetings. This strategic analytical support has enabled stakeholders to assess progress on ARV Optimization, including the transition of patients to TLD, and the expansion of MMD, and inform decision-makers on potential risks related to ARVs availability as well actions (additional procurements, re-distribution) needed from the government to mitigate these risks. In addition, SAFEMed supported CPH in data verification during the annual demand quantification process.

To improve interdisciplinary cooperation across CPA and CPH, SAFEMed’s supply chain and procurement teams partnered to guide the CPA category manager responsible for ARV/TB procurement in creating category strategies for 2021 budget procurement cycle. The work entailed building the capacity of CPA experts to better understand supply chain systems for ARVs, treatment regimens, patient and stock data analysis, and forecasting to enhance procurement decision and supply planning.

**Supporting the COVID-19 Response in Ukraine**

SAFEMed remains one of the main partners to the GOU in its efforts to fight the COVID-19 pandemic and its impacts. The project is working closely with the Ukrainian National Headquarters on the COVID-19 response such as,

- Assisting in communication with national and international counterparts.
- Coordinating supply chain activities.
- Reporting and collecting data on stock levels and needs of the hospitals responsible for management of COVID-19 infected patients.

Moreover, SAFEMed is supporting the MOH in the logistics of COVID-19 vaccines, especially those that require ultra-cold chain. In Q2, SAFEMed contracted Farmasoft, a private logistics company selected in an open competitive tender process, to provide warehousing services and distribution from central to regional level for the COVID-19 vaccine produced by Pfizer/BioNTech. With given
strict timelines SAFEMed managed to conduct the tender in a record time though kept collaborative approach engaging UNICEF cold chain experts during on-site visits to the vendor’s warehouses. To ensure a high quality and effective logistics process, Farmasoft and UNICEF conducted trainings for the staff of regional distribution centers that will receive the COVID-19 vaccine with ultra-cold chain. During these trainings, participants learned about the main requirements of ultra-cold supply chain, key steps of business processes for this type of vaccine and had a chance to work with special thermal shipper containers as well as dry ice. At the end of the training, participants completed a post-training test to evaluate gained knowledge. Putting together all the information and taking into account all the questions, which were raised during the trainings, Farmasoft with support of CPH, UNICEF, MOH, and SAFEMed developed a standard operation procedure (SOP) for COVID-19 vaccine with ultra-cold chain requirements (Figure 3). This SOP was shared with the regions to make sure that responsible staff are properly trained on how to manage the logistics process for COVID-19 vaccine with ultra-cold chain requirements.

With support from SAFEMed, the CPA successfully procured and delivered protective equipment (PPE) of a total value of $6.15 million (Figure 4). MedData, which is a demand planning tool developed by SAFEMed, enabled the continued collection of real-time stock information daily from 567 and 78 hospitals for the first and second-wave responders, respectively, for available PPE across all 24 regions of Ukraine.

SAFEMed has provided additional support for other activities linked to the vaccination campaign. SAFEMed representatives, together with UNICEF and WHO, prepared the detailed description of logistics scenarios for the Roadmap (NDVP) to the introduction of a vaccine against COVID-19, and implementation of mass vaccination in response to
the COVID-19 pandemic in Ukraine for 2021-2022. The Roadmap was approved by MOH Order. Further, SAFEMed, supported the MOH in drafting Law No. 1353-IX, “On Amendments to Article 9-2 of the Law of Ukraine ‘On Medicinal Products’ concerning the State Registration of Vaccines or Other Medical Immunobiological Medicines under the obligation” required for the GOU to indemnify vaccine producers from possible adverse events as a result of Ukrainian citizens receiving the vaccination.

5.0 Quality of Medicines: Bioequivalence and Serialization

Bioequivalence

The need to implement bioequivalence as an indicator of the quality of generic drugs has been widely discussed among MOH, SEC, and the pharmaceutical industry since the beginning of the reimbursement program in 2017. Since then, SAFEMed together with all key stakeholders developed the Bioequivalence Strategy in Ukraine. Discussions were held within the framework of round tables, working groups and conferences. Thereafter several legal changes were made to the legislation on bioequivalence and market authorization to harmonize it with EU regulations.

During the reporting period, SAFEMed continued to support MOH, SEC, and the pharmaceutical industry in the implementation of a bioequivalence strategy that aims to ensure generic medicines quality. According to Ukrainian and international regulations, bioequivalence studies should be performed by pharmaceutical manufacturers to prove that the generic medicine corresponds to its original (reference) product and that it is as safe and effective. Manufacturers with existing market authorization granted before 2015 will need to update their information to comply with those regulations. The analysis conducted by SAFEMed in 2019 showed that in Ukraine there is a lack of data on bioequivalence, especially for drugs included in the medicine's reimbursement program.

Currently, manufacturers can conduct BE studies in either international or Ukrainian centers, while the price for such studies is lower in Ukraine than in EU countries. Due to the expected increase in the need for BE studies, it is necessary to provide manufacturers, especially local manufacturers, with the information on available resources available in Ukraine for performance of such studies. Although historically Ukraine has had the scientific and technical potential to be able to conduct BE research, before this assessment the capacity of the Ukrainian laboratory network was unknown.

SAFEMed performed an assessment of Ukrainian organizations that can perform BE studies. The aim was to estimate the capacity, availability of appropriate resources, and competencies for conducting bioequivalence studies or their elements in accordance with national and internationally recognized standards, such as Good Clinical Practice (GCP), Good Laboratory Practice (GLP), Good Clinical Laboratory Practice (GCLP), and Good Manufacturing Practice (GMP).

SAFEMed identified six organizations that are known to perform the clinical or bioanalytical part of BE studies and SEC experts validated this information. Three types of organizations in Ukraine perform this kind of studies – clinical centers and clinical laboratories (clinical sites) that perform the clinical part of the study, bioanalytical laboratories that perform analysis of the samples, and full-service providers that simultaneously perform both parts of the study.

Based on the requirements of International Conference on Harmonization of technical requirements for registration of pharmaceuticals for human use -GCP, GLP, GCLP - as well as Ukrainian and European regulatory requirements, SAFEMed, together with the MOH created a survey instrument covering the organization, conduct and reporting in BE studies and sent it electronically to six laboratories, five of which responded.
Through analysis of the assessment findings, it was determined that all five organizations are suitable to conduct BE-studies fully or are able to perform at least some of the stages in accordance with internationally recognized standards.

The assessment found that the total capacity of BE studies that can be conducted (completely and/or partly) is at least 34 per year. However, according to SEC experts, the research potential of existing organizations is not fully optimized. It can be expected that if there is demand, they could double the number of studies. Based on analysis of medicines in reimbursement program conducted in 2019 to implement a policy to improve the quality of generic drugs in it a large number of studies may be needed. Further, appropriate governmental support of the reimbursement program will incentivize organizational development and private investments into the research and cover the needs of the local pharmaceutical industry. Establishment of the full-service facilities or upgrading existing centers could reduce the time of the study and therefore make it cheaper for the manufacturer. Establishment of new clinical centers and bioanalytical laboratories could also be considered; however, this process would be more costly and time consuming than expanding the capabilities of existing centers. Another report recommendation encouraged the organizations who work in the BE studies area to create a professional association that can advocate for the development of this pharmaceutical industry segment and foster exchange with the scientific society in other regions including the EU.

SAFEMed also developed a list of medicines recommended for BE strategy roll out. This strategy is in line with the Reimbursement Expansion Strategy and the WHO recommendations highlighted in the Evaluation of the Affordable Medicines Program in Ukraine. The list recommends priority medicines for which data on BE will be required, namely medicines included in the Reimbursement Program. SAFEMed supported the MOH in developing draft changes that would add requirements for manufacturers to submit bioequivalence data for their product when applying for the reimbursement program. Specifically provide the copy of the SEC’s conclusion on the BE of the medicine received in the process of registration (re-registration) or making changes to registration materials of a medicinal product. Further SAFEMed will be supporting the MOH, the SEC and NHSU to develop clear qualitative criteria and business process for the state reimbursement program on use of BE as a rule.

Verification

There have been three attempts to introduce a verification system in Ukraine—in 2013–2014, 2017, and 2019. The last pilot project on marking medicines with control identification signs and monitoring the circulation of medicines was planned for September 1, 2019–December 31, 2020. However, as of December 2020, the requirements of the legislation had not been met in a timely manner, and the pilot was suspended.

In 2020, Ukrainian media posted information about several cases of counterfeit medicinal products. At the same time, according to an analysis of statistics conducted by lawyers from the Legal Alliance, over six years only six falsification-related crimes were actually investigated, and no criminal was imprisoned. Taking into consideration the EU-Ukraine association agreement that gives Ukrainian manufacturers the opportunity to expand into the EU market, it is vital to Ukraine to better prevent and detect substandard and falsified medicines.

The necessity of having a fully operating medicines verification system that is in line with EU requirements was supported by the MOH and pharmaceutical industry. To move forward, the MOH working group on 2D codes of medicines, established by MOH Order №1780 approved July 3, 2020, to prevent the circulation of counterfeit/falsified medicines by enhance traceability and detecting such medicines in Ukraine. As a member of the MOH 2D working group SAFEMed has translated key
EU legislation into Ukrainian to develop mutual understanding among Ukrainian stakeholders on the European concept of the verification and serialization system as well as develop professional vocabulary.

SAFEMed developed a draft high-level policy for the implementation of medicines verification and serialization system in Ukraine and received positive feedback on the concept document from the MOH and key stakeholders who represent EBA, ACC, local manufacturers, and distributors. The fundamental document includes analysis of previous attempts to implement medicines verification system in Ukraine experience of neighborhood non-EU countries, detailed information on EU regulations and technical requirement to the labeling, equipment and system structure as well as legal framework for potential changes in Ukrainian legislation. When analyzing the experiences of setting up and managing information systems in different countries, one could identify three general approaches to the choice of the Operator model for such systems, such as NGO, PPP, State Owned Enterprise (SOE), private operator or concession with description in detail their relevant strengths and weaknesses. As a next step SAFEMed plans to have a technical discussion with representatives of the Ministry for Development of Economy, Trade, and Agriculture of Ukraine to discuss proposed public-private-partnership models.

**6.0 Strategic Communication**

During this reporting period, SAFEMed communications activities included a variety of products across all project work streams (Figure 5). In addition, two success stories *(See Section XIV)* have been developed and promoted by USAID’s communications team. The first demonstrates the overall impact of the CPA through the eyes of a patient. The second success story focuses on the demonstration of the innovative approach and fair market conditions in procurement and supply chain.

**Communications Support to the CPA**

During this report period, SAFEMed supported the CPA to streamline its communication efforts. SAFEMed worked with the CPA to develop two “video-bites” that highlighted the CPA’s partnership with the warehouse “Farmacia” that provides a range of logistics services. The video story highlights receiving medical goods worth 2.092 billion UAH in addition to the well-managed process of delivery and storage. These are medicines and medical devices purchased under the centralized programs of the MOH in 2020. The other video-bite demonstrates the CPA’s anticorruption activity – fundamental to the operational process of the CPA.
## V. MONITORING, EVALUATION, AND LEARNING

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Disaggregated by:</th>
<th>Unit</th>
<th>Baseline</th>
<th>YR1</th>
<th>YR2</th>
<th>YR3</th>
<th>YR4</th>
<th>YR5 (EOP)</th>
<th>Means of Verification</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Date</td>
<td>Value</td>
<td>Target</td>
<td>Actual</td>
<td>Target</td>
<td>Actual</td>
<td>Target</td>
<td>Progress</td>
</tr>
<tr>
<td>1 Proportion of out of pocket (OOP) spending on medicines (out of total spending on medicines)</td>
<td>Type (EML vs. non-EML)</td>
<td>Ratio</td>
<td>2016</td>
<td>86%</td>
<td>85%</td>
<td>85.4%</td>
<td>78%</td>
<td>74%</td>
<td>76.1%</td>
</tr>
<tr>
<td>2 Number of prescriptions filled (out of total number of medicines prescribed under the “Affordable Medicines” Program)</td>
<td>n/a</td>
<td>Thousand receipts</td>
<td>2017</td>
<td>11,897.2</td>
<td>26,154</td>
<td>26,155</td>
<td>40,249</td>
<td>43,396</td>
<td>53,343</td>
</tr>
<tr>
<td>3 Number of people trained in anti-corruption measures in the pharmaceutical sector as a result of U.S. Government (USG) support</td>
<td>Gender (male, female)</td>
<td>Individual, who attend 80% of training</td>
<td>2017</td>
<td>0</td>
<td>1,200</td>
<td>1,200</td>
<td>300</td>
<td>884</td>
<td>M: 157</td>
</tr>
<tr>
<td>4 Number of pharmaceutical-sector legislations adopted by the Government of Ukraine as a result of USG support</td>
<td>n/a</td>
<td>Nakaz Strategy Policy</td>
<td>2018</td>
<td>No data collected</td>
<td>No data collected</td>
<td>No data collected</td>
<td>10</td>
<td>11</td>
<td>15</td>
</tr>
</tbody>
</table>

1 As of April 14, 2021 SMD, data are only available through December 2020. Figure reflects OOP spending for the entirety of 2020
2 Number of prescriptions is from April 2017 (beginning of Affordable Medicine program) to April 2021
3 See more details on the legislation adopted in Annex XIII
<table>
<thead>
<tr>
<th>Indicator</th>
<th>Disaggregated by:</th>
<th>Unit</th>
<th>Year</th>
<th>Baseline Date</th>
<th>Value</th>
<th>Target</th>
<th>YR1</th>
<th>Actual</th>
<th>Progress</th>
<th>YR5 (EOP)</th>
<th>Date</th>
<th>Value</th>
<th>Target</th>
<th>Actual</th>
<th>Target</th>
<th>Progress</th>
<th>Data Source</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 Amount of money saved by the health care system through central procurements as a result of USG support</td>
<td>n/a</td>
<td>Ukrainian hryvnia (millions)</td>
<td>YR4</td>
<td>Oct 2018</td>
<td>0</td>
<td>6M UAH</td>
<td>10M</td>
<td>1026B UAH</td>
<td>997M+ UAH</td>
<td>100M UAH</td>
<td>CPA</td>
<td>0</td>
<td>6M UAH</td>
<td>10M</td>
<td>1026B UAH</td>
<td>997M+ UAH</td>
<td>CPA</td>
<td>Quarterly</td>
</tr>
<tr>
<td>6 Amount of money saved by the health care system through regional procurements via external price referencing as a result of USG support</td>
<td>n/a</td>
<td>Ukrainian hryvnia (millions)</td>
<td>YR4</td>
<td>2018</td>
<td>Savings on 600M UAH spent on 20 top INNs</td>
<td>60M UAH</td>
<td>n/a</td>
<td>80M UAH</td>
<td>273M UAH</td>
<td>80M UAH</td>
<td>SMD</td>
<td>0</td>
<td>60M UAH</td>
<td>80M</td>
<td>273M UAH</td>
<td>80M UAH</td>
<td>SMD Database</td>
<td>Annually</td>
</tr>
<tr>
<td>7 Number of individuals who have been newly enrolled on antiretroviral pre-exposure prophylaxis (PrEP) to prevent HIV infection in the reporting period (PrEP_NEW)</td>
<td>Gender Key populations</td>
<td>Individual</td>
<td>2019</td>
<td>0</td>
<td></td>
<td>200</td>
<td>0</td>
<td>400</td>
<td>0</td>
<td>1,000</td>
<td>CPH data</td>
<td>0</td>
<td>200</td>
<td>400</td>
<td>0</td>
<td>1,000</td>
<td>CPH data</td>
<td>Semi Annually</td>
</tr>
</tbody>
</table>

4 Savings for central programs managed by the CPA with 2020 budget funds (October 2020-March 2021)
5 As of April 14, 2021 SMD, data are only available through December 2020. Figure reflects total savings from January-December 2020
VI. LESSONS LEARNED

The COVID-19 pandemic remains the highest priority for the Ukrainian health care system, and the GOU and MOH are placing substantial attention and resources toward this effort. At the same time, health authorities, with SAFEMed and other partner support, continued to focus on broader health care and procurement reforms around the pharmaceutical system, demonstrating flexibility and adapting existing methodologies to ensure continued implementation – whether its moving to on-line gatherings or conducting virtual assessments. One key government priority is ensuring a consistent supply of HIV, TB medicines in alignment with its commitment to increasing access to HIV and TB treatment. To mitigate against further TLD procurement delays the CPA, with SAFEMed support, has already taken steps to prepare for procurement including finalizing the ARV procurement strategy and drafting tender documents in anticipation of MOH approvals.

An important mechanism used by MOH to develop and gain broad-based stakeholder engagement is the tactic establishment of formal working groups. These multistakeholder working groups ensure continued momentum of key activities despite the impact of COVID and transitions in leadership. During this reporting period, several MOH and NHSU working groups were established and/or continued to meet to reprioritize numerous reform components across all SAFEMed workstreams.

Another mechanism that has proved useful is the strategic establishment of MOUs with regions to facilitate buy-in and clear delineation of roles as part of the 'last mile' pilot. We learned the necessity of relying on influential leaders to facilitate more rapid launching across various regions in the country.

VII. ENVIRONMENTAL MONITORING

SAFEMed does not have any activities that have an environmental impact and/or require mitigation measures.

VIII. PROGRESS ON LINKS TO OTHER ACTIVITIES

SAFEMed continued to collaborate with the various USAID-funded projects and activities in Ukraine working across health and anticorruption technical areas by continuing to maintain open communication in working groups and meetings. One illustrative example of strong collaboration this reporting period is the work SAFEMed undertook with UNICEF on preparing for the introduction of the ultra-cold chain vaccinations by conduct joint training for regional health supply chain professionals and development of the technical requirements for the service agreement with the private sector logistics provider.

IX. PROGRESS ON LINKS TO HOST GOVERNMENT

SAFEMed continued to collaborate—both proactively and effectively—with key host government counterparts despite numerous changes at the MOH administration and its agencies, including the NHSU, SEC, and CPH, and continued COVID-19 related restrictions. SAFEMed successfully built a rapport, exercised flexibility, and demonstrated continuous willingness to support the GOU’s changing priorities and supply chain challenges related to the global COVID-19 pandemic.
X. FINANCIAL INFORMATION

XI. SUB-AWARD DETAILS

XII. ACTIVITY ADMINISTRATION

A. Constraints and Critical Issues

By the end of the reporting period, the MOH had not authorized the initiation of the 2021 procurement through CPA, causing delays and potential interruption of supplies of HIV/TB and other essential medicines and commodities. The COVID-19 lockdown, including halting of access to public transportation and growing numbers of infections even among government and development partner staff has the potential to limit SAFEMed’s interactions with stakeholders and slow or halt progress on key health sector reforms.

B. Personnel

In January 2021, Rebecca Kohler joined the SAFEMed team as its new Chief of Party. Rebecca comes with thirty years of experience designing, leading and providing technical assistance to global health programs in over thirty countries on four continents. In addition, SAFEMed briefly closed the Technical Advisor for Material Management position, however, due to circumstances outside of the project’s control, the position had to be reopened and recruitment is underway. Lastly, through the COVID-19 Vaccination Campaign, SAFEMed began active recruitment of three consultants who will support CPH and CPA in coordination and monitoring of the campaign, and one of the junior consultants, working on the procurement work stream, left the project and recruitment is underway.

C. Contract, Award, or Cooperative Agreement Modifications and Amendments

SAFEMed submitted revisions to the annual implementation plan to incorporate legal and technical support to the MOH and CPH in the implementation of the COVID-19 vaccination campaign. Further, SAFEMed modified the Legal Alliance subcontract to modify existing activities to include COVID-19 vaccination legal support within the same budget envelope.

D. Status of Deliverables/Milestones

<table>
<thead>
<tr>
<th>Deliverables</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Summary report on HTA capacity building results at the end of the year</td>
<td>Ongoing</td>
</tr>
<tr>
<td>1.2 Summary report on stakeholder meeting results</td>
<td>2 Events</td>
</tr>
<tr>
<td></td>
<td>Completed</td>
</tr>
<tr>
<td>1.3 Summary report of 3rd National Forum</td>
<td>Planned</td>
</tr>
<tr>
<td>1.4 HTA Roadmap updated in Q1; implementation through Q2-4</td>
<td>Q2 Completed</td>
</tr>
<tr>
<td>1.5 Three PEPFAR-related evidence summaries completed jointly with the HTA department and CPH to support evidence-based decision making</td>
<td>Planned</td>
</tr>
<tr>
<td>Deliverables</td>
<td>Status</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>1.6 PEPFAR-related clinical protocols developed based on the evidence summaries</td>
<td>Planned</td>
</tr>
<tr>
<td>1.7 Positive list concept and action plan approved and implementation initiated</td>
<td>Ongoing</td>
</tr>
<tr>
<td>1.8 Normative acts developed and submitted for approval by respective government bodies</td>
<td>Ongoing</td>
</tr>
<tr>
<td>1.9 Report on options analysis for pharmaceutical pricing strategies</td>
<td>Q2 Completed</td>
</tr>
<tr>
<td>1.10 Four EML/positive list market analysis reports</td>
<td>2/4 Completed</td>
</tr>
<tr>
<td>2.1 15 consultants recruited for secondment to the CPA</td>
<td>13/15 Completed</td>
</tr>
<tr>
<td>2.2 Brief summary training report prepared with findings and recommendations. Office equipment and supplies procured and transferred to the CPA. International learning trips conducted.</td>
<td>Ongoing</td>
</tr>
<tr>
<td>2.3 Dashboard for each category and calculations of the savings methodology developed</td>
<td>Ongoing</td>
</tr>
<tr>
<td>2.4 Key internal CPA business processes and policies developed</td>
<td>Q2 Completed</td>
</tr>
<tr>
<td>2.5 Recruit, supervise, retain, and assess members of the Supervisory Board</td>
<td>Ongoing</td>
</tr>
<tr>
<td>2.6 Normative acts approved by respective government bodies. WHO prequalification criteria applied for ARVs and TB therapies.</td>
<td>Ongoing</td>
</tr>
<tr>
<td>2.7 Normative acts approved by respective government bodies</td>
<td>Ongoing</td>
</tr>
<tr>
<td>2.8 HIV commodities procured by the CPA in the most cost-effective, transparent, and timely manner</td>
<td>Ongoing</td>
</tr>
<tr>
<td>2.9 Business case for private-sector engagement in warehousing prepared</td>
<td>Planned</td>
</tr>
<tr>
<td>2.10 S&amp;OP processes developed</td>
<td>Ongoing</td>
</tr>
<tr>
<td>2.11 MedData upgraded to include Material Management System</td>
<td>Ongoing</td>
</tr>
<tr>
<td>2.12 GPS tracking system introduced with web-based and mobile status monitoring, tracking, digital proof of each delivery, and visualization</td>
<td>Ongoing</td>
</tr>
<tr>
<td>2.13 Brief report with feedback from participants prepared</td>
<td>Ongoing</td>
</tr>
<tr>
<td>2.14 Seven training courses conducted with up to 400 trained in 12 PEPFAR priority regions</td>
<td>2/7 Completed</td>
</tr>
<tr>
<td>3.1 New medicines are successfully integrated into state reimbursement program</td>
<td>Ongoing</td>
</tr>
<tr>
<td>3.2 Normative acts for state reimbursement program</td>
<td>Ongoing</td>
</tr>
<tr>
<td>3.3 Summary report from Reimbursement Forum</td>
<td>Q2 Event Completed</td>
</tr>
<tr>
<td>3.4 Promotion and communication materials developed and disseminated</td>
<td>Ongoing</td>
</tr>
<tr>
<td>3.5 Fraud prevention and detection functions incorporated into ePrescriptions</td>
<td>Ongoing</td>
</tr>
<tr>
<td>3.6 Additional NHSU staff trained to expand, manage, and evaluate state reimbursement programs</td>
<td>Ongoing</td>
</tr>
<tr>
<td>3.7 Scope of work for IT module for ARVs</td>
<td>Planned</td>
</tr>
<tr>
<td>4.1 Logistics pilot report with follow up recommendations and actions</td>
<td>Q1 Completed</td>
</tr>
<tr>
<td>4.2 TB, HIV, and viral hepatitis therapies distributed to service delivery points as scheduled</td>
<td>Ongoing</td>
</tr>
<tr>
<td>4.3 Assessment report with description of proposed models for decision makers</td>
<td>Q2 Completed</td>
</tr>
<tr>
<td>4.4 Assessment report with description of existing gaps and recommendations</td>
<td>Ongoing</td>
</tr>
<tr>
<td>4.5 Interim reports submitted to stakeholders</td>
<td>Planned</td>
</tr>
<tr>
<td>4.6 Final pilot report on the distribution of ARVs and PrEP in the pilot region(s)</td>
<td>Ongoing</td>
</tr>
<tr>
<td>4.7 Necessary normative acts are endorsed. Primary health care providers are better engaged in providing HIV-related services to patients.</td>
<td>Ongoing</td>
</tr>
<tr>
<td>4.8 Roadmap for implementation of the tool is developed. Tool is successfully piloted and compatible with other electronic systems (e.g., HIV MIS, MedData, E-Health)</td>
<td>Ongoing</td>
</tr>
<tr>
<td>4.9 Trainings carried out for regional and national representatives responsible for the forecasting and quantification for TB and HIV medicines/commodities</td>
<td>Planned</td>
</tr>
<tr>
<td>4.10 Normative acts endorsed and approved by respective government bodies</td>
<td>Planned</td>
</tr>
<tr>
<td>Deliverables</td>
<td>Status</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>4.11 Expert(s) seconded to CPH</td>
<td>Q1 Completed</td>
</tr>
<tr>
<td>4.12 Procured health products/PPE delivered in accordance with GDP requirements (including cold chain) to end recipients</td>
<td>Ongoing</td>
</tr>
<tr>
<td>5.1 Normative acts for bioequivalence strategy</td>
<td>Ongoing</td>
</tr>
<tr>
<td>5.2 List of priority medicines with rationale</td>
<td>Q2 Completed</td>
</tr>
<tr>
<td>5.3 Qualitative criteria for the state reimbursement program</td>
<td>Ongoing</td>
</tr>
<tr>
<td>5.4 Market modeling report with emphasis on the centralized nomenclature for the treatment of HIV/AIDS, TB, hepatitis C, and adult oncology</td>
<td>Ongoing</td>
</tr>
<tr>
<td>5.5 Assessment report with findings and recommendations</td>
<td>Q2 Completed</td>
</tr>
<tr>
<td>5.6 EU model sensitized for Ukraine accepted by key stakeholders with clear roles defined</td>
<td>Q2 Completed</td>
</tr>
<tr>
<td>5.7 Normative acts aligned with EU standards and legislation</td>
<td>Ongoing</td>
</tr>
<tr>
<td>5.8 Brief forum report with findings and recommendations</td>
<td>Ongoing</td>
</tr>
<tr>
<td>5.9 Technical requirements for the national medicines serialization system</td>
<td>Q2 Completed</td>
</tr>
<tr>
<td>6.1 Three success stories developed</td>
<td>Q2 Completed</td>
</tr>
<tr>
<td>6.2 52 media monitoring reports produced</td>
<td>24/52 Completed</td>
</tr>
<tr>
<td>6.3 12 news digests produced and disseminated</td>
<td>6/12 Completed</td>
</tr>
<tr>
<td>6.4 Up to five communications materials or products developed</td>
<td>Q2 Completed</td>
</tr>
<tr>
<td>6.5 Up to four communication products for pharmacies and health care facilities developed</td>
<td>Ongoing</td>
</tr>
<tr>
<td>6.6 Up to three communication products for SEC, MOH, and health care facilities developed</td>
<td>Ongoing</td>
</tr>
<tr>
<td>6.7 Oral or poster presentations at three national or local conferences</td>
<td>1/3 Completed</td>
</tr>
<tr>
<td>6.8 Up to five communication products developed and disseminated</td>
<td>Ongoing</td>
</tr>
<tr>
<td>6.9 Up to five communication products developed</td>
<td>Q2 Completed</td>
</tr>
</tbody>
</table>

### E. Coordination and Partnerships

SAFEMed continued to maintain the positive relationships it developed during the previous year with key government counterparts that are still in place and continues to build relationships with newly appointed staff. In addition, SAFEMed maintain strong relationships with other donor-funded projects, patient organizations, and the private sector. The new COP held orientation and on-going coordination meetings with leadership of MOH, CPA, NHSU, CPH, SEC, and several other USAID activities, and pharmaceutical associations facilitating continued implementation of the SAFEMed implementation plan.

### F. Geographic Information

No geographic information was uploaded during this reporting period. All project activities took place in Kyiv, Ukraine.
### XIII. LIST OF LEGISLATION DEVELOPED WITH SAFEMED SUPPORT

<table>
<thead>
<tr>
<th>No.</th>
<th>Legislative Document</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>CMU Decree No. 1300</strong> - On the approval of the State Health Technology Assessment Procedure</td>
<td>Approved December 23, 2020</td>
</tr>
<tr>
<td>2</td>
<td><strong>MOH Order No. 593</strong> - On the approval of the guideline on the state health technology assessment for medicines</td>
<td>Approved March 29, 2021</td>
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<td>3</td>
<td><strong>CMU Decree No. 61</strong> - Some issues concerning controlled access agreements and suspension of the first paragraph of item 1-2 of the Resolution of the Cabinet of Ministers of Ukraine of March 25, 2009 № 333</td>
<td>Approved January 27, 2021</td>
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<tr>
<td></td>
<td><a href="https://zakon.rada.gov.ua/laws/show/61-2021-n#Text">https://zakon.rada.gov.ua/laws/show/61-2021-n#Text</a></td>
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</tr>
<tr>
<td>4</td>
<td><strong>CMU Decree No. 1299</strong> - About the state financial guarantees of medical service of the population in 2021. Decree expanded the reimbursement medicines list by adding three medicines for the treatment of cardiovascular disease: warfarin, nifedipine, and acetylsalicylic acid.</td>
<td>Approved December 21, 2020</td>
</tr>
<tr>
<td>5</td>
<td><strong>Law No. 2168</strong> - About the state financial guarantees of medical service of the population in 2021</td>
<td>Approved December 29, 2020</td>
</tr>
<tr>
<td>6</td>
<td><strong>Law No. 1353-IX</strong> - “On Amendments to Article 9-2 of the Law of Ukraine ‘On Medicinal Products’ concerning the State Registration of Vaccines or Other Medical Immunobiological Medicines under the obligation”</td>
<td>Approved March 19, 2021</td>
</tr>
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<td><a href="https://zakon.rada.gov.ua/laws/show/1353-20#n2">https://zakon.rada.gov.ua/laws/show/1353-20#n2</a></td>
<td></td>
</tr>
</tbody>
</table>
XIV. SUCCESS STORIES

USAID supports CPA in establishing effective and timely medicines procurement through e-catalogues

Liudmula Slavych from Novovorontsovska Central District Hospital, which is in the Kherson region of Ukraine, has been responsible for the procurement of health products at the hospital for 15 years. During this time, she always struggled with finding suppliers, inflated prices, lack of choices, unknown quality concerns, inefficiency in the process, and considerable supply delays. In December 2019, with support from SAFEMed the Medical Central Procurement Agency of Ukraine (CPA) launched a pilot that enabled hospitals to purchase health products via e-catalogues, a quick, easy, and innovative “Amazon-like” solution for smaller purchases that fall under the 200,000 Ukrainian Hryvnia threshold.

Liudmyla notes: “It turns out that the cost of the products I purchased via e-catalogues were cheaper that what I found on my own. They were easy to find and it did not matter how many units I was buying. Out of all the available procurement public procurement procedures available, buying through e-catalogues is the most profitable.”

As an example, she provides the information on purchasing medical goods and devices for the hospital she works in. All the necessary goods to fight COVID19 are 20-40% cheaper on e-catalogues than in Prozorro, including masks, gloves and contact free thermometers. More to the point, thermometers were sold for 1289 UAH in e-catalogues versus 2457 UAH and 6241 UAH through other procedures within the Prozorro system. As a result, e-catalogues present 50% - 200% of savings in this case.

CPA promoted its new tool at healthcare facilities with bespoke outreach efforts, infographics and videos that helped increase customer reach and market share. A recent survey created by SAFEMed and CPA, for procurement-related staff across healthcare facilities in Ukraine, revealed that 81.5% of all respondents were aware of the tool and 54% of them visited it in the past. Additionally, e-catalogue has a remarkably high customer retention rate at 95% indicating that purchasers will likely use the tool again in the future.

In 11 months, the number of suppliers and healthcare facilities that actively used e-catalogue services increased significantly to a total of 307 and 1044, respectively.

Guided by a strong vision and commitment, the CPA aims to change the landscape of Ukraine’s health procurement, accelerating access to quality, affordable health products for all. The solution further expands access to medicines and medical supplies, helps healthcare facilities save time and money, as well as significantly reduces opportunities for corruption. For the e-catalogue to work, national and international suppliers teamed up with the CPA to create categories and products in demand; As a result, in 11 months a total of 3,253 high quality products have been setup in the tool with sales reaching 19.8 million Ukrainian Hryvnia.
Amid the global pandemic, the e-catalogue tool created by the Central Procurement Agency on ProZorro provided a fast, efficient, and economical way for Ukrainian healthcare facilities to equip clinicians and patients with the necessary medical supplies needed to fight off Covid-19.

Thanks to e-catalogues during the Covid-19 pandemic in Ukraine, numerous express tests, antiseptics, disinfectants, non-contact thermometers, respirators, masks, gloves, and other personal protective equipment with a total amount over 1 million Ukrainian Hryvna were purchased through this new procurement instrument.

**E-catalogue is on the rise as a foundational procurement tool to be used across regional healthcare facilities in Ukraine and on Nov 11th, 2020 the required legislation was passed that granted CPA the official ability to continue administering the tool beyond its pilot phase in 2021 and beyond.**
The Central Procurement Agency of Ukraine Raising the Bar in Public Procurement of Medicines

Viktoria’s Romaniuk life drastically changed 4 years ago when she was diagnosed with breast cancer. Trastuzumab was the costly medicine needed for her treatment. Based on her experience, she and others formed an NGO to advocate for access to life saving treatments for Ukrainian women diagnosis with cancer.

In 2016 this medicine was included in the state programs to be procured for the state budget. Viktoria was among the of lucky ones, who received the full course of this treatment for free. Only 13% of those who needed this treatment received it free of charge. Victoria notes: “In 2017 treatment with this medicine cost approximately $2,272. The full course consisted of 18 infusions. Trastuzumab basically saved my life.

“Of course, the NGO “Afina” which I lead followed all the tender procedures and watched the auction in real time. We even have our small fan-club of CPA’s auctions. It was fantastic.”, recalls Victoria.

At the end of 2020, CPA warehouses received 71,000 doses of Trastuzumab.

Improving access to safe and affordable medicines for the Ukrainian population is a top priority for the national government. A lack of medicines and medical supplies has long constituted a significant barrier to treatment for patients in the country of 45 million people. For the Ministry of Health (MOH) of Ukraine it has become of utmost importance to transform public procurement and reshape its work to support cost-effective and efficient supply chain systems to achieve the health priorities set by the national government.

The Central Procurement Agency (CPA) of Ukraine is a para-state governmental institution, established in 2018, as part of reforms aimed at fighting corruption and increasing efficiency of the public procurement of medicines. In just two years, it has evolved from a young and inexperienced institution to a potent, transparent, and fair procurement market player. In 2019, CPA conducted its first purchases of medicines through tender, and throughout 2020, it worked to build its own capacity in medical procurement. A key aim of CPA is to establish a locally-led alternative procurement body that minimizes the country’s longstanding reliance on international organizations such as the United Nations Development Program (UNDP), the United Nations Children’s Fund (UNICEF), and Crown Agents for procurement support. Through invaluable and extensive support from the US Agency for International Development (USAID) SAFEMed project, the institution advanced its competencies in managing fully open and transparent procurement processes based on international standards, resulting in significant savings.

“We understand that the institutions that define what to procure should not be the same one that selects who to procure it from” Arsen Zhumadilov, CPA Director General notes. “We have an anti-corruption policy, an HR policy, a code of ethics -- all of this is part of our comprehensive approach to preventing corruption,” “The agency was created to be the gold standard for both quality and anti-corruption.”

Since its establishment, the medical CPA has been tasked by the MOH to support the public procurement of more than 1,300 items under 40 national programs set to deliver medicines, and medical devices across the country. During this time CPA has also demonstrated their ability to foster a culture of continuous improvement and implemented technology for the enhancement of a number of processes:
**Innovations are Key to Success:**

- Introduction of an electronic catalog of medicines and medical products as an online store in the Prozorro system has substantially eased the process for purchasing drugs and medical products by hospitals. Through the eCatalog system suppliers undergo a qualification procedure that helps ensure the available products are more reliable. Currently, 3,681 medical supplies are already available on 4 Prozorro platforms.

- The introduction of MedData, a new online application tool to provide demand quantification and round-the-clock monitoring of stock levels. MedData was developed with support from USAID and other donors and has improved the process of estimating quantities and costs of medicines and other health products required for a specific period. This is no small task, and mistakes are costly. Accurate quantification can be difficult if there is a lack of reliable data, weak coordination among stakeholders, and a lack of defined roles and ability to update and monitor forecasts and supply plans. If demand is underestimated, patients may be left without treatment; if demands are overestimated, scarce financial public resources may be spent in vain.

The CPA carries out procurement of strategic programs at the expense of the state budget such as infectious disease medicines, and a variety of other patented expensive medicines. As a result, some medicines are purchased at a price 12 times lower than the year before when the purchases were made by the international organizations. Only for centralized procurement of medicines and medical products under state programs, the company has concluded more than 328 procurement contracts for a total of UAH 4,067 billion and saved UAH 1,08 billion with the biggest estimated savings for one medicine was about 83%. Impressive public funds savings are inseparably connected to a fair, transparent, and corrupt-free procurement process that setup using innovative tools in CPA’s work.

Pharmaceutical market players, regional hospital managers, and patients have enjoyed the benefits and value of CPA’s activity. Transparency, open competition, and market fair prices means that more patients are receiving high-quality necessary medicines for free. The procurement professionals in the regions believe that the CPA is reducing bureaucracy while procuring and reducing the risk of corruption.

Healthcare authorities responsible for procurement in the hospitals do not shy away from sharing their positive feelings about the first results of the CPA with their colleagues, doctors, and patients.

"...Of course, everyone will be able to see the systematic effect and improvement with time but so far what is visible is quite successful [the CPA activity], no doubt. And for those ones who were into procurement using e-catalogues reminds us of popular online shopping! It's a good thing, for sure," shared one of the beneficiaries.

In 2019, the out-of-pocket expenses of patients with Oncological diseases have gone below the state spending for the first time.