

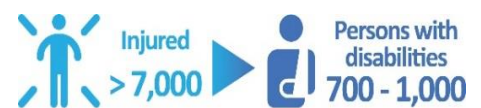
EXPLORING ACCESS TO HEALTH CARE SERVICES IN UKRAINE: A PROTECTION AND HEALTH PERSPECTIVE



●●●● BACKGROUND

The conflict in eastern Ukraine continues to have a devastating impact on the health and well-being of all affected communities. The conflict has isolated rural health facilities in Government-Controlled Areas (GCA) from major health centers located in urban areas in Non-Government Controlled Areas (NGCA). The insecurity and curtailed access to referral hospitals and pharmacies have undermined the health care system's ability to cope with both new and pre-existing health care needs, especially for people living in rural areas.

Injured civilian casualties



Source: OHCHR

Over 5.2 million people have been directly affected, 3.2 million live within 20 km of the 'contact line' and an estimated 1.37 million people are registered as internally displaced persons (IDPs).¹ From 1 January to 30 June 2019, OHCHR recorded 91 conflict-related civilian casualties: 13 killed and 78 injured. Protection and access to health care services are of particular concern because 30% of those affected are older people (60 years old and over), and 60% are women and children.² Persons with disabilities and GBV survivors are also particularly affected by lack of access to health services. According to HelpAge International, 97% of older people have at least one chronic disease and over half (53%) require assistive devices.³ The vast majority (96%) also report experiencing conflict-related mental health issues. More than 240,000 children living near the 'contact line' regularly experience shelling and exposure to landmines, Explosive Remnants of War (ERWs) and unexploded ordnances. The ongoing conflict has put children and their families at greater risk of developing health problems, ranging from traumatic injuries to infectious diseases, as a result of exposure to the conflict, stress, lack of access to adequate nutrition and health services.⁴

Meaningful access to health care and medicine is a key health and protection concern for many people living in conflict-affected regions, particularly for those living near the 'contact line' and in NGCA, as well as those crossing the contact line. Conflict-affected people living along the contact line often face barriers in access to healthcare such as distance, cost of travel, cost and availability of medication, availability of medical personnel, and limited accessibility of ambulances due to the security situation. The long-term implications for morbidity and mortality from untreated illnesses and injuries caused by this protracted conflict will not only diminish the sustainability of future reconstruction and development efforts but will also potentially have intergenerational implications. International funding is crucial to provide health care services in conflict-affected eastern Ukraine, as well as to IDPs, yet the level of health funding of the Humanitarian Response Plan (HRP) projects over last five years has decreased from 98% in 2014 to 38% in 2018.

¹ [Humanitarian Response Plan, HRP \(2019\)](#)

² Since the beginning of the conflict and by 15 May 2019, the Office of the UN High Commissioner for Human Rights (OHCHR) recorded 3,331 civilian deaths and over 7,000 civilian injuries (including an estimated 700 to 1,000 civilians who became persons with disabilities).

³ [HelpAge International \(2018\), Ukraine crisis disproportionately affecting older people](#)

⁴ UNICEF, [The Children of the Contact Line in East Ukraine 2017 Assessment Update](#)

●●●● BARRIERS TO ACCESSING HEALTH CARE SERVICES

The health system in the conflict-affected areas of Donetsk and Luhansk regions faces several distinct patterns of disruption. Approximately 38% of households in the 20 km area along the contact line and 57% of households in the 5 km area along the 'contact line' reported having problems accessing healthcare.⁵ The cost of medicines, distance to health care facilities, and the cost of travel were the most reported difficulties. Access to the health care at the five Exit-Entry Check Points (EECPs) is also very limited, which is disturbing as the majority of people crossing the 'contact line' are older people.⁶ During the first four month of 2019 only, 25 persons died at the EECPs due to health complications. Medical assistance at the checkpoints is provided by humanitarian actors and is only available during limited hours. In case of necessary hospitalization, the nearest medical facilities are 20-40 km away from the checkpoints.⁷ Waiting time for a public ambulance is up to 30 minutes and the waiting points for an ambulance cannot provide proper medical care in case of a sudden deterioration of health, which is likely given that people are queuing outside for extended periods in extreme weather conditions, in summer and winter.

DAMAGED HEALTH CARE INFRASTRUCTURE: Armed conflict adversely affects health care infrastructure through damage or disrepair due to lack of maintenance. The facilities that sustain damages or fall into disrepair end up shutting down or reducing services. The impairment of the health care infrastructure in eastern Ukraine is significant, especially in rural areas. About 35% of primary health care facilities have sustained damages as a result of hostilities, and an unknown number are in disrepair due to lack of maintenance. Vital infrastructure is interconnected, and damage to one type impacts others. For example, disruption in electricity supply affects water supply and functionality of health care facilities. There are about 600 primary health care facilities in the conflict-affected Donetsk and Luhansk regions in GCA and along the contact line in NGCA.⁸ Mapping precise health care infrastructural damage resulting from military engagements is challenging and it is unknown how many are falling into disrepair due to lack of maintenance.

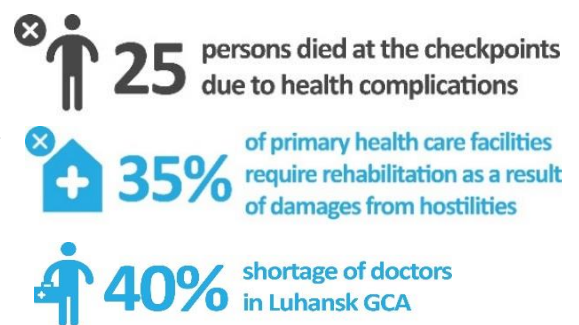
LACK OF HEALTH CARE WORKERS: Attracting and retaining health care workers is critical to a health care system's functioning. During a conflict, health care workers are overburdened and overworked, at risk of contracting infectious diseases due to inadequate medical supplies or equipment and often witness potentially traumatizing events. Given these challenges, many health care workers have left eastern Ukraine, leading to health care worker shortages.⁹ The health care staff shortages in NGCA are unknown. In NGCA, such shortages are also impacted by very low wages. The shortage of specialized health care staff is of particular concern, as many remaining health care workers lack training, experience, and the specialized skills which are needed to treat patients with trauma injuries and medical complications. As a result, health care workers take on practices beyond the scope of their training and knowledge.

LIMITED MEDICAL SUPPLIES: During armed conflict, medical supply chains often break down, creating shortages of medicines, medical commodities, and basic medical equipment. This disruption in the medical supply chain leads to the use of sub-quality medicines and equipment. In NGCA, restricted movement of goods, including medical supplies and equipment, compels many to travel across the contact line to purchase needed medication in GCA. Humanitarian agencies operating in NGCA report shortage of medication for diabetes, cardiovascular conditions, cancer, and other non-communicable diseases. Currently, many health care facilities in both GCA and NGCA Donetsk and Luhansk oblasts experience limited access to surgical supplies, anesthetics, safe blood products, and lifesaving medicines. Lack of medicines and medical supplies has serious consequences not only for patients but also for health care workers.

Security hotspots – June 2019



Source: OCHA - INSO



⁵ REACH, Analysis of humanitarian trends in Luhansk and Donetsk Oblasts, 2018

⁶ Right to Protection Report 'Crossing the Line of Contact', January – March 2019, p.4

⁷ R2P Assessment of the Conditions of Crossing Line of Contact through EECPs.

⁸ 2018 Health Resources Availability Monitoring System (HeRAMS) survey conducted by the Health Cluster.

⁹ According to regional authorities, there is a shortage of 40% of doctors in Luhansk and 25 % in Donetsk GCA.

LACK OF TRANSPORTATION AND POOR ROAD

INFRASTRUCTURE: The armed conflict not only diminished the functionality of the regions' health care infrastructure and availability of services, but it also created challenges in accessing those services. Access to health care services by the communities along the contact line remains a key challenge due to limited availability of public transport, damage to road infrastructure, and restricted movement through military checkpoints. Restrictions of movements also mean that ambulances have restricted access to many settlements near the contact line. People with disabilities, the elderly, and families with young children, are among the most affected. Almost every third household (30%) located in the 20-km zone along the contact line finds the distance to a medical facility a significant barrier to accessing health care services.

INCREASED HEALTH CARE COSTS: While most health care services are meant to be free of charge, real out-of-pocket costs borne by the affected population have significantly increased (e.g., transport, diagnostics, and medications), deterring many from seeking medical assistance, and further diminishing their health status and resilience. 46% of households reported that at least one household member has difficulty accessing health care services due to cost¹⁰ and 80% of households living within the 20-km zone along the contact line identify the cost of medicines as the main difficulty in accessing health care. Another 20% also mentioned the cost of travel to a medical facility as a barrier to accessing health care.¹¹

MENTAL HEALTH: Armed conflicts have a significant impact on the mental health of the people affected. Since 2014, the psychosocial support needs of the population affected by the conflict have changed, with many people suffering from the effects of violence, while the public medical infrastructure has remained unchanged, or even become more limited. Currently, humanitarian actors provide most of the available psychosocial services. Mental health services, on the other hand, are only provided by state service providers, and outreach assistance is very limited or not available not at all to communities along the contact line. Almost 40% of the residents of Donetsk and Luhansk have experienced trauma resulting in stress, depression, anxiety, and post-traumatic stress disorder.¹² Being unable to identify signs of mental disorders, people apply negative coping strategies like alcohol abuse, self-medication, and overloading with work. A large majority (83%) of people in Donetsk and Luhansk regions (GCA) do not know about psychosocial help centers in their area. The impact of the conflict on children could have long-term consequences for their mental health and sustainable development.¹³

HEALTH CARE TRANSFORMATION AND ITS IMPACT: The ongoing process of healthcare transformation in Ukraine impacts the access of the population to essential medical services on both sides of the line of contact. The decentralization of the healthcare system in GCA and centralization of the primary healthcare in NGCA have the potential to impact on access issues. Whereas such approaches aim at optimizing the scarce resources available under the public health system, a careful appraisal of the ongoing transformation is required. Understanding the impact of the changes on the delivery of medical care to affected communities is essential to planning and effectively addressing gaps and needs.

GAPS IN HEALTH CARE AND MEDICAL DATA: Eastern Ukraine already had weak systems for medical data collection and evidence generation before the conflict broke out; the conflict led to a further decline in data collection. Information from health care facilities has declined and is less comprehensive as people have more difficulty accessing these facilities. Without the necessary evidence and data, it is difficult to make decisions about where to target medical resources and which interventions to prioritize. These gaps also undermine the ability to monitor the quality and effectiveness of the services provided to ensure health care actors are accountable to the people they assist.

CRITICAL HEALTH SITUATIONS¹⁴

Avdiivka:

- No cardiologist and endocrinologist
- Shortage of pediatricians and dentists
- Since May 2019, there is no obstetrician.

→ As a result, people have to travel to Kramatorsk or Kostyantynivka and stay overnight.

Stanytsia Luhanska:

- No maternity hospital
- The raion hospital lacks gynecologists, anesthesiologists, pediatricians, and speech therapists.

→ Women have to go to Bilivodsk district hospital (70 km from Stanytsia Luhanska) or to Lysychansk to deliver babies.

¹⁰ REACH, [Analysis of humanitarian trends in Luhansk and Donetsk Oblasts, 2017](#)

¹¹ REACH, [Analysis of humanitarian trends in Luhansk and Donetsk Oblasts, 2018](#)

¹² [Kyiv Institute of Sociology, Swiss Cooperation Bureau, Mental health in Donetsk and Luhansk oblasts, 2018](#)

¹³ [Kyiv Institute of Sociology, Swiss Cooperation Bureau, Mental health in Donetsk and Luhansk oblasts, 2018](#)

¹⁴ [UNHCR, 2019 Participatory Assessment Report for refugees, asylum seekers, and internally displaced persons in Ukraine, page 17](#)

ADVOCACY MESSAGES

- Humanitarian actors and government authorities need to ensure meaningful access to health care services for the conflict-affected population residing near the contact line and in NGCA by implementing practical measures to address challenges in terms of distance, cost of travel and disability accessibility for IDPs.
- Humanitarian actors are encouraged to expand health care services to provide medical assistance to people residing in isolated villages until the government, with the support of development actors, develops sustainable solutions.
- The government should improve access to health care assistance at the EECs and to ensure that properly staffed, and equipped ambulances are available at the checkpoints during all hours of operation.
- The government, with the support of humanitarian actors, should ensure reconstruction and repair of damaged medical facilities. It should also guarantee that they are provided with uninterrupted water and electricity supply and supplied with medical equipment and medicines in a timely manner.
- The government should ensure that medical facilities are properly staffed. Humanitarian and development actors can support the government in training health care workers and long term capacity building of health care institutions.
- The government, local authorities and humanitarian actors should ensure that people with specific needs, including older people, children, people with disabilities, pregnant women, victims of mines/explosive remnants of war (ERW), GBV survivors and people living with HIV, have equal opportunities to access health care services according to their specific needs.
- Local authorities need to ensure proper access to primary health care facilities for the conflict-affected population living along the contact line by improving transport infrastructure to reduce people's time and cost to travel to the health facilities. Subsidizing public transport could be considered.
- Local authorities and humanitarian actors should increase awareness of the conflict-affected population about mental health and available services providing mental health support.
- Medical facilities at the raion level should consider establishing a practice of mobile visits of doctors to villages where distance is a particular barrier to accessing health services.
- Donors are encouraged to provide support for humanitarian health care actors, who require longer-term international funding to strengthen access to health care services in a sustainable manner.
- Development actors working on healthcare reform are encouraged to take into account challenges faced by the conflict-affected population residing in the 20 km area along the contact line and to support the government in developing solutions to address these challenges.
- Development actors are encouraged to develop interventions to address issues related to distance to healthcare centers, lack of public transportation, and quality of roads.

Primary Health Care ambulatory #2 in Kramatorsk, Donetsk region. Photo: WHO Ukraine / Artem Getman

