

Myckola Yabluchansky

THE ADVISER'S THEME

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Kharkiv 2000

THE ADVISOR THEME FANTASIES

(The beta-version)

To Ex-Minister from Ex-Adviser

The fantasies. On the advisor theme. The real and made-up experiences. With a practical goal. To support the administrative reform. Of the Central Executive Organs too. With the aim to improve standards of ordinary Ukrainians lives. Obligatory to improve life of Ukrainian officials. In order it to be with dignity - as they deserve.

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Not to be put aside

We are living only once. At least in this life. I don't know about the others, but as for me – I feel life's rhythm intensively. And this feeling is heightening day after day. Because above all is willingness to lose as little time as possible, the desire to have time do a little more.

I do not know exactly who had turned on this chronometer. My Medical School old physiology professor probably. It was quite a long time ago, during my student years, when I was second year student...

Remember that warm and tender spring morning. While I was running from one school building to another I suddenly met the grey-haired professor in his well known black with wide brims hat whose long-long slightly stoop figure gravely approached to me: "How is your dying going?"

- ???

But, the old man was right. With every passed day less and less days left.... So, how is my dying?

That spring morning, the school path and the professor had been engraved on my heart forever.

Since that time my chronometer is turned on. It is rigorous and painfully frank chronometer. “We are not living, we are dying” And with every other day we have less and less time left. Thus, one has to hurry up.

Yes, I am hurrying up.

The first thought that I will have the possibility to write this book and should do this came with the first proposal to become the advisor of Health Minister.

I accepted the proposal. That appeared possibility to write and publish this book played important role in my decision.

.....
Almost a month has passed since I am not Ministerial Adviser any more. Minister had gone and the Adviser followed her.

For somebody else this time may be not the best time to cool down, to receive the right for soberly and comprehensively appraising all I have gone through. To promulgate that experience. Because the true experience is always important.

Now I recall me being in the Ministry as something happened a long-long time ago. This is because of the fact that after nine months as an adviser, I have completely returned to “normal” everyday university activities. This university life is restless, but that makes it attractive, interesting, because this life reflects interests of students, departments, the faculty, and the whole university.

That happened the day before yesterday. Without any visible reason. That day in the morning I visited the faculty, then went to the hospital. While on the midway to hospital I “saw” the book, all from the very beginning to the end.

As soon as I had seen the book I understood that I should “put” it on paper. And not to be put aside”.

05.02.2000

Author

Entry

The process of become an adviser was very easy. I received a proposal, thought it through, and consulted about it. The Head of the University supported me. Give his consent to my transfer to the Ministry. So I was transferred and officially admitted as councilor.

We are in the Ministry study. The two new advisors. Later we ave worked together. Many ideas in this book were chosen from our mutual efforts.

- So what, guys, we need to work in such a way, that...
- Our intentions are very serious.

The main orientations were received. The conflict with “the view from below” was avoided. That created the basis for the future fruitful work in the Ministry. It is impossible for me to work in other way.

But I am not completely sincere when completely denying the conflict. The “slippery” point was connected with me being the head of a medical faculty in a classical university. The educational sector. It means a foreigner. But at the same time a doctor too. It was always a question in the health ministry about the place of medical education. Where should it belong? To the educational sector or to the of health care? Since a very long time my principal attitude to that problem is that medical education should belong to the ministry of education. I suppose this may help to overcome the conflict of interests between the educational and practical medicine sectors and turn the number of future doctors to be estimated by the needs of practical medicine.

This topic is the favorite for our ministry’s sarcasm. That’s why I tried not to raise this question by myself.

However somewhere in the depth of my soul I believe that this attitude of mine in some circumstances prevented my Lady- Patron from accepting the right (as I see now) advises. I suspect, she was reminded. Who her adviser was.

It is my fault that I failed to close this topic.

On the last working day my Minister was absolutely frank. I believe, that was not the last working day for my Lady - Patron. I'm sure of her fruitful future. The world is nonlinear. Especially today, when the whole country is a strange attractor. The next step will be ours.

Sources

I didn't plan to work at the Ministry. Though I am acquainted with the Ministry work as a work of sector quite well.

After graduation from the Donetsk Medical School I worked as a Deputy Director on Science Issues in the Ukrainian National Research Institution of Internal Medicine and in the Kharkiv Research Institution of Microbiology and Immunology for a period of five years in each place. This means that I will be pretty acquainted with the Ministry and its subordinate's environment.

For the last eight years I was working as a Dean of Fundamental Medicine Faculty in Karazin Kharkiv National University.

I was glad to take part in re-establishment of the classical universities right to train medical students, the right that was taken away by the Bolsheviks a long time ago. It was an honor for me because after Donetsk Medical Institute I studied in the Department of Mathematics and Mechanics in the very University. My decision was supported by my Kharkiv teachers and by world-famous scientists and doctors as well.

Working as a Dean appeared not to be easy. It cost me a lot of blood. And it is understandable why. It was an encroachment to the monopoly. In order to defend the aim of including the medical education in the educational sector I approached the media. My articles were published in the "*Medical Newspaper of Ukraine*", "*Mirror Weekly* ", "*Governmental Courier*" and other newspapers. Three of these publications from "*Mirror Weekly* " are included in this book. These articles are interesting. They were published before the decision to be the Minister's Advisor was made. Published several years ago, those articles are still topical.

Two years ago we came to graduation of our first group of doctors, doctors that were trained in our very classical university. The problem we

were faced to was minimal. To get permission from the Health Ministry for our graduates to work as doctors. “Dislove” of the “First”¹ was expressed in delaying of the permission. We were pressed by the timeframe of the undergraduate course. We had to hurry...

Good occasion, the “First” is on vacations, and my Minister, at that time the Deputy Minister, performed the Minister duties. The meeting was set up.

It’s nice to remember. The waiting – room was crowded but I was the first one to come in the study.

- What is a problem?
- It’s not a problem... We just need a letter...
- I will help.

She called somewhere: “... will visit you, please help”. Then to me: “No, they will not help”. Then she called again: “I need you in my office”. Another replica: ”For more reliability I will ask them to go with you”.

She did not know that her prediction was correct. The letter was not ready. It was prepared much later. Signed it was, as appropriate, by the “First”, as usually in the bureaucratic sphere. The nonwritten rule of the national bureaucrat.

I was glad to have my first publicist experiences in the approached to reform the sector and the meeting with the future Minister. These were the entrances in the position of the Advisor. If I didn't have them, I would not be ready to accept the offer, which appeared to be interesting and very useful.

I did not ask for that position. I did not predict that in a half a year, I would be in those shoes. For advisor is the governmental employee. Even thought his rank isn't too high.

View from below

¹ “First” – slang name for the Minister.

It is now the right time to introduce the respectful reader with my understanding of the sector's problems and the ways to solve them. The understanding that I had three years ago, the time that seems to be far away from me nowadays. When I did not know that I would be in the Ministry and even on the Advisors position. Those thoughts of mine are well reflected in the article "Exit is one – to cut, or the ambitions for the cool position in the shadow Cabinet", which was published in "*Mirror Weekly* " ("*Zerkalo Nedeli*", 1997, # 27 (143)).

I am making only a small edition of that article in order to make it mach the book. The epigraph taken from Bukmullin "That absolutely dispassionateness can be only the piece of the metal" reflects the authors feelings related to the raised topic.

So, here is the article.

Country is in difficult economic situation. Health Care too. It does not require many words. The media uncovers its bad condition. By "*Mirror Weekly* " ("*Zerkalo Nedeli*", 1997, #10 (127)). Article # 46² of The Ukrainian Constitution was buried. Looks like now the Health Care will be in the same condition. Mr. A. Mostipan with the sharpness of Nostrodomus predicted ongoing processes in his article "Medicine of Ukraine today and tomorrow" ("*Medytsyna Ukrainy*"³, 1996, #3).

That period had proved that nobody listened to the predictions. There was a lot of talking about reforms. But in reality they are absent.

Having an understanding that alternative programs are needed and supporting the idea of the Shadow Cabinet of the Ministers (SCM), I have enough courage to nominee myself on the position of the Health Minister (HM) in the Shadow Cabinet of Ministers.

Today this branch and the Health Minister are practically managing the Health Care, medical education and medical science. So it would be appropriate consider the reforms in all these directions.

1. Reform of the practical Health Care

² Article # 49 of Ukrainian Constitution:

³ Newspaper "Medicine of Ukraine"

Existing system of the practical Health Care is weak: too big, low effectiveness, high cost. The level of the medical help in the whole state sector, excluding several centers, is somewhere in the middle of the century. But the most important thing is failing of the existing system to overcome the limited governmental financial support often only promised but usually not reaching the practical medical institutions. Let us imagine the situation. When the value of financial support of the sector in the whole country is 54% of the one needed. But, this planned sum is restricted in the real life and only half of it is actually provided. All this accelerates only the process of Health Care sector degradation. There are rumors about its complete crash forthcoming. For example, let us look how the institutions of emergency medicine work. Very often the emergency doctors do not have even the most simple medications to help their patients.

To overcome the stagnation in the sector of Health Care one should use the radical for 100% “surgical” actions. Today we do not have any time for reflections. The time of profound restructurization has come. The way to solve the problem is not in restricting the state Health Care network but in stimulating the non-governmental or private sectors of Medical Care. I believe that in today’s reality one should concentrate on the existing state system of Medical Care and on the half of the promised financial support. For this can't be enough for completely solving the problem it can show that some positive changes are possible.

There is urgent need for priorities. First of all, the fundamental rebuilding of the hospital-based medical care. This care should be concentrated exclusively on the urgent “beds” such as surgical, obstetrical, infectious diseases. For so called somatic patients, the “beds” for them should be settled only in case of critical state. The restricted number of hospital beds should be served by highly qualified personal with high moral principals and very serious attitude to the work. The departments should be highly specialized. For their work the personal should receive appropriate reward. Let us analyze situation: in the West countries the ordinary surgeon operates around 1000 times a year, while in our country the ordinary surgeon performs less then 200 operations a year. This is possible because there are more than enough surgeons in our country. Among them are good and not very good ones.

From my point of view the necessary number of hospital beds is around 20% of those existing today. Even more, there is a popular system in

Ukraine of so-called daytime hospitals and daytime care in outpatient institutions. Without any doubts, a great part of these beds is devoted to fulfill social functions. But one should remember that social-functioning beds have different goals and should be transferred to specialized institutions. This will be cheaper than to manage them by ourselves.

The emergency medicine should be reviewed. It is very expensive to have physicians and even nurses in the ambulance teams. The functions of such teams should be fulfilled by other structures such as police or firefighters institutions like it is in Western countries.

The existing outpatient medical care should be rebuilt. As an alternative one may propose the family medicine. But this health care institution should be functioning on different organization principles. Otherwise, there will be nothing else, but profanation again.

Today in the big cities the institutions of private medicine are in the process of being established. In Kyiv and Kharkiv, for example, the home-based medical care and private first aid care are quite successfully functioning. One can't say that these services are completely inaccessible for people with low incomes. In the competition world the costs for this private services are going to become lower. I want to believe that the depression economic will not stay forever. Besides, the low-income part of the population may be received medical care through the system of green cards. For the state today can pay only for some restricted needs of medical care.

Medical care in our country is delivered also by means of the Special Administrations Sector. Different departments created these medical institutions to achieve there special goals. This system does not have to be treated as an anachronism for it exists also in other well-developed countries. It was created in our country in a quite a long time ago before the Bolsheviks came to power.

I would not be rising up this problem with Administrative Medicine, if there were no attempts to “gulp it” completely. As usual there are some exclusions. But, in general, the question with Administrative Medicine should be solved within administration itself. The administration should “survive” and take care of its medicine services.

Quite important problem is with the pharmaceutical industry and other services. I think that the advent of rich medical market has many advantages. The demonopolization of the medical market will push-out lower quality products and low the prices. If one central institution will manage both the medical market and the whole system of health care then very soon everywhere throughout the country one will be able to find no more then one or two medical products.

The question about the place of medical insurance is being discussed intensively now. Some are looking forward it. Want the medical insurance to be established exclusively in the state health care sector. But that experience we just have survived. The bureaucrat will “swallow” the money and the ordinary Ukrainian will not find even trace of it. In fact, the system of medical insurance should be controlled by the state institutions and may completely belong to state. But the ordinary citizen need to have a chance to decide whether the insurance money go to state or to private hospital? If insurance money is not enough for private hospital care but one wants to be treated in the private facility then one should add money to cover extra expenses. If there is no additional money, one may be treated in state medical facility, where treatment is cheaper. Nobody but the patient have the right to decide where to be treated.

The process of rebuilding the health care system undoubtedly will negatively reflect on the medical personal. But, from other point, avoiding radical changes will lead to complete and irreversible stagnation and total crash of medical care service. Moreover, medical personal suffers a lot from payment delays and very low estimation of their work. The motivation to work was lost by many. Many medical workers just wait for appropriate moment to leave medicine. Many have already found the new sources of incomes, not connected with medicine. This aspect is very painful, but should be discussed and solved.

The restructurization of practical health care system will vacate the main funds, first of all the large buildings and it's surroundings. And this potentially free buildings and territories are located usually in the best places in our cities and transport lines. It should be wise to sell these free facilities through the stock and afterwards use the money for the needs of the health care system.

As we may see, my project of rebuilding the practical health care system doesn't go against the Constitution. The declared free of charge medical care, necessary for life is, thus, guaranteed. And it is going to be much better, than what we have today. After reconstruction of practical health care system financing by means of the government can solve its main problems. If reconstruction of the practical health care system will be delayed, the cumbersome monster of practical medicine will devour itself and other state departments. It is clear, that crash of this system will be catastrophic for all the country.

In case of me becoming a Minister in the Shadow Cabinet of Ministers I consider my first step as the urgent, profound reconstruction of practical health care system.

2. Reform of the medical education

All over so-called "civilized" world the medical education is delivered by the system of universities, which in our country is known as classical. This name covers the best part of universities and should not be applied to the number of institutions, those are also called the universities, but have a much lower level of education. The classical universities are managed by the Ministry of Education. But, that is O.K. In this country the medical departments were separated from the universities and left on the budget of the Health Care Ministry. That happened a long time ago in 20-years of the XX century when the Soviet rule came to power. As a result our people do not trust our doctors, at least many of them.

The problem of medical education as any other education should be solved. The methods should be democratic. If there is overproduction of physicians the state demand has to be restricted or even ceased for some time. The future doctor will have to be trained and educated mainly not for the state money. And the state will even get the revenue from the medical education.

Removal of state demand of physicians will lead to real decrease of recruitment in the most medical universities. For example, the recruitment may be decreased up to 100 persons a year. With such low enlistment of students many universities may not survive financially. The only way for

them to overcome the difficulties is to cooperate with classical universities or to become their departments.

If you can't imagine yourself how such medical department within the classical university works, than you are welcome to visit our university. We don't have more then 60 students a year. The state demand for them is 20 doctors a year. The mathematics is taught by a professor of mechanical-mathematical university department, physics by the professor of university department of physics, chemistry by the professor of university chemistry department, the foreign languages by the professor of university department of foreign languages, biology by the professor of university department of biology. Only medical sciences, the pure medicine are taught by doctors. A student in such a university appears to be in a "multicolored" atmosphere. A student has possibilities to visit the elective courses at his own desire. While a medical student, he or she may be student of other departments of the same or other university. For the state budget such a system of medical education is one hundred percent economically profitable. Today in USA, for example, around 150 medical schools in 150 universities are functioning in such way.

In Ukraine an anachronism exists not only with graduate, but also with postgraduate medical education. In Western countries the postgraduate education is the responsibility of social institutions but not the state ones as in this country. If you want to be certified as a family doctor, you should pass exams, for instance, proposed by the Canada College of Family Medicine. If you want to be a cardiologist (while you are in USA), you should pass the appropriate examinations, provided by American College of Cardiology. These institutions are so called social institutions and these Colleges will really take care about the image of future physicians.

- Why such system of postgraduate medical education is profitable for the state?

- Because, the state is not responsible any more for this education and should not support it financially. Moreover, the state may receive the taxes from these institutions, thus be at an advantage.

For the Health Ministry it is unnatural to be responsible for medical education because of the so-called interests conflict: the Ministry itself have to order some standards of education and have to control it.

On the first day of my work as a Health Minister (let us imagine it) I will pass the responsibilities of medical education from the Health Ministry to the functioning Ministry of Education.

3. Reform of the medical science

The situation with medical science is quite simple. I agree with Amosov and Zerbino, when they say that in this country the performance of medical science was never good. At least since 1917. Of course there were great scientists and they exist now. To have great scientists does not mean to have great science. Medical science today is in such a bad condition than it is better not to start analyzing it. Almost in all scientific branches the delay seems to be forever: in medical biochemistry, genetics, immunology, transplantation science and many - many others. The best diagnostic and research equipment does not reach even exhibitions: too expensive for this country to buy. With a lot of difficulties our institutions manage to buy second-hand research equipment. Even new immune diagnostic instrumentation can be bought with great efforts.

The most unpleasant thing in this situation is the fact, that the Ministry of Health order itself the goals of medical science and estimates the achievement of those goals. The situation is similar to the one in medical education field. That's why we always have the same questions to discuss, the same persons, the same results. However, it is not clear, why we talk about some kind of achievements in this field, while in practical medicine there is total stagnation.

So, what to do? The decision is quite simple: to pass the medical science to the Ministry of Science. The Ministry of Health will concentrate only on the problems of health care, it's main goals of activity. Due to that reform the medical science will be "ordered" by Ministry of Health, but fulfilled by other ministry. Thus, the Ministry of Health may demand the results of its work seriously: "What did you, guys from the Ministry of Science, give us?"

The Medical Research Scientific Institutions should be managed by the Ministry of Health. These institutions should receive the appropriate financing support from this Ministry. Scientists from these institutions

should compete for financial grants. The grants have to be different and given in accordance to scientific results.

The problem exists with Ukrainian Academy of Medical Science. In whole "civilized" world such Academies are social not state-managed institutions. One should pay for the membership. In this country the situation is quite opposite. At the time of the USSR, there were just two state systems of Academies in the whole world, one in the USSR and the other in Spain. With the default of USSR the amount of Academies increased. But even more independent states were formed. As soon as the status of Medical Academy changes and the new Academy will not be dependent on the state financing, I will stand for its member. Otherwise I can't perceive it as the Academy of Medical Sciences.

If I am the Health Ministry, I will refuse to manage medical science and will concentrate exclusively on the practical health care. Real relief!

4. Health Care management

Thus, Health Care management was discussed quite in detail. To manage Health care is easy: just to stop the unusual functions and concentrate on the problems of health care. There are more than enough problems.

I see the main goal of the Health Ministry to make a prognosis in the field of medical care. To achieve this goal it is necessary to make management simpler. To avoid the situations when the most important decisions to be made by the Minister stand for from "below" and the "upper" structures discuss some insignificant administrative problems.

In the beginning of my career I planned to concentrate only on medical science and education. But today I am aware that for medical science, education, health care system and the whole state to be established it is necessary to take part in state affairs. That's why I announce my willingness to become Health Minister in the Shadow Cabinet of the Ministers.

After editing my article I saw that almost everything in it was written correctly. What I have written two years ago is still important today. The

problem is with reforms: urgently needed they are still absent. Soon I will tell the reader my reasons and understanding of that matter.

The Ministry

-Do not spit in the well....

-I don't, I live in that well myself...

The Ministry was in deep depression. That was my impression on my entry to the Health Minister adviser position and latter on when I worked as an adviser.

Many things in the Ministry had so-called "Soviet" image on them. I think that image will not disappear in the nearest future. I like the expression I found in a book of a Russian academician N. Moiseev: "The new trends are accepted in the society not due to their victory over the old ones, but rather due to the fact the bearers of the old ideas die out". The process of dying out of old Soviet stereotype bearers promised to be long lasting.

On the other hand, the changes were felt everywhere. Many were afraid of those changes. But the changes were forthcoming with their new functional investigations, reduction of apparatus and other frightening rumors.

The new type of personnel came to the Ministry. These staff members have the obstinate features of thinking. The most obstinate are new staff members, accepted during the last years. As usual, these people are slowly adapting to the surroundings. They also have "in the blood" the formula "think one do other", but in some situations this new generation may do and think the same and correctly. At least this is good.

It is a pity that such situations don't appear too often and the number of the new thinking staff members is not enough for forming the critical mass. The system where this new personal works change the people, bring them up, teach how to behave, otherwise throw away. The time when everything is changing is far from being smooth.

It is understood that these problems exist not only in the Health Ministry but also in the whole administrative system. Or why then the President has a plan to reform the executive power central institutions.

The beginning of reform was good. But we have already seen plenty of reforms started. I recall A. Kosygin in this respect. Others. All of them have failed.

I hope it won't happen this time.

The changing, reduction, enlargement, centralization, renaming of the administration are nothing but a bluff. The staff should be changed. Only professionals should work in the ministry. The working conditions should help ministry staff receive only profits from the everyday activities. And staff itself will have advantages, but the advantages for state should be priorities. There should be serious competition for ministry staff positions. And none of the Peter Principles should be taken into account. All this should be applied not only for one ministry, but also to the whole administrative system.

The most problems derive not from the staff itself and from the administrative system. How can the system work, when there is lack of time for Deputy-Ministers to introduce the decisions of the Minister? This shortcoming I observed everywhere: in the Health Ministry itself, in the offices of Deputy-Ministers, in the offices of department managers, common bureaucrats, etc...

Everything was done by urgent measures.

It is easy to criticize. Challenging is to realize the positive changes...

For that realization we have worked...

Many stones were put in the basis of future Ministry. A lot of efforts were made to have the Ministry "suited" for the administrative reform in this transition period.

I hope that new ideas and efforts will be productive.

The Ministry Board

The Ministry Board is the "creams" of the sector. Board is very potent instrument. Or should be potent.

But I was unfortunate with the Boards, which I have visited.

I would like to give an example of the work of one Board, where one can't understand almost anything.

So, once there was a Board session. It was an extended Board. This means, that a lot of officials were asked to come, and, accordingly paid for their missions.

The work of that particular Board was quite usual: first questions, than presentation, than discussion, than the decision project and final decision. Such procedure took place on every question.

Here I will allow myself a small step aside. I was always surprised by this country's medical activities, especially in hospitals, when medical care concerned an individual patient. The common situation: patient is by himself, the chart by itself, the list of medications and procedures by itself and the doctor is by himself. Many times I observed how doctors prescribed new medications or procedures in the last day just before discharge from the hospital and while in the hospital no changes were made. One may think that the state of patient was still and completely unchanged during treatment. Why to change in the last day?

The same situation occurred during that Board session. The ideas, expressed in presentations differ from ideas, expressed in discussions. The decision was prepared beforehand. Thus, the opinions of those who discuss were of little value and did not reflect the final decision. That discrepancy wasn't even noticed.

Strange Board.

The Board Session should be thoroughly prepared and should be planned only if really needed.

That was something else, but not the Board. Many officials have expressed the same thoughts, but I do not remember, regarding this Board or other one...

How we need the wind of changes, of administrative changes, of course.

Know-how

Structure “Know-how” exists in Great Britain. In Ukraine its representatives is situated in the Embassy of Great Britain.

I had a possibility to become acquainted with the officials from this structure directly in the Ministry. First, they met with Deputy-Ministries, then with the Advisers. We have discussed the problems; have dreamed together about the project of attractive financial management within the sector. I was told that the project would begin in February. Now is near the end of February, so, presumably the project is in process.

We have prepared thoroughly to the future project with “Know-how”. For every project one should prepare carefully in order to reach the goal by evolution method, not by the revolution one.

In the process of correspondence, we were informed about three stipendiums for health care management courses in York. The only requirement was good English language skills. It was desirable for Ministry officials to go. Unfortunately we failed to find appropriate candidates with a good enough knowledge of English.

.....

I do not condemn the Ministry officials. They just need help in their desire to advance their professional level, by means of different educational mechanisms. They should receive assistance in foreign language education, first of all.

The informational letter

- What about the informational letter?
- Something strange, nonsense from the Soviet times. Just for “report”.

Typically people having different scientific degrees make up such letters of so-called confirmation of pseudo-scientific practical sense of their work.

The idea of informational letter is to provide information to everybody about something new, interesting.

There should be practical advantage from such a letter. Of course, if the letter is unbiased, without Soviet “influence” on it.

The Ministry has some problems in reforming the sector. The reforms being outspoken, but not done very much about it, unfortunately...

The Ministry is sleeping as well as the regions too. But there is some exclusion.

In some regions management of health care system is quite good. There the officials started to provide reforms by themselves, on their own risk.

How one may neglect the reforms when there are financial reductions in the sector. Otherwise the slow degradation of the sector and the whole state economy will occur inevitably. We already have experienced such degradations, but this one probably may be the last one.

How manage to do successful reforms? The question is not the easy one. All available forces and instruments should be used in the process of reforms.

One of the most important tools to achieve success in the future reforms is the positive experience of those, who are in the front lines, i.e. the leader's experience. These people are taking risks. These people have some positive results – changes in their local health care systems. Not the best ones, but at least much better than in surrendering.

Why the informational letter can't be used?

The Minister has signed the request for such informational letter.

Some officials have responded.

Thanks to God, the first step was done.

The informational letter was sent. The back response was not received, because the Minister had left.

I hope that this informational letter was useful.

To take off control

- This is under control?
- How many controls do you have?
- Did you take off control?

The control. This is the main problem the common Ministry official is interested in.

The controlling process occupies the whole creature of bureaucrat. There is not time for other questions to be solved. The process of control is the standard of evaluation of the effectiveness of bureaucrat's work. If official have delayed to take something off control he or she will be punished.

The unpleasant picture, isn't it? Maybe one thinks that in reality everything is different? And this control dependence is only a fantasy? No, unfortunately it is true. I have on my table "The report about functional investigation of the Health Care Ministry": more than 80% of the working time official is busy with taking something "off the control".

There are many things under control in the Ministry: everything that income to Ministry from the President Administration, from the Cabinet of Ministry, from Verchovna Rada, from the parallel and lower power organs, from the ordinary citizens, from the upper power organs, many so-called appeals from the citizens. For example, somebody appealed to the Parliament. This request was turned to the Cabinet of Ministry, then to Health Ministry. Usual soccer.

The bureaucrat is very skilled in providing the control process. But this process of controlling is strewing the official, restricting all his activities. Especially busy the bureaucrats are during different electing campaigns. One middle level bureaucrat has told me that there is completely lack of time during elections, nothing else, but the controlling process.

One of the important problems to be solved during the apparatus meeting: control.

The control is like a trap for bureaucrat. If something is not right with the control, the guilty one will be punished. That's why the bureaucrats are thinking only about the control and do not have time and stimulus for something else.

For me the controlling process is like "The woman in sands" Kobo Abe, if you remember this artist. Once one becomes a bureaucrat he has a lot of great plans. Then on the process of everyday work he realizes that to be a bureaucrat is not so easy. One starts struggle. The control struggle. But, time passes and one day bureaucrat understands that he has got used to the need for controlling everything. Time passes. Finally comes the moment when bureaucrat can't live without controlling, when controlling is feeling like some sort of bliss. With the next "taking of the control" the bureaucrat starts feeling like some substances like endorphins concentrate inside. Thus, the controlling process for bureaucrat is something like drug dependence.

The problem of control – is not the only problem of bureaucrat, but the problem of Ministry, moreover the problem of Ministers!

The Ministry should work on introduction and realization of its politics. By its bureaucrats forces. But the bureaucrat is very busy with the control process and does not have time for the cardinal problems. Thus, so happened, those proposals for the World Bank from our Ministries come from the Advisers, not from the Minister's officials, as they should to.

So, what to do? There is need for good management: officials should work on their bureaucracy business, and one or two specialists on the process of taking off the control and everything will be O.K. I wrote a report to the Minister. Maybe the new Minister will introduce it.

Who knows, maybe this control is something like destiny for the bureaucrats...

Mud

The life in Ministry is dull. The mud one calls it.

How to live and built the mighty plans, if every bureaucrat should first of all search for the piece of bread every day.

The payments bureaucrats receive are far from being enough to support their families.

That's why there are many different rumors. That's why bureaucrats are looking around...

The Ministry reminds me of an old clock mechanism, working correctly, but a very old mechanism, closed to any new winds. For winds of changes.

That is right. Many Ministry bureaucrats are correct, when they say that the changes didn't take place in the past, are absent today and will happen in the future. These people are correct, because their experience taught them. They really did not make a mistake. At least up to the moment.

-You with your ideas will leave, but I will stay and work here. That was the response of one bureaucrat on my proposals.

That bureaucrat is a very nice person. He is quite open to new ideas. Suddenly he may lose control, shine for a second, but soon becomes dark again. "What I am doing? They (carriers of new ideas) will be gone, but I will stay..."

The Functional Investigation of the Ministry was made by the Secretariat of the Administrative Reform of the Central Executive Power Institutions, functioning in the Cabinet of Ministers.

The process is painful. The bureaucrat perceives this investigation as a stress or better to say, as distress with a lot of bad memories and experience. A lot of nervousness. Doesn't add much health.

But, I wanted to underline other things. I do not intend to mock on poor bureaucrats, rather I sympathize them, because I myself was in that bureaucratic skin. Our bureaucrats deserve a better life. If we want that bureaucrats support the state, the state should care for the bureaucrats. What we have now is something like "... I have eternal debt for the Motherland", left from Soviet period.

I would like to discuss the mud that suppresses all intentions to show any initiative.

In that Investigation the Secretariat asked the bureaucrats to present the lists of their functional work-related responsibilities. It was understandable that every official should know his functional responsibilities, which should be adapted to the degrees, titles, etc. Such lists of functional responsibilities should be discussed during entry to new work place.

But in our Ministry the bureaucrats did not have such lists. Thus, they had to create it “under way of investigation”.

Now, I have different lists of functional responsibilities of different people from different departments. This is very interesting. One has too huge list with many, many different activities. Others’ lists are on the contrary too scanty. Why so: those bureaucrats with scanty lists, does they have problems with imagination or are just frank?

There are discrepancies with functional responsibilities in different departments. For example, one department has voluminous lists of responsibilities, but in reality is quite modest. The other seems to be too important, but has just few responsibilities, that may be counted “by fingers”.

The differences in lists of functional responsibilities have occurred due to the fact that Secretariat came quite suddenly. All that was unaware for the bureaucrat. It seems that bureaucrat simultaneously has and has not the functional responsibilities.

I am sure about one responsibility that every department has - to take off control.

If bureaucrat feels bad when he is asked to show the list of his functional responsibilities, this means...

Let it be how it is today. Let us assume that bureaucrats are acquainted with their functional responsibilities during their entry in oral form. That can be, for instance for time preservation. Let us accept that null hypothesis. So, what...

There is one interesting document that determines all Ministry life. The name of that document is “The Ministry Regulations....” This document contains information about the Ministry; about its goals and tasks. Thus this document contains information about the functional responsibilities and rights of common bureaucrats. This document contains the information also about the integral functional responsibilities of the Ministry as a whole entity.

As for me, person with diploma of Mechanics and Mathematics, everything is quite understandable. Really, if the rights and functional responsibilities of common bureaucrat and a Ministry as an entity coincide then everything is O.K. But, what if they don’t? For example, if the total functional responsibilities of all bureaucrats overlap the same parameters, planned for the Ministry? This means that the Ministry overworks. In the opposite situation the Ministry has less functions that should have. And what if in some sector the functions are overworked, but in the other they are under worked? Thus, the coordinated work of Ministry is destroyed.

So, as soon as the Ministry bureaucrat begins to create the lists of functional responsibilities the discrepancies between different fields of Ministry activities appear. Some functions are fulfilled well, and others are not fulfilled at all.

That is true, some functions the Ministry does not fulfil at all.
Thus, the Ministry doesn’t work correctly, not like it should.

The only reason for the Ministry bad work is bad management.

Do we only have problems with functional duties? Not at all.

Once, “Varangians” (“stranges”?) came to the Ministry and brought the project of the new law. It is well known that the Ministry has problems with new laws for it is very difficult for the laws to be born here.

That is why the Minister supported “Varangians” and ordered the apparatus to read the new law and discuss it and give their proposals and opinions regarding it.

After reading that document I became very upset. The project was very unprofessional, very.... Many articles in it were adopted from other laws. Altogether, that “new law” was looking like a cocktail with many different components.

I reported to the Minister, that this project was not acceptable. The Minister response was “ You should better work on the new law, rather, than just criticize it.” My arguments like “Shoes should shoemaker sew” and that first of all, the basement for legislation should be created were neglected.

The proposed project was copied and sent to different departments. The responses from departments were in general positive with some small comments, regarding trifles. This was the typical response in such situations. Usually, comments and remarks come only about particulars, trifles. It shows, that departments have worked out the document and that they in general give the positive remark. The negative remarks regarding the project, where it was stressed, that the proposed project was not project at all, came only from few departments.

The meeting with Verchovna Rada Committee have latter confirmed that it wasn't a project. It wasn't even an intention for project.

The moral from that entire story with the project is that our bureaucrat does not know the laws. Absence of legislation knowledge is noticed not only in the level of state, but also in the bureaucrat's native sector. Otherwise, the actions of our bureaucrat should be different. Later on I had a chances to confirm my impression about this matter.

The qualification characteristic (evaluation) of the bureaucrat should contain estimation of his legislation and other normative document knowledge. Bureaucrat should constantly work on the legislation knowledge. Moreover, this knowledge in its active form should be checked up on the regular basis in order to avoid mud formation in the Ministry. I personally do not know whether such qualification characteristic of bureaucrat exists in the Ministry. Maybe...

The idea of international management institution was thought through in the Ministry of Health. The topic was discussed with “donor” structures. It was promised to help to create something like the institution, working now in Hungary. The name of that institution is something like “...the Open

Society Institution”. I seemed to work in the Ministry quite a lot, but exact name of that institution I do not remember.

In order the Ministry to receive grant directed towards the institutional development of the Ministry from the World Bank, the main goal is support of professional growth of bureaucrat. Bureaucrat should generate new ideas in their sectors. The mud will be destroyed in such a case. Once and forever.

All the Ministry misfortunes concern the management process

When we discuss the social questions, the problem of management is always in big importance. Thanks God, last time these problems were understood in the upper administrations structures. It is acceptable, that the administrative reforms of the central organs of executive power are more proclaimed, rather than fulfilled today. Anyway, everywhere is “smell” of reforms. That is good sign. This means, that reforms and there results are not too far away. It would be nice, if that reforms and there results come sooner.

The next stop will be discussion of promised article from “*Mirror Weekly* ” (1998, N37 (206)), entitled “If we have problems with regulation...”. This article serves as additional explanation of my willingness to accept the proposal to work as a Health Ministry Adviser. The reason to accept this proposal is an opportunity to achieve some progress in management of the Health Care sector.

So, let us discuss that article. The importance of good management for the normal work of the sector were underlined and shown as “biological” essentials.

The difficulties of our life are connected and could be explained by the problems with management. The management fails when everywhere is mud, even hope is in mud and the total country is catastrophically begging.

In search for the best decision in the situation we have now usually we turn to the experience of other countries, our close and far neighbors. Concerning some issues such experience is positive and helpful, but concerning the others it is useless. Very often we have a “rebound” phenomenon: when one result was expected, but the opposite one was received...

Why does it happen? What to do? Such complicated questions of the national value are raised and the answers should be found.

Reflecting about the Motherland I would like to recall the experience from the human biology. As long as human being exists, he always aspired to be healthy, strong, to predict dangerous situations, to escape from death, sudden, in particular. That sudden death in the middle of the life was especially undesirable and a lot of efforts were directed against it.

Current attention to the problems of clinical medicine may be explained of the awareness and understanding in the society of the unique role of health and disease, chances of being alive, knowledge about regulation systems and processes. With adequate regulation one may live long. With bad regulation the prognosis is poor, the life, if exists, is “pessimistic”.

The technology of spectral analysis of hearth rhythm today is generally well known.

Every doctor, even medical department student (!) since third year of education knows that the cardiac rhythm carries information not only about the heart but also about the health of the whole person. For example, embriocardia (pendulum-like cardiac rhythm) means that the life is fading away.

With the help of the new technology it was evaluated that the heart rate and it's variability is not only a reflection of the cardiovascular system functioning, but rather is a result of different regulatory influences from the simplest local reflexes to a complicated behavioral activity of person. So, heart rate variability was found to be tool to study the regulatory systems state.

What was gained from the technology of spectral cardiac rhythm analysis?

That technology shows that chances to live or to die depend on regulation. Higher rhythm variability means larger health reserves, higher chances to survive and to oppose bad circumstances. When rhythm variability decreases lower than some critical point then death is quite possible. By the way, the person and people around him do not notice any

negative changes, thinking that everything is OK. If rhythm variability is low, the life expectancy will be around two years in case, when rhythm variability wouldn't be increased.

From this example one may conclude, that for Motherland safety changes should occur as in power institutions as well in the lower sectors of state management regulations. If the state power is weak it is bad, there is threat for the state safety. The power should be strong. Otherwise, if it is lower, than some critical minimum, an inevitable decay would occur and death of the state.

Then, the quality of regulations is important. If regulation is of a high quality then everything is OK, one may promise many things to the patients. And will never fail. Even financial situation may be improved. The doctor only should not forget to remind the patient that all achievements are results of his hard work. It is a disaster, when the level of regulation is high, but if fact is absurd. In such circumstances the doctor should never promise. Otherwise he would be blamed for everything. I case one doesn't understand, that treatment of the patients means not fighting the disease symptoms, but rather improving the regulation process in the organism. The rhythm technology showed that pledge of health depends on appropriate correlation between different branches of regulation in human organism: humoral, sympathetic and parasympathetic. In case of problems existing in one of these branches the total regulation will be abolished and health will be in jeopardy.

In the state level it is called the different power sectors balance: Presidential, Parliament and Judicial power sectors. For normal state life this power sectors need to function in the right proportions. We had problems with the Parliament power sector for a long period. The reason for that is well known: it is our own reflection as a society. Today I believe that the crisis in Parliament is behind us. Today the strong and high quality power is extremely needed. The biological experience of human being proves that.

The other thing that is quite necessary is the adequate reactions on stress and stability of regulation systems. If any stress, physical or psychological occurs the regulation systems are reacting actively. Their reactions are standard, worked-out in the evolution process and determined by the genetic mechanisms: increase and activation of the humoral, sympathetic systems and decrease or depression of the parasympathetic

systems. The stress reactions occur in absolute accordance to stress characteristics. Once the organism response to stress is completed the regulatory systems with a strictly determined time of relaxation return to their before-stress level. This happens in case of normal, adequate regulations. But what happens if the regulation isn't adequate? And it does not matter whether the reaction is too weak or too active. In any case the disaster would occur. The first signs of abnormality in regulation are noticed when the reaction to the stress is normal, but time for relaxation is delayed. It is a phenomenon of a "tired" regulation. These latent symptoms – are harbingers of future threatened events. Usually of chronic diseases, when honestly speaking one could not become healthy again. The catastrophic global deterioration of health with absolutely bad prognosis could be another scenario with the forthcoming sudden death, of cardiac origin, most often.

There are plenty of problems in the state management of the processes occurring in the country. These reactions sometimes are delayed, sometimes they are very strange and their motives are difficult to determine. Somehow we manage to survive, because we, in general, choose not to react to the processes occurring in the power structures. And the power sectors in turn do not react on the processes, taking place in society. The conclusion comes by itself.

The most important thing is that the new rhythm technology showed that the normal health is determined by the high mentality of regulation reactions in all levels and branches of it. For instance, when we listen to good and bad music, our regulation is, accordingly improved and deteriorated. The mentality of regulation reactions is very important determinant of human health. If this integral determinant is still functioning then health can be improved by "mild" actions. In case of the loss of this mental determinant the health is seriously deteriorated. In such situation "mild" actions usually fail and more aggressive ones are needed. It is like medications or surgical procedures.

Our society has a very bad situation with the mentality of the regulation process. I have an impression that society doesn't react at all. Maybe this is due to the abundance of promises like "we have it more than enough, we are tired from this promises..."

Quite recently, around ten years ago there was an impression that the "spectral" conclusion was something like verdict, like fate. When it predicts

death, the person will die. Later on it was found that the regulation processes and systems (their supplies, stability, type, and response to interventions) should be taken into account during patient's management. Today, our medicine is little bit clever. Today we not only evaluate the state of regulation in health and disease. Today it is important to estimate the degree of conformity of regulation with the state of health or disease. Today we should check how the planned treatment would influence the regulation systems: whether will improve its quality and power or make them worse? Some medications today are forbidden for long time treatment. These medications improve the Patients State and promote recovery. But at the same time these medications degrade the regulation processes and increase the probability of sudden death. Thus a good regulation is the most important thing for health preservation, for recovery, for diseases and sudden catastrophe prevention. Efforts of all medical workers should be directed towards its improvement.

So, today the officials working in the state structures are facing the task of the management improvement. They should estimate once again the state power mechanisms and make sure that they correspond each other and current situation in society. How these mechanisms should be changed? The answer to this questions lies in human biology processes. The most important thing is to change the regulation processes, improve its quality. That should be priority in the state policy. Improvement means such changes in the different sectors of state regulations when their goals do not go against each other but are directed to improve the life of an ordinary Ukrainian. Cooperation between different power sectors should be constantly improving in accordance with the current situation in society. Otherwise the progressive crisis in state power and jeopardy for the state itself are threatening. Mentality of society, the society trusting the state power should be thought through thoroughly. The "order" methods should not be appropriate here. I hope that the mentality of state management is not completely lost today.

Thus, here they are, the cornerstones of sector and whole country reforming. First of all, good management should be built.

The National Seminar

So, I have been in the Ministry for four month already. I had a feeling that I became little bit acquainted with the sector problems and with the

search for their solving. The Minister all the time has placed more and more demands on us.

Honestly, we also are not satisfied with the situation in the sector. That's why we are in a hurry. More and more information comes to the Ministry. More and more decisions are made. The new policy was created and advanced in different seminars, in the process of cooperation with other sectors of the state power.

We start to understand, that such policy will not be working if the below structures don't accept it. The below structures are the most important in our Health Care Ministry. That is where is the Ministry kitchen. Efforts of the "upper" structures are directed mainly towards the improvement of the "below" structures.

The conclusion – the time to recruit the publicity tools begin. Idea was to improve cooperation with the chief doctors (administrators) of the region medical institutions (hospital, outpatient facilities).

The idea was very good. But it should be realized. In our experience good ministerial ideas failed in the global country scale many times.

Thus, the idea of the National Seminar with the patriotic title "Reform of Health Care System in Ukraine Devoted to Improvement of Human Life" was born.

The idea was good, but there was not enough money to realize it. I was written in media about poverty of our rural region medical institutions. Their poverty is extreme. There are no finances even for the simplest food for their patients, like potatoes, for example. It was clear, that representatives from these structures would not come to the Seminar, if we don't find the additional financial sources.

Who calls, is usually heard. From the first days, the Minister had "open" policy. Many "donors" organizations have support it. One of the biggest donors is the Canadian Agency of International Development. The Ministry structures are in tight contact with the program "The youth for health", sponsored by this Agency. Ministry works actively in this program. The Canadian Agency also helps the Ministry. It happened that the Agency received additional finances that should be quickly used.

They accept the Ministry's proposal of the National Seminar.

The Ministry structures are thankful a lot to the Canadian Agency for its help in the Seminar realization.

The Seminar was organized separately in different regions: West, East, and South... It was quite difficult for one team to organize everything; to move from one region to the other. But that was very interesting and useful.

It was very useful to meet face-to-face with the regional Health Care structures.

Every participant of the Seminar received the full package of documents with the proposed by the Minister reforms.

The most successful Seminar was in the South Region, in Odessa. The proceeding did not have any political influence there. The political fights were over. During the meeting the work was very constructive and fruitful. The good experience was achieved with the Round Tables sessions, when the Regional Health Care Chief Administrators led the sessions. They were extremely good in the process of seminar management, as they were good in the real life management of the regional health care structures.

The work for them, in the edge of the sector, far from the Ministry and far (very often) from the lower structures is extremely difficult. Those, who work in the edge of the sector, are usually left for themselves. But this is not the worst. The worst lies in the fact, that those administrators are squeezed from all sides in their edge by different limitations.

Those edge regional administrative structures survive in this hardship. I wonder how they manage to survive in such circumstances. I admire their ability to survive, their desire to survive. I feel in the depth of my soul that administrative reform is absolutely necessary, like air is necessary for breath, for life. For good life! Administrative reform is necessary for fulfilling promises of politics and desires of the population, of ordinary people.

These leaders of regional health care administration – I called them “generals” – are attractive for me first of all by their positive attitude to life, by their willingness to change, courage, their hopes in future successes.

The majority of these people are administrators from the new generation: not complaining, not asking for support by barter equivalents or financial aid. They thanked the Minister for the “open” policy, for correct estimation of values. They counted on the new legislation and normative documents support from the Ministry. They named directly what new legislation documents that need to support their efforts.

We have promised. Our assurance transmitted to them. Their firmness transmitted to us. New horizons were opened.

The reforms should be fulfilled. They inevitably should come about. Because the process of reformation is quite simple. It is simple to build the normal society.

The National Seminar – is “the key for the box”. The “box” can be opened easily. The dialog is very powerful tool for society consolidation. The dialog is a real creative force.

Let us use this example!

I should apologize

I should apologize... I really should. Because I did not fulfill what I have promised. This confession is something like serious apologize.

I have promised before the very respectful audience of the chief doctors-administrators of the regional level. It was during the National Seminar in one of the Round Tables session, which took place in South of Ukraine.

So, it was the Round Table. The topic discussed was devoted to the problems of the most “practical” health care. We, representatives from the Ministry were at that Round Table in the second positions, whereas the chief doctors (region administrators) were acting as leaders.

One chief doctor, an administrator from one small town, typical small town for this country, tells the audience about his experience in searching out-budget financial sources for this town hospital and other medical facilities.

Not only this doctor acts like that. In other places (regions) chief-health care administrators act in the same manner. But, this occurs only in a few places.

-The idea is very simple. The town creates the special health care fund named, for example the “Hospital Fund”. This fund should have specific goals to support practical health care supplying with medications, services, and goals to attract doctors, medical administrators to practical health care problems.

In those regions, where such ideas were realized there is success in practical health care and the life of medical workers is much easier. Somehow things are improving. In some places, like in the place, from where came that chief-doctor administrator, the progress in health care delivery is evident.

But, still there are a lot of difficulties, a lot of discrepancies. The Ministry and other legislation structures should help first of all with the changes in the law of medical insurance (such law already exists).

I gave concrete answer to this concrete question. I don’t want to repeat, but will just mention, that at that time the Institution of Medical Right was initiated and was supposed to start functioning in the nearest future.

The above-mentioned chief doctor-administrator was asked by his colleagues to share his experience widely. I understood the need and importance to share that information. That’s why I wrote the Informational Letter. It was dictated by the real life itself.

So, during that Session I promised the grant support. It should be fulfilled. But... now I am not working in the Ministry any more... That’s why I do not have any power to do what I have promised.

Thus, I am apologizing.

The World Bank

I have a nice memory of the meeting with the World Bank representatives, because this meeting brought positive results.

The cooperation with the World Bank was very fruitful. Two serious projects were initiated. The plans for the future were built. I would like to hope that new Ministry team would continue and advance what was done in this direction.

The question about the World Bank appeared occasionally and in the same time on the regular basis. That happened when I was working in the Ministry for about month and a half. In that period of my Ministry work I just formulated my perceptions about its apparatus and management, about the regulations in the Ministry and in the whole sector. In that period of time I concentrated in the most serious tasks, I tried to put accents on the questions that should be solved immediately.

Among many different tasks we were concentrated on that time probably the most important task was Presidential Administrative Reform of the Central Executive Power Structures. It is better to have a hundred sheep leading by a lion than a hundred lions ...

Another task of the same importance is connected with tuberculosis and AIDS epidemic situation in Ukraine. There is no need to explain why this task is of extreme importance, because there is threat for the national safety in this issue. The above-mentioned task has the same importance for the state.

How these problems should be solved? It is very simple. Two potentials, the financial one and intellectual one should come to contact. The first step is financial assurance. The intellectual potential does not work without financial support. The intellect will be working productively while seeing the gingerbread in front.

After thinking though these questions possible decision came. Our country is not situated in desert. Foreign credentials come to this country. More or less, effective or not effective, that is another question. But,

anyway, the credentials are working. There are only few creditors. One of the creditors is the World Bank.

Does the virtual world have the virtual possibilities? The world is virtual, but the possibilities are real. After visit to the Web site of the World Bank the situation became clearer. It was found that the World Bank does credit the health care programs and the contracts are usually very profitable. The report on this World Bank activity was shown in the form of tables. Everything was indicated there: what credits, on what projects, what sums, what country had received. We were interested to learn about Union of Independent States (UID). From the fifteen states of the former USSR only four did not received the credits. Ukraine was among them!

Why so? Now I know why. The Ministry apparatus should solve these financial problems, should look for new financial incomes to the sector by multi-channel methods with their declaration. The financial source World Bank is not bad at all for this purpose. Our “brothers in the misery” Russia and Armenia have used and continue to use the World Bank credentials.

We decided to take the risk. The topics were thought though. I wrote the project about the institutional development of the sector. Also participated in the organization and writing of the project on tuberculosis and AIDS. To present project is not very difficult. The most important thing here is to have an intention to do this.

The projects were sent to the World Bank.

The Bank’s response was a surprise for us. It was operative, positive, high quality response. It was a wise response.

It was very noisy in the Ministry. The mission of the World Bank came to Ukraine. The Ministry prepared two interesting proposals. These two proposals were sent to the World Bank. The beginning was very promising.

The first meeting with the mission was not a meeting itself. It was rather hard sweaty work. The projects were prepared by the Ministry advisers. But with the mission the leading Ministry specialists were working. This practice was continued later on. This is important for continuity of the policy. Nobody knows what may happen with us tomorrow. There are a lot

of plans. Of course, not everything may be fulfilled at once. The Ministry adviser institution, in my understanding, should create ideas, help with the first steps towards its realization and then should turn to other problems, mainly generate ideas.

The World Bank mission was fulfilled by a very serious team, a multicolored one. Some official came from Bulgaria, others – from Hungary, Canada, ... Some from USA, of course.

In the first meeting they have moistened us quite intensively. During the next meetings they have moistened us even more. They have special approach to such things. The better name for that approach is “brain attack”. I understand that. When we meet again, they (representative of the World Bank) have already had new proposals. The discussion is going on. Some details are passed through, accepted. Others are disputed, criticizes. Such work is done step by step for all proposed questions. Finally the finished product in a good shape is formed. Who created it? This is a fruit of a collective work, of correctly rationally organized work. And there were not any personal insults, something else negative, what was typical for the Soviet work organization. Of that Soviet form everybody has had enough.

The first, second, the third mission. And that is all. All documents were ready. The government supported our efforts. The documents were sent to the World Bank. I believe that with the small quickness of the Ministry the financing will start in the nearest future. It expected grants for institutional development and credits for tuberculosis and AIDS control measures to be.

The meetings with the World Bank were a very useful school for us. All the apparatus, all departments, all ministers, and all management departments’ students should have such experience. The administration reform should be “in the heads”, then it will be noticed and work in real life.

The meetings with other donations institutions followed, such as World Health Organization, others. Every time the same scheme of “brain attack” was repeated. For this attack the different multicolored potent forces are recruited. This scheme if quite expensive, but it is reliable.

If our power structures use the positive experience of the “brain attack” then, I am sure, work of the structures will be more successful.

Tuberculosis and AIDS

After Ministry's application to the World Bank with the "Tuberculosis and AIDS" problems, many suggestions from the potential donors appeared. It is usual: if the World Bank supports the project, other, smaller organizations should support it also. Everybody remember the school story about the fish-pilots, which have a lot of leavings.

The World Health Organization became more active after our meetings with the World Bank. For many as a fish-pilot. Some officials are not just thinking in such way, they speak about it. World Health Organization representatives do not understand Russian and Ukrainian...that is so convenient for Ukrainian officials.

No, it is not in this way. I just tride to make the topic more interesting.

The things always turn in such a manner. Where the World Bank plans to credit, usually the intelligence service of the World Health Organization works.

The pilot World Health Organization project was proposed before the financing of the World Bank. The idea was to investigate the concrete conditions, their peculiarities in order to minimize the future risks of the World Bank.

Let us forget about AIDS. Let us discuss the tuberculosis problem. That problem is not only in this country.

The whole world is in jeopardy from the tuberculosis epidemic.
The whole world is fighting actively against it by all possible means.
Only we try to solve that problem in our own way.

In the whole world the effective therapy, named DOTS, is used against the tuberculosis epidemic. This therapy is highly effective. This particular therapy works against the tuberculosis epidemic. This therapy has special emphasis towards population, not towards concrete individual.

In the absence of an epidemic in the population the chances of new cases are extremely low. It is time to look around and treat those, who really need it, those, who need the individual approach.

In western countries there are no special anti-tuberculosis services, no special hospitals. They consider the special service to be too expensive for them. The problems and diseases like tuberculosis are left there in the services of primary care physicians or family doctors. This service looks like our district physician service. Western medicine does not think that the tuberculosis is the main problem of the human health. They do not think, that usual primary care physicians need to have special education to fight with the disease.

The rumors were spread, that the DOTS is a treatment for the third world. That happened just before World Health Organization Assembly.

-So, what, we are living in the “first” world, aren’t we?

The topic was intensively discussed.

I personally know from the Web site of the World Bank, that DOTS is used in the developed countries as well.

I recall the meeting with the first World Bank mission. There was American representative in the mission. He shared the experience of DOTS-therapy in New York. That was a positive experience.

The system, which “works” in this country, is different. It was planned to be “the best in the world anti-tuberculosis” system... Huge anti-tuberculosis service was created. With an individual approach to every ordinary patient. With the patient but not the disease treating idea.

But, the problem is with this particular service. It lives, unfortunately, only on paper. In real life it fails. It is a pity to see how it works in real life.

Very important principle in our system is if the case of tuberculosis was found, the patient should be directed to the specialized hospital. There the diagnosis should be approved. And will be let the patient go. I remember the article on this topic from the “*Mirror Weekly* ”: “...they go home to die and infect other people on their way”.

Up to now I remember the meeting with the World Health Organization missions.

The missions were very productive. One has to learn many things from such meetings. The potential, force is felt from everything: methodology, results, conclusions, and recommendations.

The approach in the Western world is the same. Remember the World Bank sessions with “brain attack”. The attacks are fruitful.

So, the report about tuberculosis in Ukraine is ready. It should now be polished.

The World Health Organization mission. In this meeting Ministry apparatus is present. The most important persons in the tuberculosis question in Ukraine are here.

On one side of the table the Ukrainian representatives were sitting, on the opposite were the World Health Organization representatives. Face-to-face.

First was the report with discussion of the total situation, problems, possible ways of its overcoming, what will World Health Organization do, what should be prepared by our side in order to World Health Organization’ efforts to be successful.

That report was painful. From the one point of view everything in it was correct and checked. So, the report should be accepted.

From the other point accepting the report means to acknowledge the facts that the old principles do not work any more. And the fear, that the system will be destroyed. If the other system DOTS is accepted then our old system will disappear.

Thus, we have opposed haughty. Did not hear, because did not want to listen.

In such a situation the World Health Organization mission may be insulted. But it like the older brother just stands on its position and defends

it. Maybe somebody wanted that mission to go and slam the door behind it. But the mission is polite enough to continue our mutual work.

So, this year the pilot projects using DOTS will be started under the auspices of the World Health Organization. No, this is not correct. Better to say that new projects will start under the auspices of the World Health Organization and our Ministry.

I believe in success of the projects. They say that those, who go will finally come.

And what about the AIDS?

AIDS is a situation when the immune system deteriorates allows for tuberculosis to spread in these patients. So, these problems should be solved together by the double stroke like “The force of the two hearts”.

The World Health Organization worked very well with the well-known systemic approach in the practical sphere.

I love you, Eliot

The United States Agency for International Development (USAID) is one of the most powerful donor’s institutions with big budget, directed to the social sector and to the health care too.

This institution invests in the sector of Health Care. Unfortunately not exactly in the Ministry likes way. But the one who pays chooses...

We had a lucky chance. The Ministry asked the Agency and the Agency agreed to organize a Health Care Conference with the health donors.

It was the hell damned work: to prepare, organize and conduct the conference.

So, during the conference preparation the Ministry has met face-to-face with the Agency. Only one conference program preparation have taken away all the energy...

.....

The cooperation with the Agency was very useful for the Ministry, and for the Agency. The conference with its success was useful. Not only the conference was a useful experience but, what was also very important, the mutual understanding was built. Our and American sides started “speaking one language”.

.....

The Americans started to listen to our proposals. The new beginnings in the sector appeared to be interesting for them.

We also started listening to the Americans proposals. We realized that their proposals were quite good and acceptable in our situation.

Later on the images of new joint universe project appeared, for instance, of the Institution of the Medical Rights Settlement.

The process started with looking for everything “healthy”, left in our country: brick-by-brick. This country is rich, especially rich in intellectual potential. That potential will survive, even without support, only it not to be suppressed.

I have already mentioned, that the reforms first of all should occur in the ‘heads’...

.....

The new person came to the Agency. His name is Eliot. He is a wise and openhearted man.

I worked with Eliot on the law’s project. I believe that the first act of it will be realized in the nearest future, closer to the summer. Our lawyers from different administrative departments will visit USA to study their experience in the medical right’s sphere in order to facilitate and accelerate the advent of medical right at home.

.....

As for me, a University professor, the questions about the education are very interesting and useful, the medical education in particular.

I remember Eliot asking me if I thought about the future career of my pupils...

Not in the Ministry. At home, in the University, in my University Medical Department. Thinking... seriously. About future career of our state and our students, first of all of students, who graduated from our department, in where I left a part of my heart.

I thank you very much, Eliot. I love you. I appreciate you having taught me not obtrusively, but kindly better to understand the world, where we are and for which we are living.

More desire to understand the world - this is absolutely necessary. And for our sector many positive forces will start to work, including USAID.

The New

The new Ministry... What was it considered to be like?

The “Report of the Functional Investigation of the Health Care Ministry” was received. The Report contains a proposed for the transition period Ministry structure.

This structure is well known to the medical authority and other structures. Due to the advisers efforts this structure was included and presented in all presentations, reports of the Minister, it was spread and circulated everywhere in other state power administration offices and in the donors organizations. In the National Seminar “Reform of Health Care System in Ukraine Devoted to Improvement of Human Life” the documents, describing this structure were received by every chief doctor-administrator of the regional level.

The Minister accepted the structure. The plan of reforms in the Ministry was created and signed by the Minister and by one Vice-Prime-Minister. There were time limitations of reforming the sector...

That’s why the desire to inform the wide authority with the new structure was natural. The society should get used to the new structure.

The structure for the “transition” period was created as a result of Ministry investigation by the Secretariat on the Administrative Reform of the Central Executive Power Organs, working within the Cabinet of

Ministers. That investigation concerned the whole Ministry apparatus, including the advisers.

The Secretariat had a desire to cooperate. The councilors had the same intentions. Other structures and officials did not have any suggestions. So, the new structure appeared to be mainly the fruit of mutual work of the Secretariat and the advisers.

The new Ministry was planned for the “transition” period as an effective organ for realization of the state policy in the sector. The new structure had five blocks: the strategic planning, nation health care, medical practice, quality and administration.

Let us start from the end.

In the Administration Block was planned to include all services that are responsible for the inner life in the Ministry. The changes here are minimal. But, the functions of some departments inside the block have changed dramatically. This block is extremely important. If this block works normally, other departments and blocks will have the real possibilities to work effectively and not only on “taking-off the control” with the suppression of human dignity. Administration in the Ministry – is like the connective tissue in the human body. Without this tissue the specialized cells perform their specialized functions quite poorly. The good administration means good Ministry.

The block of Practical Medicine is already functioning. Some structural minimal changes are necessary, but the main changes will be functional. For different “trifles” the regional organs of management exist. The block is necessary for the global policy, it’s mechanisms and tools... Without these important things the whole sector will be in asphyxia in direct and figurative meaning of this word.

The Nation Health Block is just reinforcement of the preventive medicine block. The aims of the new block should cover not only prophylactics itself, but also the propaganda of the healthy life styles. That should be very serious. It was suggested that the prophylactic questions should be raised on the ecological level.

The Quality Block is a very interesting and important issue. Special preparations were made to create such a block. Many structures within the Ministry were supposed to be liquidated or change their functional responsibilities. Other structures were discussed in such a manner: “If they are in their Ministry or should be transformed to the other Ministry?” The functions of the Ministry and the subordinate structures should be divided. One structure (Ministry) should control, other one (subordinate) act. Such system works everywhere in the civilized world. But this is not so easy. From the one hand the Ministry should support the national producer, from the other the common Ukrainian. Our Ministry can’t have any other goals except the goal to defend the health and interests of our Ukrainian citizens.

Is it possible to unite in one structure the two goals: support of producer interests and health of ordinary citizens? Other structures should worry about the producer interests, not the Health Ministry.

If the two strategies are united only a disaster might happen.

In the press we read about cases, when the producer support led to terrible influence on the citizen’s health.

The population is not the crowd. What we are doing now it is building the democratic civil society. That’s why so serious is approach to the quality block, planned for the transitional period.

The block of Strategic Planning happened to be something new for us. On the one hand this block is supposed to include a few old Ministry structures but on the other hand this structures functions should be radically changed. The aim of this block in to lead the Ministry into the new orbit, when the politics is not declared, but is realized by means of new laws projects, Presidential decrees, Cabinet of Ministers resolutions. This block should be fulfilled with appropriate specialists in the field of legislation, management, and economy and in health care, of cause.

The transitional structure, discussed above, should be far from dogma. But, the idea is that the Ministry should be renewed and the transitional period structure should be a new one.

That new structure will be based in the fundamentals of the democratic civil society with the main aims to defend the interests of citizens. This is for sure.

For the end I'll just add a few words. The structure without structural subordinates' functions is impossible. This functions should be open to everybody: for the press, Internet, for all administration departments also. The proposed structure had mentioned functions. That's why it should be powerful.

Verchovna Rada

Compromises, consensus...

In order to be successful in the administration system it is important to cooperate with other power branches, to support them, to search cooperation with them, in other words to turn that structures to help solve the problems of "your" sector.

If the Ministry is responsible for the Executive Power, it should closely cooperate with the Legislation Power in order to create new good laws.

Shortness of time for me working at Ministry did not give my possibility to investigate that question in detail. But, let me demonstrate just three moments, that I remember especially well.

From the very beginning of my work I proposed to create the working group, supporting the reformation process. The Minister supported this idea by the decree issuing. Inside the group were representatives of the Verchovna Rada Committee, professional units, and administrative medicine. The group has worked little bit. The election process stopped its activity for a while. It planned to restart its work since January. May be it is restarted, if....

In the group meeting the painful questions of the sector reforms were discussed. This was wonderful. The single approach, single understanding of the problem was created... Simultaneously the positive attitude towards the Ministry initiatives has been formed.

The National Seminar from «below» supported these initiatives later and, as a result, the basis for the reform success in the sector was founded.

I was present in one of the Committee Meetings. I was invited to discuss the possibilities of credits to support the fight against the tuberculosis and AIDS epidemics.

The circumstances of my invitation are quite interesting. It was not the Ministry or other executive power organ's decision or proposal. The World Bank proposed my visit to the Committee meeting. That experience should be shared.

The World Bank missions worked through the tuberculosis and AIDS questions not only with Ministry, where the problem of credentials supported was discussed with other power institutions in order to investigate the situation in total and decide if there are conditions for credit financing or not.

In such meetings the Committee of Verhovna Rada presence is essential.

So, Verhovna Rada Committee invited me as a Ministry's representative to estimate the Ministry position, and to share their own attitude concerning this topic. For cooperation too.

I liked that Committee and it's Chairman. I liked the manner and methods of the session. It was like business discussion, open discussions with common interests of both sides and the aim to find the solution for the problem.

I had another crossroad with the Committee in the series of meetings, devoted to the new law, proposed by the Ministry. I wrote about this law. For me, for example, all discrepancies, regarding this law were evident from the "scientific" and intuitive levels, but Verhovna Rada Committee has defined it as being baseless from its perfect juridical service point of view.

My experience did not show that it is very difficult to work in cooperation with Verhovna Rada. But, such rumors were heard behind me. I think, that to work hard is difficult everywhere. To work with the total "delivery", to work in the right meaning of the word is difficult everywhere.

I liked the new Prime Minister for his thought: “...we will work in cooperation with Verchovna Rada...” The open positive politics is creative in politics.

There was not enough experience; there was more intuition. But intuition was quite reliable.

Need for a Concept

There were different winds in the Ministry. Those winds had a common feature: everybody was thinking about himself as of the most important one.

The “most important” person with the best ideas... But, that feeling has limits with the concrete task realization. With the idea realization everybody understands that the executor is needed to fulfill the idea. With the executor available the task realization its results would appear. Otherwise, the majority of tasks die soon after its formulation.

The conceptions of Health Care System Reform have been discussed many times. There were many different conceptions. Some officials stood for some conceptions and criticized the others. It was impossible to create conception, being acceptable by everybody. Since today such conception is not created. The reasons for that ... Just everyday troubles...

The councilor institution was ordered to prepare the conception in the first place.

So I had to joint the conception “idea” creation.

The Minister received the proposed thesis for the project of the Conception of sector reforming, containing seven main chapters:

1. The strategy and policy of reforming process
2. The administrative reform
3. The institution of nation health preservation development
4. The medical care service further development
5. Development of medical science and education
6. The reforms tools and mechanisms
7. The health care system for the patient

The Concept philosophy is discussed in detail in the article being prepared for “*The Mirror Weekly* ” but never published. This article is included into the chapter “Look from above”.

- I think, there is no need for repeating discussion of the Conception idea. It would be too much.

About transitional processes: optimal ones and others

Once I have published the article “One infarction, two infarction... or the social-economic reforms in the country by the internal medicine doctor view” in “*The Mirror Weekly* ” (1997, N16 (133)). I thought it was important to discuss the problem of optimization of the transitional processes for the whole state rebuilding. It is important especially for the cases, when a lot of mistakes may occur... After my entry to the Ministry I tried to work out this approach on the sector level. I had success. The Minister's change has finished my experiments. But the idea has left. Its actuality is the reason for discussing it in the book with some editing. This topic is of extreme importance today.

So, let me start.

For a long time I had an idea to write this article, to discuss the hopes and warnings of the future fate of unstable Motherland. Five years ago it was too early to write this article. To write it later, someday in the future would be too late. To write it today is the best decision.

In medicine (do not know about other spheres) to make a diagnosis after the patient examination – is only part-job. Moreover, it is nothing, if after the diagnosis the doctor's recommendations or interventions are not following. But this is not the whole idea. It is extremely important to put the right diagnosis. The ancient medicine had an expression: “Who is good in diagnostics... is good in treatment”. The rider should judge about my diagnosis of the processes, now taking place in society, about the rationale of my recommendations, regarding the treatment. The citizen's debt and pain inside my heart do not allow me to be silent today.

All the processes in their complexity, that are taking place now in the social-economic sphere in this country, can be compared to the processes,

that occur in the organism during myocardial infarction. It is difficult to find the person, who never heard about the infarction. But to hear about do not mean to know the problem. Yes, the problem is quite serious. The disease may be fatal. But, the problem lies not only in the potential seriousness of the infarction. Not every patient with myocardial infarction should die or become invalid. The fate of the patient, the prognosis depends on the peculiarities of the disease (infarction) course.

The question about infarction causes is very difficult. There are many reasons for it. Science today does not all of them. But, let us think about situation, when myocardial infarction is inevitable, when it will come and you (the doctor) predict its advent. In such situation the doctor's task – to manage the disease course with the minimal health losses for the patient.

I see here the total analogies with the social processes. For many, for me personally the society, where we have lived since today is dead, is completely exhausted. It's short life was genetically programmed by it's not appropriate for life mechanisms of management (direct, directive, without the back loops). One may recall examples: Chernobyl, Spitac, Aral. The catastrophes of the planet scale with its genius – Soviet man. The brightest, painful example – is to destroy the Person! The crash of the moral principles, criminality, corruption, drugs business, “dedovshina” in the troops, etc. The principle: “I think one, tell – the other, do – the third.” – is one of the most important and serious consequence of Soviet period and now one of the most serious obstacles in the way of the reforms, in our desire to break the post-Soviet utopia. Our socialism is exhausted. We have stepped over the threshold. The social infarction becomes inevitable.

When myocardial infarction occurs, there is nothing to do about it, but to survive it with the minimal health losses. The scenario may be different: one patient may not even know about his infarction, he survived it without any troubles and bad feelings, the other – had overt clinical signs of infarction, but the exit of disease is good (strong scar, not clinical consequences at all), the third patient may be in trouble (infarction is scared, but the aneurysm in the myocardium was formed and here possible negative prognosis; patient may suffer), the fourth patient -....

So, what is necessary for the best for organism infarction healing course? The answer is quite simple. Infarction – is not just death or destruction of cardiac cells. If it was the cause, all patients will certainly die.

Just imagine: the heart wall is destroyed. This means – heart rupture, inevitable death. But, myocardial infarction process consists of two closely connected processes: death of one tissue and development in its place by new one. But, the processes are not consequent, like first one tissue is destroyed, and new one developed. If one tissue will be completely destroyed, there would be no time for the new one to be formed. Nature is wise. The processes of infarcted tissue destroy and new one formation in the same place are closely connected and regulated. The regulation between these processes is in a very advanced level. Otherwise it should be impossible for tissue scar to be formed.

Thus, for the successful transition from one social model to the other it is necessary to create and regulate this transitional process. The regulation should help in the destruction of the old structures and mechanisms and in new systems formation following. For this country this regulative transitional period is nothing else, but a dream, that never comes about. Today one may forget about it.

So, what are the bad consequences of myocardial infarction? The fatal complications? What can be done to prevent them? Everything is quite simple. The forthcoming complications depend on bad regulation or management. Two variants are possible.

The first one is a very quick destruction of the infarcted tissue. The healing process is relatively late. In the best case such disease course will be finished by aneurysm formation, in the worst by a heart rupture and inevitable death. This may occur in so called hyperactive stress, when the reactions of organism regulation systems due to different circumstances are excessive. The social equivalent is our desire to destroy very quickly the old. Up to the basis... When one forgets that for the creation processes some time is needed. That's why the "rupture" in the processes and its complications are evident.

The second variant is when the destruction of the dead tissue is extremely slow. So slow, that the healing processes can't be even thinking through. From the first view there is feeling that nothing happens at all. But, the idea is that changes do occur. Again the aneurysm is formed. The reason means hypo-reactive stress. The social equivalent is absence of regulation or management at all, when everything is done at very low speed. The intermediate variants are possible. Some time with hyper-reactive, the other

with hypo-reactive stress prevalence. Or somehow else... The doctors may call such disease course by infarction expansion or extension. The social model is when the laws and principles are changing over the time course without any visible logistic reasons for it. In such model not just the lethal exit is possible. No, in such circumstances the patient would experience the infarction-related lethal exit in one hundred percent!

It is evident that in this society we have the third variant of the infarction course. This is the most painful course.

So, the diagnosis of infarction is made. One infarction, two – infarctions... What to do about it? The answer is natural – to treat the infarction. How to treat it? The experience of infarction treatment shows how it should not be treated. I would like to show one example. In the middle of 70-ties the attempts to restrict the necrotic zone were very popular. It was believed that one of the lethal exit reasons is a too large infarction size. But what to do if that large infarction does occur? If the cardiac tissue has already died? Is it possible to limit the necrosis zone in such a case? The evident answer is no. But, some thought, that it is possible. In that time a lot of scientific dissertations (for candidate and doctor degrees), devoted to this topic have emerged. New candidates and doctors of medical sciences appeared and in time showed that the infarction zone may be limited. But, what was important, that the consequences for organism even after necrosis zone limitation did not improve. So, the proposed approach to infarction zone limitation was forgotten. But, degrees of doctors and candidates of medical sciences remained.

Why this example is useful? Because of the idea that the main result of treatment should be consequences, not just the infarction zone limitation. It is evident that any infarction zone limitations don't matter, if the consequences are worse. The social analogues of the discussed medical situation are when the main problems are changed by the additional ones. When one sees only trees but not the forest as a whole. One does not want to see a forest or just could not.

The observation of social-economic processes, taking place in this country, is useful and gives a lot of examples when the local goals substitute the main ones. The result of all efforts is much worst, than could be expected. Yes, there are the local goals treating like the main ones, when the state interests are substituted by personal or corporate ones. Other situation,

which resembles the mentioned one, is when the laws or resolutions or orders are proposed just for the concrete local goal. Different trusts, insurance companies and others “pyramids” have appeared in the country due to prepared legislation changes, which gave the possibility for different beneficent organizations to bring here without taxes a lot of ‘poison’ for our people. In fact, there was a tax. “*The Mirror Weekly*” has written about that many times. Every time when it is necessary somebody manages to “adopt” the appropriate law. The fact that this law goes against the Constitution and other juridical documents does not matter. The Constitution was accepted, let it exist by itself, many officials think. Or the other example when rigorous monetary politics is in general a good thing. But, when it is the main goal, it is not politics any more but just an anachronism. Like the local goal to limit myocardial infarction expansion.

What consequences of substitution of the main goal by the local ones? For infarction example such consequences are different complications, death as the worst. If the doctor substitutes the main goal by the secondary they may say that this decision approaches helps... And what about society? The consequences are the same. During the five-year period of independence, we lost the equivalent population of a million-inhabitant city! All signs show that the speed of the process is increasing. The old economic machine has been crashed. That is not so bad at all. But, the new one should be built. That is problematic. There is lack of financial resources.

So, the diagnosis is determined. What is going on in this country – is not the best scenario of infarction. The cause is evident – problems with management, especially it’s quality. The minor goals were emphasized, the main one was forgotten. It is important, that the minor goals appeared to be in the best situation indifferent towards the main, but in the worst situation - ...Why to say more, if this problem is directly indicated. The idea of the “clean hands”, inspired by West, came little bit late.

So, what to do? The goal is clear. In the Constitution is written – to build society, oriented to Man. This should be the main indicator. If the main problem is in the management process, it should be fixed. If the personal “weak” features go against the normalization of the management process, the problem of these “features” should be solved. If all have the same rights before the law, no exclusion may occur. Otherwise, the situation with the trees and without forest appeared once again. The management should be

economically oriented and have a stimulating nature. It should have well-developed back communications. It seems to be clear for everybody.

The financial support of economy plays not the last role. There is need for help from the West. But, one should remember that this help is not disinterested. It is beneficial for the Western citizen, not for Ukrainian one producer. The Common Ukrainian will pay back the money for debt, independently whether it was useful for Ukraine or not. So, we should better count on ourselves. Too much we have sent from this country to the West and continue now to send. Any fiscal measures did not help and will not help. This painful experience should be remembered. The new Ukrainian have been warned with currency accounts in the western bank, so what? Does that help?

The optimal management can attract the finances of the citizens for the development of the motherland economy. The receipt is very simple – it should be beneficial for the common Ukrainian. And the common Ukrainian should be sure in its state as in himself, he should be sure that the Constitution in real life guarantee his rights and that his property is inviolable. This is the only way for the most potential financial injections to the economy. When the economy will start to work, the real profits will appear. The dignity life will be guaranteed to everybody, who has linked his life with budget sphere. First of all to our pensioners – our parents, grandmothers and grandfathers, who have suffered a lot during their life. They are our roots. The future is impossible without the past and the present.

I have read once again and redacted little bit what I have written. It was very painful. What I wrote yesterday happened to be even more topical today.

One hundred days

With the resignation of the Cabinet of Ministers and our Minister it was very uncomfortable in our sector. Our Minister today is just P.R. (performing responsibilities of the Minister). Many officials were designated once again. Actually, the majority was designated. There are different rumors about our Minister. We are trying to support her and themselves.

We propose that our Minister approach directly the new Prime Minister. She hesitates. It is evident, that she is not intending to go. She prefers to wait until new Prime Minister calls her himself. I doubt it: why he should call her? May be should, may be should not?

Everybody in the Ministry is actively discussing the “one hundred days” of the new Prime Minister. Thus, here we prepared and will show our understanding of the “one hundred days” of the new Prime Minister in our sector.

But, the Prime Minister did not see this document. Our Minister did not read it to him.

I think this document is topical and should be published. That’s why I have included it to this chapter. Only one thing I am afraid of: for this document to be topical since a year, like my articles in “*The Mirror of the Week*”.

The thesis contains three chapters:

I. The main factors of the Minister activity

1. The policy and strategy in the sector should be based on the policy of “Health-21” in the European region of World Health Organization”.

2. The administrative reform of the Ministry and the field as a whole:

- The structure and functions of the administration organs with the division of the responsibilities and power;

- The managers institution in the Health Care system;

- The field corporate informational sphere, based on the Internet;

- Power for commanding administration.

3. The field as economically an effective part of the state:

- Preservation and improvement of the productive potential of society is people, participating in the National Gross Product development;

- The optimization of the expenditures for the needs of Health Care – the priority for prevention and the first medical aid, the optimization of the administration of the state medical care (network, personal, finances);

- Introduction of the economically beneficial and important from the social point of view methods of prevention and treatment - the National

preventive programs, the medical and social aid distribution, development of the home-based hospital, endoscopic surgery, the paramedics institution, etc;

-Development of non-state sector within multi-profiled health care institutions for the release of the state budget and increase of the income to it;

-The multi-channel financing of the field – development of voluntary medical insurance, juridical regulation of the activity of the hospital funds, introduction by the step-by-step method the obligatory medical insurance, recruitment of the funds from the donor organizations, the charity fees, etc.

4. Creation of the medical right institution:

- Legislation-normative basis;
- Specialist in the sphere of medical right;
- Defense of the rights of the patients and medical workers;
- Fruitful cooperation with the legislation and other power branches.

5. Introduction of the civilized market relationship in the sphere of medical services, on the pharmaceutical market and on the market of the medicine-oriented goods:

- The same rules and standards for all market participants; the simplification of registration, promotion of higher responsibilities of the producer for the quality of services and production;
- Introduction of the field principal: standardization, the metrology securing and control for services, technologies and products.

6. Health Care for the patient's benefit:

- The indices of the field activity should be estimated not in its securing, but in the quality of health of the population;
- Defense of the patient, not the producer.

II. The amount of work, done for the reported period (since February 1999)

1. The aim and the tasks of the field were determined, by what the basis of the Ministry of Health' transformation was developed. The transformation means changing the Ministry from the structure, organizing medical care to the real structure of health care.

2. Together with the Secretariat from the Cabinet of Ministers on the Administrative Reform of the Central Executive Power Structures the functional investigation of the Ministry was finished and all necessary conditions for it's reforming are prepared.

3. The preparation of projects of the new Ministry structures and functions are finished. These projects are ready to be confirmed by the new Minister in accordance to the President's decree.

4. The main directions and the key questions of the sector reforming are determined. The medical authority in the national Seminars discussed the Ministry policy.

5. For the first time in the Ministry's existence, they were prepared and presented in the World Bank the orders for the credential financing of the overcoming of epidemics of tuberculosis and AIDS in Ukraine and for the grant support of the institutional development of the Ministry. These proposals are accepted and included into the Ukrainian brief case of the World Bank.

6. In cooperation with the World Health Organization Mission the functional investigation of the anti-tuberculosis service of three Ukrainian regions was performed. This investigation should serve as a basement for the entry in 2000 of the pilot projects of DOTS-therapy for tuberculosis.

7. The creation of the field corporate informational network "UkrMedNet" on the basis of Internet as a tool of effective administration in the field through the back connections loops mechanisms.

8. The Coordination Council of the Ministry and the international donor organizations was created in order to insure the effective usage of the donors' financial resources.

9. The agreement of the American and Canadian Agencies of the International Development was achieved, regarding financing the Ministry actions of further institutional development, informational network development, legislation and medical right institution development.

III. The Ministry in the first 100 days of new Cabinet of Ministers

1. The new Ministry structure confirmation;
2. The renew Ministry team formation;
3. The inner audit setting;
4. Determination of the list and preparation of the first turn legislation and normative documents projects;
 - Consultations with the Constitutional Court and Verchovna Rada regarding the Article 49 of the Constitution of Ukraine;
 - The guaranteed amount of medical care – determination of the guaranteed amount of medical care in accordance with the real expenditures from the state budget on the health care system. Introduction into the law of

the state budget additions, regarding the guaranteed amount of medical care to be fulfilled in the central and local levels.

- The main tool in the process of the fulfilling the filed' responsibilities – are the quality standards of medical care and medical-oriented products.

- Improvement of the existing legislation and normative documents
- addition of the Law of Insurance by the articles, which determine the processes of creation and functioning of the hospital funds, independently from the form of property. Changing the fundamental taxes laws, regarding the regulations of medical institutions functioning and expenditures for the citizens treatment;

- Proposals of changing the existing legislation documents – The legislation fundamentals of the health care system, the Law of Standardization and Measurement, the Law of Advertisement, the Law of Rent, etc.

- Proposals of the budget formulation for the health care needs on the functional basis – the following article structure are possible:

- 1) The field administration, 2) the health lifestyle propaganda, 3) the national programs of the diseases prevention, etc.

- Proposal to refuse the financing of medical institutions based on the Constitutional articles.

5. Introduction of the functional principle of the field activity and refuse from the not appropriate functions:

- Decentralization of the medical institutions (the state property within the health care structures should be rebuilt with submission of the central property to the municipal property structures);

- Resubmission of the educational facilities to the Ministry of education and science;

6. Realization of the National Program of the Healthy Lifestyle Propaganda;

7. Division of the financing of the first aid care and the hospital care in the state sector;

8. Creation the conditions for the realization of the project of the overcoming the epidemics of tuberculosis and AIDS in the country, financed by the credits of the World Bank, based on the DOTS-therapy;

9. Introduction of the rigorous financial and statistic system of reports in the health care field – expenditures and reports from the non-state sector and from the insurance services;

10. Participation of the Ministry in the insurance medicine development:

- Medical insurance in the volunteers basis;
- Investigation of the possibilities of the step-by-step introduction if the obligatory medical insurance - for immediate entry of the absent, but necessary economical factors: World Health Organization data states, that for this purpose the 92% of the circulating finances are needed.

I don't know may be somebody has other ideas. As for ex-councilors, we thought that such 100-days program is quite acceptable and will cover the key questions in the process of sector reforming.

Separated (relieved)

Maybe I should not write this chapter, but I decided to share my experience. This is important for the real politics – present and future.

The Minister was sure about the second term. Her authority, image and other things- support things.

She was right. Everything mentioned she had.

But, there were also other things – interests and fear. Those interests went against her interests. Some people were afraid of her.

.....

The new Prime Minister had the right of formation the new Cabinet of Ministers. She had better meet with the Prime Minister and reported about the situation in her Ministry and about the “One Hundred Days” program. The Prime Minister did not call her. She did not go by herself and did not listen to the councilors’ advice.

Why? There are many reasons. The “friends” informed that everything is good, that she will be Minister for the second term, that it is no need for the meeting with the Prime Minister.

Relieved...

.....

I have difficulties understanding, why the Prime Minister did not invite the Minister, who were leaving, who applied for dismissal. So, it is the succession problem, which are in our society genetics...

Anyway, the Prime Minister should not act like he did. But, I understand that from all the sides they pushed to relieve.

Look from above

I have call this chapter “Look from above” for the reason of rider to compare the impressions from “above” with impressions from “below”, or with my impressions I had long ago before the Ministry. Look from above – look from the top. In the finish... In the Ministry.

This material was prepared for the Minister. But she receipted it very cautionary. Her view was global view, checked by her. For these materials I have returned many times.

The Minister did not dare. But, I wrote these lines not for the “table”. That’s why – my “look from above”.

The health of the Ukrainian nation – is the most important value. It is painful to realize that today it is far from being the best. The negative demographic changes, increase of morbidity, disaster from tuberculosis and AIDS epidemics, alcoholism, drug dependence, ... they are threatening to the national security.

Health – is a multidimensional category? It is determined by social and economic conditions, be the sphere of living, by hereditary, and, as is natural, by the state of health care system. The role of health care system in the other important factors, influencing health, is estimated like 12%. That’s why, it is to explain the health problems by the other factors, not connected to the health care system.

The Ministry, being criticized by everybody, may by with exception of the lazy one, be able to take off the responsibility for such situation. In many cases the critics is correct. That’s why today the processes of sector reforming should be activated, as never have been done.

The main goal of reforms – to transform the sectors structure and create all necessary conditions for the successful realization of the state mission of the Ministry in order to preserve and improve the citizens health, to provide them with the full extent of the modern high quality medical care.

The priorities in the reforming process – the institutional development of the administration structures, advance of the institutions of national health preservation and medical care, the tools and mechanisms of the reforms itself.

The reforms, changed today by the Ministry in the creative manner, in the full extend take into account the constitutional rights of the citizens and posses the humanitarian principles and values, formalized in the better way in the policy of “Health –21” of the European Region of the World Health Organization. This policy proclaims three key values: the health as the most important human right; the principles of solidarity and justice in the questions, connected with health; participation in the health care and the appropriate attitude to the health.

The key stage of reform – changes in the administrative system from the Ministry to the regional, local and department structures of health care management. In the basis of the Ministry reform, which now has it’s top of realization and should be finished in the near future, lies decree of the President of Ukraine “About changes in the system of central administration structures of executive power in Ukraine”. This process is closely coordinated with the efforts of the working group of the administrative reform from the Cabinet of Ministers. In successful reform result, the Ministry will be able to fulfil in the whole extend it’s activity towards achievement goals of the health care state policy.

In the more exactly determined goals the most important - are tasks of realization of the state policy and strategy in the health care; in the organization and coordination activity towards preservation and improvement of the nation health with the aid of the state, professional and social institutions, initiatives of the social groups and the common citizens; organization and coordination of the high-level medical care for all, who need it in the principles of the social solidarity and state guaranties of free of charge medical care with the right of citizens to participate in the decisions making, regarding their health and the health of their relatives.

As a reform result the functions of the Ministry will change essentially. New functions will appear other – may be intensified, other – will change, other - may disappear at all. The Ministry will be transformed from the guardianship power to the structure, realizing the state policy in the sector of health care.

There will be developed departments, having functions of perspective planning for the sector, following and creation of the state legislation, normative and other documents. The Ministry would intensify its work under creation and realization of the national programs of the healthy lifestyle propaganda. More attention will be devoted to the prevention of the inflectional and non-inflectional diseases, traumas. In the priorities list will be included programs of medical care for the social-poor classes. The hygienic programs will be developed on the level of ecology medicine.

In the new tasks will be not only plans for the necessary financial values, but the control for budget realization and the optimization of the expenses for the health care needs; active search for the new financial sources. More than ever, the cooperation with the professional medical societies and other social organizations will be increased in order to advance the quality of medical care. The basis for the development of the common all-country medical space with the functional community and organizations, quality and safety control, covering different medical institutions independently from the form of property is forming now.

Effective systems and mechanisms of medications (and medical equipment, including technologies and diagnostics) standardization and safety control development. The Ministry learns actively the other country's experience and with gratitude accepted consultative help of many international organizations. The Ministry will refuse from the production of medical-related goods. This function is not natural for the Ministry. Due to this function, the Ministry failed in its most important task to defend the citizens as consumers of medical services. In the new policy of the Ministry will be cooperation with every structures and persons, influencing the human health, because the health interests will be the exclusive priority of it's work.

The other “acute” problem is connected with the medical standards. Many of them is evidently too old and will “hamper” the advances of medical care. Ukraine is lacking the effective institution of medical standards and in the reform contest it should be immediately formed.

The reform of the Ministry, of the regional and local administration organs of health care will open new possibilities for accelerated development of the sector in accordance with it's goal and the social-economic changes in the country. Improved functioning of the

administration system in the health care sector means first of all development of informational links between management groups with the help of Internet. Today, the processes, directed towards creation of the computerized informational system “UkrMedNet” are intensified. This system should virtually connect all regional structures and the Ministry and should form the unique informational sphere resulting in effective management.

Introduction of that network will facilitate the gathering of information about reforms in the field, will support the operative changes of documents and sharing the best practices between the regional administrative structures, will support the back response mechanism to work for the advance of the management process, will help with introducing and development of tele-medicine in the country, and will allow one to integrate the national network for the informational transfer into the international one.

The basis of every policy, including medicine – is economy. In the world the health care financing are multi-channel. Ukraine is not exclusion. The large financial volumes from the state and local budgets are used. But, quite a lot medical services are paid by the common citizen’s pocket. The difference of Ukraine from the other countries is in the “shadow” of such payments. As data of the analytical service of the President Administration stresses, the biggest part of the circulating finances in our society is the underground economy. This should not be, but it has an impact on medical care. Thus, in accordance to the questionnaire, proposed by the “SOCIS-Gellop” in 1998, 58% of the respondents have paid unofficially to the doctors and nurses for state medical services. Around 40% is paid because the attention of the personal was absent before the payment or due to the rigorous request of the medical personal.

The limitations of the official payment for the services in state medical facilities, in spite of it’s juridical basis, does not defend the patient, but just channels the money stream to the underground economy. It is evident, that the underground economy and the circulation of these monies do not advance the development of the health care system, but instead use the limited resources of the state sector (institutional squares, equipment, work of the subordinate personal, etc.). For this reason the costs of the medical services in the state institutions are rising. As a result — increases in the financial needs for the health care sector are required and they are not effectively spent.

The state can't effectively finance the sector, if it does not control it to the full extend. Here is the simplest example. According to the year 1998 results, many others and we have thought that the health care financing budget in the country is 3,7 milliard hryvnas. Is it right? If one should count the state budget for the health care sector then it is right. If one will count the state budget for the administrative (department) health care system then it is not right. In such a case the sum of the state budget for the health care needs is increasing up to 4,5 milliard hryvnas. The population expenditures for the drugs and other medicine-related goods, for the insurance services, for the officially paid medicine in the no-state medical institutions and in the state ones... It is absolutely impossible to calculate all that now. But, its influence on the health care expenditures is valuable. Only for medicine our citizens in 1998 have paid more than 2 milliard hryvnas.

The answer on the affectivity finances expenditures question is negative. The Ministry controls them in the state sector only. But, even inside the field, these state functions are more than arbitrary. Finally, the imbalance between the financial needs of the sector and the possibilities of the state to fulfil them, absent of the real mechanisms of influence on the expenditure of the non-budget sources – are the main causes of the current situation in the sector. The reform in the Ministry will create the necessary conditions of this important question solution.

The correct use of the health care finances will make it more effective. Many painful questions, that disturb the rest of medical workers, will be solved more effectively.

The credential mechanisms should be used more widely in the process of search for additional financial sources. The analysis of the World Bank financial project, made by the Ministry specialists, have shown that Ukraine is among the few post-Soviet state not using bank's services. At the same time the World Bank is one of the most serious international financial structure, which priority is to credit the health care systems, especially in the developing world and in the countries with the low incomes. Receiving financing on the credits requires quite rigorous conditions of the state administration for the ongoing reforms in health care sector.

It is pleasant to report, that two project, proposed by the Ministry, one devoted to the fight with the tuberculosis and AIDS epidemics, the other to

technical support of the administrative reform of health care sector with the field informational computerized network “UkrMedNet” development were positively received by the World Bank (by its September and December missions). For the first project the credits are waiting, for the second the grant is supposed to be received.

The international donors organizations, Agencies of International Development of USA and Canada, UNICEF, TESIS and others support seriously the reforms of the sector. The donors organizations’ initiatives are directed towards solution of the most important questions: administrative reform, juridical field and sector financing; support of the healthy lifestyles; improvement of the environment; development of the primary medical care; advances of professional level of medical workers and training courses; the partnership between the medical facilities; rational pharmaceutical management.

The Ministry in cooperation with the United States Agency of International Development in October has organized the international health donor conference “The donors for the health care”. The main task of the conference was the consolidation the efforts of the Ministry and the donors’ organizations towards further reforms development; and the development and effectiveness for joining the actions of donors’ organizations in their initiatives to support the reforms of the health care in Ukraine.

In the close cooperation with the Canadian Society of International Health Care, the Ministry today organizes the regional seminars on the problems of reforms in the sector. The administrators of the local organs of administration of health care, including the chief doctors-administrators of the regional hospitals take part in the seminars. In the Western region such seminar took place in Truskavets (Lviv region), in the East in Kharkiv, in the South in the second decade of December in Odessa. We are very grateful to the chiefs of the regional administrations and to the regional chiefs of the health care who have supported these initiatives and helped to organize the seminars in the high levels.

In the state sector of health care the serious changes have been started. Their components are the priorities of the health and diseases prevention; orientation for the primary medical-sanitary help with the day-care hospitals and home-based hospitals network, the family medicine institutions; advances in the specialized medical care and the rural medical care;

introduction of the emergency medicine institutions as a paramedics services (militia, firefighters, etc.); transition of some medical institutions towards social ones; widening of the social basis of the medical structures in the cooperation with the partnership unions of citizens, churches structures, others; and financing not only the medical care network, but the size of the real health care services.

These transformations are occurring not so fast as one may expect. As for example, the changes towards the primary medical-sanitary care and further development of the specialized medical care can't be achieved by just one order. Under this process, as under others, the economic factors play an important role. But, there is no time for delay. For the 1999 the financing of the health care institutions in the best scenario will be preserved in the same sizes. The hryvna devaluation decreases it substantially. So, what do we have?

In the majority of the regions the financing of the primary link of medical care is less than 20% of the proposed budget costs. Such situation is very strange, when the world experience suggest, that around 80-90% of the health care needs are for primary medical care services.

Just few regions have understood the seriousness of the problem and started in the New Year with valuable reform transformation.

In Kyiv the primary medical care and the hospital one are separated. The financing for the primary medical care is performed on the account for the every inhabitant basis. The hospital medical care is submitted directly to the city administration of the health care; its budget is consolidated. The artificial division of the hospitals by the administrative city districts was eliminated.

The Kharkiv region health care administration has separated the financial sources for the primary and in-patient medical care as 40%: 60%. As a result, there are advances in the quality of the primary medical care; the important regional programs like helping the diabetic patients, mothers with children were supplied with some financial aid. There are increases in the financial volume of each hospital bed. That's why the quality of the specialized medical care was improved. The changes for direct medicine supplies to the hospitals and outpatient's institutions gave economic profits up to 40%.

Some other regions accumulate the serious positive experience in the reforms of the health care.

The Ministry's priority is to take possession of the successful experience of the state health care reforming. We are obliged to support the spreading of the experience of the regions-leaders all over the country. Their experiments should receive the governmental support and should be examples for everybody. Every step in the reform process should be connected with the positive results.

The following transformations require further development of the legislation. The Ministry is working through these questions. The management system of the practical health care requires the cardinal changes.

The list of priorities should indicate that the maximal efforts are need to be pointed to achieving the financial independence of the medical institutions (especially in the field of personal compensation) and creation of the juridical basis for attraction of the non-budget sources of financing. New Ministry structure will support the effectiveness in the solution of the reforming tasks and further advances of the field. This will be achieved due to the fact, that new Ministry will contain two new divisions: the Department of Strategic Planning and the Department of Juridical Basis of the Reforms.

The infrastructure of the non-state health care sector is still superfluous. The communal expenditures of the medical care facilities due to the extreme rise in price of the energy sources in the last years are impossible to be carried out by the means of the municipal and the central budget. The experts from the World Bank have estimated that the communal expenditures for the hospitals account for nearly 40% of its budgets. In such circumstances the only possible way with state budget decreases is to search for the new sources of incomes, to sell off part of the reformed facilities and to give the possibilities of the private medical care institutions to be seated there.

In the process of thorough investigation of this mechanism, it becomes evident that a lot of positive results may be gained: new financial sources for the needs of health care budget; new work places for the medical care personal (otherwise the inevitable dismissal of many working places

would occur); the possibility to support the poor part of the population; and the decrease of the budget expenditures will be proportional to the quantity of the patients treated. This task solution is simplified by the legislation basis, existing today, but due to the current circumstances is not realized completely.

The state health care sector includes also a Medical Departments from others Ministries. The current Health Ministry's position regarding these Departments is to make it more naturally in the common functional space of the country. We applied to the Cabinet of Ministers with proposal to transmit to the Health Ministry the coordination function of these Departments activities independently from their subordination and properties form. On the other hand we include in the Ministry reform-working group the representatives of these Departments. Up to the moment there are all conditions to believe that by the united efforts through the coordination and compromises the life-dependent questions of medical care will be solved more easily.

The private medicine has started to develop in this country. Due to many results of many social investigations the majority of the regional health administrations have rated these services positively.

The medical care sphere is, naturally, very attractive business sphere. In 1998 more, than 1500 juridical faces (not counting the physical ones) have received the medical care licenses. If one take into account that the license is juridical around three years, this means, that in the country scale today around 3500 juridical faces are functioning.

On the one hand this fact is positive. The pressure of the state budget is, thus, decreased and the possibilities of wider health care of the poor classes are raised. The competition appeared, which should advance the level of medical care services.

From the other hand, the activity of the outpatient medical care is not completely regulated today; the mechanisms of its cooperation with the state medical institutions are poorly understood; and the necessary statistical register of the medical services is absent.

For the normal course, outpatient medical care service development requires the appropriate changes of the legislation and other normative

documents are necessary. The need for an increase in the size of medical care, based on the private services is clear.

The changes in the Law “About the taxes for the population” should be settled. The sums, used for the treatment, should not be counted for the taxes. In the nearest time the correspondent legislation acts will be changed in order to allow the private medical care institutions to function to the full extent, including such activities as narcotics supplies and work with the “sick-documents”, etc.

The Ministry’s checking of the private medical institutions showed that in many of them the level of medical care was quite low, much lower, than the standards. The Ministry, other organs of health care administration, should manage the private medical facilities. For this branch the principles of licensing, accreditation and attestation should be applied on the regular basis. The only criterion for the right of any medical care to exist is their quality.

Many arguments are following the formation of the Institution of the Obligatory Medical Insurance (OMI). This institution is needed in any case. But, the time for its immediate introduction is lost. The preliminary calculations have shown that with the existing social structure more than 80% of its needs should be covered by the state budget. While according to the World Health Organization and World International Organization of the Labor’ recommendations, one of the demands for the OMI creation is legalization of the 95% of the population’s incomes. The best way is to introduce this institution when the economic situation in the country improves.

The IMO should be considered as the natural source of financing for the every existing model of health care. The long-suffering project of the necessary law is extremely needed. But, this law should be accepted as a “Law of Medical Insurance”, because this law in the same extend covers the questions of the voluntary medical insurance (VMI).

In the case of immediate introduction of this institution the incomes to the IMO fund become the additional taxes for the budget and its perspective will be not better, then the Pensioners Fund.

The only positive feature in the IMO today is the preparation of the social mind for the needs of medical insurance, the simplification and guaranteeing of the income to the health care needs the appropriate financial stream, the possibility of the more active management and creation of the mechanisms of the compensation of the medical workers (when, for example, the payment for medical services will depend from the quantity of visits). Isn't it encouraging?

There is some experience, regarding the VMI. Insurance companies, municipal medical funds, other insurance institutions exist in some regions.

In the case of effective state administration, the VMI may be formed, that will bring the private medical care closer to the population. The network of the medical institutions, competing with each other will enrich the field. These institutions should care for the poor classes on the basis of the rational use of the budget sources.

There is such a point of view, that the VMI is acceptable only to the rich. But, it is not correct. The situation is just the opposite. The VMI increases accessibility of the expensive medical care to the poor, while acting by the mechanism of the solidarity principles.

Another “acute” topic is science and education.

The limited budget finances need the new policy. The Ministry has to concentrate its financial resources on the priorities, on the most important tasks, connected, first of all with the reform itself and with the most important national programs. We are ready to widen the functions of the self-administration of the scientific-research institutions and will support them in all possible ways before the potential grant's donors. The world experience show that only competition grants mechanisms may improve the quality and effectiveness of the scientific projects.

The medical education is part of the “youth” policy in the country. The high social need for the medical education is not enough to encourage it self-support and improvement. The Ministry and the regional administration institutions are customers. That's why the state order for educational institutions should directly depend from the results of the young medical practitioners placing.

The Chief Administrators of the regional health care structures are right, when they rise the question about correspondence internship in the future work place and we support this idea. The total autonomy is needed and we are ready for it.

Something more. In one Ministry can't be the production sphere and customer sphere simultaneously. These two opposed functions can't be covered by the medical education system, otherwise the conflict of interests would occur. Medical education should belong to the "functional" Ministry.

The extremely important in the reform process is formation of a legislatively based program of the state responsibility for the health care, including the amount, contingent and mechanisms of insurance and financial sources for the free of charge medical care. The Ministry is working through these documents.

Due to the World Bank recommendations in the countries with the low Gross National Product, such as Ukraine, the packet of guaranteed amount of available medical care should be developed. Its components: the whole-state programs of treatment and prevention of tuberculosis and AIDS; help of the baby delivery; the family planning; vaccinations; the school medicine; treatment of the most widespread children infections and sex-transmitted diseases; the limited volume of medical care is to be delivered to the "working" part of population; there must be also some measures of the sanitary-epidemiological control.

The economically profitable packet should be a realistic one and should answer the questions: who, in what sizes and where should receive free medical care.

The reforms should be humanistic.

In the current situation, the patient is the object for the health care system. Today sector by the former inertia still orients on such indices as: morbidity, quantity of medical workers, beds, medications, etc.

The Ministry should change the orientations.

Our goal – health care for the man. The new determinants – are quality of the health, disease prevention, and the treatment results.

That's why to everything, touching the human health the quality criteria should be estimated. The juridical system of the defense of patients and medical workers should be created in the future.

The acceptance and the realization of the reforms require the political willingness, the adequate state regulations, and huge clarifications. The important arguments for the acceleration of reform are the improvement of the population's health, of the effectiveness of the population's preventive measures and quality of medical care, the advent of new possibilities of better state budget finances use, new inner and outer private financial sources recruitment, and improvement of the international image of the country.

The acceptance of the reforms in the society, the minimal counteractions to them depend from our efforts. The intense situation in the sector, as in the country as a whole doesn't leave the time for fruitless discussions.

Even today, in the limited budget financing of our health care system has real chances and reasons for the cardinal reformation and improvement of the medical care delivery.

The fulfillment of the whole complex of these giant tasks is possible only in case of the consolidation of the efforts of the administrative and functional structures, only after turning of the health care sector into a unique organism with the most important goal being the patient with his problems and medical worker, who should solve these problems.

The reforms, finally, will promote the effective realization of the health care system mission. The chance of its reform, we have now, should be used.

Therefore, here we have the look from above. Does it differ from the look from below? May be by only one thing. In "above" many plans have been started and the first results have appeared.

With succession policy the fruits will mature inevitably. This will be for the best of the sector and the whole country.

This is last, but not the least motivation. That's why the "look from the above" was written not be put aside.

My report

The new Minister is designated, but not approved yet. This mean – did not receive the power yet.

I called and congratulated him.

Instead of the answer, – what you have done while being an adviser?

-???

As a reliable person I wrote the report.

I was designated to the adviser service of the Minister and was forestalled about my dismissal on the day of the Minister resignation. Just before the Minister resignation, I was dismissed.

I have fulfilled the concrete orders of the Minister and supported her activities.

I have prepared the presentations in the meetings, conferences, other actions; prepared answers on the Ministry requests and Deputy-Minister requests to the Cabinet of the Ministers, including the functional investigation of the Ministry and its structural reformation.

I have secured the contacts of the Ministry with other social and authority organizations.

I have participated in the organization of the Information-Analytical Center of the Ministry, based in the Institution of Social Health.

I have prepared the project for the World Bank regarding the grant support of the institutional development of the Ministry and creation of the field corporate network, based on Internet. I have participated in the work under the project of the credit financing of the tuberculosis and AIDS. I have defended these projects before the National Agency of Development and European Integration, other structures of the Cabinet of Ministers.

I have participated and prepared the Ministry's appointments with World Health Organization's missions regarding organization of the pilot projects of the actions against epidemics of tuberculosis and AIDS in Ukraine.

I have prepared the Ministry's appointments with the World Bank's missions and with the international donor's organizations.

I participated in the organization and setting up of the International Health Donors Conference including its conference proceedings publication and a resulting "Resolution."

I have initiated and supported the organization of the National Seminar of the health care reformation in three regions of the country (eastern, western and southern).

I have prepared the basis for the creation of the Institution of the Medical Right in the country. This was in the end of my work in the Ministry. Therefore, there were only first steps, successful steps. That's why I will surely turn to this problem.

I have supported the Secretariat of the Administrative Reform of the Central Organs of Executive Power of the Cabinet of Ministers in its efforts in our Ministry.

I have worked throughout the sector policy for the Minister after her requests. The material today has almost all-regional chief-administrators of health care institutions.

-Not too bad?

Not too much... But, from the other point, only for eight months... In my Minister's authority there is adviser's merit. It means that part of the merit is mine.

Dismissal

I have entered to the Minister by the “transfer” principle. I have followed the rule – new place only by “transfer”. In this case - exclusion. I am looking forward to my dismissal.

The reason is very simple. I was not going to be an adviser for a long time. My strategic plane was returning home.

Yesterday the New Minister was designated. Yesterday the former Minister has said good-bye to the apparatus. But, today she still is in power. Up to the middle of the day. Until the Vice-Premier will present the new one.

I have used the moment and asked to resign before the new Minister will receive power. I was already homesick and did not have any desire for delay. I did not wait for the University request.

At 11.00 I was dismissed. At 11.30 came fax from the University with the request for my transfer and dismissal. I was not sorry. I can't wait to return home.

Afterward

Decision-making sometimes is quite a difficult process.

In my case it was different. The book just “appeared” in front of me from “A to Z”. The book has demanded my attention.

I can't protest and wrote it with enthusiasm.

The chapters, in the process of work, were reviewed by those with whom I have worked together and am still working with, and by the friends. The useful advises were received.

I had a task not to harm, but to support the administrative reform of the sector (first of all) and inside our minds also.

A lot was hyperbolized. Many things, probably, did not existed at all. A lot of time passed since I am not a advised any longer. I may forget some things and make up some other.

And the book's title is “Fantasy.”

Thus, if something is wrong I apologize.

This version is beta-version, not the last one.

The new one is forthcoming, where everything will be checked and necessary additions will be made.

Additions surely will be made, because there are changes.

June 26, 2000