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Kingdom of the Netherlands



# PROVISION OF MEDICAL SERVICES TO ATO/JFO EX-COMBATANTS IN UKRAINE:

## Report on the study results

(Conducted from September to October 2021)

Short version

KYIV 2022

This study was conducted by the Ukrainian Healthcare Centre from September-October 2021 with the support of the United Nations Development Programme (UNDP), within the framework of the UN Recovery and Peacebuilding Programme, funded by the European Union (EU) and the Government of the Kingdom of the Netherlands, and with expert input from the Ministry for Veterans Affairs of Ukraine 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 the UNDP, the UN, the EU, or the Government of the Kingdom of the Netherlands.

## **For reference**

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# KEY FINDINGS AND RECOMMENDATIONS

The ex-combatants of the Anti-Terrorist Operation/Joint Forces Operations (hereinafter, ATO/JFO) are active consumers of medical services: after returning from military service, they may need access to medical and psychological rehabilitation, as well as other types of assistance<sup>1</sup>. International studies emphasize that this social group is at high risk of co-morbidity (simultaneous damage of two organs or body systems, or the presence of multiple diseases), mental disorders of varying severity, and committing suicides. In order to provide ex-combatants with the quality services they need, the state must have a comprehensive policy on supporting their health. As of autumn 2021, according to the Ministry of Social Policy, there were more than 481,600 combatants in Ukraine, but the country still did not have a common policy or vision for ensuring their medical and psychological rehabilitation. Currently, assistance to this target group is provided mostly in the form of benefits and individual services. Moreover, there is no summarized data on the state of health of ATO/JFO ex-combatants, the structure of their consumption of relevant services, and barriers thereto. Failure to consider healthcare needs in policy-making creates significant challenges in the process of reintegrating ex-combatants into civilian life and affects their quality of life, as well as that of their families.

A desk study revealed certain gaps in the provision of medical services to ATO/JFO ex-combatants in Ukraine at the national and local levels:

- **The rights of ATO/JFO ex-combatants to receive high-quality medical, healthcare, psychological, and social services is violated.** The existing programmes and benefits do not solve the main problems of this vulnerable group and require revision.
- **No clear definition of the term “ex-combatant” at the national level and the absence of simple, clear mechanism and criteria for determining the scope of guaranteed services.** The existing complex system with its large number of categories and subcategories may complicate the process for both ex-combatants and service providers. It is important to approve a new definition for the term “ex-combatant”, as well as to develop a mechanism for complying with the requirements, according to which ex-combatants will receive healthcare, social services, and medical and psychological rehabilitation. Definitions and eligibility criteria should be simple and clear.
- **Policy planning does not take into account the different needs of men and women.** It is important to consider the need for gender-sensitive services and specific counselling from the outset, and to ensure the introduction of unhindered, easy, and equal access thereto at all stages of services and beyond.
- **The needs of ex-combatants are not prioritized or segmented.** It is important to examine the most urgent and critical primary health needs of ex-combatants and, primarily, to increase access to essential services, especially when resources are limited. At the same time, prioritization should be organized according to an individual’s urgent medical needs, not by the number of days of service or other social factors affecting the size and number of guaranteed benefits.

1 Roy, Michael, and Jeremy Perkins. “Medical Care of the Returning Veteran.” Somepomed, UpToDate, 5 Aug. 2011. Available at [somepomed.org/articulos/contents/mobipreview.htm?29/16/29953](https://somepomed.org/articulos/contents/mobipreview.htm?29/16/29953)

- **There is no comprehensive approach that covers important aspects of the physical and mental health and social well-being of ex-combatants.** Primarily, there is a need to consider the high risks of comorbidity and physical and mental problems among ex-combatants. For example, guidelines for healthcare professionals with a clear algorithm of actions and certain screening procedures should be developed that considers comorbidity among ex-combatants. In addition, medical support must be integrated with social care since social aspects also have an impact on a person's physical and mental health.
- **Lack of support for ex-combatants during the transition period from military to civilian life and during adaptation.** Informational support for ex-combatants is important during the preparation for discharge and at any time thereafter. This includes transparent and accessible communications (e.g., a clear guide with a description of services and requirements for receiving services and with necessary contacts); clear routes for the ex-combatant in the system; and, availability and easy access to the contact point (e.g., service centre or contact person, which can help navigate the civil healthcare system if necessary).
- **At the national level, there is a lack of organized and consistent data collection on health status and patterns of healthcare consumption by ex-combatants.** Data should be used to develop and implement changes to policies, make informed decisions, respond to changes in trends, etc. One of the solutions for organizing data collection could be to create the ability in the Electronic Healthcare Records (EHR) to indicate the status of ex-combatant when receiving medical services.
- **Lack of special training for medical staff and other professionals who work with ex-combatants.** Training is needed to constantly improve the awareness and understanding of the ex-combatants' experience, their special needs, and their most common problems (physical and mental).
- **No system for psychological rehabilitation of ex-combatants.** The specific needs of ex-combatants may be covered within the existing general healthcare system by adapting the service delivery model and financing mechanisms. However, there is no system of psychological rehabilitation at a general level; therefore, to meet the need for psychological rehabilitation services, one should be created.
- **Local authorities are not interested in creating and funding programmes aimed at developing ex-combatant social protection, psychological services, and rehabilitation.** Access to established programmes is geographically unequal, which affects accessibility and a person's ability to get the service they need on time and at no cost.
- **Lack of generalized information about available services, programmes, and opportunities for ex-combatants.** It is necessary to develop a clear route through the system and create a "single window" through which ex-combatants can receive the information services they need.
- **No coordinated policy between law enforcement agencies and the Ministry for Veterans Affairs.** It is impossible to consider the health of an ex-combatant and the health of a serviceman separately (i.e., for a timely response to potential problems, for preventing their occurrence). For the effective treatment and rehabilitation of ex-combatants, the involvement of not only the Ministry for Veterans Affairs, but also law enforcement agencies and other responsible central executive bodies, is necessary. Only a coordinated policy will have an impact on preserving and restoring the health of ex-combatants.

# REVIEW OF EX-COMBATANTS' ACCESS TO MEDICAL SERVICES

The issue of providing medical care to ATO/JFO ex-combatants in Ukraine has become more relevant over the past 7 years. Being in a combat zone and the typical injuries and diseases sustained therein affect the needs of ex-combatants and the specifics of providing medical care to them.

The legal status of ATO/JFO ex-combatants in Ukraine is determined by the Law of Ukraine “On the Status of War Veterans and Guarantees of Their Social Protection”<sup>2</sup> adopted in 1993. The Law defines war veterans as those persons who participated in the defence of the Motherland or in hostilities on the territory of other states, namely:

- Combatants
- Persons with war-related disabilities
- War participants

The Law presents various categories of the status of war veteran, as well as a list of social protection and healthcare benefits to which they are entitled. Thus, the Law contains more than 20 subcategories for each war veteran category and also certain exceptions for each. According to the Ministry of Social Policy of Ukraine, as of October 1, 2021, there were 873,281 people registered in the Unified State Automated Register of Persons Entitled to Benefits.

The available information on ex-combatants' consumption of medical services is incomplete and contains data on only one-third of the people who received such assistance. According to the information and an analytical report provided by the Ministry for Veterans Affairs, as of January 1, 2021, 298,918 ex-combatants were registered in healthcare facilities. The rest fall out of the general accounting system, because the available EHR does not have the technical capability to record that medical services have been provided specifically to ex-combatants, nor to collect data on their needs. This issue is not regulated by law. More information about the services received by those ex-combatants who are registered in the system is shown below.

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2 <https://zakon.rada.gov.ua/laws/show/3551-12#Text>

### Categorisation of war veteran status

481,685

combatants

192,528

war participants

115,627

family members of a fallen  
(deceased) ex-combatants

7,365

persons with category  
I war-related disabilities

57,191

persons with category  
II war-related disabilities

41,799

persons with category  
III war-related disabilities

6

734

injured participants  
of the Revolution of Dignity

33

persons with special service  
to the Motherland

Source: Ministry of Social Policy of Ukraine

### Distribution by age



23%

204 051 people



35%

303 180 people



42%

363 374 people

### Distribution by gender



67%

586 365  
men



33%

286 916  
women

Source: Ministry of Social Policy of Ukraine

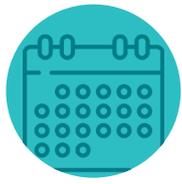
## Morbidity status among ex-combatants, 2020



143,995

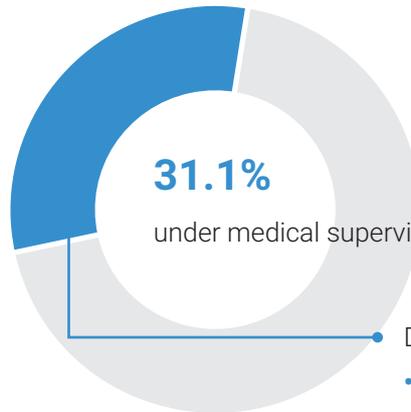
ex-combatants sought medical care during 2020  
(50% of the total number of registered persons)

30,286  
required hospitalisation

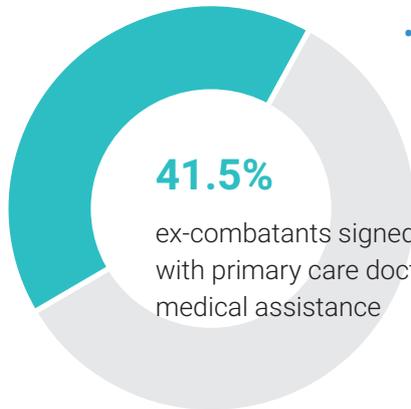


14 bed days

– the average length of stay in a healthcare facility

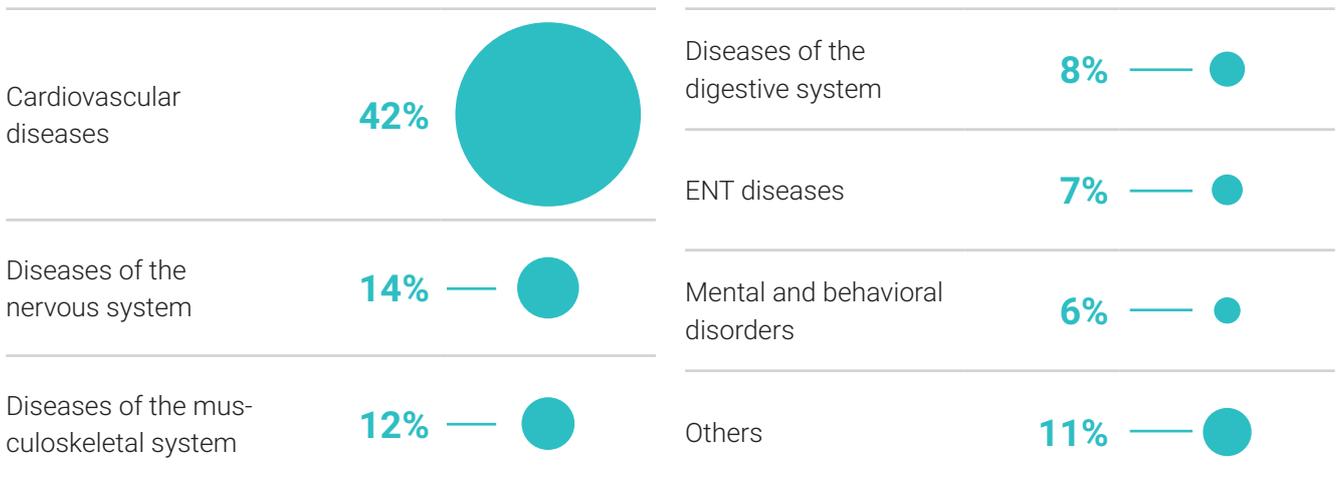


- Diseases:
- cardiovascular
  - neurological
  - mental
  - oncological



Source: Ministry for Veterans Affairs

## Causes of morbidity among registered ex-combatants



● — % of common diseases among ex-combatants on medical records

Source: Ministry for Veterans Affairs

Among the main causes of death in ex-combatants, the Department for Veterans Affairs mentions cardiovascular diseases, injuries, and poisonings (however, the report does not specify the causes of poisoning). This differs from the leading causes of death for 2019 among civilians in Ukraine, i.e., cardiovascular diseases, neoplasms, and diseases of the digestive system<sup>3</sup>.

As for the consumption of psychological rehabilitation services, according to the Ministry for Veterans Affairs, **4,395 people, or 0.5%** of all ATO/JFO ex-combatants in the country, received such services through the budget programme. Of these, 828 were persons with ATO/JFO-related disabilities. During 2021, the state provided health resort treatment services to 5,416 people; of these, 308 had disabilities. These services were provided in 85 health resort facilities.

Medical care for ATO/JFO ex-combatants is provided in hospitals for war veterans and other state and municipal healthcare facilities. Under the Healthcare Guarantee Programme (HGP), services are provided in those facilities that have a contract with the National Health Service of Ukraine (NHSU).

## 8

Hospitals for war veterans include surgical, therapeutic, neurological, psychiatric, rehabilitation, etc., departments that offer about 5,000 beds for the treatment of ATO/JFO ex-combatants. As of September 30, 2021, according to the NHSU's open analytical panels, 25 hospitals for war veterans have a contract with the service to provide medical care for a total of 498.2 million UAH. Two more hospitals (Lisova Poliana War Veterans Hospital of the Ministry of Health of Ukraine and the Ukrainian State Medical and Social Centre for War Veterans) are funded by the Ministry of Health of Ukraine.

In general, the available statistical data is insufficient to conduct a comprehensive analysis of the health status of ATO/JFO ex-combatants and make effective policy decisions. In particular, EHR does not contain data on the morbidity structure of ATO/JFO ex-combatants; the existing functionality of the system does not provide for such a possibility, and entering such data is not mandatory.

# REVIEW OF UKRAINIAN AND INTERNATIONAL STUDIES ON THE HEALTH STATUS OF ATO/JFO EX-COMBATANTS

The available relevant data on the morbidity structure of ATO/JFO ex-combatants, as well as their consumption of medical services in Ukraine, is insufficient for the government to assess their needs and make appropriate management decisions. Therefore, the researchers focused on relevant Ukrainian and international studies on the health and the prevalence of various conditions and diseases among ex-combatants.

**A brief review of previous Ukrainian studies on the medical needs of ATO/JFO ex-combatants** with different methodologies found that Ukrainian researchers focus mostly on the aspects of providing psychological support to ATO/JFO ex-combatants and the impact of mental health on their reintegration into civilian life. Available data indicate a low demand for psychological services.

**7 out of 10 ex-combatants were injured or diseased during ATO/JFO<sup>4</sup>:**

## Ex-combatants reintegration needs assessment survey results



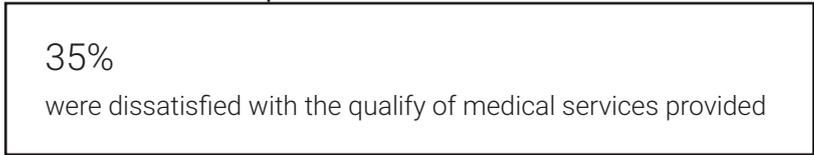
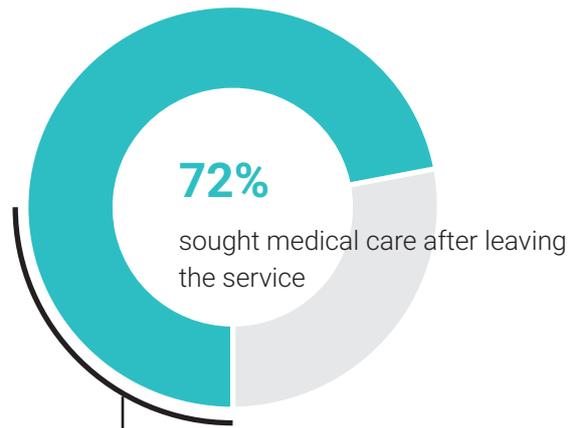
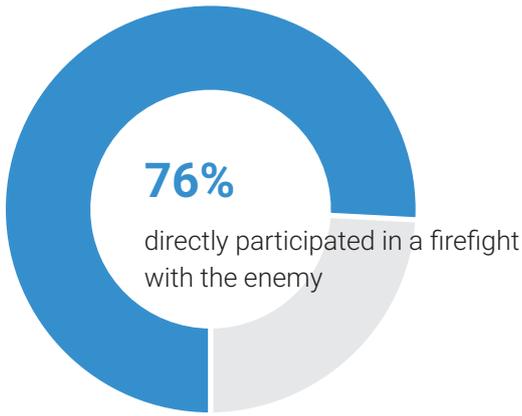
**71%**  
injured or diseased while in the service,  
which now also affects their lives

**81%**  
believe that their injuries  
affects their physical health

**57%**  
suffered a head injury or  
contusion

**38%**  
qualify as disabled

4 <https://www.irex.org/insight/how-policy-makers-can-support-veteran-community-ukraine-results-veteran-reintegration-survey>



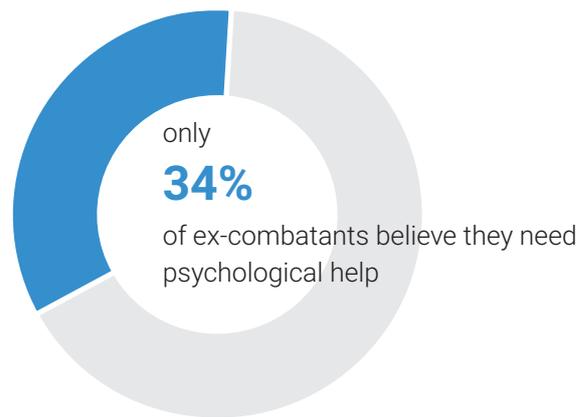
**\*\*number of respondents 1,905**

*\*from the Veterans Reintegration Programme IREX*

Source: *How policymakers can support the veteran community in Ukraine: Results from a veteran reintegration survey, 2021*

At the same time, ex-combatants rate their psychological and mental health worse than civilians. In a survey by the International Organization for Migration and the Ministry for Veterans Affairs, 74% of ATO/JFO ex-combatants stated that participation in the armed conflict changed their lives forever, and most of them noted the importance and obligation of receiving psychological assistance (preferably in the form of private consultations and with a professionally trained psychologist)<sup>5</sup>. Civilian psychologists, according to ATO/JFO ex-combatants, lack relevant experience to meet their counselling needs.

**Ex-combatants rate their psychological and mental health worse than civilians.**



Source: *How policymakers can support the veteran community in Ukraine: Results from a veteran reintegration survey, 2021*<sup>6</sup>

<sup>5</sup> Report “Life After Conflict: Survey on the Sociodemographic and Socioeconomic Characteristics of Veterans of the Conflict in Eastern Ukraine and Their Families”. Available at [https://iom.org.ua/sites/default/files/veterans\\_reintegration\\_survey\\_2020\\_ukr.pdf](https://iom.org.ua/sites/default/files/veterans_reintegration_survey_2020_ukr.pdf)

<sup>6</sup> <https://www.irex.org/insight/how-policymakers-can-support-veteran-community-ukraine-results-veteran-reintegration-survey>

The state provides ex-combatants with free psychological rehabilitation, including travel compensation (Order of the Cabinet of Ministers of Ukraine dated July 12, 2017, No. 49<sup>7</sup>); however, the number of ex-combatants who have used this programme at least once is low (26%). Those who continued to use the programme were even less (19%). According to the Veterans Needs Survey conducted by TOV “Kantar Ukraine” and NGO “Legal Hundred” in 2019<sup>7</sup>, only 14% of all ATO/JFO ex-combatants in the sample sought help for psychological rehabilitation; of these, 78% were satisfied with their experience with a psychologist.

The reason for low demand may be the low quality of services, prejudice against psychological help (i.e., seen as a manifestation of weakness), geographic or economic inaccessibility, or low awareness of the services available to ATO/JFO ex-combatants. 50% of respondents in the Kantar survey stated that they had never heard about psychological rehabilitation. The 2018 Conflict Victims Rehabilitation Study<sup>8</sup> found that the most common referrals for rehabilitation are from inpatient facilities or through volunteer organizations.

Studies on Ukraine’s current system of psychological and medical examination<sup>9</sup> reveal the following trends:

1. Some ATO/JFO ex-combatants do not want to accept information about possible mental disorders they may have.
2. Mental health disorders in ATO/JFO ex-combatants are exacerbated through society’s stigmatization of their mental health status.
3. Concomitant cardiovascular and oncological diseases worsen existing mental disorders in ATO/JFO ex-combatants.
4. During the Covid-19 pandemic, it became more difficult to get an urgent appointment with a psychologist or psychiatrist. In cases of critical mental health condition in ATO/JFO ex-combatants, this becomes an grave problem.
5. No referrals for further treatment have been set up for those ATO/JFO ex-combatants who require additional work with psychologists providing crisis intervention and support.

Seven years ago, a staff of professional psychologists with practical experience in assisting ATO/JFO ex-combatants was created. Despite this, the route to getting assistance remains difficult and limited due to a lack of resources and means of communication. For example, ex-combatants in small towns and villages are not often aware of the possibility to receive psychological help. The study “Effectiveness of Mobile Teams for the Provision of Social and Psychological Assistance to Combatants”<sup>10</sup> showed that 57% of ATO/JFO ex-combatants expect to receive qualified psychological support (31% of respondents reported the need for psychological support together with a partner).

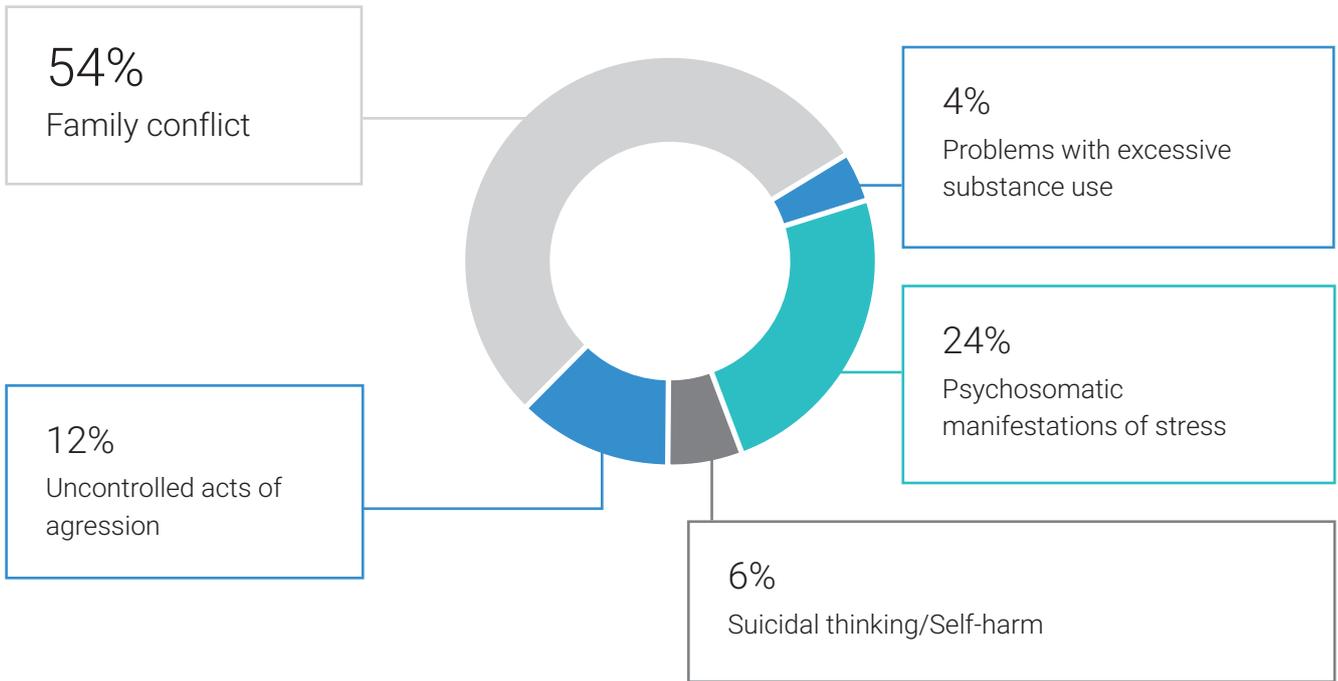
7 Report “Veterans Needs Survey”. Available at [https://legal100.org.ua/wp-content/uploads/2019/09/Zvit\\_Kantar-dlya-YUrSotni.pdf](https://legal100.org.ua/wp-content/uploads/2019/09/Zvit_Kantar-dlya-YUrSotni.pdf)

8 Report “Conflict Victims Rehabilitation”. Available at <https://helsinki.org.ua/wp-content/uploads/2018/12/Reabilitatsiya-zhertv-vijny.pdf>

9 Desk Study of the Existing System of Psychological and Medical Examination in Ukraine provided by the Ministry for Veterans Affairs

10 Study report “Effectiveness of Mobile Teams for the Provision of Social and Psychological Assistance to Combatants and Their Families in Mykolaiv and Kyiv Oblasts”. Available at [https://ukraine.unfpa.org/sites/default/files/pub-pdf/mt\\_jfo\\_report\\_final\\_compressed\\_1.pdf](https://ukraine.unfpa.org/sites/default/files/pub-pdf/mt_jfo_report_final_compressed_1.pdf)

**Ex-combatants most often need psychological help because of:**



Source: Study report “Effectiveness of Mobile Teams for the Provision of Social and Psychological Assistance to Combatants and Their Families in Mykolaiv and Kyiv Oblasts”<sup>11</sup>

However, the study noted that in most settlements where mobile teams worked, there was no infrastructure of providers of quality standardized psychological services, which made it impossible to receive effective psychological rehabilitation in the region of residence, especially in terms of referrals to appropriate specialists for further therapy. Only a small percentage of long-term psychological assistance cases (mostly in regional centres) can be processed and meet international quality standards for psychological rehabilitation services.

International studies pay more attention to the physical and mental health of ATO/JFO ex-combatants. Injuries and pain syndromes, infectious diseases, and mental and behavioural disorders are just a few of the effects that ATO/JFO ex-combatants may face after returning from service. Their medical and social needs are often different from those of the civilian population.

**International studies pay more attention to the physical and mental health of ATO/JFO ex-combatants.**

A brief review of studies that investigated the health and the prevalence of various conditions and diseases among ATO/JFO ex-combatants, as well as their needs for social and medical services, leads to the following conclusions:

- 1. Ex-combatants have higher risks of health problems and a higher prevalence of diseases and psychological problems** compared to the general population. Frequently, ATO/JFO ex-combatants require a more sensitive system for the organization of medical services and the involvement of appropriately qualified professionals.

<sup>11</sup> [https://ukraine.unfpa.org/sites/default/files/pub-pdf/mt\\_jfo\\_report\\_final\\_compressed\\_1.pdf](https://ukraine.unfpa.org/sites/default/files/pub-pdf/mt_jfo_report_final_compressed_1.pdf)

2. **The health and well-being of ex-combatants should be considered holistically.** Certain social factors have proven to be associated with increased risks and occurrence of certain diseases among ATO/JFO ex-combatants. For example, homeless ex-combatants are at higher risk of contracting HIV and hepatitis B and C than those who have homes.
3. **Among ex-combatants, hearing problems are one of the leading causes of service-related disabilities.** Therefore, there is a significant need to implement adequate screening for these problems, as well as programmes for prevention, diagnosis, treatment, and the provision of the necessary devices and accessories for those who have service-related hearing loss.
4. **Comorbidity risks among ex-combatants are higher compared to the general population.** This is important to consider in organizing medical and social care for this population group. Particular attention should be paid to depression, PTSD, traumatic brain injury (especially multiple traumas), and alcohol and drug abuse – all of which are associated with the greatest number of comorbidities.
5. **The need for medical care among ex-combatants may depend on their combat experience,** as well as the time and place of deployment. ATO/JFO ex-combatants with combat experience may require a special approach in arranging medical care.
6. **Ex-combatants are at high risks of psychological problems, and suicides are also more common among this group.** This indicates the need to include mental screening – and free access to psychologists - as a mandatory component of the medical care programme for ATO/JFO ex-combatants.
7. **PTSD is one of the most common reasons ex-combatants see a psychologist.** It is important to introduce tools for rapidly detecting the disorder and for operating an extensive care system when it is diagnosed. PTSD may begin several years after discharge, so it will be important to screen for PTSD with regularity, especially among ATO/JFO ex-combatants at high risks (e.g., for those with combat experience, disabilities, or traumatic brain injury).
8. **The number of female ATO/JFO ex-combatants is increasing, and thus there is a need for a gender-sensitive approach to service provision for women.** The research data on female ex-combatants' health is much weaker than that on male ex-combatants.
9. **Ex-combatants tend to postpone seeking medical care, especially when the problem is mental health.** A mandatory screening mechanism for the most common health problems among ATO/JFO ex-combatants helps to identify these problems in time and provide assistance. Early detection is very important during the transition of an ATO/JFO ex-combatant to civilian life. General practitioners in Australia, for example, use such screening tools; once after discharge and then annually for five years.

# ANALYSIS OF NATIONAL LEGISLATION ON HEALTHCARE SUPPORT FOR ATO/JFO EX-COMBATANTS

In Ukraine, ATO/JFO ex-combatants receive medical care in the general healthcare system, at the same level as all citizens. Parallel departmental systems in law enforcement agencies serve only those ex-combatants who are directly related to these agencies. A system of psychological rehabilitation and long-term care is not available in the country.

Separate healthcare support for ATO/JFO ex-combatants is provided in the form of benefits and services by twenty-two central executive authorities and guided by 156 different normative and legal acts<sup>12</sup>. Thus, the state guarantees ATO/JFO ex-combatants the following benefits:

14

- Priority free services from pharmacies and outpatient and preventive treatment facilities, and free emergency hospitalization
- Free prescription medicines and medical devices
- Priority free dental prosthetics
- Free health resort treatment
- Annual free medical check-ups

In general, additional services are not fully provided either financially or organizationally<sup>13</sup>. Moreover, ATO/JFO ex-combatants are not always informed about the possibility to take advantage of certain benefits, services, or programmes guaranteed by the state. According to a 2017 World Bank study<sup>14</sup>, 85% of respondents indicated that they would like to receive more information about available benefits and services. ATO/JFO ex-combatants with disabilities most often receive the necessary information from public organizations. Some respondents emphasize that not everyone has the opportunity to use the Internet and social networks. In addition, employees at the relevant state services are not always informed about the available benefits and services<sup>15</sup>. The situation has not changed significantly for several years. Thus, according to the Ukrainian Foundation for Public Health, in 2020, 68% of surveyed ATO/JFO ex-combatants received information about state services and benefits from their fellow soldiers<sup>16</sup>.

12 White Paper “Analysis of the System of State Support for Veterans and Their Families in Ukraine”, Legal Hundred, 2019. Available at <https://legal100.org.ua/wp-content/uploads/2019/06/Bila-Knyga-Legal100.pdf>

13 White Paper “ Analysis of the System of State Support for Veterans and Their Families in Ukraine ”, Legal Hundred, 2019. Available at <https://legal100.org.ua/wp-content/uploads/2019/06/Bila-Knyga-Legal100.pdf>

14 Socio-Economic Impacts of Internal Displacement and Veteran Return, World Bank Group, 2017. Available at <https://documents1.worldbank.org/curated/en/571011497962214803/pdf/116489-REVISED-Updated-Report-Socioeconomic-Impacts-Internal-Displacement-Veteran-Ret.pdf>

15 Socio-Economic Impacts of Internal Displacement and Veteran Return, World Bank Group, 2017. Available at <https://documents1.worldbank.org/curated/en/571011497962214803/pdf/116489-REVISED-Updated-Report-Socioeconomic-Impacts-Internal-Displacement-Veteran-Ret.pdf>

16 Study report “Effectiveness of Mobile Teams for the Provision of Social and Psychological Assistance to Combatants and Their Families in Mykolaiv and Kyiv Oblasts”. Available at [https://ukraine.unfpa.org/sites/default/files/pub-pdf/mt\\_jfo\\_report\\_final\\_compressed\\_1.pdf](https://ukraine.unfpa.org/sites/default/files/pub-pdf/mt_jfo_report_final_compressed_1.pdf)

## Medical care for ATO/JFO ex-combatants in the context of healthcare reform in Ukraine



During military service, the Ministry of Defence of Ukraine is responsible for the medical care of combatants and has its own departmental healthcare system. However, after being discharged and transitioned to civilian life, ex-combatants enter the general healthcare system. In this system, services can be received through the Healthcare Guarantee Programme (HGP) administered by the NHSU or in the national institutions of the Ministry of Health and the National Academy of Medical Sciences. In a few years, these national institutions should also become part of the HGP.

The state guarantee programme does not provide any preferential treatment to any category of persons, including ATO/JFO ex-combatants. Therefore, ATO/JFO ex-combatants generally have the right to receive medical care within the HGP in healthcare facilities that have concluded a contract with the NHSU. In general, the HGP covers the basic needs of ATO/JFO ex-combatants for medical services but does not cover limb prosthetics (there is a separate budget program available), dental prosthetics, and medical devices (e.g., hearing aids). However, the Ministry for Veterans Affairs insists that, when providing medical care and support, the HGP should consider the special needs of individuals who have been exposed to psycho-traumatic military, social, or natural events; in particular, conditions requiring medical care for the long-term consequences of mine blast trauma and healthcare services for the medical and psychological rehabilitation of persons who have been exposed to psycho-traumatic events.

As for benefits, after healthcare reform was implemented, healthcare benefits for ATO/JFO ex-combatants were not abolished, but no additional funding for their implementation has been provided for in the state budget. Most of the healthcare benefits for ATO/JFO ex-combatants, despite being declared in the law, do not have a mechanism for implementation; they are also described in confusing wording, which makes it difficult to understand. At the same time, the regulatory framework does not provide a mechanism for recording or monitoring whether ATO/JFO ex-combatants use their legal healthcare benefits.

### + Psychological rehabilitation

In Ukraine, no system of psychological rehabilitation is available. There are only fragmented elements at different levels. As such, psychological rehabilitation services are not available to everyone, and the normative legal acts again contain exceptions for a large number of ATO/JFO ex-combatant categories. At the same time, the legal acts are difficult to understand. Previous studies recorded dissatisfaction among ATO/JFO ex-combatants with the accessibility and quality of available psychological rehabilitation services. According to the World Bank, the vast majority of ex-combatants would like to see such counselling provided on a peer-to-peer basis. Almost a quarter (23%) of all ATO/JFO ex-combatants who sought some form of psychosocial assistance noted that counselling was inappropriate and insufficient. 19% stated their willingness to continue receiving such services in the future. This number would increase to 47% if the existing programmes are improved<sup>17</sup>.

17 Socio-Economic Impacts of Internal Displacement and Veteran Return, World Bank Group, 2017. Available at <https://documents1.worldbank.org/curated/en/571011497962214803/pdf/116489-REVISED-Updated-Report-Socioeconomic-Impacts-Internal-Displacement-Veteran-Ret.pdf>

### + Provision of free medicines

In general, due to the multiplicity of legal acts, there is no single algorithm (route) regarding medicine supply for ATO/JFO ex-combatants. This can cause difficulties and misunderstanding on the part of pharmacies and drugstores when an ATO/JFO ex-combatant exercises their right to receive free medicines. After all, there are two ways to obtain medicines at the outpatient level: through the government programme “Affordable Medicines” (administered by the NHSU), which provides citizens of Ukraine with certain medicines for free or with a partial payment; or through the programme of preferential provision of free medicines for ATO/JFO ex-combatants (funded by local authorities). At the same time, the lists of medicines and the levels of implementation of these programmes are different. In addition, Ukrainian legislation provides for home delivery of purchased medicines to ATO/JFO ex-combatants, but no legal act establishes rules for implementing such a possibility. Such inconsistency creates additional tension between the state and ATO/JFO ex-combatants, as they are often denied free medication.

### + Dental prosthetics

ATO/JFO ex-combatants have the right to dental prosthetics at the expense of the local budget; in practice, there may be situations where insufficient funds do not allow ATO/JFO ex-combatants to exercise their legal right. At the same time, the Law of Ukraine “On the Status of War Veterans and Guarantees of Their Social Protection” does not contain powerful norms, which could provide an opportunity for the ex-combatant to navigate the large array of regulatory legal acts and understand how to receive this service.

### + Provision of other prosthetic and orthopaedic appliances

Persons with ATO/JFO-related disabilities have a legal right to free prosthetic and orthopaedic devices. Prosthetics are funded from the state budget under the Budget Programme “Measures for the Social, Labour, and Professional Rehabilitation of Persons with Disabilities” administered by the Ministry of Social Policy.

### + Health resort treatment

Normative legal acts, which regulate the provision of health resort treatment services for ATO/JFO ex-combatants, are not coordinated and thus do not give consumers the ability to freely exercise their right to receive these services. The mechanisms in the legislation are described too confusingly, and this complicates their understanding by ex-combatants. Moreover, because of the extensive system for financing health resort treatment, it is not possible to sufficiently assess how such services are provided to ATO/JFO ex-combatants.

## Analysis of local support programmes and projects for ATO/JFO ex-combatants



In general, the results of the analysis<sup>18</sup> testify to the uneven distribution of local support programmes for ATO/JFO ex-combatants, i.e., state authorities are unevenly involved in the

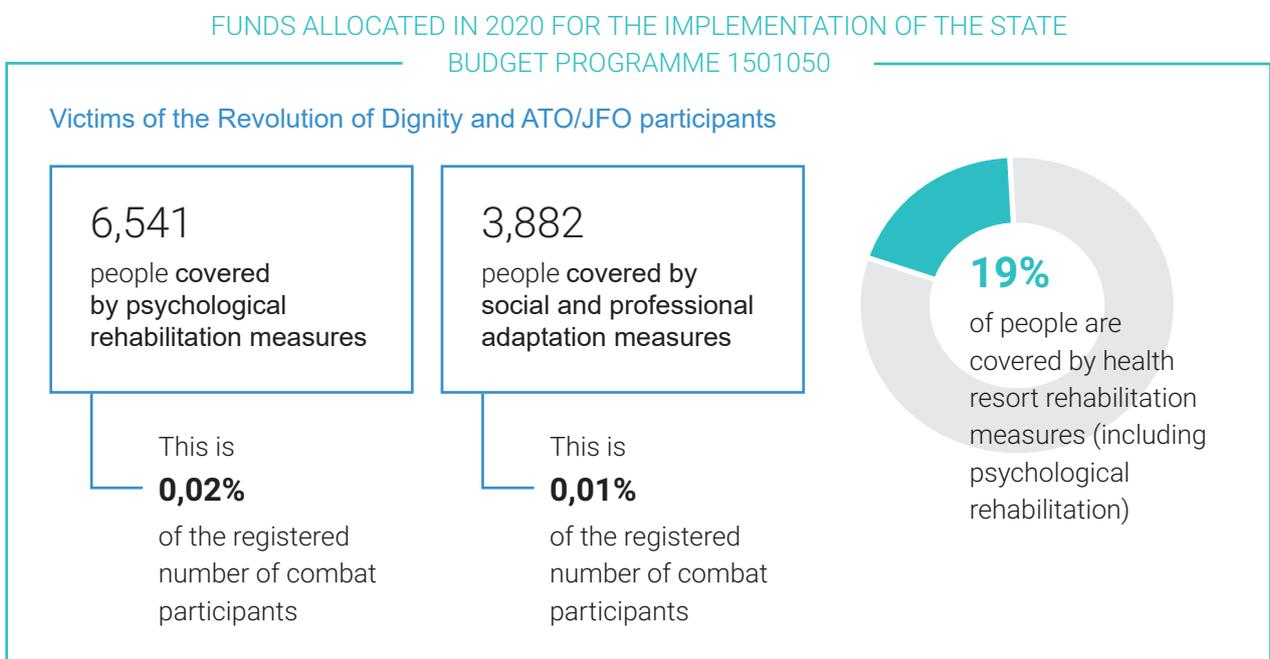
18 In order to analyze local support programmes for ATO/JFO ex-combatants, researchers formally requested local programmes from regional councils, city councils (cities of oblast status), and oblast state administrations, and used information from open sources. Both programmes and social projects to support ATO/JFO ex-combatants were analyzed, since it is local communities and organizations that fill in the gaps in state policy.

reintegration process<sup>19</sup>. This creates additional geographic, economic, and informational accessibility barriers to medical, psychological, and rehabilitation services. After all, benefits stipulated under the Law of Ukraine “On the Status of War Veterans and Guarantees of their Social Protection” are not funded from the state budget but are provided from local budgets.

The provision of quality services depends on the financial solvency of local authorities. In most Ukrainian oblasts, regional councils adopted comprehensive targeted assistance programmes for ATO/JFO ex-combatants. However, there are no such programmes in the cities with a district status. Consequently, the existing programmes do not cover the needs of all ATO/JFO ex-combatants. For example, it may be inconvenient for a person to travel to a regional centre or a large city to receive a quality service because of considerable distances; or there is little knowledge about an opportunity due to the low awareness of these programmes. The lack of information about social protection and rehabilitation programmes for ATO/JFO ex-combatants makes them inaccessible to many people. In turn, local authorities do not show interest in organizing and funding programmes for this population group.

In addition, the existing programmes are not able to financially cover urgent needs; for example, insufficient funds were allocated in 2020 for implementing the State Budget Programme 1501050 “Measures for Psychological Rehabilitation, Social and Professional Adaptation, and Provision of Health Resort Treatment for Victims of the Revolution of Dignity and ATO/JFO participants”<sup>20</sup>:

### Number of people who received services at public expense through the 1501050 Programme



Source: Study report “Effectiveness of Mobile Teams for the Provision of Social and Psychological Assistance to Combatants and Their Families in Mykolaiv and Kyiv Oblasts”<sup>21</sup>

19 The Long Shadow of Donbass: Reintegrating Veterans and Fostering Social Cohesion in Ukraine, 2021. Available at [https://www.gppi.net/media/GPPi\\_2021\\_Friedrich\\_Luetkefend\\_Long-Shadow-of-Donbas\\_ukr.pdf](https://www.gppi.net/media/GPPi_2021_Friedrich_Luetkefend_Long-Shadow-of-Donbas_ukr.pdf)

20 Study report “Effectiveness of Mobile Teams for the Provision of Social and Psychological Assistance to Combatants and Their Families in Mykolaiv and Kyiv Oblasts”. Available at [https://ukraine.unfpa.org/sites/default/files/pub-pdf/mt\\_jfo\\_report\\_final\\_compressed\\_1.pdf](https://ukraine.unfpa.org/sites/default/files/pub-pdf/mt_jfo_report_final_compressed_1.pdf)

21 [https://ukraine.unfpa.org/sites/default/files/pub-pdf/mt\\_jfo\\_report\\_final\\_compressed\\_1.pdf](https://ukraine.unfpa.org/sites/default/files/pub-pdf/mt_jfo_report_final_compressed_1.pdf)

Even though the state guarantees certain benefits and services to ATO/JFO ex-combatants, when implementing this policy at the local level, recipients do not receive adequate assistance. Thus, the financing of preferential local supply of medicines is carried out according to the relevant programmes of local authorities, which approve these programmes in accordance with the Law of Ukraine “On Local Self-Governance in Ukraine”. However, it often occurs that, due to the insufficient funding, a local government body does not always have suitable programmes for ATO/JFO ex-combatants, which leads to inability of this population group to properly exercise their legal rights. Judicial practice demonstrates that the lack of budget funds to finance medicine provision for the privileged category of citizens is not an excuse for the state failing to fulfil its obligation in this particular regard.



**it often occurs that, due to the insufficient funding, a local government body does not always have suitable programmes for ATO/JFO ex-combatants, which leads to inability of this population group to properly exercise their legal rights.**

Separately, it should be noted that local authorities have individual sports programmes (organization of competitions, sports activities, etc.). These programmes encourage the ATO/JFO ex-combatants to move, revive their motivation to compete, and thus help in further rehabilitation and reintegration.

# REVIEW OF INTERNATIONAL PRACTICES OF EFFECTIVE INTERVENTIONS

Studies distinguish two approaches to policymaking for ex-combatants in individual states: exclusive and inclusive.

Exclusive	Inclusive
The policy of exclusivity makes ex-combatants a separate social group with a certain status, service institutions, privileges, advantages, and resources; often, it has a separate infrastructure.	The inclusion policy puts ex-combatants at the level of the rest of society (or as close as possible), providing for their specific needs and adapting the general system to those needs.
Countries where the approach was implemented	
<ul style="list-style-type: none"> <li>– Croatia</li> <li>– USA</li> </ul>	<ul style="list-style-type: none"> <li>– United Kingdom</li> <li>– Canada</li> </ul>

With respect to ATO/JFO ex-combatants, the decisions of the Ukrainian government in recent years indicate a move towards an inclusive approach to policymaking, whereas the approaches that were formed in the USSR and later in Ukraine for World War II veterans and Afghanistan war veterans are more indicative of an exclusive approach. As for the separate approach to Afghanistan war veterans, this policy direction was mostly due to the fact that Afghanistan war veterans, having found themselves without proper attention from the state, organized themselves to influence social policy and receive benefits and support.

Representatives from Ukraine’s Ministry for Veterans Affairs chose to conduct a study on international practices of effective interventions in four countries: the United Kingdom of Great Britain and Northern Ireland, the USA, Canada, and Croatia. To describe approaches to the organization of medical care for ex-combatants in the selected countries, the researchers identified several questions to answer:

- How the healthcare system works in a particular country
- How the healthcare system is funded
- Who is considered an ex-combatant
- Who takes care of the affairs of ex-combatants
- How the system of providing medical care to ex-combatants is built
- What is the scope of services in the system of providing medical care

Despite the different approaches to organizing medical care and psychological rehabilitation in the countries studied, several common aspects were identified:

- In most countries, ex-combatants receive medical and psychological services within the general healthcare systems. At the same time, the specific needs of this category of people are considered and are provided through additional services and programmes for ex-combatants. Only the USA has a parallel healthcare system (separate from the civilian population).
- All countries have a clear algorithm for entering the system and criteria for determining the scope of services guaranteed by the state.
- Countries prioritize the needs of ex-combatants according to their health status; policies address the main concerns of ex-combatants rather than providing benefits.
- Special attention is paid to a broad mental health support programme. Access to such services is simplified as much as possible.
- Countries take gender-sensitive aspects into account in policymaking. There is a list of services for female ex-combatants.
- Transition from military to civilian life is supported by the system (i.e., through information, services, and psychological support).
- A comprehensive approach is used in implementing services and programmes covering the physical, mental health, and well-being of ex-combatants.
- Some systems are set up to collect data on the health and needs of ex-combatants. Data is used for analysis and decision-making.

# COMPARATIVE TABLE OF THE SYSTEM OF PROVIDING MEDICAL SERVICES TO EX-COMBATANTS

United Kingdom	USA	Canada	Croatia
<b>Structure responsible for the affairs of ex-combatants</b>			
The Office for Veterans' Affairs (a subdivision of the Cabinet of Ministers)  Veterans UK (an organization within the Ministry of Defence)	The United States Department of Veterans Affairs (executive authority)  Veterans Health Administration (a component within the Department responsible for organising the system of medical services)	Veterans Affairs Canada (a department of the Government of Canada)	Ministarstvo hrvatskih branitelja (Ministry for Veterans Affairs)
<b>Definition of ex-combatant</b>			
All who have served at least one day in Her Majesty's Armed Forces (regular or reserve) and Merchant Navy members who have served during military operations.	Servicemembers who have served on active duty in the military, naval, or air forces and have been honourably discharged. In peacetime, 180 days of service + honourable discharge; in wartime, 90 days of service + 1 service during wartime + honourable discharge.	A servicemember who successfully completed basic training and was honourably discharged.	Participants of the Croatian War of Independence.
<b>Number of ex-combatants in the country</b>			
2.07 million (as of 2021)	19.2 million ~ 9 million in the system (as of 2021)	630 thousand ex-combatants (as of 2021) ~130 thousand in the system	~ 430 thousand ex-combatants
<b>Source of funding for medical services for ex-combatants</b>			
The general system of financing medical care; targeted funding of programmes for the armed forces community; funds from charitable organizations.	Discretionary funding approved annually by the government (80% for medical services).	General system of financing medical services; additional financing of individual programmes by the Ministry.	General system of financing medical services; additional financing of individual programmes by the Ministry.

United Kingdom	USA	Canada	Croatia
<b>Organization of the system for providing medical services to ex-combatants</b>			
Mostly in the general system on the principle of universal medical coverage.	There is a parallel system separate from the civilian population.	Mostly in the general system through universal health insurance plans that operate in a province or within a territory.	In the general system through health insurance plans.
<b>Institutions providing medical services</b>			
The local NHS provides the majority of medical services for ex-combatants directly in NHS healthcare facilities.	A separate system that includes 1,300 medical institutions: 171 medical centres and 1,112 outpatient clinics (as of early October 2021).	Provincial and territorial healthcare facilities. The Ministry accredits providers and purchases services through a third party (i.e., insurance company).	In medical institutions around the country.
<b>Availability of a system for prioritizing the needs of ex-combatants</b>			
No system of prioritization/segmentation of ex-combatants.	Eight priority categories that take into account service-related disabilities, income, combat status, POW status, combat participation, awards, etc. Not all ex-combatants receive services in the system.	No prioritization system. The criterion for entering the system is having a service-related health problem and receiving benefits through other Ministry programmes.	No prioritization system.
<b>Availability of a co-payment mechanism for services</b>			
Payment or co-payment is possible for some dental services or medicines.	There is a system for treating non-service-related problems for some priority categories.	None	None
<b>Services that ex-combatants may receive:</b>			
<b>Basic services</b>			
A full range of medical care, which is also available to civilians. The priority service is provided if there is a waiting list.	Prevention (vaccinations, check-ups, screening tests, educational programmes [e.g., healthy nutrition]); specialized outpatient and inpatient care; prescription medicines.	A full range of medical care, which is also available to civilians in provincial and territorial facilities.	A full range of medical services according to health insurance in the general system.  The right to free regular examinations and diagnostic procedures.

United Kingdom	USA	Canada	Croatia
<b>Dental services</b>			
Priority access and dental care is given if the problem is service-related.	Free for ex-combatants from priority groups (1,2). Coverage in varying amounts to other groups if the problem is service-related.	Basic treatment package for up to \$1,500 per year (basic check-ups, polishing, stone cleaning, fillings, denture changes once every 7 years). More expensive treatment is paid for by the Ministry.	Under a premium-exempt health insurance plan.
<b>Rehabilitation</b>			
Rehabilitation services are available in NHS facilities for ex-combatants who have service-related disabilities or injuries. There are programmes to provide prosthetics and psychological support in case of limb loss.	<p>The following areas are covered: Audiology and speech therapy, rehabilitation for blind ex-combatants; national sports programmes; a programme for providing prostheses and sensory devices; physical therapy, rehabilitation, recreational therapy, etc.</p> <p>The responsible separate structure is the Rehabilitation and Prosthetics Service.</p>	<p>The following areas are covered within the programme: Medical rehabilitation to restore physical skills, psychosocial rehabilitation, and rehabilitation involving learning new skills to start a new career.</p> <p>Ex-combatants who have suffered a temporary or permanent service-related injury/disability are eligible for rehabilitation services.</p>	<p>Eligibility for 2-week rehabilitation in facilities contracted by the Ministry.</p> <p>Covered services: medical examination during rehabilitation, hydro-gymnastics, massage, electrotherapy, swimming pools, hot baths, sports equipment, and simulators.</p> <p>Rehabilitation provides services to improve the functional capacities of the body, without diagnosis or treatment.</p>
<b>Long-term care</b>			
<p>The terms are not defined.</p> <p>Where: In NHS long-term care facilities; in long-term care facilities of charitable foundations and organizations that are dedicated to the armed forces community.</p>	<p>Under what conditions: Service-related disability (70%); service-related disability + unemployment; diseases and conditions that require long-term care.</p> <p>Where: At the Ministry's medical centres and public long-term care facilities.</p>	<p>Under what conditions: Service-related injuries/disabilities, health problems that require long term care, low income.</p> <p>Where: Public and, if necessary, private medical facilities (emergencies).</p>	No data available

United Kingdom	USA	Canada	Croatia
<b>Psychological assistance</b>			
<p>The following services are covered: Intensive emergency care and crisis treatment, support during the transition to civilian life, psychological support for families of ex-combatants, assistance in recognizing and treating early signs of mental health problems and serious mental disorders and critical conditions.</p> <p>Where: Mostly in NHS facilities supported by foundations and charitable organizations.</p>	<p>The following services are covered: Inpatient and outpatient; regular outpatient services (telephone counselling); rehabilitation and selected residential programmes; primary care for mental and behavioural problems; emergency crisis care - 24/7 at medical centres, local centres outside the system, through 24-hour hotlines.</p> <p>Where: At the Department's medical centres and other centres as needed.</p>	<p>The following services are covered: Diagnosis and treatment of mental health problems and disorders, counselling, hotlines, support services for families and relatives of ex-combatants.</p> <p>Where: Provincial facilities (12,000 professionals); national network facilities only for ex-combatants (12 national and 9 contracted centres) funded by the Ministry.</p>	<p>It is implemented through the National Programme of Psychosocial and Medical Assistance.</p> <p>Where: In regional psychosocial assistance centres (in 21 districts), three regional psychotrauma centres and the National Psychotrauma Centre. Mobile assistance is possible.</p> <p>Depending on the location, the following services are provided: counselling and support to facilitate adaptation, the effects of traumatic experiences, and diagnosis and treatment of mental disorders.</p>
<b>Specifics of the system to consider</b>			
<p>Providing additional training for doctors to improve their knowledge about the medical problems and needs of ex-combatants.</p> <p>Gives accreditation to "ex-combatant-friendly" trusts. Such facilities are more aware of the health problems that ex-combatants may face. This is a national approach.</p>	<p>Gender-sensitive component provides a well-developed system of services for ex-combatants compared to other systems.</p>	<p>The Ministry has a programme to support ex-combatants in civilian life, which involves an interview with a professional and, if necessary, personal supervision by a manager.</p>	<p>Ex-combatants are exempt from paying any fees for medical services.</p> <p>Veterans Homes</p>

## Recommendations of international experts

During the study, expert interviews were conducted with Dr. David Pedlar (Scientific Director of the Canadian Institute for Military and Veterans Health Research) and Dr. Syd Courchesne (Chief Medical Officer, Veterans Affairs Canada). The research team is grateful to the Canadian experts for their involvement in the study.

### **Recommendations from Dr. David Pedlar, Scientific Director of the Canadian Institute for Military and Veterans Health Research, provided during a video call:**

- While working on the concept of a system in Ukraine, it is important to pay attention to the definition of the term “ex-combatant”. It should be clear and concise, used in developing criteria and other key components of the system.
- The system should be as simple as possible for ex-combatants and their relatives. A large number of criteria, categories, requirements, and conditions for receiving certain services can create artificial barriers to receiving assistance, as reported by ex-combatants in Canada (according to the results of a survey of 60 thousand ex-combatants; Canada’s system has a number of programmes with different conditions and criteria for receiving medical and rehabilitation services).
- Login criteria should be very few and as simple as possible. It is important that at the stage of entering the system, ex-combatants are accompanied in the process by people who understand the problems and needs of ex-combatants.
- Initially, it is crucial to develop a system of medical services tailored to the needs of female ex-combatants, i.e., gender-sensitive services, counselling, etc., should be available. In the past, Canada has not fully addressed the needs of female ex-combatants; therefore, there are still inequalities in access to some services between men and women, and the process of “correcting mistakes” requires much more effort and expense.
- In particular, the needs of the families and relatives of ex-combatants who have been disabled or otherwise require care from their family members should be considered while conceptualising the system. Their role in care must be complemented by support programmes (both financial and mental health). Canada has such a programme: The Caregiver Recognition Benefit, which provides financial and counselling support to the relatives of ex-combatants. However, applying for and receiving compensation is currently a complicated process.

**Recommendations from Dr. David Pedlar (Scientific Director of the Canadian Institute for Military and Veterans Health Research) and Dr. Syd Courchesne (Chief Medical Officer, Veterans Affairs Canada) provided during a video call:**

- With limited resources, it is important to examine the most urgent health needs of ex-combatants, and, primarily, increase access thereto. For example, in Canada, the most common service-related disability is hearing impairment or loss. Second most common are musculoskeletal problems (joints, muscles, pain syndromes, etc.). In third place are mental problems, accounting for about 20% of the total (but of these, PTSD is the most common – 75%, and the rest being depression and anxiety).
- Research on the mental problems of ex-combatants in Canada began as early as 1976. Since then, there has been no dramatic change in prevalence, and rates have remained fairly stable. The reason for this trend is not yet known, and this issue is being studied. However, even with stable rates, Canada has an extensive mental health support and treatment programme for ex-combatants (mostly, in the centres).
- Comorbidity of diseases and conditions that are common to ex-combatants should be considered in the conceptualization. These include, for example, traumatic brain injury and PTSD. Otherwise, even the best programmes can be ineffective.
- It's important to set up a system to collect data. This data helps to make more informed decisions and track trends to respond to or changes to implement.
- Canada also has a lot of charitable and non-governmental organizations and foundations that work with ex-combatants. In this system, they play rather a supporting role, and the main goal is to improve the quality of life of ex-combatants and their well-being.



