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ЕЖЕМЕСЯЧНЫЙ НАУЧНЫЙ ЖУРНАЛ

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ЕЖЕМЕСЯЧНЫЙ НАУЧНЫЙ ЖУРНАЛ
ТБИЛИСИ - НЬЮ-ЙОРК

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3. Submitted material must include a coverage of a topical subject, research methods, results, and review.

Authors of the scientific-research works must indicate the number of experimental biological species drawn in, list the employed methods of anesthetization and soporific means used during acute tests.

4. Articles must have a short (half page) abstract in English, Russian and Georgian (including the following sections: aim of study, material and methods, results and conclusions) and a list of key words.

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3. სტატიაში საჭიროა გაშუქდეს: საკითხის აქტუალობა; კვლევის მიზანი; საკვლევი მასალა და გამოყენებული მეთოდები; მიღებული შედეგები და მათი განსჯა. ექსპერიმენტული ხასიათის სტატიების წარმოდგენისას ავტორებმა უნდა მიუთითონ საექსპერიმენტო ცხოველების სახეობა და რაოდენობა; გაუტკივარებისა და დაძინების მეთოდები (მწვავე ცდების პირობებში).

4. სტატიას თან უნდა ახლდეს რეზიუმე ინგლისურ, რუსულ და ქართულ ენებზე არანაკლებ ნახევარი გვერდის მოცულობისა (სათაურის, ავტორების, დაწესებულების მითითებით და უნდა შეიცავდეს შემდეგ განყოფილებებს: მიზანი, მასალა და მეთოდები, შედეგები და დასკვნები; ტექსტუალური ნაწილი არ უნდა იყოს 15 სტრიქონზე ნაკლები) და საკვანძო სიტყვების ჩამონათვალი (key words).

5. ცხრილები საჭიროა წარმოადგინოთ ნაბეჭდი სახით. ყველა ციფრული, შემაჯამებელი და პროცენტული მონაცემები უნდა შეესაბამებოდეს ტექსტში მოყვანილს.

6. ფოტოსურათები უნდა იყოს კონტრასტული; სურათები, ნახაზები, დიაგრამები - დასათაურებული, დანომრილი და სათანადო ადგილას ჩასმული. რენტგენოგრამების ფოტოასლები წარმოადგინეთ პოზიტიური გამოსახულებით **tiff** ფორმატში. მიკროფოტოსურათების წარწერებში საჭიროა მიუთითოთ ოკულარის ან ობიექტივის საშუალებით გადიდების ხარისხი, ანათალების შედეგის ან იმპრეგნაციის მეთოდი და აღნიშნოთ სურათის ზედა და ქვედა ნაწილები.

7. სამამულო ავტორების გვარები სტატიაში აღინიშნება ინიციალების თანდართვით, უცხოურისა – უცხოური ტრანსკრიპციით.

8. სტატიას თან უნდა ახლდეს ავტორის მიერ გამოყენებული სამამულო და უცხოური შრომების ბიბლიოგრაფიული სია (ბოლო 5-8 წლის სიღრმით). ანბანური წყობით წარმოდგენილ ბიბლიოგრაფიულ სიაში მიუთითეთ ჯერ სამამულო, შემდეგ უცხოელი ავტორები (გვარი, ინიციალები, სტატიის სათაური, ჟურნალის დასახელება, გამოცემის ადგილი, წელი, ჟურნალის №, პირველი და ბოლო გვერდები). მონოგრაფიის შემთხვევაში მიუთითეთ გამოცემის წელი, ადგილი და გვერდების საერთო რაოდენობა. ტექსტში კვადრატულ ფხიხლებში უნდა მიუთითოთ ავტორის შესაბამისი N ლიტერატურის სიის მიხედვით. მიზანშეწონილია, რომ ციტირებული წყაროების უმეტესი ნაწილი იყოს 5-6 წლის სიღრმის.

9. სტატიას თან უნდა ახლდეს: ა) დაწესებულების ან სამეცნიერო ხელმძღვანელის წარდგინება, დამოწმებული ხელმოწერითა და ბეჭდით; ბ) დარგის სპეციალისტის დამოწმებული რეცენზია, რომელშიც მითითებული იქნება საკითხის აქტუალობა, მასალის საკმაობა, მეთოდის სანდოობა, შედეგების სამეცნიერო-პრაქტიკული მნიშვნელობა.

10. სტატიის ბოლოს საჭიროა ყველა ავტორის ხელმოწერა, რომელთა რაოდენობა არ უნდა აღემატებოდეს 5-ს.

11. რედაქცია იტოვებს უფლებას შეასწოროს სტატია. ტექსტზე მუშაობა და შეჯერება ხდება საავტორო ორიგინალის მიხედვით.

12. დაუშვებელია რედაქციაში ისეთი სტატიის წარდგენა, რომელიც დასაბეჭდად წარდგენილი იყო სხვა რედაქციაში ან გამოქვეყნებული იყო სხვა გამოცემებში.

აღნიშნული წესების დარღვევის შემთხვევაში სტატიები არ განიხილება.

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ბული ბრომელაინის აქტივობა გაიზარდა 50±5%-დან 70±5%-მდე. მოდიფიცირებული ბრომელაინის pH-ის ოპტიმუმი 7.5-დან გადაინაცვლა ტუტე არისკენ და გახდა 8.5, ხოლო ტემპერატურული ოპტიმუმი ნატიურის მსგავსად დარჩა 60°C.

მიღებული შედეგების გათვალისწინებით და მათი შედარებით ლიტერატურულ მონაცემებთან, ავტორე-

ბი გამოსთქვამენ ვარაუდს, რომ ამჟამად არსებულ ბუნებრივ პროდუქტთან შედარებით, მოდიფიცირებულ ბრომელაინს მედიცინაში გამოსაყენებლად გააჩნია გაცილებით დიდი პოტენციალი. ბრომელაინის სპეციფიკურ ფარმაკოლოგიურ და ალერგიულ თვისებებზე მოდიფიკაციის ეფექტის შესამოწმებლად საჭიროა დამატებითი კვლევების ჩატარება.

MILESTONES AND PITFALLS IN STRATEGIC PLANNING OF HEALTHCARE IN CAPITAL CITY IN TRANSITION

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Strategic planning plays an important role in the sustainable functioning and development of any authority [1]. Strategic planning is frequently applied at all levels of public and private organizations, including hospitals, demonstrating high results for the better performance of such organization or governmental authorities [2-4]. Strategic planning can be applied as effective instrument for the sustainable growth, which could also be applied in the healthcare system [5]. A study from high-income countries demonstrated high role of strategic planning, whereas studies from the middle and middle-low income countries reported formal approach for the strategic planning in the public sector, including healthcare. This is resulted in the low achievements of the strategic goals, indicating bad planning. The possible cause of the formal strategic planning is low understanding from the leadership of role of strategic planning, low control from the higher levels of authorities. Ukraine is balanced between the middle and middle-low income positions. The capital of Ukraine is Kyiv (also known as Kiev), it is also largest economic and political center of the country. Ukraine and its cities, including Kyiv, are currently in transition, due to unstable economy of Ukraine, poverty, corruption as well as ongoing hybrid warfare in the East of country, affecting also financing of healthcare system [6-12]. Still, since the independence in 1991, government of Ukraine has been attempting to improve the country by reforming all sectors of the state [12,13]. These attempts have been also associated with the adoption of strategic plans for Ukraine since 2001, but achievements from that plans was not fully evaluated. The current strategic plan of Ukraine was adopted in the 2015, whereas Kyiv strategic plan was adopted in 2011, but significant changes were made in 2019 in order to follow the major goals of the country. Health is an important indicator of the any state, because it part of human capital, playing an important role in the economic stability and sustainability. The strategy plan for country and city performance is an important tool to achieve the best results for the sustainable development during ongoing transition processes in economics, demonstrating a significant impact on the human health. The aim of this study was to investigate

and evaluate implementation of strategic plan for Kyiv with the focus on healthcare sector.

Material and methods. Adopted documents were obtained from the official electronic recourses of the Kyiv city administration and city's Department of Healthcare. There were identified such documents as Strategic plan for Kyiv for period 2011-2020, concept for healthcare development from the Department of Healthcare, City's target program "Health of Kyivers", in which Kyivers means citizens of Kyiv. Out of these documents, Strategic plan for Kyiv is the major one, whereas concept from city's Department of Healthcare is considered as a backstop for the strategy of healthcare. City target program "Health of Kyivers" is aimed to provide financing from budget of Kyiv for the various healthcare-related projects under supervision from the city's Department of Healthcare. Therefore, both concept for healthcare development of city's Department of Healthcare and City target program "Health of Kyivers" are strongly associated with the health-related goals in the Strategic plan for Kyiv. These documents were analyzed concerning their matching to the part of healthcare planning, and strategic goals status was evaluated from the official annual reports. Statistical analyses were performed by GraphPad Software. Categorical variables were evaluated by Fisher's exact test (two-tailed) and p value less than 0.05 was considered as significant.

Results and discussion. Analyses of Ukrainian Laws and other legal documentation from the governmental authorities revealed multiple documents regulating strategic planning in Ukraine. It is obligatory for regional government and cities administrations to adopt strategic plan, to follow it and to report its results. Our analyses showed, that both reports of the strategic and operational performance of government authorities are regulated by the resolution from the Cabinet of Ministers of Ukraine (11.11.2015 № 932), which is not in line with Baldrige model for self-assessment. Kyiv's strategic plan was adopted in 2011, followed by its update in the 2015 due to changes in the Ukrainian legislation [8, 13]. The strategic plan of Kyiv is valid for 10 years from 2015 to 2025. Department of Healthcare of Kyiv is a local administrative authority for management of

healthcare sector in the entire city; it is also a backstop for strategic plan implementation. Data analyses showed that head of abovementioned department has been changed at that position 4 times since 2015 indicating staff turnover at the top executive level of city's Department of Healthcare.

Evaluation of the Kyiv Strategic Plan did not show data for PEST analyses, which stands for political, economic, socio-cultural and technological aspects of macro-environmental factors, influencing operation of city. Absence of the PEST analyses might be associated with the further fails of SWOT analysis, which is a strategic tool to identify strengths, weaknesses, opportunities, and threats to be associated with planning of strategy. The SWOT analysis was identified in the strategic plan, showing healthcare-related parameters within areas of weakness and treats.

The healthcare part of the strategic plan of Kyiv is a separate sector within the strategic goal of the city to increase the comfort of life for Kyiv's population (*i.e.* Kyivers). The further analyses of healthcare sector showed 4 operational goals: to provide high quality and accessible healthcare; to increase effectiveness of management system in healthcare; to improve mechanisms for financing of healthcare system; to promote healthy lifestyle among citizens of Kyiv. To achieve the strategic goals, 29 strategic initiatives have been established for the healthcare sector. Evaluation of these strategic initiatives to improve the healthcare management showed such positions as management

and administration training of hospitals chiefs, implementation of systems for monitoring control, and analyses of the hospital performance. It is worth to mention that these 29 strategic initiatives are under the responsibility of the Department of Healthcare, which is a backstop for the healthcare sector of the strategic plan of the entire city. An attempt was made to identify strategic plan of Department of Healthcare, but such document is not available. However, there was identified document "The concept of development for healthcare system in Kyiv" (Concept), which is aimed to perform city strategy for the healthcare at the level of city's Department of Health. Concept is a kind of implementation plan for strategic initiatives from the Kyiv strategy. Abovementioned Concept was adopted by Kyiv City Council in 2017, which is 2 years later since the adoption of Kyiv city strategy in 2015. Analyses of the Concept showed that this document is not completely corresponded to the strategic initiatives of Kyiv's Strategic plan.

There were identified 3 operational tasks containing 29 strategic initiatives within the healthcare theme: ensuring high-quality and affordable medicine (13 (45%) strategic initiatives), improving the effectiveness of the healthcare management system (12 (41%) strategic initiatives), as well as improving the healthcare financing mechanisms (4 (14%) strategic initiatives). Analyses of the special program in relation to the Strategic plan and the Concept for Department of Healthcare are summarized in Tables 1, 2, 3.

Table 1. Analyses of the initiatives within the strategic goal for ensuring high-quality and affordable medicine in Kyiv

City strategy initiatives	Status in the concept from Department of Health	Status in the Target program "Health of Kyivers"	Implementation status for period 2015-2020
To reconstruct of the hospitals and upgrade of equipment	Declared	Declared	Implemented
To construct new hospitals with a modern equipment	Not declared	Declared	Implemented
To improve the algorithm of continuity for the medical aid	Not declared	Not declared	Not implemented
To clearly determine the patient's route according to the local protocols	Declared	Not declared	Implemented
To establish hospital district according to results of an hospitals audit	Declared	Not declared	Implemented
To specialize and to determine profile of medical care for each hospital	Declared	Not declared	Implemented
To use IT for the management and provision of medical services	Declared	Not declared	Implemented
To develop and implement electronic healthcare (E-health) system	Declared	Not declared	Implemented
To create local mechanisms for ensuring availability of medicines for all people, including for low-income groups of the population	Declared	Declared	Implemented
To develop healthcare aid in sanatorium, including exemption groups of population and children, participants of combat operations	Not declared	Not declared	Not implemented
Medical rehabilitation for victims of domestic violence, human trafficking, substance dependence	Not declared	Not declared	Implemented
To help with treatment abroad for those residents of Kyiv who need it (children, combat veterans, other people who need it)	Not declared	Not declared	Not implemented
To implement modern medical standards, card system and indicators of quality of healthcare	Declared	Not declared	Not implemented

Table 2. Analyses of the initiatives within the strategic goal for improving the effectiveness of the healthcare management system

City strategy initiatives	Status in the concept from Department of Health	Status in the Target program “Health of Kyivers”	Implementation status for period 2015-2020
To initiate the process for the autonomization of the hospitals	Declared	Declared	Implemented
To provide the government-guaranteed package of health care services regardless of the hospital ownership	Declared	Not declared	Implemented
To provide freedom of choice of healthcare providers for patients	Not declared	Not declared	Not implemented
To create unified healthcare space	Declared	Not declared	Not implemented
To integration of all private and public hospitals into unified healthcare space	Not declared	Not declared	Not implemented
To reorganize all city hospitals into municipal unprofitable enterprises	Declared	Not declared	Implemented
To separate of non-core services and provide quality of meal, laundry and cleaning services	Not declared	Not declared	Not implemented
To implement systems for monitoring, control and analysis for activities of healthcare authorities and medical personnel	Not declared	Not declared	Not implemented
To train of administrative personnel according to the principles of modern management	Declared	Not declared	Implemented
To provide adequate funding and increasing the salary of healthcare personnel; to implement the stimulation system for the quality of work	Declared	Declared	Not implemented
To provide training and retraining of specialists in the field of public health	Declared	Not declared	Not implemented
To improve the qualification of emergency medical personnel according to modern standards	Not declared	Not declared	Not implemented

Out of 29 healthcare-related strategic initiatives in the Strategic plan of Kyiv, 20 (69%) strategic initiatives were declared in the Concept from city Department of Healthcare, whereas 9 (31%) were missed from the Concept. This indicated that Concept from Department of Healthcare is not fully corresponded to the city’s Strategic plan, which is significantly increased risk for plan failure. Further analyses of the Concept showed rather declaration of what should be done, whereas specific steps were not identified, indicating weak institutional relations as well as inconsistency in strategic documents from the higher level of decision-making (*i.e.* city government) to the lower operational level (*i.e.* municipal Department of Healthcare). Furthermore, the Concept is valid for all levels of the healthcare (*i.e.* primary, secondary and tertiary) in Kyiv, therefore it is risk for the sustainable development of the municipal hospitals and polyclinics (*i.e.* out-patient departments). Also it is remained unclear the basis for the Concepts because there were not presented analytic data, indicating formality of the document rather than a roadmap for the improvement and development of healthcare sector in Kyiv. Furthermore, the Concept is considered 3 periods for the implementation of the specific activities, supporting each strategic initiative: during 2017 – preparation year, 2018-2019 period of implementation of the Concept according to the reform of the healthcare of Ukraine, and 2020 – the period of integration tasks of the Concept according to the reform of the healthcare of Ukraine.

Data analyses showed that 9 (31%) out of 29 strategic initiatives were not declared in the Concept, which is a major limitation of the Concept. Further analyses showed that 13 (45%) out

of 29 strategic initiatives were not implemented for healthcare sector, as it was planned for period of 2015-2020. Statistical analyses did not reveal a significant difference in the proportion of implemented strategic initiatives within the operational goals ensuring high-quality and affordable medicine, improving the effectiveness of the healthcare management system, and improving the healthcare financing mechanisms. Data from that statistical analyses indicated that low performance from Department of Healthcare was similar for all operational goals. It is worth to mention, that strategic initiative for medical rehabilitation for victims of domestic violence, human trafficking, substance dependence (position 11 in Table 1) was achieved despite the absence of the specific plan for its achievement within the Concept. Such situation is explained by the role of non-governmental organizations (NGO) who performed actions to cover the abovementioned strategic initiative, which was happened by chance, because it was not envisaged neither the Concept nor any other governmental program. These observations indicates low performance and low monitoring form Kyiv Department of Healthcare, which is associated with a high risk for failure of the entire strategic sector for healthcare.

It is also worth to mention that Strategic plan does not show possible scenarios for the plans outcomes, indicating risk for plan implementation in case of significant changes in the country or world. Also, there were identified approach for using in the strategic documents Recourse Dependence Theory (RDT) and Resource Based View (RBV).

Table 3. Analyses of the initiatives within the strategic goal for improving the healthcare financing mechanisms

City strategy initiatives	Status in the concept from Department of Health	Status in the Target program “Health of Kyivers”	Implementation status for period 2015-2020
To accept of contracts for the provision of medical services being within guaranteed package of the medical services	Declared	Declared	Implemented
To implement the methodology and calculations of the cost of medical services	Declared	Declared	Implemented
To implement effective forms of payment based on the diagnosis-related group (DRG) methodology	Declared	Declared	Implemented
To initiate a question of Kyiv inclusion in a pilot project on the implementation of health insurance	Declared	Declared	Not implemented

Furthermore, in addition to the Concept for healthcare development, there was identified a City target program “Health of Kyivers” (Kyivers means citizens of Kyiv city). This target program is a financial plan, aiming to provide a financial support for the development of sustainability of Kyiv healthcare sector. Such kind of program is under regulation by Law of Ukraine for target programs [12]. The target program is adopted for period of 2 years in Kyiv; therefore it is available for analyses for periods 2014-2016, 2017-2019 and 2020-2022. It is important to stress the fact that responsible authority for the implementation of that target program is also Department for Healthcare of city. Analyses showed presence of many parameters being associated with the strategic plan of the city as well as Concept for healthcare development from the Department of Healthcare. Also, the target program was envisaged to cover costs for cardio-vascular diseases, diabetes, rare diseases, and reconstruction of hospitals as well as construction of new hospital.

Data analyses showed that both Concept and Target program were considered by the Strategic plan of the city, therefore these two documents are most important for the implementation of strategic initiatives. To our surprise, initiatives of the Strategic plan were not also identified within the Target program for Kyivers healthcare, indicating weak relationships with the Concept from Department of Healthcare. Our findings imply that 9 (31%) out of 29 strategic initiatives were covered by the target program. It is worth to mention that these 9 strategic initiatives to cover undeclared strategic initiatives in the Concept from Department of Healthcare. As demonstrated in Tables 1, 2 and 3, undeclared initiatives within the Concept of from Department of Healthcare were successfully implemented because of their presence in the target program for Kyivers health, indicating high role of the Target program. These findings imply that approach of Department of Healthcare to achieve the strategy goals for the city strategy is not systemic, and it does not count the presence of the target program or role of NGOs.

Taken together, these results indicate that strategic goals for the healthcare improvement of Kyiv could not be fully achieved and there is a high risk of their failure due to formality of the concept for healthcare development from Department of Healthcare of Kyiv as well as weak relationships within the institutional framework.

This paper describes relationship of strategic planning in healthcare sector in Kyiv, which is the capital and the largest city of Ukraine. To our best knowledge, this is the first study, attempting to evaluate strategic planning in healthcare of Ukraine. Our findings demonstrate that strategic planning is widely presented at the both level of central government and local govern-

ment, but implementation of the strategy is under the risk of failure at the level of lower executive authorities (*i.e.* Department for Healthcare). We have shown that strategic plan at local government level of Kyiv is covered all aspect for sustainable development of healthcare; however Department of Healthcare (*i.e.* lower executive authority) did not show a reliable plan for the successful implementation of the city strategy. Furthermore, there is no strategic plan at the level of the Department of Health, which could be considered as a possible cause of low performance.

Our findings are in line with Mukherjee et al., who showed that implementation of strategy plan is associated with the gain of organization, and leadership plays an important role for such implementation [14]. Also, results from our study showed insufficient institutional relations between upper and lower executive levels in city government.

There was also showed an absence of the clear assessment tool for the evaluation of the Strategy outcomes. Baldrige model for self-assessment could be considered as an effective tool for healthcare evaluation, however it was not applied for outcomes of Kyiv’s strategic plan, which is a limitation [15]. In contrast to Baldrige model, Department of Healthcare reported just a statistical data.

According to the published series, it is strongly suggested to re-launch and review strategic plan for up to 5 years, which is in contrast to the strategy of Kyiv [16-18]. Current strategic plan was adopted for 10 years covering the period of 2015-2025. However, possible risk of changes in the macro- and micro-environments was not considered, which could be associated with a risk of strategy failure. Furthermore, there were several significant changes in the Ukrainian legislation for healthcare financing, thus there is a high chance for further changes within the next 5 years. Therefore, such city as Kyiv requires less prolonged strategic plan. Such a conclusion is supported by our findings for the healthcare sector of Kyiv’s strategy showing incomplete implementation of strategic initiatives.

Our findings are in line with Esfahani et al., who demonstrated availability of strategic plans in healthcare of Iran, but low quality of the strategy, which was associated with low implementation of strategic goals [5]. Similar to our results, Esfahani et al. showed positive effect of strategic planning on the development of the healthcare sector in countries in transition. Furthermore, Rasouli et. showed in systemic review that better performance of healthcare authorities is associated with presence of strategic plan [17]. Also positive scenario for strategic plan implementation is dependent on participation of all stakeholders.

Possible problem to achieve all operation goals was due to issues being associated with the planning process of the entire

Strategic plan. As suggested by others, it is important to make a strategic axis in order to identify major parameters of the plan [19, 20]. Furthermore, Gavriilidis et al. suggested application of PEST analyses for the best performance of SWOT [20], which is in contrast to our results showing absence of the PEST analyses for Kyiv strategy. It is also worth to mention, that Strategy plan is also lack of presentations of possible scenarios for plan implementation, which is important part for decision-making activities in strategic planning [21].

This important part is essential in case of possible force majeure situations; as for example could be an escalation of warfare in East Ukraine or progression of COVID-19 epidemics. As showed by Gordon et al., force majeure could be a major limitation for regional strategy implementation showing a significant impact on local economics with a possible impact on the capital city in transition [22]. It is also worth to mention, that Ukrainian legislation has been demonstrating regular changes since 1991, which should be considered as a political component of PEST. Significant changes in the financing of healthcare were made in 2017, affecting the entire country healthcare system. As a consequence of that changes a new Strategy plan was adopted, however PEST analyses was not considered. Also, PEST could be coped with the bottleneck analysis for health-related issues as suggested by Rupani et al. [23]. Still, changes in the healthcare of Ukraine are ongoing, and future changes in financing and management of healthcare sector are very possible [24, 25]. Taken together and according to published evidence, these findings imply a weak strategic management of Kyiv's Strategy, because of issues with plan formulation, plan implementation and plan evaluation, which is supported by our finding for weak implementation of healthcare strategic initiatives [26, 27]. Other possible problem for management of the Strategic plan, including healthcare sector was due to weak adaptation of sophisticated ideas from high executive authority with the performance abilities at low administrative level with the further identification whether or not these ideas fit to budget and other municipal resources [28].

Operational goals for healthcare sector are in line with others, aiming to improve medical provisions to population by identifying bottlenecks in healthcare sector [20, 21, 29]. Our data showed that 13 (45%) out of 29 strategic initiatives were not implemented for healthcare, indicating insufficient implementation of strategic initiatives for healthcare sector. Such a high level of non-implemented strategic initiatives could be due to several problems. For instance, we showed a certain stuff for head of Department of healthcare of Kyiv, which could negatively affect implementation of the strategy, which is in line with Abelson et al. [30]. We showed that possible problem for implementation of strategic initiatives in healthcare sector could be due to weak institutional relations as well as inconsistency in strategic documents from the higher level of decision-making, which is in line with other studies [17, 31]. We showed that healthcare strategy of Kyiv is comprised from two strategic documents such as Concept for healthcare and Target program, however these two strategic documents demonstrate certain difference from each other and from the healthcare sector of the city's Strategic plan, which is in contrast to Kash et al. and Rasouli et al., suggesting comprehensive strategic plan as a document with a balance between all its components or sections [17, 31].

According to published series, both Recourse Dependence Theory (RDT) and Resource Based View (RBV) play an important role in effective implementation of healthcare-related strategic plans [17, 32]. Similar to Dixit et al. strategic plan of

healthcare sector of Kyiv was considered reimbursement for healthcare (*i.e.* principle "money follow patient") [32]. However our finding imply that RDT and RBV approach was not considered in the strategic document, therefore misbalance between RDT and RBV could also have a possible negative effect on implementation of strategic initiatives in healthcare sector of Kyiv's Strategic plan.

Conclusions. To summarize, we report healthcare sector analyses within the Strategic plan of Kyiv, which is a capital of Ukraine. Our findings demonstrated low implementation rate of strategic initiatives within the healthcare sector of city's Strategic plan. Possible causes of low strategic performance could be due to weak institutional relations between top and low executive levels, missing of PEST analyses, stuff turn over at the level of city's Department of healthcare, as well as inconsistency in strategic documents from the higher level of decision- to the to lower operational level. Misbalance between RDT and RBV could also be a pitfall for implementation of healthcare strategic initiatives. To our best knowledge this is the first study to focus on analyses of healthcare strategy of Kyiv. The findings from this study may potentially lead to improve strategic planning for healthcare in other cities with similar transition features as in Kyiv.

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SUMMARY

MILESTONES AND PITFALLS IN STRATEGIC PLANNING OF HEALTHCARE IN CAPITAL CITY IN TRANSITION

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A little is known about healthcare sector within Strategic plan of Kyiv, which is capital of Ukraine and a city in transition. The aim of this study was to investigate and evaluate implementation of strategic plan for Kyiv with the focus on healthcare sector. There were evaluated Strategic plan for Kyiv, Concept for healthcare development from the Department of Healthcare, City's target program "Health of Kyivers". Data analyses showed 13 (45%) out of 29 strategic initiatives were not implemented for healthcare sector. Data from statistical analyses indicated that low performance from Department of Healthcare was similar for all operational goals. Our findings demonstrated low implementation rate of strategic initiatives within the healthcare sector of city's Strategic plan. Possible causes of low strategic performance could be due to weak institutional relations between top and low executive levels, as well as inconsistency in strategic documents, staff turnover.

Key words: healthcare strategic planning, city in transition

РЕЗЮМЕ

ЭТАПЫ И ПРОБЛЕМЫ В СТРАТЕГИЧЕСКОМ ПЛАНИРОВАНИИ ЗДРАВООХРАНЕНИЯ В СТОЛИЦЕ С ПЕРЕХОДНОЙ ЭКОНОМИКОЙ

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Целью исследования явилась оценка сектора здравоохранения в стратегическом плане развития города Киева.

Проведен анализ и оценка Стратегического плана развития Киева, Концепция развития здравоохранения, городская

целевая программа “Здоровье киевлян”. Анализ данных показал, что 13 (45%) из 29 стратегических инициатив не реализованы в секторе здравоохранения. Данные статистического анализа выявили, что показатели по выполнению стратегических инициатив Департаментом здравоохранения были одинаково низкими для всех операционных целей. Полученные результаты показали низкий уровень реализа-

ции стратегических инициатив в секторе здравоохранения Стратегического плана города Киева. Возможные причины низкой стратегической результативности в секторе здравоохранения, по всей вероятности, связаны со слабыми институциональными отношениями между высшим и низшим исполнительными уровнями, а также несогласованностью стратегических документов и текучестью кадров.

რეზიუმე

ჯანმრთელობის დაცვის ეტაპები და სტრატეგიული დაგეგმარების პრობლემები გარდამავალი ეკონომიკის დედაქალაქში

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⁴კიევის ტარას შევჩენკოს სახ. ეროვნული უნივერსიტეტი, შინაგანი მედიცინის კათედრა;
⁵ა.პოგომოლეცის სახ. ეროვნული სამედიცინო უნივერსიტეტი, სტომატოლოგიური სამედიცინო ცენტრი, კიევი, უკრაინა

კვლევის მიზანს წარმოადგენდა ჯანმრთელობის დაცვის სექტორის შეფასება ქალაქ კიევის სტრატეგიული განვითარების ჭრილში.

ნატარებულია კიევის სტრატეგიული განვითარების გეგმის, ჯანმრთელობის დაცვის სისტემის განვითარების კონცეფციის, საქალაქო მიზნობრივი პროგრამის “კიეველების ჯანმრთელობა” ანალიზი და შეფასება. მონაცემების ანალიზმა აჩვენა, რომ ჯანდაცვის სექტორში 29 სტრატეგიული ინიციატივიდან 13 (45%) არ რეალიზებულა. სტატისტიკური ანალიზის მონაცემებით გამოვლინდა, რომ ჯანდაცვის დეპარ-

ტამენტის ინიციატივების შესრულების მაჩვენებლები ყველა ოპერატიული მიზნით იყო ერთნაირად დაბალი. მიღებულმა შედეგებმა აჩვენა ჯანდაცვის სექტორში სტრატეგიული ინიციატივების რეალიზების დაბალი დონე ქალაქ კიევიში. ჯანდაცვის სექტორში ასეთი დაბალი სტრატეგიული შედეგიანობის შესაძლო მიზეზები, სავარაუდოდ, დაკავშირებულია სუსტ ინსტიტუციურ ურთიერთობასთან მაღალ და დაბალ აღმასრულებელ დონეებს შორის, ასევე, სტრატეგიული დოკუმენტების და კადრების დენადობის შეუთანხმებლობასთან.

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