National-Level Decision Making on Reproductive Health Policy in Ukraine

A Report to the POLICY Project

By

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Natalia Lakiza-Sachuk, PhD (Candidat Nauk)

The Futures Group International
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While participation by many people led to this report, responsibility for its content and any inaccuracies lies with the authors.
PREFACE

ABOUT THE AUTHORS

The authors of this paper are knowledgeable professionals with relevant experience working in Ukraine:

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EXECUTIVE SUMMARY

In Ukraine, the POLICY Project works to improve the policy environment for family planning and reproductive health (FP/RH) by increasing political support for reproductive health and improving the capacity of national and oblast officials to plan FP/RH programs. As a part of its USAID-supported program in Ukraine, the POLICY Project outlined the national-level decision-making process for reproductive health policy, and identified key actors in the policy environment. The description of that process and key actors is found in this report.

Three questions are relevant to national-level decision making in RH. First, what is the process by which an idea becomes an approved RH policy statement? Second, who are the key individuals that initiate, review, and provide expert input to the policy text (i.e., who drafts and revises the laws, regulations, and key speeches of the Minister of Health and the President). Third, who influences the draft text of intended RH policy?

Regarding the first question, the POLICY Project concluded that policy decisions in reproductive health are developed according to a formal process outlined in the Constitution and elaborated by governmental practice.

The 450-member Parliament (Verkhovna Rada), which constitutes the legislative branch of government, passes resolutions and laws by a majority vote of all members. In the executive branch, a number of measures have the force of law. The Cabinet, the highest body of the executive power, may pass Cabinet Resolutions and Orders. The Minister of Health and other ministers, also part of the executive branch, may issue Ministerial Orders through their ministries. The President of Ukraine, as the head of state, may issue Presidential Decrees and Instructions and may veto laws passed by Parliament.

Regarding the second question, the POLICY Project concluded that there are many organizations and authorities from all branches of government involved in the reproductive health policy environment.

In the Parliament, the most important actors influencing RH policy decisions are the members of the Committee on Health Care, Motherhood, and Childhood and the staff of the Secretariat that supports the committee. The Committee Chairman and the Chief of the Secretariat figure prominently. The most important actors at the presidential level are the chiefs of the departments responsible for social policy and health protection. Any statement on reproductive health policy by the Council of National Security and Defense could be expected to carry significant weight.

Review of the decision-making process in the Cabinet leads to the conclusion that the most important actors are the Deputy Prime Minister for Social Policies, and the supporting departmental staff responsible for health and matters involving women. At the Ministry of Health (MOH), the most important actors influencing reproductive health policy decisions are the Minister of Health, the Director of the Directorate for the Organization of Medical Care to Children and Mothers, and the Deputy Director of the Directorate, who is also responsible for Obstetrics and Gynecology.

Regarding the third question, the POLICY Project concluded that a number of scientific research institutions and women’s civic society organizations affect policies as they are developed by government leaders.
The health sector is the source of medical authority and expertise that supports the development of reproductive health policies. Additionally, a multisectoral, intergovernmental Policy Development Group (PDG) was recently formed to advocate for, develop, coordinate, and monitor reproductive health policy, with full agreement and interest of key government leaders. This body is still waiting for official status.

The most important actors from the scientific research community influencing RH policy decisions are the head and key research staff of the National Academy of Medical Sciences of Ukraine. They include the Director of the Institute of Pediatrics, Obstetrics and Gynecology, the Head of the National Family Planning Center, and the Head of the Sexology Clinic of the Institute of Urology. They also include the manager of research on social and demographic policy of the National Institute for Strategic Studies and the head of the Department of Demography and Renewal of Labor Resources of the National Academy of Sciences Institute of Economics.

The leading Ukrainian women’s civic organizations in this area are the Olena Teliha All-Ukrainian Women’s Association, Union of Ukrainian Women (Союз Украинок), Women’s League of Ukraine (Спілка Жинок України), and Women’s Society (Жіноча Громада). They increasingly influence reproductive health policy.

Having conducted this review, the authors developed a list of 36 key decision makers, 18 of whom later participated in a key informant study on reproductive health knowledge and attitudes, also conducted by the POLICY Project. Two questions posed by the key informant study of key decision makers also relate to the topic of this review. One question was What role does your office (section of the organization) take in developing reproductive health policy? In response to this question, some decision makers identified an educational and advocacy role for their office. A second question asked When you make decisions on reproductive health matters, what organization’s views are important to you? Whose views would you seek? Answers to these questions indicate that key decision makers know each other and form an informal network. The authors conclude that members of this network are one important focus of advocacy.

Based on their review of the reproductive health decision-making process at the national level, the authors propose the following:

- The many organizations and authorities involved in reproductive health policy should become more informed and involved in policy planning. They should be enlisted as champions of RH policy reform and supportive FP/RH policies;
- These numerous actors should become familiar with, use, and promote the broadened definition of RH from the International Conference on Population and Development;
- The informal network of decision makers should be formalized, perhaps within the newly-formed intergovernmental and multisectoral Policy Development Group; and
- Decision makers should obtain information from agencies outside the network (including international agencies) who are involved with reproductive health.
National-Level Decision Making on Reproductive Health Policy in Ukraine

BACKGROUND

The POLICY Project is funded by the U.S. Agency for International Development (USAID). It is implemented by Futures Group International, Inc. (FUTURES), in collaboration with the Research Triangle Institute and the Centre for Development and Population Activities. The POLICY Project works to improve the policy environment for family planning and reproductive health (FP/RH) programs. In Ukraine, it contributes to USAID’s strategic objective to improve the health of the population in targeted oblasts by assisting the adoption of legislative and policy reforms and the maintenance of supportive FP/RH policies.

Between October 1998 and March 1999, the POLICY Project conducted a key informant study to gain insight into Ukrainian policymakers’ knowledge of and attitudes toward reproductive health issues in the hopes of giving these issues greater priority in the policy environment. In preparation for this study, the POLICY Project found it necessary to conduct a review of the decision-making process and to identify key decision makers. The findings of this review are described in this report, while the results of the key informant study can be found in Key Informant Study: Policymakers’ Knowledge of and Attitudes Toward Reproductive Health in Ukraine, a companion document.

The impetus for this review, like many POLICY activities, comes from the 1994 International Conference on Population and Development (ICPD), also known as the “Cairo Conference.” Among its many objectives, the ICPD Programme of Action broadens the definition of reproductive health and calls for universal access to reproductive health services, including family planning, by 2015. In 1999, The Hague Forum, one of several follow-up events known as ICPD+5, gave attention, for the first time, to the unique reproductive health issues faced by countries in economic transition like Ukraine.

Ukrainian delegations participated in both the ICPD and ICPD+5 events and, since the ICPD in 1994, Ukraine has established a National Family Planning Programme that is articulated in key centers across the country. Yet, Ukraine faces numerous reproductive health challenges. The population is decreasing – the death rate has exceeded the birth rate since 1991. Abortion remains a primary method for regulating fertility. Ignorance about contraception and protection from disease remains high among youth and many adults, and there are marked increases in rates of sexually transmitted diseases (STDs) including HIV/AIDS.

Key Ukrainian decision makers are aware of the need for RH services and have been exposed to new responses of the international community to needs for services. However, it remains difficult to act on this awareness. Ukraine continues to face the pressures of economic decline and social transformation. As a result, neither health nor RH is a priority in the broad policy environment, which includes many competing social and economic development concerns. Although RH is only one of many problem areas in Ukraine competing for the attention of policymakers, the POLICY Project hopes this analysis of the RH decision-making process and actors, along with the key informant study, will assist efforts to raise the priority given

2 Ibid.
to reproductive health policy and to improve the reproductive health of women and men as envisaged by the ICPD.
DECISION MAKING AT THE NATIONAL LEVEL

At the national level, the government of Ukraine acts through statutes and statutory instruments to achieve a particular course of action, for example, a policy on RH. The 450-member Parliament (Verkhovna Rada), which constitutes the legislative branch of government, passes resolutions and laws by a majority vote of all members. In the executive branch (Figure 1), a number of measures have the force of law. The Cabinet, the highest body of the executive power, may pass Cabinet Resolutions and Orders. The Minister of Health and other ministers, also part of the executive branch, may issue Ministerial Orders through their ministries. The President of Ukraine, as the head of state, may issue Presidential Decrees and Instructions and may veto laws passed by Parliament.

In addition to laws and regulations, major speeches made by the President and the Minister of Health often present intended courses of action that constitute policy on RH. Three leading examples are RH matters included in the annual address of the President to Parliament, the annual address of the Minister of Health to Parliament, and the President’s annual report to Parliament on the implementation of the UN Convention on the Rights of the Child. Laws and regulations that address more general health measures also may include programs and services that maintain or promote reproductive health, for instance, obstetrical and gynecological services in hospitals.

Initiatives by the executive branch of government to introduce a reproductive health or related policy come mainly from ministries whose responsibilities relate to the subject of the policy. Reproductive health policy initiatives typically involve the Ministries of Health, Education, Economics, and the State Committee on Family and Youth Affairs of the Cabinet of Ministers (a ministry until March 1999) and, possibly, the Ministry of Labor and Social Policy. Such initiatives could also come from governmental or, less frequently, from nongovernmental organizations (NGOs) that conduct research, or are involved in the delivery of health care, education, and occupational health and safety.

Three questions are relevant to national-level RH decision making. First, what is the process by which an idea becomes an approved RH policy statement? Second, who are the key individuals that initiate, review, and provide expert input to the policy text (i.e., who drafts and revises the laws, regulations, and key speeches of the Minister of Health and the President). Third, who influences the draft text of intended RH policy?

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3 Statutes and statutory instruments of the powers of government are specified in the Constitution. The following translations are used in this report: zakon – law; Akt – Act, statute; postanova – Parliamentary Resolution – a considered statement of position, or Cabinet Order; normatyvno-pravovi akty – regulations; rozporiadzenia – Cabinet or Presidential Instruction; ukaz – decree; akty – acts of Parliament or the President.

4 Section 91 of the Constitution of Ukraine.

5 Section 117 of the Constitution of Ukraine.

6 Section 106 of the Constitution of Ukraine.
1. Decision Making in Parliament

Section 93 of the Ukrainian Constitution specifies that a legislative measure (an Act or a Resolution of Parliament) may be introduced in Parliament for its consideration and approval only by the following: (1) the President; (2) members of Parliament (“deputies”); (3) the Cabinet of Ministers; or (4) the National Bank (Figure 2). A draft of the proposed legislation is registered upon submission to Parliament. Whether the bill is a new piece of legislation or an amendment to existing legislation, it is typically prepared by a ministry or the Cabinet. It may also be prepared by a deputy or group of deputies. The Speaker or Deputy Speaker of Parliament reviews the bill for compliance with procedural regulations and passes it for consideration to the appropriate standing committee of Parliament. For bills concerning reproductive health, this is most frequently the Parliamentary Committee on Health Care, Motherhood, and Childhood. A bill may also be passed to the executive branch or other organs of state authority and administration for consideration.

In its initial examination of the bill, the Parliamentary committee considers whether the bill has merit and should be placed on the session agenda for presentation to a plenary session of Parliament, or whether it should be returned for amendment. If accepted, the bill is prepared for the first reading. A council of the heads of Parliamentary fractions and a meeting of the chairmen of Parliamentary committees, taking into consideration the committee’s decision, decide whether to propose placing the bill on the agenda of the plenary session. If they approve the bill, a plenary session of Parliament votes on including the bill on the agenda for first reading. A rejection at this early stage could leave the bill to wait for the next session of Parliament.

Source: The Romyr Report, Fall 1998, Romyr and Associates
At its first reading, the bill is presented by its initiator (e.g., the Ministry of Health) and the relevant Parliamentary committee (e.g., the Committee on Health Care, Motherhood, and Childhood). The first reading considers the conceptual principles of the bill. Upon debate, Parliament approves or rejects the text for further consideration. If rejected, the bill is returned to the committee for revision and must be resubmitted for another first reading. If accepted without amendment, the bill is immediately submitted for the second reading. If accepted with amendment, the bill is returned to the committee for further consideration and amendment – typically with the participation of the Ministry of Health (MOH) – and is prepared for a second reading at a plenary session of Parliament.

The second reading compares the amended bill to the original and examines it for compliance with the amendments proposed in the first reading. Members of Parliament vote on each section of the bill, the proposed amendments, and on the bill as a whole. If selected sections are not approved in the second reading, if the bill is particularly long, or has many amendments, the bill may be presented for a third reading. The bill may be approved for enactment on either the second or third reading. The Committee then prepares its final edits on the basis of the official record from second and third readings. After technical revisions by the legal, editing and publishing, and documentation sections of the secretariat of Parliament, the Speaker signs the bill.

The signed Act is submitted for signature by the President who has 15 days to either sign it or veto and return it with his observations to Parliament. Parliament then considers the President’s observations in a third reading and approves the President’s amendments or rejects them with two-thirds majority of Parliament. These decisions are final and the President must sign and proclaim the bill into law within 10 days. The Act (statute) comes into force on the 10th day after its proclamation unless otherwise stipulated in the Act.\footnote{Section 94 of the Constitution.}

At the Parliamentary level, the most important actors influencing reproductive health policy decisions are the members of the Committee on Health Care, Motherhood, and Childhood and the staff of the Secretariat who support the committee. The Committee Chairman and the Chief of the Secretariat figure prominently.
Figure 2. Decision Making on Reproductive Health in Parliament

1. Bill introduced only by:
   • President
   • Members of Parliament
   • Cabinet of Ministers
   • National Bank
   (Typically drafted by executive branch of government – Cabinet or a ministry)

2. Draft legislation registered and included on agenda
   a. Submitted to the Secretariat of Parliament
   b. Registered
   c. Passed to standing Parliamentary Committee on Health Care, Motherhood, & Childhood

3. Initial examination by Parliamentary Committee on Health
   a. Amendments, alternatives
   b. Prepare for first reading

4. First reading
   a. Ministry of Health and Parliamentary Committee on Health introduce bill to plenary session of Parliament
   b. Bill passes and goes to second reading or is amended and prepared for

5. Second reading
   a. Section-by-section review and vote and amendments
   b. Vote on whole bill: if approved, bill passes; if not goes to third reading

6. Third reading
   a. Amendments and vote by section
   b. Incorporation of President’s observations
   c. Vote on whole, if approved, bill passes

7. Parliament approves bill
   a. Final edits by Committee on Health Care, Motherhood, and Childhood
   b. Technical revisions by legal, editor-publishing, and documentation departments of the Secretariat of Parliament
   c. Signed by Speaker

8. Bill submitted to President
   • President vetoes it within 15 days, or
   • President signs it within 15 days

9. Vetoed bill with President’s observations is returned to Parliament for Third Reading
   • Parliament accepts President’s observations, or
   • Parliament rejects them by 2/3 vote (override)

   9a. Vetoed bill with President’s observations is returned to Parliament for Third Reading
      a. Parliament accepts President’s observations, or
      b. Parliament rejects them by 2/3 vote (override)

   9b. Bill signed
      a. President proclaims the bill into law within 10 days
      b. Law comes into force in 10 days after proclamation
2. Decision Making in the Administration of the President

The President of Ukraine is the head of state and the guarantor of state sovereignty, territorial integrity, constitutionality, and human and citizen rights and freedoms. The President makes decisions on matters of state policy and the economy. However, the President can intervene in three cases: (1) if a problem is extremely urgent and there is no legislative basis to respond; (2) if Parliament does not place a draft law submitted to it on the agenda of its legislative session, or does not deal with the agenda item; or (3) if there is an inadequate legislative basis to respond to a problem which is neither economic nor political. He can then pass a Presidential Decree that extends beyond the bounds of his usual powers (e.g., concerning an issue of social development), as was the case in late 1998 when a new national pension law was passed.

A reproductive health policy initiative intended as a Presidential Decree or Instruction is submitted in the form of a letter by the Cabinet of Ministers or by the sectoral departments of the President’s Administration and is addressed to the First Assistant to the President (Figure 4). The First Assistant to the President refers the letter to key sections of the President’s Administration, (e.g., Department of Economic and Social Policy, Department of Humanitarian Policy, and the Department of Physical Development and Health Protection) to obtain opinions and ensure coordination.

After analyzing the submitted documents, each section presents its assessment of the initiative. The legal section gives its assessment and draws the final conclusion on the feasibility and form of the proposed action. All finalized documents with conclusions are submitted to the First Assistant to the President who reports to the President or takes a decision on his own authority.

Council for National Security and Defense

Section 107 of the Constitution establishes the Council for National Security and Defense of Ukraine. This body is accorded special status separate from the Administration of the President, although the President serves as its head. The Prime Minister is also a member of the Council. The Council has more authority on matters falling within its mandate than any department of the Administration.

Principal attention of the Council is directed to political-military issues in support of national defense. In the past few years, however, Council interests have broadened. For example, it receives regular reports on threatening aspects of the socio-demographic condition in Ukraine. It has, therefore, become possible to draw the attention of Presidential Administration staff to the issues of declining birth rates and the decline in health of the population. The Council might take an interest in reproductive health as an issue, especially out of a concern with the health of military personnel.

Review of the decision-making process at the Presidential level leads to the conclusion that the most important actors influencing reproductive health policy decisions are the chiefs of departments responsible for social policy and health protection and the advisors delegated to address the problem. Although not as likely, any statement on RH policy by the Council of National Security and Defense could be expected to carry significant weight.

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8 Section 102 of the Constitution.
Figure 3. The Structure of the Administration of the President of Ukraine


Figure 4. Decision Making on Reproductive Health in the Administration of the President of Ukraine

1. Letter submitted to the First Assistant to the President by:
   • Cabinet of Ministers
   • Department of the President’s Administration

2. First Assistant refers letter to key departments, such as:
   • Economic and Social Policy
   • Humanitarian Policy
   • Physical Development and Health Protection

3. Each section submits its assessment to the First Assistant

4. President makes a decision based on the First Assistant’s final documents

Source: Natalia Lakiza-Sachuk, Ph.D (Candidat Nauk).
3. Decision Making in the Cabinet of Ministers

The principal body for making decisions and managing executive government activities is the Cabinet of Ministers, which has the Constitutional power to issue Cabinet Orders and Instructions, which have the force of law. A typical RH policy initiative (e.g., a proposal for a new regulation) could come from the Ministry of Health, from another ministry or from the staff of the Cabinet. The proposal is officially submitted to the Cabinet for consideration in the form of a letter with grounded reasons for the requested decision. Before this happens, however, it passes through a number of stages.

In the first stage, the proposal is submitted for discussion and endorsement to ministries related to the topic of the proposal. These may include the MOH, the State Committee on Family and Youth Affairs, the Ministry of Finance, the Ministry of Economics, the Ministry of Education, and possibly others, depending on the nature of the initiative. If the letter gathers the necessary endorsements from these ministries, the letter and supporting documents are submitted to the Deputy Prime Minister for Social Policies for consideration. This Deputy Prime Minister has health in his areas of responsibility (Figure 5). The Deputy Prime Minister in turn forwards the package to the appropriate administrative department of the Cabinet, or ministry, with one of the following directives:

- **For information** – a formal referral that requires no further action,
- **For application** – directs that the initiative be taken into consideration in future work of the department or ministry,
- **Consider and prepare response to the applicant** – requires review and preparation of a concrete response or decision,
- **Study and present proposals to the Cabinet of Ministers** – the most favorable directive for an initiative, because it can lead to a recommendation from the department or ministry that a regulation of the Cabinet be prepared.

The administrative department of the Cabinet or ministry may conclude *advisable to support* or *advisable to prepare a draft Cabinet Order or Instruction*. The Deputy Prime Minister assigns the staff of the Cabinet of Ministers and the appropriate ministry with the task of preparing a draft Cabinet Order or Instruction in response to the Cabinet department or ministry’s reply. A draft Cabinet Order or Instruction is submitted for consideration and signature to the Prime Minister of Ukraine. The Cabinet Order or Instruction comes into force when signed. If the RH policy needs to be established as a law instead of a Cabinet Order or Instruction, the Cabinet of Ministers submits its proposal to Parliament, following the process described earlier. Administrative departments of the Cabinet and ministries that oversee the assessment and decision making on RH policy are:

- **The Cabinet of Ministers** - Social Policy Administration, Department of Health Care, and the Division of Women, Family, Mothers and Children
- **The Ministry of Finance** - Health and Social Affairs Administration, Department of Health Financing
- **The Ministry of Economics** - Education, Culture and Health Care Economics Administration
• **Ministry of Health** – Directorate for the Organization of Medical Care to Children and Mothers

• **Ministry of Labor and Social Policy** - Demography and Employment Administration

• **State Committee for Family and Youth Affairs of the Cabinet of Ministers** - Social Protection Administration.

Review of the decision-making process at the Cabinet level leads to the conclusion that the most important actors are the Deputy Prime Minister, and supporting departmental staff responsible for health and matters involving women. Policy is also influenced by senior personnel responsible for health of the Ministries of Finance and Economics. Senior personnel responding to proposals on reproductive health from the State Committee for Family and Youth Affairs and, in some cases, the Ministry of Labor and Social Policy, can also be influential.

**Figure 5. The Cabinet of Ministers**

Figure 6. Decision Making on Reproductive Health in the Cabinet of Ministers

1. Proposal is submitted to relevant ministries:
   - Ministry of Health
   - State Committee on Family and Youth Affairs
   - Ministry of Finance
   - Ministry of Economics
   - Ministry of Education

2. The Deputy Prime Minister for Social Policies submits it to the appropriate ministry or administrative department labeled:
   - For Information
   - For Application
   - Consider and Prepare Response
   - Study and Present Proposals to the Cabinet

3. The ministry or administrative department may conclude:
   - Advisable to Support
   - Advisable to Draft Cabinet Order

4. The Cabinet of Ministers and the ministry prepare the Cabinet Order or Instruction and submit it to the Prime Minister for signature

4. Decision Making in the Ministry of Health

Directorate for the Organization of Medical Care to Children and Mothers

The Directorate for the Organization of Medical Care to Children and Mothers in the Ministry of Health has national responsibility for matters of reproductive health. The Directorate proposes policy, drafts and reviews proposed laws, Cabinet and Ministerial Orders and other regulations, and monitors implementation and compliance. It also drafts and reviews text related to its area of responsibility for speeches given by the Minister of Health and the President, including annual addresses to Parliament. The Department of Obstetrics and Gynecology holds specific responsibility in its area of specialty. The Directorate obtains statistical indicators from the Center for Medical Statistics of the Ministry of Health and examines them for trends, regional tendencies and variances. Issues requiring priority attention are selected for more detailed examination and may generate policy initiatives.

New policy initiatives may come from other sources like referrals from Parliament, the Parliamentary Committee on Health Care, Motherhood, and Childhood and the Administration of the President. They may also come from referrals from the Minister of Health, meetings of senior management of the Ministry, or from approved proposals from oblast, city, or rayon health

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9 Translation used for holovne upravlinnia.
administrations. Some initiatives arise from ideas in international literature and documents, and from visits abroad by the Minister of Health, the Director of the Directorate, or other senior ministry or academic official.

A new policy initiative typically begins with an informal discussion between the Director of the Directorate and the Minister or the Deputy Minister under whose jurisdiction it falls. A letter with grounded reasons for the requested decision is then prepared by the Director or Deputy Director of the Directorate as initiator, and is presented to the Minister of Health, through the Deputy Minister, for consideration. Upon review, the proposal is finalized and a Ministerial Order is prepared by the initiator for the Minister's signature. The Order is signed and registered, and sent to all oblast health administrations for further distribution.

The Ministry of Health Collegia and Scientific Council

A policy initiative prepared by the Directorate may also be considered at a monthly meeting of the Ministry of Health Collegia called to discuss a specific topic. The Collegia is chaired by the Minister of Health and comprises all Deputy Ministers, the Director of the Directorate and other relevant departmental heads. It may include academic and medical specialists by invitation, although not as voting members. A member of an oblast health administration may be a co-presenter with the relevant Director or Deputy Director. The decision of the Collegia may lead to the preparation of a Minister’s Order or a higher statutory instrument.

Policy matters may also be prepared by the Directorate for consideration at a meeting of the Ministry’s Scientific Council called to discuss a specific matter. The Council includes leading academic and medical specialists and selected ministry officials. The result may be a resolution passed by the Council. The resolution is a recommendation and may be distributed for information.

A review of the decision-making process in the Ministry of Health leads to the conclusion that the most important actors influencing reproductive health policy decisions are the Minister of Health, the Director of the Directorate for the Organization of Medical Care to Children and Mothers, and the Deputy Director of the Directorate, who is also responsible for Obstetrics and Gynecology. On reproductive health matters, the Director is the principal person responsible for presenting policy proposals and drafting text for statutes and statutory instruments, reviewing and ensuring expert input to policy proposals, and drafting major policy speeches for the Minister of Health and the President.

The Centre for Medical Statistics plays a key supportive role in providing health data and analysis to the Ministry of Health, including the Directorate, and to Parliament, the Cabinet, and the Administration of the President. For historic reasons, the present Head of the Division of Medical Classification Technologies provides support on matters of reproductive health.

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10 The ability of oblast and city health administrations to influence national policy depends on the professional reputation of the proponent from the local health administration, and to some extent the status of the administration. The Health Administration of the City of Kyiv finds it somewhat easier to garner attention of the Ministry of Health because of its proximity and status as an administration of the nation’s capital. Along with a few others like the Odesa Oblast, Kyiv has noteworthy reproductive health programs.

11 Naukova rada.
5. **Scientific Research Institutions and Women’s Organizations with Influence on Reproductive Health Policy**

Parliament, the Cabinet, ministries, and the Administration of the President may turn to institutions, including women’s civic organizations, for expert opinion and scientific research on matters presented for their consideration.

The National Academy of Medical Sciences of Ukraine comprises the principal medical scientific research institutes of the country. Two that are important to reproductive health are the Institute of Pediatrics, Obstetrics and Gynecology, and the Institute of Urology. The former includes the National Center for Family Planning. The latter conducts research in male reproductive health, and has a Sexology Clinic. The head of the clinic is the chief expert on sexopathology for the Ministry of Health.

The National Institute for Strategic Studies of the President of Ukraine supports the work of the Council for National Security and Defense and has conducted research and published several monographs on the influence of family planning policy in Ukraine, socio-demographic consequences of the Chernobyl Catastrophe, and demographic development. These monographs have made a contribution to broadening the concept of national security to include the questions of population, reproduction, and health.

The National Academy of Sciences of Ukraine includes the leading pure and applied scientific research institutes of the country. The Institute of Economics, Department of Demography and Renewal of Labor Resources, conducts research on matters related to reproductive health and has contributed to the development of national demographic policy.

The most important actors from the scientific research community influencing reproductive health policy decisions are the head and key research staff of the National Academy of Medical Sciences of Ukraine. They include the Director of the Institute of Pediatrics, Obstetrics and Gynecology, the Head of the National Family Planning Center, and the Head of the Sexology Clinic of the Institute of Urology. They also include the manager of research on social and demographic policy of the National Institute for Strategic Studies and the head of the Department of Demography and Renewal of Labor Resources of the National Academy of Sciences Institute of Economics.

The leading Ukrainian women’s civic organizations in this area are the Olena Teliha All-Ukrainian Women’s Association, Union of Ukrainian Women (Soyuz Ukrainok), Women’s League of Ukraine (Spilka Zhinok Ukrainy), and Women’s Society (Zhinocha Hromada). They increasingly influence reproductive health policy.

6. **The Policy Development Group (PDG)**

The RH Policy Development Group (PDG) is a unique intergovernmental, multisectoral group that emerged with POLICY assistance and Ministry of Health support in March 1999. It comprises members from several government bodies and other RH stakeholders including representatives of the Ministry of Health; the Parliamentary Committee on Health Care, Mothers and Children; the Cabinet of Ministers; the National Family Planning Program; the Institute of Pediatrics, Obstetrics and Gynecology; and NGOs such as Olena Teliha All-Women’s Association, and the Women’s League of Ukraine. The group is in the process of constituting itself officially in order to develop a national reproductive health policy and to create a new national family planning program for the period 2001-2005.
In June 1999 the group—with the support of the Cabinet of Ministers, the Parliamentary Committee on Health Care, Mothers and Children, The Ministry of Health, and the POLICY Project—held a round table discussion on the legal and regulatory environment for FP/RH. The policy dialogue marked the first time the legal framework for FP/RH had been reviewed by key RH stakeholders from governmental, nongovernmental, and private organizations in a participatory policy dialogue. The PDG’s next steps will include prioritizing the list of key issues identified at the round table that require policy change and creating a policy action plan.

The emergent goals of the PDG include fostering the development of a RH policy, promoting its implementation nationwide, crafting a new national family planning program (the current NFPP ends in the year 2000), and ensuring coordination of donor support. Since the PDG represents the key government agencies responsible for FP/RH policies, it would be an appropriate group to draft and build support for RH policy (or policies/laws) and the NFPP follow-on. It is hoped that this multisectoral participation in the policy process for RH will build upon its current momentum and provide a meaningful contribution to the improvement of RH services and information in Ukraine.
CONCLUSION

Having conducted this review, the authors developed a list of 36 key decision makers, 18 of whom later participated in a key informant study on reproductive health knowledge and attitudes, also conducted by the POLICY Project. Two questions posed by the key informant study of key decision makers also relate to the topic of the review. One question was What role does your office (section of the organization) take in developing reproductive health policy? In response to this question, some decision makers identified an educational and advocacy role for their office. A second question asked When you make decisions on reproductive health matters, what organization’s views are important to you? Whose views would you seek? Answers to these questions indicate that key decision makers know each other and form an informal network. Members of this network are one important focus of advocacy.

Based on this review of the reproductive health decision-making process at the national level, the following is proposed:

• The many organizations and authorities involved in reproductive health policy should become more informed and involved in policy planning. They should be enlisted as champions of reproductive health policy reform and supportive family planning/reproductive health policies;

• These numerous actors should become familiar with, use, and promote the broadened ICPD definition of reproductive health;

• The informal network of decision makers should be formalized, perhaps within the newly-formed intergovernmental, multisectoral Policy Development Group; and

• Decision makers should obtain information from agencies outside the network (including international agencies) who are involved with reproductive health.
ANNEX 1
KEY DECISION MAKERS

The following list of 36 persons is presented in the same order as designation of powers in the Constitution and does not reflect degrees of influence. Persons designated with an asterisk (*) provided input as key informants.

Parliamentary Level

1. Serhiy Volodymyrovych Shevchuk, Member of Parliament, Chairman of the Parliamentary Committee on Health Care, Motherhood, and Childhood

2. Lilia Stepanivna Hryhorovych*, Member of Parliament, Deputy Chair of the Parliamentary Committee on Health Care, Motherhood, and Childhood

3. Volodymyr Myroslavovich Rudiy*, Chief of the Committee Secretariat, Parliamentary Committee on Health Care, Motherhood, and Childhood

4. Valentyna Mykolayvna Yeshchenko*, Principal Consultant to the Committee, Parliamentary Committee on Health Care, Motherhood, and Childhood

Administration of the President


6. Valeriy Mykolayovich Novikov*, Advisor to the President on the Social Policy Issues, Administration of the President of Ukraine

Cabinet, Ministry, and City of Kyiv

7. Valeriy Andriyovych Smoliy, Deputy Prime Minister

8. Volodomyr Yakovych Shpak*, Head, Health Care Department, The Cabinet of Ministers

9. Liudmyla Dmytrivna Vynohradova, Chief, Division of Women, Family, Mothers, and Children, The Cabinet of Ministers

10. Iryna Yevhenivna Holubeva*, Deputy Minister, State Committee (former Ministry) for Family and Youth Affairs of the Cabinet of Ministers

11. Larissa Viacheslavivna Suprun, State Committee for Famiy and Youth
12. Liudmyla Petrivna Holik, State Statistical Committee, The Cabinet of Ministers
13. Stepan Ivanovych Zahaysky*, Deputy Head of the Department, The Ministry of Economics
15. Marija Vasylivna Pasichnyk, Head of the Culture Building Division, The Ministry of Justice
16. Raisa Vasylivna Bohatyriova, The Minister of Health
17. Nina Hryhorivna Hoida*, Director, Directorate of the Organization of Medical Care to Children and Mothers, Ministry of Health
18. Tamara Koctyantinovna Irkina, Deputy Director, Directorate of the Organization of Medical Care to Children and Mothers and Director, Division of Obstetrics and Gynecology, Ministry of Health
19. Anatoliy Nikyforovich Mishchenko*, Head, Division of Medical Classification Technologies, Center for Medical Statistics, Ministry of Health
20. Liudmyla Volodymyrivna Balym, Head of Division, Ministry of Education
21. Halyna Yosypivna Honcharuk, Head, Center for Work with Women of Kyiv, City of Kyiv Administration
22. Lidia Mykhailivna Dmytrenko, Head of City Specialized Clinical Division of Gynecology of Menopause, City of Kyiv Health Administration

Scientific Research Institutes

23. Olena Mykhailivna Lukianova, Director, Institute of Pediatrics, Obstetrics and Gynecology, Ukrainian Academy of Medical Sciences
24. Zoreslava Antonivna Shkiriak-Nyzhnyk*, Chief, Department of Pediatrics and Perinatology, Medical Academy of Postgraduate Education, Institute of Pediatrics Obstetrics and Gynecology, Ukrainian Academy of Medical Sciences
25. Iryna Borysivna Vovk, Director of the National Family Planning Center, and Principal Children’s Gynecologist, Institute of Pediatrics, Obstetric and Gynecology, Ukrainian Academy of Medical Sciences
26. Lidia Ivanivna Ivanyuta, Head of Rehabilitation of Reproductive (Women’s) Function, Institute of Pediatrics, Obstetric and Gynecology, Ukrainian Academy of Medical Sciences
27. Igor Ivanovich Horpinchenko*, Head of the Sexology Clinic, Institute of Urology, Ukrainian Academy of Medical Sciences
28. Valentyna Serhiyivna Steshenko*, Head of the Department of Demography and Labor Resources Reproduction, Institute of Economics, National Academy of Sciences of Ukraine

Women’s Civic Organizations

29. Maria Andriyivna Orlyk, President, League of Women of Ukraine (Spilka Zhinok Ukrainy)

30. Dina Yosypivna Protsenko, Vice President, League of Women of Ukraine (Spilka Zhinok Ukrainy)

31. Olga Semenivna Kobets*, President, Olena Teliha All-Ukrainian Women’s Association

32. Atena Vasylivna Pashko, Chair, Union of Ukrainian Women (Soyuz Ukrainok)

33. Motria Brun’ko*, Union of Ukrainian Women (Soyuz Ukrainok)

34. Olena Suslova*, Director, Women’s Consortium (Zhinochy Consortsium)/Women’s Information and Consultation Center

35. Mariya Mykolaivna Drach, Chair, Women’s Society (Zhinocha Hromada)

36. Liudmyla Porokhniak-Hanovska*, Women’s Society (Zhinocha Hromada)