ACCESSING HEALTHCARE IN RURAL AREAS DURING WAR IN UKRAINE

POLICY BRIEF
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MÉDICOS DEL MUNDO IN UKRAINE

Médicos del Mundo is an independent association that works to make the right to health a reality for all people, especially those living in a situation of poverty, gender inequality and social exclusion or are victims of a humanitarian crisis. Médicos del Mundo is a medical humanitarian organization, committed with the vulnerable, excluded populations or victims of natural disasters, famine, diseases, armed conflicts, or political violence. We believe that the right of victims to be cared for must prevail over any other consideration. Médicos del Mundo is the Spanish branch of the international network Doctors of the World, a global network of 17 organizations committed to provide care, bearing witness and fostering social change.

In 2015, Médicos del Mundo began a humanitarian intervention in the east of Ukraine to ensure access to medical services for the most vulnerable groups, including the elderly and those with chronic illnesses. One of its main goals is to timely provide quality services to the population within the framework of primary healthcare, sexual and reproductive health care, mental health and psychosocial support, as well as to combat gender-based violence. Organization works with the most vulnerable communities in the Chernihiv, Kharkiv, Kyiv, and Zaporizhzhia regions, covering areas affected by hostilities or hosting a large number of internally displaced persons amidst severe strain and damage to the healthcare system due to war.

Médicos del Mundo advocates for the right of all population to access healthcare system, with specially attention to vulnerable groups such as internal displaced population, elderly, people with disabilities or restricted mobility.

This analytical report is part of the project "Ensuring Access to Comprehensive Medical Services for Conflict-Affected Populations, Including the Most Vulnerable Groups (the Elderly, People with Disabilities, Survivors of Gender-Based Violence) among the Local Population and Internally Displaced Persons in the Most Affected Areas," funded by the Directorate-General for Civil Protection and Humanitarian Aid Operations of the European Commission. The European Union, along with its member states, is a global leader in providing humanitarian aid. Support in response to crisis situations is a way for the EU to express solidarity with all those in need, aimed at saving lives, preventing, and alleviating human suffering, and preserving the integrity and human dignity of those affected by natural and man-made disasters. **Through the Directorate-General for Civil Protection and Humanitarian Aid Operations (ECHO)**, the European Union assists millions of victims of conflicts and disasters every year. With headquarters in Brussels and a global network of field offices, the EU provides support to the most vulnerable populations, addressing their humanitarian needs.

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ABSTRACT

The purpose of this Policy Brief is to provide healthcare professionals, international donors, international organisations, national and local authorities, evidence-based recommendations in order to improve the healthcare sector in Ukraine and to foster its resilience, focusing on rural communities affected by war.

This Policy Brief was developed jointly with the Kharkiv Institute for Social Research. In particular, the institute contributed to the conduct of quantitative and qualitative surveys in selected communities in Zaporizhzhia and Kharkiv oblasts. The data collection was carried out through the surveys with community members (conducting a questionnaire with community members to assess health challenges and needs) and through key informant interviews & community leader's quantitative survey (to assess perceived satisfaction, problems, and barriers associated with health services provision of health workers, as well as community leaders). Mentioned surveys and interviews have conducted in Velykoburlutska community (Kharkiv Oblast) and Shyrokivska community (Zaporizhzhia Oblast).

RURAL HEALTHCARE IN UKRAINE: FROM THE 1990S CRISIS TO REFORM

1990

In 1990, the Verkhovna Rada of the Ukrainian SSR (after the adoption of the Declaration of Independence, it became the Verkhovna Rada of Ukraine. It is the sole legislative body of state power in Ukraine) adopted the Law "On the Priority of Social Development of Villages and the Agro-Industrial Complex in the National Economy"[1]. This Law defined the conditions for the priority development of the social sphere of villages and the agro-industrial complex for the next decade. This Law (in Article 6) obliged the state to invest in the development of the social sphere, including the healthcare system in rural areas. The construction of healthcare facilities was carried out at the expense of the state and local budgets. Ukraine as a state also committed to creating a favourable investment climate for private enterprises that contribute to the development of rural medical institutions. Such enterprises were exempted from taxes on the portion of income spent on the development of the social sphere. This Law is still in effect.

1990-1999

In 1991, the Verkhovna Rada of the Ukrainian SSR adopted the Act of Independence of Ukraine. This decision marked a new milestone in the history of modern Ukraine. At the same time, the period of independence marked the beginning of a severe economic and social crisis that lasted for almost a decade. This crisis particularly affected the rural population. From 1990 to 1999, there was a significant decline in agricultural production (by 2.1 times), posing a threat to food security. Poverty, labour migration, unemployment, decline in social infrastructure, demographic crisis, and rural depopulation were the most acute problems of the 1990s.

The average daily calorie intake per person decreased by 29% in 1999 compared to 1990, reaching 2565 kcal, nearing the international poverty threshold (2500 kcal)[2].

[1] Bulletin of the Verkhovna Rada of the Ukrainian SSR (VVR) (1990) no. 45: Law of Ukraine "On the Priority of Social Development of Rural Areas and the Agro-Industrial Complex in the National Economy", 602p., *Про пріоритетність соціально... | від 17.10.1990 № 400-XII (rada.gov.ua)*

[2] The Cabinet of Ministers of Ukraine (2007) no. 1158: Resolution "On Approving the State Target Programme for the Development of Ukrainian Rural Areas for the Period up to 2015", *https://zakon.rada.gov.ua/laws/show/1158-2007-%D0%BF?lang=en#Text*

1990-1999

In 1995, the State Statistics Service of Ukraine[3] recorded very high rates of infant mortality, with a mortality rate of children under 1 year old at 14.7%. A low life expectancy was also noted, at 66.8 years.

The birth rate in rural areas per 1000 people decreased from 13.7 to 9.4 individuals, while the mortality rate increased from 14.4 to 20.5 individuals.

The lack of employment, access to healthcare systems, and education forced rural youth to migrate massively to large cities or abroad. This became the main reason for the degradation of Ukrainian villages.

2007

In 2007, the Cabinet of Ministers of Ukraine adopted the "State Targeted Program for the Development of Ukrainian Rural Areas for the Period up to 2015"[4]. For the first time at the national level, the state enshrined in the legal field the priority of developing primary healthcare facilities in rural areas based on family practice principles.

The program aimed to develop medical services by:

- Establishing and ensuring the provision of medical care to rural populations based on family practice principles.
- Ensuring equal access to primary medical care for rural residents by creating feldsher-midwifery (FAP) posts in villages with a population of over 500 people; reorganizing feldsher-midwifery posts serving over 1000 people into family medicine general practice outpatient clinics and equipping them accordingly.

FAMILY PRACTICE PRINCIPLES

Family practice principles is a medical specialty within primary care that provides continuing and comprehensive health care for the individual and family across all ages and genders. The specialist, who is usually a primary care physician, is named a family physician. It is often referred to as general practice and a practitioner as a general practitioner.

FAP AND FELDSHER

FAP: A feldsher and midwifery post (hereinafter referred to as a FAP) is a structural unit of an outpatient clinic of a primary healthcare centre (hereinafter referred to as a PHC) that provides pre-hospital medical care to the population. The FAP is under the supervision of the doctor to whom the residents of the settlement are assigned. During the reform of the healthcare system in Ukraine, the new legislation did not include such a concept as a feldsher and midwifery post (FAP).

FELDSHER: Modern Ukraine inherited its FAPs from the Soviet healthcare system. The staffing of FAPs was based on feldshers. In the medical hierarchy, a feldsher was between a doctor and a nurse. This is a specialist who has received a secondary specialised medical education. Unlike a nurse, a feldsher can make diagnoses and provide treatment. But compared to a doctor, a feldsher lacks qualifications, so he or she works under the doctor's supervision. In 2017 the position of feldsher was abolished in Ukraine. Former feldshers were transferred to the position of nurse.

STATISTICS

According to the Cabinet of Ministers of Ukraine[5], as of 2017, 13 million Ukrainians resided in rural areas. This is 33 percent of the total population living in Ukraine at that time. However, in 2017 rural healthcare continued to be financed on a residual basis. Rural clinics and FAPs (primary healthcare facilities) lacked essential conditions. For instance, 71 percent of Ukrainian FAPs lacked water supply, 75 percent lacked sewage systems, and 82 percent of rural clinics lacked sanitation facilities. There were 23 thousand villages and settlements with 4 thousand clinics and 12,700 FAPs.

[3] The State Statistics Service of Ukraine (2017): Statistical collection, Healthcare Facilities and Morbidity of the Population of Ukraine, 109p., *zb_zoz_17.pdf (ukrstat.gov.ua)*

[4] The Cabinet of Ministers of Ukraine (2007) no. 1158: Resolution "On Approving the State Target Programme for the Development of Ukrainian Rural Areas for the Period up to 2015", *https://zakon.rada.gov.ua/laws/show/1158-2007-%D0%BF?lang=en#Text*

[5] The website of The Cabinet of Ministers of Ukraine (2017): The draft law on rural healthcare was adopted, *МОЗ: Ухвалено законопроект про сільську медицину | Кабінет Міністрів України (kmu.gov.ua)*

2017

The healthcare system inherited by Ukraine from the USSR was no longer sustainable and faced considerable criticism. In 2016-2017, Ukraine embarked on the development stage of healthcare reform, which involved restructuring the healthcare system in three stages. The first stage focused on reforming the primary level of healthcare by creating the institution of family doctors to replace district pediatricians and therapists. The second stage involved reforming hospitals and secondary level outpatient clinics, while the third stage targeted the reform of state medical centers and scientific-medical institutes. Concurrently, reforms were underway for emergency medical services, urgent medical care, psychiatric services, and tuberculosis treatment.

In October 2017, the Ukrainian Parliament passed Bill 6327, "On State Financial Guarantees for Medical Services for the Population"[6], marking a shift in approaches to healthcare financing. This law introduced the principle of "money follows the patient." According to this law, after the reform's implementation, patients would be able to choose their healthcare provider and family doctor. Each such doctor would serve up to two thousand patients. The state committed to paying 210 hryvnias per patient annually (in 2022, the capitation rate, i.e., the payment to the medical institution for each patient under a declaration, increased to 786 hryvnias per year[7]). In December 2017, for the implementation of the medical reform, the Cabinet of Ministers of Ukraine approved the resolution "On the Establishment of the National Health Service of Ukraine"[8]. The main tasks of the newly created service included the implementation of the state policy of financial guarantees for medical services to the population, the execution of functions as the purchaser of medical services and medicines under the medical guarantees program.

On November 14, 2017, the Verkhovna Rada of Ukraine adopted bill No. 7117, aimed at increasing the accessibility and quality of medical services in rural areas. The law "On Improving the Accessibility and Quality of Medical Services in Rural Areas"[9] was part of the medical reform and aimed to address the problems of rural healthcare: lack of doctors, poorly equipped outpatient clinics, and FAPs. Within the framework of the bill, 5 billion hryvnias were allocated to strengthen the infrastructure of rural healthcare. Specifically, state investments were planned to be distributed for the construction of new outpatient clinics, purchase of vehicles for doctors, upgrading equipment in outpatient clinics, and providing high-speed internet access.

EXPERT OPINION

However, there is an expert opinion[10], that "the adoption of the special law 'On Improving the Accessibility and Quality of Medical Services in Rural Areas' did not resolve the main issues regarding the funding of the primary level of rural healthcare, namely FAPs, and did not definitively determine the entity responsible for their financial support."

2018

Since September 2017, the electronic healthcare system eHealth has been operating in test mode. eHealth allows for monitoring how efficiently state funds allocated to healthcare are being spent and prevents abuse. In 2018, the Cabinet of Ministers of Ukraine approved the "Procedure for the Functioning of the Electronic Healthcare System"[11]. In the same year, the system covered the primary level of medicine — family doctors, physicians, and pediatricians.

In eHealth, 7 registers were introduced: the patient register, the register of declarations of choice of a primary care physician, the register of entities in the healthcare sector, the register of medical specialists, the register of healthcare workers, the register of medical service agreements, and the register of reimbursement agreements.

The system opened up the possibility of creating a "unified medical space" — coordination and integration between levels of medical care, as well as the introduction of a new service quality management system. In the same year, a new international disease clas-

[6] Verkhovna Rada of Ukraine (2018) No. 2168: Law of Ukraine "On State Financial Guarantees of Medical Service to the Population", 31p, *https://zakon.rada.gov.ua/laws/show/2168-19?lang=en#Text*

[7] The website of The Cabinet of Ministers of Ukraine (2022): Almost UAH 2 billion paid by the NHSU to primary healthcare institutions in January, *https://www.kmu.gov.ua/news/majzhe-2-mlrd-griven-viplatila-nszu-zakladam-pervinnoyi-medichnoyi-dopomogi-za-sichen*

[8] The Cabinet of Ministers of Ukraine (2017) no. 1101: Resolution "On the Establishment of the National Health Service of Ukraine", *https://zakon.rada.gov.ua/laws/show/1101-2017-%D0%BF#Text*

[9] Verkhovna Rada of Ukraine (2017) no. 2206: Law of Ukraine "On improving the accessibility and quality of healthcare in rural areas", *https://zakon.rada.gov.ua/laws/show/2206-19*

[10] Inna Kondratyeva, Vol. 2 No. 32 (2022), ISSN1992-2337: State Formation "Development of Rural Medicine in Ukraine in Modern Conditions", 10p, *https://periodicals.karazin.ua/db/article/view/22473/20703*

[11] The Cabinet of Ministers of Ukraine, (2018) no. 411: Resolution "Some aspects of the electronic healthcare system", *https://zakon.rada.gov.ua/laws/show/411-2018-%D0%BF#n19*

2018

sification at the primary level, ICPC2, was introduced. The International Classification for Primary Care (ICPC2) is the most widely used classification used in primary care in many countries worldwide. The World Health Organization (WHO) officially included ICPC2 in its group of international classifications (WHO-FIC). ICPC2 has about 1300 codes that describe the most common problems (more than 1 case per 1000 patients per year).

HEALTH POINT

In February 2018, the Ministry of Health and the Ministry of Regional Development, Construction, and Housing and Communal Services approved the Order "On the Procedure for Forming Capable Networks for Providing Primary Medical Care"[12]. This document outlined the typology of primary medical care (PMC) facilities. Four such establishments were identified:

- PMC Center: must have at least 7 doctors, regularly operates in a populated area with over 15,000 inhabitants.
- Group Practice Outpatient Clinic: must have two doctors, regularly operates in a populated area with 3,000 inhabitants or more.
- Solo Practice Outpatient Clinic: must have one doctor, regularly operates in a populated area with 1,500 inhabitants.
- Health Point: staffed by junior medical specialists and/or a PMC doctor, providing irregular PMC.

Thus, this Order introduced the new concept of "Health Points" in rural areas. In practice, former rural FAPs were transformed into these Health Points. In other words, a Health Point utilized the existing premises but no longer had a regular doctor or feldsher. Instead, a doctor from the PMC would visit the Health Point, for example, once a week, to conduct consultations with their registered patients. This transformation occurred, for example, in the Zaporizhzhia region, where most rural FAPs were replaced by Health Points, and later, a project of mobile pharmacy points was launched to provide rural residents with access to medications.

RESPONSIBILITY OF COMMUNITIES

As a component of the decentralization reform, local authorities' involvement in the advancement of the healthcare system was bolstered. Rural communities became responsible for ensuring the functioning of FAPs. This included providing medical equipment, organizing facilities (heating, electricity, water supply, etc.), and even paying the salaries of the healthcare workers.

In 2017, the NHSU began the process of contracting with Primary Health Care Centers (PHCCs) or private clinics licensed to provide medical services. PHCCs, in turn, contracted doctors and other medical personnel and fully managed the resources they received. However, the list of positions did not include the position of a feldsher, which was the main staff in rural health posts.

The direct regulatory acts governing the functioning of FAP's in Ukraine include the Regulation " On the feldshers/midwifery post"[13]. Additionally, this aspect of rural healthcare is mentioned in the Law of Ukraine "On Improving Accessibility and Quality of Medical Services in Rural Areas".

EXPERT'S OPINION

Some researchers point out[14] that such an approach with the absence of legal regulation of the work of FAPs is absolutely erroneous, considering that almost a third of Ukraine's population resides in rural areas. The conditions of the legal vacuum in regulating this issue, the shortage of medical personnel in rural areas, lead to the closure of FAPs as the primary level of rural healthcare and indirectly contribute, and even significantly exacerbate, the demographic crisis and the outflow of youth from rural areas to other settlements, such as amalgamated territorial communities, where the provision of healthcare in rural FAPs meets at least the criterion of accessibility. Moreover, the issue of funding for FAPs remains unresolved. At the legislative level, this problem remains open, and at the level of territorial authorities (village, town councils), especially in depressed regions with a population of less than 500 people, this problem is insoluble not only due to lack of funding but even due to lack of housing for medical workers, lack of internet, and other social infrastructure."

[12] Ministry of Health of Ukraine, Ministry of Regional Development, Construction, Housing and Communal Services of Ukraine (2018), no. 178/24: Order "On Approval of the Procedure for Formation of Capable Primary Healthcare Networks", Про затвердження Порядку форм... | від 06.02.2018 № 178/24 (Текст для друку) (rada.gov.ua)

[13] Ministry of Health of Ukraine (2016) no. 1169: Regulations "On the feldshers/midwifery station", *https://zakon.rada.gov.ua/laws/show/z1169-16#Text*

[14] Inna Kondratyeva, Vol. 2 No. 32 (2022), ISSN1992-2337: State Formation "Development of Rural Medicine in Ukraine in Modern Conditions", 10p, *https://periodicals.karazin.ua/db/article/view/22473/20703*

SVITLANA LESHCHENKO, DIRECTOR OF THE PRIMARY MEDICAL-SANITARY ASSISTANT CENTRE "KORYUKIV FAMILY MEDICINE CENTRE", CHERNIHIV OBLAST

"We have 18 FAPs, 6 health posts and 4 outpatient clinics. We serve 28 villages, sometimes 40 kilometres apart. The feldshers were transferred to the position of nurse. They work part-time and receive an average salary of 6,000 hryvnias per month ($155). The NHSU packages do not include funding for FAPs. These institutions have been switched to community funding. However, rural budgets have a deficit. Therefore, we have to pay salaries to nurses in rural health posts from our general fund. We are trying to preserve rural health posts as much as possible. Because this is the only place where a person in a village can buy at least medicines if they need them urgently."

STATISTICS

As already mentioned, in 2017, Ukraine had 12,700 Feldsher–Midwifery Posts. According to the State Statistics Service, by 2020, the number of Feldsher–Midwifery Posts had decreased to 11,278, in 2021 to 8,708, and in 2022 to 7,575.

40% **THIS IS THE NUMBER OF FAPS IN UKRAINE DECREASED BY THIS AMOUNT OVER FIVE YEARS**

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HEALTH SYSTEM IN UKRAINE: RESILIENCE TEST DURING WARTIME

In 2024, it will have been 10 years since the start of the war in Ukraine. Beginning in 2014 in the East of the country, the conflict escalated into a full-scale phase in February 2022.

On February 24, 2022, this day forever changed the history of Ukraine. The full-scale war, which has been ongoing for over two years now, has led to numerous casualties among the civilian population. According to the Office of the United Nations High Commissioner for Human Rights, the total number of civilian casualties from February 24, 2022, to September 24, 2023, is 27,449 people: 9,701 deaths and 17,748 injuries.

As of January 1, 2022, the population of Ukraine was approximately 41.167 million people. Following the onset of the war in February 2022, Ukraine faced an unprecedented level of migration. According to the Ukrainian Centre for Health Statistics, the population of Ukraine decreased to 31.47 million by the end of 2022.

The mass emigration of women of fertile age after February 24, 2022, significantly impacted childbirth rates in Ukraine: in 2022, the National Health Service of Ukraine recorded only 211,000 births compared to nearly 262,000 in 2021. Therefore, the natural decrease in the population of Ukraine is estimated at approximately 50,000 people in 2022.

Armed conflicts devastate the economy and food security, depriving people of means to survive. War destroys critical infrastructure, water and power supply systems, and logistics. War breeds poverty. Since February 2022, 65% of Ukrainian households have experienced income reduction, with nearly 44% unable to meet their basic needs[15].

In 2023, houses, schools, safe spaces for children, water supply systems, and hospitals continued to be hit and shelled.

The hostilities (conflict) continue into 2024, leaving millions of people deprived of access to basic services across the country. According to projections from the United Nations Office for the Coordination of Humanitarian Affairs (UN OCHA)[16], in 2024, over 14.6 million people — approximately 40% of the population residing in Ukraine — will require humanitarian assistance. Humanitarian needs remain most acute in the eastern and southern regions of the country. It is in these areas that people lack access to water, food, shelter, social and legal protection, and healthcare services. Specifically, in 2024, 7.8 million people will require assistance in accessing healthcare services.

AS OF FEBRUARY 2024, ACCORDING TO THE WORLD HEALTH ORGANIZATION (WHO), THERE HAVE BEEN 1,643[17] ATTACKS ON HEALTH SYSTEM IN UKRAINE

According to the "Humanitarian Needs and Response Plan" developed by UN OCHA, the health cluster will provide support to 3.8 million people in 2024. Humanitarian health response activities in Ukraine for 2024 will target those with the most acute needs among internally displaced persons, returnees, and non-displaced populations. In determining the severity of needs, a geographic approach is applied, taking into account gender aspects, to focus attention on areas most affected by the war, prioritizing rural areas and high-risk districts within these regions where the most vulnerable populations reside and where healthcare systems are most impacted.

[15] Office for the Coordination of Humanitarian Affairs, (2024): Humanitarian Needs and Response Plan 2024. Ukraine, 113p.
[16] Office for the Coordination of Humanitarian Affairs, (2024): Humanitarian Needs and Response Plan 2024. Ukraine, 113p.
[17] Surveillance System For Attacks On Health Care (SSA) // World Health Organization. *https://extranet.who.int/ssa/LeftMenu/Index.aspx*

WAR AS A TEST OF RESILIENCE

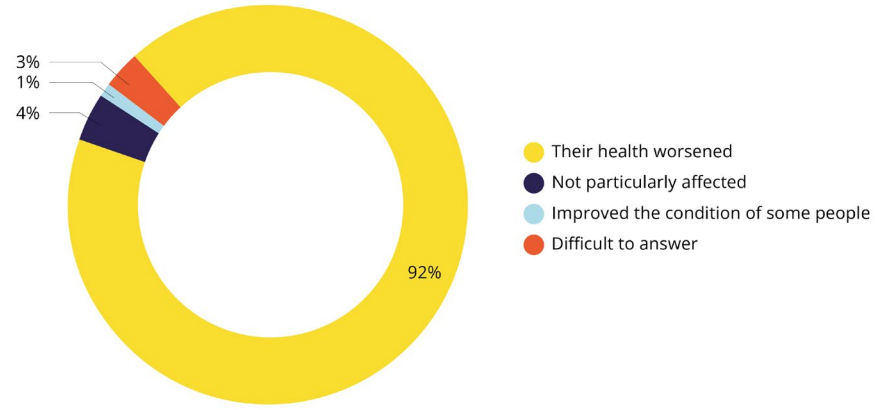
The war has become an unprecedented test of the resilience of the entire management system and the functioning of institutions in Ukraine. This includes a test for the healthcare system and, specifically, for the health of Ukrainian citizens, especially those living close to the front line.

Surveys were conducted in two such communities by the Kharkiv Institute of Social Research: the Velykoburlutska community in the Kharkiv region and the Shyrokivska community in the Zaporizhzhia region.

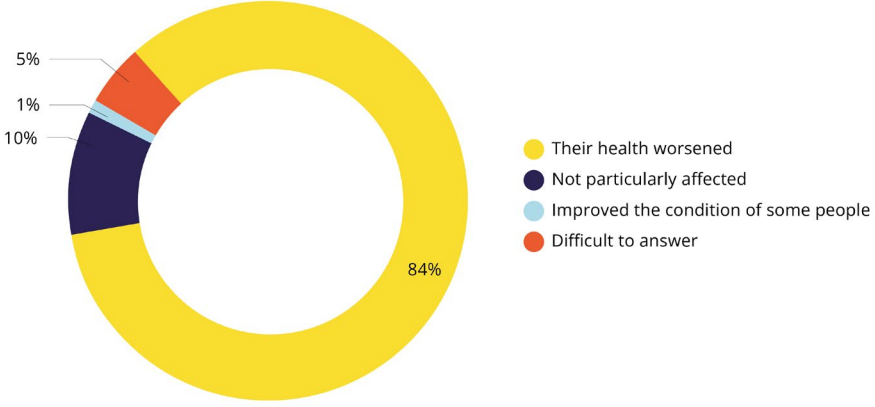
The building of the central district hospital in Velykyi Burluk was heavily damaged by two aerial bombs. This happened in February 2024, after the survey had been conducted. The Velykyi Burluk Central District Hospital performed one of the most important functions in the community and provided access to healthcare services. After the destruction of the hospital building, the situation with the population's access to healthcare services in the Velykyi Burluk community may deteriorate significantly.

It is evident that two years of war have had a negative impact on the health of Ukrainians. For instance, the Velykoburlutska community was under the control of Russian forces for many months in 2022 and now remains in constant danger due to its proximity to the front line. The overwhelming majority (92%) of surveyed residents of the Velykoburlutska community assert that the full-scale war has worsened the health condition of the community members (Figure 5.1, Appendix 1).

Q "How, in your opinion, has the full-scale war affected the health of the residents in your community?"



The residents of the Shyrokivska community in the Zaporizhzhia region responded similarly. 84 percent of respondents believe that the war has worsened their health condition (Figure 5.1, Appendix 2).



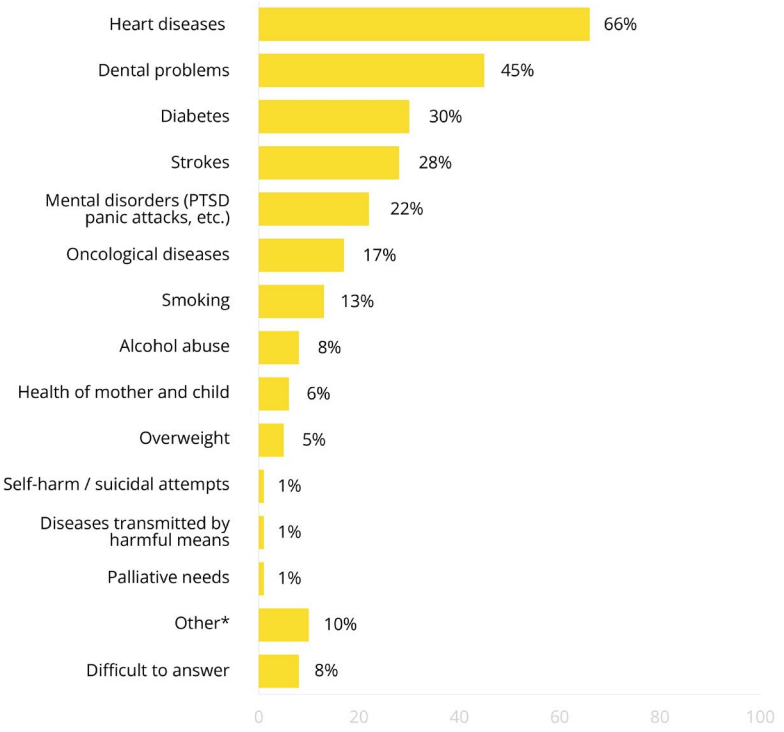
DETERIORATION OF HEALTH

The war has directly impacted the deterioration of health among Ukrainians. According to a survey conducted by the World Health Organization (WHO) regarding the impact of the war in 2023, doctors have observed an increase in the number of patients with cardiovascular diseases (CVD) and mental disorders.

A survey of the Velykoburlutska community in the Kharkiv region at the beginning of 2024 also confirmed the WHO's data.

The main health problems among the residents of the Velykoburlutska community are cardiovascular diseases, followed by dental issues. A significant portion of the community members consider diabetes, strokes, oncological diseases, and mental disorders, including PTSD, panic attacks, etc., as significant problems (Figure 3.6, Appendix 1). Relatively more often, women mention most of these issues, while men more frequently cite smoking as a major problem. Cardiovascular diseases are more concerning for older individuals, dental problems are most relevant for middle-aged residents, and young people relatively more frequently note issues related to smoking, alcohol consumption, and reproductive health (maternal and child health). Overall, respondents from different socio-demographic groups have similar priorities in identifying the most important health problems in the community.

Q: "What are the main health problems you see in your community?"



PRIMARY BARRIERS TO ACCESSING PRIMARY HEALTHCARE

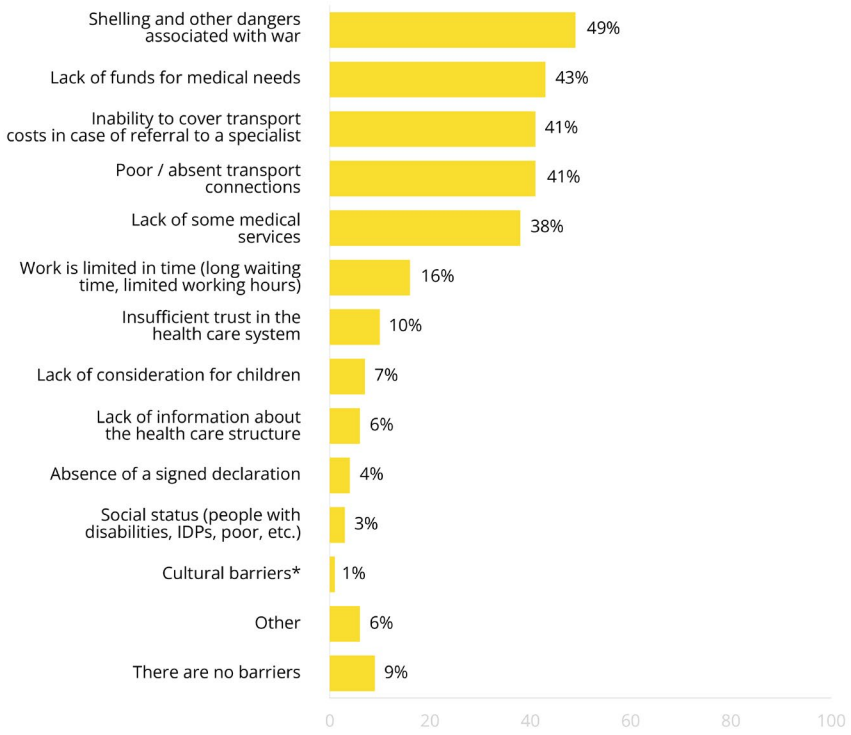
The war has presented numerous challenges for the provision of primary healthcare (PHC). According to the World Health Organization's assessment of medical needs conducted in April 2023[18], 61% of those seeking access to PHC encountered difficulties. The main barriers included the cost of medication or treatment, time constraints, and lack of transportation, particularly in rural areas. Previously, FAPs provided services and dispensed basic medications in areas without pharmacies. However, with the introduction of healthcare reform and changes in funding, these facilities could cease operations. Additionally, the public transportation infrastructure deteriorated due to the war, significantly complicating population access to PHC due to fuel shortages and increased costs.

According to respondents from the Velykoburlutska community in the Kharkiv region at the beginning of 2024, the main challenges in accessing medical assistance are caused by shelling in the Velykoburlutska community and other consequences of the hostilities nearby. Additionally, people lack money for medications and treatment, as well as for transportation expenses to reach specialists in other settlements within the community. Poor transportation connections between settlements within the community and other settlements in the region

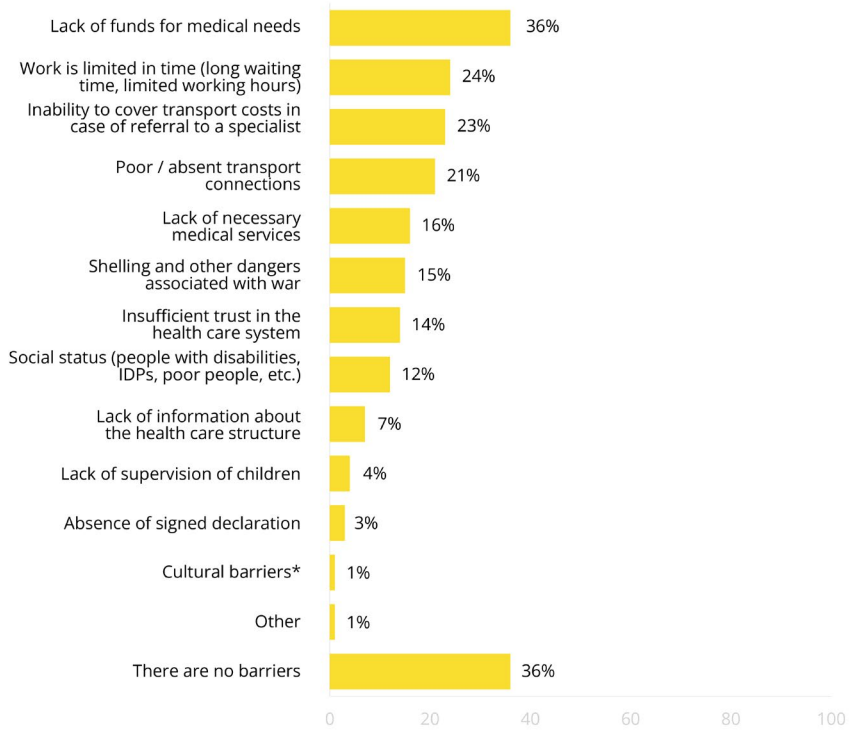
[18] World Health Organization (2023): Primary Health Care Financing in Ukraine: a Situation Analysis and Policy Considerations, Ukraine.

are also problematic. Finally, residents of the community often cannot access necessary medical assistance due to the absence of such medical services within the community (Figure 4.1, Appendix 1).

Q: "What are the main problems that hinder accessing medical assistance when needed?"



The situation in the Shyrokivska community is significantly better than in Velykiy Burluk. 36% of respondents there believe that there are no barriers to access healthcare services in the community. Another 36% think that the main barrier is the lack of funds for medical needs. (Figure 4.1, Appendix 2)



EXPERTS' OPINION

Insufficient financial resources, low quality of roads and transport links, and the cost of fuel - all these factors significantly limited access to healthcare services in rural areas even before the outbreak of full-scale war in Ukraine. As a result of active hostilities, the above-mentioned barriers to access to the healthcare system have been further exacerbated. The situation was further complicated by attacks on the healthcare system, destruction of roads and bridges, mining of territories, and damage of energy facilities. As a result, some remote villages have become even more isolated. Obviously, these areas require special attention from the government, humanitarian organisations, and international donors.

PERSONNEL CHALLENGES

Healthcare professionals note a significant shortage of medical personnel in the regions most affected by the war. The escalation of the war in February 2022 led to migration among healthcare workers. According to the National Health Service of Ukraine (NHSU), the overall number of medical workers employed in the national healthcare system decreased by 13.7% in 2022 compared to 2021. In real terms, the healthcare system lost 89,000 medical workers in just one year[19].

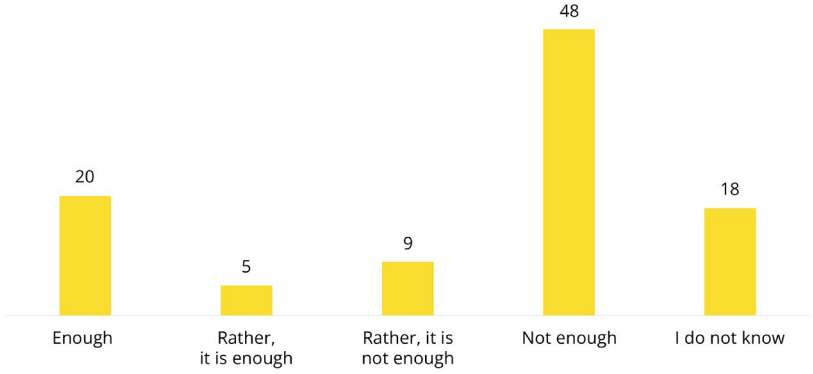
In addition to migration issues, there is also the recruitment of medical workers into the army. However, there is no official record kept in Ukraine of mobilized personnel from the healthcare sector.

Furthermore, according to the World Health Organization (WHO), the primary healthcare workforce is aging, and the training of new doctors is not adapted to the increasing role of primary healthcare, which is expanding and evolving. It has been established that there is currently a sufficient number of trained specialists, but the age profile of doctors at the primary healthcare level is a potential concern, as half of family doctors are over 50 years old. The low interest of young professionals in a career in primary healthcare is historically linked to the low prestige associated with this specialty in the past.

> "War, territories where hostilities are ongoing - this is the main problem. Providing doctors, primarily... We will work on this if we purchase more medical equipment. Our material base is good, but there is a shortage of personnel. The opportunities to receive medical assistance are limited by the lack of transportation. There are no roads, only directions. Transportation, especially from remote villages, is not available. There is a shortage of medical facilities. In peacetime, the patient had the opportunity to choose a medical facility. Now there is no such option because neither Vovchansk nor Kupyansk hospitals are operating. Vovchansk is operational, but it has been evacuated, far from the border. Therefore, the options for choosing a medical facility have now diminished."
>
> **FROM AN INTERVIEW WITH MEDICAL PERSONNEL.**

According to the research conducted by the Kharkiv Institute of Social Research, the majority of residents in the Velykoburlutska community believe that there is a shortage of medical personnel in the community (Figure 2.4, Appendix 1). Such assessments are characteristic across all categories of the community population.

Q: "Is there enough medical personnel in your community?"



[19] International Renaissance Foundation, Agency for Legislative Initiatives, Ukrainian Healthcare Center (2023), Healthcare at War: The Impact of Russia's full-scale Invasion on the Healthcare in Ukraine

> "We don't have enough family doctors. A family doctor should have between 1800 and 2000 patients, but we have more residents than that. There are also internally displaced persons, as well as the Vilkhovetska community (which was part of the former Velykoburlutske district) that we oversee, and they don't have a hospital at all. That's why there is a shortage of doctors there. There were no volunteers to come to our frontline district even before the war, and now even more so."
>
> **FROM AN INTERVIEW WITH MEDICAL PERSONNEL.**

> "In the center of the Velykiy Burluk community, there is a central hospital, which includes a polyclinic department and an inpatient department. There is also a primary medical and sanitary care center, located within the polyclinic department. In the village of Prykolotne, there is a family doctor's outpatient clinic, but there is no family doctor there, only a nurse who performs these functions."
>
> **FROM AN INTERVIEW WITH MEDICAL PERSONNEL.**

> "During peacetime, the outflow of young population from our community began. This has led to the majority of the population being elderly people, individuals who did not want to change their usual routine, habits, or place of residence. That's why in our country, palliative conditions, age-related illnesses such as oncology, chronic diseases, and a 'bouquet' of age-related ailments are prevalent. People are getting sick more often: many strokes, hypertension leading to heart attacks or cerebral circulation disorders, referrals for psychiatric disorders, stressful situations. Cardiovascular diseases, gastrointestinal problems, kidney and liver issues - all of this existed even in peacetime. I wouldn't say it's an increase now."
>
> "First and foremost, it's cardiovascular diseases, hypertension, and ischemic heart disease."
>
> **INTERVIEW WITH MEDICAL PERSONNEL.**

LOW EXPENDITURE ON PRIMARY MEDICAL CARE

According to the World Health Organization, state expenditure on primary medical care (PMC) in Ukraine is low compared to other countries in the WHO European Region. In 2020, state expenditures on PMC, including external financing, amounted to 0.75% of gross domestic product (GDP). Additionally, expenditures on PMC per capita in Ukraine are the lowest in the region - only $104 USD, of which $26 USD is allocated from state sources. On average, state sources account for only 26% of total PMC expenditures.

COMMUNITY FINANCIAL CRISIS

As previously mentioned, as part of healthcare reforms and decentralization, funding for rural health posts (FAPs) has become the responsibility of communities. It is important to note that during the war, amalgamated territorial communities (ATCs) faced unprecedented financial pressure, especially those located in or adjacent to conflict zones or internal displaced persons.

Before the war, local budgets accounted for a quarter of the consolidated budget revenues. ATCs managed to collect 400 billion hryvnias. However, the war caused mass internal migration and business shutdowns, significantly affecting local budgets. According to a survey by the Kyiv School of Economics[20], in 2022, every fourth community located in conflict zones collected at least 50% less revenue than pre-war plans. Among ATCs outside conflict zones, two-thirds reported a decrease in revenue. As a result, communities faced the challenge of continuing to fund education, healthcare, and utilities with revenue declines of up to 70%. This situation significantly affects the ability of local communities to sustain FAPs.

[20] Centre for Food and Land Use Research at Kyiv School of Economics (2022): "Decentralization and Communities Amalgamations: Increasing the Urban and Rural Divide", *https://kse.ua/wp-content/uploads/2022/10/Final-Report-II-part-KAS.pdf*

COMMUNITY FINANCIAL CRISIS

The information received by "Medicos del Mundo" staff during discussions with healthcare specialists in one of the frontline areas is alarming. Since the beginning of 2024, employees of rural healthcare posts (FAPs) in one community have not received their salaries. Previously, these employees were paid from local budgets. As a result of this situation, layoffs of FAP employees and the closure of these facilities are not ruled out.

EXPERTS' OPINION

In turn, the closure of FAPs during wartime leads to even more dramatic consequences. The role of these facilities for rural populations cannot be overstated. They are places where people seek primary medical care and where they can purchase medications. This is especially crucial during times of conflict, when there is a daily risk of civilian casualties. The closure of these facilities will significantly worsen the health status of rural residents and may even lead to another wave of displaced persons.

ADDITIONAL WORKLOAD

Employees of "Medicos del Mundo" working in the field notice the discrepancy between the workload and salaries for medical workers providing services to rural populations.

Doctors in rural areas are required to travel long distances daily to provide assistance to their patients living in different villages. The distance between populated areas in Ukraine can exceed 30-40 kilometers. The additional workload on the entire primary medical care system in rural areas also affects the condition of roads and increases fuel costs. In January 2022 (before the war began), the average cost of gasoline was 31 hryvnias, while in February 2024, it increased to 51 hryvnias, which is 40% higher. Consequently, the financial burden on the primary medical care system in rural areas may be much greater than in cities, where patients are located within walking distance in the same district. However, during the development of healthcare reform, no financial incentives were provided for healthcare services in rural areas. The capitation rate for attending one patient has not changed since the beginning of 2022 and in 2024 stands at 786.65 hryvnias per year for the "Primary Medical Care" package.

It is often disadvantageous for doctors in rural areas to maintain an excessive number of patients. According to healthcare reform, each doctor has restrictions on the number of patient declarations (for example, for a family doctor, up to 2000 declarations). According to the tariffs for 2024, there are reducing coefficients for declarations exceeding the established limits. That is, if the number of declarations signed by one doctor exceeds the optimal amount by more than 10%, all declarations are paid with the application of reducing coefficients. Additionally, in 2024, an extended list of coefficients was reintroduced for cases of exceeding the declaration limit. Medical services provided based on declarations submitted after reaching 150% of the limit + 1 declaration will not be reimbursed by the National Health Service of Ukraine (NHSU)[21]. Thus, in villages with more than 2000 inhabitants, the rest of the population risks being left without declarations because it is financially disadvantageous for the primary medical care institution.

EXPERT'S OPINION

The reform of the healthcare system has led to a situation in which rural residents have unequal rights to access the healthcare system. This means that FAPs or Health Posts operate on an irregular basis. Thus, in large settlements, residents have almost continuous access to healthcare services. In contrast, in rural areas, one can only receive care on the days that a doctor has been assigned to visit a particular village. At the same time, the reform of the healthcare system without taking into account the specifics of rural areas has led to unequal working conditions for healthcare workers who have to travel tens of kilometres every day to visit declared patients.

In addition, the difficult situation in rural areas is further exacerbated by the application of the reducing coefficient. Obviously, this situation requires immediate changes.

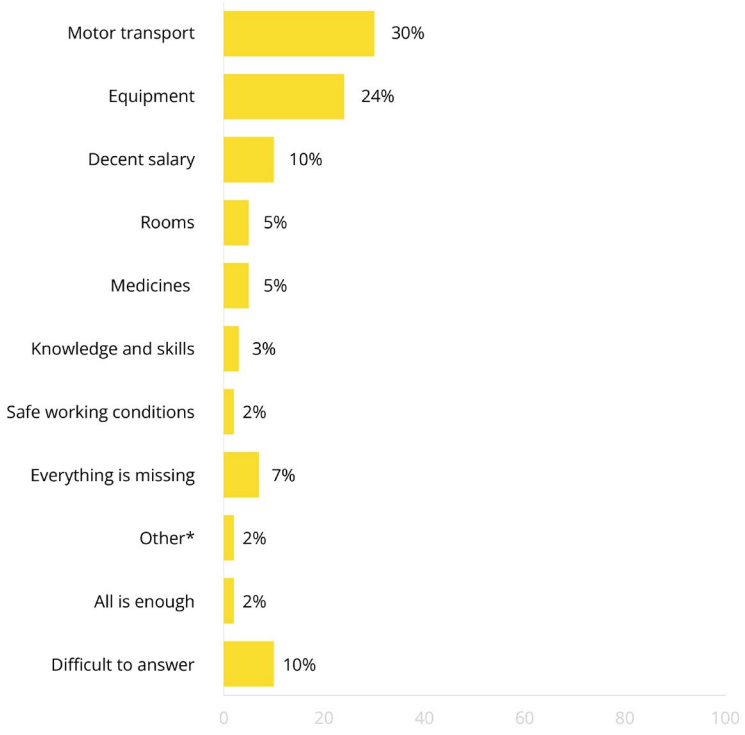
PRIMARY BARRIERS TO ACCESSING PRIMARY HEALTHCARE

According to the residents of the Velykoburlutska community, the most significant deficiencies among the feldshers in the community are the lack of transportation and medical equipment. Among the feldshers working in the community, there is a predominance of middle-aged and pre-retirement/retirement-age workers (Figure 2.8, Appendix 1). Half of the respondents who have access to the FAP in their settlement have no idea about the extent of its funding. The majority of the remaining respondents believe that the FAP lacks funding (Figure 2.9, Appendix 1).

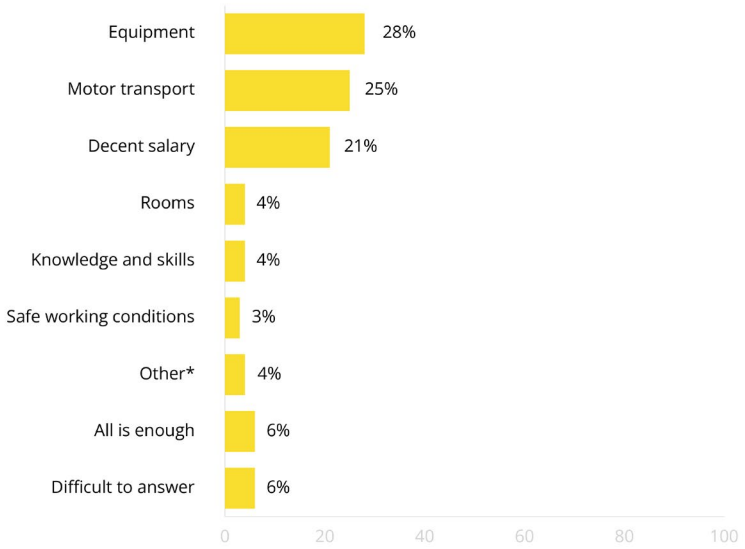
[21] The online accounting portal (2024): Commentary to the Procedure for Implementation of the Programme of State Guarantees of Medical Care for the Population in 2024, approved by the Resolution of the Cabinet of Ministers of Ukraine No. 1394 dated 22.12.2023, *https://ibuhgalter.net/ru/articles/1357*

PRIMARY BARRIERS TO ACCESSING PRIMARY HEALTHCARE

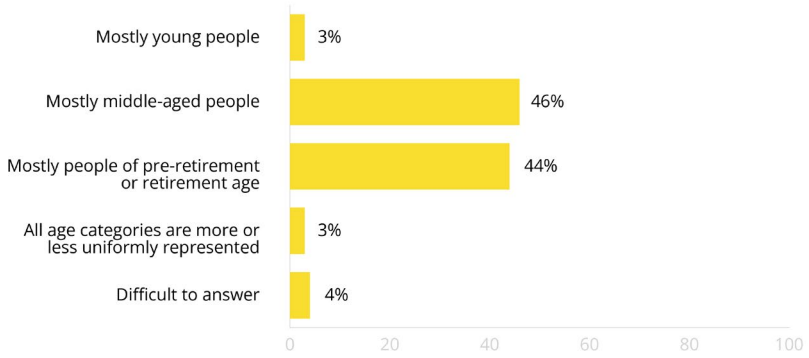
What, in your opinion, do feldshers in your community lack the most? Results of the Velykoburlutska community. (Figure 2.7, Appendix 1)



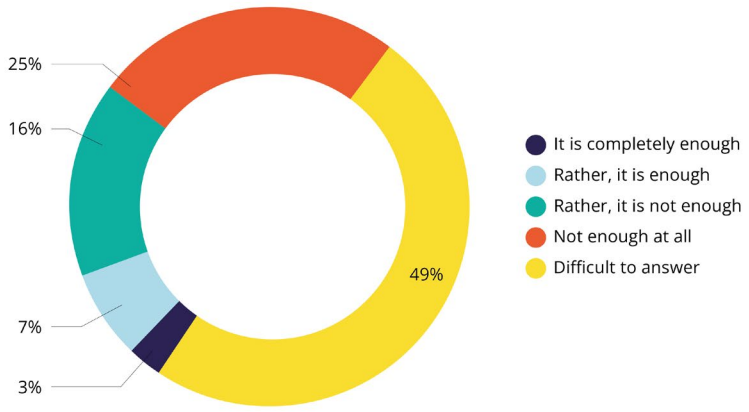
In the Shyrokyivska community of Zaporizhzhia Oblast (Figure 2.7, Appendix 2), respondents believe that the most lacking for feldshers are equipment (28%), transportation (25%), and decent salaries (21%).



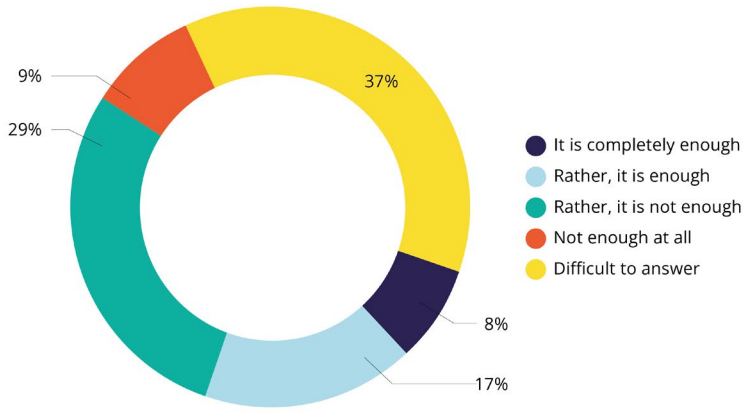
What is the average age of feldshers in your community? Results of the Velykoburlutska community. (Figure 2.7, Appendix 1)



What level of funding is available for the FAP serving your locality? Results of the Velykoburlutska community. (Figure 2.9, Appendix 1)



Despite the overall better dynamics shown in the Shyrokivska community, residents of this community also believe that FAPs lack funding (38 percent). (Figure 2.9, Appendix 2)



THE RISK OF NEW LAYOFFS OR REDUCTIONS

In December 2023, the Cabinet of Ministers of Ukraine adopted[22] the Procedure for the Implementation of the Program of Medical Guarantees for 2024. The program was allocated 159 billion hryvnias, which is 16 billion more than in 2023.

However, according to information from our colleagues directly providing healthcare services in the Zaporizhzhia Oblast, since January 2024, doctors in some Primary Medical-Sanitary Assistant Centre (PMSACs) in the aforementioned region have been receiving salaries that are 5-6 thousand hryvnias less than usual. The reason for this is that according to point 23 of the Procedure for the Implementation of the Program of State Guarantees of Medical Care for the Population in 2024, approved by the Cabinet of Ministers of Ukraine on December 22, 2023, No. 1394, a zero coefficient has been introduced in Ukraine for 2024. This means that if patients who have signed declarations with doctors did not receive medical services within this institution for 12 months, a "0" coefficient is applied to the capitation rate. As a result of the implementation of this point, the funding of PMSACs from the NHSU has decreased. The salary fund of the personnel was formed from these funds. The loss of financial resources poses a risk of staff layoffs or reductions.

EXPERTS' OPINION

The implementation of the zero coefficient in the context of existing barriers to access to healthcare services in rural areas creates a vicious circle. Vulnerable populations have health problems that have worsened as a result of the war. But due to their geographical isolation, people cannot see a doctor. If a doctor has no visits, a zero coefficient is applied and the NHSU does not fund such a facility. Lack of funding creates another cycle in which vulnerable groups face new barriers on their way to healthcare services. Therefore, the implementation of the zero coefficient leads to the destruction of the healthcare system in rural areas, which may further deteriorate the health of people. The above challenges require an urgent response from the relevant structures at various levels.

OPERATIONAL RESPONSE

Despite the circumstances described above, the healthcare system has shown resilience during the war. Hospitals and medical personnel did not cease their work even in the most dangerous moments of the conflict. Despite often being targets of attacks, healthcare facilities continued to operate. In the early weeks of the war, doctors took on the burden of saving the wounded in combat conditions, performing surgeries even during rocket shelling.
For example, at the National Children's Hospital "Okhmatdyt," doctors and nurses, along with the management, worked continuously for over 50 days during the spring of 2022[23]. They saved the wounded by performing urgent surgeries, setting up operating rooms in cold basements, and independently moving patients to bomb shelters. They provided not only medical but also psychological assistance. Thanks to the selflessness of these individuals, many lives were saved in the early weeks of the war.

According to the World Health Organization (WHO), "96% of healthcare facilities in the territories under Ukraine's control, if we look at the entire country, are still functioning. Of course, the situation varies in different regions. For example, in the Donetsk Oblast, only every third facility is operational, making access to medical care significantly more challenging. Or when we look at Kherson Oblast, we see that over 70% of facilities have some damage. Equipment is damaged in 58% of facilities. In the east and south, medical facilities are hit more frequently, so they are not operational," says Yarno Habicht, Head of the WHO Office in Ukraine[24].

The government and international partners are gradually restoring healthcare facilities damaged by hostilities. According to the Ministry of Health, it will take up to a billion dollars to restore the damaged facilities. The World Bank and WHO estimate the losses in the healthcare system $26 billion[25].

The government made efforts to respond promptly to the situation. During the martial law, the Cabinet of Ministers of Ukraine and the Ministry of Health (MOH) approved dozens of legislative documents that helped the healthcare system continue providing assistance in combat conditions.

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[22] The website of The Cabinet of Ministers of Ukraine (2023): The volume of state-funded medical services will increase in 2024, - Viktor Liashko, *У 2024 р. обсяг медичних послуг, що фінансується державою, збільшиться, - Віктор Ляшко | Кабінет Міністрів України (kmu.gov.ua)*

[23] State Enterprise "THE INTERNATIONAL BROADCASTING MULTIMEDIA PLATFORM OF UKRAINE" (2023): Surgeries underground: the work of the Okhmatdyt hospital during the war, *https://www.youtube.com/watch?v=IL_AsS2cwus*

[24] News Agency "Interfax Ukraine" (2023): "Needs in the healthcare system are growing due to the war - Head of the WHO Office in Ukraine", *https://interfax.com.ua/news/interview/946050.html*

[25] The newspaper of the Verkhovna Rada of Ukraine "Voice of Ukraine" (2023): "War has brought new challenges to the healthcare system", *http://www.golos.com.ua/article/368390*

In March 2022, the MOH introduced simplified access to primary medical care for internally displaced persons (Order of the MOH "Some issues of providing primary medical care in conditions of martial law")[26].

Additionally, the government changed the rules for prescribing prescriptions for people with chronic illnesses. Specifically, the MOH approved the Decree "Amendments to certain regulatory acts of the Ministry of Health of Ukraine regarding the provision of functioning of the healthcare sector during the period of martial law"[27]. This was particularly important for people with diabetes. Now, it became possible to obtain a prescription from a primary care physician, provided that the electronic healthcare system (EHS) contains information about a previous similar prescription issued by an endocrinologist.

- In July 2022, the Verkhovna Rada of Ukraine adopted the Law "On Amendments to Certain Legislative Acts of Ukraine on Improving the Provision of Medical Care"[28], according to which Ukraine will be divided into hospital districts and hospital clusters. Hospitals will be divided into three categories:
- general: serving more than 40,000 people;
- cluster hospitals: serving from 120 thousand people;
- super-cluster hospitals: covering the population of an entire hospital district and being a centre for such areas as oncology, cardiology, psychiatry, etc.

International humanitarian organisations have also ensured the sustainability of the healthcare system. This was possible, among other things, due to timely government decisions. For example, the Resolution of the Cabinet of Ministers "Some Issues of Conducting Business Activities in the Production of Medicines, Wholesale and Retail Trade in Medicines, Import of Medicines (Except Active Pharmaceutical Ingredients) During the Period of Martial Law"[29] allowed the sale of medicines without licences in Ukraine. This Resolution greatly facilitated the activities of humanitarian organisations, allowing them to directly provide medicines to vulnerable groups.

- In addition, some humanitarian organisations are successfully implementing projects of mobile medical units (Médicos del Mundo has launched such a project in Kyiv, Chernihiv, Zaporizhzhia and Kharkiv regions). This approach significantly reduces the burden on the entire healthcare system and expands access to primary care among the rural population.

[26] Ministry of Health of Ukraine (2022) no. 496: Decree "Some Aspects of Primary Healthcare Provision under Martial Law", *https://zakon.rada.gov.ua/rada/show/v0496282-22#Text*

[27] Ministry of Health of Ukraine (2022) no. 727: Decree "On Approval of Amendments to Certain Regulatory Legal Acts of the Ministry of Health of Ukraine on Ensuring the Functioning of the Healthcare Sector during Martial Law", *https://zakon.rada.gov.ua/laws/show/z0504-22#n25*

[28] Verkhovna Rada of Ukraine (2022) no. 2347: Law of Ukraine "On Amendments to Certain Legislative Acts of Ukraine on Improving the Provision of Medical Care", *https://zakon.rada.gov.ua/laws/show/2347-20#Text*

[29] The Cabinet of Ministers of Ukraine (2022), no. 542: Resolution "On Some Aspects of Conducting Business Activities in the Field of Production of Pharmaceutical Products, Wholesale and Retail Trade of Pharmaceutical Products, Import of Pharmaceutical Products (Except for Active Pharmaceutical Ingredients) during the Period of Martial Law", *Деякі питання провадження господ... | від 07.05.2022 № 542 (rada.gov.ua)*

RECOMMENDATIONS

Access to healthcare in rural areas affected by the war in Ukraine today is significantly restricted. Especially in communities located near the front line. Attacks on the healthcare system and critical infrastructure (such as transportation routes, power facilities, etc.) occur in these areas.

Measures taken by the Ukrainian government to ensure access during wartime have not been able to overcome the enormous human, economic, and systemic challenges posed by such a crisis.

At the same time, there are structural conditions, stemming from the pre-war state of the healthcare system, that have contributed to limited access to medical care, especially in rural areas. These include a lack of medical personnel, insufficient healthcare budgets, and policies related to healthcare system financing in the context of decentralization reform.

Healthcare workers, in turn, are faced with the need to carry out their work in conditions of increased risk and often with inadequate resources.

The recommendations provided below aim to propose strategies to enhance the resilience of the healthcare system and access to healthcare services in current conditions, as well as structural measures that we consider necessary to ensure the possibility and sustainability of access even in the short-term perspective.

FOR LOCAL AUTHORITIES

- Facilitate at the community level to identify needs and collaboratively develop strategies for healthcare system development in rural areas, as well as to implement regular monitoring and data collection on healthcare service needs at the community level, including monitoring the number of declarations in each zone (due to the introduction of reducing coefficients).
- Regularly systematize the above information for advocacy efforts with relevant authorities.
- Support the implementation of reporting at the level of Centralized Primary Medical and Sanitary Unit (CPMSD) regarding the analysis of the implementation of point 23 of the Procedure for the implementation of the state program of medical guarantees for the population in 2024, approved by the Cabinet of Ministers of Ukraine on December 22, 2023, No. 1394, regarding the zero coefficient. Monitor indicators such as the volume of lost funding, the number of reduced positions, and the impact on people who do not have access to services due to staff overload or lack of access to declarations in this area. Collect key information for advocacy with the Ministry of Health and the National Health Service of Ukraine (NHSU).
- Advocate for equity in health for population in rural areas, including the direct and underlying determinants of access to health.
- To raise awareness of the community about the

budget allocated for the needs of local healthcare facilities (FAPs).
- Activate efforts for seeking complementary support and enhancing resilience of the healthcare system in rural areas during the conflict, involving donors, charitable organizations, and community contributions.
- Direct efforts towards finding financial resources to motivate healthcare system staff in rural areas and to increase the health personnel specially at the primary health level.

FOR NATIONAL AUTHORITIES

- Monitor, report, and communicate official data on the access to health services, disaggregated by area, including the specific impacts caused by war.
- Ensure equity in access to healthcare services, considering the specificities of rural areas, such as deficits in local community budgets, geographic remoteness, and specific limits in access caused by war.
- Consider the possibility of changing the approach to funding FAPs by allocating state subsidies to communities or financing these facilities from the state budget.
- Consider revising the approach to funding medical assistance in rural areas. Specifically, develop a mechanism to increase the capitation rate in rural areas by applying a special coefficient for payment of services under the packages of the National Health Service of Ukraine (NHSU), which would take into account the additional burden on the healthcare system in rural areas (including distances between settlements, fuel costs, and vehicle repairs).
- Consider the possibility of increasing the number of signed declarations with patients in rural areas (more than 1800 or 2000) without applying a reducing coefficient.
- Consider the possibility of cancelling the application of the zero coefficient for the healthcare system in rural areas.
- Advocate for, raise awareness and promote the importance of Mental Health and emotional wellbeing, and prevention of oncological pathology (including Sexual and Reproductive Health) at national level through media and with local partners and stakeholders.
- Integration of Sexual Reproductive Health and Mental Health and Psychosocial Support as core aspects at primary health care package.

FOR HUMANITARIAN ORGANIZATIONS

- Continue advocating for the respect of International Humanitarian Law, regarding the protection of the health infrastructure and personnel as a critical aspect of access to health in the context of war.
- Advocate for human right to healthcare and ensure comprehensive support and access to the healthcare system in isolated, rural, and war-affected communities.
- Develop and implement programs to support the healthcare system in rural areas, considering diverse needs and peculiarities of primary level services provision in rural areas.
- Develop and implement programs to support Health Points by reconstructing facilities, purchasing equipment and medications, and encouraging medical personnel to work in rural areas. Consider supporting also FAPs since in several places they are the unique resource of access to health services, especially in the context of war.
- Ensure monitoring and advocacy for healthcare service needs in rural areas both at the national level through mass media and with partners and stakeholders locally (NGOs, military-civil administrations, NGOs, medical and social workers).
- Increase awareness and promote a healthy lifestyle by informing the population in communities.

FOR INTERNATIONAL DONORS

- Actively advocate for the respect of International Humanitarian Law, regarding the protection of the health infrastructure and personnel.
- Support the efforts of local and national authorities in providing healthcare services in rural areas, especially in those areas directly affected by conflict.
- Support local government bodies in the process of reconstructing infrastructure (roads, public transportation, healthcare facilities).
- Prioritize humanitarian response projects in Ukraine that provide access to healthcare services in rural areas.
- Implement special programs for the reconstruction and rehabilitation of facilities and replacement of technical equipment of Health Points. Consider supporting also FAPs since in several places they are the unique resource of access to health services, especially in the context of war.
- Support and facilitate advocacy initiatives of humanitarian organizations in the field of healthcare in negotiations with the government and other state authorities.

ACRONYMS

ATC - Amalgamated Hromada or Amalgamated Territorial Community
CVDs - Cardiovascular Diseases
EU – European Union
DG ECHO – European Civil Protection and Humanitarian Aid Operations
FAP – Feldsher-midwifery Post
GBV – Gender Based Violence
IDP – Internally Displaced People
MHPSS – Mental Health and Psychosocial Support
MoH – Ministry of Health of Ukraine
NHSU – National Health Service of Ukraine
OCHA – United Nations Office for the Coordination of Humanitarian Affairs
OHCHR - Office of the United Nations High Commissioner for Human Rights
PHC – Primary Healthcare
PHCS – Primary Health Care System
PMSAC – Primary Medical-Sanitary Assistant Centre
SRH – Sexual and Reproductive Health
USSR - Union of Soviet Socialist Republics
WHO – World Health Organization

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MÉDICOS DEL MUNDO

MÉDECINS DU MONDE

ÄRZTE DER WELT

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