

Вивчення питань управління та менеджменту

УДК 378.091.3:[35:614](477+494)

SHORE-TERM EDUCATION FOR HEALTH CARE ADMINISTRATORS IN UKRAINE: SWISS-UKRAINIAN COLLABORATION

КОРОТКОТЕРМІНОВЕ НАВЧАННЯ УПРАВЛІНЦІВ В ОХОРОІ ЗДОРОВ'Я В УКРАЇНІ: ШВЕЙЦАРСЬКО-УКРАЇНСЬКА СПІВПРАЦЯ

Tetiana Stepurko

PhD (Health Management), Assistant Professor and Head of Master Program, School of Public Health, National University of Kyiv-Mohyla Academy

Тетяна Степурко

Доктор філософії в управлінні в охороні здоров'я, доцент та керівник магістерської програми Школи охорони здоров'я, Національного університету «Києво-Могилянська академія»

Pavlo Kovtoniuk

Deputy Minister, Ministry of Health of Ukraine
Senior lecturer, School of Public Health, National University of Kyiv-Mohyla Academy

Павло Ковтонюк

Заступник Міністра, Міністерство охорони здоров'я України
Старший викладач, Школа охорони здоров'я, Національного університету «Києво-Могилянська академія»

Nataliia Riabtseva

Consultant for Health, Nutrition and Population, World Bank Ukraine

Наталія Рябцева

Консультант з питань здоров'я, харчування та населення, Світовий банк, Україна

Martin Raab

Head of Health Technology and Telemedicine Unit, Swiss Tropical and Public Health Institute; University of Basel, Switzerland.

Мартін Рааб

Керівник відділу технологій здоров'я та телемедицини, Швейцарський інститут громадського здоров'я та тропічної медицини, Базель; Базельський Університет, Швейцарія

Axel Hoffmann

PhD (Psychology, Medical Sociology and Criminology), Deputy Head of Department Education and Training, the Swiss Tropical and Public Health Institute; University of Basel, Switzerland

Аксель Хофманн

Доктор філософії в психології, заступник керівника відділу навчання, Швейцарський інститут громадського здоров'я та тропічної медицини, Базель; Базельський університет, Швейцарія

Abstract

The Ukrainian health care sector has remained largely unreformed over the last twenty years with its obsolete medical infrastructure inherited from the Soviet time, ineffective payment mechanisms, underpaid staff and insufficient quality of care. The system needs change agents to promote and implement modern and efficient principles of health care service financing and organization. The Swiss-Ukrainian Mother and Child Health programme generated reform experiences in education (clinical and managerial) and in introducing reforms in mother and child health care. In order to continue the momentum of health care quality improvement, the previous Swiss-Ukrainian collaboration suggests to place further importance on educational activities and related capacity building.

The Summer School "Healthcare System Transformation: Eastern Europe" (2014) had been initiated during the Swiss-Ukrainian collaboration and was inspired by the Lugano Summer School Health Policy, Economics and Management in Switzerland. In 2015, the Summer School has become the international event for Eastern Europe region. It aims at stimulating reforms in healthcare system through high quality training courses. It further serves as a networking platform for health care managers and policy makers across the Eastern Europe. By providing new knowledge insights and innovative practical instruments the Summer School stimulates the transformation of healthcare system in Ukraine and in Eastern European countries. It also serves as the possibility to exchange the experience from different countries, widens the horizons of participants, facilitates 'out of the box thinking' that helps to find better solutions for existing challenges. Knowledge, skills and tools presented in Summer School facilitate efficient and evidence-based managerial practices at health care facilities and therefore lead to increasing access and quality of health care services.

Key words: health care management, postgraduate education, international assistance, Summer School, Switzerland, Ukraine.

Анотація

Українська система охорони здоров'я протягом останніх десятиріч залишається нереформованою: із застарілою медичною інфраструктурою, успадкованою з радянських часів, неефективними фінансовими механізмами, низькооплачуваним персоналом і низькою якістю допомоги. Система потребує агентів змін для просування й впровадження сучасних та ефективних принципів фінансування та організації медичних послуг. Швейцарсько-українська програма «Здоров'я матері й дитини» має досвід реформ як в освіті (клінічній та управлінській), так і у впровадженні реформ в сфері материнства й дитинства. Для більш тривалого забезпечення покращення якості в охороні здоров'я, попередній досвід швейцарсько-українського співробітництва підкреслює важливість освітньої діяльності та відповідної розбудови потенціалу.

Літня школа «Трансформація системи охорони здоров'я: Східна Європа» (2014 року) була ініційована в рамках україно-швейцарської співпраці та отримала натхнення від Літньої школи економіки здоров'я, політики та управління в Лугано, Швейцарії. У 2015 році українська Літня школа стала міжнародною подією для Східної Європи. Вона спрямована на стимулювання реформ системи охорони здоров'я за рахунок високої якості освітніх заходів. Вона також слугує платформою для спілкування та розширенню контактів керівників охорони здоров'я та осіб, що визначають політику у всій Східній Європі. Поширюючи нові ідеї, знання, інноваційні практичні інструменти та маючи комунікаційну платформу для керівників та агентів змін, Літня школа стимулює трансформацію системи охорони здоров'я в Україні і в країнах Східної Європи. Школа також слугує як можливість для обміну досвідом різних країн, розширення горизонтів учасників, що допоможе знайти кращі рішення для актуальних завдань. Знання, навички та інструменти, представлені в Літній школі, сприяють розвитку ефективних і заснованих на доказах управлінських практик в закладах охорони здоров'я, і, отже, призводять до підвищення якості та доступності медичних послуг.

Ключові слова: управління в охороні здоров'я, післядипломна освіта, міжнародна підтримка, Літня школа, Швейцарія, Україна.

Introduction. Ukrainians' health outcomes are poor by international standards (World Bank, 2009) and continue to stagnate and deteriorate. The health care sector has remained largely unreformed over the last twenty years: obsolete non-evidence-based health technologies are often applied, medical infrastructure inherited from the Soviet time remains mostly the same in addition to line-item budgets, low salaries of health care personnel (Belli, Dzhygyr & Maynzyuk, 2015; Lekhan, Rudyi, Shevchenko, Nit-zan, & Richardson, 2015; Danyliv, Stepurko, Gryga, Pavlova & Groot, 2012). As a result, the health care sector performance is characterized by low quality of health care services, which are not easy to access (Luck, Peabody, DeMaria, Alvarado, & Menon, 2014; Peabody, Luck, DeMaria & Menon, 2014; Stepurko, Pavlova & Groot, 2016). At the same time, Lekhan et al. (2015) underline the role of international collaboration in health care: "the most significant role external funding has played is in fighting infectious diseases such as tuberculosis and HIV, and supporting maternal and infant health programs" (p. 66). As a result, mother-and-child health indicators have improved in Ukraine within last decades and correspond now to the East European countries' indicators (WHO, 2014).

Meanwhile, attempts of the government to improve health care service provision have been mainly related to the discussion on introducing health care insurance, without real tackling of the issues of access and quality (Rechel, 2015; Semigina, 2016). Health insurance has been discussed for more than a decade and until now the financing of the system is a tax-based. Some governmental actions in the area of reforming health care sector has been noticed in 2011, i.e. several regions of Ukraine have given their consent on piloting changes and the main objectives have been focused on (1) strengthening primary care, (2) decreasing the number of beds in secondary and tertiary health facilities, and in (3) improving emergency and disaster care (President of Ukraine, 2011). However, due to the absence of an adequate system of monitoring and evaluation and the lack of clear indicators, the effects of the 2011 reform are to a large degree not properly documented and substantiated. At the same time, mass-media highlighted mostly negative aspects of the reform, e.g. the new ambulanced care (emergency transport) has medicines but there is no syringe; or patients are faced with closed rural facilities without any information on alternatives.

In general, poor governance had hampered the improvement of health outcomes (Belli et al., 2015). Since the end of 2013 (the Revolution of Dignity), Ukrainians strongly voice their willingness to change the political establishment and to start building a new democratic state with its principles of rule of law, responsibilities and transparency. Health care reform is continuously ranked among top three priorities for the Government by the population, according to numerous surveys in 2014-2016. In mid-2016, the Prime-Minister had defined health care system reform as the priority for the Government

Still, there are numerous barriers in the implementation of health care reform, such as lack of financial support, low technical capacities, poor communication with public and other stakeholders as well as opposition from numerous interest groups towards the reform. Overall, the system seems to lack qualified administrative staff for recently established primary health care institutions and a deficit of managers of the new generation in the secondary and tertiary level health care facilities (Stepurko & Gryga, 2013). Often reforms are feared by key stakeholders, including patients, individual providers and facility administrations because reforms are often imposed without the requisite support from higher authorities. The reluctance of engaging in genuine reform efforts can partly be explained by the apprehension of certain stakeholders to lose privileges which certain individuals and interest groups had during the time of non-transparent conditions (Belli et al., 2015; Vian, 2008).

Meanwhile, the reforms of health care financing seem inevitable with regard to recently adopted policies and the Ukrainian government seems to introduce market elements in health care service provision (Semigina, 2016). Moreover, recent initiatives of the World Bank facilitate the reform of health care provision through significant loans to the Ukrainian Government. The main activities are focused on: (a) upgrading the quality of selected hospitals (according to the "Health care delivery system reform master plan" in each oblast) and other health care facilities by investing in their infrastructure and equipment; (b) further developing the primary care services, and start implementing a process of consolidation of hospital networks; (c) making hospitals/polyclinics/primary health care centers independent communal enterprises, and use the greater autonomy and accountability for results to spur further changes across the country (Ministry of Health, 2016).

Therefore, regional leaders - heads of health care facilities - are required to make a shift from recent way of thinking which considers number of beds and work with line-item budgets to more efficient financing mechanisms and patient-oriented decision-making. Under new market regulations based on efficient use of resources (financial - diagnostic-related groups (DRG) / per capita / per service and human resource - staff who are really providing the adequate service), heads of health care facilities incentivized to be more interested in effective managerial practices.

In other words, in the perspective of fundamental health care reforms, system needs change agents: "the change agent has to be a co-learner and co-participant in achieving global social change." (Gummings & Worley, 2001, p. 580). However, the main question is "Who will train the specialists to create critical mass of change agents?". The transition period affected the medical education system in a comparable way. Medical faculties showed reluctances to shift from merely theoretical, disconnected knowledge (that frequently failed to update to recent international evidences on medical and scientific achievements) towards modern theories and practical teaching processes (Stepurko, Goroshko & Belli, 2016). Managerial (under- and post-graduate) training of health care administrators does not respond to the changing environment (Belli et al., 2015), leaving the sector far behind other (non-state) sectors with their client-oriented service provision (e.g. hotels and restaurants). Upgrading the education of health care administrators/ managers in a context of health care reform and international collaboration should therefore gain strong attention in order to enable health system modernization.

The aim and methods of the study. We explore successful short-term education initiative, its organization and features which have been designed and implemented under the Swiss-Ukrainian collaboration. In particular, we describe the case of the Summer School "Transformation of health care systems: Eastern Europe" with a concurrent look at the Swiss-Ukrainian programme "Mother and child health" where the School has found its roots. The results of the case study is based on the analysis of the Swiss-Ukrainian programme internal and externally available documents (concept papers, reports, newsletters, etc.) as well as materials, produced by the Summer School organization committee (e.g. reports on participant's assessment of the Summer School and speakers' feedback).

Results. Previous experience of implementing institutions. The Swiss-Ukrainian collaboration in mother-and-child health: upgrading perinatology health services (Swiss funding and regional state and private financing) was launched in 1997 and reached its end in 2015. The project was implemented in about 90 maternal departments/ hospitals in 5 regions (oblasts) of Ukraine. The specific characteristic of activities was their complex, multimodal and integrated approach. The goal of the initiative was to improve availability, quality, effectiveness and access to promotional, preventive and curative maternal and child health services in selected Ukrainian oblasts (regions), rayons (districts) and communities linked in a system of regionalization. During 18 years of Swiss international assistance, several stages and therefore project objectives had been implemented. During the first stage of collaboration (1997-2000) the project focused on the provision of medical equipment to the hospitals and on related technological management. From 2001, the project extended its scope of activities and followed a complex model of continuous medical education, introduction of ICTs and development of clinical guidelines involving multisectoral collaboration.

Activities on continuous medical education in Obstetrics and Neonatology were implemented with the collaboration and support of the Ministry of Health of Ukraine, the National Medical Academy for Post-Graduate Education, medical universities, regional authorities and international agencies.

Based on careful preliminary and continuous assessments on clinical reality, as well as knowledge and skills of obstetricians, neonatologists, midwives and nurses, numerous various trainings were organized during an important lap of the time (2001 - 2015). They were delivered in the form of seminars, workshops and conferences to interested in the topic professionals on different levels. Contents were constantly adapted to specific local particularities - clinical and structural - and particular attention was given to delivery of very practical and concrete sessions (clinical case discussions, skill-based trainings). Educational support moved from initially simple items (power point presentations, flipcharts, videos) to complex and innovative techniques (such as medical high fidelity -simulation manikins and related software to train critical scenarios).

However, the obsolete system of health care service provision in Ukraine was the main obstacle in slow pacing of health care improvement, including inefficient financing that leads to lack of medicines,

equipment and consumables; inadequate human resource development and outdated system of continuous education; rigid management practices as well in the area of quality improvement. Thus, the Swiss-Ukrainian programme “Mother and child health” had to introduce managerial topics to its training activities and to include health care administrators as target audience.

As clinical protocol does not stay in the table of chief doctor but worked efficiently – it is an understanding of the chief ‘what we do’, ‘why we do it’ and ‘who wants to get the result’. We implement our initiatives more efficiently, when the “perinatal thinking” is present among heads of health care facilities, districts and regions. (head of department).

Targeting management strategies and skills within the perinatal project was positively assessed by the heads of health care facilities. Because of the aspiration for managerial education of high quality, the programme observed a great niche for development of short-term educational activities for health care administrators. Nonetheless, reaching the Millennium Development Goals has meant for Ukrainian mother and child care sector that it has enough capacities to assure service access and quality without international assistance. Therefore, the Programme included in its Sustainable development plan a short-term training for health care administrators which had the format of the ‘Summer School’. This format has shown its positive outcomes in Lugano, Switzerland: The Swiss Schools of Public Health plus, the Institute of Economics at the University of Ticino and the Swiss Tropical and Public Health Institute (Swiss TPH) in Basel created an interdisciplinary context where public health professionals and researchers exchange their expertise and experience (Swiss School of Public Health +, 2017).

Taking into account, the Programme’s expertise in technical project implementation and lack of profound experience in designing educational products in Ukraine, it was decided to involve School of Public Health (SPH) of National University of Kyiv-Mohyla Academy (NaUKMA) in the Ukrainian Summer School establishment. School of Public Health NaUKMA has a Health care management Masters program since 2004 which was supported by Maastricht University (The Netherlands). Subsequently the School developed and implemented a special master program for health care executives

in 2010-2012. However, of the protracted reforms had not been stimulating the market for obtaining new managerial competences. Still, participants of executives programme acknowledged that the education was innovative and had solid content. The team of the School of Public Health thus concludes that short-term educational modules can be a fine design for education of health care administrators in Ukraine.

The preliminary idea of short-term education for health care administrators in Ukraine was based on sharing modern approaches in health care management and in disseminating basic principles of health care system functioning in Europe. However, after analyzing the context of health care sector of Ukraine, its needs and defining learning objectives, the Ukrainian Summer School obtained finally its aim: to create an educational and communicative platform for the most outstanding administrators in health care sector in Ukraine and to stimulate a competent environment for a change in health care system at the level of health care organizations. Key objectives of the 1st Summer School have been defined as following: (1) to provide a broader view and deeper insight into modern approaches of organization of health care services; (2) to promote contemporary managerial principles and practices that enables the efficient functioning of health care provision in a reformed system.

Learning objectives of the Summer School.

The study of The World Bank on Health care Governance in Ukraine (Belli et al., 2015) has revealed problematic area of health care system governance. There is a wide gap between de jure provisions and de facto realities. The system of health care service provision is lacking transparency and accountability in the areas of planning and budgeting, human resource and information management which is also negatively reflected on the service quality and access. That World Bank study (Belli et al., 2015) has been considered as a baseline for Summer School curriculum development since it describes existing practices and problems in human resource, planning and budgeting, health care data monitoring and procurement areas. Thus, the 1st Summer School programme (as well as next three Schools’) aimed to provide basic knowledge and tools for bringing abovementioned areas in a qualitatively new level. The program for the following Summer Schools had also been adjusted after participants’ feedback.

The detailed Learning Objectives for the First Summer School were defined as following: “After

successful completion of the course participants will be able: (1) to identify the basic patterns of health care system reform processes; (2) to compare health system reforms in other countries with the situation in Ukraine; (3) to identify evidence-based strategies and best practices for an improvement of accessibility and quality of health care; (4) to recognize the key management abilities needed in governing an autonomous health care facility; (5) to apply principles of priority setting in health in situations of resources constraints; (6) to recognize the importance and opportunities of new technologies in health care provision'.

Organization and format of Summer School in Ukraine. In contrast to the Swiss Summer School, which has parallel courses and participants can select the track in which they are interested the most, the 1st summer School had been designed as one joint group of about 25 participants, without splitting them into parallel courses. Following schools are organized more similar to the Lugano Summer School example with parallel courses. Thus, since 2015 Summer School has about 80 participants each year (which are divided into three groups). Additionally, since 2015 the School has widened its target audience from Ukraine solely to Eastern Europe (Belarus, Kyrgyz Republic, Turkey etc.).

The Scientific board and Organizational committee were created. The latter took care about dissemination of information, contacting lecturers, guests and participants but also for the implementation of the Scientific board's vision. The Scientific board comprised scientific leaders of Summer School who are chosen among Implementing and Partner organizations, e.g. in 2014 it was Paolo Belli (The World Bank, Ukraine), Martin Raab and Axel Hoffmann (Swiss TPH, Switzerland), and Oleg Petrenko (Strategic Advisory Group, Ukraine). Their objective was to define a strategic plan and to facilitate the implementation of the Summer School. Members of the Scientific Board are national and international leaders in health care policy, economics and organization as well as in health care service provision.

The target audience of Summer School have been defined during the discussions of the Scientific board and the Organizational committee: motivated administrators of top and middle level (primarily chief doctors) in health care facilities at all levels of the health care system but also policy makers, representatives of international agencies and NGOs. They had to submit their application (CV,

application form, motivation letter) to be assessed by the Organizational committee and Scientific board. As a result, 20-30 participants in 2014 and about 80 participants in 2015-2017 were selected: they are progressive leaders in health care who are searching tools to improve performance of their organization and are open for sharing their experience and learning good practices of other organizations. Participation of other non-public bodies was also made possible on a fee basis.

Speakers of Summer school were originally from both Ukraine and other European countries. The combination of Ukrainian and international lecturers and their expertise is important for promoting best European practices and for considering Ukrainian specific context.

The Location of the Summer school in 2014 was in the Carpathians mountains because it was important to fully immerse the participants in studying. Despite the beauty of the nature and opportunity to focus in the learning process, it has created logistics difficulties and since 2015 the Summer School took place in Lviv region due to comfort travelling reason; as Lviv has an international airport, one of main national railway station, and good road connection.

Institutional support has been also in the focus of Summer School organizers to make it sustainable in future: Ministry of Health of Ukraine, Administration of President and international organizations were contacted and involved when the common areas of interests were identified. Also, social and mass-media messages were disseminated. The attempts to diversify the collaboration has led to multi-source funding since 2015: the main donor agency was Swiss Development Cooperation in 2014 and 2015 – through its' two projects (Mother and child health programme implemented by the Swiss TPH and Communication project implemented by the UNICEF) which have covered significant part of the expenditures. Other organizations have also contributed with financial and in-kind resources: the World Bank, International Renaissance foundation, Pact USAID etc. Also, the Summer School has introduced the system of scholarships, i.e. the cost of participation (fee) has been defined; it was calculated as 1'000 Swiss francs. The fee includes: the course itself, course materials, accommodation during the course (6 nights), coffee-breaks and lunches during the course, and simultaneous translation. The participants had to cover additionally their travel expenses and dinners (per diems). Most of the par-

Participants have got the scholarships from the Summer School partners; these scholarships have covered their fees. Several participants usually participate on paid basis which is seen as a good feature for the sustainability of the School.

The 1st Summer School showed that there are a lot of interest to such educational products which were developed during the Swiss-Ukrainian collaboration and the Summer School has significantly developed since 2014: it has provided much more diverse and intensive agenda for the participants. The Summer School has offered to participants three parallel thematic sections: (a) Health Policy and Health Care Systems; (b) Management of Health Care Facility and (c) Communication in Health Care. While applying for the Summer School, the candidates had to select which course they are interested in. The thematic sections have been complimented by common morning plenary sessions and evening discussions. These sessions, attended by all participants, also contributed to common concepts, networking and synthesis of the new information.

To assure the modern content and correspondence to regional peculiarities, the Scientific Board and Organizational Committee have combined the leading international experts and local professionals. Through the lectures, group work, application of software and discussions, the speakers and participants were actively sharing their practical experience and updating theoretical base.

In 2015, a total of 21 speakers have contributed to the Summer School agenda in various modes, among them there are the following professors and experts: Marcel Tanner, (ex-)Director of Swiss TPH; Wim Groot, professor of health economics at Maastricht University, the Netherlands; Erica Richardson, technical officer, European Observatory on Health Systems and Policies; Paolo Carlo Belli, program leader, World Bank; Yuval Weiss, associate director General office, Hadassah Medical Center Minister of Health of Israel; Mark Govers, associate professor, Maastricht University; Kateryna Bulavinova and Anna Sukhodolska, UNICEF Ukraine, IdoHadari, director of Communications and Governmental Relations of Maccabi Health Care Services, Israel.

In 2015 the attendants represented 13 regions from overall Ukraine (Kyiv, Kharkiv, Odesa, Zaporizhzhia, Dnipropetrovsk, Poltava, Vinnytsia, Zhytomyr, Ivano-Frankivsk, Volyn, Lviv, Rivne, and Sumy) and other countries, namely Moldova, Belarus, Lithuania, and Kyrgyz Republic. The geographical

diversity has been also complimented by different professional experience of the participants, including regional healthcare authorities, head doctors of healthcare facilities (public and private ones), NGOs' representatives and individual experts. In 2016 the number of represented regions further increased.

Special guests: the Summer School 2015 was attended by Sergiy Kvit, the Minister of Education and Science of Ukraine; Petro Ilkiv, National Program Coordinator of Swiss Cooperation Office(SCO) etc. They have also contributed to the pre-scheduled and informal discussions during the School.

The overall analysis of the Summer Schools suggests that it is successful educational product with regard to the following indicators:

1. *Attendance of the sessions* which was very high for all types of sessions: morning plenary, thematic sections, and evening panel discussions. No participant has been observed to miss the sessions in purpose. In some cases, upon the agreement with speakers and organizational committee, the participants were joining for 1-2 day to another section. For example, the topic on Equity and ADePT software (Section 1) appeared to be too advanced for some participants, so they joined the Section 2.

2. *Level of involvement/participation.* The format of the Summer School provided to participants different options for interactive involvement: questions to speakers during/after the lecture, special sessions with questions and answers format, work in groups on certain tasks, practical tasks, and informal communication. The participants were also very satisfied with networking opportunities.

3. *Feedback of the participants.* The structured feedback had been collected through an electronic survey tool. It has proven that the very most of participants were highly inspired and satisfied with the Summer School. Some of them honestly mentioned that they had not enough level of basic knowledge to fully understand the content, and that informational load of the School was rather high. However, more 'advanced' participants (2 out of 44 filled feedbacks) would like to get a bit more practical tools for their work. In general, most of participants said that they have got lots of ideas and tools for further work and development. Analysis of the feedback has shown that matching participants' background with the course objectives should be even more precise: advanced courses for participants with appropriate background and experience, overview courses for 'new-comers'. In summary, in 2015 and 2016 the participants were very much impressed by

the professional level of speakers and underlined that the Summer School has significantly changed their understanding of the healthcare system and management.

4. *Feedback and interest of the speakers.* Informally, foreign and Ukrainian speakers have expressed their satisfaction with the Summer School. In particular, they mentioned that they were very much impressed with overall content, participants' motivation, and organization of the event. During the sessions, one could feel that the speakers spoke the same professional language and complimented each other in a very effective way. As well, the speakers have enjoyed the networking among themselves and participants. While collecting more structured feedback from the speakers, they have also confirmed their interest to come back to next Summer Schools, including readiness to provide more developed courses for several days.

5. *The coverage in media.* Although the organizational committee did not plan any special coverage in mass media, the news on the opening of Summer School appeared not only at websites of organizers and partners, but as well at some governmental resources – thanks to the participation of Minister of Education and Science and local authorities. Organizational committee and participants were also actively using Facebook during the Summer School to share the impressions and pictures. It led to significant increase of coverage in social media and, thus, increased interest to Summer School among professional community. The hashtag (#hcssummerschool2015) was used by users for more than 100 posts about the Summer School 2015.

6. *Some tangible examples.* The structured feedback of participants helped to reveal what they have brought with them after completing the Summer School. First of all, it is changes in their vision or professional paradigm: “*real system view on the healthcare*”, “*why reforms are needed*”, “*why communication is so important in healthcare*”, “*diametrically changed my mind on health insurance*”, “*unrevealing of potential of eHealth and information and communication technology*”. As well, certain practical tools were also mentioned by participants, like: ADePT software, how to design the processes in organization, Prisma tool (quality of care), set of motivation and reimbursement tools, crisis communication algorithm, social marketing techniques, etc.

7. *Further learning needs.* The participants have mentioned that they would like to develop further in the various topics, such as: the implementation of DRG in Ukraine, social health insurance, decentralization of services, development of national and facility-level quality management, crisis management, professional burn-out, strategic planning, development of optimal organizational structure, development of local protocols, internal communication, leadership in health care, etc. These topics relate not only to Summer school agenda but also request for European-style education in public health and its system, which suggests a huge gap in educational sphere, in particular, in Ukraine. The need in high quality education is also driven by the upcoming reforms and it led organizational committee to some ideas on further development (hence, Winter School on public health has been launched).

The organizational committee has also made some lessons learnt from the Summer School 2015: (a) basic bilingual glossary would be very helpful for the participants; (b) the attempt to have three-language School was too ambitious. It was manageable at the stage of announce and application as well as for printed materials, but the final preparation and for simultaneous interpretation of the School was rather difficult with three languages. Thus, next Schools are bilingual only. (c) the premises should be good enough for concentration on the studying, should have adequate three conference halls, including one for more than 100 participants (for all-participants morning and evening sessions), should not be far from the airports and be cost-efficient venue.

Insights and next projects. The analysis of the Summer School has given several insights for further development of educational activities in the area of health care management in Ukraine and Eastern Europe. The mainstreaming idea of these outlines is rather similar while the format and scale are different to support the reform of healthcare system in Ukraine and in Eastern Europe, particularly, through the education of healthcare managers and public administrators.

1. *Development and institutionalization of an educational and networking platform for the professionals in healthcare sector in Ukraine (and Eastern European countries)*

This project widens and deepens the previous one by the provision complementary activities and events to Summer and Winter Schools. Namely, advanced thematic courses in between the Schools.

Such courses will provide the participants with the possibility to fill the gaps identified during the Summer or Winter Schools and consequently, to work intensively on certain topics and individual projects. The courses will enhance the outcomes of the School and create the coherent educational process for those working in the field. Moreover, not only participants of the Schools could apply to such courses, but also other professionals (who have enough background and motivation). The courses could be provided on the basis of Kyiv-Mohyla Academy and other partner institutions. If possible, provision of the courses jointly by Ukrainian and foreign speakers would contribute to capacity building in the beginning. Annual national forums for leaders in health care, as the complementary events to the Schools, will give the opportunity to the leaders and agents of change to share their ideas and achievements with the wider audience. It will stimulate the implementation of reforms in Ukraine. Application of the tools on national and regional levels: some of the tools, presented at the School or the courses, could be further suggested to the policy-makers on the national and regional levels. However, to assure their effective implementation, the participant has to be supervised after the course; additional consultancy from the experts might be also needed.

2. *Development of comprehensive educational environment for the managers and administrators in healthcare system in Ukraine.*

The sustainability of healthcare reform in Ukraine depends to a large degree on the availability of highly qualified professionals in the area of policy making, public administration, management, and public health. Moreover, the number of these professionals should grow annually to respond to the needs and challenges of the system. Thus, long-term and comprehensive programs have to be designed and institutionalized. It may include (a) analysis of healthcare system reform plan and perspectives, including the listing of needed knowledge-skills-competences that manager / administrator has to pos-

sess to effectively perform in reformed healthcare system; (b) establishing the educational partnership: SPH NaUKMA as the central partner, other institutions – as partners that could contribute with any resources (teachers, location/place for course, etc.); medical universities must be involved; (c) developing the professional capacities of the selected teachers – both pedagogical and thematic/professional ones – through the courses, participation in conferences, writing articles in co-authoring way (course on academic writing), engagement in PhD process; (d) content development, including curriculum, course content and materials (for both teachers and students).

Conclusions. The Summer School “Healthcare System Transformation: Eastern Europe” has grown from a initiative, inspired by the Lugano Summer School Health Policy, Economics and Management in Switzerland. In 2015, the School has become an international training event for the Eastern Europe region. It aims at promoting changes in healthcare system through high quality educational and the provision of networking platform for health care managers and policy makers across the Eastern Europe. Providing new knowledge insights, innovative practical instruments and communication platform for the leaders and agents of change, the Summer School stimulates the transformation of healthcare system in Ukraine and in Eastern European countries. It also serves as the possibility to exchange the experience from different countries widens the horizons of participants, facilitate ‘out of the box thinking’ that helps to find better solutions for existing challenges.

Acknowledgement

Swiss-Ukrainian collaboration on mother-and-child health, its implementation (including monitoring and evaluation as well as dissemination activities) was funded by Swiss Development Cooperation (SDC). The content of the publication is the sole responsibility of the authors and it in no way represents the views of the SDC or its services.

References

- Belli, P., Dzhygyr, Y. & Maynzyuk, K. (2015). *How is it working? A new approach to measure governance in the health care system in Ukraine*. The World Bank: Obnova Ccompany. Retrieved from: <http://fisco-id.com/?module=an&action=preview&id=136>.
- Danyliv, A., Stepurko, T., Gryga, I., Pavlova, M. & Groot, W. (2012). Is there a place for the patient in the Ukrainian health care system? Patient payment policies and investment priorities in health care in Ukraine. *Society and Economy*, 34(2), 273-291.
- Gummings, T. G. & Worley, C. G. (2001). *Organization development and Change*. 7th ed., South-Western College Publishing.
- Lekhan, V., Rudyi, V., Shevchenko, M., Nitzan, K. D. & Richardson, E. (2015). Ukraine: health system review. *Health systems in transition*, 17(2), 1-154.
- Luck, J., Peabody, J. W., DeMaria, L. M., Alvarado, C. S. & Menon, R. (2014). Patient and provider perspectives on quality and health system effectiveness in a transition economy: evidence from Ukraine. *Social Science & Medicine*, 114, 57-65.

- Ministry of Health (2016). Kontseptsiiia reform systemy finansuvannia systemy okhorony zdorovia Ukrainy [Concept of reform of Ukrainian health care system financing]. Retrieved from http://moz.gov.ua/docfiles/pre_20160205_0_dod.pdf/.
- Peabody, J.W., Luck, J., DeMaria, L.& Menon, R. (2014). Quality of care and health status in Ukraine. *BMC health services research*, 14(1), 446.
- President of Ukraine (2011). *Pro poriadok provedennia reformuvannia systemy okhorony zdorovia u Vinnytskii, Dnipropetrovskii, Donetskii oblastiah ta misti Kievi* [About the procedure of implementation of health care system reform in Vinnytsiia, Dnipropetrovsk, Donetsk regions and Kyiv city]. Retrieved from: <http://zakon2.rada.gov.ua/laws/show/3612-17>.
- Rechel, B. (2015). Health Policy Reform in the Countries of the Former Soviet Union. *Palgrave International Handbook of Healthcare Policy and Governance* (pp. 238-253). Palgrave Macmillan UK.
- Semigina, T. V. (2016). Okhoronazdorov'yaUkrayini: vyklykypolityko-instytutsynoyirestrukturyzatsiyi [Healthcare in Ukraine: challenges of political and institutional restructuring]. *Visnyk Akademiyi pratsi, sotsial'nykh vidnosyn i turyzmu*, 1-2, 41-48.
- Swiss School of Public Health+ (2017). *USI Summer School*. Retrieved from: <http://www.sspplus-summer-school.ch>.
- Stepurko, T., Goroshko, A.& Belli, P. C. (2016). Transformation of Health-Care Professions: Professionalism of health workforce in Ukraine. *Ethics and Professionalism in Healthcare: Transition and Challenges*. Eds. S. Salloch, V. Sandow, J. Schildmann & J. Vollmann. Germany: Ashgate.
- Stepurko, T., Gryga, I. (2013). *Kompetentsii administratoriv v okhoroni zdoroviia: realii ta perspektyvy* [Competences of health care administrators: realities and perspectives]. Retrieved from: http://www.ier.com.ua/ua/publications/policy_briefing_series?pid=3984.
- Stepurko, T., Pavlova, M., & Groot, W. (2016). Overall satisfaction of health care users with the quality of and access to health care services: a cross-sectional study in six Central and Eastern European countries. *BMC Health Services Research*, 16(1), 342.
- Vian, T. (2008). Review of corruption in the health sector: theory, methods and interventions. *Health policy and planning*, 23(2), 83-94.
- WHO (2014). *Trends in Maternal Mortality: 1990 to 2013. Estimates by WHO, UNICEF, UNFPA, The World Bank and the United Nations Population Division*. Retrieved from: <http://www.who.int/reproductivehealth/publications/monitoring/maternal-mortality-2013/en/>
- World Bank (2009). *An Avoidable Tragedy: Combating Ukraine's Health Crisis – lessons from Europe*. Retrieved from: <http://documents.worldbank.org/curated/en/686961468171870399/An-avoidable-tragedy-combating-Ukraines-health-crisis-lessons-from-Europe>

Матеріал надійшов 20.05.2017 р.