World Health Organization
European Region

RAPID NEEDS ASSESSMENT: ACCESS TO HEALTH CARE SERVICES 2022

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BACKGROUND

On 24 February 2022 the Russian Federation launched a military offensive against Ukraine. The timing of this crisis, coinciding with the COVID-19 pandemic, added an unprecedented challenge to the already overburdened and exhausted health system in Ukraine, including the health workforce. The large-scale attacks that caused significant movement of displaced people within and outside the country, combined with unprecedented attacks on health care, created new emergencies in Ukraine with short- and long-term public health consequences.

The ongoing conflict in Ukraine started in 2014 and manifested quickly with shortages of health-care professionals, particularly in the eastern part of the country.

The current large-scale invasion has likely exacerbated pre-existing public health issues. As Ukraine marked one hundred days of full-scale war, WHO reported that the health system in the country was under severe pressure, with increased needs for health-care services in areas with relatively fewer hostilities and reduced ability to provide services in areas of active combat.

At a time when access to local and international data collection providers was limited, the decision was made to collect data through the crowdsourcing platform Premise, which already had a wide network of contributors (respondents) in Ukraine.

SUMMARY

Data collection at the initial stage of the war, as well as continued monitoring studies in the summer and autumn before the start of a large-scale operation to regain control in eastern and southern Ukraine, through the use of a common methodology and questionnaire, provided a better understanding of trends in access to health care in the country.

Ukraine's health-care system was able to withstand the early stages of the war and continued to provide health-care services to the people of Ukraine, as well as to restructure and work to improve access to services in the months that followed. The results of the survey showed a continued decrease in the number of respondents facing serious problems with access to health care (from 33% in April-May (Round 1) to 16% in October (Round 3)).

Respondents living in areas with active hostilities faced more serious problems seeking health care. In general, nine out of 10 respondents had access to primary health care and ≥90% of health-care facilities were operational in all territories. In total, eight out of 10 respondents had access to a family doctor, and only two out of three respondents in areas with active hostilities had access to a family doctor.

However, there are still serious concerns about access to health care in areas experiencing active hostilities. The main barrier to people's access to health care is the cost of medicine and treatment.

Problems with access to medicines show a similar downward trend as access to health care, with serious problems in obtaining medicines decreasing from 34% (April-May) to 17% (October). However, the availability of medicines at local pharmacies is the main barrier. Areas experiencing active hostilities reported more problems with access to medicines than other territories.

SURVEY OBJECTIVES

The primary objective of the survey was to carry out a rapid assessment of access to health care and services among the adult population in Ukraine, including access to primary and specialized health services, medicines, and other variables, to inform emergency response and recovery from the ongoing crisis.

SURVEY METHODOLOGY

The rapid assessment to gather self-reported data uses a standard questionnaire on the Premise online application accessible through mobile phones. Surveys are sent to respondents based on the location under assessment and a small remuneration is given to participants who complete the questionnaire.

DATA COLLECTION INSTRUMENT

The questionnaire was contextually tailored and based on the standardized Rapid Household Health Needs Assessment tool developed by the Health Cluster. It covers the following major categories of questions:

- participant sociodemographic
- household information
- health services need
- access to medicines
- access to health services

SAMPLE SIZE AND DATA COLLECTION TIMELINE

To obtain an acceptable level of distribution of the current adult population in Ukraine, a sample of n=1700 per round was recommended.
Three rounds of data collection were conducted according to the following timeline:

- Round 1 (R1):
  11 April–10 May, N=1711

- Round 2 (R2):
  27 July–3 August, N=1693

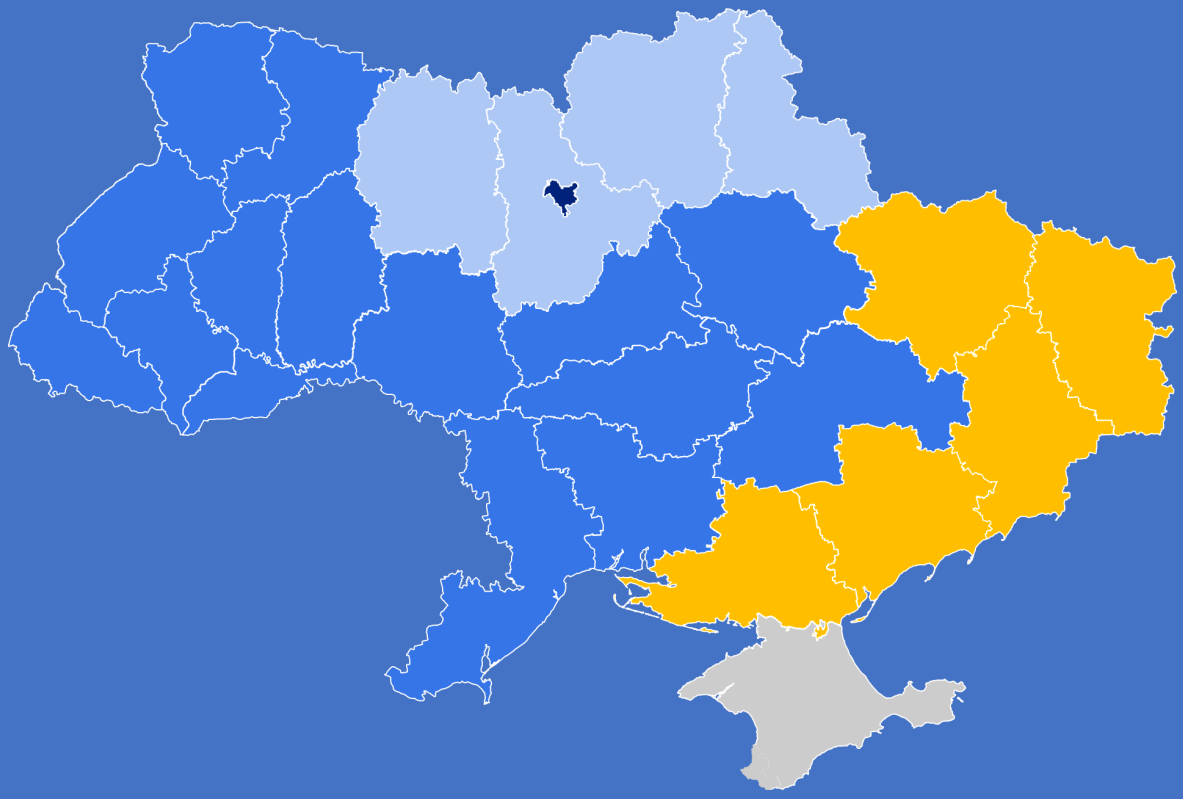
- Round 3 (R3):
  4–12 October, N=1711

SECTION 1. SOCIODEMOGRAPHIC DATA

Round	Median number of females in household	Median number of males in household	Median number of household members
R1 April-May, 2022	2 (IQR: 1–3)	1 (IQR: 1–2)	3 (IQR: 2–5)
R2 July-August, 2022	4 (IQR: 2–4)	2 (IQR: 2–4)	3 (IQR: 2–4)
R3 October, 2022	2 (IQR:1–2)	1 (IQR: 1–2)	3 (IQR: 2–4)

Round	At least 1 member pregnant or lactating	At least 1 member with a disability	At least 1 member <18 years old	At least 1 member > 65+
R1 April-May, 2022	8% (135)	14% (241)	38% (654)	34% (586)
R2 July-August, 2022	8% (134)	19% (323)	59% (993)	24% (399)
R3 October, 2022	8% (135)	19% (331)	58% (988)	23% (393)

Round	18–25 years	26–35 years	36–45 years	46–55 years	Male	Female
R1 April-May, 2022	18% (309)	32% (544)	30% (510)	20% (347)	43% (729)	57% (969)
R2 July-August, 2022	20% (343)	34% (582)	26% (446)	17% (283)	45% (749)	55% (922)
R3 October, 2022	18% (306)	35% (605)	25% (450)	17% (285)	48% (814)	52% (879)



	Oblasts recently fully or partly retaken by the Government of Ukraine (Zhytomyr, Kyiv oblast, Chernihiv, Sumy), N	Oblasts not under the full control of the Government of Ukraine / experiencing active hostilities (Kharkiv, Donetsk, Luhansk, Zaporizhzhya, Kherson), N	City of Kyiv, N	Rest of the country, N
R1 April-May, 2022	197	326	115	1073
R2 July-August, 2022	192	320	112	1069
R3 October, 2022	197	325	116	1073

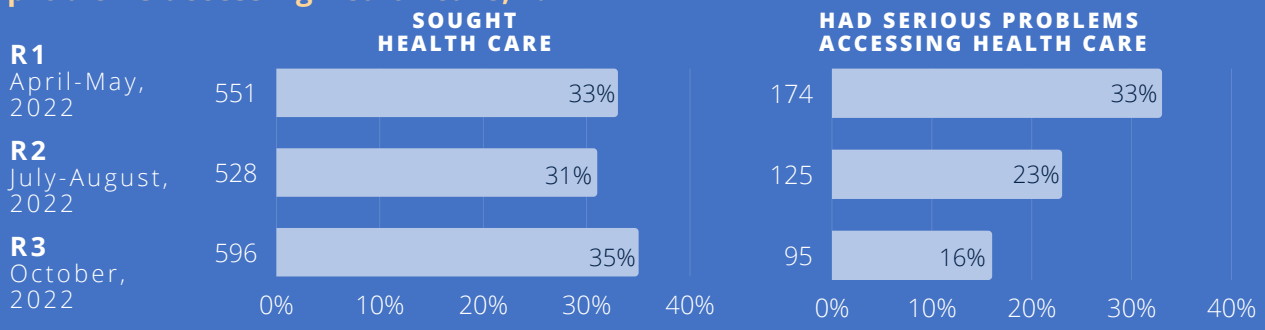
29% PARTICIPATED IN BOTH R1 AND R2
48% PARTICIPATED IN BOTH R2 AND R3

SECTION 2.
ACCESS TO HEALTH CARE

In general, one third of the respondents per round indicated that they had sought health care (Fig. 1). However, the number of people experiencing access issues decreased from 33% in April-May (Round 1) to 16% in October (Round 3).

The three main reasons for not accessing health care also changed over the course of the data collection rounds. For the respondents in Round 1, the main reasons were security concerns (36%), unavailability of services (25%) and cost (21%). For the respondents in the remaining rounds (41% in Round 2 and 55% in Round 3), cost was the number-one barrier to access.
Security (11% in Round 2 and 12% in Round 3) also remained among the main reasons, but with a much smaller proportion.

Fig. 1. Proportion of respondents who sought health care and faced serious problems accessing health care, %



Compared to the previous rounds' results, there was an increase in the number of people who sought health care in Round 3.
Broken down by oblast status, the data reveal differences between the regions, indicating that healthcare needs in areas with active hostilities were greater at the beginning of the war. A decrease in those seeking health care was reported for areas with active hostilities. However, in other areas, a larger share of the population sought health care in October (Round 3) than in April–May (Round 1) (Fig. 2, Fig. 3).

The main barriers to accessing health care in Round 3 were cost-related for all areas. However, compared to the beginning of the war, access to services and their availability were among the top three.

Fig. 2. Proportion of respondents who sought health care, by oblast status, %

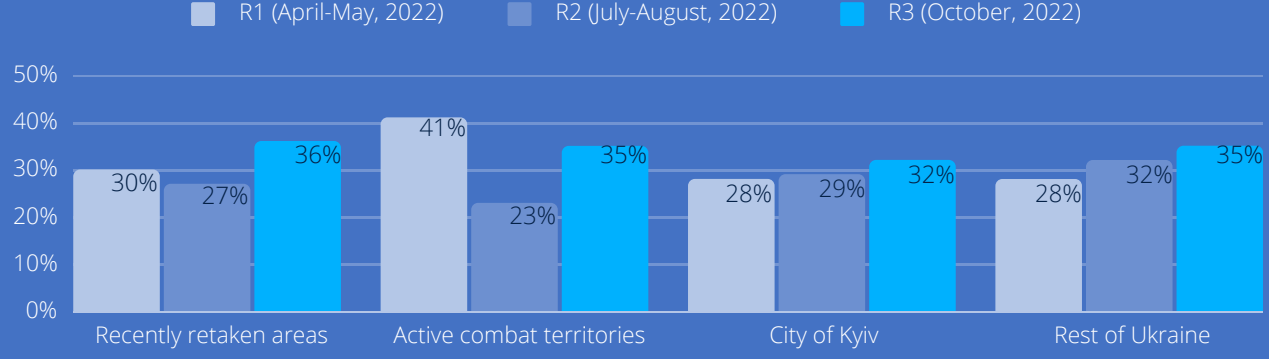
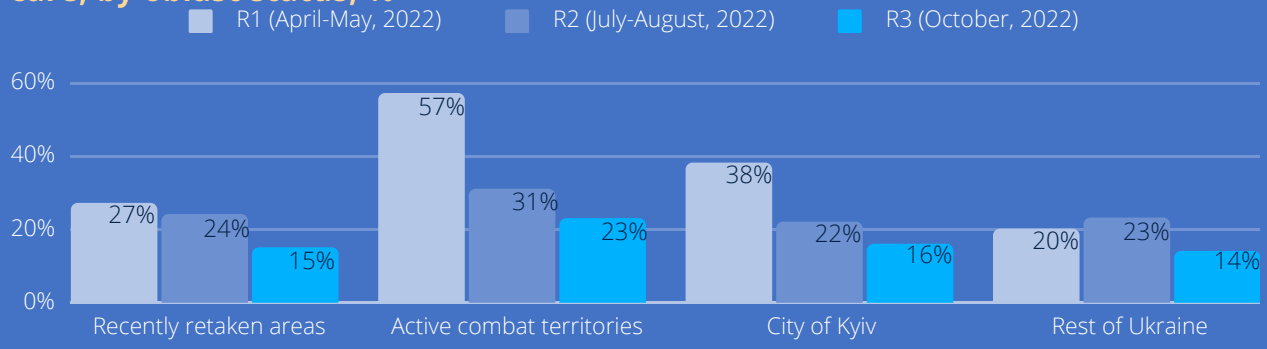


Fig. 3. Proportion of respondents who faced serious problems accessing health care, by oblast status, %



SECTION 3. ACCESS TO A PRIMARY HEALTHCARE FACILITY AND FAMILY DOCTOR

Overall, access to primary health-care facilities remained high during all rounds of data collection, with a slight increase in Round 2. However, the availability of primary health-care facilities increased significantly between rounds. During Round 1, 75% of primary health-care facilities were functioning, while during Round 2 and Round 3 it was 92% and 93%, respectively (Fig. 4).

Access to family doctors increased significantly from 66% in Round 1 to 77% and 78% in Round 2 and Round 3, respectively.

Questions about ways to access a family doctor were asked only in Round 2 and Round 3. In those rounds half of the respondents stated that their family doctor could be reached by phone (50% for Round 2 and 51% for Round 3) or through in-person visits (38% for Round 2 and 40% for Round 3) (Fig. 5).

Fig. 4. Proportion of respondents who have access to a primary health-care facility, %

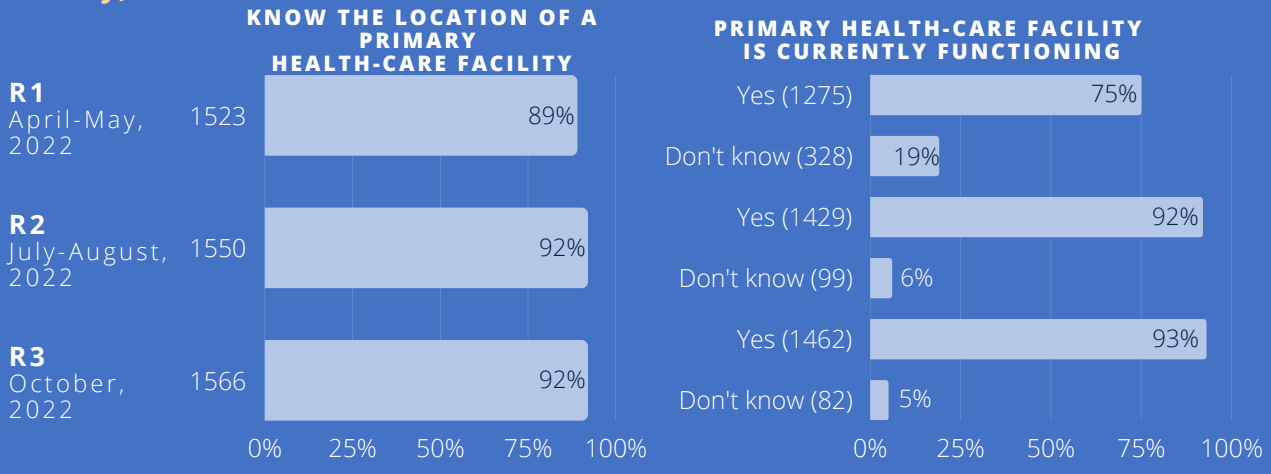
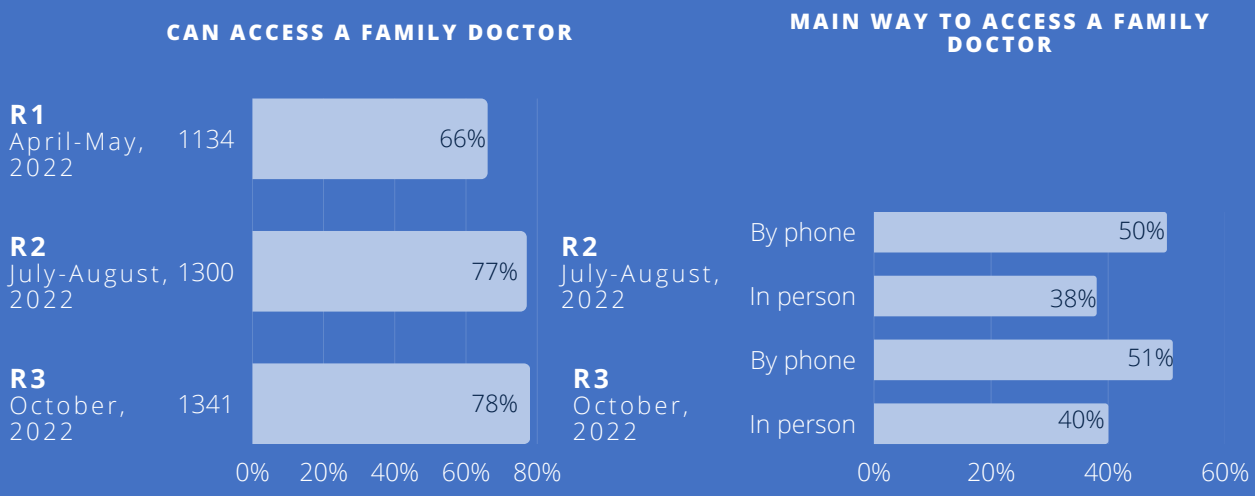


Fig. 5. Proportion of respondents who have access to a family doctor, %



Broken down by oblast status, data concerning access to primary health-care facilities reveal that awareness of health facility location increased between rounds, but with poorer outcomes in areas experiencing active hostilities. The availability of primary health-care facilities has changed significantly across Ukraine in the periods assessed.
In Round 1 people in areas experiencing active hostilities and in the city of Kyiv reported limited access to primary health-care facilities, at 58% in the city of Kyiv and 63% in territories with active hostilities. However, in the July-August (Round 2) assessment, significant improvement in the availability of primary health-care facilities was reported. In October (Round 3), general access to primary healthcare facilities was high, but slightly lower in territories with active hostilities (Fig. 6, Fig. 7).

Fig. 6. Proportion of respondents who know the location of a primary healthcare facility, by oblast status, %

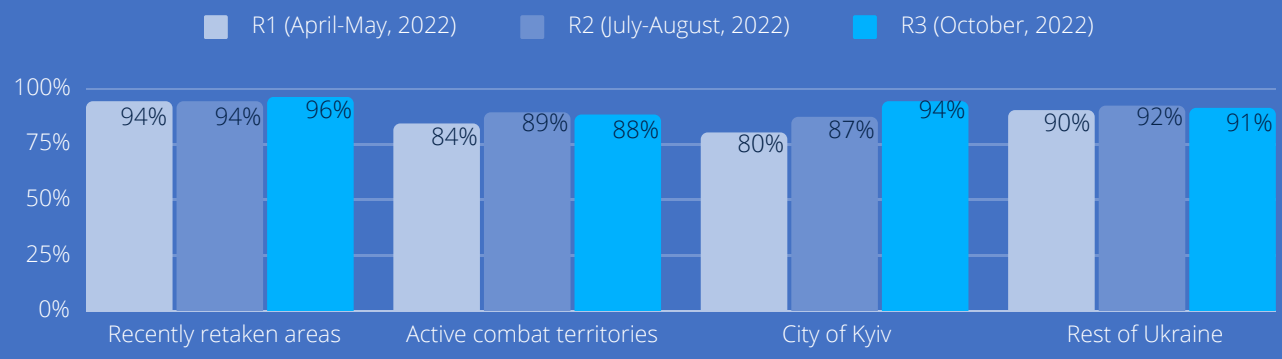
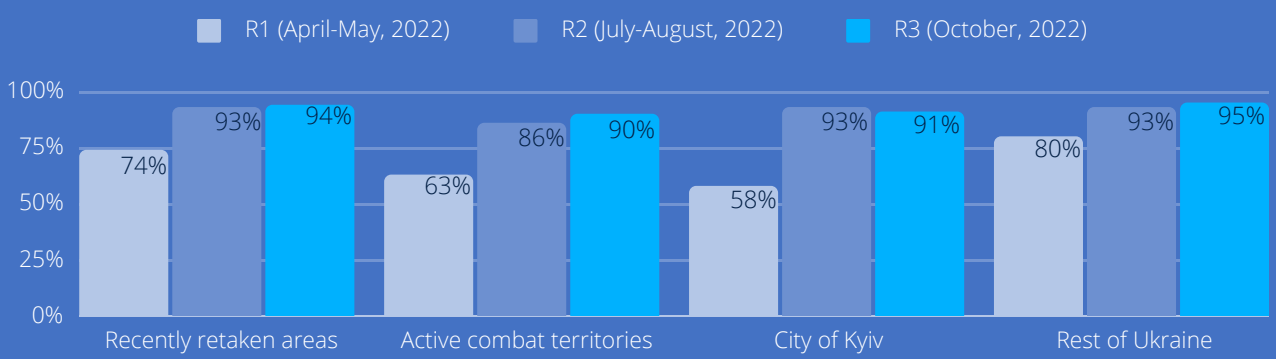


Fig. 7. Primary healthcare facility is currently functioning, by oblast status, %



Access to family doctors was higher in areas not experiencing active hostilities – at 82% in Round 1.

Round 2 results showed improved access to family doctors, and a significant increase in retaken and active combat territories in Round 3 (Fig. 8).

The main ways of accessing family doctors showed no significant difference in terms of geographic distribution, with phone access being more prevalent than in-person visits.

The time needed to access family doctor consultations or appointments was assessed in Round 2 and Round 3. For most respondents, the time needed to access a family doctor remained the same. However, looking at the results from Round 2 and Round 3, the study team noted an improvement in the estimated time. The proportion of those who reported that it took longer to access services than prior to 24 February 2022 partially decreased in Round 3, while the proportion of those who did not notice a significant difference in the time spent accessing services increased (Fig. 9).

Fig. 8. Proportion of respondents who have access to a family doctor, by oblast status,%

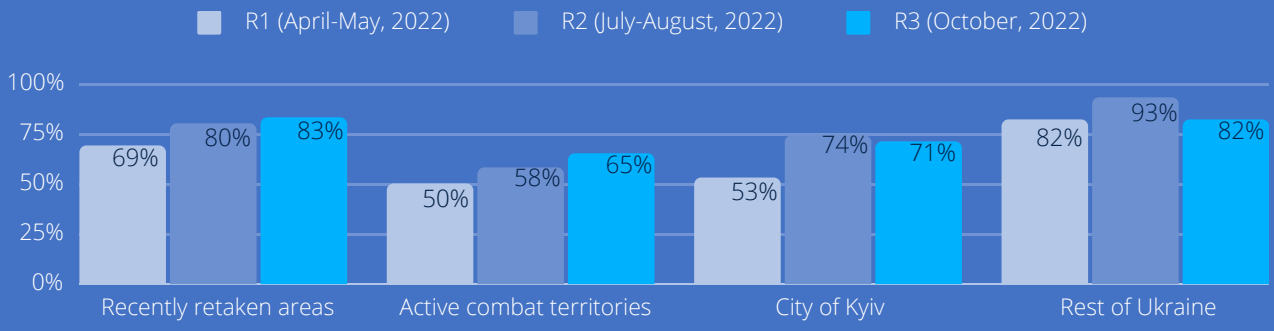
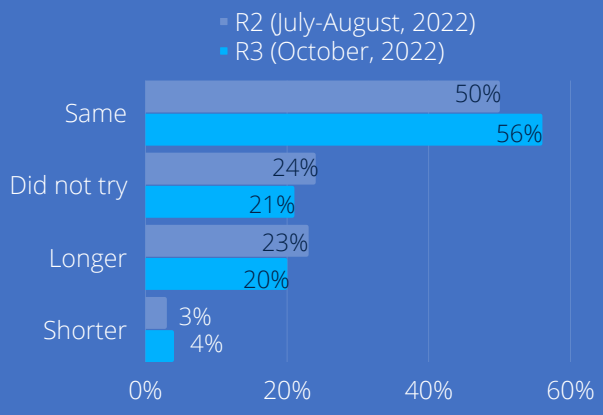
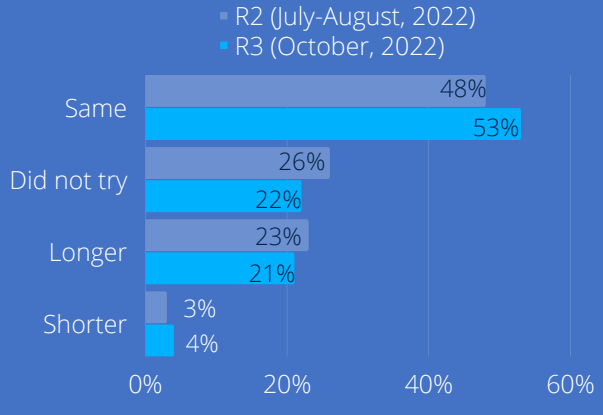


Fig. 9. Estimated time needed to access a family doctor, %

COMPARED TO BEFORE 24 FEBRUARY 2022, HOW LONG DOES IT TAKE TO GET A CONSULTATION WITH A FAMILY DOCTOR?



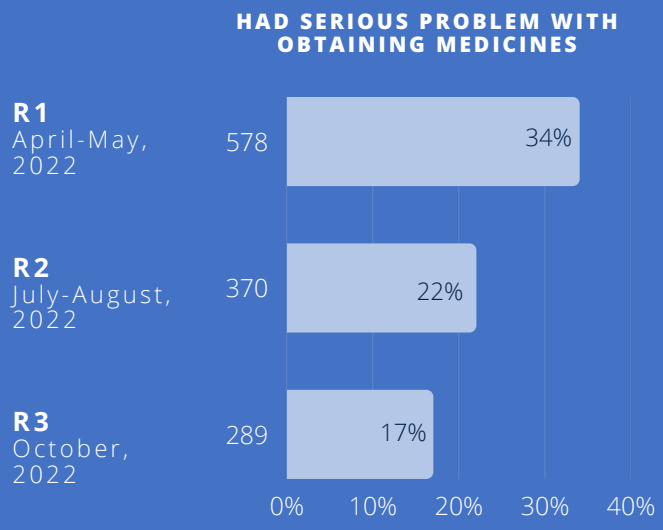
COMPARED TO BEFORE 24 FEBRUARY 2022, HOW LONG DOES IT TAKE TO GET AN APPOINTMENT WITH A FAMILY DOCTOR?



SECTION 4.
ACCESS TO MEDICINES

In general, access to medicines was still an issue during Round 1, with one in three respondents (34%) reporting difficulties. During Round 2 and Round 3 of the study, that figure was halved to 17%. The main barriers were availability of medicines at pharmacies, high prices, and a limited number of operating pharmacies. Analysis of Round 2 and Round 3 showed a partial decrease in medicine availability issues and a partial increase due to high prices. In terms of medicine types, the most challenging types of medicines for respondents to obtain were pain medicines, blood pressure medicines and antibiotics. The problem of access to antibiotics may be partially explained by the health-care reform and the introduction of compulsory antibiotic prescriptions (Fig. 10).

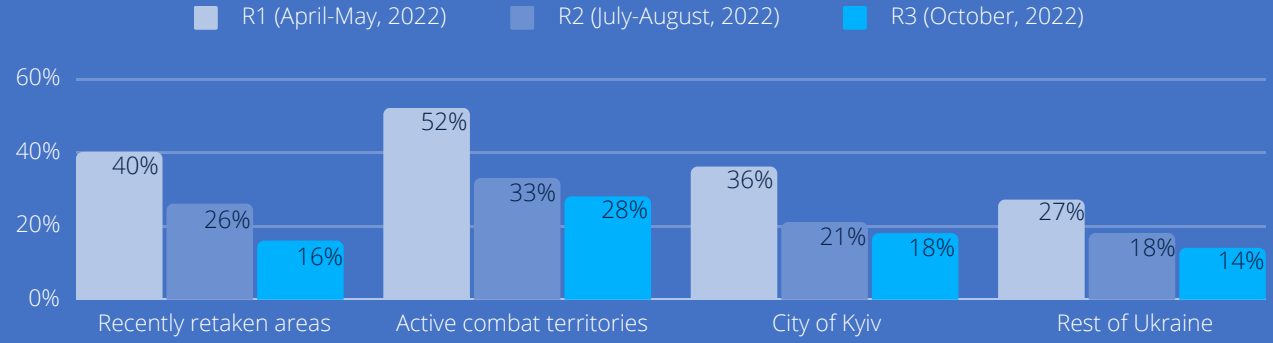
Fig. 10. Access to medicines, %



Top three medicines with which there was problem with access	Top three problems with obtaining medicines
• Pain medicine (36%) • Blood pressure medicine (32%) • Antibiotics (25%)	-
• Pain medicine (42%) • Antibiotics (34%) • Blood pressure medicine (30%)	• Not available in pharmacy (72%) • High price (37%) • Pharmacy closed (29%)
• Pain medicine (37%) • Antibiotics (31%) • Heart medicine (25%)	• Not available in pharmacy (60%) • High price (44%) • Pharmacy closed (18%)

Broken down by oblast status, the data show a distinct difference in the accessibility of medicines. For example, in areas that were retaken and where hostilities have taken place, access to medicines was significantly lower than in Kyiv and the rest of the country. Despite the continuing improvement in access to medicines, areas experiencing active hostilities continue to have a lower level of access, while the retaken areas show the same level of access as the rest of Ukraine (Fig. 11).

Fig. 11. Proportion of respondents reporting problems with accessing medicines, by oblast status, %



LIMITATIONS OF THE SURVEY

The study team acknowledges that the emergency context places certain limits on the study and representativeness of the sample based on the available network of Premise contributors registered on the portal. It is expected that some population groups will not be reached, including older people, those with limited telephone access or with connectivity issues, as well as disadvantaged groups such as migrants, people who are homeless or people with mental health problems. These population groups can bear a heavier burden from the emergency than the average Ukrainian citizen. The survey does not claim to represent their views, and the social benefit of the study may therefore decrease. Consequently, the findings of the investigation must be interpreted in this context.

In terms of the context in which the survey was originally intended to collect data in order to obtain a public response, only online data collection providers were operating at the time.

A further limitation of the study is that the components included in the instrument were widely used in emergency situations. However, few of them were validated through a rigorous process in the context of war. This is due to the ethical principles of data collection during an emergency and priority setting for efforts, and it needs to be considered a limitation in the interpretation of the findings.

Self-reported behaviours may differ from actual behaviour because of the social desirability effect, and behavioural findings should be interpreted with this limit of reliability in mind.

Notwithstanding these limitations, this rapid assessment of health needs can bring and contribute to important knowledge that will inform response and recovery planning.

ABSTRACT

The military invasion launched by the Russian Federation against Ukraine in February 2022 has created unprecedented challenges for the country's health system. The conflict has caused significant movement of displaced people within and outside the country, escalating pre-existing public health issues, especially in regions involved in active hostilities. To inform emergency response and recovery efforts, a rapid assessment of access to health care and services was conducted among the adult population in Ukraine through the Premise online crowdsourcing platform.

The assessment used a standardized questionnaire and was conducted in three rounds from April to October 2022. The results showed a continued decrease in the number of respondents facing serious problems with access to health care and medicines. However, areas experiencing active hostilities reported more problems with access to health services and medicines. The cost of medicines and treatment remains a significant barrier for high share of people. The findings highlight the ongoing challenges facing Ukraine's health system and the need for continued monitoring and response to ensure access to health care services.

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