ACCESS
TO MULTISECTORAL HUMANITARIAN ASSISTANCE PROJECT

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MÉDICOS DEL MUNDO

IMPACT OF HEALTHCARE REFORM ON THE PRIMARY HEALTHCARE LEVEL

IN CONFLICT-AFFECTED AREAS OF DONETSK AND LUHANSK OBLASTS

ABOUT MDM

MdM is an independent international movement of active campaigners, who provide care, bear witness, and support social change.

MdM campaigns for a world without any barriers to healthcare, a world in which health is recognized as a fundamental right.

Médicos del Mundo» and «Ärzte der Welt» are respectively the Spanish and the German divisions of the international MdM network and jointly implement humanitarian assistance programmes in Luhansk and Donetsk Oblasts of Eastern Ukraine.

The MdM mission in Ukraine was established following the emergency assessment conducted in April 2015 and focused on changes in availability of and access to healthcare, particularly for the most vulnerable population, including the elderly and those with chronic diseases.

One of the main goals of MdM is extending the access of Ukrainian population to timely and quality primary healthcare (PHC), Sexual and Reproductive Health (SRH), Mental Health and Psychosocial Support (MHPSS) services and Gender Based Violence (GBV) prevention and response.

In Luhansk and Donetsk Oblasts MdM is targeting the most vulnerable communities through a mobile outreach unit approach covering remote locations in the area close to the Line of Contact, where the health system has been severely disrupted due to the armed conflict.

In Sievierodonetsk and Shchastia Raions 2 outreach teams consisting of a family doctor, a midwife, a nurse, a psychologist and a pharmacist are conducting daily visits to carry out consultations and provide essential medical services.

In Bakhmut Raion the outreach team consisting of a midwife and one psychologist, visits remote locations together with family doctors from the local PHC system.

In Stanytsia Luhanska town MdM provides MHPSS services (group and individual consultations) for host community and individuals coming arriving from NGCA.

In Luhansk and Donetsk Oblasts, both GCA and NGCA, MdM supports local health system through humanitarian assistance and COVID-19 related response:

- Donations of medical equipment, medication, and consumables to PHC and Secondary Health Care facilities in Donetsk and Luhansk (GCA). And donations of emergency medical equipment to key health facilities in Luhansk NGCA.
- Trainings and supervision to the healthcare staff on SRH, MHPSS, GBV, and COVID-19.
- Institutionalization of knowledge, establishing the community of practice through partnering with educational institutions for transfer of knowledge. Strengthening and empowering communities.
- Support of the healthcare system to respond to COVID-19.

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EXECUTIVE SUMMARY

> THE PRESENT DOCUMENT AIMS TO ANALYZE THE ISSUES ON THE PRIMARY HEALTHCARE LEVEL IN CONFLICT-AFFECTED DONETSK AND LUHANSK OBLASTS (GCA) THAT RESULT FROM THE CONSEQUENCES OF THE CONFLICT IN THE CONTEXT OF THE RECENT HEALTH REFORM AS WELL AS CHALLENGES POSED BY ITS IMPLEMENTATION FOR THE FRAGILIZED HEALTHCARE SYSTEM.

The following barriers to access quality public health care (PHC) services are analyzed as directly resulting from the conflict:

- Shortage of primary care doctors and a specific demographics of the health staff in Luhansk and Donetsk Oblasts (in the majority they are of retirement and a pre-retirement age);
- Damaged infrastructure;
- Power and water outages, problems with the Internet, poor network in primarily rural settlements;
- Absence of pharmacies and pharmacy points in settlements near the Line of Contact (LoC);
- Demographics of the majority of 60+ population in Luhansk and Donetsk Oblasts that requires additional medical attention;
- Impact of the consequences of the conflict on the mental health of the population that reduce opportunities to achieve qualitative results impelled by the health reform, as the current situation creates:
  - Inability of Luhansk and Donetsk Oblasts to attract qualified medical professionals;
  - Overwork and burnout among primary healthcare staff;
  - Complicated access to health care services for the population residing in isolated settlements near the LoC;
  - Inability to effectively implement State programmes, such as the Affordable Medicines Programme and telemedicine since national and regional governments do not provide the necessary support to alleviate the pressure on the healthcare in the conflict-affected areas, for instance:
    - Meaningful increase of the remuneration of the health staff;
    - Supplements to the income related to the hardship of work in a conflict-affected area and in the rural areas with reduced public transportation available;
    - Government programmes to attract qualified medical staff to the conflict-affected area;
    - Transition periods to adapt the implementation of the reform to the realities of the region;

The burden of the aforementioned issues to the healthcare system is further complicated by the COVID-19 pandemics impact in the area.

The factors described in the document consider that the conflict-affected areas require additional government support in the implementation of healthcare reform.

INTRODUCTION

In the area affected by the conflict, any transformation produces a tremendous impact on the access to basic services. The healthcare reform initiated in 2018 has been implemented in Ukraine in all oblasts with no exception and adjustments specific for the GCA despite the complex situation of the healthcare system in that area. While transformations induced by the healthcare reform to optimise the limited resources of the outdated post-soviet healthcare system (Semashko model) and to transform the financing model of the healthcare services were highly needed, today, the new system needs to be reassessed, and transformation monitored to be in condition to bring critical adjustments. Besides, any health-related programming in two conflict-affected oblasts should be built on a comprehensive analysis of specific factors affecting the access to healthcare in conflict-affected regions, as, for instance, demonstrated in the COVID-19 response. Disruption of the referral system in the region, damages to the civil infrastructure, weak patients' transportation system coupled with long distances and bad road conditions, lack of medical staff, and insufficient coverage of the emergency care exacerbated the vulnerability of the healthcare system during COVID-19 pandemics and reduced even more the opportunities for the population to access the healthcare.

The present document analyses first — the consequences of the conflict on the access to healthcare services (1) and the specific factors affecting the quality of healthcare services in conflict-affected Luhansk and Donetsk Oblasts related to the healthcare reform (2). MdM considers both aspects impacting each other, therefore, they should be considered together.

METHODOLOGY

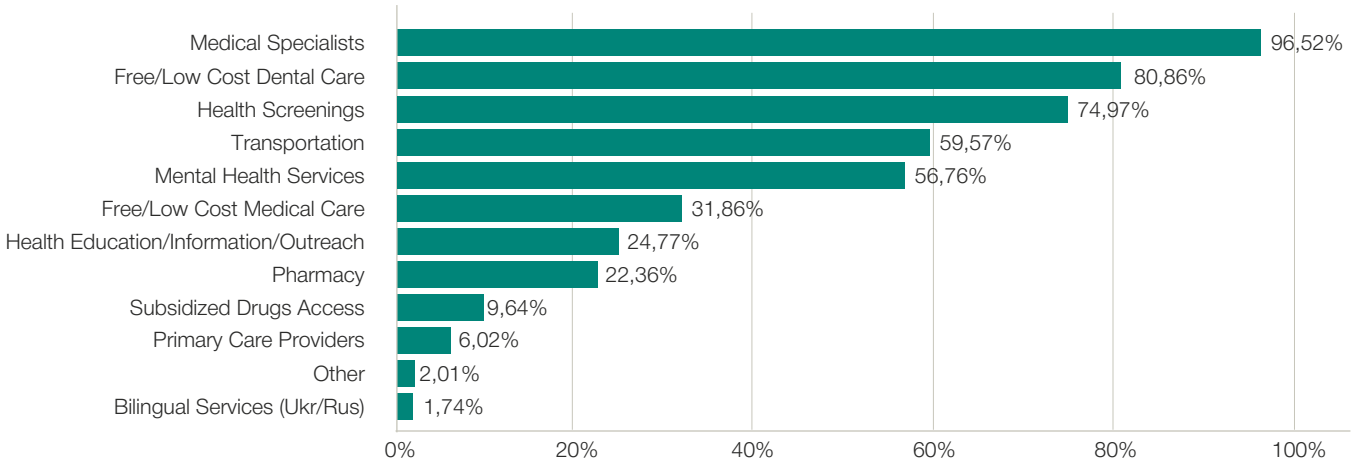
THE ANALYSIS BELOW IS BASED ON THE REVIEW OF LEGISLATIVE DOCUMENTS, RECENT MDM ASSESSMENTS IN THE SETTLEMENTS ALONG THE LINE OF CONTACT AND MORBIDITY DATA COLLECTED BY MDM IN DAILY OUTREACH WORK OF MOBILE UNITS, AVAILABLE ASSESSMENTS PRODUCED BY PARTNER ORGANIZATIONS, INTERVIEWS WITH THE REPRESENTATIVES OF THE LOCAL AUTHORITIES AND HEALTH FACILITIES OF LUHANSK AND DONETSK OBLASTS (GCA).

1 CONSEQUENCES OF THE CONFLICT ON THE ACCESS TO HEALTH SERVICES

1.1. Shortage of primary care physicians and a large number of physicians of retirement and pre-retirement age. In the locations near the LoC, there is a shortage of medical staff (from 20% to 40% depending on the settlement[1]), while about 60% of available primary care physicians are of pre-retirement and retirement age.[2] Some localities where MdM works are not covered by family doctors at all (out of 14 medical ambulatories, where a primary care physician should be permanently assigned, three medical ambulatories are not covered by primary care physicians at all, in five medical ambulatories, a primary care physician works 1-2 times per week).[3] In Luhansk Oblast, in locations along the LoC, community members identified a lack of medical professionals and medical examinations as the most significant factor affecting the access to healthcare and quality of life (*Figure 1*)[4].

1.2. Destroyed infrastructure. 35% of primary health care facilities have sustained damages or are left it in a state of disrepair due to the lack of maintenance, especially in rural areas.[5] Moreover, according to an Assessment conducted by MdM[6], 57,9% of healthcare facilities near the LoC in Popasna, Stanytsia Luhanska, and Bakhmut Raions were damaged due to the conflict, 94,7% require restoration.[7] In the meantime, physical access to healthcare facilities along the contact line remains a key issue due to the limited public transport and damaged road infrastructure. 52% of IDPs living in rural areas reported that the lack of public transport did not allow them to visit medical facilities, compared to 36% in urban areas.[8]

Figure 1. The most significant resources lacking are related to health and quality of life, according to community members.



[1] *According to the data provided by the Primary Health Care Centers (Popasna PMSAC, Stanytsia Luhanska PMSAC, Bakhmut raion PMCAC).*

[2] *Ibid.*

[3] *Data collected by MdM (GCA).*

[4] *Health and Social Needs Assessment in Selected Communities of Donetsk and Luhansk Oblasts, MdM, July-August 2020.*

[5] *Health and Protection Cluster, 'Exploring access to health care services in Ukraine: a protection and health perspective', July 2019.*

[6] *Health and Social Needs Assessment in Selected Communities of Donetsk and Luhansk Oblasts, MdM, July-August 2020.*

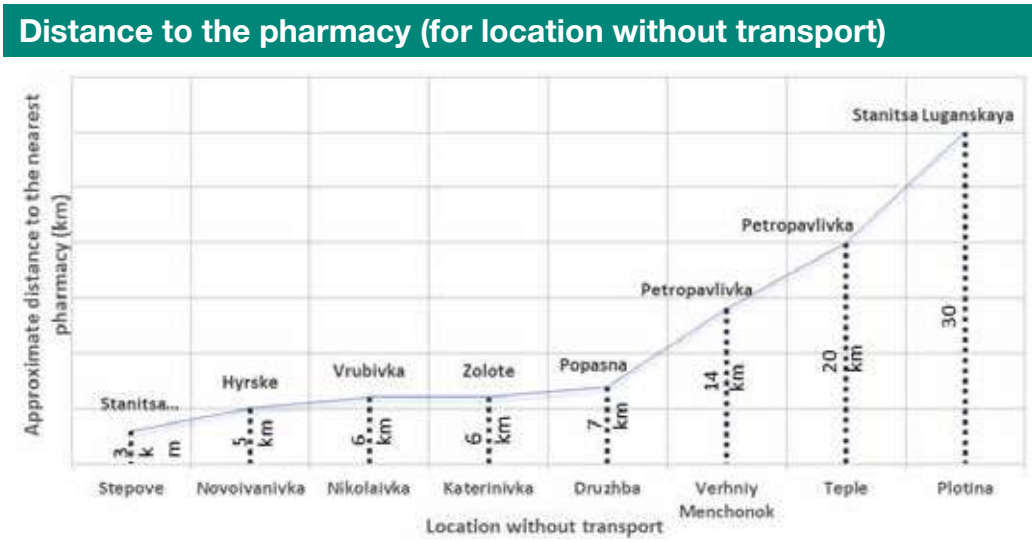
[7] *Ibid.*

[8] *REACH, 'Humanitarian Trend Analysis in GCA', 2020.*

1.3. Power and water outages, problems with the Internet, poor network in some settlements are primarily rural problems, and they remain unresolved. The shelling of critical civilian infrastructure continues to disrupt service delivery, leaving many people deprived of access or with limited access to water, sanitation, electricity, and heating. Water supply outages are most common in Luhansk Oblast outside Luhansk, where 40-50% of respondents reported limited or no access to water.[9] Without the stable internet connection, health facilities cannot use the electronic system of patients' files, prescribe free of charge medications provided to the most vulnerable by the State in the eHealth system, and make referrals.

1.4. Absence of pharmacies, drugstores in settlements near the LoC. According to the REACH estimate conducted in 2019 in isolated settlements, 100% (16) of settlements had neither pharmacies nor medical centres where they could receive medical care.[10] According to the Pharmacy assessment among vulnerable settlements in the conflict-affected areas, Luhansk Oblast (GCA) conducted by MdM in March 2021, only in 33% of locations a pharmacy or a pharmacy outpoint is present. Moreover, 31% localities continue to exist without pharmacies and access to medicines, 67% do not have access to transport to purchase medicines in another locality. The average distance to get by transport is 9.8 km (*Figure 2*).

Figure 2. Distance to the pharmacy (for the location without transport)*



* *Pharmacy assessment among vulnerable settlements in the conflict-affected areas, Luhansk Oblast (GCA) conducted by MdM in March, 2021*

[9] *REACH, Humanitarian Trend Analysis, 2020*

[10] *REACH, 'Protection Assessment of Isolated Settlements', February 2019.*

1.5. Aged population in Luhansk and Donetsk Oblasts that requires additional medical attention.

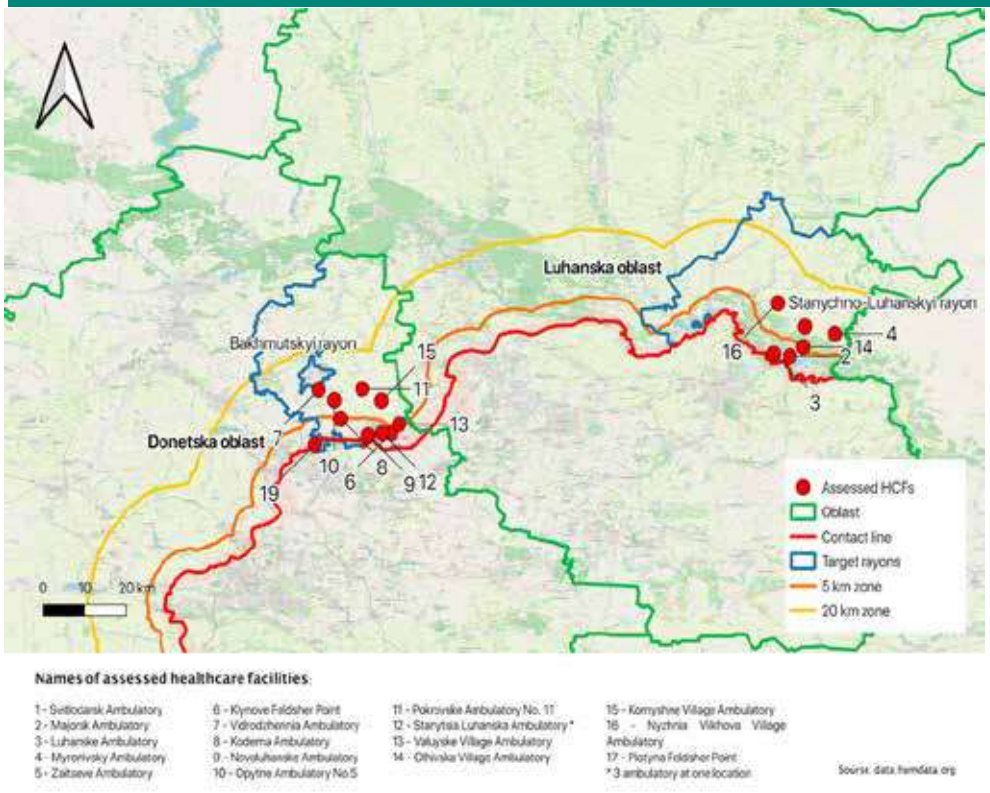
People over the age of 65 make up more than a third (37%) of the affected people in need of humanitarian assistance and 41% in isolated settlements.[11] This is the highest proportion of the elderly in a humanitarian crisis in the world.[12] The population is older than the average for Ukraine because the elderly are not as mobile and less likely to leave their homes than their children who have moved in large numbers to cities searching for safety and employment.[13] Moreover, according to morbidity reports from MdM Mobile Unit operations in Luhansk and Donetsk Oblasts, more than 70% of patients seeking help are people over the age of 60, 25% of patients are people with special needs, of whom more than 35% are people with mobility difficulties. Most beneficiaries have at least one chronic disease (mainly hypertension or other cardiovascular diseases) and require constant medical supervision.[14]

1.6. Impact on the mental health of people affected by the conflict.

70% of people living within 20 km of the LoC show signs of psychological distress and emotional difficulties.[15] Around 30% of families living in the government-controlled area (GCA) reported that they had no access to mental health care, and 42% said they were unaware of the availability of such services (most of these respondents live in rural areas).[16] As of today, most available psychosocial services are provided by humanitarian actors. Mental health services provided by public services are very limited and often inaccessible to communities on the LoC.

Figure 3. According to the Health and Social Needs Assessment in Selected Communities of Donetsk and Luhansk Oblasts conducted by MdM in July-August 2020

Medical infrastructure



From among healthcare facilities:

- **57.9%** were damaged due to the conflict, **94.7%** require rehabilitation
- **84.2%** have access to water supply, although only **47.4%** have enough hand wash stations
- **47.4%** are accessible for PWD, however **100%** of toilette facilities are not accessible
- **31.6%** provide the pharmacy that participate in the Affordable Medicines Programme
- **63.2%** provide services within the medical reform
- **57.9%** provide free access to laboratory examination
- **36.8%** have access to the local EMC service
- # of service providers vary from **0.13** to **10.00** per 1,000 people

[11] *Humanitarian Needs Overview, Ukraine, 2021.*

[12] *Ibid.*

[13] *Ibid*

[14] *Morbidity reports from MdM Mobile unit operations in Luhansk and Donetsk Oblasts, 2018-2021.*

[15] *Humanitarian Response Plan, 2021.*

[16] *REACH, Humanitarian Trend Analysis, 2020.*

2 FACTORS AFFECTING THE QUALITY OF PHC RELATED TO THE HEALTHCARE REFORM:

2.1. Factors related to the payments for PHC facilities:

- **Lack of a decent increase in the base capitation rate.** The base capitation rate introduced by the health reform is a tariff for medical services for the provision of primary care for one patient who signed a declaration with a doctor providing PHC services[17]. It is used to finance all services and salaries on the primary healthcare level, including salaries of doctors, nurses, feldshers and the administrative staff; consumables, depreciation of medical equipment, running expenses of health facilities. In 2018, the base capitation rate was UAH 370. In addition, the correcting coefficients were applied depending on the age groups of the patients. In such way, the income of the institution of PHC was formed (Comparative chart 1). In 2020, the basic capitalization rate was set at UAH 600.48[18], but the correction coefficients were changed too, so the income of the PHC facilities remained at the level of 2018. Only from 1 November 2020, there was an increase of the base capitation rate to UAH 651.06[19], which did not significantly improve the situation of the PHC facilities (*Comparative chart 1*). At the same time, the minimum wage was gradually increasing throughout the years: on 01.01.2020 by

[17] *Resolution of the Cabinet of Ministers of Ukraine as of 15 February 2021, No.133.*

[18] *Resolution of the Cabinet of Ministers of Ukraine as of 18 December 2018, № 1117.*

[19] *Resolution of the Cabinet of Ministers of Ukraine as of 5 February 2020, No 66.*

Comparative chart 1.

AGE GROUP OF THE PATIENT	2018 — 2019		2020 (from 1 January to 31 October 2020)		2020-2021 (from 1 November 2020 to 31 December 2021)	
	Correction coefficient	Payment	Correction coefficient	Payment	Correction coefficient	Payment
from 0 to 5 years	4	1480.0	2.465	1480.18	2.465	1606.19
from 6 to 17 years	2.2	814.0	1.356	814.25	1.356	883.56
from 18 to 39 years	1	370.0	0.616	369.90	0.616	401.38
from 40 to 64 years	1.2	444	0.739	443.75	0.739	481.5
over 65 years	2	740.0	1.232	739.79	1.232	802.77

11.6%, from UAH 4,173 to UAH 4,723[20], and on 01.01.2021 up to UAH 6,000[21], which is 27.04% higher than at the beginning of the last year. While consumable prices are rising and the salaries of the general population are increasing, the capitation rate has not been revised to reflect this evolution, thus, reducing the financial capacity of the medical institution for self-sufficiency and remuneration of staff.

- **Reduction of the capitation rate in case a doctor exceeds the recommended number of patients.** The reform introduces a notion of an optimal number of patients per doctor on the PHC level: 1,800 patients per family doctor; 2,000 patients per general practitioner; 900 patients per paediatrician.[22] If the recommended limit is exceeded, the system will apply «reduction coefficients» to the capitation rate. For instance, if the limit is exceeded by a maximum of 10%, the rate will be UAH 401.38 per person per year and will not take into account age coefficients. If the limit is exceeded by more than 10%, funds are accrued without taking into account the age of patients and with the use of reduction coefficients: for the number of patients exceeding the recommended limit between 110% and 120%, the rate is reduced to UAH 321.23 per patient per year; for the excess between 120% and 130%, the rate is of UAH 241; between 130% and 140%, the rate is of UAH 160.29; between 140% and 150%, the rate is UAH 80.14; for the number of patients exceeding 150% funds from the NHSU are not accrued.[23] This system is meant to assure patients access and quality of consultations. However, for the conflict-affected healthcare system, this mechanism is not suitable: due to the shortage of primary care physicians in Luhansk and Donetsk Oblasts, doctors are signing declarations above the established limit to provide the population with at least a minimum access to healthcare. In this case, they are subject to a reduction coefficient, which significantly affects the income of medical institutions. For example, in the Popasna Raion Centre for Primary Health Care, 35% of physicians signed declarations with patients above the established limit.
- **The capitation rate does not reflect the hardship related to the work in the conflict-affected area and does not allow adjustments.** While the capitation rate is

[20] *Law of Ukraine «On the State Budget for 2020».*

[21] *Law of Ukraine «On the State Budget for 2021».*

[22] *Ministry of Health Order as of 19.03.2018 No 504; Pediatricians solely specialize in the treatment of children, general practitioners solely specialize in the treatment of adults, while family doctors specialize in treating patients of all ages.*

[23] *Resolution of the Cabinet of Ministers of Ukraine as of 15 February 2021 No 133.*

the same for all oblasts of Ukraine, there are possibilities according to the Ukrainian legal framework to introduce "adjustment factors" that would allow increasing the capitation tariff due to specific burden related to the work in the conflict-affected rural area. For instance, the legislation provides for a weighting to be applied depending on the risks due to patients' gender and age structure, the specifics of their place of residence that complicate the conditions of care. Today, the adjustment factor of 1.25 is fixed only for mountainous terrain.[24] In other words, the situation in conflict-affected regions is not taken into account, where according to the UNDP Vulnerability Index for Ukraine, the health system affected by the conflict (Luhansk Oblast) is the most vulnerable compared to other regions in Ukraine in terms of resources such as hospital beds, medical equipment, and medical staff.[25] Many qualified healthcare workers have left the Luhansk and Donetsk Oblasts due to insecurity. Those who remain often face tremendous pressure to maintain service provision despite limited resources, lack of essential equipment, deteriorating healthcare infrastructure, and lack of professional training opportunities.[26] In communities near the LoC, the work of health workers, in addition to infrastructural difficulties, is complicated by increased levels of danger and general psychological burnout.

- **Capitation rate coefficients do not reflect the level of effort for chronic conditions and do not motivate doctors to work with patients with chronic diseases.** According to the Assessment of PHC providers' and patients' behaviour after implementing of capitation,27 PHC services are most often used by patients with certain chronic diseases (such as cardiovascular disease or diabetes). Currently, the capitation rate coefficient is defined based on the age of

[24] *Ibid.*

[25] *UNDP, 'COVID-19: Ukraine Compounded Vulnerability Index', 25 November 2020.*

[26] *Humanitarian Needs Overview, Ukraine, 2021.*

[27] *http://healthreform.in.ua/wp-content/uploads/2020/06/PHC_assessment_report.pdf.*

patients only, but the level of effort related to certain chronic diseases should also reflect to motive the doctors to provide quality follow-up of such patients.

- **System of income supplement for the performance and quality indicators.** The National Health Insurance Fund proposed introducing additional payments to doctors for such quality indicators as low percentage of hospitalizations of patients with cardiovascular diseases that can be treated at home instead of in hospitals or for a higher percentage of vaccination of children. Finally, such indicators are partially included in the PHC requirements, but income supplements for such indicators were not introduced.[28] Only vaccination against the acute respiratory disease COVID-19 caused by coronavirus SARS-COV-2 is remunerated additionally from a separate funding package.[29] Therefore, currently, there are no quality indicators in the system motivating the doctors to engage in prevention check-ups, follow-ups of pregnancies, and chronic conditions as the capitation rate will be the same for all patients. The level of salaries of PHC staff does not depend on their performance.

2.2. Absence of mechanisms to implement payments regarding the hardship related to the work in the area near the LoC introduced by the Resolution of the Cabinet of Ministers No.708 as of September 5, 2018. On June 5, 2019, the Resolution of the Cabinet of Ministers No. 468 amended the Resolution of the Cabinet of Ministers No. 708. It established a monthly allowance that can reach up to 50% of the salary for employees of state and municipal institutions, facilities, organizations financed from the budget, working under special working conditions because located in the settlements near the LoC. The amount of the allowance should be defined by the head of the institution in agreement with the trade union organization (trade union representative). That means that healthcare institutions have to pay these allowances from their own salary fund, essentially formed thanks to the payments by the NHSU, while there are no funds from the NHSU planned to cover the hardship allowances. Local governments can also finance the allowance, but according to the information shared by PHC institution, none of them has received such support so far.[30]

2.3. Inconsistency between statistical information and data collected in the territories near the contact line. For example, Popasna Raion's (now part of the Sievierodonetsk Raion, which was created in July 2020 as part of the reform of administrative divisions of Ukraine) population, according to statistics accounts, amounts to 75,000 people, while in fact, as of May 2021, only 35,020 declarations[31] were signed. Such inconsistency can be explained mainly by the fact that in 2014-2015, several cities and settlements subordinated to the centres in the non-government controlled areas (NGCA) were artificially added to the boundaries of the Popasna Raion, Luhansk Oblast (for example, Chornukhyn Village Council of Perevalsk Raion).[32] Even if it is impossible to provide medical care in the territories on the other side of the LoC, their residents are calculated under the responsibility of the health facilities in GCA, with no information about the number of residents or their health status. However, the calculation of various statistical indicators takes into account the NGCA and makes it difficult to obtain objective information about health statistics.

[28] *Specification for medical service provision in the area of primary healthcare (https://nszu.gov.ua/vimogi-pmg-2021).*

[29] *https://nszu.gov.ua/vimogi-pmg-2021.*

[30] *According to the information provided by Primary Health Care Centers (Popasna PMSAC, Stanitsa Lukhanska PMSAC, Bakhmut rayon PMCAC).*

[31] *https://nszu.gov.ua/e-data/dashboard/declar-stats*

[32] *Resolution of the Verkhovna Rada «On the changes to the administrative and territorial structure of Luhansk Oblast, change and demarcation for boundaries of Perevalsk and Popasna Raions of Luhansk Oblasts» as of 7 October 2014, No. 1693-VII.*

2.4. Limited access to the government's Affordable Medicines Programme (AMP). The main implementors of the AMP in Luhansk and Donetsk oblasts are state-owned pharmacies "Pharmacia", while private pharmacies do not actively participate in the programme. One of the arguments of private pharmacies is the complexity of the procedure, the cost of the enrolment into the programme and related logistics costs that are not taken into account by the programme for pharmacies. In general, for one client under the AMP, the registration and dispensing of medicines takes about 10-15 minutes. At the same time, given the power outages and the poor Internet connection, this process may take longer. Among the settlements assessed by MDM (GCA)[33] in Stanytsia Luhanska and Popasna Raions, statistics show that only 47% of existing pharmacies offer access to this programme. It should be noted that the programme works only in licensed pharmacies and only in prominent localities such as Stanytsia Luhanska, Popasna, Hirske, and Shchastya.[34] Among 34 pharmaceutical institutions, 18 of them not work with the AMP. Out of the 34 pharmaceutical institutions, 18 (53%) do not work under the programme.[35] Additionally, since there is a lack of pharmacies or pharmacy outlets in rural areas, the actual ability of people living in these settlements to receive medications free of charge under the programme, designed to serve the most vulnerable, is even more complicated.

[33] *Pharmacy assessment among vulnerable settlements in the conflict-affected areas, Luhansk Oblast (GCA).*

[34] *Ibid.*

[35] *Ibid.*

2.5. Difficulties in implementing telemedicine. According to the legislation of Ukraine[36], the main goal of telemedicine is to improve public health by providing equal access to quality medical services. Telemedicine makes it possible to receive professional consultation from highly specialised doctors about a diagnosis or treatment, thus reducing the time for visits to the doctor. During the assessment that MdM conducted in Luhansk Oblast (GCA),[37] the following issues were identified:

- unavailability of the software for online patient appointments; poor quality of Internet connections and technical equipment;
- lack of appropriate knowledge among medical staff on how to work with mobile diagnostic complexes and computer equipment;
- issues with payment for telemedicine services, providing telemedicine services to patients who have not signed declarations with a PHC doctor.

Additionally, human and cultural factors constitute a barrier as such. Some patients and healthcare providers are unwilling to use modern digital models of care that differ from traditional approaches or local practices; for others, there is a general lack of understanding of telemedicine techniques.

2.6. Low level of public knowledge about state guarantees in the field of healthcare and patient's rights protection mechanism. According to our observations during the field work, there is a still relatively low level of knowledge of the healthcare guarantees provided by the reform among the rural population near the LoC. The population

[36] *Order of the Ministry of Health of Ukraine No 681 «On approval of the regulatory documents regarding the application of telemedicine in health care» as of 10 October 2015.*

[37] *Assessment of the situation with telemedicine in the selected communities of Luhansk Oblast (GCA).*

does not understand the role of the family doctor and their responsibilities. In some localities where MDM work, patients saw their doctor only when they signed the declaration, but in fact, did not have any contacts with the doctor after, although their health condition indicates the need for constant medical supervision. At the same time, many patients do not know about the list of state-guaranteed services. Thus, it allows the medical institution to make some "savings" on services not provided.

2.7. Impact of COVID-19. Due to the conflict and the split of the region into GCA and NGCA, there is no intensive care unit for infectious patients and tertiary care in the infectious diseases in-patient care facility. The established intensive care units are launched mostly in the already equipped premises and are not staffed with specialists. The maintenance and hygiene of healthcare facilities remain unsatisfactory; they lack proper ventilation and decontamination of sewage. Luhansk and Donetsk Oblasts do not offer conditions for waste disposal, while the transfer of the waste management to dedicated companies is too expensive. The situation with oxygen provision remains difficult. Oxygen concentrators have low capacity and are not efficient for severe cases of hypoxia. The use of oxygen cylinders is expensive and requires additional technical personnel. Donetsk Oblast has difficulties with the maintenance and reparation of oxygen pipelines due to the lack of qualified professionals and enterprises licensed for such works. The problem with the lack of health professionals is acute. There are no infectious diseases specialists, intensivists, etc. Mid-level health providers require training. There are not enough technical personnel. The workers are overloaded, that affects the quality of their performance. Hospitals still have a problem of lack specialists, such as a cardiologist, neurologist, endocrinologist, etc. Due to the fact that COVID-19 has a severe progression in addition to cardiovascular diseases and diseases of the endocrine system, the specialised consultations are vital.[38]

[38] *According to the «Round table: access the healthcare in Donetsk oblast: impact of COVID-19 pandemic», December 2020.*

RECOMMENDATIONS:

FOR THE NATIONAL AUTHORITIES:

- Increase the base capitation rate for the primary healthcare service provider to link it with the minimum wage increases.
- Limit the application of the downgrading coefficient on the territories of Luhansk and Donetsk Oblasts for the duration of the conflict.
- Set up an additional coefficient for the healthcare facilities located in the rural areas (1) for the hardship of the work in locations close to the contact line (2) on the territories of Luhansk and Donetsk Oblasts.
- Legally introduce quality indicators into the remuneration system, thus setting up a motivation system based on the efficiency and performance of the health staff and quality of healthcare services provided.
- Introduce the state programme to attract specialists to the rural areas in the territories of Luhansk and Donetsk Oblasts.
- Set up a mechanism for the implementing of the Resolution of the Cabinet of Minister of Ukraine No. 486 through the allocation of additional funds for securing the payment for healthcare workers in the facilities close to the contact line on the territory of Donetsk and Luhansk Oblasts.
- Set up a monitoring mechanism on the implementation of the health reform to allow readjustments when necessary.
- Review the coherence between the dispositions of the health reform and technical design of the eHealth system.

WHY?

It will improve the remuneration system and funding of the PHC on the LoC, and therefore, material conditions of work of the healthcare workers in the conflict-affected areas and will help to solve the problem of the lack of medical staff and improve access to the primary healthcare doctors for the conflict-affected population.

- Launch a state information campaign regarding the guarantees provided by the State and the rights of the patients.
- Launch a government information campaign regarding the importance of preventive examinations for the population.
- Legally acknowledge the obligation of the healthcare facilities to provide patients with the information regarding the list of medical services guaranteed by the government and ensure free access to a printed copy of the list of the said guarantees in the healthcare facilities and their structural units.

WHY?

It will increase the level of awareness of the population of the healthcare services and the importance of preventive examinations.

- Temporarily not to include the statistical data from the settlements located on the temporarily non-government controlled area and allocated to the raions on the government-controlled area.

It will provide the opportunity to receive real information on the epidemiological situation in the area and better plan the budget.

WHY?

- Extend the authority of professional associations when dealing with investigations of controversial cases.
- Introduce legislation on the mandatory medical professional liability insurance;
- Increase the liability for violence against healthcare workers during the performance of their professional duties.

It will help to secure the position of healthcare workers.

WHY?

FOR LOCAL AUTHORITIES:

- Provide for the opportunity to have access to healthcare services for the population with specific needs.
- Improve the network of healthcare facilities to provide access to healthcare in isolated communities.
- Improve the public transportation system to reduce the time and costs for the people to get to the healthcare facilities. Organize social transportation on the level of ATC.
- Support the development of outreach healthcare services in communities, bring PHC doctors and SHC specialists to communities closer to the population.
- Consider a possibility of support on the ATC level development of pharmacies and pharmacy points in locations without access to a pharmacy. Provide financial advantages for the pharmacies offering access to the state's Affordable Medicines Programme.
- Establish mobile drugstores on the territories close to the contact line.
- Support the development of the stable internet connection in locations where the connection is limited, such as locations along the LoC.

It will allow for the improved access of the conflict-affected population to healthcare services.

WHY?

- Implement the programmes attracting qualified healthcare workers into communities along the contact line.
- In cooperation with local healthcare service providers, develop and implement quality indicators in accordance with the needs of the communities.
- Implement programmes increasing health awareness and promotion for the population, including building trust to healthcare workers.

These steps will help improve the status of healthcare workers in the conflict-affected areas, solve the problem of the lack of healthcare personnel, and improve access to the primary healthcare for the conflict-affected population.

WHY?

FOR HUMANITARIAN ORGANIZATIONS:

- Implement projects to strengthen the local healthcare system and build effective collaboration between healthcare facilities and ATCs.
- Tightly collaborate with national and local authorities to fill the existing gaps and intensify the efficient implementation of reforms that will provide access to the affected population to the health services.
- Monitor the situation of the healthcare reform implementation in Luhansk and Donetsk Oblasts and promptly react to the needs.
- Coordinate the activities with other organisations to avoid the risk of duplicating activities and ensure effective referrals in the conflict-affected areas.

FOR DONORS:

- To continue supporting the health reform processes in Ukraine, considering specificities of the conflict-affected area.
- Supporting the government to introduce monitoring system and qualitative indicators allowing improvements during health reform implementation.
- Support the local authorities in the reconstruction of the infrastructure according to the most recent standards on inclusion — roads, public transportation, health, and social facilities, wash infrastructure — for long-term sustainable utilization.
- Support programmes in the Donetsk and Luhansk Oblasts that increase the autonomy and capacities of the local healthcare system to provide quality healthcare services in communities.
- Support the programmes aiming to upgrade material conditions in health facilities in Luhansk and Donetsk Oblasts.
- Support advocacy initiatives of humanitarian health actors in discussions with the government and authorities.
- To finance the construction of a tertiary level regional hospital in the Luhansk Oblast GCA.

ABBREVIATIONS:

AMP — Affordable Medicines Programme

GCA — government-controlled areas

LoC — Line of Contact

MdM — Medicos del Mundo

MOH — Ministry of Health

NGCA — non-governmental controlled areas

NGO — non-governmental organization

NHSU — National Health Service Ukraine

PHC — primary health care

UAH — Ukrainian Hryvnia

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