



STUDY RESULTS

«AVAILABILITY OF AND ATO/JFO EX-COMBATANT SATISFACTION WITH MEDICAL CARE IN UKRAINE»



KYIV 2022

This study was conducted by the Socioconsulting Analytical Centre with the support of the United Nations Development Programme (UNDP) in Ukraine, within the framework of the UN Recovery and Peacebuilding Programme and with financial support from the European Union (EU) and the Government of the Kingdom of the Netherlands. Expert input was also received from the Ministry for Veterans Affairs of Ukraine, the Ukrainian Healthcare Centre, and the Ukrainian Foundation for Public Health.

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The opinions, remarks, conclusions, and recommendations expressed in this document are those of the authors and do not necessarily reflect the views of UNDP, the UN, the EU or the Netherlands.

For reference

The UN Recovery and Peacebuilding Programme is implemented by four UN agencies: the United Nations Development Programme, the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), the United Nations Population Fund (UNFPA), and the Food and Agriculture Organisation (FAO).

The Programme is supported by twelve international partners: the EU, the European Investment Bank (EIB), the US Embassy in Ukraine, and the governments of Denmark, Canada, the Netherlands, Germany, Norway, Poland, Sweden, Switzerland, and Japan.

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INTRODUCTION

This study was conducted in December 2021–January 2022 within a project to develop recommendations for creating a National Policy of Providing Medical Care for ATO/JFO Ex-Combatants, which is being implemented by the Ukrainian Foundation for Public Health with support from the UN Development Programme (UNDP) in Ukraine.

The study and analysis report were prepared prior to the outbreak of full-scale war in Ukraine in February 2022. The researchers believe, however, that this analysis will remain relevant in the immediate post-war period and will provide valuable insights and evidence-based recommendations for the respective programmes of the responsible agencies and parties. The number of ex-combatants is expected to increase, and thus their need for medical care and rehabilitation – and the corresponding policy decisions – will become more acute.

Background

As a result of the long-term armed conflict in eastern Ukraine, large numbers of the military have suffered physically and mentally. Over eight years (as of 1 October 2021), the number of combatants was 481,685¹ people. During their service, combatants have access to treatment in medical facilities subordinate to the Ministry of Defence or other law enforcement agencies. However, after their discharge, access to medical facilities in this system becomes limited, and ex-combatants are mostly treated in the general healthcare system. According to statistics from the Ministry for Veterans Affairs, only 42%, or 124,028, of those Antiterrorist Operation/Joint Forces Operation (ATO/JFO) ex-combatants registered with healthcare facilities have signed declarations with primary care doctors. This means that a large proportion of ex-combatants may be outside the medical system, receiving services in parallel healthcare systems or paying for primary, secondary, and/or tertiary care out of pocket.

Previous studies on the needs of ex-combatants have shown a raising demand for quality and state-guaranteed medical services (such as prosthetics, rehabilitation, dental prosthetics, etc.), medicines, and medical devices.

In the context of the need to provide quality medical care and better integrate ex-combatants into the general healthcare system, it is necessary to analyse their needs for medical services, the existing gaps in receiving medical services, and ways to address priority issues.

1 Letter No. 11452/05/10.2-2 by the Ministry of Social Policy of Ukraine, dated November 1, 2021, on Providing Information on the Number of War Veterans

BRIEF DESCRIPTION OF STUDY RESULTS

Ensuring healthcare guarantees for ex-combatants and equated persons remains an extremely urgent issue. This is evidenced not only by the responses from the surveyed ex-combatants, their family members, and leaders of ex-combatant non-governmental organisations (NGOs), but also from doctors and representatives of local authorities.

At first glance, the list of available services for ex-combatants is quite broad, and **most of the surveyed ex-combatants are satisfied with the services provided by their family doctors (rated 3.8 out of 5 points) and specialised medical care (3.4 points)**. The respondents mostly mentioned the lack of significant barriers in signing declarations with their family doctors; 80% of those surveyed have such a declaration. Those ex-combatants who, due to various reasons, have found themselves in difficult living conditions (e.g., do not have housing and, accordingly, registration) faced certain problems.

More than half of the ex-combatants (62%) visited their family doctors without any difficulties. Others were **more concerned about the “long waiting lists for appointments” and the “lack of availability for appointments in the coming days”**, which was primarily due to the rapid increase in the incidence of COVID-19 (the survey was held between December 2021 and January 2022). However, ex-combatants rarely sought consultations from family doctors (more often, they had referrals for examinations and consultations with other specialists). This was despite the subjective assessments of doctors who believed that the majority of ATO participants have neurological, cardiovascular, musculoskeletal, and/or psychological problems. Moreover, 40% of surveyed ex-combatants have disabilities. The inability to quickly see a family doctor and the lack of qualified specialists significantly slows down the process of the regular medical check-ups that ex-combatants need to receive health resort treatment, confirm disabilities, etc.

The majority of ATO/JFO ex-combatants preferred treatment in departmental healthcare facilities (HCFs), i.e., military hospitals and/or hospitals for ex-combatants, rather than in district or city hospitals. Regarding the latter, both ex-combatants and doctors noted that, as a result of the system's reforms, **funding has decreased in most HCF; therefore, nutrition and living conditions have deteriorated, and there is a lack of required free medicines and medical specialists in different fields**. Facilities seem to have a lower patient flow and very few available medical packages, for which contracts have been concluded with the National Health Service of Ukraine (NHSU).

According to survey results, most ex-combatants were well aware of their medical benefits and their rights to receiving medical care. However, almost **none of the healthcare benefits were fully provided**, in particular, priority care in outpatient clinics, priority hospitalisation, and free medical examinations, such as ultrasound, MRI, and CT scanning. The latter are usually inaccessible to ex-combatants due to the lack of appropriate equipment in budget-funded HCFs. The provision of free medicines to ex-combatants has also not been implemented. Free medicines were provided only in the case of outpatient treatment of a primary disease, for which the person was granted benefits. The list of such diseases is exhaustive (35 items) but does not cover all the needs of ex-combatants, such as post-traumatic stress disorder, post-concussive syndrome, and acubarotraumias due to mine-explosive action (the most common disorders acquired whilst participating in combat operations).

The problem of **territorial and architectural inaccessibility** is also relevant; access to medical services for ex-combatants who live in rural areas or small urban settlements is significantly worse.

Ex-combatants in need of physical rehabilitation faced significant limitations, which accounted for 40% of respondents. Most (54 out of 80 surveyed) had experience with rehabilitation in various HCFs, most often in hospitals for ex-combatants or military hospitals (41 out of 80). Dissatisfaction with physical rehabilitation progress and results was due to: a lack of modern physical rehabilitation facilities; a shortage of specialists and rehabilitation therapists; the reprofiling of regional clinical hospitals for ex-combatants into facilities for treating COVID-19 patients; for working ex-combatants, inconvenient operating hours at outpatient rehabilitation departments; a lack of specialised state centres with a unified physical rehabilitation programme; the closure of private rehabilitation centres due to a lack of funding and/or high rents for premises; restrictions on free physical rehabilitation services in health centres; and, a lack of information on where and under what conditions ATO/JFO ex-combatants could undergo physical rehabilitation.

As for psychological rehabilitation for ex-combatants, the majority of the surveyed doctors (59 out of 101) considered services to be quite accessible and of good quality, although they did not think that all ex-combatants were aware of the need for such assistance. **The main barriers to providing/receiving effective psychological services, according to doctors and ex-combatants, were a lack of professional psychologists skilled in dealing with stress disorders due to participation in combat operations;** distrust in psychologists, including for their level of qualification and violation of professional ethics; preconceptions towards providing psychological rehabilitation services; and, inefficient and irrational use of state funds for health resort treatment for psychological rehabilitation.

As for **prosthetic services, only a quarter of the surveyed doctors (22 out of 101) considered such assistance accessible to ATO/JFO ex-combatants.** Of those, less than half (9 out of 22) rated the quality as not always high. These services are considered inaccessible or not available due to complicated registration procedures, long queues, etc. The Ukrainian Research Institute for Prosthetics and Rehabilitation in Kharkiv enjoys the greatest demand among ATO/JFO ex-combatants. Due to insufficient funding, the majority of state prosthetic and orthopaedic enterprises do not meet ATO/JFO ex-combatant needs for high-quality prosthetics. These enterprises are forced to purchase and use low-quality materials, lack qualified specialists (prosthetics and rehabilitation therapists), and lack information about how to get high-quality functional prostheses (orthoses) manufactured in Ukraine by other state institutions using the latest technologies, not only the Ukrainian Research Institute for Prosthetics and Rehabilitation. In addition, the need for prosthetic residual limb socks (only a set of covers for the lower and/or upper residual limb is provided), other consumables, and the maintenance of prostheses are not considered.

There is a **problem providing ATO/JFO participants with mobility aids.** Although, according to some ATO/JFO ex-combatants who use wheelchairs, the situation is slightly improving compared to previous years.

Among the programmes declared by the state, but hardly implemented in practice, is meeting the needs of ex-combatants for dental prosthetics, as local budgets lack funds. There are long waiting lists carried over to the next year, and it becomes more difficult to receive the service; poor quality materials are used for making dentures; free dentures are made using old technologies with

no regard for medical indications and the real needs of ex-combatants; and, there is no register of ex-combatants who need dental treatment and prosthetics, which makes it impossible to estimate real financial costs and, consequently, complicates the allocation of funds. 82% of respondents did not use this service. Among the small proportion of ex-combatants who have received free dentures, 11% of respondents indicated that it was rather difficult to get this service.

As for **free health resort treatment, 80% of surveyed ex-combatants were aware of their rights to this service, the highest level of awareness for any state-guaranteed medical benefits. However, it also remains inaccessible to a significant number of ex-combatants due to budgetary shortages and long waiting lists.** Among the one-third of ex-combatants who benefited from free health resort treatment, 23% of respondents said that it was quite difficult to obtain the service, whilst another 11% of respondents were dissatisfied with the quality of this treatment. The way budgetary funds are distributed limits the right of ex-combatants to choose a convenient sanatorium, as they are forced to agree or disagree with whatever terms are offered. The outdated material and technical base of most sanatoriums has a negative impact on the quality of these services. Persons with combat-related disabilities are the most vulnerable categories of ATO/JFO ex-combatants and more often face barriers in accessing medical services, including health resort treatment.

Many ex-combatants rely solely on themselves or their immediate environment to deal with issues related to recovery, treatment, or rehabilitation. At the same time, more than a third of surveyed ex-combatants (37%), including every second respondent who had health problems (e.g., disabilities) turned to stakeholders, i.e., representatives of ex-combatant NGOs and local or public authorities. This indicates significant barriers to ex-combatants realising their rights and guarantees for decent medical care.

Persons seeking help usually found it with NGOs and local authorities. However, many ex-combatants remained dissatisfied with the amount of such assistance, the need to make significant efforts to get help, lengthy bureaucratic procedures, etc.; plus, the lack of information about stakeholder activities aimed at protecting ex-combatants' rights (including in healthcare) and the reduced opportunities for diagnosis, treatment, and rehabilitation due to anti-COVID-19 activities. These issues all contribute to ex-combatants feeling discriminated against, frustrated, and reluctant to engage with different stakeholders.

DESCRIPTION OF RESEARCH METHODOLOGY

The study was conducted in December 2021 – January 2022. The aim of the study was to assess the availability of and ex-combatant satisfaction with medical care in Ukraine. The results would be used to further develop a package of draft legal acts to ensure the National Policy of Providing Medical Care for ATO/JFO Ex-Combatants is effectively implemented.

To achieve this aim, the following objectives were defined:

1. Assess the level of ATO/JFO ex-combatants' awareness about the first points of entry into the healthcare system in case of health complaints.
2. Investigate ex-combatants' subjective assessments about their current state of physical and mental health.
3. Investigate the specifics of ex-combatants' interactions with primary care doctors and their level of satisfaction with services, starting from the moment of signing a declaration.
4. To investigate ex-combatants' access to and satisfaction with specialised (secondary) medical care with a focus on cardiovascular and neurological diseases, musculoskeletal system lesions, mental and behavioural disorders, inflammatory diseases of the kidneys and bladder, and reproductive system diseases.
5. Analyse ex-combatants' access to and satisfaction with such services as:
 - Physical and psychological rehabilitation
 - Free prosthetics and dentures
 - Provision of free medicines and devices
 - Free health resort treatment
6. Assess the level of ex-combatants' awareness of their rights as patients
7. Assess the level of ex-combatants' confidence in national and regional stakeholders

The target group of this study was ATO/JFO ex-combatants (i.e. soldiers, warrant officers, officers, and volunteers) who were in the armed conflict zone in the East of Ukraine and took part in the Antiterrorist Operation/Joint Forces Operation.

Study methods

The study used a combination of quantitative and qualitative sociological data collection methods. Each successive activity was based on the results of the previous one (Fig. 1).

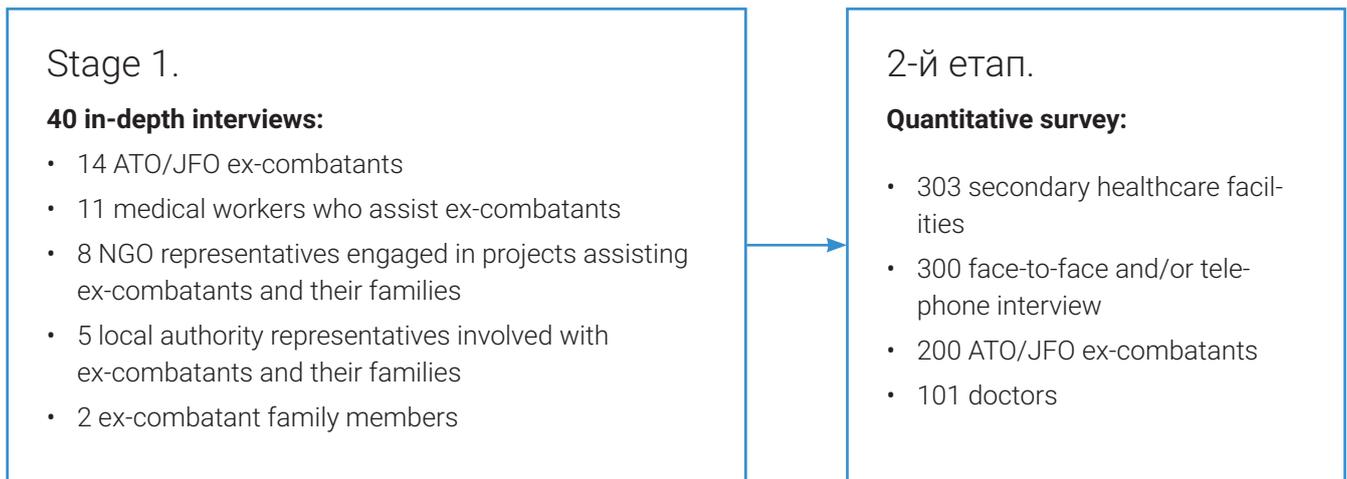


Fig. 1. Methods of Data Collection

The geographical scope of the study covered 3 oblasts, representing East, South and West Ukraine, and, at the same time, incorporating areas where less research has been conducted on ex-combatant health issues:

- Mykolaiv Oblast
- Kharkiv Oblast
- Khmelnytskyi Oblast

Qualitative survey method: personal in-depth interviews (offline, Zoom).

Quantitative survey methods: individual face-to-face or telephone interviews.

Type of sampling: targeted, quota for ATO/JFO ex-combatants and for doctors with experience in providing medical services to ex-combatants, by study region. A total of 300 respondents were interviewed, including 200 ATO/JFO ex-combatants (187 men and 13 women) and 101 doctors.

Limitations of the study

A lack of accurate data on how ATO/JFO ex-combatants are distributed at the national and regional levels, according to socio-demographic characteristics, makes it impossible to use a representative sample. Because of this reason and financial constraints, researchers opted for small-sized quantitative surveys. Consequently, the sample size is not sufficient for in-depth quantitative analysis (in particular, calculating bivariate distributions of respondents' answers, e.g., disabilities or individual nosologies). The samples represent predominantly urban residents who are more actively involved with ex-combatant NGOs and have helped recruit ex-combatants. This prevents studying the specific views

of ex-combatants living in rural areas with very limited access to medical and rehabilitation services.

In addition, the limited sample did not allow a study of ex-combatant opinions on the availability of and satisfaction with such benefits as free hearing aids.

The COVID-19 pandemic has had a significant impact on access to medical services needed by ex-combatants. Due to the epidemic, quite a few HCFs, including hospitals for ex-combatants, have been converted into COVID-19 wards. This has complicated the recruitment of healthcare professionals who work with ex-combatants and deliver specific (particularly rehabilitative) services. It has also affected the modality of doctor and patient responses in hospitals.

Study ethics

When collecting, storing, and analysing empirical data from the study, the researchers adhered to ethical standards for protecting participant rights to voluntariness, anonymity, and confidentiality. Before starting the study, all potential respondents were informed about the aims and objectives of the study, the specifics of its course, guarantees of anonymity and confidentiality for respondents, and their right to participate voluntarily in the study and to withdraw at any time.

SOCIO-DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

ATO/JFO ex-combatants

Distribution of surveyed ATO/JFO ex-combatants by region and settlement type

In total, 200 ATO/JFO ex-combatants living in Khmelnytskyi, Kharkiv, and Mykolaiv oblasts were interviewed. The majority of ATO/JFO ex-combatants (67%, or 134 people out of 200) were residents of the regional centres (Fig.1.1).

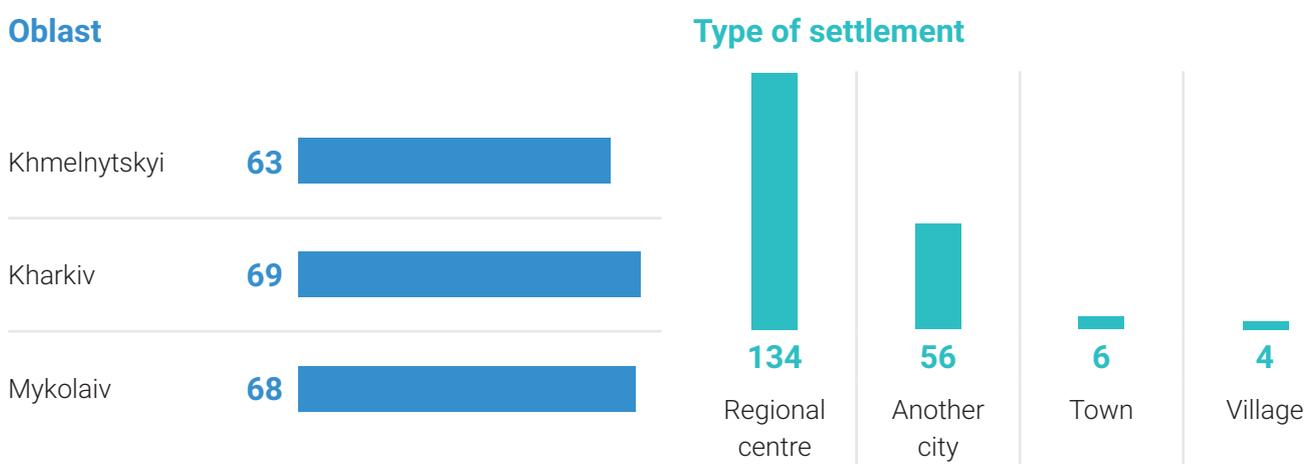
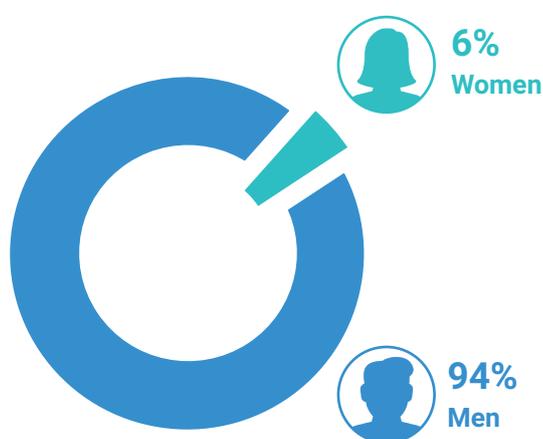


Fig. 1.1. Distribution of surveyed ATO/JFO ex-combatants, by region and settlement type (persons)

Distribution of surveyed ATO/JFO ex-combatants by gender and age

Gender of respondents



Age of respondents

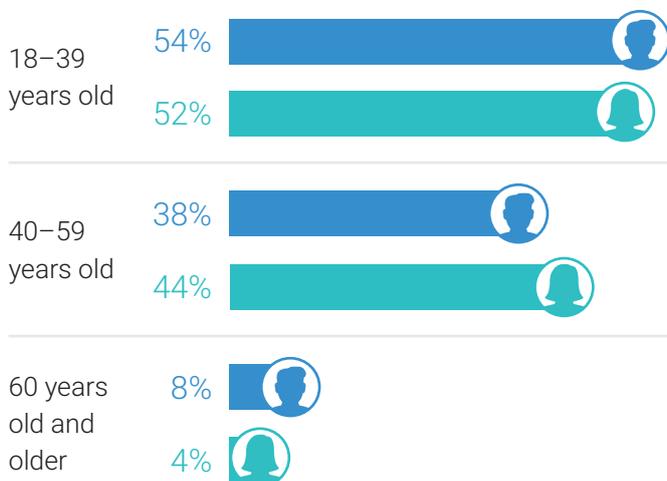


Fig. 1.2. Distribution of surveyed ATO/JFO ex-combatants, by gender and age (%)

Ex-combatants' service year(s) in the ATO/JFO zone

All surveyed ex-combatants served in the ATO/JFO zone in different years, mostly 2015–2016.

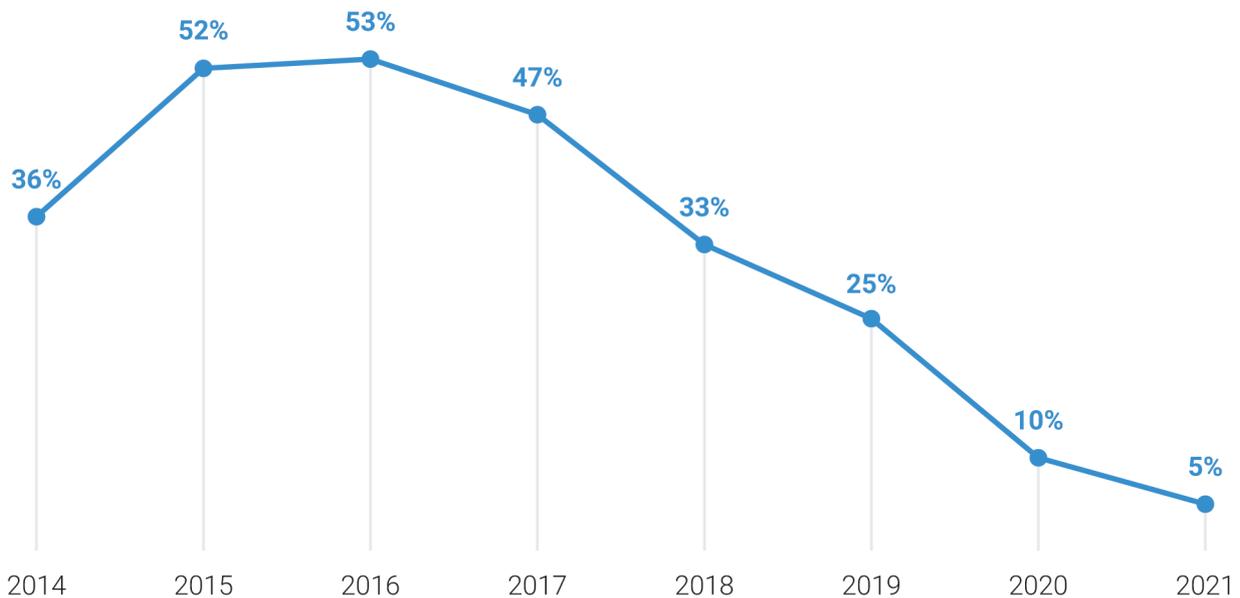


Fig. 1.3. Ex-combatants' service year(s) in the ATO/JFO zone (%)

One in five (**20%**) of ATO/JFO ex-combatants had combat-related disabilities, whilst another 2% were in various stages of registering a disability.

Medical professions

Distribution of doctors by region of residence and settlement type

In this group, 101 respondents were interviewed, i.e., doctors who have experience in providing medical services to ATO/JFO ex-combatants and currently work in Khmelnytsky, Kharkiv, or Mykolaiv oblast.

Oblast

Khmelnytskyi

34



Kharkiv

33



Mykolaiv

34



Type of settlement



81

Regional
centre



18

Another
city

0

Town

2

Village

Fig. 1.4. Distribution of doctors by region of residence and settlement type (persons)

Doctors' places of work

Healthcare facility

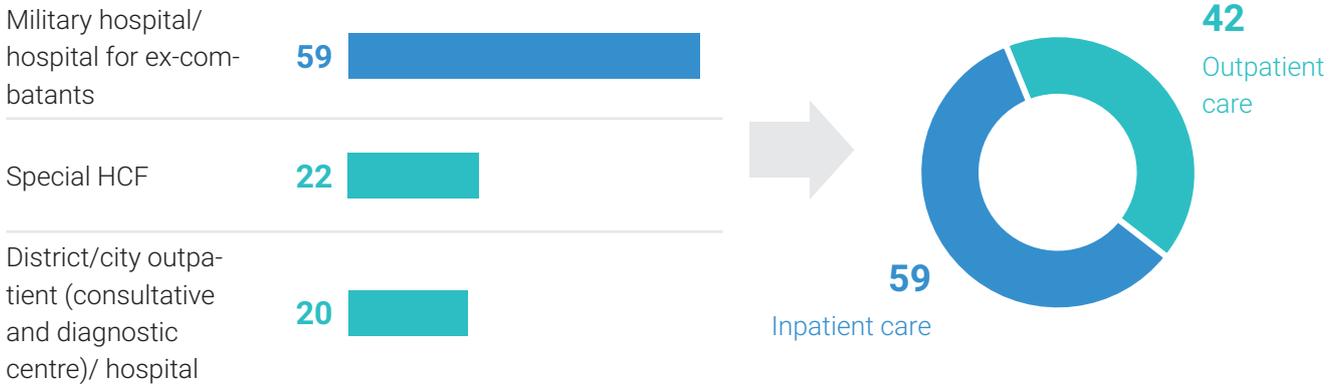


Fig. 1.5. Distribution of respondents, depending on HCF in which they work and the form of medical care provided (*persons*)

The vast majority of those surveyed (78 people) were medical specialists (surgeons, neurologists, dentists, etc.), and one in four (23 people) were family doctors or general practitioners.

NEEDS IN MEDICAL CARE AND “ENTRY POINTS”

Ex-combatant self-assessment of health status

The vast majority of ex-combatants have health problems as a result of being in the ATO/JFO zone, although they most rated their health status as “satisfactory” or “good”. Existing gender stereotypes force ex-combatants to hide their vulnerability and prevent them from seeking timely medical assistance. However, such behaviour is often the result of resocialisation, including professional psychological rehabilitation.

The health status of ATO/JFO ex-combatants and, consequently, their self-assessment depends on various factors, such as: the age of the respondents (the older the respondents, the lower self-assessment of their own health), the presence or absence of previous diseases, disabilities due to wounds or concussions received during combat operations, etc.

It is not only ex-combatants with disabilities who have health problems, but also a significant proportion of all ex-combatants surveyed.

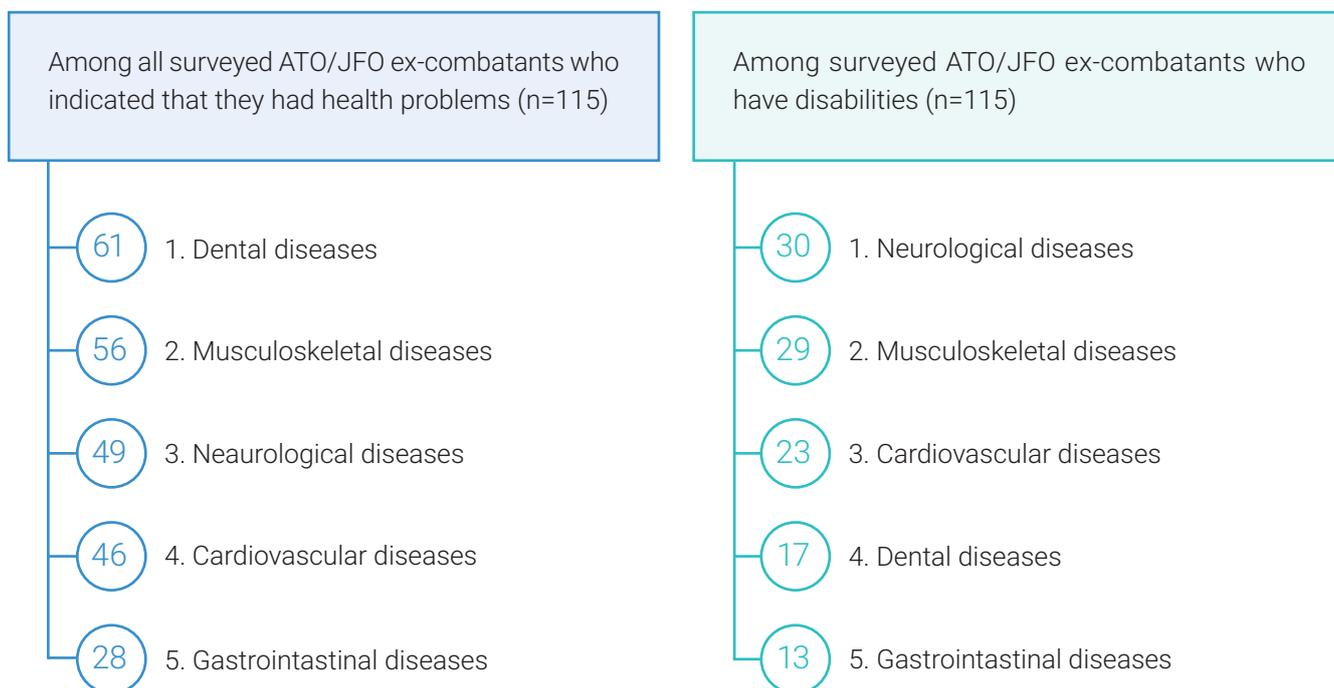


Fig. 2.1.1. Existing diseases in ATO/JFO ex-combatants (*persons*)

However, despite having health problems and, moreover, having category I-II disabilities, ex-combatants mostly rated their health status as “good” or “satisfactory” (3–4 out of 5 points). This was also confirmed by the quantitative survey results, according to which the average self-assessment ex-combatants rated their own health was 3.5 out of 5 points. This self-assessment may be impacted by existing societal gender stereotypes in which ex-combatants, trying to demonstrate resilience, hide their vulnerability.

“I was severely injured with both my arms and an eye amputated. Phantom-limb pains still bother me, and I know that many guys still have this problem. The effects of the concussion are also present (headache, sometimes blood pressure changes). But because I work, I don’t pay enough attention to it, and maybe I should”

(ATO ex-combatant, category I disability, Mykolaiiv).

The prevalence of gender stereotypes such as “a man should be manly and strong and should not complain about his health” is demonstrated by the fact that 43% of ATO/JFO ex-combatants noted that they had no health problems. Of these, 79% were men aged 18–39.

Doctors were less optimistic about the health of ATO/JFO ex-combatants (Fig. 2.1.2).

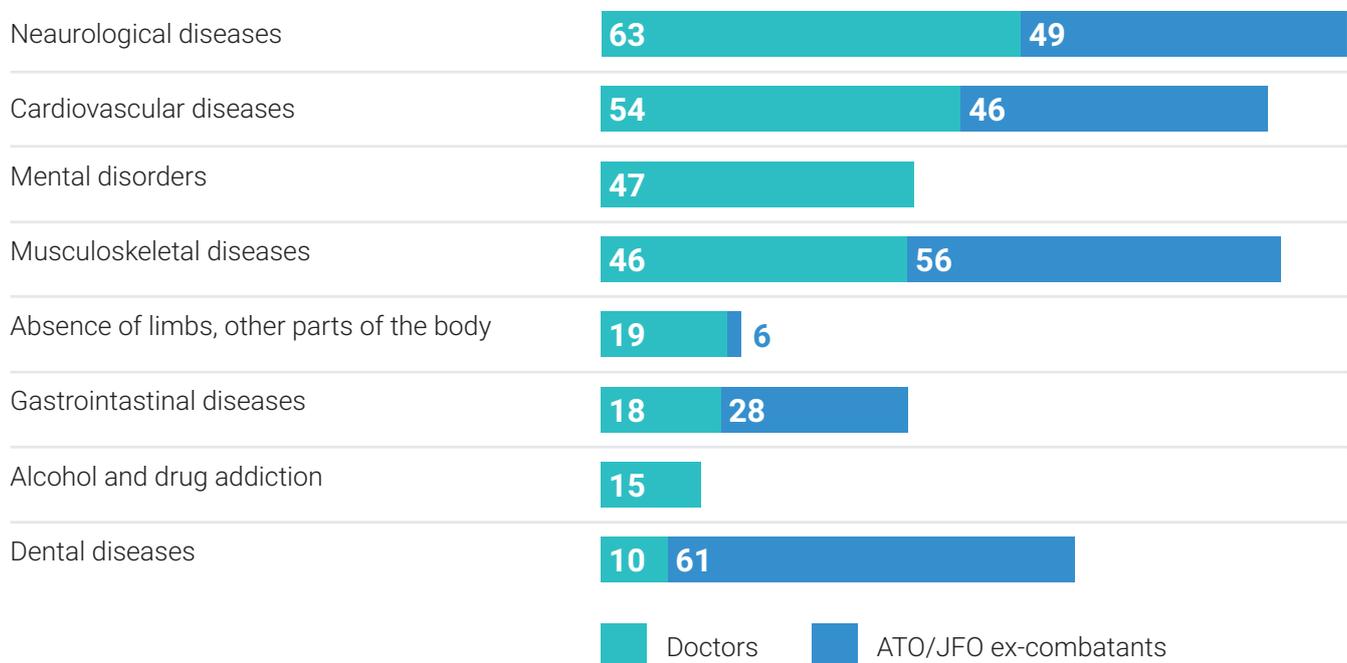


Fig. 2.1.2. Distribution of respondents’ affirmative answers about the presence of diseases in ATO/JFO ex-combatants (*persons*)

The qualitative component of the study also confirmed the presence of serious diseases in ATO/JFO ex-combatants. In particular, according to expert doctors and NGO representatives, almost all ex-combatants had health problems, with the most common being the following:

- Post-traumatic stress disorder (PTSD). According to doctors and ATO/JFO ex-combatants, PTSD symptoms were particularly severe in the first six months to a year after demobilisation
- Injuries, including amputation of various body parts (limbs and eyes) due to projectile traumas
- Neurological diseases, including those due to concussions, head injuries, etc.
- Cardiovascular diseases

- Musculoskeletal diseases, including joint and spinal disorders resulting from wearing flak jackets, hauling ammunition, being in trenches, etc.
- Dental diseases and maxillofacial injuries

In addition, the number of ATO/JFO ex-combatants with psychosomatic diseases, which often arise or worsen due to stress, chronic fatigue, and/or emotional overload, is increasing. These include stomach ulcers, rheumatoid arthritis, diabetes, and cancer.

“Many patients with post-traumatic pain syndrome are those after mine-explosive wounds and projectile traumas. There are many patients with epileptic syndromes, and cerebral and spinal cord dysfunction”

(neurosurgeon, Kharkiv)

“I have health problems. I was dragging those wounded [Note: the respondent is a paramedic]. Well, you know the guys weigh up to a hundred kilos... Plus, they have the ammunition and also gear. I pulled these guys out and ‘ripped’ my lower back”

(ATO/JFO ex-combatant, Khmelnytskyi).

Ex-combatant use and satisfaction with primary medical care

The vast majority of ATO/JFO ex-combatants have signed declarations with their family doctors, as this is a basic condition for receiving medical care, including specialised services. Although the respondents were quite satisfied with their chosen family doctors, they rarely visited them for medical care. In most cases, the family doctor acted as a dispatcher, providing referrals for medical examinations, consultations with specialists, hospitalisation, prescriptions for free medicines, etc. Obstacles such as electronic appointment booking, a lack of availability for the near future in the doctor’s schedule, long queues at the office, architectural inaccessibility at HCFs, and transport restrictions limited ex-combatants’ access to primary medical care, including family doctor services.

According to the medical reform, the main “entry point” for the population to receive medical care today is the family doctor, who, if necessary, generates an electronic referral for medical examinations, consultations with specialists, planned hospitalisation, etc. Accordingly, a person must have signed a declaration with their family doctor in order to receive medical care. This system of medical care provision also applies to ATO/JFO ex-combatants.

The majority of the surveyed ATO/JFO ex-combatants have signed declarations with their family doctors (Fig. 2.2).

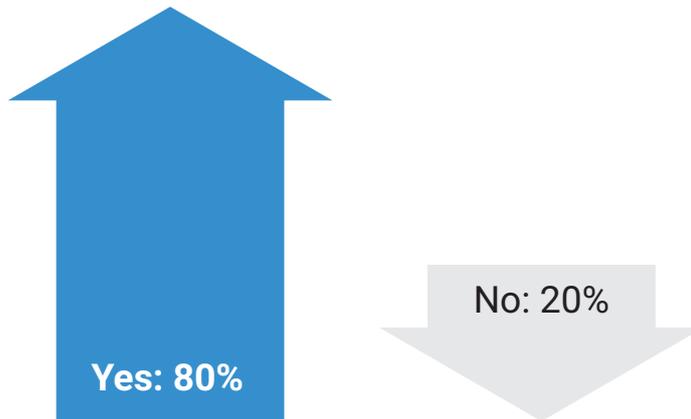


Fig. 2.2. Distribution of ATO/JFO ex-combatant responses to the question “Have you signed a declaration with a family doctor?”

According to the experts interviewed (doctors, government representatives, and NGOs), there were no problems for ATO/JFO ex-combatants to sign declarations with family doctors. All those who needed one were able to sign a declaration with a family doctor without difficulties. This was confirmed by the respondents themselves. However, this situation is mostly inherent to ATO/JFO ex-combatants who have socialised after demobilisation, have a job, and have the support of relatives and friends.

At the same time, there is a proportion of surveyed ex-combatants who, for various reasons, have found themselves in difficult living conditions and have been left without housing and, accordingly, without registration. For this cohort, signing a declaration with a family doctor and, therefore, receiving medical care is problematic.

Currently, ATO/JFO ex-combatants turn to a family doctor usually in such cases as:

- Getting vaccinated against COVID-19
- Obtaining a referral for consultation or treatment at an HCF that provides specialised medical care
- Undertaking a medical examination to determine or confirm disability (Medical and Social Expert Commission, MSEC)
- Passing a medical commission for health resort treatment

Most respondents are satisfied with their chosen family doctors. In case of health problems, they usually contact their family doctors (Fig. 2.3).

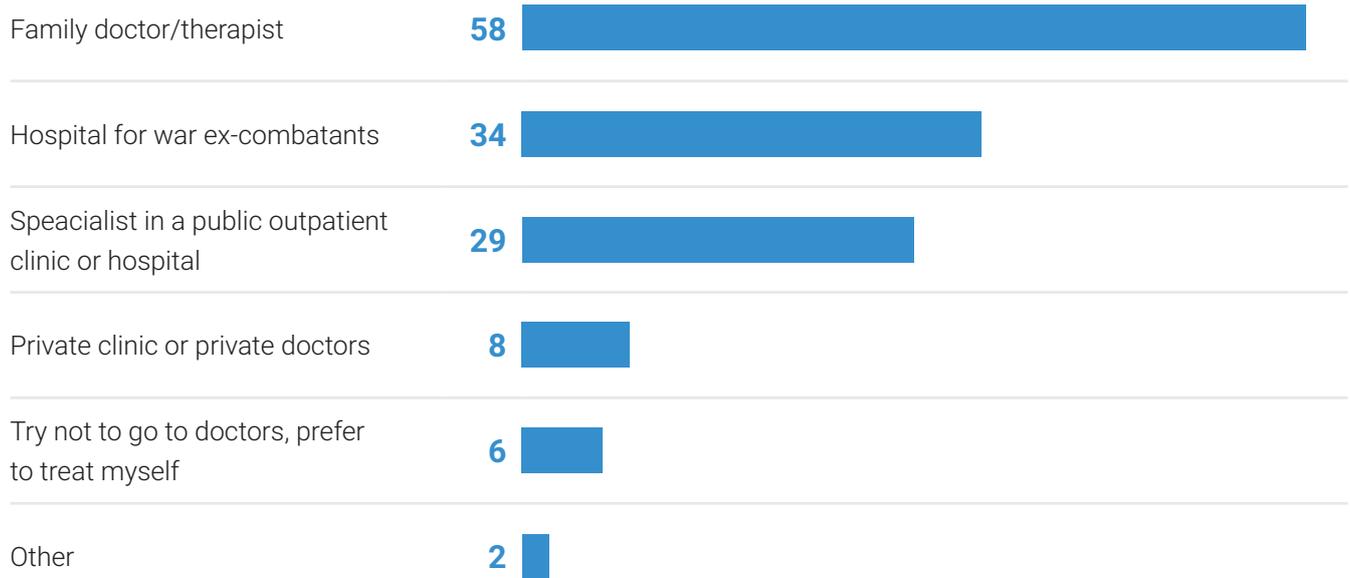


Fig. 2.3. Distribution of ex-combatant responses to the question "Who do you usually go to in case health problems arise or are aggravated?" (% [the total score exceeds 100% as respondents could choose all appropriate options])

The majority of respondents did not encounter any problems when contacting a family doctor, whilst some faced various barriers (Fig. 2.4).

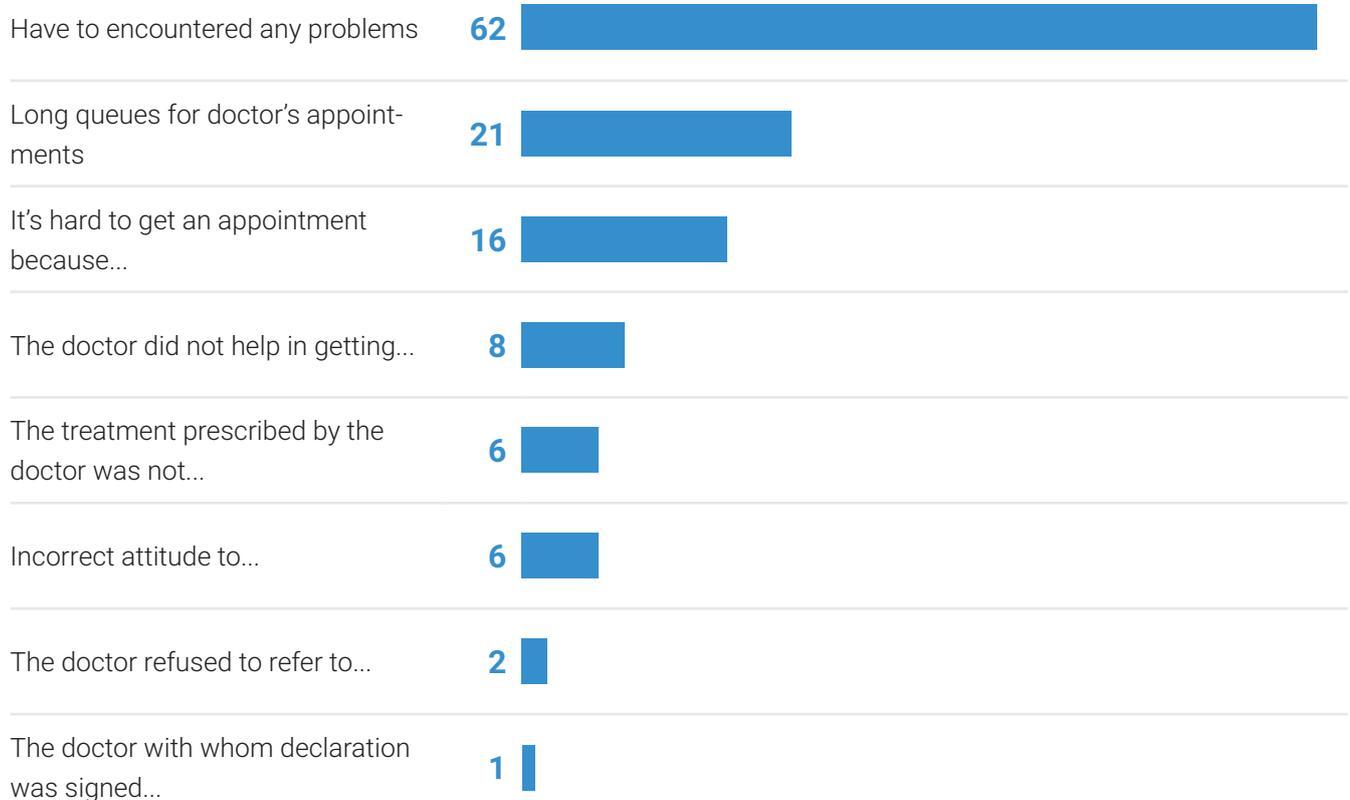


Fig. 2.4. Distribution of ATO/JFO ex-combatant responses to the question "Have you faced any problems when visiting a family doctor?" (% [the total score exceeds 100% as respondents could choose all appropriate options])

The results of the qualitative survey confirm that there are subjective and objective reasons why ATO/JFO ex-combatants very rarely seek counselling and treatment from family doctors.

The **subjective** reasons for not going to the family doctor are the following:

- Satisfactory health status
- Self-treatment
- Common stereotypes about male behaviour: “suffering pain is courageous”, “there is no time to be sick”, “there is no time to go to the doctor, you have to earn money”, “it will pass by itself”, etc.
- Fear of finding/hearing a “scary” diagnosis

The main **objective** barriers and obstacles that significantly reduce ex-combatants’ access to family doctor services are the following:

- Inability to receive priority care according to legislation due to a lack of “free places” and long queues to see a family doctor, especially during the COVID-19 pandemic

“Many family doctors do not understand the specifics of these patients. By law, an ex-combatant is supposed to receive priority care, but in practice, ‘I didn’t send you there...wait in line’ and so on”

(doctor, Kharkiv)

- Lack of communication with a family doctor, including information about the dismissal/replacement of a doctor
- HCF located far from the place of residence
- Lack of skilled medical staff to generate electronic referrals using the e-Health system

In addition, for ATO/JFO ex-combatants with combat-related disabilities, serious and common barriers to accessing medical care from primary healthcare providers include:

- Problems with barrier-free spaces (e.g., lack of ramps or poor design, lack of lifts, etc.)
- Inaccessible public transport

“How are we [those with spinal cord injuries] doing? When it blows up, we go to the family doctor. It is a problem, and it takes time ... You have to find transport to go to the clinic, because public transport is not available. Then you have to squeeze into those narrow lifts...”

(ATO/JFO ex-combatant, category I disability, Kharkiv)

ACCESSIBILITY OF AND EX-COMBATANT SATISFACTION WITH SPECIALISED MEDICAL SERVICES

Secondary medical care

With a referral, ATO/JFO ex-combatants can receive free specialised medical care at any facility contracted with the NHSU to provide services appropriate to a patient's needs. However, ex-combatants mostly preferred until recently to be treated in hospitals for ex-combatants. After the introduction of healthcare reform, the situation changed significantly. On the one hand, access to treatment at hospitals for ex-combatants improved. On the other hand, the list of medical services decreased, and the quality and conditions of stay in these institutions have also deteriorated. The compulsory condition for receiving specialised medical care – going to a family doctor – has made access to specialised medical care more difficult for ex-combatants, as the workload of family doctors significantly increased during the COVID-19 quarantine.

Free specialised medical care is only available to Ukrainian citizens with an electronic referral from a family doctor with whom the patient has a declaration or from an attending secondary care doctor. However, first aid and emergency hospitalisation are provided without a referral or a declaration with a doctor (Fig. 3.1).

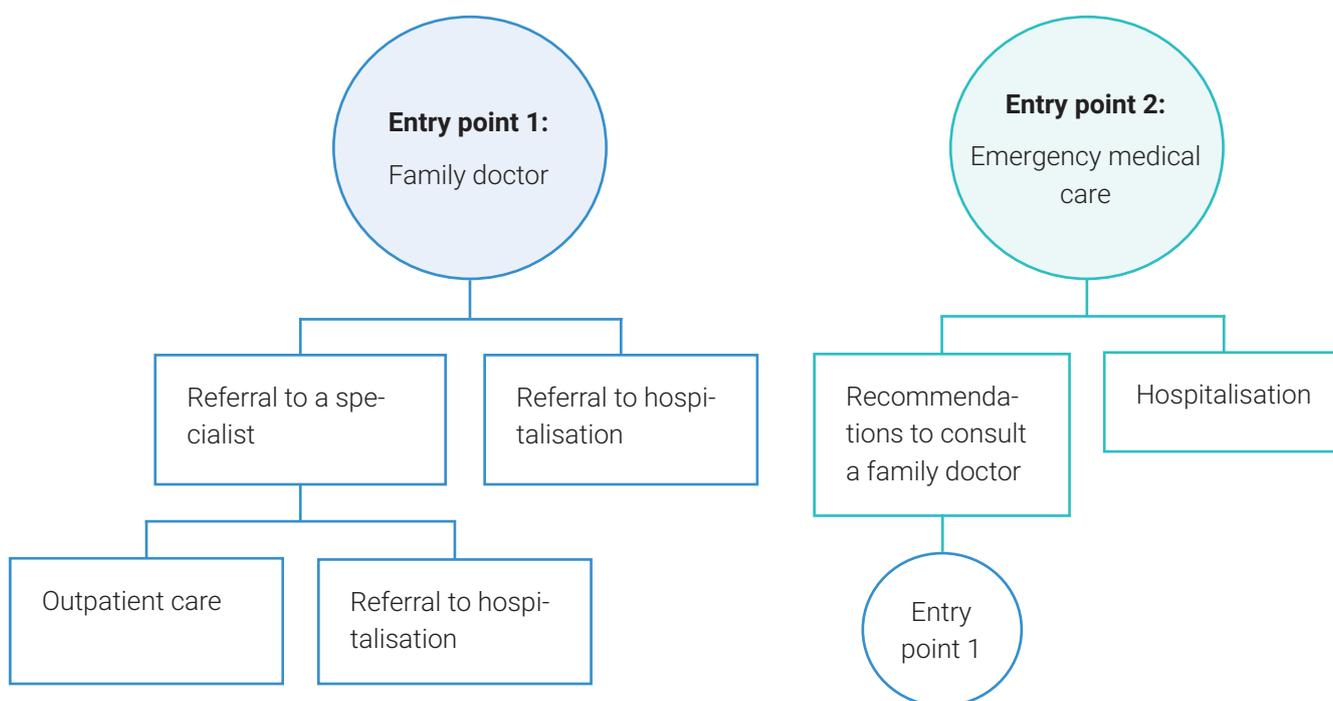


Fig. 3.1. Entry points for ATO/JFO ex-combatants seeking specialised medical care

With referral, ex-combatants can receive free specialised medical care at any facility that contracted with the NHSU to provide relevant services. However, the basic institution that provides such care is a hospital for ex-combatants, i.e., where doctors routinely refer patients.

The results of the survey indicate that the choice of HCF for specialised medical care was highly individual and depended on many factors, i.e., health status, the patient's wishes and abilities, and the capacity of the institution. This has become particularly relevant in the context of the pandemic, where some medical institutions, including ex-combatant hospitals, have been converted to inpatient centres for patients with COVID-19.

Many people who have already completed their military service are treated in "civilian" medical institutions (i.e., regional/city/district hospitals or consultative and diagnostic centres), thus trying to get rid of negative memories associated with a stay in a hospital after being wounded. In addition, a proportion of ex-combatants avoid treatment altogether.

However, the majority of ATO/JFO ex-combatants still preferred to be treated in departmental HCFs, specifically in a military hospital and/or in a hospital for ex-combatants. There were considerably fewer who wished to receive medical care in district or city hospitals. This was noted by both ex-combatants and experts.

In the opinion of ex-combatants, the advantages of treatment in a military/ex-combatant hospital were as follows:

- ✓ Services are comprehensive and of a higher quality than in a regular hospital

“Civil hospitals don't really like to put us privileged patients in. Everyone understands that to enter such a hospital “on benefits” is to be left with nothing at all. But a military hospital is all-inclusive, and the rehabilitation centre is very nice”

(ATO/JFO ex-combatant, Kharkiv)

- ✓ Lack of appropriately qualified specialists in the district/city hospital (in particular, doctors are not experienced in providing medical care to the military)
- ✓ Opportunity to receive free medical diagnosis and care
- ✓ A safe and more psychologically comfortable space where ex-combatants among their peers (fewer negative emotions related to queues and fewer negative statements about them)

“In the military hospital, they [ex-combatants] are all equal, they are treated much more kindly, attentively and tolerantly than in civilian medical institutions of the city”

(NGO representative, Kharkiv)

At the same time, the reduction in funding as a result of the second stage of the medical reform has had a negative impact on the quality of services provided in hospitals for ex-combatants.

According to respondents, conditions of stay and treatment in these institutions have deteriorated significantly, primarily due to:

- ✘ Poor nutrition
- ✘ Unsatisfactory living conditions
- ✘ Reduced list of available medical services (including restorative treatment) due to ward closures and staff reductions
- ✘ Lack of necessary free medicines
- ✘ Shortening of the treatment period from 14 days to 5–7 days

Ex-combatants were dissatisfied with the need to make electronic referrals to specialists through a family doctor. Because of queues, it could take a week or more to see a specialist.

“Not everyone is mentally accustomed to the new rules after the reform separating primary and secondary care”

(representative of the City Health Department, Khmelnytskyi)

According to the quantitative survey data, ATO/JFO ex-combatants who have applied for specialised medical care during the last year (n=107) are partially satisfied with the services they received. Respondents report that their level of satisfaction with free medical services provided by secondary HCFs is significantly affected (combined “serious” and “very serious” responses) by a number of barriers (Fig. 3.2).

This was quite consistent with the qualitative survey data. According to the results of in-depth interviews, the main barriers to receiving specialised medical care for ATO/JFO ex-combatants, regardless of their region of residence, were the following:

- ✘ Long queues to see a family doctor, despite an electronic appointment
- ✘ Inability to get an appointment that day or in the next few days (appointments with narrow specialists are made several days in advance due to a lack of availability)
- ✘ Lack of specialists
- ✘ Limited number of patients per appointment

Failure to get to a family doctor quickly and, especially, a lack of specialists significantly increases the time ex-combatants need to pass a medical commission to receive health resort treatment, confirm disabilities, etc. For example, as noted by ATO/JFO ex-combatants, MSEC is sometimes delayed from several weeks to one month or more. Consequently, corrupt proposals to speed up the process of passing MSEC are widespread.

Moreover, according to ATO/JFO ex-combatants, the system of establishing a disability category is now very corrupt because of the MSEC. This was mentioned most often by ATO/JFO ex-combatants from Khmelnytskyi Oblast.

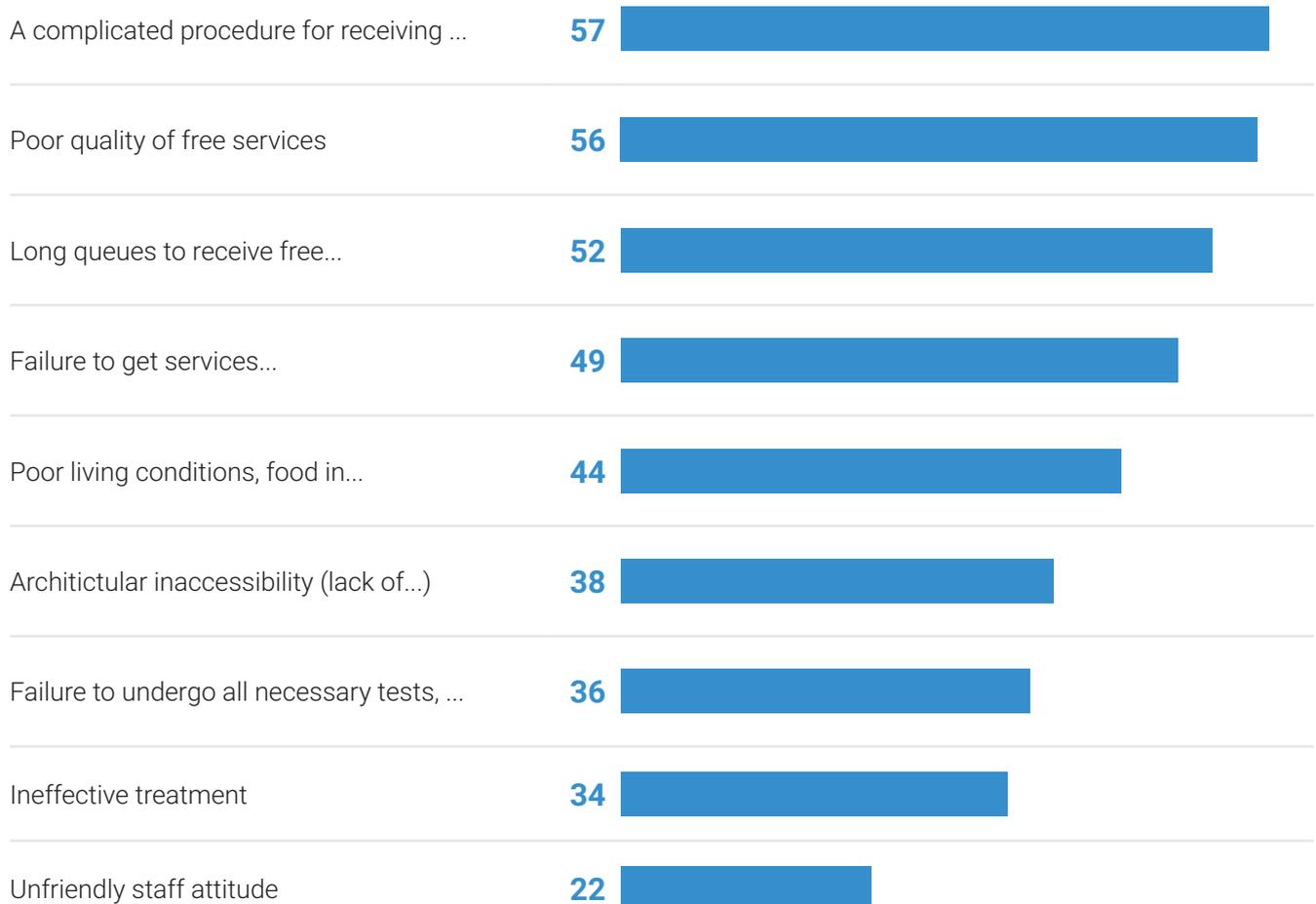


Fig. 3.2. List of barriers (total score of “serious” and “very serious” responses) for ATO/JFO ex-combatants in receiving specialised medical care among those who applied for such care during the last year, (%) ($n=107$)

“The main problem is that they ask for money when applying for a disability category. At the regional MSEC, they do wonders. Do you want to have your category prolonged for a year? Don’t want to go to the Disability Institute in Dnipropetrovsk? Give \$200, and the problem will be solved”

(ATO/JFO ex-combatant, category II disability, Khmelnytskyi)

Another barrier to ex-combatants’ access to specialised medical care is that free diagnostics, such as MRI and ultrasound, are often unavailable. As NGO representatives and ATO/JFO ex-combatants have mentioned, not all public HCFs are provided with the necessary equipment for these types of diagnostics. This problem is particularly acute for ATO/JFO ex-combatants who live in small towns and villages.

“I need an ultrasound and MRI, but there is no such possibility here. You have to travel 100 km to Mykolaiv or 200 km to Odessa... It costs a lot of money. I don’t have such an opportunity right now.”

(female ATO/JFO ex-combatant, Ochakiv, Mykolaiv Oblast).

According to survey results, doctors' answers fully coincided with the opinions of ATO/JFO ex-combatants regarding the main barriers for ex-combatants to receive specialised medical care. In addition, according to the doctors, the main problem was a complicated bureaucratic system and an imperfect mechanism for providing the priority free medical care guaranteed by the state. As a result, most free medical services remain declarative, as they are quite difficult to obtain in practice (Fig. 3.3). There is also a problem of territorial inaccessibility, where ex-combatants must travel either to the regional centre or to another city to receive medical services.



Fig. 3.3. Current limitations and barriers, which, according to doctors, ATO/JFO ex-combatants face when receiving medical care (*persons [the total score exceeds n=101 as respondents could choose all appropriate options]*)

Rehabilitation of ATO/JFO ex-combatants

In order to preserve or restore ex-combatants' physical and psychological health and help them achieve socio-psychological well-being, Ukraine has a network for ex-combatants of hospitals and other HCFs where demobilised ATO/JFO participants can undergo comprehensive rehabilitation (e.g., medical, physical, psychological and psychiatric care; social and domestic rehabilitation; and, preparation for prosthetics). Relevant services are funded by the NHSU.

+ Physical rehabilitation

Much has been done in Ukraine to physically rehabilitate, socialise and reintegrate ex-combatants into society. Yet, this component of rehabilitation does not meet the needs and demands of ex-combatants, nor does it meet current international rehabilitation standards. Inpatient rehabilitation units and health

resort treatment are relatively accessible. However, these services are outdated and only partially meet the needs of ex-combatants, whereas effective physical rehabilitation should take place on a regular basis. There are no public physical rehabilitation centres with a single unified approach or rehabilitation programme. Physical rehabilitation mainly relies on the initiatives of local NGOs, volunteers, and public activists.

40% of ATO/JFO ex-combatants needed physical rehabilitation after demobilisation. Most of them had the opportunity to obtain this service at various medical institutions, including a hospital for ex-combatants or a military hospital (Fig. 3.5).



Fig. 3.5. Physical rehabilitation of ATO/JFO ex-combatants (*persons*)

According to the majority of doctors surveyed (69 out of 101), physical rehabilitation services for ATO/JFO ex-combatants are quite accessible and of good quality (Fig. 3.6).



Fig. 3.6. Distribution of doctors' opinions about accessibility of free physical rehabilitation for ATO/JFO ex-combatants (*persons, n=101*)

ATO/JFO ex-combatants partially agree with this assessment. Most of those who underwent physical rehabilitation had no problems (Fig. 3.7).

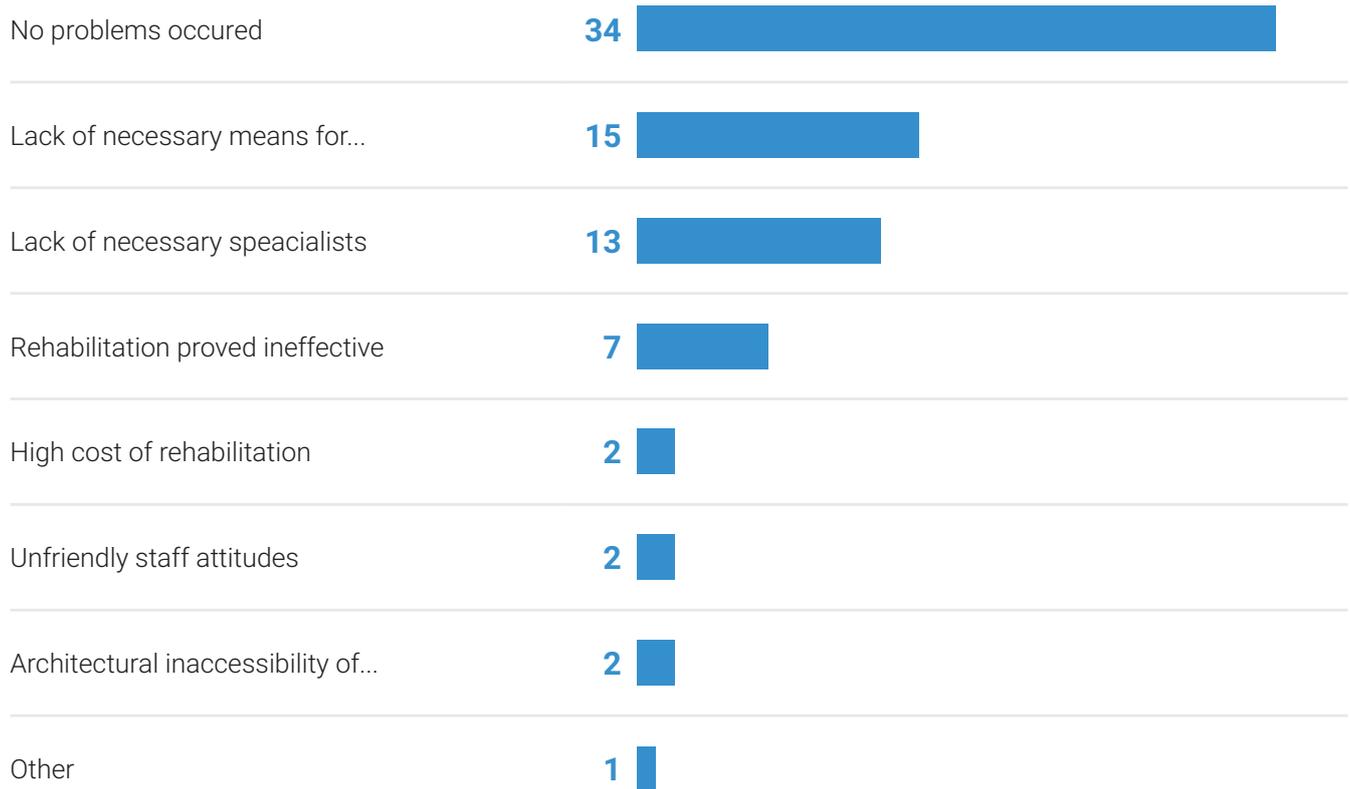


Fig. 3.7. Challenges faced by ATO/JFO ex-combatants when undergoing physical rehabilitation (persons [total score exceeds $n=54$, as respondents could choose all appropriate options])

In contrast to the quantitative survey results, during in-depth interviews, respondents were more likely to note that physical rehabilitation had become less accessible to ATO/JFO ex-combatants in recent times. The main barriers in getting physical rehabilitation, according to both experts and ATO/JFO ex-combatants, were the following:

- ✗ Reprofilling of regional clinical hospitals for ex-combatants into facilities for the treatment of COVID-19 patients
- ✗ Operating hours at outpatient rehabilitation units inconvenient for ex-combatants who have jobs
- ✗ Lack of specialised state centres with a unified programme to provide physical rehabilitation
- ✗ Closure of private rehabilitation centres due to a lack of funding, high rents for premises, etc.
- ✗ Lack of qualified rehabilitation therapists

“There is a problem with trained rehabilitation specialists. According to the Law on Rehabilitation in the Health Sector, which only came out in 2020, occupational therapists should be specialists with higher education, at least a master’s degree. While the equipment can be purchased quickly enough, it takes time to train professionals”

(doctor, Khmelnytskyi Oblast)

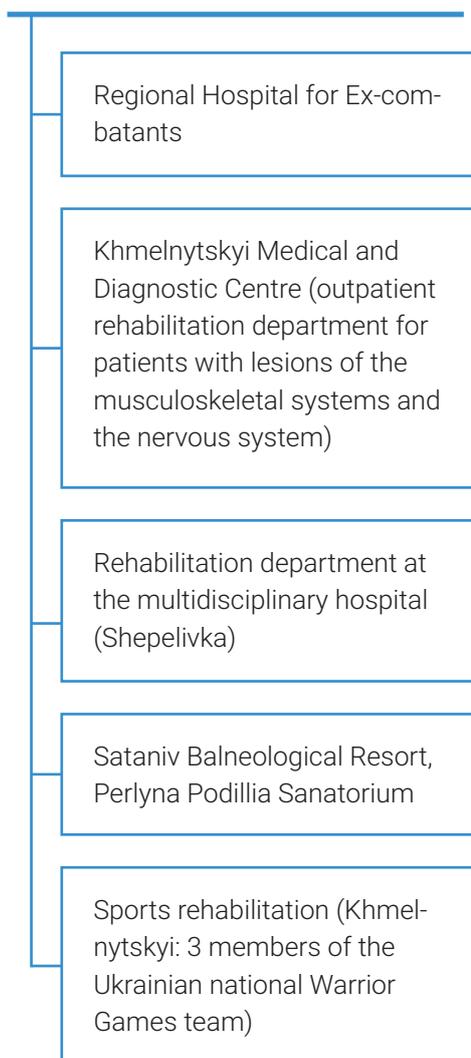
- ✘ Limited list of free physical rehabilitation services for disabled people in sanatoriums
- ✘ Insufficient information provided to ATO/JFO ex-combatants on where and under what conditions they can receive physical rehabilitation services

“I need physical rehabilitation. My leg is injured, and I need to exercise all the time. But I do not know where in the city I can do it. That’s why I do at home the exercises that the surgeon at the Lviv hospital recommended to me”

(ATO/JFO ex-combatant, Khmelnytskyi)

Demobilised and discharged ATO/JFO participants can receive free comprehensive (including physical) rehabilitation in regional hospitals for ex-combatants, at their place of residence, or in institutions subordinate to the Ministry of Health of Ukraine. In addition, physical rehabilitation can be carried out in multidisciplinary hospitals that have contracted with the NHSU to provide an appropriate package of rehabilitation services.

Khmelnytskyi Oblast



Kharkiv Oblast



Mykolaiv Oblast

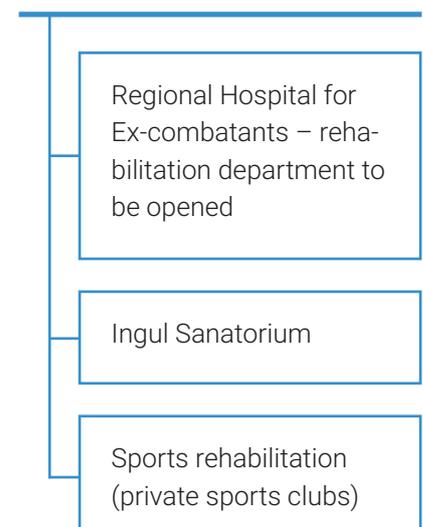


Fig. 3.4. Institutions providing physical rehabilitation services in the study regions

The situation regarding sports rehabilitation needs special attention. A significant contribution to this work is made by NGOs and volunteers who work directly with ATO ex-combatants and implement programmes in the relevant direction. At the same time, the government does not allocate funds for developing this important component of physical rehabilitation; nor does it support ex-combatants who themselves have achieved success in physical rehabilitation and represent their country at the international level in Warrior Games competitions².

+ Psychological rehabilitation

Although the state pays attention to the problem of psychologically rehabilitating ATO/JFO ex-combatants, in practice, this service is not received by all those who need it. Currently, ATO/JFO ex-combatants can receive free psychological rehabilitation at hospitals for ex-combatants, institutions subordinate to the Ministry of Health contracted with the NHSU to provide an appropriate package of services, and at sanatoriums subordinate to different structures and departments (Ministry of Defence, Ministry of Social Policy, Ministry of Health, etc.). The problem is that there is still no established practice among the military and ex-military of seeing a psychologist or a psychotherapist, and no one can provide psychological help or support forcibly. In addition, there is a lack of qualified psychologists skilled in dealing with PTSD resulting from participation in combat operations. It is most difficult for ATO/JFO ex-combatants living in small cities, towns, and villages to receive qualified assistance. Insufficient funding, on the one hand, and the irrational use of public funds, on the other, have a negative impact on the quality of psychological rehabilitation and reduce access to these services for ATO/JFO ex-combatants.

War undermines a person's psychological health. Ex-combatants' need for psychological rehabilitation is urgent. According to expert doctors and NGO representatives, almost all ATO/JFO ex-combatants need psychological rehabilitation. Doctors stated that, in the case of insufficient treatment, post-war symptoms not only return, but also worsen over time. Ex-combatants who have survived the horrors of war are often plagued by insomnia, lack of emotions, irritability, and injustice. For ex-combatants to be able to adjust to civilian life, they need to undergo treatment.

The basic institutions for receiving free psychological rehabilitation are regional hospitals for ex-combatants and sanatoriums. ATO/JFO ex-combatants can also receive free psychological care in institutions subordinate to the Ministry of Health of Ukraine contracted with the NHSU to provide an appropriate package of services. The overwhelming majority of doctors believe that psychological rehabilitation services are available and of good quality (Fig. 3.8).

² Warrior Games is an international multi-sports event for servicemen and ex-combatants injured, wounded or disabled in the line of duty. Warrior Games has been organised by the US Department of Defence since 2013. Participating countries are USA, Australia, Canada, UK, Denmark, Netherlands, Georgia and Ukraine.



Fig. 3.8. Doctors' assessment of the level of availability of psychological rehabilitation services for ATO/JFO ex-combatants (*respondents*)

However, as noted by experts, not all ATO/JFO ex-combatants understand and/or acknowledge that they need such help. According to the quantitative survey, a third of ATO/JFO ex-combatants (37%) said that they needed psychological rehabilitation. Half of them had experienced problems when trying to get psychological help (Fig. 3.9).

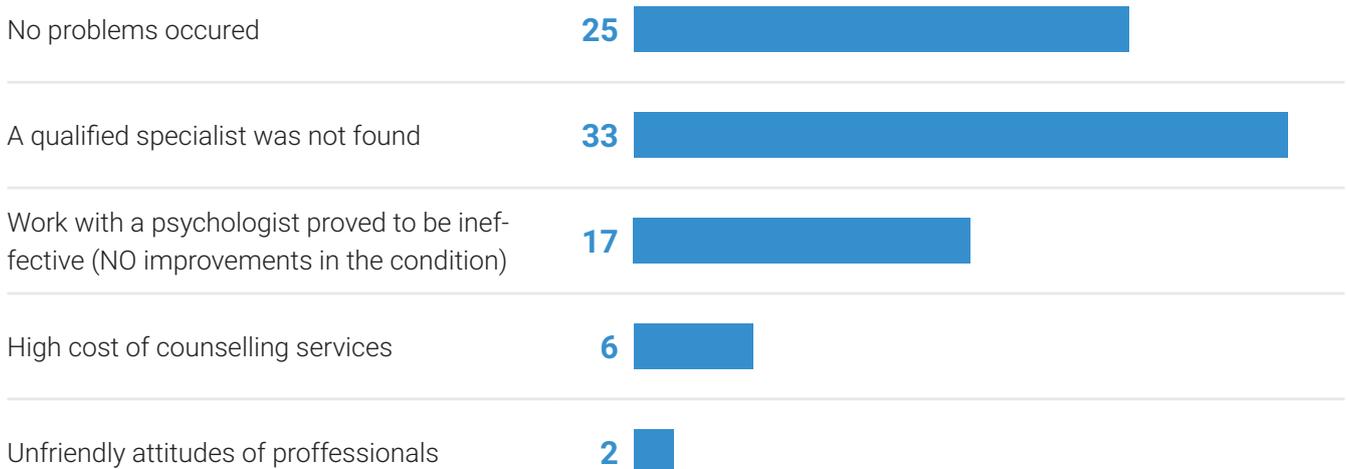


Fig. 3.9. Problems faced by ATO/JFO ex-combatants when trying to undergo psychological rehabilitation (*persons, n=75*)

According to the qualitative survey, it was found that combatants often found it difficult to make contact, thinking that time would heal everything and usually keeping things to themselves. Moreover, there are still negative public attitudes and fears about psychological help, which is often equated with a psychiatric diagnosis and a stigma in later life. Consequently, people do not seek it.

According to experts, close environment of ATO/JFO ex-combatants were more often aware of psychological problems and more often sought ways to solve them than the ex-combatants themselves. Therefore, psychological help should be provided not only to ex-combatants, but also to their family members (parents, children, and partners), as they are the first people to meet combatants returning from war.

The survey results partially confirmed that most often ex-combatants received psychological rehabilitation during their stay in a hospital for ex-combatants or during health resort treatment. There were also isolated cases of ATO/JFO ex-combatants contacting private psychologists where they were able to receive individual psychological counselling at their own expense.

In general, ATO/JFO ex-combatants' attitude towards psychological rehabilitation was ambiguous. On the one hand, there were ex-combatants who did not want to talk about their psychological problems and concerns, let alone ask for psychological help. They did not seek help from specialists for subjective reasons: their own stereotypes, fears, mistrust, or lack of awareness.

“I won't say I needed it, and I am in a fairly good psychological state. Although I have insomnia; I still suffer a lot from it. But there is not enough time to take it seriously...”

(ATO/JFO ex-combatant, category I disability, Mykolaiv)

Ex-combatants who have undergone psychological rehabilitation in public institutions are changing their attitude towards this type of rehabilitation for the better and consider psychological assistance necessary, especially for those returning from the ATO/JFO zone. All ex-combatants with positive experiences with psychological rehabilitation recommended that their fellow ex-combatants seek help from appropriate professionals as early as possible. This will help them recover their mental health and re-socialise in society.

“I keep telling my boys that nobody needs us but ourselves, except our mothers, our relatives and loved ones. No one can help us unless we want it and take a step forward. I also thought, ‘Ah, a psychologist, how can it help? Am I sick in the head?’ But now I realize there's nothing wrong with that. By about the 3rd or 4th appointment, you start to trust the person and open up. And it works, that is, you become a full-fledged and normal person, you can react normally to some stressful situations and control your aggression...”

(ATO/JFO ex-combatant, category III disability, Khmelnytskyi)

However, both experts and ATO/JFO ex-combatants noted that there were problems that negatively affect the availability and quality of psychological rehabilitation services. The main issues were:

- ✘ Lack of a unified state programme for psychological rehabilitation of ATO/JFO ex-combatants

“In the first six months to a year, we have no support, no foster care. At least for the first three or six months, a psychologist should meet with ex-combatants once a week. I think this would help a lot. I listen to my friend's lectures. He's a psychologist. And now I realize that if there had been an opportunity to communicate with a psychologist and people like me when I came back, I would have been more likely to socialize...”

(ATO/JFO ex-combatant, Kharkiv)

- ✘ Lack of professional psychologists working with the military
- ✘ Lack of confidence in psychologists, including due to their insufficient qualifications, violations of professional ethics, etc.
- ✘ Lack of funding
- ✘ A professional indifference towards providing psychological rehabilitation services – this situation is commonly seen in health resort treatment facilities, where the work of the psychologist is reduced to a minimum (testing and filling in necessary documents) and is purely formal, so to speak, “ticking the boxes”
- ✘ Inefficient and irrational use of state funds for health resort psychological rehabilitation (received unevenly throughout the year). This, firstly, limits the right of ex-combatants to receive rehabilitation at their convenience. Secondly, the funds are returned to the state budget as unused.

+ Free prosthetics and dentures

The state guarantees free prosthetics and dentures to ATO/JFO ex-combatants. However, this legal provision is mostly declarative. In reality, these services are not available to the majority of ATO/JFO ex-combatants. All regions have now adopted the relevant programmes, but there is no state funding for these programmes. Therefore, everything falls on the local budget, which lacks funds. The absence or lack of funding affects the quality of prosthetic and orthopaedic products. Most state enterprises manufacture prostheses from low quality materials using old technologies, which do not allow ex-combatants to lead a full and active life. Free, state-guaranteed prosthetic services are made inaccessible by the constantly changing regulations governing the provision of technical means of rehabilitation for ex-combatants, and the lack of necessary aids for operating prosthetic and orthopaedic products. There is also a lack of information about state-owned enterprises that manufacture highly technical prosthetic and orthopaedic products using modern and high-quality materials. This forces ex-combatants and NGO representatives to seek help abroad or to turn to private enterprises and, accordingly, to pay a lot of money.

The situation is similar regarding benefits for dental prosthetics. The state reimburses the costs of dentures provided that these are not made of precious metals, but are rather so-called stamped and soldered or removable dentures. In other words, high-tech dentures and implants are excluded from the list. Such a restriction deprives ATO/JFO ex-combatants of the right to choose.

The lack of a local register of ex-combatants who need dental treatment and prosthetics makes it impossible to estimate real financial costs and, consequently, complicates the allocation of funds.

The law provides for the free, extraordinary provision of technical and other rehabilitation to ATO/JFO ex-combatants, regardless of disability status.

The main types of technical and other rehabilitation are the following:

- Prosthetic and orthopaedic products, including orthopaedic shoes
- Special devices for self-care
- Mobility aids
- Personal mobility, transportation, and lifting aids
- Furniture and equipment
- Special devices for orientation, communication, and exchange of information

Primary and complex prosthetics and orthotics for ATO participants are provided in inpatient (rehabilitation) units at prosthetic and orthopaedic enterprises (available in every regional centre), the Ukrainian Research Institute for Prosthetics and Rehabilitation's clinic, and HCF inpatient units.

According to government experts, prosthetic services are available to ATO/JFO ex-combatants. At the same time, only a quarter of surveyed doctors believed that prosthetic services were available to ex-combatants, but not always of good quality (Fig. 3.10).

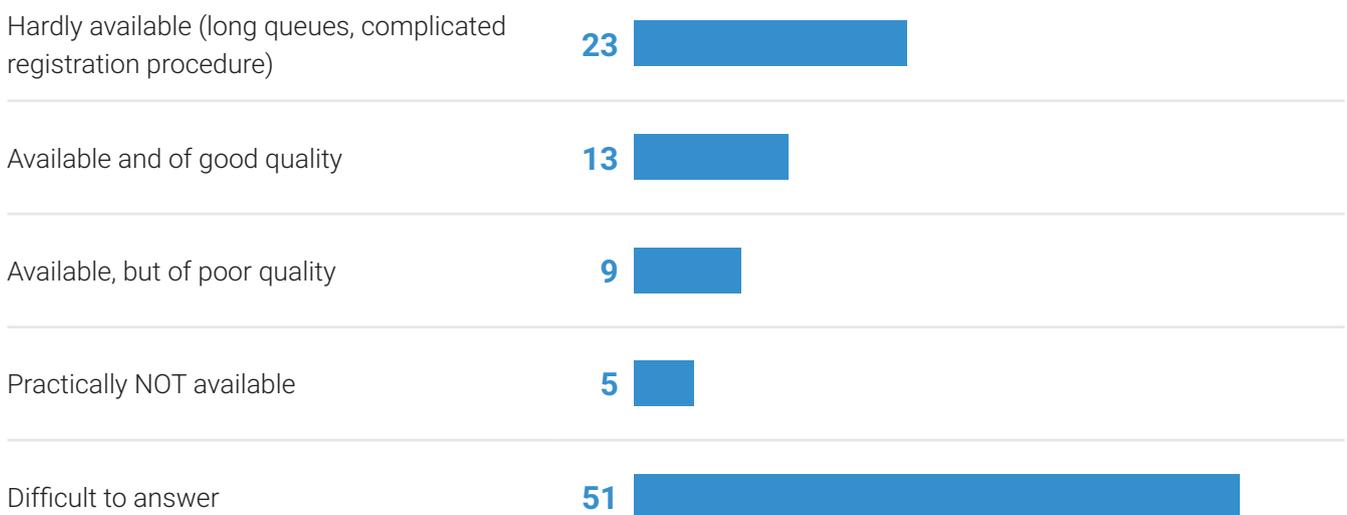


Fig. 3.10. Distribution of doctors' opinions on the availability of prosthetic services for ATO/JFO ex-combatants (*persons*)

Today, among various prosthetic and orthopaedic enterprises, the Ukrainian Research Institute for Prosthetics and Rehabilitation is the most popular for ATO/JFO ex-combatants. In this facility, ATO/JFO ex-combatants can undergo free comprehensive diagnostics and rehabilitation, during which they are taught how to use prosthetic and orthopaedic aids and are provided with practical self-care skills.

“At first, they planned to send me abroad to the United States, but I stayed, and I am already being treated at the Kharkiv Prosthetic Institute at this time. The prosthetist is a very important person in my life. Prostheses, especially electronic ones, are expensive, and they need to be maintained and often adjusted. Therefore, it is important to have a contact with a prosthetist, who knows all the nuances...”

(ATO ex-combatant, category I disability, Mykolaiv).

However, the majority of public prosthetic and orthopaedic enterprises do not meet the needs of ATO/JFO ex-combatants for high-quality prostheses. The main reasons for this situation are:

- ✘ Lack of funding, due to which enterprises are forced to purchase and use materials of lower quality
- ✘ Lack of qualified professionals (prosthetists, rehabilitation therapists)
- ✘ Lack of information about where and how to get high-quality functional prostheses (orthoses) manufactured using the latest technologies in Ukraine by other state institutions (not only by the Ukrainian Research Institute for Prosthetics and Rehabilitation)

“Prosthetics provided by the state do not cover a person’s needs to live a normal life, for example, to play sports... That’s why we keep trying to send guys abroad for prosthetics, so that prostheses will give people the opportunity not to exist, but to live fully and fulfil themselves”

(ATO ex-combatant, NGO representative, Kharkiv).

Another important problem in obtaining prosthetic services is that the legislation covers a very limited list of specialised self-care aids for ex-combatants. In particular, the need for orthopaedic residual limb socks (only a set of lower and/or upper limb residual limb covers is provided) and other consumables for the use and maintenance of prostheses are not considered.

The problem of providing ATO/JFO ex-combatants with mobility aids should be given special attention. As noted by some ATO/JFO ex-combatants who use wheelchairs, the situation is slightly improving (the state has started to purchase quality mobility aids from abroad). However, constant changes in legislation and the low skill level of specialists at relevant institutions make this service unavailable to ex-combatants.

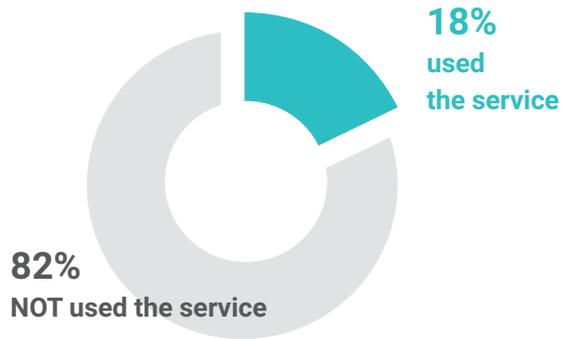
In addition to prosthetics, the state guarantees ATO participants free first-priority dentures. Free dental prosthetics refers to the manufacture and fitting of “stamped and soldered fixed dentures, removable lamellar dentures, and all-piece and plastic denture constructions for medical indications”.

According to the qualitative survey, target programmes have been adopted in each of the oblasts covered by the study to ensure free dental prosthetics for the privileged population categories (including ATO/JFO ex-combatants).

However, these programmes do not fully cover the needs of ex-combatants for dental prosthetics, as local budgets do not have enough funds. This leads to long waiting lists, and the need for funds to provide all those who wish with free dentures.

The relative inaccessibility of free dentures is also evidenced by the data from the quantitative survey (Fig. 3.11).

Free dental prosthetics , %



Among those who used the service (n=37)

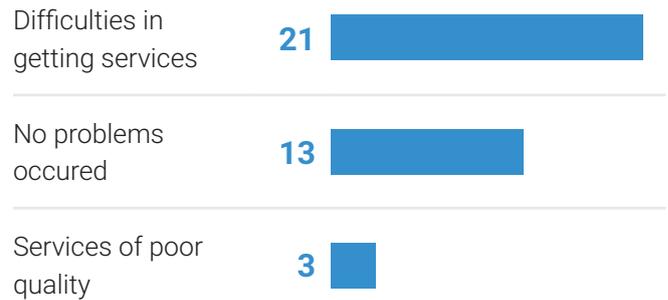


Fig. 3.11. ATO/JFO ex-combatants' use of free dental prosthetics benefits and the presence of barriers (*persons*)

In addition to financial problems, there are other barriers for ATO/JFO ex-combatants to receive free dental care, namely:

- ✘ Use of low-quality materials for the manufacture of dentures
- ✘ Free dentures made using old technologies without considering medical indications and the real needs of ex-combatants

“I had a situation where a young ex-combatant, 27 years old, needed dentures. They told him, ‘We are short of funds. We will give you yellow teeth’. Tell me, what would he be like at 27 with yellow teeth? He needs to start a family. Will the girls understand that?”

(ATO ex-combatant, category II disability, Khmelnytskyi).

- ✘ Lack of a local register of ATO/JFO ex-combatants who need dental treatment and prosthetics makes it impossible to estimate real financial costs and, consequently, complicates the allocation of funds.

+ Provision of free medicines and pharmaceuticals

Although the state guarantees ex-combatants free medicines, in practice this provision is declarative. Currently, the amount of funds allocated from local budgets does not fully cover ATO/JFO ex-combatants' needs for free medicines. The problem is particularly acute for seriously ill and cancer-stricken ex-combatants who need long-term and expensive treatment. In addition, the list of free medicines does not meet the needs of ex-combatants. Lack of information and interaction between local authorities, doctors, pharmacy business representatives, NGOs, and ex-combatants leads to the inadequate provision of free medicines to ATO/JFO ex-combatants.

According to the law, combatants are entitled to receive free medicines, pharmaceuticals, immunobiological preparations, and medical devices with medical prescriptions.

It should be noted that medicines, pharmaceuticals, immunobiological preparations, and medical devices are dispensed by prescription only in the outpatient treatment of underlying diseases for which a patient has been granted benefits. The medicines can only be obtained from public (including departmental) and municipal HCFs.

As noted earlier, each oblast has adopted a corresponding programme (e.g., the Turbota Programme in Mykolaiv and Kharkiv oblasts) under which funds are allocated from the local budget to provide ATO/JFO ex-combatants with benefits, including free pharmaceuticals and medicines.

The majority of doctors noted that, in the medical institutions where they work, most medicines are provided to ATO/JFO ex-combatants free of charge (Fig. 3.12).

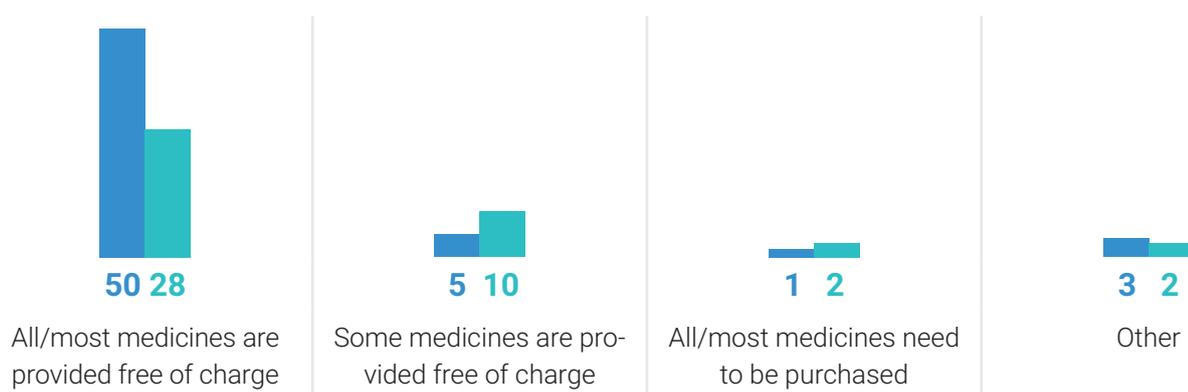
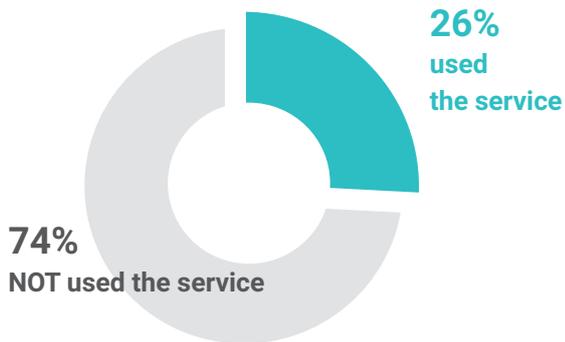


Fig. 3.12. Distribution of responses from surveyed doctors to the question "Does your healthcare facility provide free pharmaceuticals and medicines for ATO ex-combatants?" (*persons*)

■ Inpatient department
■ Outpatient department

All medicines on the national list can be given to ex-combatants either for free or at a discount. Ex-combatants are informed about this by family doctors. In practice, however, ex-combatants rarely take advantage of this benefit: 74% of those surveyed said that they had had no such experience. Among respondents who had experience receiving free medicines, the majority encountered problems (Fig 3.13).

Free provision of medicines, %



Among those who used the services (n=52)

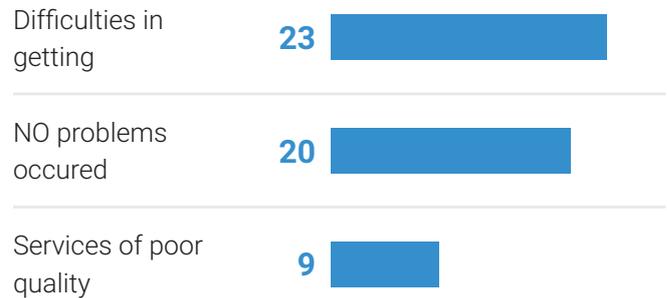


Fig. 3.13. ATO/JFO ex-combatants' use of free medicine and pharmaceuticals benefits and the presence of barriers (*persons*)

A qualitative survey found that most ex-combatants were not aware of the service and consequently did not use it. Ex-combatants in the younger age group (under 30), without serious health problems, and socialised (e.g., having a job, family, etc.) are more likely to ignore the possibility of receiving this benefit.

This service is most important for those ex-combatants who have disabilities, serious diseases, take regular medicines, and/or undergo long-term medical treatment. However, this service is not currently available to them.

The main barriers and obstacles to obtaining free pharmaceuticals and medicines for ATO/JFO ex-combatants are:

- ✘ Lack of funds in local budgets for procuring necessary medicines
- ✘ The list of free medicines does not meet the needs of ex-combatants
- ✘ Lack of information about ex-combatants' rights to medicines at a discount

“This is the first time I’ve heard about this. Not long ago I operated on a man participating in the ATO. His relatives bought 90% of the medicines themselves. Because they needed medicines that our hospital did not have. They bought antibiotics for the intensive care unit. Maybe if you stay in an inpatient unit, they do give you something, but most medicines are bought...”

(doctor, Khmelnytskyi)

+ Free health resort treatment

The state and local authorities do make efforts to provide ATO/JFO ex-combatants with health resort treatment. In practice, this service is unavailable to a significant number of ex-combatants. Lack of funds and untimely allocation of available funds from the budget leads to waiting lists and limits ex-combatants' choices of sanatoriums. Moreover, a lack of funds and the outdated resources at sanatoriums have a negative impact on the quality of services. Most sanatoriums subordinate to the Ministry of Defence are not accessible to disabled ex-combatants in wheelchairs (there are no ramps or lifts, rooms are not adapted for people with disabilities, etc.).

ATO/JFO ex-combatants are entitled to health resort treatment. Free health resort treatment is provided to:

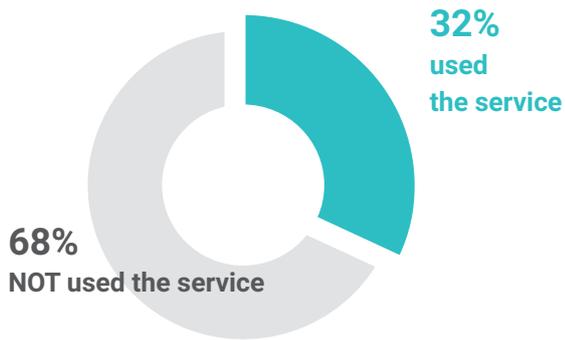
1. Combatants (not more than once a year for a period of 21 days)
2. Persons with war-related disabilities (annually and out of turn for 21 days annually)
3. Persons with war-related disabilities and with diseases of the nervous system (as a consequence of injuries and diseases of the spine and spinal cord) – in accordance with medical recommendations, including:
 - Categories I and II (spinal sanatoriums/departments for 35 days of treatment)
 - Category III (neurological sanatoriums for 21 days of treatment)

ATO/JFO ex-combatants are provided with health resort treatment services in sanatoriums under the jurisdiction of the Ministry of Social Policy. In addition, ATO/JFO ex-combatants who receive pensions are entitled to health resort treatment in sanatoriums controlled by law enforcement agencies, such as the Ministry of Defence, the Ministry of Internal Affairs, etc.

The health resort service is provided with budgetary funds administered by the Ministry for Veterans Affairs.

According to the survey results, the level of awareness of ATO/JFO ex-combatants about the right to receive free health resort treatment was the highest (80%) compared to other state-guaranteed medical benefits. However, only a third of all surveyed ATO/JFO ex-combatants (32%, or 64 people) exercised this right. Most had no problems receiving health resort treatment (Fig. 3.14).

Free health resort treatment, %



Among those who used the service (n=64)

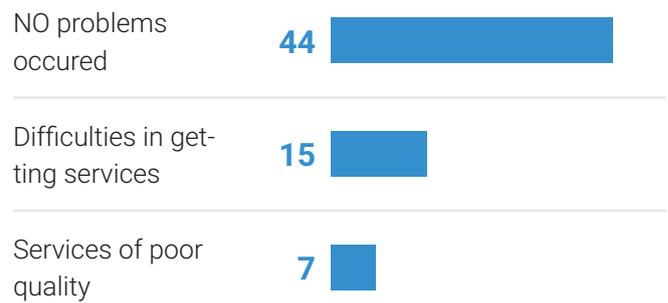


Fig.3.14. ATO/JFO ex-combatants' use of free health resort treatment benefits and the presence of barriers (*persons*)

Experts and ex-combatants' opinions on the availability of the services differed. On the one hand, funds are supposedly allocated, and vouchers are bought. On the other hand, there are certain barriers and restrictions that prevent ATO/JFO ex-combatants from exercising their right to free health resort treatment. These include:

- ✗ Lack of funds and/or misuse of funds. In particular, underfunding by the state budget leads to a long waiting period for a voucher. In addition, the money is mostly received at the end of the year, and there are few people wishing to take health resort treatments during the cold season.
- ✗ Inability to choose a sanatorium and desired dates of stay.³
- ✗ Lack of information on where and how to receive free health resort treatment.
- ✗ Poor quality of services due to outdated infrastructure at many sanatoriums, resulting in inadequate living conditions, poor nutrition, architectural inaccessibility for persons with disabilities, etc.
- ✗ Services provided in the sanatorium not always meeting the needs of ex-combatants. Extra fees must be paid for services that are not on the list of free services.
- ✗ Monetary compensation instead of health resort treatment vouchers not being paid in full.

“I am a disabled person of the second category, and I have to undergo health resort treatment every year. But it was refused to me because I am epileptic and need an attendant. And we only get an attendant appointed for the first disability category, but I have the second. This problem is very urgent. I submit documents for treatment every year to the Military Commissariat (form 70). I am then entitled to compensation – once every two years (for two years in a row). As a result, I've gotten 520 UAH for 2 years (!). And a voucher for psychological rehabilitation to an inexpensive

³ According to Decree No. 200 of the Cabinet of Ministers of Ukraine, the ATO/JFO participant himself chooses a sanatorium with appropriate treatment options, but, in practice, ex-combatants are forced to agree or disagree to the sanatorium and to the season or date offered by social protection authorities.

sanatorium from Social Security Department costs 11,000–13,000 UAH. And the Military Commissariat gave me 520 UAH for two years. Isn't that nonsense?"

(ATO/JFO ex-combatant, category II disability, Kharkiv Oblast).

- ✘ A complicated procedure for processing documents and medical reports for sanatorium records.

+ Ex-combatants' awareness of their rights as patients

ATO/JFO ex-combatants have a high level of awareness of their rights to free state-guaranteed medical services. However, not all of them enjoy these rights. This is due to various reasons, the most common being: lack of need; lack of funds, which leads to preferential medical services for ex-combatants not being provided in full; queues to receive services; and, poor quality of services. In addition, there is still the problem of informing the privileged population (including ATO ex-combatants) of their rights in the medical sphere.

According to survey data, ATO/JFO ex-combatants were well aware of their rights in the medical sector guaranteed by the state. There is a significant gap between the shares of respondents who are aware of relevant benefits and those who have actually used them (Fig. 3.15).

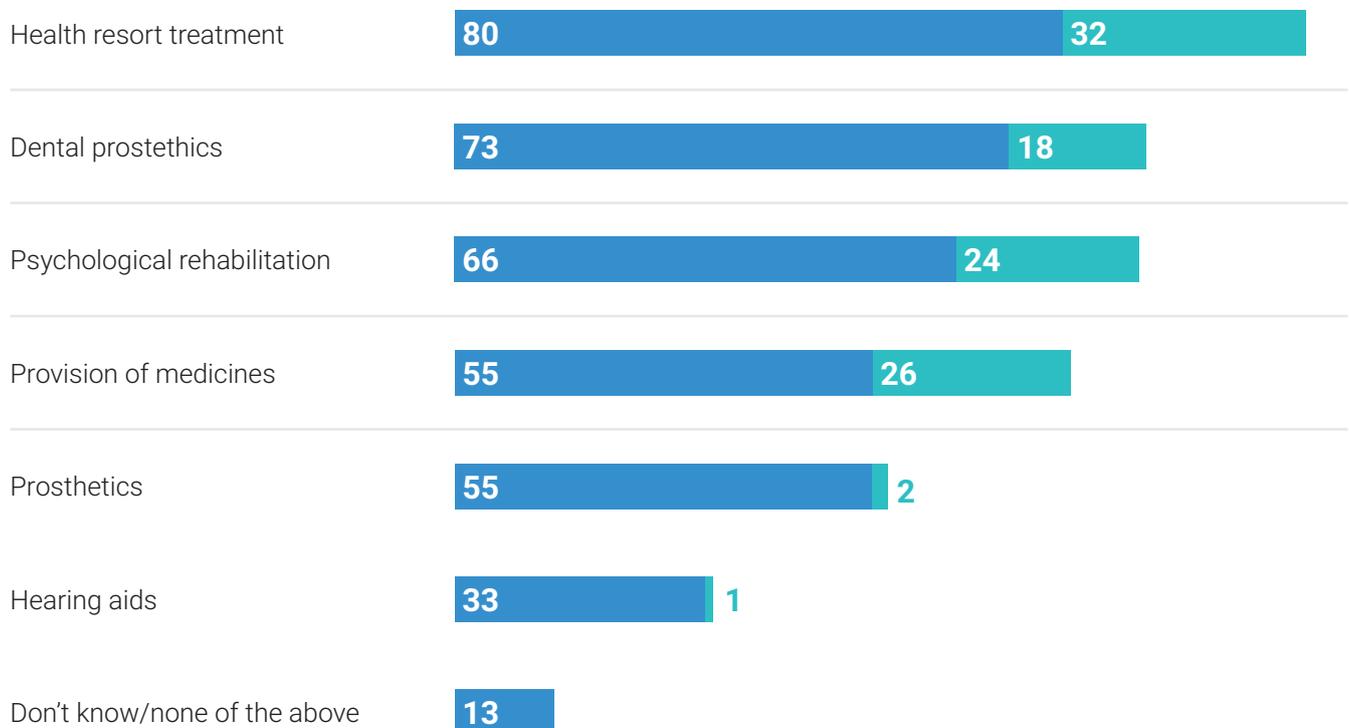


Fig. 3.15. ATO/JFO ex-combatants' awareness of their rights to state-guaranteed medical services and experience exercising their rights (% [total score exceeds 100% as respondents could choose several options])

The reasons why not all ex-combatants enjoy their rights to medical benefits are the following:

- ✘ Lack of necessity due to a relatively satisfactory state of health and resocialisation (having a family, stable financial situation, etc.), which makes it possible to receive medical care on a general basis (without benefits)
- ✘ Lack of information about where and how to access the medical service needed

“I know about some benefits, like prosthetics, dental prosthetics, and hearing aids. I do not know about free medicines. All medicines that my doctor prescribes me, for example, sedatives, I buy myself. Maybe they are not on that list?”

(ATO ex-combatant, category II disability, Kbmelnytskyi).

- ✘ Lack of funds in local budgets to finance target programmes, which means that benefits for free medical services guaranteed by the state for ex-combatants are not fulfilled in full or the services delivered are of poor quality.

LEVEL OF EX-COMBATANTS' CONFIDENCE IN STAKEHOLDERS

Many ex-combatants rely solely on themselves or their immediate environment to deal with issues related to recovery, treatment, or rehabilitation. At the same time, almost 40% of surveyed ex-combatants, including every second respondent who had health problems and disabilities, had sought from at least one stakeholder – representatives of NGOs for ex-combatants, local or public authorities – help in receiving medical services or rehabilitation. The need to seek help from a stakeholder indicates problems with accessibility to medical services for ex-combatants and the inability to use in practice legally guaranteed health rights and benefits. Ex-combatants seeking help usually find it from NGOs or local authorities. However, many ex-combatants remain dissatisfied with the amount of such assistance, the need to make significant efforts to obtain it, lengthy bureaucratic procedures, etc. In addition, there is a lack of information about stakeholder activities aimed at protecting ex-combatants' rights, including in healthcare, and reduced opportunities for diagnosis, treatment, and rehabilitation due to anti-COVID-19 activities. These issues all contribute to ex-combatants feeling discriminated against, frustrated, and reluctant to engage with different stakeholders.

One of the aims of the study was to assess ex-combatants' level of confidence in national and regional stakeholders on health issues. As the data shows, the majority of ex-combatants (63%) did not seek assistance in receiving medical and/or rehabilitation services from any stakeholders after their return from the ATO/JFO zone (Table 4.1). Among those respondents who indicated that they had certain health problems, including disabilities, almost half had approached the above stakeholders.

Ex-combatants who seek help from authorities or NGOs to assist with treatment, prosthetics, or rehabilitation are usually limited to the local level; one in four respondents approached local (25%) or public authorities, and ex-combatant organisations and ex-combatant hubs (26%). Human rights defenders and lawyers, mostly local, were approached by 12% of respondents.

Table 4.1.

After returning from the ATO/JFO zone, did you apply to organizations or institutions for help in solving health issues (e.g., treatment, prosthetics, rehabilitation, etc.)? If so, did you receive the necessary assistance? (% of all respondents)

Stakeholders	Not approached	Approached	
		NO help received	Received help
Public or volunteer organizations, ex-combatant hubs	74	2	24
Local authorities	75	7	18
Human rights defenders or lawyers	88	3	9
Ministry for Veterans Affairs and its territorial bodies/departments	89	3	8

Stakeholders	Not approached	Approached	
		NO help received	Received help
People's Deputies	98	1	1
Commissioner for the President of Ukraine for Ensuring the Rights of Defenders of Ukraine	100	0	0

Significantly fewer respondents reported experience contacting public authorities. Not a single respondent had experience contacting the Commissioner for the President of Ukraine for Ensuring the Rights of Defenders of Ukraine.

Usually, ex-combatants seeking help approach several stakeholders. For example, among the respondents who contacted NGOs, 2/3 also sought assistance for treatment and rehabilitation from local authorities, 1/3 from the Ministry for Veterans Affairs and its territorial bodies, and 1/3 from human rights defenders and lawyers.

The majority of surveyed ex-combatants who sought help from various stakeholders received it (Table 4.1). The most effective, based on sociological data, was ex-combatants' interactions with public or volunteer organisations and ex-combatant hubs.

Based on in-depth interviews with ex-combatants and NGO representatives, most of the appeals were about financial assistance for medical treatment or assistance in obtaining free medical services, in particular MRI scanning and other types of diagnostics. The study showed both positive and negative examples of the effectiveness of such appeals.

Significantly fewer respondents sought assistance from other stakeholders in solving health issues. The majority of these ex-combatants, however, had a positive experience seeking help, including about three quarters of the respondents who approached the Ministry for Veterans Affairs and its territorial bodies, human rights defenders, and lawyers.

The comments made by surveyed ex-combatants regarding seeking help from different stakeholders were isolated and related to:

- Lack of information about institutions and organisations that can be of use to ex-combatants and the services they provide
- Lack of budget-funded HCFs to provide high-quality physical and psychological rehabilitation services needed by ex-combatants
- Lack of confidence in the ability to actually receive a significant portion of benefits provided by legislation for combatants, including free medical examinations and treatment

The latter item, based on the results of quantitative and qualitative surveys, worried the majority of ex-combatants. Unfortunately, many ex-combatants face barriers in obtaining preferential medical care and other social guarantees, including land plots.

Data from in-depth interviews indicates that assisting ex-combatants with treatment and rehabilitation has not become a priority for many NGOs. Many regional ex-combatant unions and hubs

have positive examples of helping with the treatment and rehabilitation of individual ex-combatants, including fundraising for medicines, prosthetics, surgical procedures, etc. At the same time, the key focus of NGOs is often to organise leisure activities for ex-combatants and their families, such as collective sports events, counselling on social and land issues, etc. According to some respondents, there has recently been much less attention paid to ex-combatants' issues (including their health rehabilitation) not only by NGOs, but also by Ukrainian society as a whole. The number of active NGOs created by ex-combatants to defend their rights and interests is decreasing. Some respondents noted a drop in confidence in NGOs due to their inconsistent position on protecting ex-combatants' rights.

Ex-combatant NGO activists and representatives cooperate more actively with local authorities. Their main areas of cooperation in the health sector are:

- Participating in the formulation of local policies to ensure the rights and guarantees of medical services and rehabilitation for ex-combatants (by drafting proposals for local social development programmes)
- Working as advisers to local authority leaders and as members of public councils in local authorities
- Advocating to address the complex diagnosis and treatment issues of individual ex-combatants who need expensive treatment, including surgical interventions, etc.

Several respondents recognized the Ministry for Veterans Affairs' staff for their openness, their willingness to discuss ex-combatants' problems with the ex-combatants themselves, including hospital patients, and their attempts to change the situation for the better. At the same time, respondents drew attention to the limited capacity of the Ministry's staff to influence the health sector, primarily due to a lack of funding and the absence of other effective mechanisms and levers.

“What she (the Ministry's representative in the oblast) can do, she does.
I understand that there are some limits, which she cannot cross...”

(ATO/JFO ex-combatant, Kharkiv Oblast).

In addition to positive comments, some respondents were quite critical of the Ministry, accusing its staff of inaction and a lack of understanding of the problems ex-combatants face.

“In order to improve ex-combatants' access to high-quality medical care, we need to recruit vetted ex-combatants to the top of the Ministry, so that they were actually combatants, so that they are patriotic... As long as civilians are in power, the ex-combatant community will never develop...”

(ATO/JFO ex-combatant, Khmelnytskyi Oblast)

