

Leveraging health financing to strengthen mental health services in Ukraine

Ukraine



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Abstract

Ukraine has faced significant challenges in recent decades, including the effects of war since 2014 and the COVID-19 pandemic, each with profound impacts on population mental health; 2022 estimates suggest around 9.6 million people in Ukraine may be affected by a mental health condition. In 2015 the Government launched transformative health system reforms and their implementation has continued. This report focuses on understanding how significant shifts in the overall financing of health services have contributed to promoting the transformation of mental health services delivery in Ukraine. Coverage of mental health services in outpatient settings has expanded, as new models of service delivery have been introduced, including community mental health teams and mental health services at primary care level. The report uses data from the National Health Services of Ukraine's electronic health system to better understand system-level changes and their implications on mental health care.

Implementing and improving financing measures for mental health care needs to be complemented by service delivery reform, improved service standards and health worker training. Despite the ongoing challenges in Ukraine, the lessons learned from its health system reform – explored in this report – are applicable to other countries looking to transform their mental health service delivery models.

Keywords

MENTAL HEALTH
HEALTH FINANCING
STRATEGIC PURCHASING
UKRAINE

Contents

Figures and tables	vi
Acknowledgements	vii
Abbreviations	viii
Rationale	1
Reform	3
Impact	9
Key lessons learned	15
References	17

Figures

Fig. 1. Timeline of mental health services delivery and financing reforms in Ukraine, 2000–2023
4

Tables

Table 1. Payment methods and tariffs for mental health-related PMG packages, 2020–2023
6

Table 2. List of outpatient medicines for the treatment of mental health conditions and behavioural disorders and epilepsy, covered within the scope of the AMP, 2021–2023
8

Table 3. Budget for mental health services delivery packages covered within the scope of the PMG, 2020–2023 (in UAH)
10

Table 4. Number of providers contracted for each PMG package, 2020–2023
11

Table 5. Number of unique patients registered in the eHealth system by PMG package, 2021–2023
12

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Abbreviations

AMP	Affordable Medicines Program
CMHTs	Community Mental Health Teams
COVID-19	coronavirus disease 2019
ICD-10	International Classification of Diseases (tenth revision)
INN	International Nonproprietary Name
mhGAP	WHO Mental Health Gap Action Programme
MHPSS	mental health and psychosocial support
NHSU	National Health Service of Ukraine
OST	opioid substitution therapy
PHC	primary health care
PMG	Program of Medical Guarantees
UAH	Ukrainian hryvnia

Rationale

Mental health is an integral part of health and well-being, as defined by WHO (1). This encompasses not only the absence of mental health conditions, but also a state of mental well-being that enables individuals to cope with stress, reach their full potential, learn, work effectively and contribute to their communities (2). Achieving good mental health requires comprehensive strategies for promotion, prevention, treatment and recovery (1). This report focuses on understanding the important shifts in the financing of mental health and other services in Ukraine, as well as their relationship to the reform of mental health services in the country – by examining how changes in the overall health financing system promote the development of improved mental health services delivery, which had been at a standstill for the preceding 30 years.

It is estimated that around 9.6 million people in Ukraine may be affected by a mental health condition (3). The country has faced significant challenges in recent decades, including the impact of the war and the occupation of Crimea in 2014, the peak of the coronavirus disease (COVID-19) pandemic in 2020–2021 and, most notably, the invasion by the Russian Federation in 2022. These events have had a profound impact on the mental health of the population. People have been forced to flee or remain confined to their homes, endure constant air raid threats and attacks on their communities, face shortages of basic utilities, experience job losses and witness the severe injuries or deaths of loved ones. These factors, among others, highlight the urgent need to prioritize mental health in Ukraine.

Before the full-scale invasion, the prevalence of most priority mental health conditions in Ukraine was similar to that in eastern European countries (4). That said, there were higher rates of alcohol use disorders (6.0%, compared to 1.5% globally) and major depressive disorders (3.4%, compared to 2.9% in the region) (5). The suicide rate in Ukraine in 2017 was significantly higher than the average for eastern European countries (29.6 deaths per 100 000, compared to 10.4 deaths per 100 000 in the region) (4). The war has further exacerbated existing mental health conditions, including alcohol-related, anxiety and depressive disorders (3). WHO estimates that the prevalence of mental health conditions in conflict-affected settings is one in five individuals (6); it can therefore be assumed that the need for mental health services is significantly higher in Ukraine in 2023 compared to 2017.

Ukraine's mental health care system has been often associated with stigma, discrimination and the institutionalization of individuals with mental health conditions – inherited from the former Semashko system – affecting people's attitudes and help-seeking behaviours (7). However, significant progress has been made over the years in terms of fostering greater acceptance of mental health within the community: a study in 2021 found a degree of awareness and compassion towards people with mental illness in Ukraine (8). This shift is aligned with a strengthening of outpatient and community-based mental health services, including at the primary health care (PHC) level, as well as the introduction of community mental health teams (CMHTs).

It is therefore timely and relevant to assess the current state of mental health services transformation and the ways in which financing mechanisms have contributed to enhancing access to community-based mental health care. This report's primary objective is to offer a concise overview of the service transformation that has taken place since 2017, with a particular emphasis on health financing-related changes. As such, it aims to reflect on the lessons learned and identify areas that require attention and further development.

Reform

In the year 2000, Ukraine passed the Law on Psychiatric Care, which laid the foundation for enhancing psychiatric services in the country (9), while community-based services remained overlooked. With the onset of the conflict in 2014, mental health needs of the population began to increase, along with the attention paid to the topic of mental health in the country. A number of steps have been taken since then to strengthen and develop mental health services in Ukraine. Responding to this growing concern, decisive steps were taken to strengthen the mental health and psychosocial support (MHPSS) services available, with a focus on conflict-affected populations, internally displaced people and veterans, as well as the piloting of CMHTs. The Government is also due to introduce further changes to the existing legislation to strengthen the legal foundation for ensuring access to mental health services in line with international human rights legislation.

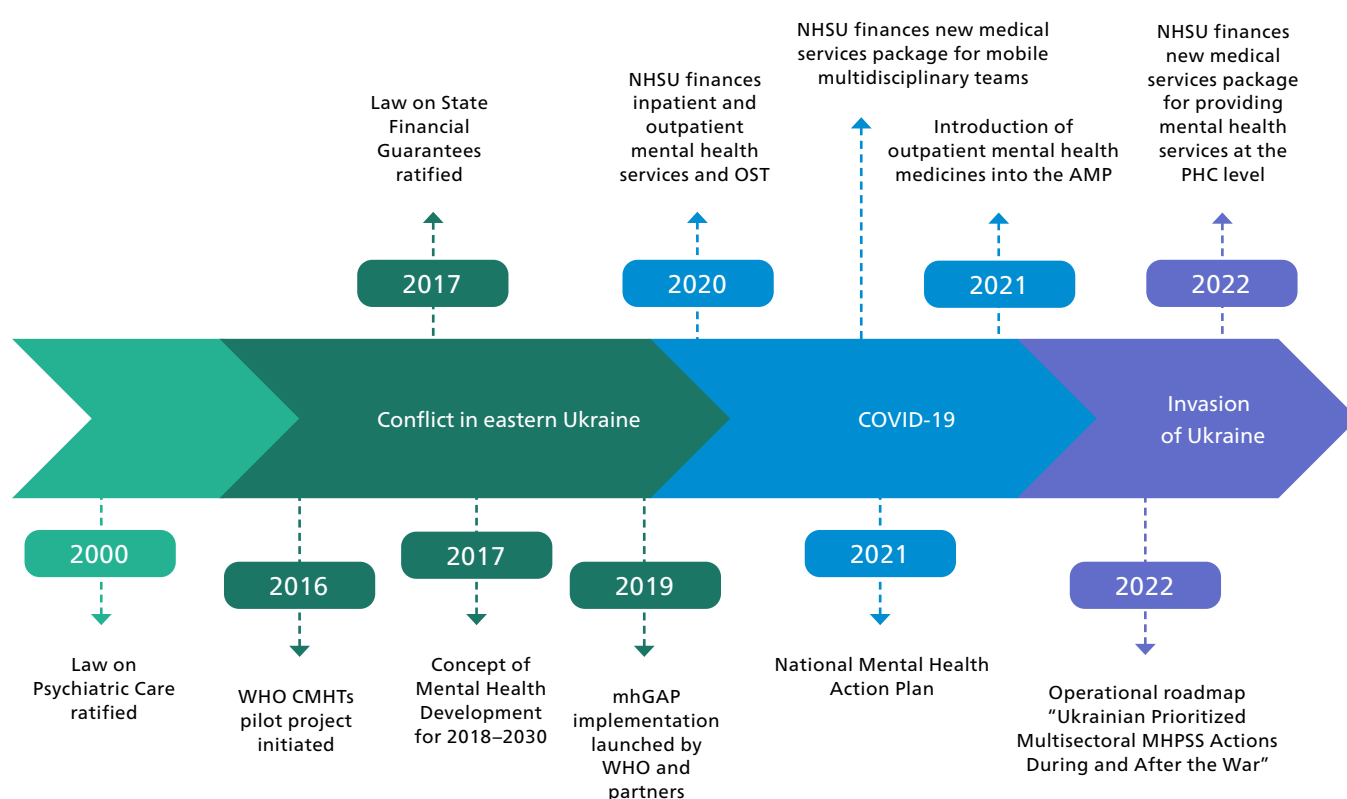
In 2015, as part of the broad health reform, which was initiated due to a major change in Government that promoted anti-corruption measures and health system strengthening, and in light of the ongoing conflict in eastern Ukraine, mental health became a higher priority. Consequently, the Cabinet of Ministers approved the Concept of Mental Health Development for 2018–2030 (10), outlining a roadmap for the transformation of mental health services in the country. Following the approval of the Concept, the Government of Ukraine developed a comprehensive national mental health action plan in October 2021, setting out key activities for 2021–2023. The plan aimed to address various aspects of mental health care, including enhancing outpatient services, integrating mental health services into PHC, improving access to care at the community level, combating discrimination, promoting mental health and well-being and ensuring higher care (quality) standards (11). Under the leadership of the First Lady of Ukraine, Olena Zelenska, the Government recognized the importance of prioritizing MHPSS in response to the profound impact of the war on the population's mental health needs. Several noteworthy achievements have been made in this area, including establishing a thematic intersectoral coordination council¹ under the Office of the Prime Minister of Ukraine and launching the All-Ukrainian Mental Health Program and dedicated communication campaign "How are you?" under the leadership of the First Lady in 2022. Furthermore, an operational roadmap was developed to guide the implementation of priority MHPSS actions across various sectors (3).

1. The intersectoral coordination council was established in May 2022 and includes representatives from 26 different institutions, including the ministries of health, finance, education, social policy, economy, and youth and sport, among many others. The main role of the council is to coordinate activities among national authorities and develop solutions for providing psychological care to those who have suffered due to the war.

Over the years, Ukraine has passed several additional policies related to mental health services delivery and health financing (Fig. 1). These have played a crucial role in reconfiguring and improving mental health care in the country. As a result, there is now a unique opportunity to expand the coverage of mental health services and introduce innovative approaches, such as CMHTs and integrating mental health services into the PHC setting.

Fig. 1. Timeline of mental health services delivery and financing reforms in Ukraine, 2000–2023

Notes. mhGAP: WHO Mental Health Gap Action Programme. OST: opioid substitution therapy.



At the same time, alongside these efforts to strengthen mental health services, Ukraine has also been undergoing reforms in various areas, including focusing on decentralization, health financing, PHC, the hospital network, strategic purchasing, digitalization and access to medicines. The health financing reform took a significant step forward in 2017 with the ratification of the Law on State Financial Guarantees for Health Care Services. Around the same time, a Resolution of the Cabinet of Ministers was passed, establishing the National Health Service of Ukraine (NHSU) as the national purchaser of health services and introducing a health benefits package, known as the Program of Medical Guarantees (PMG) (12,13). These changes marked a shift from input-based to output-based financing methods, bringing about a transformation in the payment mechanisms for most health services (14). The implementation of the new payment mechanisms began in 2018 with the introduction of a PMG package specifically designed for PHC, which is financed through a capitation model. Subsequently, in 2020, the PMG was expanded to include specialized services, including mental health services. Furthermore, as part of its responsibilities, the NHSU also assumed the financing of the Affordable Medicines Program (AMP), which reimburses outpatient medicines for priority conditions.

Before the health financing reform, mental health services were funded through state budget subvention mechanisms and local budgets. However, in 2020, the NHSU introduced a new system of contracting mental health services. This involved three different packages under the PMG: psychiatric care for adults and children in inpatient settings; treatment for individuals with mental health conditions and behavioural disorders caused by opioid use, through opioid substitution therapy (OST); and services provided within the general outpatient package (15). In addition, mobile multidisciplinary team-based mental health services (CMHTs) were included in 2021 and PHC-level mental health services were included in 2022 (see Table 1).

The package for psychiatric care in inpatient settings covers mental health services provided to patients with principal diagnoses classified according to the International Classification of Diseases (tenth revision) (ICD-10) (codes F00–F99) (16,17). Contracted providers receive a monthly budget based on the number of services provided for treated cases, multiplied by a tariff per case. The tariff is adjusted with a coefficient to account for the different ICD-10 codes for each case. In 2023, the base tariff for each case was 13 151 Ukrainian hryvnia (UAH) (equivalent to €332.75) (17).

As with the inpatient care package, outpatient mental health services target patients with principal diagnoses falling under the scope of ICD-10 codes F00–F99. For outpatient mental health services, there is no separate package; rather, these services are included within the scope of a general outpatient care package. Within the outpatient care package, providers receive a global monthly budget, which is calculated by summing the number of services (e.g., consultation, diagnostics, laboratory services) provided on average in the previous year and adjusting it with a base tariff and adjustment coefficients depending on the type of service.² In 2023, the base tariff for providing outpatient services was UAH 150 (€3.80) per service provided (17).

2. For each patient visit, only a maximum of one service of each type is considered (e.g., consultation, diagnostics, interventions) and the base tariff for each service is adjusted to the coefficient according to the service provided.

Table 1. Payment methods and tariffs for mental health-related PMG packages, 2020–2023

Sources: PMG 2020 (15), PMG 2021 (18), PMG 2022 (19), PMG 2023 (16).

Note. n/a: data not available.

PMG package	Payment method	2020 tariff UAH (€)	2020 tariff UAH (€)	2020 tariff UAH (€)	2023 tariff UAH (€)
Psychiatric care for adults and children in inpatient settings	Global budget per month based on historic data, calculated as the sum of the number of treated cases multiplied by the base tariff, to which adjustment coefficients (introduced in 2021) are applied depending on the resource intensity of the treated case	7 865.64 per treated case (255.48)	7 947.00 per treated case (245.97)	11 526.00 per treated case (339.18)	13 151.00 per treated case (332.75)
Prevention, diagnosis, monitoring and treatment on an outpatient basis	Global budget per month calculated as the sum of the number of consultations or diagnostics multiplied by the base tariff and adjustment coefficient indicating the type of service provided	143.24 per patient encounter (4.43)	143.24 per patient encounter (4.43)	150.00 per patient encounter (4.41)	150.00 per patient encounter (3.80)
Treatment of people with mental health conditions and behavioural disorders due to opioid use through OST	Product of 1/12 of the capitation rate of the number of individuals treated for mental health conditions and behavioural disorders due to opioid use with OST	4 082.00 capitation per year (126.34)	4 082.00 capitation per year (126.34)	6 874.00 capitation per year (202.28)	6 874.20 capitation per year (173.93)
Mental health care for adults and children provided by mobile multidisciplinary teams (CMHTs)	Cost per month is calculated as the product of the number of CMHTs and a global rate per month, to which adjustment factors are applied, which are determined depending on the workload of the teams and are calculated as the ratio of the number of patients who received medical care during the month to the number of CMHTs formed by the health service provider	n/a	50 535.00 monthly per team (1 565.12)	107 156.00 monthly per team (3 153.32)	107 156.00 monthly per team (2 711.26)
Support and treatment of adults and children with mental health conditions at the PHC level	Product of the capitation rate, the number of patients (but not more than 18) who received medical mental health services from a PHC provider, within a month	n/a	n/a	n/a	183 capitation per month (4.63)

Since 2020, the NHSU has included a dedicated package for the treatment of individuals with mental health conditions and behavioural disorders resulting from opioid use. This package covers the treatment of patients undergoing OST and the contract volume is determined through a per-capita budget based on the previous year's activity. The financial provision per monthly contract for a provider is calculated as one twelfth of the per-capita rate, which amounts to UAH 6874.20 (€173.93) per person treated, based on the monthly average from the previous year. Providers are paid based on the actual number of patients treated each month (17).

To catalyse the deinstitutionalization of mental health care and promote the use of community-based and multidisciplinary approaches, the PMG introduced a new service in July 2021, following the principles of CMHTs (18).³ This service is now available in all oblasts through NHSU-contracted providers for both adults and children, provided by mobile multidisciplinary teams (CMHTs).⁴ Implementation occurred at system-wide level after piloting and adapting the service to the Ukrainian context through a WHO project that focused on the population affected by the conflict in eastern Ukraine since 2016 (4). The CMHTs are financed through a global budget payment, with each team covering a population of 200 000. The base tariff per team in one month is UAH 107 156 (€2711.26), with adjustment coefficients for workload calculated based on the ratio of the number of patients who received health services within a month to the number of mobile multidisciplinary teams (CMHTs) (17).

In December 2022, as part of the implementation of the operational roadmap on MHPSS, access to mental health services was further widened at the PHC level. A new service package for the support and treatment of adults and children with mental health conditions by PHC teams was added to the PMG (4). While the general PHC package does not require a nurse for contracting, one of the requirements for this new service package is that the provider must have a nurse supporting the PHC doctor. PHC doctors and nurses are required to successfully complete the WHO Mental Health Gap Action Programme (mhGAP) training, which equips PHC doctors with the necessary skills to assess and manage prevalent mental health conditions, such as acute stress reaction, post-traumatic stress disorder, depression and suicidal behaviour, among others. Completing the training or the online (self-directed) course – which was developed later in 2023 as part of the NHSU training platform – is a prerequisite for becoming eligible to provide mental health services and to receive additional financial support from the NHSU. Mental health services delivered at the PHC level are financed through a monthly capitation rate of UAH 183 (€4.63) per patient who receives the specified health services, with a maximum of 18 patients per PHC doctor covered by the NHSU in any one month (17). Although mental health services are to be provided at the PHC level, the additional financing has stimulated more providers to receive the mhGAP training, which gives providers the opportunity to be better equipped to tackle various mental health conditions at PHC level. The vision for the future is that once most providers are adequately trained in the mhGAP, obtaining such accreditation will become mandatory for the basic PHC package. The new package also aims to change perception and attitudes and to decrease stigma among PHC workers towards providing mental health services, which has not previously formed part of PHC practice in Ukraine.

3. CMHTs' work involves a multidisciplinary, team-based, recovery-oriented care approach for people in the community, providing a mobile alternative to the hospital-based treatment model. CMHTs target individuals experiencing severe mental health conditions (such as schizophrenia and related psychotic conditions, bipolar disorder and moderate or severe depression), as well as individuals with significant impairment of functioning and related social problems.

4. Mobile multidisciplinary teams are based at psychiatric hospitals. One of the contractual conditions for providers of the package is to have available the inpatient psychiatric care package at the same time. The mobile multidisciplinary team consists of four specialists: a psychiatrist, a nurse, a psychologist, and a social worker. (It is worth noting that social workers are usually paid from a different budget.)

In addition to the aforementioned mental health services, the NHSU has implemented measures to improve access to outpatient medicines for mental health treatment. In October 2021 several medicines for treating mental health conditions and behavioural disorders and epilepsy were added to the AMP. The pricing of these medicines is regulated by the Government through internal reference pricing, which is standardized for all pharmacies participating in the AMP. Patients are required to pay any difference between the reference price and the retail price. However, at least one medicine for each International Nonproprietary Name (INN) should be available free of charge for patients and not subject to internal reference pricing (18). As of 2023, 64 outpatient medicines (trade names) comprising 10 INNs for the treatment of mental health conditions and behavioural disorders and epilepsy were covered by the AMP (see Table 2). Such medicines are prescribed by the psychiatrist treating the patient, although in May 2022 changes were made to the prescribing rules and now PHC doctors can provide refills for their patients of the medicines prescribed by the psychiatric doctor. Despite this progress, there remains a significant gap in coverage that still needs to be addressed (20).

Table 2. List of outpatient medicines for the treatment of mental health conditions and behavioural disorders and epilepsy, covered within the scope of the AMP, 2021–2023

INN	Number of medicines (trade names) covered under the AMP
Phenytoin	1
Carbamazepine	10
Valproic acid	2
Lamotrigine	18
Haloperidol	2
Clozapine	4
Risperidone	17
Clomipramine	0*
Amitriptyline	5
Fluoxetine	5

Source: PMG 2023 (17).

* There is only one pharmaceutical company with clomipramine on the market in Ukraine and this company does not want to participate in the AMP for the price proposed by the NHSU; hence, there are no options for clomipramine within the scope of the AMP.

Impact

Over the years, there has been an expansion in access to mental health services, with mental health being afforded greater priority in the health budget. Prior to the health reform, about 2.5% of the total health budget was allocated to mental health, with a substantial 89% of that amount directed towards inpatient psychiatric care (21,22). In 2023, the planned budget for health care was UAH 176.1 billion (approximately €4.456 billion), with about UAH 139.75 billion (€3.536 billion) allocated to the PMG (23). Within the planned PMG budget, the mental health service packages constitute about 3.1% of the budget, totalling approximately UAH 4.17 billion (€105.5 billion) (Table 3). However, this figure is likely underestimated as it does not account for outpatient medicines, which are also a significant component of mental health care costs.

Given the structure of the outpatient package within the PMG, it is not possible to calculate the exact total spent on outpatient mental health services, although an estimate of the budget is possible using the available service use data and making reasonable assumptions. In 2022 about 86.7% of the budget for mental health was channelled into inpatient care, which represented a slight decrease from previous years. This decrease can be attributed to the introduction of new outreach mental health services, covered within the scope of the PMG.

Overall budget spending – as compared to the planned contracts for mental health services – fell within 95% for inpatient and OST packages for 2020 and 2022, while in 2021 the budget was underestimated for most packages. For CMHTs, the budget has been overestimated over the years. In 2023 most packages seemed to be on track at the time of writing for the first two quarters of the year, except for mental health services at the PHC level and services provided by mobile multidisciplinary teams. For these, only 21.6% and 34.1% (respectively) of the planned budget had been spent. This shows consistent overestimation of service utilization from the NHSU for mental health outpatient services, although mental health care at PHC level is dramatically increasing as more providers complete the necessary training. Therefore, the target may be reached by the end of the year. For mobile multidisciplinary teams (CMHTs), additional experts are being trained to meet the increased service demand.

Table 3. Budget for mental health services delivery packages covered within the scope of the PMG, 2020–2023 (in UAH)

Source: authors' own calculation based on data provided by the NHSU.

Notes. n/a: data not available.

* Budget for outpatient services is estimated using the electronic health record data regarding the number of visits provided, multiplied by the tariff UAH 150, as no other data were available. Exchange rate taken as yearly average according to the National Bank of Ukraine.

PMG package	2020		2021		2022		2023	
	Planned (million €)	Budget execution (%)	Planned (million €)	Budget execution (%)	Planned (million €)	Budget execution (%)	Planned (million €)	Budget execution January–June (%)
Total PMG	3 035	77.6	3 807	139.9	4 286	98.1	3 536	47.2
Psychiatric care for adults and children in inpatient settings	55	99.2	76	130.2	104	98.9	91	48.7
Treatment of people with mental health conditions and behavioural disorders due to opioid use through OST	0.79	98.1	1.63	114.1	3.66	94.6	3.22	46.1
Mental health care for adults and children provided by CMHTs	n/a	n/a	0.43	81.3	2.21	84.1	2.50	34.1
Support and treatment of adults and children with mental health conditions at the PHC level	n/a	n/a	n/a	n/a	0.000107	0.8	0.37	21.6
Prevention, diagnosis, monitoring and treatment on an outpatient basis (providing care within the scope of ICD-10 codes F00–F99)*	n/a	n/a	2.50	n/a	9.98	n/a	3.97	n/a

The number of mental health inpatient care providers has been declining, resulting primarily from several policy decisions. In 2021, there was a significant decrease in the number of contracted providers for inpatient care compared to the previous year. This can be attributed to the consolidation or liquidation of several facilities. Furthermore, the NHSU implemented changes to the provider requirements, specifically increasing the number of required psychiatrists per facility, which has made it more challenging for providers to secure a contract for delivering inpatient care services. While this change did lead to a decrease in the number of providers (see Table 4), it was aimed at improving the quality of services provided.

The number of mobile multidisciplinary team (CMHT) providers has remained relatively stable since their system-wide introduction in 2021, with a slight increase observed each year. Currently, an evaluation of CMHTs is under way, including assessing outcome measures (e.g. functioning), which will provide further insights into the impact of introducing CMHTs in Ukraine.

Since the introduction of the mental health services package at the PHC level in December 2022, a significant increase in the number of contracted providers was observed each month. As of June 2023, approximately 28.3% (n=673) of all PHC providers were contracted to deliver mental health services (Table 4). It is expected that this number will continue to rise as more providers meet the necessary requirements, such as training their staff in the mhGAP and hiring a nurse.

Table 4. Number of providers contracted for each PMG package, 2020–2023

Source: compiled from data provided by the NHSU.

Notes. n/a: data not available (because package had not yet been introduced).

* Number of providers contracted for outpatient services, of which coded services within the scope of the F00–F99 category for mental health services.

PMG package	2020	2021	2022	2023 (June)
Psychiatric care for adults and children in inpatient settings	192	95	90	96
Treatment of people with mental health conditions and behavioural disorders due to opioid use through OST	224	201	224	218
Mental health care for adults and children provided by CMHTs	n/a	63	65	71
Support and treatment of adults and children with mental health conditions at the PHC level	n/a	n/a	5	673
Prevention, diagnosis, monitoring and treatment on an outpatient basis (providing care within the scope of ICD-10 codes F00–F99)*	n/a	790	676	611

One of the main requirements for qualifying for the mental health care package contract at PHC level is to complete the mhGAP course. As a result, in 2023 the number of people trained in the programme more than doubled compared to December 2022 – increasing from 1075 trained individuals by the end of 2022 to 1763 trained in the first half of 2023. This has significantly increased access of patients to mental health services at PHC level, from approximately 930 000 people having access as of 31 December 2022 to approximately 13 million by mid-year 2023. PHC providers primarily provide care to patients experiencing feelings of anxiety, nervousness, tension, stress and sleep deprivation. They also provide services to patients with psychological symptoms, psychological disorders and a depressed mood.⁵

5. Information reproduced with permission from an unpublished monthly NHSU newsletter (June 2023).

The most up-to-date data regarding the number of unique patients and number of services provided are derived from the eHealth system, whereby providers enter the information, enabling the NHSU to decide on provider payments. These data are available for the years 2021, 2022 and January to June of 2023 (Table 5). The institute of Psychiatry, Forensic Psychiatric Examination and Drug Monitoring of the Ministry of Health of Ukraine also collects service use data, available since 2018. Their figures remain fairly stable over the three-year period for which data are available

(2018–2020), with a slight decrease in the number of individuals receiving care in inpatient settings (from 310 665 in 2018 to 239 641 in 2020) and a slight corresponding increase in the number of individuals receiving services in outpatient settings (from 1 511 383 in 2018 to 1 531 234 in 2020) (24). The data available from the NHSU show a further drop in the number of patients receiving care in inpatient settings, to 153 082 in 2022, as well as a continued increase in the number of patients receiving care in outpatient settings to 546 664 in the same year. However, due to significant variations in the data submission and quality, and since the available data are taken from a variety of sources, it is not possible to provide a comprehensive assessment of changes in services use over time. Furthermore, data for 2022 are heavily impacted by the war, especially during the first couple of months, when payments were not based on the number of recorded services provided, but on the historic budget. In addition, in 2023 the health facilities located close to the hostilities were offered an umbrella service package (No. 57, entitled “Readiness and provision of medical assistance to the population located in the territory where hostilities are taking place”), which temporarily combines and replaces more specific service packages, including provision of services by CMHTs, aiming to facilitate their administration in an emergency context. This further complicates the tracking of mental health services provision.

Table 5. Number of unique patients registered in the eHealth system by PMG package, 2021–2023

PMG package		2020	2021	2022
Psychiatric care for adults and children in inpatient settings	Number of patients	52 673	153 082	127 095
	Number of hospitalizations	61 447	221 892	127 095
Treatment of people with mental health conditions and behavioural disorders due to opioid use through OST		13 929	23 391	21 714
Mental health care for adults and children provided by CMHTs		3 026*	4 581	5 035
Support and treatment of adults and children with mental health conditions at the PHC level		n/a	52	29 210
Prevention, diagnosis, monitoring and treatment on an outpatient basis		228 991	546 664	376 249

Source: compiled from data provided by the NHSU.

Notes. n/a: data not available (because package had not yet been introduced).

* Data for July–December, as package was introduced mid-year.

That said, it is nevertheless possible to compare service use across different service categories and between regions. Taking into account variation between service packages, inpatient care and OST serve about the same amount of people, while CMHTs cover a small fraction of service users. Regular outpatient care services have the widest coverage. In terms of variation between the regions per 10 000 population for inpatient services, both 2021 and 2022 showed significant disparities, ranging between 11 per 10 000 people in Donetsk region and 118 per 10 000 in Volyn and Sumy regions in 2022. This trend is even clearer for outreach and PHC services, where the highest use for both services was seen in Dnipropetrovsk, Poltava and Sumy regions, and in some regions zero use was recorded (in some cases due to the war, but not always).

Data in the eHealth system on the use of inpatient and outpatient care, as well as OST, show a substantial increase between 2021 and 2022. There was a significant increase in the number of unique patients receiving care, but more so in the number of services provided per patient, with an increase seen over the years for all mental health services covered. This can likely be attributed to providers improving their knowledge on data coding and is due to the changes in payment mechanisms that incentivized providers to code more in order to secure additional funding. Furthermore, the eHealth system has expanded, with the inclusion of more fields for different mental health diagnoses, allowing for better and more comprehensive coding practices.

Considering the recently introduced package for the provision of mental health services at PHC level, in the first two quarters of 2023, 37 003 patient visits were recorded in the eHealth system and reimbursed within the scope of the package. At the same, for the same period, when analysing how many patient visits were coded by their PHC provider as receiving mental health services according to the relevant ICD-10 codes, the number is almost three times higher, at 93 019 visits.⁶ This indicates that nearly three times more patient visits took place in the first half of 2023 than were reimbursed by the NHSU within the scope of the PHC mental health package. This discrepancy is related to the capitation payment conditionality that the NHSU only pays for up to 18 people with a mental health condition, as well as the fact that PHC providers can provide mental health services without being contracted for the service package. Additionally, because the financing of PHC services is based on capitation, there is limited incentive for health workers to input data and it is not possible to comment on the quality of the data. As the package for mental health services provided at PHC level was only introduced in December 2022, it will take time for the necessary analysis to be conducted to measure the impact of the package on patients directly, including the quality of services delivered.

6. In 2022, 107 495 patient visits were recorded, indicating a general increasing trend in mental health services provided at the PHC level.

Currently, the AMP covers 10 INNs from the WHO Model List of Essential Medicines for the treatment of mental health conditions, which are limited to the medicines included in the national essential medicines list (antidepressants, antipsychotics and antiepileptics). In 2022 the AMP covered approximately 10% of the market spending on outpatient medicines for mental health conditions. There are several reasons for this low coverage, including the fact that many modern and combined medicines are not included in the national essential medicines list (so those are also not covered by the AMP). Furthermore, even for medicines which are covered by the AMP, patients still often pay out of pocket, which may be due to low prescribing by specialists through the AMP, or self-prescribing. For example, while risperidone makes up 12% of the antipsychotic medicines market and is included in the AMP, more than half of spending on risperidone comes from out-of-pocket expenses rather than reimbursement through the AMP.

The low coverage of mental health outpatient medicines through the AMP limits people's access to high-quality, affordable treatment for conditions treatable in an outpatient setting. Furthermore, despite the increased priority given to mental health services, patients still face several barriers to access – in addition to limited coverage of outpatient medicines – such as stigma and shame, lack of awareness and information, affordability,⁷ and geographical access and distance to service providers (22). For 2024–2025, the Government has identified the expansion of coverage of outpatient medicines for mental health conditions as a priority area for the development of the AMP. The focus will be to include key medicines currently not included in the programme, as well as to ensure better coverage of the population for those medicines that are already included.

7. According to a recent WHO report (20), the incidence of catastrophic out-of-pocket payments in Ukraine is one of the highest in Europe, primarily driven by household spending on outpatient and inpatient medicines. However, no data are available to estimate out-of-pocket payments specifically related to mental health conditions.

Key lessons learned

Despite the country's challenging context, the health financing-related lessons learned from Ukraine's mental health services reform and ongoing health system transformation are applicable to other countries looking to transform their mental health service delivery models. The lessons learned are outlined in the subsections that follow.

Exploiting windows of opportunity for building political will and support

The active involvement of key political figures and the Government, including the First Lady and the Cabinet of Ministers, has played a crucial role in promoting destigmatization of mental health conditions and reinforcing the transformation of the mental health care system. Political prioritization has also enabled more funding for mental health services (3).

Improving access by financing community-based services

There has been a shift to introduce more financing to cover community-based services, including funding CMHTs in all oblasts and mental health services at the PHC level, which has been a key factor in success. The financial incentives and the services packages introduced followed multi-year efforts to develop service models, including piloting, training and the development of service-delivery skills and competencies. Further improving budget planning, contracting and monitoring will help to ensure the best use of available resources.

Harnessing the potential of PHC

The introduction of the separate financial incentive to PHC providers to complete the mhGAP has unlocked the potential for health professionals in fields unrelated to mental health to deliver care at the PHC level, increasing accessibility and coverage of mental health services. However, it is crucial to note that providing such services at the PHC level necessitates support and supervision from specialists, as well as well-defined referral criteria and pathways for patients. Furthermore, keeping the PHC mental health package separate from the core PHC package results in unequal access for patients, as they can only receive care from providers who also apply for the mental health package.

Strengthening strategic purchasing

The establishment of the NHSU as a single purchaser and the introduction of new purchasing arrangements have been important enablers for redesigning financing incentives for mental health services. Continued institutional and capacity development is necessary to further enhance the NHSU as a strategic purchaser. Shifting towards needs-based contracting can ensure that resources are effectively directed to areas with the highest demand for mental health care. Furthermore, the NHSU can strategically use financial incentives to foster the development of community-based mental health services and reduce reliance on inpatient care.

Improving coverage of outpatient medicines

Ensuring the availability and affordability of essential outpatient medicines for mental health through PHC providers is a vital step towards transitioning to community-based outpatient mental health care. However, Ukraine needs to continue to expand the list of covered medicines and the number of people included in the AMP, as the current coverage is limited to a small proportion of the population.

Promoting a multisectoral approach

Involving other sectors, such as social services and education, in the provision of mental health services can enhance the overall mental health system and provide more comprehensive support to individuals in need. Collaboration across sectors encourages a holistic approach to mental health promotion and treatment. It is essential to ensure that financial incentives support this multidisciplinary approach in mental health care.

Prioritizing data collection and monitoring

Robust data collection and monitoring can provide valuable insights into service use trends and access barriers, as well as informing evidence-based decision-making and optimizing resource allocation for improved mental health services. While the current eHealth system provides useful data, its limitations create challenges for policy- and decision-making that must be overcome, such as the absence of comprehensive data on outpatient services.

Maximizing increased support from development partners

Mobilizing partners to join efforts to build the capacity of PHC providers through the mhGAP has been integral to the success of introducing the package for providing mental health care services at the PHC level.

Efforts beyond health financing

While changes in health financing approaches and structure are important, they alone are not enough for improved mental health care coverage; rather, financing needs to be complemented with service delivery reform, improving service standards, and training health workers and other care providers.

References

1. WHO (2021). Comprehensive mental health action plan 2013–2030. Geneva: World Health Organization; 2023 (<https://apps.who.int/iris/handle/10665/345301>).
2. Mental health. In: Newsroom. Fact sheets [website]. Geneva: World Health Organization; 2022 (<https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>).
3. WHO. Ukrainian prioritized multisectoral mental health and psychosocial support actions during and after the war: operational roadmap. Geneva: United Nations Office for the Coordination of Humanitarian Affairs (OCHA); 2022 (https://reliefweb.int/report/ukraine/ukrainian-prioritized-multisectoral-mental-health-and-psychosocial-support-actions-during-and-after-war-operational-roadmap-enuk?_gl=1%2Arv3lay%2A_ga%2AOTQyNzIxNTUzLjE2MzAwNjU1Mjk.%2A_ga_E60ZNX2F68%2AMTY4MTMxODY2NC40Mi4wLjE2ODEzMTg2NjQuNjAuMC4w).
4. Ukraine. WHO Special Initiative for Mental Health. Situational assessment. Geneva: World Health Organization; 2020 (<https://www.who.int/initiatives/who-special-initiative-for-mental-health/ukraine#cms>).
5. Global status report on alcohol and health 2018. Geneva: World Health Organization; 2018 (<https://apps.who.int/iris/handle/10665/274603>).
6. Charlson F, van Ommeren M, Flaxman A, Cornett J, Whiteford H, Saxena S. New WHO prevalence estimates of mental disorders in conflict settings: a systematic review and meta-analysis. *Lancet* 2019; 394(10194):240–248 ([https://doi.org/10.1016/S0140-6736\(19\)30934-1](https://doi.org/10.1016/S0140-6736(19)30934-1)).
7. Petrea I, Haggengburg M. Mental health care. In: Rechel B, Richardson E, McKee M, editors. Trends in health systems in the former Soviet countries. Observatory Studies Series, No. 35. Copenhagen: WHO Regional Office for Europe on behalf of the European Observatory on Health Systems and Policies; 2014 (<https://apps.who.int/iris/handle/10665/326352>).
8. Quirke E, Klymchuk V, Suvalo O, Bakolis I, Thornicroft G. Mental health stigma in Ukraine: cross-sectional survey. *Glob Ment Health* 2021; 8:e11 (<https://doi.org/10.1017/GMH.2021.9>).
9. Закон України. Про психіатричну допомогу [Law of Ukraine on Psychiatric Care]. Law No. 1489-III, 22 February 2000. Verkhovna Rada of Ukraine 2000, No. 19, Article 143 (in Ukrainian) (<https://zakon.rada.gov.ua/laws/show/1489-14#Text>).

10. Cabinet of Ministers of Ukraine. Про схвалення Концепції розвитку охорони психічного здоров'я в Україні на період до 2030 року [On approval of the concept of mental health care development in Ukraine up to 2030]. Order No. 1018-r, 27 December 2017. Verkhovna Rada of Ukraine 2018, No. 16, Article 559 (in Ukrainian) (<https://zakon.rada.gov.ua/laws/show/1018-2017-%D1%80#Tex>).
11. Cabinet of Ministers of Ukraine. Про затвердження плану заходів на 2021–2023 роки з реалізації Концепції розвитку охорони психічного здоров'я в Україні на період до 2030 року [On approval of the action plan for 2021–2023 for the implementation of the Concept for the development of mental health care in Ukraine up to 2030]. Order No. 1215-r, of 6 October 2021. Verkhovna Rada of Ukraine 2021, No. 82, Article 5267 (in Ukrainian) (<https://zakon.rada.gov.ua/laws/show/1215-2021-%D1%80#Text>).
12. Cabinet of Ministers of Ukraine. Про утворення Національної служби здоров'я України [On the formation of the National Health Service of Ukraine]. Resolution No. 1101, 27 December 2017. Verkhovna Rada of Ukraine 2018, No. 15, Article 507 (in Ukrainian) (<https://zakon.rada.gov.ua/laws/show/1101-2017-%D0%BF#Text>).
13. Закон України. Про державні фінансові гарантії медичного обслуговування населення [Law of Ukraine on State Financial Guarantees for Health Care Services]. Law No. 2168-VIII, 19 October 2017. Verkhovna Rada of Ukraine 2018, No. 5, Article 31 (in Ukrainian) (<https://zakon.rada.gov.ua/laws/show/2168-19#Text>).
14. Bredenkamp C, Dale E, Doroshenko O, Dzhygyr Y, Habicht J, Hawkins L, et al. Health financing reform in Ukraine: progress and future directions. Copenhagen: WHO Regional Office for Europe; 2022 (<https://apps.who.int/iris/handle/10665/357169>).
15. Cabinet of Ministers of Ukraine. Деякі питання реалізації програми державних гарантій медичного обслуговування населення у 2020 році та I кварталі 2021 року [Some issues of implementation of the program of state guarantees of medical care for the population in 2020 and the first quarter of 2021]. Resolution No. 65, 5 February 2020. Verkhovna Rada of Ukraine 2020, No. 18, Article 688 (in Ukrainian) (<https://zakon.rada.gov.ua/laws/show/65-2020-%D0%BF#Text>).
16. Ministry of Health of Ukraine. Національний класифікатор України: Класифікатор хвороб та споріднених проблем охорони здоров'я [National classifier of Ukraine: classifier of diseases and related health problems]. Kyiv: Government of Ukraine; 2021 (in Ukrainian) (<https://www.dec.gov.ua/wp-content/uploads/2021/11/naczionalnyj-klasyfikator-nk-025.pdf>).

17. Cabinet of Ministers of Ukraine. Деякі питання реалізації програми державних гарантій медичного обслуговування населення у 2023 році [Some issues of implementation of the program of state guarantees of medical care for the population in 2023]. Resolution No. 1464, 27 December 2022. Verkhovna Rada of Ukraine 2023, No. 4, Article 307 (in Ukrainian) (<https://zakon.rada.gov.ua/laws/show/1464-2022-%D0%BF#Text>).
18. Cabinet of Ministers of Ukraine. Деякі питання реалізації програми державних гарантій медичного обслуговування населення у II-IV кварталах 2021 року [Some issues of implementation of the program of state guarantees of medical care for the population in the II–IV quarters of 2021]. Resolution No. 133, 15 February 2021. Verkhovna Rada of Ukraine 2021, No. 19, Article 792 (in Ukrainian) (<https://zakon.rada.gov.ua/laws/show/133-2021-%D0%BF#Text>).
19. Cabinet of Ministers of Ukraine. Деякі питання реалізації програми державних гарантій медичного обслуговування населення у 2022 році [Some issues of implementation of the program of state guarantees of medical care for the population in 2022]. Resolution No. 1440, 29 December 2021. Verkhovna Rada of Ukraine 2022, No. 9, Article 478 (in Ukrainian) (<https://zakon.rada.gov.ua/laws/show/1440-2021-%D0%BF#Text>).
20. Can people afford to pay for health care? New evidence on financial protection in Ukraine 2023. Copenhagen: WHO Regional Office for Europe; 2023 (<https://apps.who.int/iris/handle/10665/369097>).
21. Lekhan V, Rudyi V, Shevchenko M, Kaluski DN, Richardson E. Ukraine: health system review. Health Systems in Transition 2015; 17(2):1–154 (<https://apps.who.int/iris/handle/10665/176099>).
22. Mental health in transition: assessment and guidance for strengthening integration of mental health into primary health care and community-based service platforms in Ukraine. Washinton (DC): World Bank Group; 2017 (<https://documents1.worldbank.org/curated/en/310711509516280173/pdf/120767-WP-Revised-WBGUkraineMentalHealthFINALwebvpdfnov.pdf>).
23. Ministry of Finance of Ukraine. бюджет 2023 року [Budget for 2023]. In: Activity. National budget [website]. Kyiv: Government of Ukraine; 2023 (in Ukrainian) (https://mof.gov.ua/uk/budget_2023-582).
24. State University “IPSPEN of the Ministry of Health of Ukraine”. ЗВЕДЕНА ФОРМА № 10 [Consolidated form no. 10]. Kyiv: Institute of Psychiatry, Forensic Psychiatric Examination and Drug Monitoring of the Ministry of Health of Ukraine; 2020 (in Ukrainian) (<https://cmhmda.org.ua/category/zvedena-forma-10/>).

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