

Impact of the conflict on the healthcare system and spotlight on specific needs

OVERVIEW

The escalation of the international armed conflict between Russia and Ukraine since February 2022 has significantly weakened Ukraine's capacity to provide healthcare services. The destruction of health facilities, displacement of medical personnel, hampered availability and accessibility of medicine, and limited transportation options to reach doctors have resulted in severely reduced access to healthcare and the overall deterioration of the population's physical and mental wellbeing (ASA accessed 20/03/2023; The Lancet 25/02/2023). The protracting conflict and its effect on people's health will likely decrease life expectancy in the country, which was already low compared to the EU average (in 2021, 70 years: 65 for men and 74 for women in Ukraine, whereas in the EU the average was 80 years: 77 for men and 83 for women) (WB accessed 05/06/2023; Eurostat 16/03/2023; Jawad et al. 10/09/2020; Davis and Kuritsky 01/2002). This decrease will most affect people with chronic illnesses, people with disabilities, older people, women (especially pregnant and lactating women), children, and LGBTQIA+ people. Displacement also aggravates the existing health problems of members of these groups.

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About the report

Aim: this report looks at the impact of the conflict on the healthcare system and sheds light on the situation for certain population groups with specific needs because of their gender, age, disability, or condition. It is meant to highlight priority needs by population group or condition and complement the humanitarian health information landscape to support the response.

Methodology: this report is based on the review of secondary data on healthcare and health needs in Ukraine from government databases, specialised medical journals, UN agencies, the Health Cluster, international organisations, INGOs, NGOs, and think tanks. The findings were complemented, triangulated, and confirmed through 13 interviews with representatives of INGOs, Ukrainian NGOs, and UN agencies conducted between April–May 2023. Because of ethical concerns, affected people were not directly approached as interviewees for this study.

Scope and limitations: this report portrays the impact of the conflict on the Ukrainian healthcare system, with a focus on people's access to health services, but does not provide a comprehensive analysis of the health needs of all population groups. Only specific groups with high health needs were selected. While the need for mental health and psychosocial support (MHPSS) was evaluated for each population group, the report does not tackle the significant impact of the conflict on the mental health of the general population.

Information gaps: there is a lack of reliable information on the healthcare situation and needs in non-government-controlled areas.

KEY FINDINGS

- The healthcare system in Ukraine remains functional but is highly overstretched. Increased prices of medicines and poverty have become major barriers to healthcare access in the country. Decreased budget spending on healthcare has also caused gaps in the funding and provision of health services.
- Displacement has greatly affected people's access to healthcare, both for IDPs and host communities. Population increases in western and northern oblasts and the outflow of medical personnel have affected access to doctors and healthcare services.
- There are reports of healthcare staff shortages, especially in clinical psychology and physiotherapy (WHO 03/04/2023; KII 24/04/2023 b; KII 19/04/2023 a).
- Healthcare access in areas where Ukraine has regained control remains low. Hospitals in Donetsk, Kharkiv, and Kherson oblasts provide only some basic services (WHO 03/04/2023).
- People with chronic conditions (cardiovascular diseases, cancer, HIV, and tuberculosis or TB) struggle to access treatment and receive medication. In the long term, this may result in higher mortality from chronic illnesses (Jawad et al. 08/05/2020; AACR 02/05/2022; Applied Clinical Trials 01/06/2022; WHO 03/04/2023).
- Older people, especially those remaining in non-government-controlled areas (NGCAs) or frontline areas, struggle to access primary and specialised healthcare. They often cannot afford medicine and are less likely to receive financial assistance, whether from the government or NGOs (HelpAge 23/02/2023).

IMPACT OF THE CONFLICT ON THE HEALTHCARE SYSTEM

Overview of the healthcare system

Ukraine's healthcare system guarantees free health services for all citizens and permanent residents by law but in practice faces challenges in implementation (MOZ accessed 22/03/2023). Healthcare facilities are subordinated to the Ministry of Health and under the financial and managerial control of regional and local governments (Columbia University accessed 20/03/2023; Romaniuk and Semigina 23/11/2018). Before the 2022 full-scale invasion, there were 9,925 public health facilities in Ukraine, 1,630 of which were hospitals (Health Cluster 03/03/2023; EC et al. 23/03/2023). Medicine availability varies between hospitals and hromadas. Some medicine purchases for hospitals are centralised, theoretically ensuring availability throughout the country, but have not been continuous given public procurement issues. In other areas, purchases depend on hromada budgets. Several NGOs run services to inform patients about

medicine availability and help them assert their rights to healthcare (Ukrinform 02/04/2023; Patients of Ukraine 20/02/2023; Eliky.in.ua accessed 05/04/2023; Liky.ua accessed 05/04/2023).

Prior to the full-scale invasion in 2022, Ukraine's health system had seen improvements in functionality since launching its reform in 2017, but its capacities remained largely below the EU average. The country's public spending on healthcare represented around 3% of its GDP, below other central European countries (WB accessed 01/07/2023; OECD accessed 22/03/2023). In 2023, 6.8% of Ukraine's total budget is allocated to healthcare, a decrease compared to previous years (9.2% in 2020, 10.5% in 2016) (GOU 20/01/2023; WHO 2020). The funding allocated in the current budget to the Program of Medical Guarantees – which allows free medical services in primary, specialised, highly specialised, emergency, and palliative care and medical rehabilitation – is lower by 10% compared to 2022 (GOU 30/12/2022; Apteka.ua 05/12/2022).

Current situation by region

As at the end of June 2023, 184 hospitals were completely destroyed, while another 1,376 health facilities, including more than 560 hospitals, were damaged (MOZ 28/06/2023; WHO accessed 19/07/2023). The scale of damage differs between locations. In the city of Mariupol, currently under Russian control, almost 80% of healthcare facilities have been damaged or destroyed (Insecurity Insight/SHCC 01/06/2023). In Donetsk oblast, where more than half of health facilities have been totally or partially destroyed, one-third are non-functioning, while the other 35% are only partially functioning. While there is no information about the operating status of health facilities in Kherson and Luhansk oblasts, in eight of the other oblasts largely affected by attacks (Chernihiv, Dnipro, Kharkiv, Kyiv, Mykolaiv, Odesa, Sumy, and Zaporizhzhia), 94% of public medical facilities were operational (90% fully and 4% partially) between November 2022 and February 2023. Clinics are often more functional than hospitals, in part because they require less power to run (WHO 03/04/2023). Although hospitals have generators and thermal boilers, the most power-consuming procedures are suspended during power cuts (Cancerworld 22/02/2023; Ukrinform 02/04/2023; HelpAge 23/02/2023).

Figure 1. The scale of destroyed and damaged health facilities in each affected oblast (between 24 February 2022 and 16 June 2023)



Source: ACAPS Ukraine Damages Dataset accessed 01/08/2023. See full map on page 13.

Healthcare in areas where Ukraine has regained control

Functioning healthcare services in areas where Ukraine has regained control remains limited. Oblasts in previously or still embattled areas, such as Donetsk, Kharkiv, Kherson, Kyiv, and Luhansk oblasts, report the highest numbers of healthcare facilities damaged or destroyed since February 2022 (PHR et al. 21/02/2023). Pharmacies have also been damaged or destroyed and looted, and landmines and explosive remnants of war have been found in hospitals in Donetsk, Kharkiv, and Kherson oblasts (OCHA 30/11/2022; MSF 23/03/2023; KII 25/09/2022 a).

In Donetsk, Kherson, and Zaporizhzhia oblasts, hospitals provide only some basic services (HeRAMS 23/06/2023). Limited transport options and long travel times to reach health facilities are common barriers across the country but are highest in Dnipropetrovsk (WHO 13/01/2023; JERU et al. 24/12/2022).

The displacement of health staff from the eastern oblasts since February 2022 has affected the healthcare capacity of Ukraine (UHC 26/04/2023; Ukrinform 02/04/2023). In September

2022, only 40% of medical staff were present in the then-retaken Kharkiv oblast (Hromadske 28/09/2022).

29 mobile clinics partially fill the health needs of the population in the eastern oblasts. According to a Health Cluster survey, these clinics face a lack of coordination and a duplication of efforts, with frontline health responders struggling to reach agreements with government health authorities (Health Cluster 06/03/2023). Medicine supplies are also lower in retaken areas than in the rest of the country, and the process of restoring pharmacies is still underway (Apteka.ua 02/05/2022 and 19/12/2022; Health Policy Watch 15/08/2023).

Healthcare in areas close to active ground conflict

Primary healthcare in rural Ukraine was already understaffed before February 2022, and the conflict has aggravated this problem (Vasiliev et al. 30/09/2021; WHO et al. 28/12/2022). Healthcare services are available in oblasts experiencing active ground conflict but are often limited to the treatment of injured military and civilians. Other illnesses are rarely treated. Basic medical aid is rarely available, but some mobile clinics occasionally reach affected areas (KII 20/02/2023 b).

There is a shortage of medicine, which is especially severe for medication for rare diseases, as almost no supplies reach affected areas and there are no operational hospitals or pharmacies (KII 24/04/2023 a; KII 24/04/2023 b). Among the main reported needs are medicine (antibiotics, basic essential drugs, paediatric essential drugs), medical equipment (portable X-rays and portable oxygen), bandages, and refrigerator systems for vaccines (KII 06/04/2023). Local humanitarian organisations can hardly cover the shortages as they often lack the expertise and have a limited supply of medicine to address needs (KII 24/04/2023 a; KII 24/04/2023 b).

Security remains the most important challenge to providing healthcare services in areas close to active ground conflict, especially for mobile health teams that have become targeted; in Mykolaiv, a missile hit a mobile hospital on 7 May 2023, damaging medical equipment (Health Cluster 06/03/2023; TSN 09/05/2023). Despite challenges, mobile clinics play a crucial role in reaching insecure areas to provide door-to-door healthcare services and medication (Health Cluster 06/03/2023). In some areas, such as Vasylivka raion in Zaporizhzhia, they are the only healthcare providers (KII 20/02/2023 b; KII 06/04/2023; OCHA 21/03/2023).

Donetsk oblast has experienced the most destruction to health infrastructure in numerical terms. As at June 2023, more than half of all health facilities (a total of 119) had been totally (8%) or partially (51%) destroyed (ACAPS accessed 28/06/2023) and approximately 54% of medical equipment was totally or partially damaged (WHO 03/04/2023). The reception of IDPs has also affected an already strained system, especially in terms of the availability of health services and doctors (KII 28/04/2023).

Healthcare in non-government-controlled areas

Information regarding NGCAs is scarce, and the health situation remains an important information gap. Many medical staff have left NGCAs since 2015 (UHC 26/04/2023; WHO 31/03/2018; KII 24/04/2023 a). In April 2023, only up to 50% of the positions for medical staff were filled in territories in Luhansk oblast controlled by Russian forces, and the shortage of doctors was even larger (Lug.info 31/01/2023; TLRes Telegram 23/04/2023; Centrem 13/04/2023). There is no centralised supply of medicine, and the availability of supplies depends on the Russian authorities in each area (KII 24/04/2023 a; MSF 23/03/2023). According to Ukrainian sources, some healthcare facilities in Kherson, Luhansk, and Zaporizhzhia oblasts have been converted into military hospitals for Russian soldiers, and civilians are no longer admitted (Ukrainska Pravda 02/02/2023, 20/01/2023, 31/01/2023, and 06/02/2023; National Resistance Center 16/01/2023).

Based on the state of healthcare facilities in areas where Ukraine has regained control, it can be assumed that healthcare facilities in NGCAs have been largely destroyed and looted. In Mariupol, nearly 80% of healthcare facilities have been destroyed (PHR et al. 21/02/2023). This may be an underestimate given the difficulty of accessing information. One outcome of the shortage of doctors, medicine, and health facilities in Mariupol is a high mortality rate. In June 2023, the weekly mortality rate was 2.5 times higher than during the peak of COVID-19 pandemic in November 2021 (Ukrinform 08/06/2023).

MAIN BARRIERS TO ACCESSING HEALTHCARE

The main general barriers to accessing healthcare in Ukraine are:

- Limited services in conflict-affected areas resulting from the damage or destruction of medical facilities, medicine shortages, staff shortages, and power outages
- The decreased availability of doctors and other medical personnel primarily because of displacement
- The inaccessibility and unaffordability of medicine
- Limited transport options and long travel times to reach health facilities, especially in rural areas and oblasts with severe infrastructure destruction.

Besides destruction and damage, additional factors affect the access of people to adequate health services and of health responders to people in need. Since February 2022, the medical workforce in the public health sector has decreased by around 14% or over 89,000 people, mostly in NGCAs and frontline oblasts (UHC 26/04/2023). Given that approximately 9% of adult refugees from Ukraine in Europe previously worked in healthcare, the total loss of the health

workforce may be higher (UNHCR 21/12/2022). In 2022, to 'Russian army and private military companies killed 78 health workers and abducted or imprisoned 61 others (Insecurity Insight/SHCC 01/06/2023).

The outflow of medical personnel has affected specialised healthcare the most. This is largely because of the conflict increasing the number of patients requiring surgery, physiotherapy, or clinical psychology (KII 24/04/2023 b; KII 19/04/2023 a). Local health departments in western oblasts have attempted to address shortages by temporarily hiring IDP doctors and medical workers. The government has also authorised the employment of intern doctors and foreign health staff, but regulations and administrative procedures slow down the hiring process (Health Cluster 01/06/2023; KII 24/04/2023 a). Existing regulations, internal protocols, and language barriers make it difficult for international medical staff to substitute for the loss of Ukrainian healthcare workers. At the same time, local responders still report a high need for trained medical staff and medical equipment and more support from INGOs despite the assistance of foreign staff: "we need more support from INGOs, mostly to bring more doctors here to dispatch in the most urgent areas/domains" (KII 24/04/2023 a). One local organisation said that addressing the security concerns and salary cuts of displaced health workers might partially resolve the shortfall in healthcare personnel. Another possible solution they mentioned is increasing the number of emergency dispatch units of foreign medical teams working in the most affected areas closest to active conflict (KII 24/04/2023 a).

One of the main barriers preventing people from fully meeting their healthcare needs is the cost of medicine. Nearly one-third of adults surveyed by the WHO in December 2022 said they lacked sufficient funds to buy needed medicine, and 19% reported stopping their medication because of cost or inaccessibility (WHO 10/03/2023; KII 15/04/2023). A reduction in healthcare expenditure has also been observed, particularly among women IDPs (IOM 23/08/2022, 14/12/2022, and 02/02/2023; CEPR 24/07/2022).

Medicine costs have increased significantly since February 2022, and over 70% of Ukrainians have simultaneously experienced a decrease in income (Apteka.ua 06/01/2023; UHC 26/04/2023; Fakty 29/07/2022). State budget cuts have also limited the Ministry of Health's ability to purchase the necessary medicine to distribute to hospitals (KII 15/04/2023). The amount of medicine distributed under the Affordable Medicines programme, which provides selected medicine for free or at discounted prices in main cities, decreased by 23% in 2022 compared to 2021. In 2023, their distribution has almost returned to pre-invasion levels (UHC 26/04/2023; UNHCR 27/12/2022; Health Cluster 04/01/2023; NHSU accessed 19/4/2023).

HEALTH NEEDS OVERVIEW BY POPULATION GROUP

Gender- and age-specific needs

Children

The most urgent needs for children include:

- Affordable medicine. Many families struggle to purchase medication for children (Ludvigsson and Loboda 24/04/2022).
- Improved access to primary care services and paediatricians, particularly in rural frontline areas and recently retaken territories (Ludvigsson and Loboda 24/04/2022; WHO 13/01/2023; KII 06/04/2023).
- Systematic MHPSS. An estimated 1.5 million children are at risk of depression, anxiety, post-traumatic stress disorder (PTSD), or other mental health issues (UNICEF 21/02/2023). More than half of internally displaced children show symptoms of PTSD (Martsenkovskiy et al. 20/12/2022). In April 2022, three-fourths of parents reported that their children had symptoms of psychological trauma (OCHA 28/12/2022).
- More accessible vaccinations and awareness-raising campaigns. Between 2021–2022, child routine vaccination coverage decreased from approximately 80% to 70% (PHC accessed 01/07/2023). Displacement and a lack of vaccine availability in some health facilities contributed to this decline (UN 03/04/2023; KII 02/05/2023). Herd immunity requires a vaccination rate of 95% (The Lancet 25/02/2023).
- Food assistance and infant formula. With a lack of income, more parents struggle to provide nutritious food for their families (KII 06/04/2023; REACH 20/04/2023). This will likely increase the number of malnourished children (KII 06/04/2023). One month after the invasion, more than 450,000 children between 6–23 months needed complementary feeding (UNICEF 24/03/2022).
- Neonatal care, including incubators and electricity-free breathing devices (OCHA 28/12/2022; UN 09/08/2022). The increase (by up to 5%) in premature births and C-sections during March 2022 and May 2023 means a higher risk of respiratory, neurological, and digestive complications for babies (NYT 02/06/2023).

There are approximately 7.5 million children in Ukraine, all impacted by the conflict in various ways. Some have been injured or killed, while others have lost their parents, siblings, homes, schools, and playgrounds. As at January 2023, approximately five million Ukrainian children were displaced (UNICEF 24/03/2022; WVI 31/01/2023). The conflict also doubled the number of children living in poverty (from 43 to 82%) over the last year (UNICEF 21/02/2023).

Before the February 2022 invasion, Ukraine's mortality rate for children under five (8 per 1,000 live births in 2019) was already higher than in other European countries because of the low provision of routine vaccination and a high prevalence of infectious diseases (e.g. multidrug-resistant TB) (Ludvigsson and Loboda 24/04/2022; Armitage 26/05/2022). Parents also often preferred secondary and tertiary (specialist) care over primary care (family doctors) (Ludvigsson and Loboda 24/04/2022).

Disruptions in the provision of routine health examinations for children and the suspension of planned vaccinations in the first two months after the February 2022 invasion have affected children's health (UNICEF 24/03/2022).

Women

In 2022, there were 17.7 million women and girls over 15 in Ukraine (WB accessed 06/07/2023). Since the February 2022 full-scale invasion, approximately 3.8 million women have fled to Europe (UNHCR accessed 01/08/2023; ECB 01/03/2023). As at May 2023, women comprised 60% of adult IDPs (IOM accessed 07/09/2023).

Attacks on health facilities hamper healthcare access for women in need of perinatal care (US DOS 2022). Even before the conflict, Ukraine already had one of the highest maternal mortality rates in the Eastern European region (OCHA 28/12/2022). The conflict has resulted in an increased prevalence of infections, a lack of medical care, poor nutrition, and stress, all of which contribute to the increase in number of premature births (CARE/UN Women 04/05/2022; UNRIC 26/02/2023). Hypertension during pregnancy has also increased (UNRIC 26/02/2023). Moving services online has not been an effective solution for many women in conflict-affected and rural areas given the lack of internet access.

Besides the distance of their place of residence to health facilities, other factors intersect and further affect women's access to reproductive healthcare. These factors include disability, ethnicity (especially for those who belong to the Roma communities), and registration status (US DOS 2022).

The conflict has also contributed to an increase in gender-based violence (GBV), particularly in NGCAs where access to reporting mechanisms and services for women has decreased (CARE/UN Women 04/05/2022; UN Women 23/02/2023; UNFPA 24/02/2023). Police referral mechanisms have weakened, with the police shifting their focus to defence, and some NGOs that provided

specialist services for GBV survivors have changed their scope to provide humanitarian assistance to the wider population (CARE/UN Women 04/05/2022; OCHA 28/12/2022). An increase in GBV also contributes to the deterioration of women's mental health (AI 08/03/2023; OCHA 28/12/2022).

The most urgent needs for women include:

- Access to sexual and reproductive health services, including contraception, safe abortion, and post-abortion care (OCHA 28/12/2022). In frontline and rural areas, these services have been moved online, performed via phone consultations, or are non-existent (CARE/UN Women 04/05/2022).
- Menstrual hygiene and menstrual hygiene materials and incontinence pads, especially in collective settlements (CARE/UN Women 04/05/2022).
- Pre- and post-natal care, especially in frontline areas where births occur in basements and shelters, often with insufficient medical supplies (CARE/UN Women 04/05/2022; UNFPA 24/02/2023). In Donetsk oblast, there is no obstetric care or skilled care during childbirth in one-third of the health facilities (WHO 03/04/2023).
- Access to GBV services and improved GBV referral mechanisms (OCHA 28/12/2022).
- Access to affordable medicine and ability to afford paid health services (WHO et al. 07/02/2023).
- Access to MHPSS services, especially for women who are displaced or living in conflict areas (OCHA 20/01/2023; Voice/HIAS 26/05/2022). Women's responsibilities as caregivers of children, older people, and sick and injured family members has substantially increased. This responsibility places an enormous additional burden on women and increases requests for psychological help and MHPSS (OCHA 28/12/2022; REACH 01/05/2023).

LGBTQIA+ people

LGBTQIA+ people make up 2–10% (somewhere between 870,000 to 4.3 million people) of Ukraine's population (Kyiv Post 27/04/2023; WB accessed 17/05/2023).

Although reports indicate that the conflict may have a positive impact on LGBTQIA+ rights in Ukraine in the long term, members of this community continue to face barriers in accessing healthcare and medication (TIME 21/04/2023; Kyiv Post 27/04/2023). In particular, disrupted medical supply, increased prices, and decreased incomes affect access to gender-affirming hormone therapy (CARE/UN Women 04/05/2022; OCHA 28/12/2022; TGEU 02/03/2022; INSIDER

12/03/2023). Transgender men and women also struggle with displacement, often refraining from registering in new oblasts out of fear of discrimination, directly affecting their ability to access humanitarian assistance and government services (TGEU 02/03/2022; TNH 08/06/2022; Health Cluster 01/06/2023).

The most urgent needs for LGBTQIA+ people include:

- continuous gender-affirming hormone therapy and medicine for transgender people (CARE/UN Women 04/05/2022; OCHA 28/12/2022; TGEU 02/03/2022; INSIDER 12/03/2023)
- psychological support, especially for displaced LGBTQIA+ people who are still prone to stigmatisation, harassment, and violence (TNH 08/06/2022)
- training for healthcare personnel in tolerance and the rights of LGBTQIA+ people to access safe and dignified care (Protection Cluster 17/05/2022).

Older people

There are 8.9 million people over 60 in Ukraine, 64% of whom are women (HelpAge 23/02/2023; WB accessed 06/07/2023). There is a higher proportion of older people in regained and frontline areas than elsewhere because older people are less physically able to travel, tend to be on fixed incomes and thus have less money, and are less willing to leave the places where they live (HelpAge 23/02/2023; OCHA 28/12/2022). Many older people living in rural areas are also alone, as younger people migrate to cities for work (KII 06/04/2023). Lastly, older people have greater medical needs than younger people and are more likely to experience chronic conditions (WHO 13/01/2023).

Consequently, healthcare disruptions after the February 2022 invasion have disproportionately affected older people. Older people comprise 21% of IDPs but 24% of the general population, suggesting that many older people remain in areas most affected by the conflict, with reduced access to health services (Armocida et al. 06/04/2022; IOM 31/05/2023; HelpAge 23/02/2023).

Over half or approximately 4.9 million of all older people in Ukraine have unmet medical needs. For nearly 80%, cost is the main reason (HelpAge 23/02/2023). This is both a result of and compounded by the economic decline in 2022. It is closely linked to inflation, which in 2022 was twice as high as the increase in pensions. Even before the February 2022 invasion, older people already struggled to access healthcare because of unaffordable costs, low pensions, and, for some, delays in receiving pensions, which sometimes took three months or longer (KII 06/04/2023).

The most urgent needs for older people include:

- Primary healthcare access. In December 2022, 25% of older people could not reach a family doctor when needed (HelpAge 23/02/2023).
- Affordable medicine and medical services, with older people unable to afford paid medical services (WHO 13/01/2023; UNHCR 27/12/2022).
- Mental health services and support. In December 2022, 42% of older people struggled to cope with the various impacts of the conflict (HelpAge 23/02/2023). Older people are also more likely to experience family separation and financial hardship, and they experience the fear and stress of the conflict and the loss of younger family members, especially children (HelpAge 23/02/2023; MSF 02/12/2022). 44% of people over 70 live alone (HelpAge 23/02/2023). Mental health needs are particularly high among older people in retaken areas (MSF 02/12/2022).
- Financial assistance or support to make up for the loss resulting from inflation (Help Age 03/06/2022 and 23/02/2023).
- Food assistance (HelpAge 23/02/2023; OHCHR 24/05/2023).
- Transportation assistance or support to travel to and from health facilities, as well as housing assistance for older people who require travel to urban areas for care (Help Age 03/06/2022; OHCHR 24/05/2023).
- Timely, relevant, and accurate information about humanitarian assistance. 30% of older people surveyed in December 2022 could not find information about the support that they needed (HelpAge 23/02/2023).

In December 2022, 35% of older people had cut back on food compared to 23% in February 2022, and 19% had an income below the official subsistence level (HelpAge 23/02/2023).

Older people are less likely to receive financial assistance, whether from the government or from NGOs, with one-third reporting a lack of information about available humanitarian assistance (HelpAge 23/02/2023). They are also less likely to be satisfied by the assistance they receive than younger people (REACH 02/03/2023).

The main barrier to accessing healthcare for older people is insufficient financial resources. In 2022, inflation in Ukraine reached 27%, while the average pension increased only by 14%. In December, 34% of older people surveyed by HelpAge could not afford medicine and assistive devices because of low pensions. Without an additional source of income, older people could not afford basic living needs, including medicine (HelpAge 23/02/2023). Another

challenge is the distance to health services and pharmacies and a lack of transportation (UNHCR 27/12/2022). The lower uptake of the internet among older people (70% of people ages 60–69 and only 40% of people over 70) affects their ability to avail of electronic prescriptions and online consultations and obtain online information about available humanitarian aid (Ukrainska Pravda 21/04/2023; HelpAge 23/02/2023).

The health needs of older people are also gendered. More older men have diabetes than older women, and more older women cannot afford medicine than older men (Pandey et al. 13/02/2023; HelpAge 23/02/2023).

Chronic diseases and specific conditions**People with chronic diseases**

People with chronic medical needs are highly vulnerable during conflict because the overwhelming of healthcare facilities, infrastructure damage, and supply chain interruptions affect their ability to receive medication and treatment. A lack of treatment and access to medicine can be fatal for many people with chronic illnesses. In Ukraine, the most common chronic conditions are: cardiovascular diseases, diabetes, renal and kidney diseases, mental health issues, and cancer (WHO 13/01/2023). 19% of all patients in Ukraine have stopped taking medication since February 2022, 13% because of cost (Health Cluster 04/01/2023).

Hypertension and cardiovascular diseases

Before February 2022, 12.2 million or 43% of people ages 30–79 in Ukraine had hypertension (WB accessed 04/04/2023). 45% of households had at least one member with coronary vascular diseases (WHO 13/01/2023).

The extent of aggravated hypertension manifests in the 30% increase in hospital procedures for acute myocardial infarction in the last three quarters of 2022 compared to 2021, as well as the 21% increase in strokes (relative to the population) compared to 2021. These numbers do not include data from NGCAs (NHSU accessed 4/4/2023; UHC 26/04/2023). The number of hospitalisations for stroke and myocardial infarction increased the most in central and western oblasts because of IDP movements to these areas, with the exception of Odesa, which saw the highest rise in myocardial infarction (68%) (UHC 26/04/2023). Reported hospitalisations for stroke and myocardial infarction decreased in NGCAs and frontline areas because of a lack of access to healthcare and reporting (NHSU accessed 04/04/2023; UHC 26/04/2023). Regained territories where patients had been without treatment for a long time likely have higher numbers, and not all patients requiring hospitalisation can receive treatment (MSF 02/12/2022).

Most urgent needs include:

Improved access to treatment of aggravated hypertension and its complications, such as sight loss, neurological disability, and organ failure. If left untreated, hypertension may lead to death (MSF 02/12/2022).

Diabetes

About 2.33 million or 8% of the Ukrainian population lived with diabetes types 1 and 2 in Ukraine in 2021 (IDF accessed 07/04/2023). The prevalence among people ages 20–79 was 5.6% (WB accessed 04/04/2023).

Most urgent needs include:

- People with type 1 diabetes (approx. 6% of the population with diabetes) and 30% of those with type 2 diabetes require insulin replacement therapy to survive (Willner et al. 27/06/2020; CDC 30/03/2018; IDF 17/08/2022).
- Despite safeguarding insulin deliveries by humanitarian organisations, there is still an unmet need for insulin supply in rural and frontline areas where the required cold chain could not be maintained (WHO 1/9/2022; Novo Nordisk 21/10/2022; Directrelief 20/1/2023; Lilly 24/2/2023; Vox Ukraine 14/3/2023).
- Patients require accurate information about healthcare and rights to affordable medicine. Although insulin is free with a prescription, people still do not know about it and buy it over the counter. Others stop taking it if they cannot afford it (Hromadske 02/03/2023; Firtka 22/03/2023). Free insulin is likely less accessible to those who live farther away from pharmacies participating in the Affordable Medicines programme (NHSU accessed 01/07/2023).
- Patients with diabetes need access to nutritious food appropriate to their diet. Food shortages can cause the development of comorbidities in patients, such as mobility issues, deterioration in eyesight and muscle function, and increased dependence on others (MSF 02/12/2022).

Cancer**Most urgent needs include:**

- There is a need to improve the diagnosis and treatment capacity of cancer centres in in central and western oblasts, proportional to the increase in the number of patients. More staff and equipment are needed in regained territories (TWP 01/04/2022; Cancerworld 22/02/2023; NPR 18/03/2022; WHO 03/04/2023; KII 18/04/2023). More people may also need cancer treatment as a result of the conflict, such as lung cancer resulting from the inhalation of asbestos released from damaged buildings (Ukrinform 02/04/2023).
- There is a need for medicine and medical devices because of supply chain disruptions, the State's limited ability to procure necessary medication, and the fact that deliveries are not always adapted to local needs (Health Cluster 04/01/2023; Ukrinform 02/04/2023; KII 24/04/2023 a; KII 18/04/2023). There are medicine stocks in regained areas and a shortage where IDPs have settled, but transportation between centres has not been possible (Ukrinform 02/04/2023; Applied Clinical Trials 11/11/2022). There is also a need to provide access to housing during treatment for patients who must travel for treatment (Cancerworld 22/02/2023).
- The general population needs to be encouraged to continue with routine care, including cancer screenings, as delays in diagnosis and care result in higher mortality (KII 18/04/2023; KII 24/04/2023 a).

There were approximately 1.1 million cancer patients in Ukraine in 2022 (NCRU 2023). The escalation of the conflict started in February 2022 has led to the destruction and closure of health facilities, disrupting cancer diagnosis and care. Patients and doctors have been displaced, medicine supplies are insufficient, and all planned surgeries have been cancelled (AACR 02/05/2022; Cancerworld 22/02/2023; Stakhovskiy et al. 03/2023; The Lancet 11/03/2022). Hospitals with cancer treatment facilities operate above capacity and lack staff or equipment (KII 24/04/2023 b). Wait times for treatment, including cancer surgery, have increased significantly and are worsened by shelling and power cuts, during which radiation is suspended (Ukrinform 02/04/2023; Cancerworld 22/02/2023; KII 24/04/2023 b).

Because of displacement, the number of patients in oncology centres in in central and western oblasts has doubled or tripled, especially in major cities such as Kyiv, Lviv, and Volyn (TWP 01/04/2022; Cancerworld 22/02/2023; NPR 18/03/2022; KII 24/04/2023 b). Although displaced patients have been admitted to other regional oncology centres, and enrolment in clinical trials has resumed, some patients have been unable to move for treatment because they

cannot afford accommodation in the city. Others cannot be enrolled in clinical trials because their disease has become too advanced or they have developed comorbidities (Stakhovskiy et al. 03/2023; Cancerworld 22/02/2023; Applied Clinical Trials 11/11/2022). A delay in cancer surgery by even four weeks increases the risk of death (Hanna et al. 04/11/2020). Cancer deaths are likely to increase because there is a correlation between armed conflict and higher mortality from cancer (Jawad et al. 08/05/2020; AACR 02/05/2022; Applied Clinical Trials 02/06/2022; WHO 03/04/2023).

According to limited sources on the situation in NGCAs, patients may remain largely without treatment (MSF 23/03/2023; Ukrinform 08/06/2023). According to Ukrainian sources, the remaining hospitals in NGCAs mainly treat injured Russian soldiers and deny services to the civil population (Ukrainska Pravda 31/01/2023 and 06/02/2023). Some medicine has been delivered covertly, while others hardly can be bought (MSF 23/03/2023; Ukrinform 2/4/2023; Cancerworld 22/2/2023).

HIV / AIDS

Ukraine has the second-highest burden of HIV in Europe, according to UNAIDS, with an estimated 260,000 people in the country living with HIV (UNAIDS accessed 24/03/2023; PHC 01/10/2022; Parczewski et al. 08/03/2023; ECDC 30/11/2022).

The number of people tested between January–September 2022 dropped by 21% from 1.4 million to 1.1 million compared with September 2021. However, some western oblasts (Lviv, Rivne, Ternopil, and Zakarpattia) and Kyiv city saw an increase in the numbers of tests and people living with HIV. This is likely because these locations receive many IDPs, which correlates with the fact that some oblasts with a high outflow of IDPs (Kherson, Kyiv, Kyiv city, Mykolaiv and Odesa) had some of the highest HIV rates before the February 2022 invasion (PHC 01/10/2022).

HIV prevention (including pre-exposure prophylaxis), testing, and treatment capacity has remained quite high thanks to the efforts of NGOs with large international funding and supplies purchased by the government. NGOs have switched from a facility-based approach to one that aims to reach people where they are, and people living with HIV now receive six months' worth of antiretroviral therapy (ART) supply at once (Holt 08/09/2022). ART supplies are sufficient for 2023 (Holt 08/09/2022; The Global Fund 21/02/2023). The challenge is that contact with around 11,000 people has been lost (Parczewski et al. 08/03/2023).

In Donetsk, Kharkiv, and Kherson oblasts, ART was interrupted for about one-third of people living with HIV while under Russian control (UNAIDS 01/02/2023). In NGCAs, medical diagnosis has stopped, and access to healthcare is very limited. This is likely to lead to high levels of ART interruption. There is a shortage of ART supplies for patients in Donbas, including Mariupol (Holt 08/09/2022; Devex 23/02/2023)

Most urgent needs include:

In Ukraine, international organisations and NGOs play a decisive role in supporting the government in HIV treatment and preventive care delivery. Their support needs to be sustained to ensure continued access to ART (Holt 08/09/2022; CSIS 22/04/2022).

Tuberculosis

TB incidence in Ukraine was 71 per 100,000 people in 2021 (compared to 4 per 100,000 throughout the EU), with widespread multidrug-resistant TB affecting men in particular (WB accessed 04/04/2023; Holt 22/03/2022; NYT 26/03/2022). There was a 21% increase in first-time registered cases in 2022 (relative to the population, adjusted for the unavailability of data from NGCAs). The increase was the highest in the central and western oblasts and in Dnipropetrovsk oblast, all of which have received many IDPs (UHC 26/04/2023).

Most urgent needs include:

- Continuous access to medicine for recovery and the prevention of drug resistance and new infections.
- TB medication needs to be distributed in line with displacement patterns to ensure that displaced patients can access medicine and to reach rural areas where martial law has affected the ability of NGOs to distribute medication (Holt 22/03/2022; The Global Fund 21/02/2023; Paul et al. 17/04/2023; CSIS 22/04/2022; Applied Clinical Trials 11/11/2022).

People with specific conditions

People with disabilities

Before February 2022, there were an estimated 2.7 million people with disabilities in Ukraine, including 163,900 children with disabilities, between 50,000–82,000 of whom lived in public residential institutions (UN 09/09/2022; EDF et al. 08/02/2023; HRW 13/03/2023; The Arc 22/03/2022). This number also included approximately 100,000 people with intellectual disabilities, 30% of whom lived in various care centres (Inclusion Europe 22/02/2022). The number of people with disabilities has increased as a result of injuries and trauma resulting from the conflict (HI 07/10/2022). In January 2023, IOM estimated that 25% of IDP households had one member

with a disability (IOM 02/02/2023). In 2021, Ukraine adopted a Barrier-Free Environment strategy aiming to facilitate access to public spaces and buildings, but the conflict has hampered implementation. Many spaces remain inaccessible to people with disabilities (GOU 14/04/2021; Ukraine Today 27/04/2023).

Among the biggest challenges for people with disabilities are:

- Access to healthcare services for displaced people with disabilities in oblasts with a huge influx of IDPs (WHO 01/03/2023)
- Hampered accessibility to medical and residential care facilities because of physical damage or destruction, particularly in the eastern oblasts (EDF et al. 08/02/2023)
- Inability of the healthcare system to cope with the increased number of patients with disabilities and the types of traumatic injuries seen, both short- and long-term (ECHO 23/03/2023)
- Difficulty evacuating or inability to evacuate given a lack of mobility, confinement in an institution, a lack of accessible shelter options, or a lack of accessible information about the conflict and how to stay safe (EDF et al. 08/02/2023; OHCHR 07/10/2022)
- Abandonment by caregivers in institutions (IDA accessed 20/04/2023; HI 07/10/2022).

Children with disabilities, especially those residing in institutions, face additional difficulties and constraints, including violence, abuse, sexual exploitation, abandonment by caregivers, a lack of stimulation activities, and malnutrition (LDT 27/07/2022; UNICEF 10/06/2022). Ukrainian law also stipulates that children living in institutions must be evacuated as a group and kept in that same group in any receiving country. Many countries have done away with the institutionalisation of large groups of children, because evidence suggests that it is not beneficial to the child, resulting in host countries scrambling to support evacuated institutionalised children (OHCHR 07/10/2022).

Humanitarians have made some effort to support and include people with disabilities. This includes running ambulance fleets and specialist medical trains to evacuate people with trauma injuries from frontline areas, building rehabilitation facilities, providing necessary equipment (including assistive devices), and staff capacity-building (WHO 21/02/2023; Direct Relief 22/02/2023; MSF 17/2/2023; UNDP 06/03/2023). Regardless, efforts remain insufficient to meet the scale and specific needs of people with disabilities, and much of the humanitarian response to people with disabilities has been ad hoc (EDF et al. 08/02/2023; WEF 09/05/2022; KII 19/04/2023 b). A call for collaborative disability inclusion in the humanitarian response has largely not been met (UNICEF 02/12/2022).

The conflict has resulted in higher levels of health needs for people with disabilities and an increase in the number of people with disabilities.

Most urgent needs include:

- More support to medical professionals and medical facilities. This includes increased training of medical professionals who can conduct surgery or provide rehabilitation services, such as occupational therapy and prostheses together with improvement of availability of such services; an increase in bed capacity, equipment and assistive technologies; a consistent supply of affordable medical necessities, such as diapers, catheters, and seizure medication (EDF et al. 08/02/2023; KII 19/04/2023 a; KII 26/09/2022 b; KII 27/09/2022 a; ACAPS 06/10/2022; WHO 21/02/2023; Direct Relief 22/02/2023; WEF 09/05/2022).
- Access to MHPSS services for people with disabilities and their caregivers (EDF et al. 08/02/2023).
- Better evacuation support for people with disabilities in frontline areas (UNDP 21/02/2023).
- More accessible shelter and modular housing options for displaced people with disabilities (EDF et al. 08/02/2023).
- Accessible information to help people with disabilities make decisions about how to protect themselves. Current forms of sharing information about when and where to evacuate, such as websites and air sirens, are inaccessible for some people with sensory impairments. There is a need for a wider variety of options, such as Braille, sign language, and subtitles (EDF et al. 08/02/2023; WEF 09/05/2022).
- Additional support to compensate for disruptions to education and services provided by schools and childcare facilities to children with developmental delays or disabilities, including needs assessments and early intervention services (EDF et al. 08/02/2023).
- Better protection for people with disabilities in the context of Ukraine's current mobilisation laws that prevent men of military age from leaving the country. Because guardians, spouses, and caretakers of people with disabilities can defer mobilisation or leave the country to accompany those who need care, there have been reports of men marrying women with disabilities or establishing guardianship over people with disabilities for these benefits. This leaves these people vulnerable to abuse and exploitation (EDF et al. 08/02/2023; GP 01/02/2023).
- The establishment of a range of social services that allow people with disabilities to live independently in their communities, including supporting Ukraine's government with strategy- and capacity-building on deinstitutionalisation (LDT 27/07/2022; EDF et al. 08/02/2023).

Neurodivergent people

Most urgent needs for neurodivergent people include:

- Improved access to diagnosis of various types of neurodivergence and access to medicine, if needed.
- More MHPSS professionals with knowledge about neurodivergence.
- More education provided to relatives to ensure continuous support.
- Increased and continued support to children with autism or ADHD exhibiting symptoms of trauma as they are at higher risk of losing certain skills (EUCAP 03/03/2022; EDF 25/04/2022; UNICEF 21/03/2022; CWF accessed 01/07/2023; Psychology Today 09/05/2022; Martsenkovskiy et al. 22/05/2022; Bougeard et al. 27/10/2021).
- Systems to ensure that neurodivergent children adhere to security instructions. This can be challenging as some neurodivergent children may refuse to interrupt a current activity to seek shelter, make a noise where silence may save lives, or speak their mind to Russian soldiers. It can also be difficult for parents to explain situations to neurodivergent children, even more so if the children are nonspeaking (Psychology Today 09/05/2022; EDF 25/04/2022; ACT accessed 27/03/2023; Martsenkovskiy et al. 20/12/2022; Karina Knysh Facebook 22/06/2022).
- More qualified childcare to support families of neurodivergent children who cannot look after themselves so that family members can go to work and do not have to give up livelihood-generating activities to care for their children (CWF accessed 01/07/2023).
- Systems by which neurodivergent people (and other people with special needs) seeking humanitarian aid or services can be fast-tracked, limiting wait times.
- Improved information dissemination, including a focus on plain language with visuals.
- More physical spaces, such as separate rooms in temporary shelters or collective centres, where people on the autism spectrum can rest from sensory overload or receive support or assistance without experiencing it.

Neurodivergent people remain underserved in humanitarian contexts. With increasing awareness of neurodiversity comes the need to ensure that the humanitarian response is fully inclusive and supports neurodivergent people (Autism Europe accessed 06/07/2023). Recognised forms of neurodivergence include autism, attention-deficit/hyperactivity disorder (ADHD), dyslexia, dyspraxia, and more (University of Oxford accessed 06/07/2023).

Globally, between 5–20% of the population can have dyslexia, which is estimated between 2.1 million and 8.6 million people in Ukraine (Wagner et al. 26/05/2020; University of Michigan accessed 28/06/2023). More than 9% of the population or an estimated 3.4 million people in Ukraine lives with ADHD. Many remain undiagnosed, especially adults (Maenner et al. 24/3/2023; Song et al. 11/02/2021). At least 1.5% of the global population, if not more, sit on the autism spectrum, but not all have been diagnosed (Scientific American 03/03/2017; Psychology Today 03/02/2022; EUCAP 03/03/2022). It can be estimated that there are about 540,000 people on the autism spectrum in Ukraine, 25% of whom may have a co-occurring intellectual disability (Bougeard et al. 27/10/2021). Globally, boys and men with intellectual disabilities on the autism spectrum are more likely to be diagnosed than women (EDF 25/04/2022; EUCAP 03/03/2022; Psychology Today 03/02/2022).

While the psychological impact of the Ukraine conflict also affects neurotypical people, needs will be more acute for people on the autism spectrum and with ADHD. People with autism or ADHD need a calm and predictable environment and reliable people with psychological competencies to alleviate distress and trauma, as children with ADHD or autism are more prone to trauma and PTSD (Martsenkovskiy et al. 20/12/2022; INSAR 16/03/2022; Bougeard et al. 27/10/2021). People on the autism spectrum are more vulnerable to distress resulting from the disruption of predictability (e.g. alarms, displacement, and the loss of people and objects they relied on) and to sensory factors, such as the noise of shelling and sirens or being in crowded spaces (e.g. shelters) (EDF 25/04/2022; Psychology Today 09/05/2022; Spectrum News 15/03/2022; Autism Parenting Magazine 04/04/2022; EUCAP 03/03/2022).

Since the February 2022 invasion, many children with professional support have lost it because of the cost, displacement, and cessation of activities by providers (EDF 25/04/2022; Psychology Today 09/05/2022; Spectrum 15/03/2022; Autism Parenting Magazine 04/04/2022; EUCAP 03/03/2022). Many parents lack the psychological competencies necessary to help their children deal with trauma (EDF 25/04/2022).

Internally displaced people (IDPs)

Displacement is a compounding factor which further aggravates health conditions of people with specific needs, such as those with chronic illnesses or disabilities. As at June 2023, 40% IDP respondents indicated that at least one member of their household is chronically ill, and 30% households had a person or persons with disabilities (IOM accessed 07/09/2023). Based on data from a National Academy of Sciences study, ACAPS estimates that more than 920,000 IDPs had cardiovascular diseases, at least 200,000 had diabetes, more than 34,000 had cancer, around 30,000 were living with HIV, and approximately 4,500 had TB as at May 2023 (Pandey et al. 13/02/2023; IOM 05/06/2023).

Most urgent needs for IDPs include:

- Access to primary and specialised healthcare.
- Routine vaccination for children.
- Affordable and accessible medicine. IDPs struggle to afford medication and often rely on free medicine delivered by humanitarians in collaboration with primary care doctors (UNHCR 27/12/2022; KII 28/04/2023).
- Better access to psychological and psychosocial support, which has been hampered by the low availability of clinical psychologists, weak referral systems, and stigma around mental health support (KII 19/04/2023 a; KII 28/04/2023). More awareness around psychological support is needed.
- Improved sanitation and hygiene conditions in crowded shared accommodation spaces to prevent the spread of infectious diseases (Pandey et al. 13/02/2023).

As at 23 May 2023, there were 5,088,000 IDPs across Ukraine. Of these, approximately 1.7 million (33%) remained in the east, as IDPs tended to stay within their macroregion or even oblast of origin, although they did change hromadas (IOM 05/06/2023). Damage to healthcare facilities and the inflow of IDPs in some oblasts has resulted in an estimated twofold increase in the number of people per hospital (Pandey et al. 13/02/2023). The inflow of IDPs to new hromadas, especially in areas with already struggling healthcare systems, has made it difficult for IDPs to address all their health needs.

Some oblasts from which people are fleeing are also receiving IDPs, such as Kharkiv or Zaporizhzhia. The five oblasts of origin with the highest number of people fleeing are Donetsk, Kharkiv, Kherson, Luhansk, and Zaporizhzhia. Oblasts receiving the most IDPs are Kharkiv (14%), Dnipropetrovsk (12%), Kyiv (9%), and Odesa (6%) (IOM 05/06/2023).

IDPs face more difficulties accessing healthcare than their non-displaced peers, in many cases because they have not registered in their new location (REACH 01/2023; KII 28/04/2023). As at December 2022, approximately one-third of IDPs faced challenges in obtaining medicine, and 20% could not access their family doctors (IOM 02/02/2023; WHO 17/03/2023; DFS 24/02/2023). IDPs also struggle to vaccinate their children; based on a survey conducted in September 2022, 14% of IDP children could not receive routine vaccinations compared to 6% of the general population (WHO 13/01/2023).

According to the Camp Coordination and Camp Management Vulnerability Index, one-third of IDPs living in collective sites who sought healthcare faced issues ranging from the cost

of medicine and consultation to accessing family doctors or specialised healthcare (REACH 20/04/2023). Monitoring missions have shown substandard living conditions, including poor or lacking sanitation amenities, in collective sites (Ombudsman 13/04/2023, 18/04/2022, and 19/04/2023). Low vaccination rates and the high prevalence of chronic infections, such as TB and HIV/AIDS, aggravate health risks in these collective sites (Essar 03/06/2022).

HUMANITARIAN RESPONSE CONSTRAINTS

As at July 2023, there were 97 organisations (46 NNGOs, 44 INGOs, 4 UN agencies, and 2 international organisations) operating in the Health Cluster in Ukraine and implementing health-related activities in the entire country (except for areas under Russian control). There is a focus on eastern and southern oblasts, such as Dnipropetrovsk, Donetsk, Kharkiv, Kherson, and Zaporizhzhia (ReliefWeb accessed 23/08/2023). The inaccessibility of NGCAs and difficulties reaching frontline areas hamper the humanitarian response (ACAPS 13/07/2023). The identification of individuals who need health assistance is also challenging because of a lack of prior diagnosis and weak referral system (KII 24/04/2023 a; OHCHR 24/05/2023). 2.8 million people remain unreached by international assistance (out of the 7.8 million targeted by the Health Cluster in 2023) (OCHA accessed 23/08/2023). The financial requirement to meet the 2023 Health Cluster target amounts to USD 307 million; by August, only 19% of the needed funding was covered (OCHA 15/02/2023; OCHA accessed 23/08/2023).

The specificity of healthcare and the need for it to be coordinated at the national level can make it difficult to provide humanitarian assistance targeted at specific groups. The Ukrainian medical sector has received both financial and material medical assistance. The latter includes medicine, medical equipment, consumables, sanitary transport, medical furniture, mobile hospitals, and power generators (Goniewicz et al. 27/07/2023). The Ministry of Health regularly updates a priority list of drugs, medical equipment, and medical supplies that are mostly needed (MOZ accessed 06/07/2023). In 2022, international organisations and INGOs co-organised approximately 2,100 training courses on emergency medicine and other healthcare issues for Ukrainian medics (Goniewicz et al. 27/07/2023). Despite the efforts of international responders to provide psychosocial support, including the training of psychologists, the severe lack of psychologists in Ukraine remains one of the most felt health issues in the country (MSF 04/08/2023; Heal Traumas Int'l 20/04/2023; KII 28/04/2023).

THE SCALE OF DESTROYED AND DAMAGED HEALTH FACILITIES IN EACH AFFECTED OBLAST (BETWEEN 24 FEBRUARY 2022 AND 16 JUNE 2023)



Source: ACAPS Ukraine Damages Dataset accessed 01/08/2023.