

Independent Evaluation of WHO's COVID-19 Response in Ukraine

Volume II: Annexes to the Evaluation Report

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Annex 1 Terms of Reference

Independent Evaluation of WHO's COVID-19 Response in Ukraine Terms of Reference 24 June 2021

Background

1. Over the last 18 months, the world has faced an unprecedented humanitarian and health crisis due to the COVID-19 pandemic. Since WHO declared the novel coronavirus outbreak a public health emergency of international concern (PHEIC) on 30 January 2020, the pandemic has spread to almost every country in the world. As of 22 June 2021, there have been over 178.5 million confirmed cases of COVID-19, including more than 3.87 million deaths owing to the virus, reported to WHO. Although more than 2.41 billion vaccine doses have been administered worldwide as of 22 June 2021, vaccination rates vary widely across the globe, as does accessibility to the vaccine both across countries and within them.¹ Although control of the pandemic appears to be on the horizon, much more progress must be achieved in order to secure this outcome – and to prevent a reversal of the gains made to date.
2. Ukraine has been one of the most affected countries in the European Region in terms of confirmed COVID-19 cases and deaths due to COVID-19. The country ranks ninth in the region in terms of the number of confirmed cases and eighth in terms of deaths due to COVID-19.² The first wave of the COVID-19 pandemic peaked in Ukraine in November 2020, and the second wave in early to mid-April 2021. As of 22 June 2021, Ukraine has reported over 2.23 million confirmed COVID-19 cases, 1.84 million additional suspected cases, and over 52,000 deaths. Since the beginning of the pandemic to the second week of February 2021 (end of the first wave), Ukraine had 1.25 million confirmed cases, 1.36 million suspected cases, and over 23,000 deaths. Since then, in the span of over 12 weeks, there has been additional 965,000 confirmed cases, 470,000 suspected cases, and 27,000 deaths, indicating a faster spread of the infection and greater impact on mortality during the second wave. At the peak of the second wave, there were approximately 18,000 to 20,000 confirmed cases and 200 to 250 deaths every day. With less than 500 confirmed cases and 20 deaths per day and an effective reproduction number (R_t) of 0.8, the second wave has flattened.³ As of 13 June 2021, a total of over 1.71 million vaccine doses have been administered.⁴ The bed occupancy rate (occupied by confirmed and suspected cases) as of 20 June 2021 is approximately 12% and the cumulative incidence is approximately 5300/100,000.⁵
3. The WHO Country Office (WCO) in Ukraine was established in 1994 to support the country's sustainable health development. The priorities for the WCO are set out in the Biennial Collaborative Agreement (BCA) between WHO/Europe and Ukraine. The Office implements the agreement in close collaboration with national institutions and international partner agencies. The current BCA (2020–2021) supports activities in line with the WHO European Programme of Work, Roadmap to implement the 2030 Agenda for Sustainable Development, building on experience of Health 2020, and a number of key global or regional strategies.⁶ WCO in Ukraine is also a member of the UN Country Team (UNCT) and the Humanitarian Country Team (HCT) and chairs or co-chairs several United Nations and donors' coordination mechanisms related to health and to COVID-19. The WCO comprises approximately 90 staff and consultants who provide technical expertise and build national capacity on health-related matters.

1 <https://covid19.who.int/>, accessed 23 June 2021

2 <https://who.maps.arcgis.com/apps/dashboards/ead3c6475654481ca51c248d52ab9c61>, accessed 23 June 2021

3 The detailed information on the epidemic situation in Ukraine is available on the Weekly Situation Update, <https://app.powerbi.com/view?r=eyJrJoiMzI1MTRkMzQzMDRhNi00YmZlZW14MzUyY2Y4OWQwNTlk-Njc3IiwidCI6ImY2MTBjMGI3LWJkMjQ0NGlZOS04MTBiLTNkYzI4MGFmYjU5MCIslmMiOjh9&pageName=ReportSection0260a1c87b91fd84544>, Dashboard, accessed 23 June 2021

4 <https://covid19.who.int/region/euro/country/ua>, accessed 23 June 2021

5 Daily Hospital Dashboard, <https://app.powerbi.com/view?r=eyJrJoiOTUzNDhmNzUtNDRjNS00MzNlWFkYjUt-MjVmNjRkZDhjZDliIiwidCI6ImY2MTBjMGI3LWJkMjQ0NGlZOS04MTBiLTNkYzI4MGFmYjU5MCIslmMiOjh9&pageName=ReportSection6c58fea31917ccc52341>, accessed 23 June 2021

6 Details in <https://www.euro.who.int/en/countries/ukraine/areas-of-work/biennial-collaborative-agreement-bca-2020-2021#470205>, accessed 23 June 2021

4. The conflict that erupted in eastern Ukraine in 2014 has fundamentally reshaped WHO's work in the country since that time. Having now reached a stalemate without any sign of de-escalation or peace, it has affected 4.4 million people and led to the displacement of 1.6 million, with 3.4 million currently in need of humanitarian assistance.^{7,8,9} In order to close this gap and to further strengthen the emergency health system in conflict-affected regions, WHO continues to support specialized and hospital care through capacity-building and delivery of life-saving medicines and medical supplies. WHO is one of the few organizations with access to all areas, on both sides of the contact line. Working with local and international partners, WHO helps provide primary care services and essential medication on both sides of the contact line. It also facilitates access to emergency and specialist care when needed, provision of ambulances and medicines including vaccines and drugs to combat tuberculosis (TB), diabetes, HIV, and cancer.¹⁰
5. The scope and scale of WHO's role in Ukraine once again changed significantly with the onset of COVID-19. WHO also plays a central advisory role to the UN Resident Coordinator and Humanitarian Coordinator on all aspects of the COVID-19 response, including duty of care for UN staff. The WCO Ukraine, with the support of the WHO Regional Office for Europe (EURO), has played a key role in supporting the Ministry of Health, and the Government more broadly, in responding to COVID-19. An overview of WHO's support is given in Table 1. The list is not exhaustive but outlines the strategic priorities and some of the high-level initiatives.¹¹ Further details will be gathered during the evaluation.

7 <https://www.euro.who.int/en/health-topics/health-emergencies/ukraines-humanitarian-crisis>, accessed 17 June 2021

8 Humanitarian Response Plan, Ukraine, January-December 2021, https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/hrp_2021-eng_-_2021-02-09.pdf, accessed 23 June 2021

9 Humanitarian Needs Overview, Ukraine, 2020, https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/ukraine_2020_humanitarian_needs_overview_en.pdf, accessed 23 June 2021

10 <https://www.euro.who.int/en/health-topics/health-emergencies/ukraines-humanitarian-crisis/who-action-in-ukraine>, accessed 23 May 2021

11 The summary mostly comes from monthly updates of activities of WHO's response to COVID-19 in Ukraine and the dashboard.

Table 1: Strategic priorities and high-level initiatives in Ukraine

Strategic priorities	High-level initiatives
1. Country-level coordination, planning, and monitoring	<ul style="list-style-type: none"> Developing Ukraine Country Preparedness and Response Plan to COVID-19 and supporting multisectoral coordination mechanism (Priority 1): WHO led the development of the Ukraine Country Preparedness and Response Plan to COVID-19 and has been supporting the multisectoral coordination mechanism and UN inter-agency cooperation by chairing UN Medical and Health Response Working Group (WG) to ensure a coordinated health response to COVID-19 in Ukraine. WHO has also been liaising with the representatives of the Office of the President, the Cabinet of Ministers, Ministry of Health, and the Public Health Center of Ukraine (UPHC) of the Ministry of Health, and continues to support the Ministry of Health of Ukraine in providing expert advice and technical support and in providing new knowledge on COVID-19 response. <i>Ensure effective implementation of the IHR (2005) (Priority 2)</i>: WHO has been supporting Ukraine's reporting obligations to other states and facilitating access to the latest global guidance and evidence, which include regular sharing of information between Ukraine and all WHO Member States, in accordance with IHR (2005) Treaty. WHO has also been facilitating Ukraine's regular contact with Member States through the IHR network. WHO continued to share the latest available COVID-19 guidance with the Government of Ukraine and provide technical expertise and advice towards its implementation in Ukraine. To this effect, WHO has issued over 200 technical documents and guidelines. In addition, over 120 documents and guidelines have been translated to Russian and a few have also been translated to Ukrainian.¹² <i>Strengthening the health system in the conflict settings (Priority 3)</i>: WHO coordinates humanitarian health response in the eastern conflict area (ECA). This includes detailed mapping of humanitarian assistance and achievements reported by health cluster partners. Almost 2 million people benefitted from healthcare services in 2020, including 1.2 million people who received COVID-19 related assistance. To make an essential impact for the people living in ECA, WHO has been providing support for the health care facilities and professionals, to other institutions and overall communities; keeps enforcing health facilities capabilities of high-quality care for patients in need. To ensure this and to fill existing gaps, WHO conducts assessment and mentor visits to health establishments and other facilities. WHO conducts overall technical assistance for the health system, performs trainings, webinars, workshops, delivers commodities for infection prevention and control, goods, and consumables for laboratories.
2. Risk communication, community engagement and infodemic management	<ul style="list-style-type: none"> <i>Ensuring effective risk communication on COVID-19 (Priority 1)</i>: WHO communicates with frontline workers to enhance their safety and health at the workplace, and to roll out vaccination. <i>Engaging and timely informing communities on the health measures (Priority 2)</i>: WHO regularly reaches out to the general public through sharing digital information packages on different topics to inform and educate the audience on how the vaccines work, the vaccines approvals, on support for intensive care units with equipment for treatment of critically ill patients with COVID-19, sharing healthcare workers' experience on their recovery from COVID-19, the start of vaccination in Ukraine.
3. Surveillance, epidemiological investigation, and contact tracing	<ul style="list-style-type: none"> WHO in Ukraine continues to work on strengthening capacities to ensure high-quality surveillance, case investigation, and rapid response. Over 70 trainings, over 50 mission/technical support visits, and over 40 webinars have been organized on various themes related to COVID-19.¹³ This also include the establishment of the WHO e-Learning platform, that is intended to contribute to capacity building of national

¹² Weekly Situation Update, Dashboards on technical guidelines & webinars and trainings, accessed 17 May 2021.

¹³ Weekly Situation Update, Dashboards on technical guidelines & webinars and trainings, accessed 17 May 2021.

	<p>healthcare professionals in relation to COVID-19 response. This also includes production of epi situation analysis, health system capacity, monitoring of public health measures, study behavioural insight, etc. on regular basis, produce projection of transmission and hospitalization for planning purposes</p> <ul style="list-style-type: none"> • WHO in Ukraine also supports regional and sub-regional epidemiologic and surveillance capacity in Oblasts through integrated short- and long-term training programs and ensure strong system to deal with potential communicable disease outbreak beyond COVID-19 • Behaviours and attitudes of the population of Ukraine towards COVID-19 is also being monitored through the Behavioural Insights study
4. Laboratories and diagnostics	<ul style="list-style-type: none"> • Improving national and regional capacities to diagnose COVID-19 (Priority 1): WHO supported 147 laboratories participating in the 2020 Proficiency Testing Program for the Detection of SARS-CoV-2 by PCR. Online workshops have been organized on various topics, including laboratory biosafety. • Scaling up operational and technical capacity for COVID-19 detection (testing) in line with optimal strategies (Priority 2): WHO Country Office has been supporting the delivery of laboratory equipment, reagents, and consumables to 29 Laboratory Centers across Ukraine within the large MOH/WB/WHO Agreement.
5. Infection prevention and control	<ul style="list-style-type: none"> • Ensuring a safe environment for patients and healthcare workers through improving adherence to Infection Prevention and Control practices: WHO has been supporting Ukraine with assistance to protect patients and healthcare workers from COVID-19 infections in healthcare settings.
6. Case management, clinical operations, and therapeutics	<ul style="list-style-type: none"> • Supporting quality care for the patients with respiratory symptoms through improving clinical standards and approaches in Ukraine: WHO has been supported national health authorities and health facilities with providing technical assistance and material support for establishing high-quality care for patients with COVID-19.
7. Mental health and psychosocial support	<ul style="list-style-type: none"> • Supporting mental and psychosocial well-being in different target groups during the Outbreak: WHO keeps supporting Ukraine in developing and transformation of mental health care system and essential mental health services. This include facility-level support on stress management and mental health, the publication of an illustrated guide 'Doing what matters' in times of stress' in Ukrainian language; and support to Technical Working Group on Mental Health and Psychosocial Support (MHPSS TWG).
8. Maintaining essential health services and systems	<ul style="list-style-type: none"> • Strengthening the capacities to maintain equitable access to essential service delivery throughout an emergency: WHO continues to support continuity of essential health services, and maintenance and monitoring of access to TB and HIV services during the COVID-19 pandemic. • WHO also monitors actively the implementation of public health and social measures in all Ukraine Oblasts.
9. COVID-19 vaccination	<ul style="list-style-type: none"> • Supporting availability and accessibility vaccines and ensuring safe and effective process of vaccination in Ukraine: WHO continues to support the Ministry of Health and national stakeholders on developing the National Deployment and Vaccination Plan (NDVP). WHO has also been supporting the national health authorities and health facilities with coordinating logistic support, regulatory evaluation, and deployment of vaccines.

6. As Table 1 conveys, WHO's support to the response has been multifaceted, multisectoral, and more focused on direct implementation than is typically the case in its country operations. In addition, WHO has also supported other Ministries (Ministry of Justice, Ministry of Education, Ministry of Agriculture, Ministry of Culture, Ministry of Digital Development, Ministry of Reintegration, Ministry of European Integration) as well as inter-ministerial bodies such as the national security council and the Cabinet of Minister. Further, the Prime Minister's Office and the Office of the President were also supported. Key initiatives supported by WHO in Ukraine include: support to Ukrainian schooling protocols; advice to the higher court of justice for proper and safe functioning of the justice system; COVID-19 outbreaks management in the penitentiary system; the national campaign on TV, radio and in theatres; the establishment of the "adaptive lockdown" system; the safe management of food processing institutions; the President's all-Ukrainian Forum on COVID-19 recovery; the protocols of exchange of information with ECDC and other EU institutions; the management of COVID-19 protocols in local elections; and, many other areas of social and economic life affected by COVID-19.
7. WHO has been largely successful in mobilizing resources for its COVID-19 response in Ukraine. WHO has mobilized close to US\$ 30 million for the COVID-19 activity workplan and US\$ 1million for staffing in Ukraine from 21 donors, achieving 100% of targeted amounts for the biennium. WHO has also mobilized close to US\$ 3.4 million (including US\$ 1.7 million firm pledges), with another US\$ 5 million in the pipeline for conflict emergency work in Ukraine. Requests for support from WHO, coupled with the success in mobilizing resources meant that the WHO country capacity also needed to be rapidly scaled up. In one year, WCO funding has increased from US\$ 5-10 million/year to a total of close to US\$ 50 million, and WHO country team strength has increased from 25 staff and consultants to over 90 staff and consultants. Rapid scale-up in activities also meant that there were a lot of stress to the team, and there were urgent needs to fill up capacity in supportive functions such as the administrative capacity, capacity to deliver supplies and in logistics, and clinical capacity. Consistent efforts for providing timely response to support requests also resulted in increased expectations and demand.
8. In tandem with WHO's significantly increased role in Ukraine as a result of the COVID-19 response, its presence in the country has grown significantly as well. Funding for the response has come from numerous donors, including the European Union Directorate-General for Neighbourhood and Enlargement Negotiations (DG NEAR); the World Bank; the United States Agency for International Development (USAID); the Swiss Agency for Development and Cooperation (SDC); GAVI, the Vaccine Alliance; the Government of the United Kingdom; the Government of Germany; the Government of Canada; the Al Waleed Philanthropy; the WHO Solidarity Fund; the Ukrainian Humanitarian Fund; the Government of Finland; and the United Nations Central Emergency Relief Fund (CERF). These financial contributions also have been complemented by in-kind donations from other donors such as the Jack Ma Foundation, the Kingdom of Denmark, the AMCOR Foundation, or the Federal Republic of Germany.

Rationale, Objectives and Purpose

9. This evaluation has been commissioned by the WCO Ukraine. However, in order to ensure the independence and credibility of the evaluation, this evaluation will be managed by the WHO Evaluation Office. An evaluation officer from the WHO Evaluation Office will serve as Evaluation Manager. Its objective is to provide an independent, objective, and systematic assessment of WHO's preparedness for and response to COVID-19 in Ukraine, including its strategy, interventions, operations, performance, and results to date, as well as its engagement and coordination with partners toward these same ends. The evaluation will document successes, challenges, and best practices, and will provide lessons learned and recommendations for future use by the WHO and its partners to inform policy and decision-making.
10. In pursuing these objectives, the evaluation is intended to serve both learning and accountability purposes. From a learning standpoint, it will offer WHO and its partners an opportunity to reflect on what has worked well and been accomplished in the COVID-19 response in Ukraine, what has worked less well and not been accomplished, and why, so as to inform key decisions and actions in the COVID-19 response in Ukraine moving forward. COVID-19 will remain a challenge for some time, and its trajectory is uncertain. As WHO will continue to play a major role in the response for the foreseeable future – and will continue to navigate a wide range of challenges in its operating environment – the ongoing response stands to benefit from a

robust evaluation. The evaluation can also offer insights that might shape measures to better brace Ukraine for future health emergencies.

11. From an accountability standpoint, the evaluation will provide external stakeholders (e.g., governing bodies, Member States, donors, partners) as well as WHO management itself (e.g., the WHO Representative in Ukraine, the WHO Regional Director for Europe, the Assistant Director-General for the WHO Emergencies Programme, and others) with an objective, impartial perspective on WHO's work in a way that strengthens their shared stewardship over the Organization's work in the country. Substantial financial and human resources have been mobilized to support WHO's COVID-related work in Ukraine – i.e., over US\$ 30 million in 2020-2021, with similar funding levels expected in the foreseeable future. The evaluation will provide an independent and objective assessment of how adeptly WHO has managed these contributions to the COVID-19 effort and what it has and has not been able to accomplish with them. Furthermore, and crucially, the evaluation will provide to these stakeholders' objective and impartial responses to the "how" and "why" questions – that is, insights into the key factors, both internal to WHO and external to the Organization in its operating environment, that have enabled positive outcomes and hindered it in achieving more and/or better results.
12. As the first known evaluation of a single WCO's support to the COVID-19 response, this evaluation stands to offer wider lessons for the Organization more broadly as it works to help bring an end to the pandemic, build back better, and better prepare the global community for future pandemics. WHO's 13th General Programme of Work (GPW13) represents a framework not only for how the Organization will achieve results from 2019-2023 but also how it will do drive public health impact at country level in a manner that maximizes its contributions to the achievement of the Sustainable Development Goals (SDGs).¹⁴ One of the three ambitious targets of GPW13 is to better protect one billion more people from health emergencies. Understanding and addressing challenges in relation to relevance, coverage, efficiency, and effectiveness of its operations in such important health and humanitarian crisis as that of the COVID-19 response will be critical in achieving the targets set in WHO's strategic documents. The learning garnered from this evaluation could therefore be of wider benefit to the Organization as a whole.
13. With these purposes in mind, it is envisaged that principal users of this evaluation will be WHO senior management (e.g., the WHO Representative in Ukraine; the WHO Regional Director for Europe; the WHO Health Emergencies Programme, the Director-General), the staff directly involved in the COVID-19 response in Ukraine, and heads of other WCOs responding to the pandemic. Other users include WHO partners, both at country level (e.g., the Ministry of Health and other governmental ministries, UNCT partners, NGOs, CSOs, implementing partners) and at the regional and global levels; donors; Member States; and others.

Scope and focus

14. The evaluation will comprehensively assess the entirety of WHO's contributions to the COVID-19 response in Ukraine. Although the main time frame in focus will be the beginning of the response in early 2020 to the end of data collection in late 2021, it will also assess the pre-COVID-19 preparedness measures that were (or were not) in place to address a pandemic scenario as a baseline for gauging WHO's mobilization and support.
15. The overarching evaluation questions for this exercise are framed according to the United Nations Evaluation Group (UNEG) evaluation criteria of relevance, effectiveness, coverage, and efficiency. These questions, together with their corresponding sub-questions, are as follows:

14 WHO (2018). Thirteenth General Programme of Work 2012-2023, http://apps.who.int/gb/ebwha/pdf_files/WHA71/A71_4-en.pdf?ua=1, accessed 30 July 2020.

Table 2: Evaluation questions and sub-questions

Evaluation questions	Sub-questions ¹⁵
<p>EQ1 How well aligned has WHO's support to the COVID-19 response in Ukraine been with the stated needs of the government, the specific needs of the affected population, and with WHO's broad approach to humanitarian action and health emergencies in light of the GPW13 and the SDGs as well as its normative guidance on health emergencies?</p> <p>(Relevance, Appropriateness)</p>	<p>1.1 What preparedness measures were in place at the onset of COVID-19, what was WHO's role in establishing these preparedness measures, and how adequate were these measures as a means of bracing the country for COVID-19? What was adequate and should be kept in place in future preparedness plans and what was inadequate and should be changed?</p> <p>1.2 How well aligned has WHO's COVID-19 response been with the stated needs of the Government? With the needs of the affected population, including specific subpopulations and in particular vulnerable subpopulations? With WHO's broad approach to humanitarian action and health emergencies as per the GPW13?</p> <p>1.3 To what extent has WHO's COVID-19 response been explicitly informed by an analysis of the most salient dimensions of heightened (or differential) vulnerability across specific subpopulations (e.g. along gender, geographical, social, or other meaningful lines), in keeping with the commitments set forth in the GPW13 and the European Programme of Work (EPW) 2020-2025 of the WHO Regional Office for Europe (EURO)¹⁶, as a means of ensuring that the response would be optimally tailored to the Ukraine context?</p> <p>1.4 How consistently and systematically has WHO undertaken reliable ongoing monitoring and situation analysis – both at the disaggregated level and on contextually meaningful points of disaggregation – as a means of assessing needs and adapting its response accordingly, in line with the commitments set forth in the GPW13 as well as the European Programme of Work (EPW) 2020-2025?</p>
<p>EQ2 What results has WHO's support to the COVID-19 response in Ukraine produced?</p> <p>(Effectiveness, Impact)</p>	<p>2.1 To what extent have planned objectives and outcomes been achieved by WHO's COVID-19 response in relation to the WCO's response plan and in terms of their contribution to the COVID-19 Country Preparedness and Response Plan (CPRP) of the United Nations Country Team and the COVID-19 Emergency Response Plan (ERP) of the United Nations Humanitarian Country Team?¹⁷</p> <p>2.2 To what extent has WHO's COVID-19 response in Ukraine produced unintended outcomes – positive or negative, and including on the WCO operations, internal functioning, its standard (non-COVID) areas of work as enshrined in the Biennial Collaborative Agreement with the Government of Ukraine for 2020-2021¹⁸ and in other key strategic documents, and staff – and how has it managed these as it has had to adapt to the 'new reality' of a prolonged response?</p> <p>2.3 How well has WHO adapted its response to changing needs and conditions?</p> <p>2.4 Have there been there any differential results in response effectiveness across various subpopulations, as per EQ1,3 above or otherwise?</p>

¹⁵ Further evaluation sub-questions might be added during the inception phase.

¹⁶ [European Programme of Work – 'United Action for Better Health in Europe'](#). WHO Regional Office for Europe. 2021

¹⁷ [COVID-19 Emergency Response Plan Ukraine 2020](#). OCHA, 2020

¹⁸ [Biennial Collaborative Agreement 2020-2021, WHO, 2020](#)

<p>EQ3 To what extent have WHO's interventions reached all segments of the affected population, including the most vulnerable?</p> <p>(Coverage)</p>	<p>3.1 What overall level of coverage has been achieved through WHO support to preventive, diagnostic, curative, and palliative aspects of the response? How has humanitarian response been affected by the virus?</p> <p>3.2 To what extent has WHO's interventions reached the most vulnerable groups?</p> <p>3.3 What overall level of coverage has been achieved through WHO support geographically across Ukrainian Oblasts and within the Eastern Conflict Area?</p> <p>3.4 What if any outstanding coverage gaps remain (e.g., in terms of geographical reach, specific subpopulations, and specific thematic areas)?</p>
<p>EQ4 How successfully has WHO harnessed the resources at its disposal (including financial, human, physical, intellectual, organizational and political capital, as well as partnership) to achieve maximum results in the COVID-19 response in Ukraine in the timeliest and most efficient manner possible?</p> <p>(Efficiency, Coordination, Coherence)</p>	<p>4.1 How rapidly was WHO able to mobilize, scale-up, and provide supports in a timely, well-prioritized manner?</p> <p>4.2 How well has the Organization worked as One WHO to harness its collective financial, human, physical, intellectual, organizational and political capital to achieve results in an efficient, linked-up manner across all three levels of the Organization? To what extent have key financing vehicles (e.g., individual and pooled donor funds, the Emergency Response Fund, the Solidarity Response Fund) incentivized a One WHO and One UN approach as intended?</p> <p>4.3 Given the inputs invested in preparedness and response efforts and the results achieved to date, how cost-effective has WHO's COVID-19 work in Ukraine been over time – i.e., what costs (financial and otherwise) have been associated with the various roles WHO has played in the response (e.g., normative, technical, implementation and convening roles) and what effects have these yielded (as per EQ3)?</p> <p>4.4 How effectively has WHO partnered with other entities (ministries and other governmental entities, UN system partners, NGOs, CSOs and other implementing partners, donors, the private sector, and so on) at the global, regional, and country level to achieve results in the most relevant, effective, and efficient manner possible? What have been the comparative advantages and weaknesses of WHO and other key response partners in preparedness, response, and coordination?</p>
<p>EQ5 What have been the main internal and external factors influencing WHO's ability to respond in the most relevant, effective, efficient, and equitable manner possible?</p> <p>(Explanatory factors)</p>	<p>5.1 What have been the main internal factors enabling and inhibiting WHO's ability to respond in the most relevant manner possible?</p> <p>5.2 What have been the main external factors enabling and inhibiting to influence WHO's ability to respond in the most effective manner possible?</p> <p>5.3 To what extent has WHO monitored its performance and the factors affecting it, learned from this information and knowledge, and fed these sources of learning into its ongoing response?</p>

Methodology

16. The evaluation will rely on a mix of qualitative and quantitative methods, including secondary analysis of documentation and datasets, coupled with primary data collection through interviews, focus groups and surveys as deemed necessary, and any other data collection methods identified during the inception phase. Key stakeholder groups include: WHO staff working directly on the COVID-19 response in Ukraine and those supporting them; the Government of Ukraine; representatives of donor agencies; United Nations partner agencies; nongovernmental organizations, civil society organizations, and other partners; and, whether directly (through primary data collection) or indirectly (through secondary or tertiary data analysis), and as much as possible representatives of the population. It is expected that data collection will be undertaken on-site in Ukraine, although additional data collection can be conducted remotely as necessary.

Deliverables

17. At the outset of the exercise, the evaluation team will develop an **inception report**, following the principles set forth in the *WHO Evaluation Practice Handbook* and the *UNEG Norms and Standards for Evaluation and Ethical Guidelines for Evaluation*. The inception report will include a rigorous and transparent methodology to address the evaluation questions. The evaluation team will adhere to WHO cross-cutting evaluation strategies on gender, equity, vulnerable populations and human rights and include to the extent possible disaggregated data and analysis.
18. The inception report will also provide a detailed stakeholder analysis and a clear indication of which stakeholder groups will be consulted and engaged in the evaluation process, and the approaches and strategies that will be used to identify and reach out to those stakeholder groups. In addition, it will include an evaluation matrix that identifies the overarching data collection methods and specific data sources that will be used to answer each evaluation (sub)question.
19. **The evaluation report** will likewise be based on the quality criteria defined in the *WHO Evaluation Practice Handbook*. It will present the evidence found through the evaluation in response to all evaluation criteria, questions and issues raised. It should be relevant to decision-making needs, written in a concise, clear and easily understandable language, of high scientific quality and based on the evaluation information without bias. The evaluation report will include an executive summary and evidence-based conclusions and recommendations directly derived from the evaluation findings and addressing all relevant questions and issues of the evaluation. Once finalized, the evaluation report will be posted on the WHO Evaluation Office website (www.who.int/about/evaluation/en/), in keeping with the WHO Evaluation Policy (2018).
20. The management response to the evaluation recommendations will be prepared by those to whom the recommendations are directed – i.e., the WCO Ukraine, EURO, the WHO Health Emergencies Programme, or other operational units of the Organization. The management response will be posted on the WHO Evaluation Office website along with the evaluation report. Dissemination of evaluation results and contribution to organizational learning will be ensured at all levels of the Organization, as appropriate.

Evaluation management

21. In order to ensure the independence and credibility of the evaluation, this evaluation will be managed by the WHO Evaluation Office. A senior member of the WHO Evaluation Office will serve as Evaluation Manager. The WHO Evaluation Office will provide overall quality assurance of the evaluation in adherence with United Nations Evaluation Group (UNEG) norms and standards, including maximum independent and impartiality of the evaluation. In this vein, the Evaluation Manager and/or others from the WHO Evaluation Office might accompany the selected evaluation team on its data collection mission and contribute to data collection and data analysis in other ways as it deems necessary in light of the specific requirements elucidated during the inception phase. The WCO Ukraine will nominate a focal point, who will ensure that all the relevant documents are provided to the evaluation team in a timely manner, and administrative support in scheduling interviews with the national stakeholders are provided.
22. An evaluation reference group (ERG) will be established in order to ensure the evaluation's relevance, accuracy and utility while still ensuring that it is conducted in an objective, independent and impartial manner. The role of the ERG will be to advise on process and to provide feedback on key evaluation deliverables (i.e., the inception report and draft report). The ERG will be comprised of 7-8 members, and include relevant staff as follows: 3-4 representatives from WHO Country Office in Ukraine, 1-2 representatives from EURO

and 1-2 representatives from WHO Health Emergencies programme at headquarters. The ERG will be chaired by a representative of the WHO Evaluation Office, in keeping with its role in providing overall quality assurance and ensuring an optimal level of independence, impartiality and objectivity in the evaluation and transparency and good practice in the management response process.

Evaluation team

23. The evaluation will be conducted by two or more consultants with extensive experience in the evaluation of humanitarian response, specifically in the context of health emergencies and preferably with experience in the evaluation of health emergencies and/or of health interventions in humanitarian emergencies. In particular, the team should preferably include at least one member with a background in public health, or health system response in health emergencies. The evaluation team leader will have significant experience leading such large, complex evaluations in emergency settings; demonstrated history of positive, flexible, and collaborative client relations; and a thorough understanding of gender, equity, and human rights issues in relation to public health response. S/He will be responsible for the overall conduct of the evaluation under the guidance of the Evaluation Manager in the WHO Evaluation Office. Direct experience evaluating the work of WHO will be a highly desirable attribute of the team broadly, although it is not required of every individual team member proposed. Knowledge of Russian or Ukrainian on the evaluation team is desirable but not necessary.

Evaluation timeline

24. The evaluation will begin in August 2021 and the finalized evaluation report must be issued to key stakeholders by end January 2022. Key milestones of the evaluation are provided in Table 3.

Table 3: Evaluation timeline¹⁹

Key milestones	Date
ToR finalized	23 June 2021
RFP and contracting completed	20 August 2021
Draft inception report produced	14 September 2021
Final inception report	24 September 2021
Completion of data collection	12 November 2021
First report draft	14 December 2021
Presentation of report to ERG	18 January 2022
Final report	28 January 2022
Presentation of report to EURO/HQ WHE management	3 February 2022
Dissemination and management response	February- March 2022

¹⁹ Dates to be adjusted at the inception phase.

Annex 2 Evaluation matrix

Evaluation sub-questions	Indicator / measure	Main source of information						
EQ 1 - How well aligned has WHO's support to the COVID-19 response in Ukraine been with the stated needs of the government, the specific needs of the affected population, and with WHO's broad approach to humanitarian action and health emergencies in light of the GPW13 and the SDGs as well as its normative guidance on health emergencies? (<i>Relevance, Appropriateness</i>)		Doc. re- view	Key informant interviews					
			WHO	GoU	Nation. Instit.	Donors	UN agen- cies	Other part- ners
1.1 What preparedness measures were in place at the onset of COVID-19, what was WHO's role in establishing these preparedness measures, and how adequate were these measures as a means of bracing the country for COVID-19?	<ul style="list-style-type: none">- Breadth and depth of preparedness activities activated and role of WHO in this process.- Period between identification of needs and establishment of operational capacity to respond.- Nature of preparedness activities suitable for COVID19 response in Ukraine.- Indication of best practices and lessons learned in terms of preparedness measures.	●	●	●	●	●	●	●
1.2 How well aligned has WHO's COVID-19 response been with the needs of the Government, affected population and WHO's broad approach to humanitarian action and health emergencies?	<ul style="list-style-type: none">- Presence of a robust theory of change/results framework with targets expressed in terms of objectives and achievements.- Clear linkages between response priorities and most important needs in the country as identified in the simulation exercise (SIMEX) and Intra-Action Review.- Evidence that affected population needs are taken into account in programming and implementation.- Evidence that relevant WHO organisational policies on humanitarian action and health emergencies were considered and followed when appropriate.	●	●	●	●	●	●	●
1.3 To what extent has WHO's COVID-19 response been explicitly informed by an analysis of the most salient dimensions of heightened (or differential) vulnerability across specific subpopulations (e.g., along gender, geographical, social, or other meaningful lines)?	<ul style="list-style-type: none">- Evidence that vulnerability assessments have informed the design and implementation of response actions.- Quality of the gender analysis and inclusive approaches that underlies the WHO COVID-19 response in Ukraine.- Evidence that WHO policies and strategies have been based on the vulnerability analysis of the needs	●	●	●	●	●	●	●

Evaluation sub-questions	Indicator / measure	Main source of information						
1.4 How consistently and systematically has WHO undertaken reliable ongoing monitoring and situation analysis as a means of assessing needs and adapting its response accordingly?	<ul style="list-style-type: none"> - Evidence that continuous assessment of changing needs/opportunities vs WHO activities and progress - Key milestones of the emergency response were monitored and responded to (e.g., the evolving capacity of government and partners, and the evolving needs of people affected) 	●	●	●				

Evaluation sub-questions	Indicator / measure	Main source of information						
EQ 2 - What results has WHO's support to the COVID-19 response in Ukraine produced? (Effectiveness, Impact)		Doc. re-view	Key informant interviews					
			WHO	GOU	Nation. Instit	Donors	UN agencies	Other partners
2.1 To what extent have planned objectives and outcomes been achieved by WHO's COVID-19 response in relation to the WCO's response plan?	<ul style="list-style-type: none"> - WHO's key achievements in the COVID-19 response since its onset. - Achievement of indicator targets per the Ukraine Master Logframe, all COVID-related awards aligned to CPRP (SPRP pillars) - Timeliness of delivery of the various phases of the response. - Perception of beneficiaries and stakeholders on the effectiveness of WHO COVID19 Response in Ukraine. 	●	●	●	●	●	●	●
2.2 To what extent has WHO's COVID-19 response in Ukraine produced unintended outcomes (positive or negative) and how has it managed these as it has had to adapt to the "new reality" of a prolonged response?	<ul style="list-style-type: none"> - Identification of response unintended outcomes on: <ul style="list-style-type: none"> o WCO operations o Internal functioning o Standard (non-COVID) areas of work o Staff - Breadth and depth of application of lessons learned from projects under WHO COVID-19 response that have ended 	●	●	●	●	●	●	●
2.3 How well has WHO adapted its response to changing needs and conditions ?	<ul style="list-style-type: none"> - Perception of beneficiaries and stakeholders on WHO adaptive capacity. - Evidence from documents, e.g., progress reports (revisions suggested) and project descriptions (under an analysis of lessons from earlier activities) 	●	●	●	●	●	●	●
2.4 Have there been any differential results in response effectiveness across	- See indicators measure under EQ3.3 (questions overlap)							

various sub-populations, as per EQ1.3 above or otherwise?									
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Evaluation sub-questions	Indicator / measure	Main source of information						
EQ 3 - To what extent have WHO's interventions reached all segments of the affected population, including the most vulnerable? (Coverage)		Doc. review	Key informant interviews					
			WHO	GOU	Nation. Instit	Donors	UN agencies	Other partners
3.1 What overall level of coverage has been achieved through WHO support to preventive, diagnostic, curative, and palliative aspects of the response?	- Number, locations, and proportion of population reached out during the period under evaluation disaggregated by different aspects of the response	●	●	●				
3.2 How has humanitarian response been affected by the virus?	- Extent to which activities of WCO on humanitarian response were affected by COVID19 (i.e., in terms of effectiveness, coverage, resources, etc.) - Contingency plans adopted (reallocation of resources, strategic decisions, etc.)	●	●	●		●		
3.3 To what extent has WHO's interventions reached the most vulnerable groups ²⁰ ?	Evidence that the vulnerable groups listed below have been reached: <ul style="list-style-type: none"> ○ Healthcare workers/frontline staff ○ People experiencing homelessness ○ People living in overcrowded housing, collective sites, informal settlements, and slums ○ People living in poverty ○ People living in rural and remote locations ○ Forcibly displaced people ○ People with disabilities ○ People living in closed facilities Contextual constraints affecting the reach of the most vulnerable groups	●	●	●	●	●	●	●

²⁰ Vulnerable Groups were identified based on the WHO Interim Guidance 'Actions for consideration in the care and protection of vulnerable population groups for COVID-19' (<https://apps.who.int/iris/handle/10665/333043>, accessed October 23, 2021)

Evaluation sub-questions	Indicator / measure	Main source of information							
3.4 What overall level of coverage has been achieved through WHO support geographically?	Coverage levels of WHO COVID19 Response: <ul style="list-style-type: none">○ across Ukrainian Oblasts○ within the Eastern Conflict Area (ECA)○ rural/remote areas	●	●	●	●	●	●	●	●
3.5 What if any outstanding coverage gaps remain?	Strategies employed to cover gaps existing in terms of: <ul style="list-style-type: none">○ geographical reach○ specific subpopulations○ specific thematic areas Facts vs myths on real/perceived inequalities in COVID19 vulnerability	●	●	●	●	●	●	●	●
EQ 4 - What have been the main internal and external factors influencing WHO’s ability to respond in the most relevant, effective, efficient, and equitable manner possible? <i>(Explanatory factors)</i>		Doc. review	Key informant interviews						
			WHO	GOU	Nation. Instit	Donors	UN agencies	Other partners	NGOs/ private sector
4.1 What have been the main internal factors enabling and inhibiting WHO’s ability to respond in the most relevant manner possible?	In particular considering: <ul style="list-style-type: none">○ Models of internal leadership and coordination at the country level.○ Deployment of staff in a timely manner to respond to the COVID19 emergency efficiently.○ Personnel requested vs personnel deployed (by profile/position and location) in the WCO IMS.○ Evidence that WHO employees were able to use their skills, knowledge, and experience in the response.○ Evidence of clarity and consistency of roles, responsibilities for decision making in COVID19 response across all levels (country, regional and HQ).○ Effective supervision and support by WHO HQ and WHO EURO.	●	●	●	●	●			
4.2 What have been the main external factors enabling and inhibiting to influence WHO’s ability to respond in the most effective manner possible?	Identification of key external events and decision-taking processes during the response. External factors to consider: <ul style="list-style-type: none">○ Political environment○ Capacity of national counterparts○ Infrastructure (adequate facilities, access to internet, electricity, computers)	●	●	●	●	●	●	●	●

Evaluation sub-questions	Indicator / measure	Main source of information						
	<ul style="list-style-type: none"> ○ Mobilisation ○ Access to NGCAs ○ Other 							
4.3 To what extent has WHO monitored its performance and the factors affecting it, learned from this information and knowledge, and fed these sources of learning into its ongoing response?	<ul style="list-style-type: none"> - Availability of clear and transparent monitoring, feedback, and adaptation mechanisms. - Operational learning pathways based on the information and knowledge gained during the response. - Identified best practices/lessons learned. - 	●	●	●	●	●		

Evaluation sub-questions	Indicator / measure	Main source of information						
EQ 5 - How successfully has WHO harnessed the resources at its disposal (including financial, human, physical, intellectual, organizational, and political capital, as well as partnership) to achieve maximum results in the COVID-19 response in Ukraine in the timeliest and most efficient manner possible? (Efficiency, Coordination, Coherence)		Doc. review	Key informant interviews					
			WHO	GOU	Nation. Instit	Donors	UN agencies	Other partners
5.1. How rapidly was WHO able to mobilize, scale-up, and provide support in a timely, well-prioritized manner?	<ul style="list-style-type: none"> - Extent to which WHO's external and internal resource mobilization and resource allocation systems allowed it to respond flexibly and in a timely way to the needs of the pandemic in Ukraine - Support provision procedures and timelines are in place and operational 	●	●	●	●	●	●	●
5.2. How well has the Organization worked as One WHO to harness its collective financial, human, physical, intellectual, organizational, and political capital to achieve results in an efficient, linked-up manner across all three levels of the Organization?	<ul style="list-style-type: none"> - Institutional mechanisms guiding the response at country/regional/global levels and their strengths and weaknesses 	●	●	●	●			
5.3. To what extent have key financing vehicles incentivized a One WHO and One UN approach as intended?	<p>Evidence that key financing vehicles employed promoted a One WHO and One UN approach in particular in terms of:</p> <ul style="list-style-type: none"> ○ Individual and pooled donor funds ○ Emergency response funds ○ Solidarity Response Fund 	●	●	●		●	●	
5.4. Given the inputs invested in preparedness and response efforts and the results achieved to date, how cost-effective has	<ul style="list-style-type: none"> - Funds utilization rate of COVID19 Workplan (overall/per pillar). 	●	●	●	●	●	●	●

Evaluation sub-questions	Indicator / measure	Main source of information							
WHO's COVID-19 work in Ukraine been over time?	<ul style="list-style-type: none"> - Perception of stakeholders on the level of funding, timeliness, and correlation with WCO performance. - Costs ratios for various roles WHO has played in the response (e.g., normative, technical, implementation and convening roles). - Cost-effectiveness analysis of staff deployment to deliver the response. - Economy of logistics and supply chains. - Changes in cost efficiency over time. - Efforts made to avoid duplication and coordinate the provision of services. - Other innovative measures taken to improve efficiency. 								
5.5. How effectively has WHO partnered with other entities at the global, regional, and country level to achieve results in the most relevant, effective, and efficient manner possible?	<ul style="list-style-type: none"> - Types of coordination mechanisms for COVID-19 preparedness and response between WHO and other stakeholders - Rationale, scope, and objectives of coordination mechanisms - Perceived effectiveness of coordination 	●	●	●	●	●	●	●	●
5.6. What have been the comparative advantages and weaknesses of WHO and other key response partners in preparedness, response, and coordination?	<ul style="list-style-type: none"> - Explicit elements of WHO's comparative advantage and/or weaknesses in: <ul style="list-style-type: none"> ○ Preparedness ○ Response ○ Coordination - Identified best practices and lessons learned 	●	●	●	●	●	●	●	●

Annex 3 List of documents reviewed

The Evaluation Team reviewed around 60 documents across four categories of requested information. This Appendix provides an overview of the primary documents referenced for the evaluation report, according to the information category and title of the document as received by WHO.

#	Information Sourced	Information Category
1.	"European Programme of Work 2020-2025: United Action for Better Health", WHO Regional Office for Europe. Retrieved October 19, 2021, from https://apps.who.int/iris/handle/10665/339209 .	WHO Strategic Docs
2.	"The Thirteenth General Programme of Work, 2019–2023", WHO, 25 May 2018. Retrieved October 19, 2021, from https://www.who.int/about/what-we-do/thirteenth-general-programme-of-work-2019---2023	WHO Strategic Docs
3.	"COVID-19 Strategic preparedness and response plan", Geneva: World Health Organization; 2021. Retrieved October 19, 2021, from https://www.who.int/publications/i/item/WHO-WHE-2021.02	WHO Strategic Documents
4.	"UKRAINE: EMERGENCY RESPONSE PLAN FOR THE COVID-19 PANDEMIC", UN OCHA, March 2020. Retrieved October 19, 2021, from https://www.humanitarianresponse.info/en/operations/ukraine/document/ukraine-2020-humanitarian-response-plan-covid-19-pandemic	WHO Strategic Documents
5.	"Ukraine: 2021 Humanitarian Response Plan", United Nations Office for the Coordination of Humanitarian Affairs, 15 Feb 2021	WHO Strategic Documents
6.	"Ukraine: 2020 Humanitarian Response Plan (HRP)", United Nations Office for the Coordination of Humanitarian Affairs, 29 Jan 2020	WHO Strategic Documents
7.	"Ukraine: 2019 Humanitarian Response Plan (HRP)", United Nations Office for the Coordination of Humanitarian Affairs, 31 Jan 2019	WHO Strategic Documents
8.	"Biennial Collaborative Agreement (BCA) 2022-2023", Linkage of the BCA with national and international strategic frameworks for Ukraine, WHO Regional Office for Europe. Retrieved from https://www.euro.who.int/en/countries/ukraine/areas-of-work/biennial-collaborative-agreement-bca-2022-2023#523503	WHO Strategic Documents
9.	"Biennial Collaborative Agreement (BCA) 2022-2023", Description of the Biennial Collaborative Agreement, WHO Regional Office for Europe. Retrieved from https://www.euro.who.int/en/countries/ukraine/areas-of-work/biennial-collaborative-agreement-bca-2022-2023#523503	WHO Strategic Documents
10.	"Biennial Collaborative Agreement (BCA) 2022-2023", GPW 13 prioritized outcomes and links to EPW and the 2030 Agenda in Ukraine, WHO Regional Office for Europe. Retrieved from https://www.euro.who.int/en/countries/ukraine/areas-of-work/biennial-collaborative-agreement-bca-2022-2023#523503	WHO Strategic Documents
11.	"Biennial Collaborative Agreement between the Government of Ukraine and the Regional Office for Europe of the World Health Organization 2020/2021", 5 November 2020. Retrieved from	WHO Strategic Documents

	https://www.euro.who.int/en/countries/ukraine/news/news/2020/11/whoeurope-and-ukrainian-government-sign-biennial-collaborative-agreement-for-2020-2021	
12.	"Strategy to Achieve Global Covid-19 Vaccination by mid-2022", 6 October 2021, COVID-19: Scientific briefs, Strategy to Achieve Global Covid-19 Vaccination by mid-2022, WHO. Retrieved from https://www.who.int/publications/m/item/strategy-to-achieve-global-covid-19-vaccination-by-mid-2022	WHO Strategic Documents
13.	"The Roadmap (NDVP) to the introduction of a vaccine against the acute respiratory disease COVID-19 caused by the novel coronavirus SARS-CoV-2, and implementation of mass vaccination in response to the COVID-19 pandemic in Ukraine for 2021-2022 (being updated)", APPROVED by order of the Ministry of Health of Ukraine, December 24, 2020 № 3018 (as amended by the order of the Ministry of Health of Ukraine, Version of 08.07.2021. Retrieved from https://govtribe.com/file/government-file/ndvp-with-amendments-july-2021-eng-dot-pdf-1	WHO Strategic Documents
14.	"Eastern Ukraine Donetsk & Luhansk Oblasts GCA Public Health Situation Analysis (PHSA) – Long-form", Last update: 28 January 2021, WHO INTERNAL/EXTERNAL VERSION, Health situation analysis initiated by WHO Country Office	WHO Strategic Documents
15.	"Emergency response framework (ERF)", 2nd edition, 13 June 2017, Publication, Emergencies Preparedness, World Health Organization	Others
16.	"WHO CO in Ukraine project on Quality Assessment for Personal Protective Equipment produced by Ukrainian manufacturers", <i>Summary of WHO Activities per month</i> , November 2020 - March 2021	WHO Progress Reports
17.	"EU COVID-19 Solidarity Programme for the Eastern Partnership for 2020", WHO Country Office, <i>Project Phase 3 Achievements Progress Report</i> , April 2021-August 2021	WHO Progress Reports
18.	"The Solidarity for Health Initiative" ADDRESSING THE COVID-19 PANDEMIC AND BUILDING A RESILIENT HEALTH SECTOR IN THE EASTERN PARTNERSHIP, <i>Mid-Term Progress Report</i> , WHO Regional Office for Europe	WHO Progress Reports
19.	"Solidarity For Health Initiative", <i>Spotlight Progress Report Ukraine</i> , April-August 2020, 24 September 2020, WHO Regional Office for Europe	WHO Progress Reports
20.	"Solidarity For Health Initiative", <i>Spotlight Progress Report Ukraine</i> , September-December 2020, 31 December 2020, WHO Regional Office for Europe	WHO Progress Reports
21.	COVID-2019 Preparedness and Response WHO Country Office in Ukraine <i>"Summary of activities"</i> , January-March 2020, WHO Regional Office for Europe	WHO Progress Reports
22.	COVID-2019 Preparedness and Response WHO Country Office in Ukraine <i>"Summary of activities"</i> , April 2020, WHO Regional Office for Europe	WHO Progress Reports
23.	COVID-2019 Preparedness and Response WHO Country Office in Ukraine <i>"Summary of activities"</i> , May 2020, WHO Regional Office for Europe	WHO Progress Reports
24.	COVID-2019 Preparedness and Response WHO Country Office in Ukraine <i>"Summary of activities"</i> , June 2020, WHO Regional Office for Europe	WHO Progress Reports
25.	COVID-2019 Preparedness and Response WHO Country Office in Ukraine <i>"Summary of activities"</i> , July 2020, WHO Regional Office for Europe	WHO Progress Reports

26.	COVID-2019 Preparedness and Response WHO Country Office in Ukraine “Summary of activities”, August 2020, WHO Regional Office for Europe	WHO Progress Reports
27.	COVID-2019 Preparedness and Response WHO Country Office in Ukraine “Summary of activities”, September 2020, WHO Regional Office for Europe	WHO Progress Reports
28.	COVID-2019 Preparedness and Response WHO Country Office in Ukraine “Summary of activities”, October 2020, WHO Regional Office for Europe	WHO Progress Reports
29.	COVID-2019 Preparedness and Response WHO Country Office in Ukraine “Summary of activities”, November 2020, WHO Regional Office for Europe	WHO Progress Reports
30.	COVID-2019 Preparedness and Response WHO Country Office in Ukraine “Summary of activities”, December 2020, WHO Regional Office for Europe	WHO Progress Reports
31.	COVID-2019 Preparedness and Response WHO Country Office in Ukraine “Summary of activities”, January 2021, WHO Regional Office for Europe	WHO Progress Reports
32.	COVID-2019 Preparedness and Response WHO Country Office in Ukraine “Summary of activities”, February 2021, WHO Regional Office for Europe	WHO Progress Reports
33.	COVID-2019 Preparedness and Response WHO Country Office in Ukraine “Summary of activities”, March 2021, WHO Regional Office for Europe	WHO Progress Reports
34.	COVID-2019 Preparedness and Response WHO Country Office in Ukraine “Summary of activities”, April 2021, WHO Regional Office for Europe	WHO Progress Reports
35.	COVID-2019 Preparedness and Response WHO Country Office in Ukraine “Summary of activities”, May 2021, WHO Regional Office for Europe	WHO Progress Reports
36.	COVID-2019 Preparedness and Response WHO Country Office in Ukraine “Summary of activities”, June 2021, WHO Regional Office for Europe	WHO Progress Reports
37.	“WHO Behavioural insights (BI) on COVID-19 in Ukraine”, Wave 11 data collection: March 20-22, 2021, WHO Regional Office for Europe	WHO Pillars
38.	“Taking a Multisectoral, One Health Approach: A Tripartite Guide to Addressing Zoonotic Diseases in Countries”, <i>Simulation exercises to test the effectiveness of coordination, communication risk, and mechanisms of response to zoonoses in Ukraine</i> , The Food and Agriculture Organization of the United Nations, The World Organisation for Animal Health, The World Health Organization, 2019	WHO Pillars
39.	“Public Health & Social Measures Enforcement Monitoring during lockdown in January 2021”	WHO Pillars
40.	“Establishment of a Public Health Emergency Operations Centre in Ukraine”, <i>Final Report</i> , July 2021	WHO Pillars
41.	“Genomic sequencing of SARS-CoV-2: a guide to implementation for maximum impact on public health”, 8 January 2021, <i>COVID-19: Laboratory and diagnosis</i> , WHO Headquarters (HQ)	WHO Pillars
42.	“Action Plan of implementation of the strategy to scale up laboratory capacity in response to COVID-19 emergency in Ukraine”	WHO Pillars
43.	“Strategy to scale up laboratory capacity in response to COVID-19 emergency in Ukraine”, <i>Policy document</i> , May 2020	WHO Pillars
44.	“Supporting improvement of infection prevention and control at national and facility levels in Ukraine during the COVID-19 pandemic in 2021”, <i>Report</i> , 2020, The Regional Office for Europe of the World Health Organization	WHO Pillars
45.	“WHO initial findings and recommendations from the initial phase of the All-Ukraine Audit on oxygen therapy capacities and needs at national	WHO Pillars

	level”, 29 January 2021, WHO Country Office Ukraine, WHO Regional Office for Europe	
46.	“All-Ukrainian audit of oxygen therapy possibilities in basic hospitals performing inpatient treatment of patients with coronavirus disease caused by SARS-CoV-2 virus”, <i>Presentation of findings</i> , WHO Country Office in Ukraine, 2021	WHO Pillars
47.	“COVID-19 in Donetsk Oblast (GCA) Hospital Readiness and Capacity Assessment January – March 2021”, <i>Rapid Assessment</i> , Health Cluster Ukraine, WHO, 2021	WHO Pillars
48.	“Standard Operating Procedures (SOP) for Operations Support and Logistics (OSL) for Ukraine Covid19 emergency response”, <i>5th Version</i> , 20 September 2021, WHO Country Office in Ukraine	WHO Pillars
49.	“Strategic focus of OSL for Ukraine”, <i>Strategy Brief</i> , 15 September 2021, WHO Country Office in Ukraine	WHO Pillars
50.	“1st round. Regional enforcement monitoring of Public Health and Social Measures (PHSM) during the national lockdown period in January 2021”, <i>Analytical Report</i> , January 2021, Kyiv International Institute of Sociology (KIIS)	WHO Pillars
51.	“2nd round. Monitoring of compliance with security measures during the lockdown in May 2021”, <i>Analytical Report</i> , May 2021, Kyiv International Institute of Sociology (KIIS)	WHO Pillars
52.	“The performance of primary health care during the COVID-19 pandemic”, <i>Results of a survey amongst 250 facilities in March-April 2021 in Ukraine</i> , 2021, WHO	WHO Pillars
53.	“Strengthening the primary care response to coronavirus disease 2019 (COVID-19) and essential health services in Ukraine”, <i>Summary draft for discussion and policy dialogue</i> , WHO	WHO Pillars
54.	“IMS Financial Implementation Report”, <i>Progress status against pillars</i> , 2020-2021, WHO Country Office in Ukraine	WHO Programming Documents
55.	“Support to regions. Pillar Activities”, <i>Mapping Table</i> , WHO, 2021	WHO Programming Documents
56.	“WHE Ukraine Master Logframe”, <i>Logframe</i> , 1 January 2021 - 1 December 2021, WHO	WHO Programming Documents
57.	“WCO Emergency Response Organigram in Ukraine”, <i>Organigram</i> , 2021, WHO Country Office in Ukraine	WHO Programming Documents
58.	“Mass Gatherings COVID-19 Case Study”, <i>Draft Report</i> , WHO Country Office in Ukraine, 2021	WHO Pillars

Annex 4 List of respondents

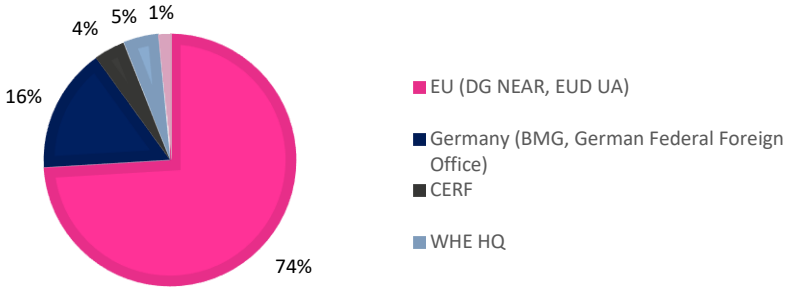
The summary table provided for Annex 2 is anonymized to ensure confidentiality of interviewed stakeholders. Key stakeholder groups include: WHO staff working directly on the COVID-19 response in Ukraine and those supporting them; the Government of Ukraine; representatives of donor agencies; United Nations partner agencies; non-governmental organizations, civil society organizations, and other partners. Due to COVID-19 restrictions KIIs were conducted both remotely and in person as stipulated in the Inception Report.

Category of Stakeholders	Organization/Agency Engaged	No. of consulted stakeholders (individuals)
WHO CO	WHO Representative, WHO Emergency Programme Lead, Technical Officers/Clusters Coordinators, Pillar Leads, Field Officers in the ECA: Severodonetsk and Mariupol (GCA) and Donetsk and Luhansk (NGCA)	22
WHO EURO		1
WHO HQ		2
National Health Authorities	Ministry of Health, Public Health Centre of the Ministry of Health of Ukraine (UPHC), National Health Service of Ukraine (NHSU), Expert Group on Emergency Medicine	14
Other Ministries	Ministry for Digital Development, Digital Transformations and Digitization	1
Inter-ministerial bodies	National Security Council, Cabinet of Ministers of Ukraine, Prime Minister Office, Office of the President	4
Regional authorities	Chernivtsi Oblast Departments of Health& Oblast Emergency Medical Services; Dnipro Oblast Departments of Health & Oblast Emergency Medical Services; Donetsk Oblast State Administration; Kyiv City State Administration (KMDA); Lugansk Oblast State Administration; Odesa Oblast Departments of Health& Oblast Emergency Medical Services; Poltava Oblast Departments of Health& Oblast Emergency Medical Services.	7
UNCT partners	ILO, IOM, OCHA, UNFPA, UNHCR, UNICEF, UN Resident Coordinator Office including DPA, OHCHR	12
Donors	DG NEAR, ECHO, EUD Ukraine, Federal Republic of Germany, SDC, USAID, World Bank	12
INGOs	Centres for Disease Control and Prevention in Ukraine (CDC), The International Foundation for Electoral Systems (IFES), Interpeace, Médecins du Monde (Mdm), Première Urgence Internationale (PUI)	5
CSO/Implementing partners (IP)	Alliance for Public Health, Institute for Peace and Common Ground Institute, NGO Infection Prevention and Control in Ukraine, Ukrainian Red Cross Society	4
Other partners	State Service of Ukraine on Food Safety and Consumer Protection (SSUFSCP)	1
Private Sector	Farmasoft	1
TOTAL KIIs Conducted:		86

Annex 5 Overview of Focus Group Discussions

#	Type of Stakeholder	Location	No. of consulted stakeholders (individuals)
1.	COVID-19 designated hospitals	Chernivtsi	15
2.	Laboratories		3
3.	Prisons		5
4.	Pilots on case investigation and contact tracing		8
5.	COVID-19 designated hospitals	Kyiv	6
6.	Laboratories	Poltava	1
7.	HIV service providers		2
8.	Pilots on outreach on vaccination		2
9.	COVID-19 designated hospitals	Severodonetsk	4
10.	Laboratories		6
11.	COVID-19 designated hospitals	Mariupol	7
12.	Primary health care centres/hospitals	Kramatorsk	6
13.	COVID-19 designated hospital	Dnipro	6
14.	HIV service provider		1
15.	Pilot on outreach on vaccination		3
16.	Primary health care centres	Odesa	11
17.	Pilots on case investigation and contact tracing		1
Total number of consulted stakeholders			87

Annex 6 Evaluation data on WHO work, per pillar

Pillar 1: Country-level coordination, planning and monitoring			
Objectives (as per CPRP)	<ol style="list-style-type: none"> 1. To support establishing a public health emergency operations centre (EOC) to strengthen communications and coordination for effective public health response 2. Develop emergency response plan related to the pandemic spread of infectious diseases and enhance a procedure of interaction of health care facilities during public health emergencies of international concern 3. Support monitoring of COVID-19 response activities at the national/regional level 4. Support coordinated response to Mental Health and Psychosocial Support (MHPSS) needs of the population and its different groups through cross-sectoral MHPSS Working Group established at the national level with the support of UN and WHO in 2015 as a part of the response to humanitarian emergency with the expanded function of response to COVID-19 pandemic 		
Total Pillar's Budget	US\$ 672,969	Budget Utilization Rate (as of Dec 2021)	100%
Funding Sources	 <p>74% 16% 5% 4% 1%</p> <ul style="list-style-type: none"> EU (DG NEAR, EUD UA) Germany (BMG, German Federal Foreign Office) CERF WHE HQ 		
Projects	<ol style="list-style-type: none"> 1. Improving Health Project 2. Support to WHO' SPRP to combat global Novel Coronavirus outbreak 3. EU COVID-19 Solidarity Programme for the Eastern Partnership - Health 4. Translating information to strengthen global and local responses to mass gatherings in the context of COVID-19 5. WHO ACT-A Health Systems Connector Implementation - EURO 6. Support to WHO's SPRP 2021 to combat the global COVID-19 in low resource countries 		
Objective 1	<p>WHO supported establishing an enhanced <u>Emergency Operation Center</u>. The concept of operations, SOPs as well as the working plan was developed under the WHO support. Evaluation interviews indicated that this work is not sustainable as the MoH has recently (October 2021) decided to merge the UPHC-based Emergency Operation Center with the Disaster Medicine Center.</p>		
Objective 2	<p>WHO has assisted the country with the <u>development of the country preparedness and response plan (CPRP)</u> which describes how Ukraine, in collaboration with WHO and other partners, will manage its response to the COVID-19. It describes the objectives, policies, and actions for the response as well as the government authorities and responsibilities to make that response systematic, coordinated, and effective. It was updated by the WHO several times a year. Evaluation feedback of the external stakeholders demonstrated that the CPRP is a useful instrument. However, as this is an emergency response, they feel that it had to be revised more frequently, e.g., every month or bi-monthly. Also, it was mentioned that the CPRP update was delegated to an INGO PATH in the autumn of 2021. <i>'There is no movement there yet. It is like an abandoned child. After the initial work of the WHO, no one has taken responsibility and ownership for this document and no one has been called upon to lead it so that everyone understands how important this document is'</i> (KII, National Health Authorities).</p> <p>WHO supported a <u>multisectoral coordination mechanism and continues to play a leading role in the United Nations health response chairing UN Medical and Health Response Working Group (WG)</u>. Regular meetings of the WG were held on a bi-weekly basis. Collaborative approaches, communication, and consensus provided by the WHO support avoiding duplication of efforts and facilitate effective coordination across partners to target capacities and resources that are needed by the country.</p> <p><u>WHO coordinated with the government counterparts</u>. Weekly communication has been established with the Chief State Sanitary Doctor, National Security and Defence Council of Ukraine to discuss the current situation related to the COVID-19 and the emerging needs. WHO experts were invited to join the working group under the MoH on the investigation of lethal COVID-19 cases among those who have</p>		

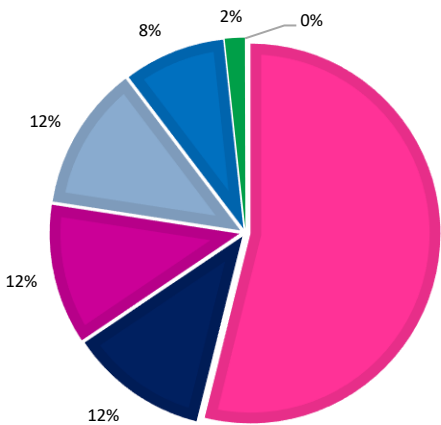
	<p>been vaccinated against COVID-19. The international multidisciplinary group has been created to support the MoH and UPHC to reinforce existing capacities for polio response in Ukraine together with UNICEF and other partners.</p> <p>WHO held <u>regular briefings and coordination within the donor community</u> and provided global, regional, and country updates on COVID-19 situation advice to the embassies on the duty of care issues, operational coordination between all donors.</p> <p>As <u>Health Cluster Lead Agency</u>, WHO chaired <u>37 national coordination meetings</u> during May 2020-December 2021 and facilitated joint work on Humanitarian Program Cycle 2022. In partnership with REACH completed Health Perceptions Assessment in the Government-Controlled Areas (GCA) of Donetsk and Luhanska oblasts and completed the study on the Impact of COVID-19 on essential health services in Donetsk and Luhanska oblasts, GCA.</p> <p><u>In December 2020, WHO launched a peacebuilding project</u> aimed at assisting with peacebuilding support work through peace mapping, community-based dialogue and mediation focusing on health system access and delivery, COVID-19 demystification, and health reforms.</p>
Objective 3	<p>In January 2021, the MoH - with WHO support - conducted the <u>Intra-action review for COVID-19</u> with the participation of more than 130 representatives from government authorities (central and regional level) and UN agencies to identify current best practices, gaps and lessons learned, as well as to propose corrective measures and actions to improve and strengthen the continued COVID-19 response²¹. The results were integrated into the CPRP. <u>The Joint External Evaluation (JEE)</u> was launched in Ukraine in March 2021 to comprehensively assess the country's capacity to prevent, detect and rapidly respond to public health risks in the IHR framework. Under the leadership of the Ministry of Health, 100 representatives from 36 national institutions were involved in the JEE process in Ukraine. The results helped the MoH identify the most critical gaps in IHR implementation, prioritize actions to improve preparedness and response capacities for public health threats and establish a regulatory framework at the strategic and technical level (procedures for routine and emergency operations, technical requirements, and capacities at the points of entry, etc.) to boost core capacities and effective public health response at points of entry.</p>
Objective 4	<p>WHO facilitated the <u>mental health coordination platforms</u> in both humanitarian and development areas: (i) General mental health partners coordination group, where WHO provided a coordination platform and technical guidance to partners, and (ii) Mental Health and Psychosocial Support Technical Working Group (MHPSS TWG) co-chaired by WHO and International Medical Corps under the Health Cluster and aimed at addressing mental health needs of populations affected by the humanitarian crisis in eastern Ukraine.</p> <p>Acting as a co-chair of the MHPSS TWG, WHO conducted a regular mapping of the MHPSS services provided by partners in Donetsk and Luganska oblasts. The <u>MHPSS service map</u>²² was developed to include information on operational presence and referral purposes. The map currently consists of information from partners of Health and Protection Clusters, GBV Sub-Cluster and Child Protection Sub-Cluster. MHPSS TWG together with the Child Protection sub-cluster within the piloting project of "Save the children" held a meeting on strengthening referral pathways for the partners working in the field in psychosocial support response with various target groups. Partners expressed the challenges in the referral mechanisms between non-governmental and governmental organizations and the importance of having a unified referral form. MHPSS TWG updated the service map to support the strengthening of the referral mechanisms for partners operating in the field.</p> <p>The MHPSS TWG facilitated a <u>series of workshops and supervision sessions on addressing MHPSS aspects of the COVID-19 pandemic</u>. WHO in collaboration with UPHC developed and launched the training package "Mental Health and Psychosocial Support during COVID-19 Preparedness, Response and Recovery". It was initially tested in Donetsk and Luhanska oblasts and afterwards roll-out across the country. This training aimed to help the health workers to provide basic psychosocial support to the population, as well as to use stress management techniques at the workplace for the protection of their own well-being. Seven national trainers were prepared and delivered this training package to over 7,000 frontline workers from 300 health care facilities (primary and secondary levels) in all regions of Ukraine. The training package consists of 4 modules. Module 1 and 4 target health service managers to help them build a system of psychosocial support for the population and healthcare workers. Modules 2 and 3 help healthcare workers to identify the psychosocial needs of the population and provide respective care and</p>

²¹ The Intra-Action Review identified five main priorities: (1) development and audit of the regulatory framework for emergency preparedness in public health; (2) development of a National Emergency Preparedness and Response Plan; (3) establishment of a single body responsible for coordinating actions and consolidating information from all parties involved in responding to public health emergencies; (4) development of a risk communication strategy; and (5) development of a training strategy for public health specialists (including epidemiologists, biosafety specialists and others).

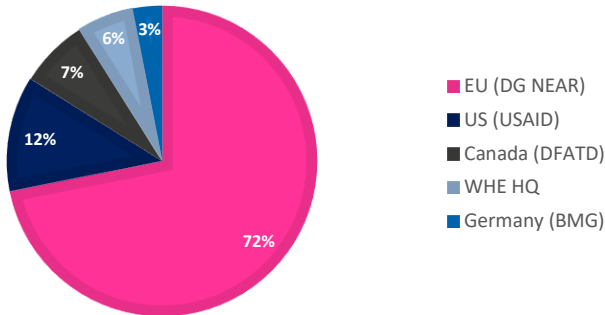
²² www.humanitarianresponse.info/en/operations/ukraine/mental-health-and-psychosocialsupport

	<p>support, as well as take care of their own wellbeing in crisis and emergency settings during the COVID-19 pandemic. As evident from evaluation feedback, this training was perceived as highly useful and the high level of engagement and demand for the training came from PHCs. In addition, the training package 'Mental Health and Psychosocial Support during COVID-19 Preparedness, Response and Recovery' was shared by the WHO with 10 international organisations for overview or implementation in eastern Ukraine.</p> <p>WHO <u>translated and disseminated through its communication channels mental health publications related to stress management and Mental health and psychosocial support (MHPSS) aspects associated with the COVID-19 pandemic</u>. WHO in collaboration with MHPSS TWG launched and continued working on the stress management intervention based on WHO self-help guide 'Doing What Matters in Times of Stress'²³ released in the Ukrainian language. The <u>humanitarian stakeholders received the training for trainers</u>, the follow-up after the training: the scripts for the direct provision of the intervention to beneficiaries of guided self-help and the first supervision has taken place. The guide aimed to equip people with practical skills to help cope with stress, which has become especially relevant for medical staff during COVID-19. Information on the stress-management guide 'Doing what matters in times of stress' in Ukrainian reached more than 150,000 people since the start of the promotion campaign (Facebook organic reach) and 4,500 printed copies were distributed among the employees of medical institutions of Ukraine, PHCs, counselling and diagnostic centres, psychiatric hospitals. WHO adapted into Ukrainian and launched jointly with MoH children's storybook "My Hero is you" to help kids cope with difficulties triggered by COVID-19. New tools and resources on COVID-19 response with MHPSS aspects, developed and approved by Inter-Agency Standing Committee, are regularly disseminated, and translated into Ukrainian in coordination with the partner organizations of the MHPSS technical working group.</p>
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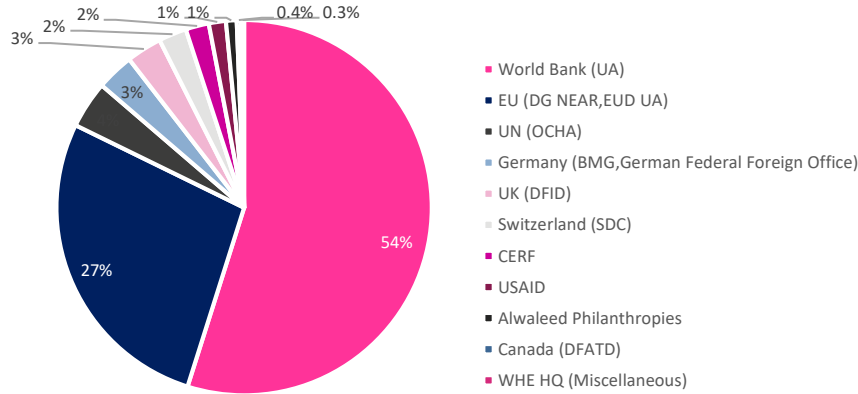
²³ The publication represents a guide on stress management with the purpose to introduce people to simple practical skills that will help coping with stress. The manual can be used both separately and in together with audio exercises, dubbed in Ukrainian language

Pillar 2: Risk communication and community engagement										
Objectives (as per CPRP)	<div>1. Development and implementation of awareness campaigns, messages for the public during the transition period on how to behave; distribute timely information on available services and support for mental health, stress management strategies and new/updated WHO/IACS tools for MHPSS in accessible formats.</div> <div>2. Support the MoH/UPHC in developing a risk communication plan (including for the roll-out of the COVID-19 vaccination campaign).</div> <div>3. Capacity building on strategic COVID-19 communication.</div>									
Total Budget	Pillar's	US\$ 844,110	<div>Budget Utilization Rate (as of Dec 2021)</div> <div>98%</div>							
Funding Sources	<div><table><tr><td>■ EU (DG NEAR, EUD UA)</td></tr><tr><td>■ Germany (BMG)</td></tr><tr><td>■ US (USAID)</td></tr><tr><td>■ UN (UNICEF)</td></tr><tr><td>■ WHE HQ</td></tr><tr><td>■ Germany (German Federal Foreign Office)</td></tr><tr><td>■ Alwaleed Philanthropies</td></tr></table></div>			■ EU (DG NEAR, EUD UA)	■ Germany (BMG)	■ US (USAID)	■ UN (UNICEF)	■ WHE HQ	■ Germany (German Federal Foreign Office)	■ Alwaleed Philanthropies
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Objective 1	<div>WHO launched a video campaign of personal recovery stories that reached 3 million people. Behavioural Insights (BI) study in Ukraine identified a target group with low adherence and low-risk perception related to COVID-19. This case study was included in the Policy framework "Pandemic fatigue – Reinvigorating the public to prevent COVID-19", which addresses demotivation of the population to follow recommended protective behaviours and provides key considerations for the planning and implementation of national and subnational strategies to respond to COVID-19. The resulting Behaviour Change Campaign reached over 6 million people via accessible, public displays of practical COVID-19 information on billboards, city lights, supermarkets in different regions of Ukraine. Furthermore, more than 38 videos on awareness and behavioural change, more than 50 social media cards, including special projects: (i) "Ask WHO" about COVID-19 series; and (ii) "One Day with WHO" series, which explained the organization's goals, which covered 40,000 people; (iii) fighting stigma on COVID-19 among young people with a trusted voice of famous Ukrainian singer covered 15,000 people; (iv) more than 1,5 million leaflets were distributed across Ukraine related to COVID-19 vaccination.</div> <div>Over 22 million people were reached by Ukrainian media with relevant COVID-19 and COVID-19 vaccination evidence-based messages via press releases, press conferences, media comments and interviews. WHO translated to Ukrainian and disseminated the self-help guide "Doing What Matters in Time of Stress" and its messages via social media channels aiming to help people who face difficult times during pandemic to cope with stress and prevent the development or exacerbation of mental health conditions such as depression, the anxiety of sleep problems. Around 140,000 people were reached by these messages.</div>									
Objective 2	<div>The Crisis Communication Framework, including AEFI (Adverse event following immunization), was developed to support the communication process of vaccination in the country, coordination of the framework with the National Vaccination group under UPHC. The evaluation interview</div>									

	<p>demonstrated that WHO and UNICEF in consultation with the MoH have agreed to split the target groups for awareness-raising on COVID-19. WHO took responsibility to focus on health workers, while UNICEF on the general public. WHO conducted three Risk Communication and Community Engagement (RCCE) missions to the three regions (Poltava, Kharkiv, and Cherkasy) to meet the regional authorities to discuss how to strengthen RCCE COVID-19 coordination and to identify the needs of RCCE COVID-19 materials for comms interventions in these regions. WHO also launched the video project “COVID-19 through the eyes of healthcare workers” to support COVID vaccination rollout and adherence to public health measures. The coverage of this project in WHO social media was around 105,000 people. Via media engagement through interviews and comments, WHO shared messages related to Delta and Omicron variants, COVID-19 epidemiologic situation, COVID-19 vaccination roll out in Ukraine focusing on the importance of vaccination to protect healthcare system, vaccination for risk groups, to continue to keep public health and social measures, vaccine safety. At the request of the MoH, WHO helped to prepare leaflets “All about COVID-19 vaccines”, printed out and disseminated 2 million leaflets in vaccination points of all regions of Ukraine.</p> <p>The main external challenges faced by the WHO under this pillar were: (a) difficulties with the empowerment of the national authorities to pay more attention towards communication on COVID-19; (b) huge turnover of communication teams within the national authorities (MoH and UPHC), (c) absence of communication budgets in many public health institutions, and (d) competition among different actors working on COVID-19 Response in the country. <i>‘Often everyone wants to tell and use communication as a PR tool, and coordination suffers from this’ (KII, WHO).</i></p> <p>According to WHO respondents, although the WHO CO in Ukraine has three times more people in the communication unit compared to the majority of WHO offices, WHO does not invest enough in corporate communication at the country level. <i>‘Our funding for communication is entirely coming from donors. Without donor funding, it would be very difficult for us to do communication and visibility work’ (KII, WHO).</i> The evaluation interviews with the external stakeholders showed that the visibility of WHO during the COVID-19 Response was rather low and insufficient. <i>‘WHO is not so visible...everywhere you see only UNICEF. UNICEF is faster and whoever arrives first is remembered... UNICEF experts go on all talk shows, while WHO experts are not going anywhere... As a result, WHO is known only in narrow expert circles’ (KII, National Health Authorities).</i> <i>‘WHO is missing its own specific communication strategy on COVID-19. If the WHO had the opportunity to communicate some basic points on COVID to the general population, it would benefit the WHO both in terms of its effectiveness and attitudes to its activities’ (KII, UNCT).</i></p>
Objective 3	<p>WHO communicated with frontline workers to enhance their safety and health through 18 webinars on PCR testing, oxygen therapy and oxygen supply, IPC reaching 205,000 professionals; 47 training (17 offline and 30 online) to increase the level of COVID-19 vaccination among healthcare workers and the general population. Offline training covered Donetsk GCA, Luhansk GCA, Zakarpattya, Sumy oblasts, Ivano Frankivsk, Odesa, Kharkiv and online training were attended by participants of all regions of Ukraine, totally more than 1,200 healthcare workers from primary and secondary care participated in these training. WHO developed and provided educational materials (8 comprehensive informational packages with around 35 sets of messages) to support targeted awareness campaigns related to COVID-19 response in partnership with the Ministry of Culture and Informational Policy and UPHC. The campaign reached around 240,000 people just on the WHO platforms, and an overall estimated 6 million people on different platforms of the Government. WHO developed video instructions to explain to medical workers and engineer proper use of the biomedical equipment delivered, reaching 70 COVID-19 dedicated healthcare facilities. 4,000 educational posters about the correct usage of medical masks were delivered to 38 HIV/TB focal points across the country of the MoH in the regions to avoid any increase in the risk of transmission associated with the incorrect use of masks.</p>

Pillar 3: Surveillance, rapid-response teams, and case investigation			
Objectives (as per CPRP)	<div>1. To enhance existing surveillance systems to enable monitoring of COVID-19 transmission at the regional level, including active case finding in various contexts, and adapt tools and protocols for contact tracing and monitoring.</div> <div>2. Produce epi situation analysis, health system capacity, monitoring of public health measures, study behavioural insight, etc. on regular basis, produce a projection of transmission and hospitalization for planning purposes.</div> <div>3. Support regional epidemiologic and surveillance capacity through integrated short- and long-term training programs and ensure a strong system to deal with potential communicable disease outbreaks beyond COVID-19.</div>		
Total Pillar's Budget	US\$ 921,658	Budget Utilization Rate (as of Dec 2021)	99%
Funding Sources	<div></div> <div><div>■ EU (DG NEAR)</div><div>■ US (USAID)</div><div>■ Canada (DFATD)</div><div>■ WHE HQ</div><div>■ Germany (BMG)</div></div>		
Projects	<div>1. Support to WHO' SPRP to combat Global Novel Coronavirus outbreak</div> <div>2. Support to WHO’s preparedness and response activities to combat the COVID-19</div> <div>3. EU COVID-19 Solidarity Programme for the Eastern Partnership – Health (First tranche)</div> <div>4. EU COVID-19 Solidarity Programme for the Eastern Partnership Health (Second tranche)</div> <div>5. WHO ACT-A Health Systems Connector Implementation - EURO</div> <div>6. Meeting Urgent Needs to Combat COVID-19 in Ukraine</div> <div>7. Member States Pooled Award for COVID-19 Response</div>		
Objective 1	<p>WHO has delivered IT equipment to 24 epidemiological departments of OLCs throughout Ukraine and the Public Health Center of the Ministry of Health of Ukraine. The delivery included 400 units of IT equipment and 140 Microsoft Office licenses which helped to establish additional workstations and engage more surveillance specialists for data collection and management which is crucial, especially for regions having a high COVID-19 caseload. WHO recruited field epidemiologists in five priority oblasts: Lviv, Ternopil, Odesa, Kharkiv and Chernivtsi to build field epidemiological capacity in these oblasts.</p> <p>WHO has also launched pilots on contact tracing in Chernivtsi, Odesa and Lviv oblasts, using Go.Data app; donated laptops, mobile phones and mobile accessories and trained 146 epidemiologists and 264 PH specialists to support the pilot oblasts in establishing contact tracing for COVID-19. During focus group discussions with participants of the pilots on contact tracing and case investigation, they said that Go.Data provides the ability to quickly exchange data, track how many people have become contacts (and take additional measures in this case), establish contacts with contact persons. <i>‘You can always easily find the right contact while before it was all in paper form and it was difficult... This system allows analysing the data by age, gender, social status, which is important for the implementation of local anti-epidemic measures’.</i> Nevertheless, one of the limitations pointed out is the lack of human resources. <i>‘If you do an epidemiological investigation of each case then the process of working with contacts suffers’.</i></p> <p>The perception of the contract tracing system proposed by the WHO is also very positive at the national level and the GoU is willing to introduce the system of contact tracing across the country. Based on the results of the pilots, the Chief State Sanitary Doctor has issued Decree #7 “On approval of recommendations on tracing, organization of self-isolation and medical supervision of COVID-19 contact persons”. Also, the draft COVID Surveillance Order which includes the contact tracing was prepared by the MoH and planned to be adopted by the end of 2021. However, the costs of the scale-up of the contract tracing system in other oblasts of Ukraine are too high and it would not be possible to cover them from the state budget. <i>‘We</i></p>		

	<p>would need between \$200,000-\$300,000 per region for its launch. We would not be able to do it on our own'. (KII, National Health Authorities). A need to scale-up contract tracing in all regions of Ukraine was emphasized by other respondents, remarking that within the COVID-19 Response only three out of 24 oblasts were covered.</p> <p>Moreover, WHO has been working on establishing IT surveillance for COVID19, placing digital cameras in shopping centres and supermarkets to analyse the adherence to the public health and social measures to stop SARS-CoV-2 transmission introduced by the MoH. The pilot sites were selected in Kyiv and Odesa cities. WHO in partnership with the MoH, UPHC and other partners initiated a technical group to develop Standard Operation Procedure (SOP) to harmonize data sources, standardize indicators and report between different national institutions.</p>
Objective 2	<p>In total, WHO produced over 360 daily situational reports disseminated among national and international stakeholders as a joint WHO/UPHC report in English and Ukrainian as well as a more detailed weekly interactive visualization every Tuesday of the week which was circulated with the daily situation update. Furthermore, WHO supported 12 priority Oblasts (Lviv, Ternopil, Odesa, Chernivtsi, Kharkiv, Vinnytsia, Zhytomyr, Zakarpattia, Chernihiv, Dnipro, Volyn and Donetsk) to conduct analysis and produce monthly epi situation reports. HCW risk factor study has been initiated at the request of UPHC to identify the specifics of the COVID-19 transmission among health workers in Ukraine.</p> <p>The country office conducted 16 waves of Behavioural Insights (BI) surveys and developed an interactive BI dashboard embedded into the UPHC site. The BI surveys' key findings have been regularly uploaded there and were widely circulated among government and other partners including BI technical working group members. WHO carried out COVID-19 epidemic modelling (i.e., epi projections for 3-4 months and two-month projection with vaccination and new variant into consideration) to support the GOU in planning and decision-making on public health measures to combat the COVID-19 epidemic. The projections were made on epidemiological data modelling and utilization of the WHO Adapt Surge Planning Support Tool which allowed visualizing the surge capacity needs in the number of beds required; the dates of predicted bed shortages; the detailed human resources required. The projections were considered by NHSU in contracting surge capacity and preparing for the next COVID-19 waves. Evaluation interviews demonstrate that WHO has put insufficient efforts to build up the capacity at the national level to produce analytics or forecasts for the development of COVID-19 by the national health authorities. <i>'Currently, it is done purely by the WHO. MoH through partners purchases forecasting and analytics services from private companies, which are very expensive. This issue has been raised several times, but no attempts have been made to transfer or expand the capacity of the national institutions so that they can make such projections and analyses on their own'.</i> (KII, National Health Authorities).</p>
Objective 3	<p>WHO organized 5 webinars on epi data flow, criteria for hospitalization, use of Ag-RDT, creating maps using Epi-info; more than 900 participants attended. WHO has launched the WHO-UPHC E-Learning platform (https://portal.phc.org.ua/uk). This joint educational platform contains comprehensive courses for professionals working on COVID-19 response and other public health fields on COVID-19 surveillance, COVID-19 epidemiology, IPC within COVID-19 outbreak, Application of EIDSS for COVID-19 data management and Go.Data (field data collection, chains of transmission and contact follow-up software). In addition, a new Ukrainian page has been also created under OpenWHO global learning platform with newly developed and translated courses in the Ukrainian language.</p>

Pillar 5: National laboratories																											
Objectives (as per CPRP)	1. Conduct assessments of laboratories involved in COVID-19 diagnostics using WHO Lab Assessment Tool and map PCR capacities existing in public health 2. Improve COVID-19 safety and testing service delivery 3. Enhance human resource capacities on real-time PCR and biosafety in laboratories 4. Support building Whole Genome Sequencing capacity																										
Total Pillar's Budget	US\$ 13,779,005	Budget Utilization Rate (as of Dec 2021)	100%																								
Funding Sources	 <table><thead><tr><th>Funding Source</th><th>Percentage</th></tr></thead><tbody><tr><td>World Bank (UA)</td><td>54%</td></tr><tr><td>EU (DG NEAR, EUD UA)</td><td>27%</td></tr><tr><td>UN (OCHA)</td><td>3%</td></tr><tr><td>Germany (BMG, German Federal Foreign Office)</td><td>3%</td></tr><tr><td>UK (DFID)</td><td>2%</td></tr><tr><td>Switzerland (SDC)</td><td>2%</td></tr><tr><td>CERF</td><td>1%</td></tr><tr><td>USAID</td><td>1%</td></tr><tr><td>Alwaleed Philanthropies</td><td>0.4%</td></tr><tr><td>Canada (DFATD)</td><td>0.3%</td></tr><tr><td>WHE HQ (Miscellaneous)</td><td>0.3%</td></tr></tbody></table>			Funding Source	Percentage	World Bank (UA)	54%	EU (DG NEAR, EUD UA)	27%	UN (OCHA)	3%	Germany (BMG, German Federal Foreign Office)	3%	UK (DFID)	2%	Switzerland (SDC)	2%	CERF	1%	USAID	1%	Alwaleed Philanthropies	0.4%	Canada (DFATD)	0.3%	WHE HQ (Miscellaneous)	0.3%
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Objective 1	WHO conducted an assessment of the 30 largest state laboratories at the frontline of COVID-19 diagnostics using WHO Laboratory Assessment Tool for laboratories implementing COVID-19 testing (LAT). The assessment reveals strengths and suboptimal procedures in basic quality and biosafety requirements as well as needs in laboratory equipment, reagents, and consumables. Recommendations to strengthen the laboratory capacities and optimize the corresponding processes were provided. <i>‘WHO helped a lot technically, in particular, to gather the needs not only for PPEs but also for test systems and consumables for laboratory diagnostics’ (KII, National Health Authorities).</i>																										
Objective 2	WHO supported the MoH and UPHC in drafting the Ukraine national Strategy on the COVID-19 laboratory testing scaling-up operations and the Action Plan to implement the Strategy. Both strategic documents were consulted with partners like UNICEF, the US CDC, and the WB. Although the strategy was never adopted officially in Ukraine, due to the close coordination of the WHO senior management team with the Minister of Health, the Chief Sanitary Doctor and the President's Office, it was agreed and followed by the national health authorities. <i>‘There is a very particular way of governance in Ukraine... this country sometimes is led by informal agreements and PowerPoint presentations’ (KII, WHO).</i> In addition, several comments were provided to the draft legislation on biosafety and biosecurity developed by the MoH WG to align definitions and other norms with WHO Guidelines on Laboratory Biosafety and Biosecurity and other international standards.																										

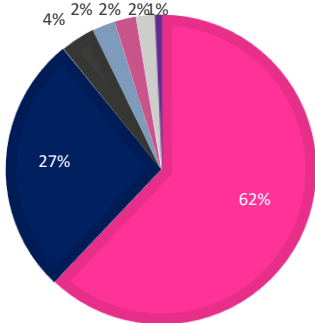
	<p>WHO supported 27 laboratory centres involved in the COVID-19 testing (25 OLCs, UPHC and MoH Expert Centre) with procurement and technical advice. WHO provided technical support to regional laboratories in data collection and management through mobilizing an additional workforce to deal with data management on COVID-19. Furthermore, IT equipment for regions was procured to facilitate a conducive working environment for epidemiologists and data technicians. WHO also supported installations, calibrations, and launching of the equipment for high-throughput RT-PCR in five laboratories designated as diagnostic hubs. WHO delivered autoclaves with water treatment systems to all Oblast Centers for Diseases Control and Prevention (former OLCs) with the provision of training for laboratory staff on how to use this equipment. <i>'All the needs of the laboratories were covered fairly quickly by WHO. We had joint working groups where we discussed and shared with the needs for laboratory equipment' (KII, National Health Authorities)</i>. WHO supported 133 laboratories that participated in the 2020 Proficiency Testing Program for the Detection of SARS-CoV-2 by PCR. External Quality Assessment (EQA) panels were redistributed to fully cover all COVID-19 diagnostic laboratories in Ukraine. Two biosafety cabinets (BSCs) were donated to Mariupol City Branch of Donetsk OCDCP, which allowed to strengthen laboratory standards on diagnostics and biosafety and will help to speed up testing.</p>
Objective 3	<p>WHO CO Ukraine kept on updating relevant national stakeholders and interested partners on new or updated information related to the laboratory and point-of-care diagnostics of COVID-19 as well as biosafety measures during testing performing. WHO designed the Ukrainian template of the institutional biosafety manual for diagnostic laboratories. It was distributed to PHC, all 25 OLCs and 20 additional laboratories involved in COVID-19 testing. A series of SOPs enhancing biosafety in Ukrainian laboratories were developed²⁴. Personnel was also trained on the use of multi-channel pipettes with interchangeable tip spacing. The updated WHO Interim Guidance on Antigen-Detection in the Diagnosis of SARS-CoV-2 Infection was widely distributed among the national laboratory system²⁵. Over 150 files of SOPs developed earlier by the experts of WHO EURO were systematized into one catalogue for ease of reference. The standard operational procedures (SOPs) are available in English, Russian, and Ukrainian. The catalogue will foster the work on drafted earlier documents and will help to define the gaps for new SOPs to cover all processes of the COVID-19 testing including pre- and post-analytical stages, PCR, as well as biosafety and biosecurity.</p> <p>WHO CO Ukraine maintained constant contacts and trained all national laboratory stakeholders on PCR diagnostics and biosafety measures to increase the professional competence and enhance the safety of laboratory personnel involved in the COVID-19 diagnostics. In total, 18 on-site trainings were also conducted (1 biosafety and biosecurity, 4 biosafety and biosecurity coupled with real-time PCR detection, and 10 real-time PCR detection) to thirty national laboratory professionals from OCDCPs, Anti-Plaque Institute, and UPHC, representing all regions of Ukraine. Over 500 laboratory specialists attended an online workshop on the Fourth Edition of the WHO Laboratory Biosafety Manual and 97 participants - the workshop on the risk assessment organized by WHO. The online workshops on risk assessment procedure for sample collection team and SOP and institution's biosafety manual development was conducted to enhance biosafety at Toretsk City Branch of Donetsk OLC and Donetsk Oblast HIV Centre in Sloviansk. <i>'WHO support for laboratory training was very appropriate as our laboratories did not have such laboratory equipment and such testing systems before the pandemic and not all specialists knew how to work with this equipment and properly make diagnostic' (KII, National Health Authorities)</i>.</p>
Objective 4	<p>WHO supported the MoH/UPHC²⁶ in the drafting of (i) the Ukraine national Strategy on the COVID-19 laboratory testing scaling-up operations and (ii) the national sequencing strategy for COVID-19 and other infectious diseases. WHO supported building the sequencing capacity in Ukraine to be able to rapidly identify SARS-COV-2 variants of concern and other threats of</p>

²⁴ WHO CO in Ukraine developed 20 SOPs: "Pipettes operation and pipetting", "Respirator fit testing with 3M Qualitative Fit Test Apparatus (Sweet) FT-10", "Biological Spill Response", "Donning and doffing of the disposal filtering facepiece respirators", "Donning and doffing of the disposal gloves", "Usage of the disposal coverall", "Hand hygiene", and "Donning and doffing of eye and face protection", "Calibration of the QuantStudio™ 5 Dx Real-Time PCR Instrument thermal cycler" and "Verification of the QuantStudio™ 5 Dx Real-Time PCR Instrument using RNase P calibration kit", "Creation of a pipetting protocol for a 96-well PCR plate on the Qiagility platform", "Creation of a pipetting protocol for a 384-well PCR plate on the Qiagility platform", "General requirements to Autoclave Validation and Routine Challenging Testing", "Autoclave Performance Test Using Biological Indicators", "Pathogen Risk Groups and Biosafety Levels: General Requirements for Laboratories that Handle Biohazards and Toxins at the assigned BSL1-BSL3", "General Requirements to Personal Protective Equipment (PPE)", "Cleaning the thermoblock of the Quant Studio thermocycler", "Programming the Quant Studio thermocycler", "Nucleic acid extraction from clinical samples using MagMAX™ Viral/Pathogen II Nucleic Acid Isolation Kit on KingFisher Flex 96", "Requirements for organization of the working process of NGS sequencing"

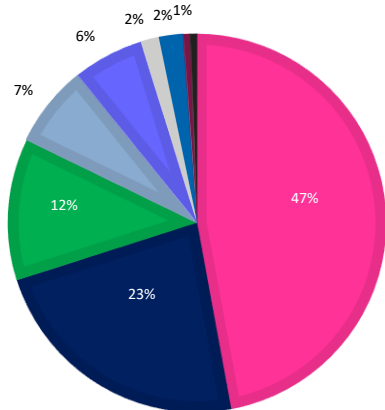
²⁵ All laboratories at Oblast CDCPs, different oblast hospitals, private laboratories around the country (more than 350 professionals)

²⁶ The Next generation sequencing (NGS) sequencing was launched at UPHC in order to increase number of SARS-COV-2 samples sequenced in the country

	<p>unknown origin. Following the MoH request, sequencing reagents and supplies were procured to support sequencing of Ukrainian samples at the Institute of Molecular Biology and Genetics (Kyiv) to process around 700 samples. Afterwards, the needs assessment had been conducted to estimate the needs of SARS-COV-2 National Reference Laboratory (Virology Laboratory of UPHC) in reagents, consumables, and minor equipment to perform NGS sequencing at the level of 600 samples per month. WHO organized the workshop “Use of RT-PCR Single Nucleotide Polymorphism (SNP) assays to detect SARS-CoV-2 variants” for UPHC specialists. The workshop contributed to the building of the molecular genotyping capacity in Ukraine. The on-site hands-on laboratory training was conducted on the new generation sequencing system Ion GeneStudio S5 and the sample preparation system Ion OneTouch 2 (Ion Torrent) using kits for sequencing the genome of the pathogen COVID-19-Ion AmpliSeq Sars-CoV-2 Research Panel and software for interpretation the results on Torrent Suite Software. The training was aimed to transfer the NGS methodology to the SARS-COV-2 National Reference Laboratory (based on Virology Laboratory of UPHC). Evaluation respondents stressed a need to further increase sequencing capacity, which is still at an early stage in Ukraine.</p> <p>The external stakeholders interviewed believe that it was important that WHO started working with the labs and it was very useful both in the short and long-term perspective. Initially, there were issues with statistics. The figures provided seemed untrustworthy. Test results were given in two weeks. After the WHO equipped the labs and trained lab staff, their performance improved significantly. <i>‘In March 2020, we did 50 tests daily when we did not have equipment. Once we started to received equipment, the number of tests conducted started to increase. In December 2020, we conducted 500 tests daily and now in October 2021, we can do up to 3,500 tests daily’. ‘Our lab conducted 200-300 tests daily in March 2020, now it is up to 1,500 daily PCR tests. Previously, everything was done only manually. When we received two semi-automatic stations, we can process 96 samples in 25-30 minutes’ (FGDs with Labs).</i> Moreover, many laboratories were not legally authorized to do PCR testing at the beginning of the pandemic and need to pass the qualification in the Institute of Postgraduate Education to obtain this certification. Therefore, WHO capacity building support has allowed the lab staff to pass the needed training and receive certificates which allowed them to work.</p> <p>Evaluation interviews also demonstrated that WHO was able to cover all lab communities through webinars, i.e., lab centres, hospital labs, and private labs. A few interviewees mentioned though that it may be worthwhile to expand assistance with laboratory information systems for faster delivery of samples. <i>‘We do have laboratories that are heavily overloaded and spend a week to do testing. Some laboratories are underloaded’ (KII, National Health Authorities).</i></p>
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Pillar 6: Infection prevention and control																	
Objectives (as per CPRP)	<div>1. To support endorsement of infection prevention and control (IPC) regulation at the national level</div> <div>2. To enhance internal and external monitoring/audit of IPC practices</div> <div>3. Provide essential PPE and other IPC items to the healthcare facilities involved in COVID-19 response in Ukraine</div>																
Total Pillar's Budget	US\$ 2,795,986	Budget Utilization Rate (as of Dec 2021)	99%														
Funding Sources	<div><table><tr><td>EU (DG NEAR)</td><td>62%</td></tr><tr><td>US (USAID)</td><td>27%</td></tr><tr><td>Germany (BMG)</td><td>4%</td></tr><tr><td>Finland (MFA)</td><td>2%</td></tr><tr><td>CERF</td><td>2%</td></tr><tr><td>UK (DFID)</td><td>1%</td></tr><tr><td>WHE HQ</td><td>1%</td></tr></table></div>			EU (DG NEAR)	62%	US (USAID)	27%	Germany (BMG)	4%	Finland (MFA)	2%	CERF	2%	UK (DFID)	1%	WHE HQ	1%
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Projects	<div>1. Implementation of the COVID-19 SPRP</div> <div>2. Support to WHO' SPRP to combat global Novel Coronavirus outbreak</div> <div>3. Support to WHO's preparedness and response activities to combat the COVID-19</div> <div>4. Member States Pooled Award for COVID-19 Response</div> <div>5. Support to Coronavirus Strategic Preparedness and Response Plan I & II</div> <div>6. Scaling up health emergency response to COVID-19 in humanitarian settings</div> <div>7. EU COVID-19 Solidarity Programme for the Eastern Partnership - Health (First tranche)</div> <div>8. EU COVID-19 Solidarity Programme for the Eastern Partnership Health (Second tranche)</div> <div>9. WHO ACT-A Health Systems Connector Implementation - EURO</div> <div>10. Support to WHO' SPRP to combat global Novel Coronavirus outbreak</div> <div>11. Saving Lives and Interrupting Chains of Transmission: WHO's Response to COVID-19 in Eastern Ukraine</div>																
Objective 1	<div>WHO reviewed all IPC-related legislation and guidelines. Map of IPC-related legislation was developed and will guide further changes in national guidelines related to IPC in general. WHO developed a framework including SOPs on triage, use of natural ventilation, disinfection of highly touched surfaces, PPE use, hand hygiene and waste management – covering important aspects of COVID-19 prevention in infectious disease hospitals and health-care facilities that were repurposed for COVID-19 response. WHO recommendations (and MoH orders) were the basis on which the SOPs on infection control was developed by the health facilities. As a result, health facilities' procedures now fully correspond to the infection control requirements. National Health Service and State WG did checks of certain facilities and had no comments.</div> <div>Given the interviewed stakeholders, the two years that have passed since COVID-19 are revolutionary in terms of infection control. A new focus was put towards creating IPC policies for Ukraine as the pandemic developed, including how to repurpose hospital wards as well as improving waste management practices and reprocessing medical devices. <i>'We have big developments on prevention of infections in health facilities thanks to the joint work with WHO. A new draft Order on IPC was approved... substantial changes were done, but the question of its implementation remains open' (KII, National Health Authorities). 'This order includes 95% of the WHO recommendations. It regulates not only the implementation of infection control measures at all levels but also quite clearly the system of surveillance for infections associated with the provision of medical care and resistant forms. This Order cancelled many orders that previously contradicted each other. From 1 January 2022, this Order becomes mandatory for all medical institutions of any form of ownership... This is a revolutionary order and I still don't believe that this finally happened in our country'. (KII, CSOs/IPs).</i></div>																
Objective 2	<div>WHO designed and translated into Ukrainian <i>'The COVID-19 risk communication package for healthcare facilities'</i>, providing an overview of the key steps to be taken to keep personnel safe and healthy at the workplace. Information materials on donning and doffing PPE were developed in digital, print and video formats, and were disseminated through the UPHC, the Health Cluster and the partnering network of NGOs. WHO conducted 25 webinars on IPC programme strengthening for 1,300 health workers from COVID-19 designated hospitals; 14 webinars were conducted with around 650 healthcare providers and managers from COVID-19 designated hospitals in the</div>																

	<p>Lugansk and Donetsk GCA and NGCA; 12 online trainings on reprocessing of medical equipment for more than 1,000 health care providers and onsite training on reprocessing of medical devices including the use of sterilization barriers for 7 hospitals who received sterilization barriers; 3 on-site TOTs on PPE use during care and treatment for COVID-19 cases and respirator fit-testing; 2 online IPC schools, each of 5 days on IPC programme strengthening at the facility level; supported MoH with conduction of Healthcare-associated infection (HAI) pilot point prevalence survey. <i>'The work of WHO on IPC could be assessed on 5+' (KII, Regional Authorities).</i></p>
Objective 3	<p>WHO delivered more than 1,800,000 PPE items for 51 COVID-19 designated hospitals; supported the delivery and distribution of IPC commodities such as the 5,625,000 medical masks donated by Jack Ma Foundation in Ukraine including ECA; established 2,120 hand hygiene stations in more than 120 hospitals in Ukraine following multimodal approach which include the provision of essential commodities, training, and monitoring framework.</p> <p>As evident from the Inter-action review of the COVID-19 response (January 2021), all stakeholders highlighted the improvements that were achieved in the strengthening of IPC programs, ensuring reliable supplies of PPE and training for IPC focal points in the hospitals. This was reconfirmed in the course of the present evaluation as well. Thanks to WHO, IPC practices have been improved quite a lot. The assessment of needs, provision of essential IPC materials, on-site training and implementation of up-to-date SOPs and monitoring frameworks strengthened the IPC programme in a very short time. The COVID-19 designated hospitals are currently ready for other possible outbreaks in the future compared to how they were before the pandemic. <i>'Before the COVID pandemic, our health facilities did not meet the infection control requirements, now they do thanks to the help of the WHO' (FGD with C19 designated hospitals).</i> There is also progression in terms of decreasing the number of infections and deaths of health care workers. However, further improvement in the hospital infrastructure, sustainable funding as well as the development of training programs for IPC specialists are needed to ensure the achievement of minimum IPC standards at the facility and national levels'.</p>

Pillar 7: Case management																							
Objectives (as per CPRP)	<div>1. To support the strengthening of hospitals' capacities by procurement of essential bio-medical and other equipment (oxygen concentrators, patient monitor etc.).</div> <div>2. Ensure capacity building and improve access to WHO guidelines and evidence on COVID-19 for healthcare workers.</div> <div>3. To support enhancing of clinical management of COVID-19 cases, including integration of mental health and psychosocial considerations into clinical case management.</div> <div>4. A clinical protocol is updated regularly with linkage to WHO guidelines.</div>																						
Total Budget	Pillar's Budget	Budget Utilization Rate (as of Dec 2021)	100%																				
Funding Sources	<div><table><thead><tr><th>Funding Source</th><th>Percentage</th></tr></thead><tbody><tr><td>EU (DG NEAR)</td><td>47%</td></tr><tr><td>WHE HQ</td><td>23%</td></tr><tr><td>Alwaleed Philanthropies</td><td>12%</td></tr><tr><td>Germany (German Federal Foreign Office, BMG)</td><td>7%</td></tr><tr><td>UK (DFID)</td><td>6%</td></tr><tr><td>USAID</td><td>2%</td></tr><tr><td>Finland (MFA)</td><td>2%</td></tr><tr><td>CERF</td><td>1%</td></tr><tr><td>Canada (DFATD)</td><td>1%</td></tr></tbody></table></div>			Funding Source	Percentage	EU (DG NEAR)	47%	WHE HQ	23%	Alwaleed Philanthropies	12%	Germany (German Federal Foreign Office, BMG)	7%	UK (DFID)	6%	USAID	2%	Finland (MFA)	2%	CERF	1%	Canada (DFATD)	1%
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Objective 1	WHO supported MoH to scale-up Oxygen capacity in 255 hospitals with donation and modernization of equipment in 122 facilities. WHO launched a product evaluation to support Ukrainian manufacturers to confirm that WHO-recognized standards have been used to produce personal protective equipment (PPE) needed to prevent the COVID-19. Five Ukrainian companies (of a total of 11 interested) passed the documentation validation stage and EU laboratory tests for compliance with the standards EN 14683 (medical masks), EN 149 (respirators, FFP2 masks), EN 14126 (gowns, overalls). 9 out of 12 tested PPE items comply with EU standards. Dexamethasone, produced by Ukrainian manufacturers “Farmak”, was added to the WHO list of prequalified products, making them available for those who urgently need them. This is a significant achievement for the entire Ukrainian health system and its partners, and a step towards the achievement of SDGs and universal health coverage. WHO also supported the MoH by procuring essential supplies to cover the needs for the COVID-19 response. As part of this support, 424 oxygen concentrators were provided to hospitals across the country to cover critical gaps for the treatment of severe COVID-19 patients with low blood oxygen levels. WHO provided the latest technologies and equipment ²⁷ for COVID-19 treatment on all levels of care for a wide range of mild to critical patients to 18 hospitals of Ukraine and purchased 5 intensive care units mechanical ventilators ²⁸ for Ukrainian hospitals in Kharkiv and Mariupol.																						
Objective 2	WHO supported national health authorities and health facilities assisting in establishing high-quality care for patients with COVID-19. WHO designed with MoH a full-fledged curriculum of case management of COVID-19 training for healthcare workers treating patients in severe and critical conditions.																						

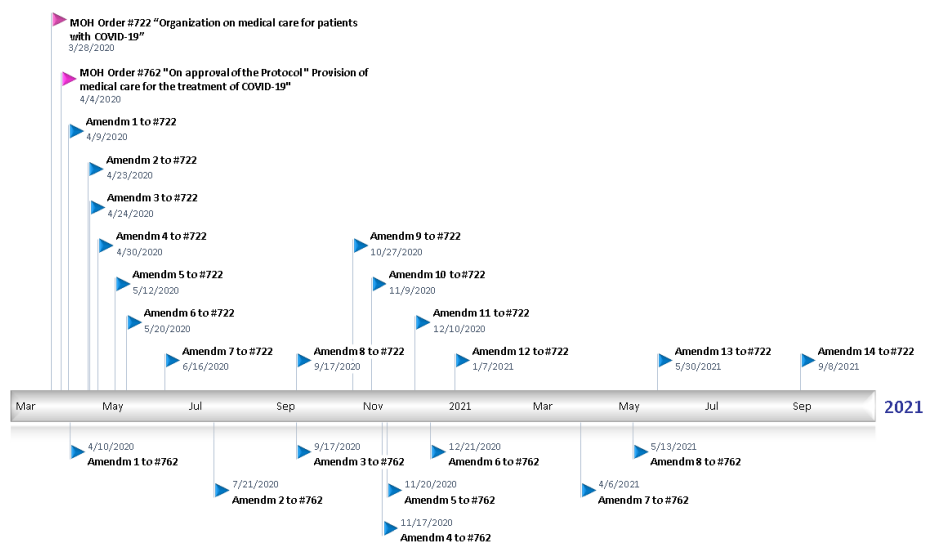
²⁷ WHO delivered 18 High Flow Nasal Cannulas and 18 Bi-level Positive Air Pressure ventilators both systems together with profound sets of spare parts and consumables (masks, cannulas, filters, humidifiers, hoses etc)

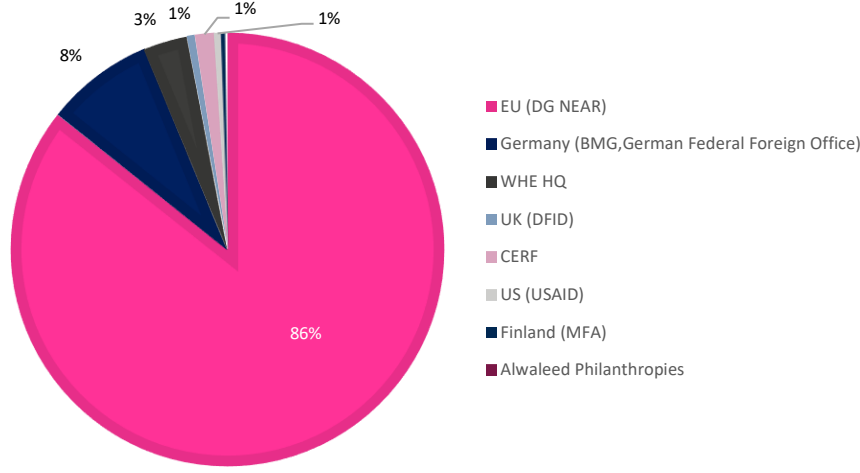
²⁸ Each ventilator kit includes consumable kits for 200 patients, masks for non-invasive ventilation, and a two-year warranty.

	<p>It was published on the platform of PHC. WHO conducted over twenty COVID-19 clinical management webinars²⁹ and remote consultations reaching 450 hospitals, including 60 hospitals that received direct support by monitoring and mentoring visits, assessments, assistance in developing SOPs, and improving patient routes. Total of over 8,000 clinicians who have benefited from WHO's training (online self-paced, webinars, mentoring, study visits). WHO delivered COVID-19 clinical management seminars weekly, nationwide, focusing on screening, triage, and oxygen treatment. WHO trained 30 trainers on the clinical management of patients with COVID-19 all over Ukraine. They will carry out training for primary healthcare workers in 2022 to equip doctors with up-to-date knowledge on how to effectively treat patients with COVID-19. Moreover, WHO prepared and conducted a series of COVID-19 clinical management webinars for healthcare workers in the all-Ukrainian hospitals and family doctors.</p>
Objective 3	<p>WHO completed three phases all-Ukrainian audit for oxygen supply capabilities in 520 COVID-19 hospitals and shared the results with MoH, NHSU, and UPHC. This study gave information about COVID-19 designated hospital capabilities on oxygen supply as a critical need for patients' treatment and provided perspectives on oxygen usage, production, and expenditures. WHO, with the support of the NHSU and MoH, conducted two assessments of in total of 44 primary health care facilities and 10 ambulatories to analyse the screening area and process organization, IPC and vaccination Q&A session, COVID-19 management (triage and pathway). During assessments, the WHO provided clarification of the screening process, recommendations on adapting the infrastructure for an adequate screening and patient pathway, support with WHO printed materials (patient pathway leaflet, rehabilitation booklet for the patients, vaccination leaflet, oxygen therapy alert leaflet, particular aspects of COVID-19 management on PHC level). In the series of medical education provided by WHO, webinars in haemostasis disorders and acute renal failure in COVID-19 patients were conducted.</p>
Objective 4	<p>WHO supported the MoH in successfully reviewing and adopting the oxygen therapy protocols at the primary health care level. WHO contributed to the development of the national standard of primary health care for COVID-19 cases and its revision. The Country Office also liaised with the Ukrainian Resuscitation Council and the Department of Emergency Medicine of Bogomolets University to start up working groups on clinical standard operational procedures. WHO has translated and published in Ukrainian the Clinical management toolkit for COVID-19 patients and emergency medical services (EMS) guidelines and severe acute respiratory infection (SARI) treatment centre handbook to provide some of the necessary tools that can be used to care for the critically ill patient from primary care facility entry to hospital discharge. They were distributed to 445 health care facilities across the country. WHO has developed and distributed the "COVID 19 patient's flow algorithm" for Ukrainian healthcare facilities. On top of that, WHO jointly with the ILO translated the Interim Guidance "COVID-19: Occupational Health and Safety for Health Workers" into Ukrainian and distributed 14,000 copies among health workers involved in the fight against COVID 19.</p> <p>In focus groups with COVID-19 designated hospitals, the healthcare workers stated that WHO was all the time changing its COVID treatment protocols and they experienced difficulties in adapting to these changes. Figure 1 below indicates that there were 14 amendments in the Order on the organization of medical care for patients with COVID-19 and 8 amendments in the Protocol for provision of medical care for the treatment of COVID-19 within 17 months.</p> <p>Evaluation interviews displayed that WHO has faced both external and internal challenges under this pillar. First of all, WCO had a gap in personnel for pillar 7 from August to December 2020 and this pillar was led by the WHO senior management team with the support from the WHO EURO technical specialist in the first year of the pandemic. Secondly, there is the tendency of Ukrainian national authorities to put the clinical protocol not necessarily relied upon evidence, which created some challenges with COVID-19 treatment. Thirdly, there was a lack of clarity on who is responsible for this pillar within the MoH both at the senior level (deputy minister) as well as at the operational level (director level of the MoH).</p>

²⁹ Webinars were conducted by WHO on a variety of topics including Trauma Care Support of patients, High-Flow Nasal Cannula Technology, Organization of Medical Care in Case of Mass Casualty, Clinical Management of COVID-19 patients, Oxygen Therapy and Medical Oxygen Safety Management and on Emergency, Critical Patient Management and Mechanical ventilation

Figure 1 Number of amendments of COVID treatment protocols in Ukraine during March 2020-August 2021



Pillar 8: Operational support and logistics																			
Objectives (as per CPRP)	<div>1. Support development/upgrade of a mechanism of rapid procurement and supply system at the national level</div> <div>2. To support operational assessment of the current storage capacities, system of transportation and distribution.</div> <div>3. To support capacity building on best practices of procurement agencies and supply systems, access to global supply systems, etc.</div>																		
Total Pillar's Budget	US\$ 2,642,190	Budget Utilization Rate (as of Dec 2021)	100%																
Funding Sources:	<div></div> <table><tr><td>■</td><td>EU (DG NEAR)</td></tr><tr><td>■</td><td>Germany (BMG, German Federal Foreign Office)</td></tr><tr><td>■</td><td>WHE HQ</td></tr><tr><td>■</td><td>UK (DFID)</td></tr><tr><td>■</td><td>CERF</td></tr><tr><td>■</td><td>US (USAID)</td></tr><tr><td>■</td><td>Finland (MFA)</td></tr><tr><td>■</td><td>Alwaleed Philanthropies</td></tr></table>			■	EU (DG NEAR)	■	Germany (BMG, German Federal Foreign Office)	■	WHE HQ	■	UK (DFID)	■	CERF	■	US (USAID)	■	Finland (MFA)	■	Alwaleed Philanthropies
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Objective 1 and 2	<p>WHO coordinated the procurement of essential supplies within the UN system. WHO in Eastern Ukraine where many partners are operating WHO through the health cluster established a distribution mapping tool going very granular on who distributes what. Moreover, WHO participated in regular meetings of the MoH Working Group on COVID-19 Procurement of Goods, Works, and Services and provides technical expertise on the procurement of essential supplies to cover the needs of COVID-19 designated hospitals and oblast centres for disease prevention and control (laboratory centres) of the MoH in equipment, reagents, and consumables.</p> <p>Pillar 8 has implemented tools to assure a high-level quality of service and supply and put in place specific quality control measures that start at the reception of cargo at the warehouse. Evaluation interviews with external stakeholders showed that Pillar 8 established good interaction with a wide variety of stakeholders:</p> <ul style="list-style-type: none">the Ministry of Health for approval of supply distribution plans of humanitarian supplies to Ukrainian medical facilities, and validation of biomedical equipment, before its distribution and donation to Ukrainian facilities;the Ministry of Social Policy of Ukraine for recognition of cargo/goods as humanitarian aid;Kyiv City State Administration for recognition of cargo/goods as humanitarian aid when its net weight is less than 3 tons;State Labour Agency for overseeing Ukrainian Certification of compliance of specific imported Health Products related to occupational health (of the Cabinet Ministers of Ukraine);Ukraine Public Health Committee for authorization of laboratory support and procurement;Ukrainian Customs Office for customs clearance of imported cargo;																		

	<ul style="list-style-type: none"> indirectly with de-facto authorities although unrecognized by the UN, through partner agencies (UNHCR and ICRC) for the distribution of health commodities in NGCAs. <p>In addition, Pillar 8 supported other pillars with managing and tracking the supply chain of goods (and services) under WHO COVID-19 Response. WHO also performed direct deliveries to health facilities. The evaluation interviews indicated that the heaviest areas of supply support and distribution for the Pillar 8 team during 2020-2021 were: (a) IPC (total value of inbound goods \$3.74 million), (b) Clinical Management (total value of inbound goods \$3.51 million) and (c) Laboratory (total value of inbound goods 2.24 million).</p> <p>Moreover, Pillar 8 was the only pillar to share weekly detailed operations information using KPIs for value, weight, and the volume of supplies committed, planned, procured, shipped, and delivered which benefited all pillars. Also, OSL was the only pillar to provide a weekly financial overview of sums committed, encumbered and paid by the pillar, and by grant, again benefitting all pillars.</p> <p>OSL was the only pillar with detailed SOPs, guidance, and RACI matrix (Responsible, Accountable, Consulted, Informed) to define roles and activities as well as implement a quality management system to monitor performance and improvements required.</p>
Objective 3	<p>In the framework of the capacity-building interventions in strengthening the Central Procurement Agency working meetings were held to coordinate actions on the integration of the pharmaceutical quality system (PQS) taking into account the situation with the conducted diagnostic audits (GDP audits and financial audits) of two state-owned enterprises (Ukrmedpostach and Ukrvaksina). Development of documentation and SOPs for the quality assurance management was started and the following blocks of the Quality Manual have been drafted: General organizational documents; Pharmaceutical quality system; Personnel; Premises and equipment; Documentation. a series of online and off-line training was organized for the employees of the CPA on "Licensing and Certification of Wholesale Distributors and Importers", "Validation in the pharmaceutical warehouse" and "Outsourcing activities within GDP" which are a necessary stage in the process of preparation of the enterprise for licensing (wholesale of medicines, import of medicines).</p> <p>As evident from the interviews, the Central Procurement Agency of Ukraine was supposed to be managing the work on COVID-19 procurement, but they keep on being ignored. COVID-19 could be the test case for capacity management, but it has never been used.</p>

Pillar 9: Maintaining essential health services and systems (including mental health)				
Objectives (as per CPRP)		1. Strengthen the national health care system to respond to the pandemic 2. Social cohesion support through the health sector 3. Mental health reform and transformation of the mental healthcare system and services towards community-based, person-centred, and recovery-oriented services are supported in Ukraine		
Total Budget	Pillar's Budget	\$786,367	Budget Utilization Rate (as of Dec 2021)	96%
Funding Sources	Routine Immunization		Mental Health	
	Health Services & Systems		TB & HIV	
Projects	Routine Immunization		Mental Health	
	1) Implementation of the COVID-19 SPRP 2) EU COVID-19 Solidarity Programme for the Eastern Partnership – Health (First tranche)		1. Implementation of the COVID-19 SPRP 2. Scaling up health emergency response to COVID-19 in humanitarian settings 3. EU COVID-19 Solidarity Programme for the Eastern Partnership – Health (First tranche)	
	Health Services & Systems		TB & HIV	
	EU COVID-19 Solidarity Programme for the Eastern Partnership – Health (First tranche)		EU COVID-19 Solidarity Programme for the Eastern Partnership – Health (First tranche)	
Objective 1 (Essential health services)		<p>WHO together with the MoH conducted three waves of pulse surveys³⁰ to assess the impact of the pandemic on access to essential services, evaluate the situation and inform policy dialogue with MoH and the NHSU on surge capacity and inclusion of COVID-19 package into the inpatient care packages in 2021 and 2022. WHO provided technical expertise and guidance on optimization of service delivery settings, targeted planning of EHS, management of response measures and adaptation of health services to changing context and needs (including IPC strengthening in all healthcare settings, the establishment of safe and effective patient flow at all levels). The Country Office also hold two rounds of the national wide primary health care health (PHC) facility assessment covering 250 primary healthcare facilities to ensure regular monitoring of access to PHC services during the pandemic, analyse functional and organizational capacity as well as identify urgent needs on IPC, vaccines, medicines. Feedback from the evaluation interviews demonstrates that WHO has done the analysis of essential health services according to health systems function, but it would be more beneficial to do more specific analysis across all areas. <i>‘We have done on stroke, heart failures but we have done nothing on a child. We should be more systemic on that’ (KII, WHO).</i></p> <p>WHO conducted consultations on feasibility assessment of the introduction of DAEDALUS (a multisectoral economic epidemiological policy optimization model of SARS-CoV-2) in collaboration with Imperial College, intending to evaluate the impact of potential public health measures on the pandemic and economic performance of Ukraine. WHO supported MoH in preparing PHC strategy till 2030 and roadmap for its implementation taking into account the lessons learnt during COVID-19 on the role of</p>		

³⁰ The pulse survey consists of questions related to current national policies, plans and structures, disruptions to health services, reasons for disruptions, mitigation approaches, information tracking, and priority needs.

	<p>PHC providers in times of epidemic. Within the framework of strengthening PHCF settings in provisions on clinical management of COVID-19 patients, WHO finalized a capacity needs assessment of 33 PHC facilities in six oblasts (Chernihiv, Odesa, Mykolaiv, Kherson, Lviv, Volyn). The report was issued to inform national authorities on the findings and key recommendations for further planning of procurement of essential goods as well as capacity building interventions for healthcare workers at PHC level on screening and triage protocol, case management, home oxygen therapy and medical referral. WHO continued supporting with the review of the Public Health System Law draft.</p> <p>WHO established communication among international health partners intending to coordinate support to the GOU in the development of the National Health Strategy 2030. WHO translated into Ukrainian and disseminated a leaflet that advises adults on how to rehabilitate from the illness (e.g., managing breathlessness; energy conservation and fatigue management; managing problems with your voice; nutrition, including smell and taste problems; managing swallowing problems). WHO in collaboration with the UPHC developed the website for the regional Public Health Response Monitor (PHRM)³¹. The tool allows the MoH, UPHC, regional health authorities and other stakeholders to monitor the policies and epidemiological situation across regions in a systematic manner. As evident from the interviews, the tool is actively used by several stakeholders, including the Office of the President of Ukraine (Regional Policy Department), the National Security and Defence Council of Ukraine, the Public Health Directorate of the MoH as well as several regional laboratories.</p> <p>WHO provided comprehensive technical reviews of health service packages within the Program of Medical Guarantees (PMG) for 2022, including primary health care, HIV, TB, opioid substitution therapy, emergency medical services, stroke, infarction, and others. Respondents positively assessed new HIV guidelines with COVID-related issues. "The WHO introduced the guidelines during their monitoring visits. This was quite useful" (FGD, HIV Service Providers). WHO prepared a case study on the impact of COVID-19 on HIV services in Ukraine for the 2021 WHO Presence Report, which became a part of the publication that WHO presented to its Member States at the 74th World Health Assembly in May 2021.</p>
Objective 2 (Routine vaccination)	<p>WHO supported the continuation of immunization activities in times of COVID-19 outbreak by (a) providing technical assistance to MoH and UPHC on developing the national document that endorses maintaining the immunization services during COVID-19 pandemic; (b) conduction of webinar series on maintaining immunization during COVID-19 pandemic and developed technical handouts on immunization for nurses, covering essential issues such as cold chain, vaccine administration and anaphylaxis diagnostic and first aid; (c) distributing e-copies and printed materials to immunization service providers; (d) developing videos with nurses from across Ukraine to advocate for immunization during COVID-19 pandemic and celebrate European Immunization Week; (e) procurement of medical masks and gloves for medical workers providing vaccination services; (f) launching of joint WHO–PHC distant supportive supervision activities on vaccine-preventable diseases surveillance and immunization; (g) conduction of a review of vaccine stocks, (h) reviewing the routine immunization data received through "UKRVAK" (scientific and production enterprise), and (i) organizing with Ukrainian Child Immunology Association joint advocacy campaign and webinar series for healthcare workers on immunization activities during COVID-19 pandemic³². Despite all these efforts, COVID has caused a slowdown in routine vaccination in Ukraine. As evident from the interviews, when the COVID-19 pandemic started, all capacities available in the country on surveillance especially under public health were switched immediately to the COVID-19 surveillance. Polio surveillance, measles surveillance and diphtheria surveillance were left without required attention. As a result, largely because of that in 2021 there was a polio outbreak in the West of Ukraine. 'Today, we are in a very bad situation. We are preparing for the measles outbreak next year (2022). Currently, we are focusing on COVID. Also, we have a polio outbreak in 2021. Nothing unexpected. This is something that we need to be always aware in Ukraine that we are vulnerable' (KII, WHO)</p>
Objective 2 (HIV and TB)	<p>WHO played a leading role in inter-agency coordination and cooperation by working closely with national and international partners, including UPHC/MoH, the Alliance for Public Health, 100% Life, Global Fund, UNAIDS and USG PEPFAR, CDC, USAID to ensure a coordinated health response to the impact of COVID-19 on HIV and TB services in Ukraine. WHO provided technical support to the MoH/UPHC and other stakeholders in preparation for the Ukrainian application to the Global Fund COVID-19 response mechanism (C19RM). WHO participated in Working Groups, meetings of the National HIV and TB Council and co-chaired a Technical Expert Group tasked with reviewing proposals to ensure the quality of</p>

³¹ This tool allows to: (a) collect and update systematically key features of regional policies and financing for COVID-19 response, and (b) analyse the variation in response across regions, identify good practices and areas where regions can learn from each other to inform further response to COVID-19 as well as prepare for future outbreak response.

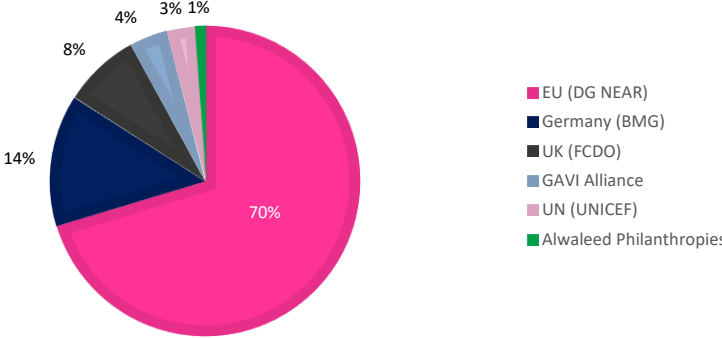
³² Three main topics have been covered: 1) accelerated routine immunization for measles, diphtheria and polio focused on infants and 6-year-old children 2) seasonal influenza vaccination for healthcare workers during COVID-19 pandemic and 3) preparation to COVID-19 vaccination.

	<p>the application, alignment with GF regulations and WHO recommendations. WHO in collaboration with UPHC conducted a series of webinars with HIV Centres and antiretroviral sites (ART-sites) on maintaining and improvement of HIV services. The Country Office has presented recommended WHO TB diagnostic algorithm adapted for Ukrainian National Programme and handed it over to UPHC for further implementation into National TB Programme. Moreover, WHO developed a National TB Laboratory Strategic Plan 2022-2026 and drafted a Human Resources Development Plan for the TB laboratory network as well as prepared several SOPs and manuals³³. WHO with the support of the Institute of Microbiology and Laboratory Medicine provided technical assistance in preparing 3 microbiological laboratories for TB diagnostics, development, and implementation of a plan for the phased implementation of the quality management system (QMS).</p>
Objective 3	<p>WHO introduced two innovative community-based service models for mental health in Ukraine. A specialized community-based service model - Community Mental Health Teams (CMHTs). The multidisciplinary team provides recovery-focused, patient-centred care for the most vulnerable population with severe mental health conditions and psychosocial disabilities, in the community. In total, 15 community mental health teams composed of 51 participants from 13 oblasts of Ukraine have received training and supervision from WHO. The workshop was facilitated by experts from Georgia, the Netherlands and Ukraine. As of November 2021, the teams made more than 8,000 visits and provided comprehensive assistance to more than 1,000 clients.</p> <p>WHO has launched the WHO Mental Health Gap Action Programme (mhGAP)³⁴ for a penitentiary system of Ukraine. The aim was to improve the capacity of healthcare, psychological and social care specialists working within the division of the Healthcare Centre of State Criminal-Executive Service of Ukraine to identify and manage certain priority mental health conditions including substance use, thus improving access to appropriate mental health treatment and care in prisons. In the beginning, 3 oblasts were identified as a pilot (Chernivtsi, Ivano Frankivsk and Zakarpattia), where 26 participants from 5 penitentiary facilities including 3 social workers, 11 physicians, 8 psychologists, and 4 nurses were trained and supervised by WHO in the provision of care for people with depression, suicide and self-harm, disorders due to substances use, psychosis and other significant mental health complaints. After the training, the participants were supervised by WHO experts for six months receiving support on the practical application of the mhGAP tool in real clinical settings. WHO scaled-up implementation of mhGAP in other 4 oblasts of Ukraine. It trained and supervised 26 specialists of the State penitentiary service of Ukraine from Mykolaiv and Kherson oblasts on the treatment of mental, neurological and substance use disorders in non-specialized health settings and 20 employees of colonies, pre-trial facilities and relevant healthcare centres of Donetsk oblast (Bakmut, Mariupol, Toretsk, Selidovo) and Dnipro oblast (Krivyi Rih) on clinical care of depression, self-harm and suicide, epilepsy, substance use disorders, psychosis and other common mental health conditions. Training provided by WHO (mhGAP) was very useful given interviewed mhGAP participants. It allowed them to better guide patients to the needed services and they learned how to better communicate with them. <i>'We learned to identify the psychological disorders, and we know when to refer them to psychiatrists. The relationships between doctors and psychologists in the penitentiary system improved -we work as one team now. We have ongoing support from WHO even after the training' (FGD with mhGAP participants)</i>. The only limitation of mhGAP which was mentioned by interviewed participants is that it did not take into account that the psychologists of the Penitentiary system are military people, and there are barriers between the detainees and them. It is difficult to establish contact.</p> <p>WHO together with the MoH conducted the event "Equal access to mental health services in Ukraine and the role of primary healthcare" for the World Mental Health Day. WHO supported an awareness-raising campaign in schools using IASC books for children and their parents "My hero is you" and "Action for heroes" that helped children to cope with stress caused by the COVID-19 pandemic.</p> <p>As part of an institutional global collaboration with Interpeace and to contribute to advancing health and social cohesion through policy and programmatic interventions, WCO Ukraine and Interpeace in Ukraine have developed a project to address the issue of state-citizen relations and effective health responses to the pandemic. This project is centred around a new approach that looks at the current COVID-19 pandemic not only as accentuating a wide range of systemic socio-economic grievances, but also providing the opportunity to explore how healthcare services could be an instrument for trust-building and enhancement of state-society relations. With the financial support of the European Union</p>

³³ Draft of a country quality manual for microbiological laboratories performing TB diagnostics; handbook (User's Manual) for clinical practitioners of laboratory services for TB diagnosis; plan for the phased implementation of the QMS for the TB laboratory network; project of the QMS manual.

³⁴ mhGAP-IG 2.0 helps doctors to timely identify and provide support to people experiencing stress, anxiety, depression, self-harm/suicide, and substance use disorders.

	<p>DG NEAR, the first exploratory phase took place from December 2020 to May 2021. The project revealed how crucial the factor of trust is and how it is intertwined with issues of governance and corruption, the quality of health services, and the politicization of healthcare reforms. It also showed that low levels of trust in public institutions in Ukraine are a legacy of the past still undermining state-society relations to this day. The project addresses these challenges with a five-year strategy for social cohesion building in Ukraine through improvements to the healthcare system. By addressing prevalent grievances against public service delivery through more inclusive forms of health governance, the programme intends to improve both the vertical relationship of trust between national and local health institutions and authorities, and the citizens, as well as the horizontal relations among individuals and communities. The project covers nine oblasts of Ukraine: Odessa, Lviv, Lugansk and Donetsk GCAs, Kyiv City, Kropivnitskiy, Kharkov, Dnipro, and Chernovtsy.</p> <p>The evaluation interviews showed that WHO focused largely on healthcare workers, although COVID-19 has impacted the whole range of vulnerable social groups. However, for the work on mental health, WHO has largely relied on existing funding; therefore, it had to prioritize because it was not possible to cover all other vulnerable groups.</p>
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Pillar 10: Vaccination			
Objectives (as per NDVP)		1. Support the availability and accessibility of vaccines 2. Ensure a safe and effective process of vaccination in Ukraine	
Total Budget	Pillar's Budget	Budget Utilization Rate (as of Dec 2021)	94%
Funding Sources			
Projects		<ul style="list-style-type: none">1. Implementation of the COVID-19 SPRP2. EU Support for COVID-19 vaccine deployment in EaP3. COVID-19 Tools Accelerator (ACT-A) within the WHO COVID-19 SPRP 2021-EURO4. COVID-19 Vaccine Delivery Strengthening Funding - Early Access Window (2021/2022)5. Urgent Support for Preparation and Readiness for the Delivery of the COVID-19 Vaccine6. Country-Level Technical Assistance for Preparation and Readiness of Delivery of COVID-19 Vaccine7. Strengthen COVID-19 vaccination service delivery, in particular through capacity building initiatives within the 1st wave to enhance vaccination of medical professionals providing services to COVID-19 patients8. Enhancing individuals' vaccination data reporting at the service provider level to enable accurate and reliable data on vaccine uptake	
Objective 1		<p>WHO supported the development of the National Deployment and Vaccination Plan (NDVP) against COVID-19. It allowed the GOU to complete all the documents for COVAX in December 2020. WHO provided hands-on assistance to the MoH by facilitating the coordination and communication with the COVAX Facility. The Country Office assisted the Ministry in monitoring progress in the implementation of the NDVP and its regular updates. WHO jointly with UPHC completed consultations within the multi-stakeholder working group on the National Immunization Crisis Communication Strategy and Plan which were adopted in December 2020. At the request of the MoH and international partners, WHO has initiated support for disposal of injection waste accumulated under COVID-19 vaccination and prepared a briefing note on best global practices and solutions for vaccination waste management and technical guidance to WG on waste management data collection. WHO supported the MoH on a revision of the regional coordination mechanism for COVID-19 vaccination and developing regional COVID-19 vaccination plans. Two regions have been selected to pilot newly officialised recommendations on goals, objectives, structure, functions, and annual plans for regional co-ordination mechanisms as well as elaborate regional COVID-19 vaccination plans according to the unified template. WHO facilitated the registration of the WHO EUL validated COVID-19 vaccines 5 products (ChAdOx1-S[recombinant] 3 products, BNT162b2 -1 product, Ad26.COV2.S -1 product). WHO in Ukraine regularly engaged with the WHO Collaborating Centre for Vaccine Safety to ensure that their latest informational products are available in Ukrainian. Also, WHO assisted partners co-ordination through participation in Vaccine-Preventable Diseases Task Force, National Technical Advisory Group and AEFI Central Commission and sharing with the latest WHO/Strategic Advisory Group of Experts on Immunization (SAGE) recommendations.</p>	
Objective 2		<p>WHO provided support to the COVID-19 Vaccination Training Hubs (Public Health System –28, Medical Universities -12, Medical services of Ministry of Defence –1), delivered 150 laptops, screens, and MFSSs provided PPEs for COVID-19 vaccination (5 million medical masks and 3 million gloves) and donated 2 buses to Dnipro vaccination centres. WHO has conducted a comprehensive country-wide capacity building for COVID-19 service delivery personnel. The Country Office conducted jointly with the UPHC a series of three-day offline training³⁵ for personnel of medical universities and colleges</p>	

³⁵ The training curriculum included: 1) the National Deployment and Vaccination Plan for COVID-19 vaccines (NDVP) and priority groups, 2) COVID-19 vaccine safety and effectiveness focused on WHO Emergency Use Listing (EUL) validated products, 3) vaccine products handling

	<p>across the country. In total, 145 specialists have been trained, and main and backup trainers' teams have been established at medical universities in 12 regions and Kyiv City. In addition, it was prepared in three cohorts of 350 regional trainers, immunologists, nurses, general practitioners, anaesthesiologists on COVID-19 vaccination. The trained cascade trainers delivered more than 630 two-day offline product-specific training where trained 13,638 medical workers. The training aims to provide the staff of COVID-19 vaccination centres and mobile/outreach teams with the necessary knowledge and skills to safely deliver vaccines introduced in the country and approved by the WHO's Emergency Use Listing. WHO printed and distributed to regions technical handouts and posters on cold chain and injection safety as well as a toolkit on BNT162b2 Pfizer-BioNTech COVID-19 vaccine and stationery for regional cascade training. WHO has prepared and delivered specific webinar series on Moderna mRNA-1273 vaccine, vaccine safety and AEFI surveillance for primary healthcare personnel that is working in the most vulnerable (low performing) regions, strategies for preventing nosocomial transmission of SARS-CoV-2, for parents for vaccination NGO's network and "change agents". Furthermore, WHO conducted a country-wide advocacy campaign on vaccination of medical workers and elderly through the organization of 25 round tables titled "Advocacy in support of COVID-19 vaccination strategies" and National Forum. WHO in Ukraine continued to regularly engage with the WHO Collaborating Centre for Vaccine Safety to ensure that their latest informational products are available in Ukrainian. At the request of the MoH, Pillar 10 also has started to help Ukraine to digitalize its COVID-19 certificate. Evaluation interviews with national health authorities indicated that they are very satisfied thus far with the support.</p> <p>The evaluation interviews with external stakeholders confirmed that WHO provided invaluable support in vaccination rollout in the regions. It included in-person ToTs, online follow-up training for each vaccine type and on specific aspects of vaccination, provision of the training information on an external drive, printed materials, laptops. These training were then scaled up to the whole region. At the same time, not all relevant people participate in the vaccination training: e.g., head doctors should participate in modules that relate to storage and administering of the vaccine (part of the training), and not the vaccination brigades (that are the only ones that are being trained).</p> <p>Nearly all respondents raise an issue of vaccine hesitancy as a long-standing issue of concern in Ukraine. Some mention that the situation is not as bad as it is in some other Eastern European countries and argued that there is probably more trust in government in Ukraine than in other former Soviet states where there continues to be a distrust of 'big brother' – particularly among the older generation. <i>'Unfortunately, vaccination is not happening so fast in Ukraine. People are in no hurry to get vaccinated, and this is a historical problem for Ukraine. And this is such a big problem for Ukraine not only on COVID' (KII, National Health Authorities)</i>. Most respondents pointed out that there is a need for all WHO Country Offices in the region (including Ukraine) to do more to address vaccine hesitancy. External stakeholders indicated that communication on vaccines has been ineffective and argued that UNICEF with its good at logistics and WHO with its technical knowledge could have teamed up/mobilised other UN organisations more experienced in social change to that aim. Another area of improvement mentioned was communication about COVID from WHO – which seems very "medical" and could benefit from translation into a more accessible language for diverse population groups.</p> <p>The evaluation interviews (WCO, National Health Authorities, Regional Authorities) indicated that the main external factors which influence the work of IMST under Pillar 10 include:</p> <ul style="list-style-type: none"> (i) <i>a lengthy process of registration of the vaccines by the Ukrainian authorities</i>: It took about 6-8 weeks to register the first vaccine (AstraZeneca) which arrived in Ukraine. (ii) <i>different supply chain challenges</i>: The GOU is willing to diversify the procurement agents without having checks and balances for choosing proper procurement agents. For the UPHC, we have the UNICEF and the Crown Agents which are the procurement agents for vaccines, vaccine administration products and cold chain equipment. (iii) <i>vaccine hesitancy</i>: Ukraine is one of several countries in the former USSR where vaccination rates are among Eastern Europe's lowest. (iv) <i>absence in most cases of the strategic targets and data on vaccination of priority groups at the regional level</i>.
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and administration focused on Pfizer-BioNTech COMIRNATY® (BNT162b2), AstraZeneca/Oxford AZD1222 (ChAdOx1-S [recombinant]), CoronaVac and Moderna COVID-19 vaccine, 4) immunization safety and adverse events following immunization (AEFI) surveillance and crisis communication, 5) vaccination data reporting 6) counselling and communication. According to a unified program, two practical sessions were conducted: 1) anaphylaxis diagnostic and first aid, 2) organization of outreach vaccination session.

Annex 7 Online survey form

Introduction

We kindly ask you to take part in the Independent Evaluation of WHO's COVID-19 Response in Ukraine. We made it short, so it does not take longer than 15 minutes of your time. Your response will be of great help in distilling lessons learned and informing key decisions and actions in the COVID-19 response in Ukraine moving forward! Please submit your response by (date).

1. What is your gender?

- ☐ Male
- ☐ Female
- ☐ Other (please specify)
- ☐ Prefer not to answer

2. Please indicate what type of stakeholder you represent

- ☐ WHO HQ/Europe
- ☐ WCO Ukraine
- ☐ Government of Ukraine (national level)
- ☐ Government of Ukraine (oblast level)
- ☐ Health authorities (national level)
- ☐ Health authorities (oblast level)
- ☐ Donors
- ☐ UN organization (partner of WHO)
- ☐ INGOs
- ☐ Civil society/Implementing partner of WHO
- ☐ Other partners
- ☐ The private sector

3. What is your position? [Select one]

- ☐ Senior-management staff member
- ☐ Mid-level staff member
- ☐ Junior-level staff member
- ☐ Other (please specify) _____

4. Evaluate the relevance/appropriateness of WHO's Covid-19 response in Ukraine by rating how, in your opinion, the response has ...

	Very satisfied	Satisfied	Unsure	Dissatisfied	Very dissatisfied	N/A
met/helped to meet the needs and expectations of the Government						
been explicitly informed by a vulnerability analysis of different subpopulations (along with gender, geography, disability, socioeconomic status)						
undertaken ongoing monitoring/assessment of needs and adapted/'fine-tuning' its response as the pandemic evolved						

Please comment on your rating

5. In your opinion, to what degree do the WHO COVID19 response interventions in Ukraine reflect national priorities and align with the WHO frameworks?

	Fully aligned	Largely aligned	Minimally aligned	Not aligned at all	N/A
General Program of Work (GPW13)					
European Programme of Work (EPW) 2020-2025					
COVID-19 Strategic Preparedness and Response Plan (SPRP) 2021					
COVID-19 Country Preparedness and Response Plan (CPRP) of the United Nations Country Team					
COVID-19 Emergency Response Plan (ERP) of the United Nations Humanitarian Country Team					
National Deployment and Vaccination Plan for COVID-19 vaccines (NDVP)					

6. Evaluate the effectiveness/impact of WHO's Covid-19 response in Ukraine by rating to what extent has the response been...

	Highly effective	Effective	Neutral	Ineffective	Highly ineffective	N/A
supporting multisectoral coordination mechanism						
ensuring effective implementation of the International Health Regulations of 2005 (IHR 2005)						
strengthening the health system in the conflict settings						
ensuring effective risk communication on COVID-19						
engaging and timely informing communities on the health measures						
strengthening capacities to ensure high-quality surveillance, case investigation, and rapid response						
improving national and regional capacities to diagnose COVID-19						
scaling up operational and technical capacity for COVID-19 detection (testing) in line with optimal strategies						
ensuring a safe environment for patients and healthcare workers through improving adherence to Infection Prevention and Control practices						
supporting quality care for the patients with respiratory symptoms through improving clinical standards and approaches in Ukraine						
supporting mental and psychosocial well-being in different target groups during the Outbreak						
strengthening the capacities to maintain equitable access to essential						

service delivery throughout an emergency						
supporting availability and accessibility of vaccines and ensuring a safe and effective process of vaccination in Ukraine						

Please comment on your rating

7. To the best of your knowledge, during its COVID-19 response, how well has WHO ...

	Very	Substantially	Somewhat	Not Very	Not at all	N/A
mobilized, scaled up, and provided support in a timely, well-prioritized manner						
adapted to changing needs and conditions						
avoided duplication and coordinate the provision of services based on risk assessments, in a timely, transparent and coordinated manner						
harnessed the resources at its disposal to achieve maximum results in the COVID-19 response						
monitored its performance and the factors affecting it						

Please comment on your rating

8. In your opinion, which vulnerable groups have been successfully reached by the WHO COVID19 response? [Select all that apply]

- ☐ Healthcare workers/frontline staff
- ☐ People experiencing homelessness
- ☐ People living in overcrowded housing, collective sites, informal settlements and slums
- ☐ People living in poverty
- ☐ People living in rural and remote locations
- ☐ Forcibly displaced people
- ☐ People with disabilities
- ☐ People living in closed facilities
- ☐ N/A

9. In your opinion, during the COVID-19 response, how well has WHO managed its partnership and cooperation with...

	Excellent	Very good	Good	Poor	Very poor	N/A
Ministries and other governmental entities						
UN system partners						
National and international NGOs and CSOs						
Other implementing partners						
Donors						
The private sector						

Please comment on your rating

10. How would you rate the level of effectiveness of the following WHO's cooperation mechanisms on COVID19 response...

	Highly effective	Effective	Neutral	Ineffective	Highly ineffective	N/A
<i>International level</i>						
United Nations Medical and Health Response Working Group						
UN Procurement Working Group						
UN Socio-Economic Response Group						
<i>Inter-agency</i>						
Donors Coordination Meetings						
Heads of Cooperation Meetings						
UN Resident Coordination Meetings						
Health Cluster						
<i>National level</i>						
MoH Working Group on COVID-19 Procurement of Goods, Works, and Services						
Emergency Operation Center (EOC)						
MOH Task Force on Vaccine-preventable Diseases and Immunization						
Multisectoral Biosafety Working Group						

11. Please mention three unique strengths that WHO has been able to offer to its partners during the response?

WHO unique strength 1 _____

WHO unique strength 2 _____

WHO unique strength 3 _____

Thank you for responding to this survey.

